

# Adjustment and Financial Reason Codes Decision Chart 093012

Adjustment and Financial Reason Codes Decision Chart

					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANSII	Tran Type	AV	User	Reason Code Description	Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
					<b>MISCELLANEOUS ADJUSTMENTS TRANSACTIONS</b>								
0001	NA	00	A	D	Increase Provider 1099					√			
0002	NA	00	A	D	Decrease Provider 1099						√		
					<b>PROVIDER AND DMAS USE ADJUSTMENTS</b>								
1000	NA	01	A	B	Case Adjusted Readmission (1500)	√	√	√	√				
1001	NA	01	A	B	Case Adjusted Interim Claim Case Building (1501)	√	√	√	√				
1002	NA	01	A	B	Case Adjusted Implied Transfer 1502)	√	√	√	√				
1003	NA	01	A	B	Case Adjusted TPL on Interim Bill is 113 or 114 (1503)	√	√	√	√				
1004	NA	01	A	B	Case Adjusted DRG Code Diff from Claim Code (1504)	√	√	√	√				
1005	NA	01	V	B	Non-Groupable Claim Void (1505)	√	√	√	√				
1006	NA	01	A	B	DRG Payment Prorated to Span Benefit Program	√	√	√	√				
1007	NA	01	A	B	DMAS ADJUSTMENT	√	√	√	√				
1008	NA	11	V	B	EAPG Same Significant Procedure Consolidated	√	√	√	√				
1009	NA	11	V	B	EAPG Clinical Significant Procedure Consolidated	√	√	√	√				
1010	NA	01	A	B	Credit Balance Process – Adjustment (1510)	√	√	√	√				
1011	NA	01	A	B	Overpayment Identified by TPL Contractor – Adjust (1511)	√	√	√	√				
1012	NA	01	A	B	Partial Payment by Primary Health Insurance (1512)	√	√	√	√				

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					<b>PROVIDER AND DMAS USE ADJUSTMENTS (CONT'D)</b>								
1013	NA	11	V	B	DHP License Not Renewed		√		√				
1014	NA	11	V	B	EAPG Multiple Significant Procedure Discounting		√		√				
1015	NA	11	V	B	EAPG Repeat Ancillary Procedure Discounting		√		√				
1016	NA	11	V	B	EAPG Bilateral Discounting		√		√				
1017	NA	11	V	B	EAPG Terminated Procedure Discounting		√		√				
1020	NA	11	V	B	Voided 21 in 60 Limit Exceeded (1520)		√		√				
1021	NA	01	A	B	Late Charges Received by Facility Business Office (1521)	√	√	√	√				
1022	NA	01	A	B	Credit Received by Facility Billing Department (1522)	√	√	√	√				
1023	NA	01	A	B	"Primary Carrier" has Made Additional Payment (1523)	√	√	√	√				
1024	NA	01	A	B	"Primary Carrier" has Denied Full Payment (1524)	√	√	√	√				
1025	NA	01	A	B	Accommodation Charge Correction (1525)	√	√	√	√				
1026	NA	01	A	B	Patient-Payment Amount Charged (1526)	√	√	√	√				
1027	NA	01	A	B	Correcting Service Period/Dates (1527)	√	√	√	√				
1028	NA	01	A	B	Correcting Procedure/Service Code (1528)	√	√	√	√				
1029	NA	01	A	B	Correcting Diagnosis Code (1529)	√	√	√	√				
1030	NA	01	A	B	Correcting Charges (1530)	√	√	√	√				
1031	NA	01	A	B	Correcting Units/Visits/Studies/Proc (1531)	√	√	√	√				
1032	NA	01	A	B	IC Reconsideration of Allowance, Documented (1532)	√	√	√	√				
1033	NA	01	A	B	Correction to Admitting, Referring, Prescribing Provider Adjust ID (1533)	√	√	√	√				
1034	NA	01	A	B	Correcting Quantity Dispensed (1534)	√	√	√	√				
1035	NA	01	A	B	Correcting Drug Code (1535)	√	√	√	√				
1036	NA	01	A	B	Allowance for Prescription Less Than Provider Cost (1536)	√	√	√	√				
1037	NA	01	A	B	Services Not Covered by Medicare (1537)	√	√	√	√				
1038	NA	01	A	B	Correcting Tooth Code (1538)	√	√	√	√				

