

ERA Adjustment Actions

Group Code	Reason Code	Description	Action	Update BB
CO	45	Charges exceed your contracted/legislated fee arrangement.	Apply to Write-Off	Yes
CR	1	Deductible Amount	Apply to Patient	No
CR	2	Coinsurance Amount	Apply to Patient	No
CR	3	Co-payment Amount	Apply to Patient	No
CR	45	Charges exceed your contracted/legislated fee arrangement.	Apply to Write-Off	Yes
OA	101	Predetermination: anticipated payment upon completion of services or claim adjudication.	Apply to Patient	No
PI	23	Payment adjusted due to the impact of prior payer(s) adjudication including payments and/or adjustments.	Apply to Other Ins	No
PI	B20	Payment adjusted because procedure/service was partially or fully furnished by another provider.	Apply to Other Ins	No
PR	1	Deductible Amount	Apply to Patient	No
PR	2	Coinsurance Amount	Apply to Patient	Yes
PR	3	Co-payment Amount	Apply to Patient	Yes
PR	42	Charges exceed our fee schedule or maximum allowable amount.	Apply to Patient	No

Fictitious Data

Sample

Continued on next page...

ERA Adjustment Actions

Group Code	Reason Code	Description	Action	Update BB
PR	96	Non-covered charge(s).	Apply to Patient	No

Fictitious Data

Sample Sample