

### 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

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### ERA Adjustment Actions

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

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# Fictitious Data

Sample Sample