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1039	NA	01	A	B	Correcting Site Code (1539)	√	√	√	√				
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					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANS//	Tran Type	AV	User	<i>Reason Code Description</i>	<i>Provider 1099 Increase</i>	<i>Provider's 1099 Decreased</i>	<i>Incr Expend</i>	<i>Decr Expend</i>	<i>Provider's 1099 Increase</i>	<i>Provider's 1099 Decreased</i>	<i>Incr Expend</i>	<i>Decr Expend</i>
					<b>PROVIDER AND DMAS USE ADJUSTMENTS (CONT'D)</b>								
1040	NA	01	A	B	Correcting Wait Time/# of Passengers/Miles (1540)	√	√	√	√				
1041	NA	01	A	B	Incorrect Amount Paid for Original Claim (1541)	√	√	√	√				
1042	NA	01	V	B	Original Claim has Multiple Incorrect Items (1542)		√		√				
1043	NA	01	A	B	Correcting an Error Made by Data Entry (1543)	√	√	√	√				
1044	NA	11	V	B	Wrong Provider ID Used by Billing Clerk (1544)		√		√				
1045	NA	11	V	B	Wrong Recipient ID Used by Billing Clerk (1545)		√		√				
1046	NA	11	V	B	Primary Carrier Paid VMAP Max Allowance (1546)		√		√				
1047	NA	11	V	B	Duplicate Payment (1547)		√		√				
1048	NA	11	V	B	Primary Carrier has Paid Full Charges (1548)		√		√				
1049	NA	11	V	B	Recipient Not Eligible (1549)		√		√				
1050	NA	11	V	B	Services Not Covered (1550)		√		√				
1051	NA	11	V	B P	Recipient Not Patient of Provider (1551)		√		√				
1052	NA	11	V	B	Void Reason is in Miscellaneous Category (1552)		√		√				
1053	NA	01	A	B	Adjustment (Miscellaneous) (1553)	√	√	√	√				
1054	NA	01	A	B	Partial Payment by Liability Insurance (1554)	√	√	√	√				
1055	NA	01	A	B	Claim Payment Changed Due to Relationship of This Proc to Another Proc (1555)	√	√	√	√				
1056	NA	11	V	B	Services Covered Under Total O.B. Care (1556)		√		√				
1057	NA	01	A	B	Purpose of Submitting Not Clear (1557)	√	√	√	√				
1058	NA	01	A	B	Adjusted for Recovery of Overpayment (1558)	√	√	√	√				
1059	NA	11	V	B	VOIDS/Conflicts with Previous Paid Claim (1559)		√		√				
1060	NA	11	V	B	Other Insurance is Available (1560)		√		√				

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					<b>PROVIDER AND DMAS USE VOIDS (CONT'D)</b>								
1061	NA	11	V	D	PROC CODE REBUNDLED INTO NEW PROC BY CLMCK (561)		√		√				
1062	NA	11	V	D	PROC CODE INCIDENTAL TO PRIMARY PROC CLMCHECK (562)		√		√				
1063	NA	11	V	D	PROC CODE MUTUALLY EXCLUSIVE TO PRIM PROC (563)		√		√				
1064	NA	11	V	D	PROC CODE DOES NOT REQ ASST SURGEON CLMCK (564)		√		√				
1065	NA	11	V	D	PROC CODE CONFLICTS WITH AGE CLAMIMCHECK (565)		√		√				
1066	NA	11	V	D	PROC CDE NOT APPR FOR AGE CODE REPL BY CLMC (566)		√		√				
1067	NA	11	V	D	PROC CODE/SEX CODE CONFLICT CLAIM CHECK (567)		√		√				
1068	NA	11	V	D	PROC CODE/SEX CODE CONFL CODE REPL BY CLMCK (568)		√		√				
1069	NA	11	V	D	PROC CODE CONSIDERED COSMETIC CLAIMCHECK (569)		√		√				
1070	NA	11	V	B	Transplant Charges, Bill Hospital (1570)		√		√				
1071	NA	11	V	B	Included in ER Visit Payment (1571)		√		√				
1072	NA	11	V	B	Newborn/Mother in HMO, Bill HMO (1572)		√		√				
1073	NA	11	V	B	Credit Balance Process-Void (1573)		√		√				
1074	NA	11	V	P	Overpayment-TPL Contractor-Void (1574)		√		√				
1075	NA	11	V	B	Void Resulted from UR Review by DMAS (1575)		√		√				

