

# How do I post a payer/insurer/provider adjustment?

07/08/2024 7:43 pm EDT

There may be times when you will need to post an adjustment to a patient's account manually. Here is how you can easily accomplish the task:

- Start with the patient's appointment. Scroll down to where the CPT/charges are listed.
- Click on the blue plus on the CPT/HCPCS line, on the right side of the screen. Clicking on this plus symbol will open up a new line where you can post the adjustment.

Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type			
Totals:				\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00	Payer Acknowledged			
From date	To date	1.00	1	2	3	0	75.00	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00	\$0.00	Payer Acknowledged

- Click on the drop-down next to the Adjustment Reason column.

Adjmt Reas: Insurance Payme

- From the dropdown, select the appropriate option.
  - For a CO45 contractual obligation, you would scroll down and select "45".
  - For a provider adjustment, you would select "provider adjustment".
  - For a patient bad debt adjustment, you would select "patient bad debt write-off". This would clear the balance from the patient's account, and your overall AR; however, you could still send the amount to a third-party collection agency, if you choose to do so.

ICD-9 to Convert	Description
No ICD-9 codes found for this appointment	
Code/Check Date	Description
C 98941	

16: Claim/service lacks information which is needed for adjudication. At least one Remark Code must  
 18: Duplicate claim/service.  
 19: This is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier  
 20: This injury/illness is covered by the liability carrier.  
 21: This injury/illness is the liability of the no-fault carrier.  
 22: This care may be covered by another payer per coordination of benefits.  
 23: The impact of prior payer(s) adjudication including payments and/or adjustments.  
 24: Charges are covered under a capitation agreement/managed care plan.  
 26: Expenses incurred prior to coverage.  
 27: Expenses incurred after coverage terminated.  
 29: The time limit for filing has expired.  
 31: Patient cannot be identified as our insured.  
 32: Our records indicate that this dependent is not an eligible dependent as defined.  
 33: Insured has no dependent coverage.  
 34: Insured has no coverage for newborns.  
 35: Lifetime benefit maximum has been reached.  
 39: Services denied at the time authorization/pre-certification was requested.  
 40: Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835 Healthcare P  
 44: Prompt-pay discount.  
 45: Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Use Code

Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal
\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	\$
\$0.00	\$0.00	\$0.00	\$0.00	\$75.00	\$

- After selecting the reason code, you will enter the amount to be adjusted in the very next box to the right, under the yellow "Adjmt" column. You do not need to enter a negative number or ( - ) sign. The system will know to subtract that amount from the amount due to the reason you selected.

Billed	Allowed	Adjmt
\$150.00	\$150.00	\$0.00
\$150.00	\$150.00	\$0.00

Reas: Provider Discount

0

- After entering the reason code and amount, click on **Verify and Save**. The system will make the appropriate adjustments. You can view the results of your entry by looking at the green status bar.
  - In this example, a provider discount of \$150.00 was posted. You can see the \$150 under the adjustment column, and a \$0.00 balance under both "ins bal" and "pt bal".

Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	✓ Paid In Full
\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	Paid In Full

Adjmt Reas: Provider Discount   [0] N/A  -----