



Bureau of Workers' Compensation

Adjustment/Correction

Mail to: 30 W. Spring St.
Columbus, OH 43215-2256

**Do Not
Write
In This
Space**

1. Transaction control number to be adjusted/corrected (17 digits)						
2. Provider number		3. Claimant name				
4. Claim number		5. Claimant's Social Security number		6. Date of injury		
7. Correction - Complete only those items listed incorrectly or omitted on the remittance advice		Line #	As listed on remittance advice		Corrected information	
a. Claim number						
b. Date(s) of service			Code	Amount	Code Amount	
c. Procedure/drug code-billed amount			Code	Amount	Code Amount	
c. Procedure/drug code-billed amount						
d. Units of service/quantity						
e. Line item charge/billed charge						
f. Revenue code						
g. Diagnosis code						
h. Provider number						
i. Provider group number/group payee						
j. Other						
8. Adjustment code: Check one box only						
<input type="checkbox"/> 01 Paid in error			<input type="checkbox"/> 02 Incorrect payee address			
BWC Use Only						
<input type="checkbox"/> 03 Ohio law prohibits payment			<input type="checkbox"/> 09 Denied after review or audit			
<input type="checkbox"/> 04 Fund transfers			<input type="checkbox"/> 10 Professional component error			
<input type="checkbox"/> 05 Change in claim status/hearing			<input type="checkbox"/> 11 Fee adjusted for overpayment			
<input type="checkbox"/> 06 Fee adjusted per fee schedule			<input type="checkbox"/> 12 Improper pre-op/post-op billing			
<input type="checkbox"/> 07 Fee adjusted after medical review			<input type="checkbox"/> 98 Lien amount paid to provider			
<input type="checkbox"/> 08 Fee bill adjusted after bill audit			<input type="checkbox"/> 99 Lien amount taken from provider			
9. Narrative description for adjustment/correction request				10. Provider name, address, telephone number		
11. Provider signature			12. Date			
Items 13-18 For BWC Use Only						
13. Adjustment <input type="checkbox"/> Credit <input type="checkbox"/>		14. History only <input type="checkbox"/>	15. Interest date	16. Credit number	17. Returned warrant number	18. Approved by