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					<b>PROVIDER AND DMAS USE VOIDS (CONT'D)</b>								
1076	NA	11	V	D	UNILATERAL/BILATERAL PROC CDE > 1 UNIT BILL (576)		√		√				
1077	NA	11	V	D	BILATERAL PROC CDE> 1 UNIT BILLED CLMCK (577)		√		√				
1078	NA	11	V	D	PROC CODE CONSIDERED EXPERIMENTAL CLAIMCK (578)		√		√				
1079	NA	11	V	D	PROC CDE NOT IN USE ON DOS CLAIMCHECK (579)		√		√				
1091	NA	11	V	D	PROC CDE BILLED W/IN PREOP TIMEFRAME CLMCK (591)		√		√				
1092	NA	11	V	D	PROC CDE BILLED W/IN POSTOP TIMEFRAME CLMCK (592)		√		√				
1093	NA	11	V	D	E&M SERVICE CANNOT BE BILLED SEPARATELY CLMCK (593)		√		√				
1094	NA	11	V	D	MAX UNITS PER LIFETIME EXCEEDED CLAIM CK (594)		√		√				
1095	NA	11	V	D	MAX UNITS EXCEEDED PER DAY CLAIM CHECK (595)		√		√				
1096	NA	11	V	D	REVIEW POSSIBLE DUPLICATE CLAIM CHECK (596)		√		√				
1097	NA	11	A	D	HMS MEDICARE PART A CROSSOVER		√		√				
1098	N/A	11	V	B	RECIPIENT NOT PATIENT OF PROVIDER		√		√				
1099	N/A	11	V	B	PATIENT DIED ON OR BEFORE SERVICE DATE		√		√				
1100	NA	11	V	D	Third Party Payer Identified-File Claim With Primary Carrier		√		√				









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					<b>LIEN ACTIVITY – DECREASE</b>								
4102	NA	14	A	D	Decrease – Cycle Activity								
4103	NA	14	A	D	Decrease Lien								
4104	NA	14	A	D	Decrease Lien Payment Received								
4105	NA	14	A	D	Release One Time Lien								
4106	NA	14	A	D	Release of Lien								
4107	NA	14	A	D	Decrease Lien Payment (Legacy ID to NPI)								
					<b>PAY HOLD</b>								
5000	NA	05	H	D	DMAS Authorized Hold								
5001	NA	05	H	D	Other Payment Hold								
					<b>STOP PAY REASON</b>								
6000	NA	06	V	D	VOIDED 1800 DAYS OLD – MANUAL								
6001	NA	06	V	D	OTHER –DMAS								
6002	NA	06	V	D	Possible Fraud								
6003	NA	06	V	D	OTHER - FISCAL AGENT								
6004	NA	06	V	B	VOIDED OVER 180 DAYS								
6005	NA	06	V	D	HIPP CHECKS								
6006	NA	06	V	D	EFT STOP PAYMENT								
6014	NA	06	V	D	VOIDED OVER 180 DAYS (MANUAL)								
					<b>VOID and RE-ISSUE REASON</b>								
6100	NA	16	I	D	Void and Reissue								
6101	NA	16	I	D	<b>EFT Void and Reissue</b>								
						<b>CLAIM BASED</b>				<b>NON-CLAIM BASED</b>			



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					<b>STOP PAY DENIAL</b>								
7100	NA	17	D	D	Denied – Check Already Cashed (Related to all 6000 Range)								
7101	NA	17	D	D	Denied – Check Already Void (Related to all 6000 Range)								
7102	NA	17	D	D	Denied – Other (Related to 6000, 6001, 6002, and 6003)								
7200	NA	27	A	D	Vendor payment generated for Void Check (Informational)								
					<b>RECEIPTS( NO NEGATIVE BALANCE)</b>								
					<b>CASH RECEIPTS (PAYEE CHECKS)</b>								
	CLAIM				<b>CASH RECEIPTS CLAIMS CURRENT PERIOD</b>								
8000	NA	08	V	D	Wrong Provider (CB & NCB) – (8580)		√		√				
8001	NA	08	V	D	Wrong Recipient (CB & NCB) – (8581)		√		√				
8002	NA	08	V	D	Billing Error (CB & NCB) – (8582)		√		√				
8003	NA	08	V	D	Services Not Covered (CB & NCB) – (8583)		√		√				
8004	NA	08	V	D	Recipient Not Patient of Provider (CB & NCB) – (8584)		√		√				
8005	NA	08	A	D	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)		√		√				
8006	NA	08	A	D	Partial Payment Provider - Primary Carrier (CB & NCB) (8586)		√		√				

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	CLAIM				<b>CASH RECEIPTS CLAIMS CURRENT PERIOD (CONT'D)</b>								
8007	NA	08	V	D	Duplicate Payment (CB & NCB) – (8587)		√		√				
8008	NA	08	V	D	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)		√		√				
8009	NA	08	V	D	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)		√		√				
8010	NA	08	A	D	Manual Refund (CB & NCB) – (8590)		√		√				
8011	NA	08	V	D	MMIS Check Stop Pay/Void (CB & NCB)		√		√				
8012	NA	08	V	D	MMIS Check Returned No Reissue (CB & NCB)		√		√				
8013	NA	08	A	D	Applied to Claim (Miscellaneous)		√		√				
8014	NA	08	V	D	Provider Miscellaneous Receivable Receipts (CB & NCB)		√		√				
8015	NA	08	A	D	Provider Overpayment Receipts (Fraud/Compliance)		√		√				
8016	NA	08	A	D	Provider Overpayment Receipts (QC Compliance)		√		√				
8017	NA	08	A	D	Provider TPL Carrier Payment Receipts		√		√				
8018	NA	08	A	D	Provider TPL Settlement Receipts		√		√				
8019	NA	08	V	D	Casualty Insurance Recovery		√		√				
8020	NA	08	A	D	Provider Overpayment (CHIPS)		√		√				
8021	NA	08	A	D	Provider Overpayment (HIP)		√		√				
8022	NA	08	V	D	Estate Recovery		√		√				
8023	NA	08	A	D	System Refund (Miscellaneous)		√		√				

