



# MONTANA HEALTHCARE PROGRAMS NOTICE

September 19, 2017

Outpatient Hospital, Federally Qualified Health Center, Rural Health Clinic

## Revised

### Individual Adjustment Request Form on Split Claims

When completing the Individual Adjustment Form for split UB-04 claims, the following process will need to be followed to allow for accurate processing of the claim.

1. Complete the Individual Adjustment (IAF) request form per the instructions on the form. [The form is located on the provider website on the Forms page at http://www.medicaidprovider.mt.gov/forms.](http://www.medicaidprovider.mt.gov/forms)
2. When completing the IAF per the instructions, enter all Internal Control Numbers (ICNs) on line A3. Attach the remittance(s) from all the relevant split claims.
3. Send the Individual Adjustment Request to the Claim Department at Conduent with all the required documentation.

For help with this form, refer to the Remittance Advices and Adjustments chapter in the General Information for Providers manual or call Provider Relations at (800) 624-3958 (Montana and out-of-state providers) or (406) 442-1837 (Helena)

### Contact Information

If you have any questions, please contact:

[Lisa Aguilar, Physician Program Specialist. email laguilar@mt.gov](mailto:laguilar@mt.gov) or telephone (406) 444-9366.

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [MTPRHhelpdesk@conduent.com](mailto:MTPRHhelpdesk@conduent.com).

Visit the Montana Healthcare Programs Provider Information website at [www.medicaidprovider.mt.gov](http://www.medicaidprovider.mt.gov).