



If you need to adjust, or correct, a previously *paid* claim, the adjustment must contain the following three items:

1. Frequency Code "7" (Adjustment) as the third character of the Type of Bill (TOB) in UB-04 Form Locator 4.

4 TYPE OF BILL
137

This corresponds to the CLM05-3 segment in the 2300 Loop of the electronic claim file.

CLM*436944*271*13:B:7*Y*A*Y*Y~**

2. The BCSSC claim number (aka "ICN" or "DCN") of the previously paid claim in UB-04 Form Locator 64.

64 DOCUMENT CONTROL NUMBER
6E33005620000

This corresponds to an REF segment with an F8 qualifier in the 2300 Loop of the electronic claim file.

REF*F8*6D208455800005~

3. A brief description of the reason for the adjustment (new service line, different tooth number, etc.) in UB-04 Form Locator 80 (Remarks).

80 REMARKS
ADD SERVICE LINE 11
INTRAVITREAL AVASTIN 1.25 MG .05 ML

UB-04 CMS-1450

This corresponds to an NTE segment in the 2300 Loop of the electronic claim file.

NTE*ADD*ADD SERVICE LINE 11- INTRAVITREAL AVASTIN 1.25 MG .05 ML ~