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	CLAIM				<b>CASH RECEIPTS CLAIMS CURRENT PERIOD (CONT'D)</b>								
8024	NA	08	A	D	TPL Medicare Related (CB & NCB)		√		√				
8025	NA	08	V	D	Wrong Provider (CB & NCB) – (8580)		√		√				
8026	NA	08	V	D	Wrong Recipient (CB & NCB) – (8581)		√		√				
8027	NA	08	V	D	Provider TPL Carrier Payment Receipts (SLH)		√		√				
8028	NA	08	V	D	Provider Casualty Insurance Receipts (SLH)		√		√				
8029	NA	08	V	D	Provider TPL Settlement Receipts (SLH)		√		√				
8050	NA	08	V	D	Rebill-Negative Balance Recoupment		√		√				
NON	CLAIM				<b>CASH RECIEPTS FINANCIAL TRANSACTIONS CURRENT PERIOD</b>								
8100	NA	18	A	D	Wrong Provider (CB & NCB) – (8580)					√			√
8101	NA	18	A	D	Wrong Recipient (CB & NCB) – (8581)					√			√
8102	NA	18	A	D	Billing Error (CB & NCB) – (8582)					√			√
8103	NA	18	A	D	Services Not Covered (CB & NCB) – (8583)					√			√
8104	NA	18	A	D	Recipient Not Patient of Provider (CB & NCB) – (8584)					√			√
8105	NA	18	A	D	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)					√			√
8106	NA	18	A	D	Partial Payment Provider - Primary Carrier (8586)					√			√
8107	NA	18	A	D	Duplicate Payment (CB & NCB) – (8587)					√			√
8108	NA	18	A	D	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)					√			√
8109	NA	18	A	D	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)					√			√
8110	NA	18	A	D	Manual Refund (CB & NCB) – (8590)					√			√

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NON	CLAIM				<b>CASH RECIEPTS FINANCIAL TRANSACTIONS CURRENT PERIOD (CONT'D)</b>								
8111	NA	18	A	D	MMIS Check Stop Pay/Void (CB & NCB)						√		√
8112	NA	18	A	D	MMIS Check Returned No Reissue (CB & NCB)						√		√
8113	NA	18	A	D	Applied to Claim (Miscellaneous)						√		√
8114	NA	18	A	D	Provider Miscellaneous Receivable Receipts (CB & NCB)						√		√
8115	NA	18	A	D	Provider Overpayment Receipts (Fraud/Compliance)						√		√
8116	NA	18	A	D	Provider Overpayment Receipt (QC Compliance)						√		√
8117	NA	18	A	D	Provider TPL Carrier Payment Receipts						√		√
8118	NA	18	A	D	Provider TPL Settlement Receipts						√		√
8119	NA	18	A	D	Casualty Insurance Recovery						√		√
8120	NA	18	A	D	Provider Overpayment Receipt (CHIPS)						√		√
8121	NA	18	A	D	Provider Overpayment Receipt (HIPA)						√		√
8122	NA	18	A	D	Estate Recovery						√		√
8123	NA	18	A	D	System Refund (Miscellaneous)						√		√
8124	NA	18	A	D	TPL Medicare Related (CB & NCB)						√		√
8127	NA	18	A	D	Cost Settlement: Prior Yr Inpat Subject to Audit						√		√
8128	NA	18	A	D	Cost Settlement: Prior Yr Outpat Subject to Audit						√		√

