

WORKSHEET

Claim Adjustment Group Code

CO Contractual Obligations
 CR Correction and Reversals
 OA Other adjustments
 PI Payor Initiated Reductions
 PR Patient Responsibility

Adjustment Reason Code - Claim Level

1 DEDUCTIBLE
 2 CO INSURANCE AMT
 3 CO PAYMENT AMT
 45 Charge Exceeds Fee Schedule/
 Maximum Allowed
 96 Non Covered Charges
 119 Benefit Max for this time period

Information from Primary EOB:

Primary payor paid amt _____ CLM G1 FIELD
 Primary payor allowed amt _____ CLM G2 FIELD
 Date of EOB from primary _____ CLM G3 FIELD

CO CR OA PI

Amount Adjusted by Primary _____ Charge Exceeds Fee Benefit Max
 Patient Responsibility **PR** _____ Deduct CO-INS CO-PAY Non Covered
 Patient Responsibility **PR** _____ Deduct CO-INS CO-PAY Non Covered
 Patient Responsibility **PR** _____ Deduct CO-INS CO-PAY Non Covered

If more than 1 CAS statement, a Tilde should indicate the end of one statement and the beginning of the next, as follows:

CAS* _____ * _____ * _____
 CLM ADJ GROUP CODE ADJ REASON CODE AMOUNT
 CAS* _____ * _____ * _____
 CLM ADJ GROUP CODE ADJ REASON CODE AMOUNT
 CAS* _____ * _____ * _____ ** _____ * _____
 CLM ADJ GROUP CODE ADJ REASON CODE AMOUNT ADJ REASON CODE AMOUNT
 CAS* _____ * _____ * _____ ** _____ * _____
 CLM ADJ GROUP CODE ADJ REASON CODE AMOUNT ADJ REASON CODE AMOUNT

**NTE STATEMENT REQUIRED,
 IF PRIMARY PAID OR ALLOWED IS ZERO OR CO-PAY IS ONLY AMT DUE**

NTE*BENEFIT MAX REACHED BY PRIM INS

NTE*TOTAL APPROVED AMT APPLIED TO DEDUCT

NTE*BILLING FOR \$ CO-PAY ONLY

If Adjustment Reason Code is not listed - Call Prompt Solutions for additional codes
 TOTAL CHARGE - ALLOWED AMOUNT = AMOUNT ADJUSTED
 ALL AMOUNTS PAID BY PRIMARY + AMOUNTS ADJUSTED BY PRIMARY = BILLED AMT