

Instructions for completing the Provider's Request for Adjustment

Reason for Adjustment

Select reason for submitted adjustment.

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| Total/partial overpayment | <p>A total overpayment is when the entire bill was paid in error.</p> <p>A partial overpayment is when a portion of the bill was overpaid.</p> <p>You have two options to return the money to the department.</p> <ol style="list-style-type: none"> 1. Complete and submit this form and the department will deduct the overpayment from your future payments. 2. You may repay the money to the department. Send your check with the a copy of the remittance advice to: <p style="text-align: center;">Department of Labor and Industries Cashiers Office – MIPS Deposit PO Box 44835 Olympia WA 98504-4835</p> |
| Underpayment | Complete an Adjustment Request for each ICN that you think was underpaid with the correct information for the procedures/items. Attach any required reports and/or other documentation to support your request. |

Bill information:

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| Claimant's name | Enter the claimant's name in the last name, first name, middle initial format. |
| Claim number | Enter the claim number for the claimant. The claim number can be found in the Claim Number column of the remittance advice. |
| Provider's name | Enter the name of the provider who performed the services. |
| L&I provider number or NPI | Enter the L&I provider number or NPI for the provider who performed the services. |
| ICN | Enter the 17-digit number found in the ICN column of the remittance advice for the procedure/item you are adjusting. |

Information to be changed:

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| Line item no. | Enter the line item number(s) from your original bill that you want to correct. |
| To/from date of service or covered dates | Date of service, to and from date if date span, or admit and discharge date for hospital bills. |
| POS | Two-digit code identifying the place of service. |
| TOS | One-digit code identifying the type of service performed. |
| Procedure code/revenue code/NDC | Enter the correct procedure, hospital service, or national drug code. |
| Code mod | Enter the correct modifier used to identify special circumstances for a procedure or service. |
| ICD code | Enter the ICD code for condition treated. Enter side of body if applicable. |
| Tooth no. | For dental services only. Enter the two-digit code identification number for the specific tooth number treated. |
| Charge | Total charge for services provided for this line only. |
| Days/units/quantity | Total days stayed for hospital accommodation codes, units of service for procedure (time units, miles, etc), or number of items (tablets, milliliters, etc). |
| Days supply | For pharmacy services only. Total number of days a prescription is intended to cover. |
| Description | Description of the procedure or services provided. |