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NON	CLAIM				<b>CASH RECIEPTS FINANCIAL TRANSACTIONS CURRENT PERIOD (CONT'D)</b>								
8129	NA	18	A	D	Cost Settlement: Depreciation Recapture						√		√
8130	NA	18	A	D	Cost Settlement: Prior Yr Inpat Tent-Settlement						√		√
8131	NA	18	A	D	Cost Settlement: Prior Yr Outpat Tent-Settlement Cost						√		√
8132	NA	18	A	D	Cost Settlement: Cur Yr Inpat Tent-Settlement						√		√
8133	NA	18	A	D	Cost Settlement: Cur Yr Outpat Tent-Settlement						√		√
8134	NA	18	A	D	Cost Settlement: Prior Yr Inpat Final-Settlement						√		√
8135	NA	18	A	D	Cost Settlement: Prior Yr Outpat Final-Settlement						√		√
8136	NA	18	A	D	Credit Balance – Full Payment Received (CB & NCB)						√		√
8137	NA	18	A	D	Credit Balance – Partial Payment Received (CB & NCB)						√		√
8138	NA	18	A	D	TPL Contractor – Full Payment Received from Provider (CB & NCB)						√		√
8139	NA	18	A	D	TPL Contractor – Partial Payment Received from Provider (CB & NCB)						√		√
8140	NA	18	A	D	Negative Balance Reduction Received from Provider						√		√
8141	NA	18	A	D	Health Insurance Carrier Recovery						√		√

## Adjustment and Financial Reason Codes Decision Chart 093012

					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANSII	Tran Type	AV	User	<i>Reason Code Description</i>	<i>Provider 1099 Increase</i>	<i>Provider's 1099 Decreased</i>	<i>Incr Expend</i>	<i>Decr Expend</i>	<i>Provider's 1099 Increase</i>	<i>Provider's 1099 Decreased</i>	<i>Incr Expend</i>	<i>Decr Expend</i>
NON	CLAIM				<b>CASH RECIEPTS FINANCIAL TRANSACTIONS CURRENT PERIOD (CONT'D)</b>								
8142	NA	18	A	D	Full Payment Provider – Miscellaneous (Non Medicaid Program)						√		√
8143	NA	18	A	D	Full or Partial Refund (Manage Care)						√		√
8144	NA	18	A	D	Provider TPL Carrier Payment Receipts (SLH)						√		√
8145	NA	18	A	D	Provider Casualty Insurance Receipts (SLH)						√		√
8146	NA	18	A	D	Provider TPL Settlement Receipts (SLH)						√		√
8150	NA	18	A	D	EFT Reversal (Partial)						√		√
	CLAIM				<b>CASH RECEIPTS (NON-PAYEE CHECKS – INFORMATIONAL) CURRENT PERIOD</b>								
8200	NA	28	V	D	Full Payment Recovered by TPL Contractor				√				
8201	NA	28	A	D	Partial Payment Recovered by TPL Contractor				√				
8202	NA	28	V	D	Full Payment Received by Estate Funds				√				
8203	NA	28	A	D	Partial Payment Received by Estate Funds				√				
8204	NA	28	V	D	Full Payment Received by Casualty Insurance				√				
8205	NA	28	A	D	Partial Payment Received by Casualty Insurance				√				
8206	NA	28	V	D	Full Payment by Primary Health Insurance				√				
8207	NA	28	A	D	Partial Payment by Primary Health Insurance				√				
8208	NA	28	V	D	Full Payment Received from Attorney/Settlement				√				

## Adjustment and Financial Reason Codes Decision Chart 093012

					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANSI	Tran Type	AV	User	Reason Code Description	Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
	CLAIM				<b>CASH RECEIPTS (NON-PAYEE CHECKS – INFORMATIONAL) CURRENT PERIOD (CONT'D)</b>								
8209	NA	28	A	D	Partial Payment Received from Attorney/Settlement				√				
8210	NA	28	V	D	Full Payment Received from Recipient				√				
8211	NA	28	A	D	Partial Payment Received from Recipient				√				
8212	NA	28	V	D	Full Payment received Medical Child Support Order				√				
8213	NA	28	A	D	Partial Payment received Medical Child Support Order				√				
8214	NA	28	V	D	Full Payment Received from Trust Account				√				
8215	NA	28	A	D	Partial Payment Received From Trust Account				√				
8216	NA	28	V	D	TPL Miscellaneous Reason Void				√				
8217	NA	28	A	D	TPL Miscellaneous Reason Adjustment				√				
8218	NA	28	V	D	Full Payment Received from Casualty Insurance (SLH)				√				
8219	NA	28	A	D	Partial Payment Received Casualty Insurance (SLH)				√				
8220	NA	28	V	D	Full Payment Received Attorney / Settlement (SLH)				√				
8221	NA	28	A	D	Partial Payment Received Attorney / Settlement (SLH)				√				
	CLAIM				<b>CASH RECEIPTS CLAIMS PRIOR PERIOD</b>								
8300	NA	38	V	D	Wrong Provider (CB & NCB) – (8580)		√						
8301	NA	38	V	D	Wrong Recipient (CB & NCB) – (8581)		√						
8302	NA	38	V	D	Billing Error (CB & NCB) – (8582)		√						
8303	NA	38	V	D	Services Not Covered (CB & NCB) – (8583)		√						
8304	NA	38	V	D	Recipient Not Patient of Provider (CB & NCB) – (8584)		√						

