

# UB-04 VOID AND ADJUSTMENT REQUESTS

## OVERVIEW

---

The following is an explanation of how to prepare a UB-04 claim submission with a void or adjustment. Use this guide in conjunction with the UB-04 Claim Instructions. Please refer to the [UB-04 General Claim Instructions](#) for a locator-by-locator explanation.

To complete a void or an adjustment, the claim reference number from your remittance advice will be needed. Each claim will have its own reference number.

## VOIDS

---

A void request will void the original claim. You cannot void a denied claim.

A voided transaction is shown on the Remittance Advice as a payment deduction from payment that may be due. Once the void appears on the Remittance Advice, the services may be resubmitted.

### Submitting a Void Request

To submit a void request, follow the steps below:

- Make a copy of your paid claim;
- Enter the correct Type of Bill in form locator 4;

Type of Bill	Void
Inpatient	118
Outpatient	138
Long Term Care	218
Hospice	818/828
Ambulatory Surgery	838

In form locator 64, enter the claim reference number that Medical Assistance assigned to the original claim;

- Send the void request to the same address you have always used; and
- Keep a copy of your request for your files.

If the original claim reference number is not shown on the void request, it will not be processed, and will appear on your remittance advice as an error. Once a claim has been voided, it cannot be reversed and repaid. You must submit a new claim.

## ADJUSTMENTS

---

Generally, it is simpler to void the entire claim and submit a new claim. However, providers may submit a credit adjustment to modify a paid claim due to an error. When processing a void or adjustment the payment is an offset on paper only.

The corrections indicated on the adjustment claim are processed as new debit claim. The paid claim is processed as you note on the new claim:

- The original paid claim is considered voided.
- An adjustment claim is paid as a new or debit claim.

The adjustment claim may include more or fewer lines than the original. Both transactions are shown on your Remittance Advice. This may result in either an increased payment or a decreased payment depending upon the changes you noted on the adjustment claim.

South Dakota Medicaid's claims payment system links the original claim with subsequent adjustment and/or void requests, to ensure that any transaction is only adjusted or voided once. The adjustment claim replaces the original claim. If an additional adjustment needs to be made, use the new adjusted claim reference number.

### Submitting an Adjustment Request

To submit an adjustment request, follow the steps below:

- Make a copy of the paid claim;
- Enter the correct Type of Bill from locator 4;

Type of Bill	Replacement
Inpatient	117
Outpatient	137
Long Term Care	217
Hospice	817/827
Ambulatory Surgery	837

- In form locator 64, enter the claim reference number that South Dakota Medicaid assigned to the original claim.
- Enter correct information in all locator boxes.
- Do not attach post-it notes. These may become separated from the request and delay processing.
- Number each consecutive page in box 23.
- Submit the claim to South Dakota Medicaid.
- Keep a copy of the request for the required time.

South Dakota Medicaid's claims payment system links the original claim with subsequent adjustment and/or void requests, to ensure that any transaction is only adjusted or voided once. The adjustment

claim replaces the original claim. If an additional adjustment needs to be made, use the new adjusted claim reference number.

## REFERENCES

---

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)

## FREQUENTLY ASKED QUESTIONS

---

**1. When is it appropriate to adjust a claim versus void a claim?**

Generally, it is simpler to void the entire claim and submit a new claim.

**2. When I void/adjust a claim is the money taken out of my bank account?**

No, future payments will be reduced by the amount of the void/adjustment.

**3. Can I adjust a denied claim to a paid claim?**

No, once a claim is denied it cannot be adjusted or voided. You must resubmit an original claim.

**4. If I submitted a claim as a Medicare crossover, can I adjust the claim into a Medicaid Primary claim?**

No, you must void the crossover and resubmit a Medicaid Primary claim.