

INSTRUCTIONS FOR COMPLETING 209 ADJUSTMENT/VOID FORM (EPSDT)

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| 1 | Adj/Void | Check the appropriate box. |
| 2-4 | Patient's Last Name,
First Name, MI | <p>Adjust - Enter the information exactly as it appeared on the original invoice.</p> <p>Void - Enter the information exactly as it appeared on the original invoice.</p> |
| 5 | Medical Assistance ID Number | <p>Adjust - Enter the information exactly as it appeared on the original invoice. If you wish to change this number, you must first void the original claim.</p> <p>Void - Enter the information exactly as it appeared on the original invoice.</p> |
| 6 | Patient's Address | <p>Adjust - Enter the information exactly as it appeared on the original invoice.</p> <p>Void - Enter the information exactly as it appeared on the original invoice.</p> |
| 7 | Date of Birth | <p>Adjust - Enter the information exactly as it appeared on the original invoice.</p> <p>Void - Enter the information exactly as it appeared on the original invoice.</p> |
| 8 | Sex | <p>Adjust - Enter the information exactly as it appeared on the original invoice.</p> <p>Void - Enter the information exactly as it appeared on the original invoice.</p> |
| 9-14 | | Not Required |
| 15 | Patient ID/Account Number
(Assigned By Dentist) | <p>Adjust - Enter the information exactly as it appeared on the original invoice</p> <p>Void - Enter the information exactly as it appeared on the original invoice</p> |

- 16 Pay to Dentist or Group
Adjust - Enter the information exactly as it appeared on the original invoice.
Void - Enter the information exactly as it appeared on the original invoice.
- 17 Pay to Dentist
or Group Provider No.
Adjust - Enter the information exactly as it appeared on the original invoice. If you wish to change this number, you must first void the original claim.
Void - Enter the information exactly as it appeared on the original invoice.
- 18 Are X-Rays Enclosed
Not required.
- 19 Treatment Necessitated By
Adjust - Enter the information exactly as it appeared on the original invoice.
Void - Enter the information exactly as it appeared on the original invoice.
- 20 Payment Source
Other Than Title XIX
Adjust - Enter the information exactly as it appeared on the original invoice unless the information is being adjusted to indicate payment has been made by a third party insurer. If TPL is involved, enter the 6-digit TPL carrier code.
Void - Enter the information exactly as it appeared on the original invoice.
- 21-22
Leave these spaces blank.
- 23 Diagram
Not required.
- 24 Examination and Treatment Plan
Adjust - Enter the information exactly as it appeared on the original invoice, unless this information is being adjusted.
Void - Enter the information exactly as it appeared on the original invoice.
- 25 Paid or Payable by Other Carrier
Adjust - Enter the information exactly as it appeared on the original invoice, unless this information is being adjusted to indicate payment has been made by a third party

insurer. If such payment has been made, indicate the amount paid, even if zero (\$0).

Void - Enter the information exactly as it appeared on the original invoice.

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| 26 | Control Number | Enter the control number assigned to the claim on the Remittance Advice that reported the paid or denied the claim. |
| 27 | Date of Remittance Advice | Enter the date of the Remittance Advice that paid or denied claim. |
| 28 &
29 | Reasons for Adjustment/Void | Check the appropriate box and give a written explanation, when applicable. |
| 30-31 | | Leave these spaces blank. |
| 32 | Attending Dentist's
Signature - Provider Number | All adjustment forms must be signed, and the provider number must be entered. |

If a new procedure or corrected procedure is entered on the adjustment form, and the new or corrected procedure requires authorization, the completed adjustment form should be submitted to the dental consultants for authorization prior to being submitted to Molina for adjustment. If the code was submitted on the original invoice, and prior authorization was already obtained for the procedure, the provider does not need to submit the adjustment for approval.