## Adjustment and Financial Reason Codes Decision Chart 093012

					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANSI	Tran Type	AV	User	Reason Code Description	Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
	CLAIM				<b>CASH RECEIPTS CLAIMS PRIOR PERIOD (CONT'D)</b>								
8305	NA	38	A	D	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)		√						
8306	NA	38	A	D	Partial Payment Provider - Primary Carrier (CB&NCB) (8586)		√						
8307	NA	38	V	D	Duplicate Payment (CB & NCB) – (8587)		√						
8308	NA	38	V	D	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)		√						
8309	NA	38	V	D	Full Payment Provider– Primary Carrier (CB & NCB) – (8589)		√						
8310	NA	38	A	D	Manual Refund (CB & NCB) – (8590)		√						
8311	NA	38	V	D	MMIS Check Stop Pay/Void (CB & NCB)		√						
8312	NA	38	V	D	MMIS Check Returned No Reissue (CB & NCB)		√						
8313	NA	38	A	D	Applied to Claim (Miscellaneous)		√						
8314	NA	38	V	D	Provider Miscellaneous Receivable Receipts (CB & NCB)		√						
8315	NA	38	A	D	Provider Overpayment Receipts (Fraud/Compliance)		√						
8316	NA	38	A	D	Provider Overpayment Receipt (QC Compliance)		√						
8317	NA	38	A	D	Provider TPL Carrier Payment Receipts		√						
8318	NA	38	A	D	Provider TPL Settlement Receipts		√						
8319	NA	38	V	D	Casualty Insurance Recovery		√						
8320	NA	38	A	D	Provider Overpayment Receipt (CHIPS)		√						

## Adjustment and Financial Reason Codes Decision Chart 093012

					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANSI	Tran Type	AV	User	Reason Code Description	Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
	CLAIM				<b>CASH RECEIPTS CLAIMS PRIOR PERIOD (CONT'D)</b>								
8321	NA	38	A	D	Provider Overpayment Receipt (HIPP)		√						
8322	NA	38	V	D	Estate Recovery		√						
8323	NA	38	A	D	System Refund (Miscellaneous)		√						
8324	NA	38	A	D	TPL Medicare Related (CB & NCB)		√						
8325	NA	38	V	D	Wrong Provider (CB & NCB) – (8580)		√						
8326	NA	38	V	D	Wrong Recipient (CB & NCB) – (8581)		√						
8327	NA	38	V	D	Provider TPL Carrier Payment Receipts (SLH)		√						
8328	NA	38	V	D	Provider Casualty Insurance Receipts (SLH)		√						
8329	NA	38	V	D	Provider TPL Settlement Receipts (SLH)		√						
8350	NA	38	V	D	Rebill-Negative Balance Recoupment		√						
NON	CLAIM				<b>CASH RECIEPTS FINANCIAL TRANSACTIONS PRIOR PERIOD</b>								
8400	NA	48	A	D	Wrong Provider (CB & NCB) – (8580)						√		
8401	NA	48	A	D	Wrong Recipient (CB & NCB) – (8581)						√		
8402	NA	48	A	D	Billing Error (CB & NCB) – (8582)						√		
8403	NA	48	A	D	Services Not Covered (CB & NCB) – (8583)						√		
8404	NA	48	A	D	Recipient Not Patient of Provider (CB & NCB) – (8584)						√		
8405	NA	48	A	D	Partial Payment Provider - Liability Insurance (CB & NCB) – (8585)						√		
8406	NA	48	A	D	Partial Payment Provider - Primary Carrier (CB&NCB) (8586)						√		
8407	NA	48	A	D	Duplicate Payment (CB & NCB) – (8587)						√		
8408	NA	48	A	D	Full Payment Provider – Liability Insurance (CB & NCB) – (8588)						√		



## Adjustment and Financial Reason Codes Decision Chart 093012

					<b>CLAIM BASED (Create Adjustment Transactions)</b>				<b>NON-CLAIM BASED (Create Financial Transactions)</b>				
New Code	ANSI	Tran Type	AV	User	Reason Code Description	Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
NON	CLAIM				<b>CASH RECIEPTS FINANCIAL TRANSACTIONS PRIOR PERIOD (CONT'D)</b>								
8427	NA	48	A	D	Cost Settlement: Prior Yr Inpat Subject to Audit						√		
8428	NA	48	A	D	Cost Settlement: Prior Yr Outpat Subject to Audit						√		
8429	NA	48	A	D	Cost Settlement: Depreciation Recapture						√		
8430	NA	48	A	D	Cost Settlement: Prior Yr Inpat Tent-Settlement						√		
8431	NA	48	A	D	Cost Settlement: Prior Yr Outpat Tent-Settlement Cost						√		
8432	NA	48	A	D	Cost Settlement: Cur Yr Inpat Tent-Settlement						√		
8433	NA	48	A	D	Cost Settlement: Cur Yr Outpat Tent-Settlement						√		
8434	NA	48	A	D	Cost Settlement: Prior Yr Inpat Final-Settlement						√		
8435	NA	48	A	D	Cost Settlement: Prior Yr Outpat Final-Settlement						√		
8436	NA	48	A	D	Credit Balance – Full Payment Received (CB & NCB)						√		
8437	NA	48	A	D	Credit Balance – Partial Payment Received (CB & NCB)						√		
8438	NA	48	A	D	TPL Contractor – Full Payment Received from Provider (CB & NCB)						√		





## Adjustment and Financial Reason Codes Decision Chart 093012

New Code	ANS//	Tran Type	AV	User	Reason Code Description	CLAIM BASED (Create Adjustment Transactions)				NON-CLAIM BASED (Create Financial Transactions)			
						Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
					<b>ADD PAY (NON-CLAIM BASED ONLY)</b>								
					<b>ADD-PAY -- OTHER</b>								
9001	AP	09	A	D	Refund TPL-Duplicate Recovery					√		√	
9002	AP	09	A	D	Refund Other Duplicate Recovery					√		√	
9003	AP	09	A	D	Error Recoupment (Cost Settlement)					√		√	
9004	AP	09	A	D	Error Recoupment (TPL)					√		√	
9005	AP	09	A	D	Error Recoupment (Fraud/Compliance)					√		√	
9006	AP	09	A	D	Error Recoupment (Miscellaneous)					√		√	
9008	AP	09	A	D	Miscellaneous Payment (NCB)					√		√	
9009	AP	09	A	S	Additional Payment for Lien Check Void					√		√	
9010	AP	09	A	D	Void Check – Vendor Payment					√		√	
9011	AP	09	A	S	Additional Payment for Negative Balance Reversal					√		√	
9012	AP	09	A	D	Void Check (FIN Trans) - ADDPAY					√		√	
9013	AP	09	A	D	Payee Transportation Payment					√		√	
9020	AP	09	A	D	Quarterly School Base ADMIN Payment					√		√	
9030	AP	09	A	S	Additional Payment for Recoupment Reversal					√		√	
9039	AP	09	A	S	Additional Payment for Payment Reversal					√		√	
9040	AP	09	A	D	Doral's Monthly PMPM Payment					√		√	
9041	AP	09	A	D	Doral's weekly Claims Payment through VAMMIS					√		√	
9042	AP	09	A	D	Doral's Interpreter Services Payment					√		√	
9059	AP	09	A	S	Additional Payment for Issued Check Reversal					√		√	
9060	AP	09	A	D	Supplemental Payments For Clinics					√		√	
9061	AP	09	A	D	Supplemental Payments For Dental Services					√		√	
9062	AP	09	A	D	Supplemental Payments For Physician Services					√		√	
9070	AP	09	A	D	Financial Payment – Administrative					√		√	

## Adjustment and Financial Reason Codes Decision Chart 093012

9071	AP	09	A	D	Financial Payment – Medical					√		√	
9080	AP	09	A	D	EHR Incentive Program Payment EP					√		√	
9081	AP	09	A	D	EHR Incentive Program Payment EH					√		√	
9082	AP	09	A	D	EHR Incentive Program Payment Adjustment EP					√		√	
9083	AP	09	A	D	EHR Incentive Program Payment Adjustment EH					√		√	
9089	AP	09	A	D	Manage Care – Special Payments					√		√	
9090	AP	09	A	D	Manage Care – Newborn Reconcile (Manual)					√		√	
9091	AP	09	A	D	Manage Care – Hospitalize at Enrollment					√		√	
9092	AP	09	A	D	Manage Care – Enrollment Error					√		√	
9093	AP	09	A	D	Manage Care – Rate Adjustment					√		√	
9094	AP	09	A	D	Manage Care – MCO Sanctions					√		√	
9095	AP	09	A	S	Manage Care – Medallion I (16)					√		√	
9096	AP	09	A	S	Manage Care – CMM Fee (17)					√		√	
9097	AP	09	A	D	MMIS Contractors or Venders Administration (107)					√		√	
9098	AP	09	A	D	MMIS Contractors or Venders Medical (107)					√		√	
9991	AP	09	A	D	HIPAA TEST UPDATE					√		√	

## Adjustment and Financial Reason Codes Decision Chart 093012

New Code	ANSI	Tran Type	AV	User	Reason Code Description	CLAIM BASED (Create Adjustment Transactions)				NON-CLAIM BASED (Create Financial Transactions)			
						Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
					<b>ADD-PAY – COST SETTLEMENT</b>								
9100	AP	19	A	D	Cost Settlement: Prior Yr Inpat Retro-Adj					√		√	
9101	AP	19	A	D	Cost Settlement: Prior Yr Outpat Retro-Adj					√		√	
9102	AP	19	A	D	Cost Settlement: Prior Yr Inpat Tent-Settlement					√		√	
9103	AP	19	A	D	Cost Settlement: Prior Yr Outpt Tent-Settlement					√		√	
9104	AP	19	A	D	Cost Settlement: Retro Cash Adj – Inpat (Current Yr)					√		√	
9105	AP	19	A	D	Cost Settlement: Retro Cash Adj – Outpat (Current Yr)					√		√	
9106	AP	19	A	D	Cost Settlement: Cur Yr Private Duty Nurse Cost					√		√	
9107	AP	19	A	D	Cost Settlement: Pr-Yr Inpat Subj to Audit					√		√	
9108	AP	19	A	D	Cost Settlement: Pr-Yr Outpat Subj to Audit					√		√	
9109	AP	19	A	D	Cost Settlement: Prior Yr Inpat Final-Settlement					√		√	
9120	AP	19	A	D	Cost Settlement: Prior Yr Outpt Final-Settlement					√		√	
9121	AP	19	A	D	Cost Settlement: Cur-Yr Inpat Spcl-Pay					√		√	
9122	AP	19	A	D	Cost Settlement: Cur-Yr Outpat Spcl-Pay					√		√	
9123	AP	19	A	D	Cost Settlement: Pr-Yr Inpat Spcl-Pay					√		√	

## Adjustment and Financial Reason Codes Decision Chart 093012

New Code	ANSI	Tran Type	AV	User	Reason Code Description	CLAIM BASED (Create Adjustment Transactions)				NON-CLAIM BASED (Create Financial Transactions)			
						Provider 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend	Provider's 1099 Increase	Provider's 1099 Decreased	Incr Expend	Decr Expend
					<b>ADD-PAY – COST SETTLEMENT (CONT'D)</b>								
9124	AP	19	A	D	Cost Settlement: Pr-Yr Outpat Spcl-Pay					√		√	
9125	AP	19	A	D	Cost Settlement: Special Payment for Charges					√		√	
9126	AP	19	A	D	Cost Settlement: Cur Yr Inpat Tent-Settlement					√		√	
9127	AP	19	A	D	Cost Settlement: Cur Yr Outpt Tent-Settlement					√		√	
9128	AP	19	A	D	Cost Settlement: Pr Yr Private Duty Nurse Cost					√		√	
					<b>ADD-PAY – PREMIUM PAYMENTS</b>								
9200	AP	29	A	D	HIPP Payment (NCB)					√		√	
9201	AP	29	A	D	HIV Premium Payments					√		√	
9202	AP	29	A	D	FAMIS Premium Payments					√		√	
9203	AP	29	A	D	Medicare Buy-In Premium Payments					√		√	
9204	AP	29	A	D	QI2 Premium Payments					√		√	
9205	AP	29	A	D	<b>Medicaid HIPP (Premium Type H, Payment Type A)</b>					√		√	
9206	AP	29	A	D	<b>Ryan White (Premium Type R, Payment Type A)</b>					√		√	
9207	AP	29	A	D	<b>FAMIS Select (Premium Type S, Payment Type A)</b>					√		√	
9208	AP	29	A	D	<b>Medicaid HIPP (Premium Type H, Payment Type I)</b>					√		√	
9209	AP	29	A	D	<b>Ryan White (Premium Type R, Payment Type I)</b>					√		√	
9210	AP	29	A	D	<b>FAMIS Select (Premium Type S, Payment Type I)</b>					√		√	
9211	AP	29	A	D	<b>Medicaid HIPP (Premium Type H, Payment Type S)</b>					√		√	
9212	AP	29	A	D	<b>Ryan White (Premium Type R, Payment Type S)</b>					√		√	
9213	AP	29	A	D	<b>FAMIS Select (Premium Type S, Payment Type S)</b>					√		√	
9214	AP	29	A	D	<b>Medicaid HIPP (Premium Type H, Payment Type R)</b>					√		√	
9215	AP	29	A	D	<b>Ryan White (Premium Type R, Payment Type R)</b>					√		√	
9216	AP	29	A	D	<b>FAMIS Select (Premium Type S, Payment Type R)</b>					√		√	





# Adjustment and Financial Reason Codes Decision Chart 093012

User Column indicates who is authorized to use specific Financial Reason Codes

- B – Both DMAS and Provider
- D – DMAS Only
- P – Provider Only
- S – System Generated

A/V Column indicates action of the Reason Codes

- A – Adjustment
- D – Denial
- H – Hold
- I – Re-Issue
- M – Memo Transaction
- P – Approval
- R – Recoupment
- V – Void