

We are currently updating the OP Help Center content for the release of OP 14.19 or OP 19. OP 19 is a member of the certified OP 14 family of products (official version is 14.19.1), which you may see in your software (such as in Help > About) and in the Help Center tabs labeled 14.19. You may also notice that the version number in content and videos may not match the version of your software, and some procedural content may not match the workflow in your software. We appreciate your patience and understanding as we make these enhancements.

# Processing Reverse Adjudications Assigned to the E-bill Provider Adjustment Account

Last Modified on 10/23/2019 4:00 pm EDT

Version 14.19

**Path: Billing tab > Billing Center button > Adjudications tab**

## Overview

Payers will, at times, reverse previous adjudications for numerous reasons (e.g. plan termed, duplicate charge, etc). These are known as Provider Level Adjustments. ERA reversals received through an ERA adjudication automatically process to a generic account setup for payments/retractions that OP cannot specifically trace to a specific patient account. The generic chart is chart #-5, Provider Adj. e-Billing. OP automatically creates a Claim that is displayed in that chart. OP only makes adjudications visible to the user if the corresponding charge transaction is archived (i.e. daysheeted). Since OP creates a current Claim to post these reversal transactions against, you need to run a daysheet so that these adjudications are visible for posting.

To determine the reversal details, you can either:

- Contact the payer directly.

or

- Check your clearinghouse for a copy of the corresponding remittance where this reversal was recorded.

1. On the Adjudications tab of the e-Billing center, change the match status of the reversal

- adjudication (as assigned to a chart by the name of Provider Adj. E-Billing) to **Discard**, approve and post the transaction.
2. Navigate to the e-Billing Provider Adjustment Chart, and click **Claims**.
  3. Locate and select the **Claim** with the referenced reversal.
  4. Click the **Void** button to delete the Claim.
  5. Click the **OK** button in the confirmation pop-up box. If the Provider Level Adjustment is being used to pay another patient's claim on the same remit, click [here](#) to learn about processing the retraction.

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Version 14.10

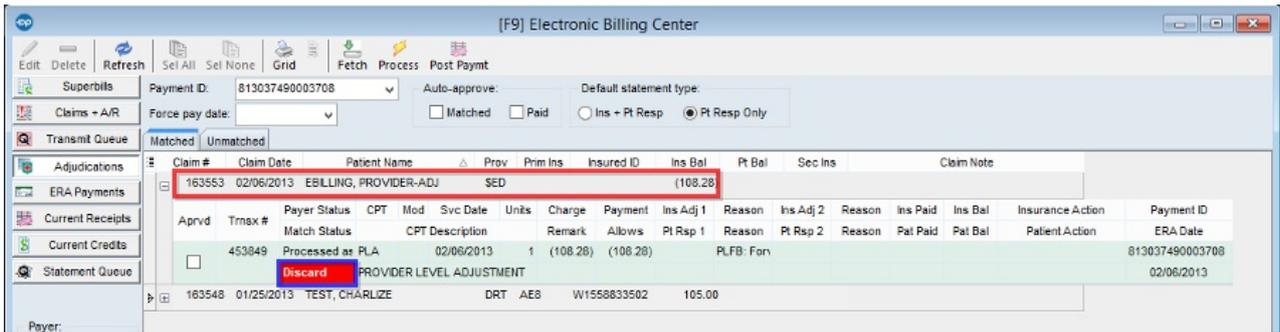
## | Path: Smart Toolbar > Billing button > Adjudications tab

### Overview

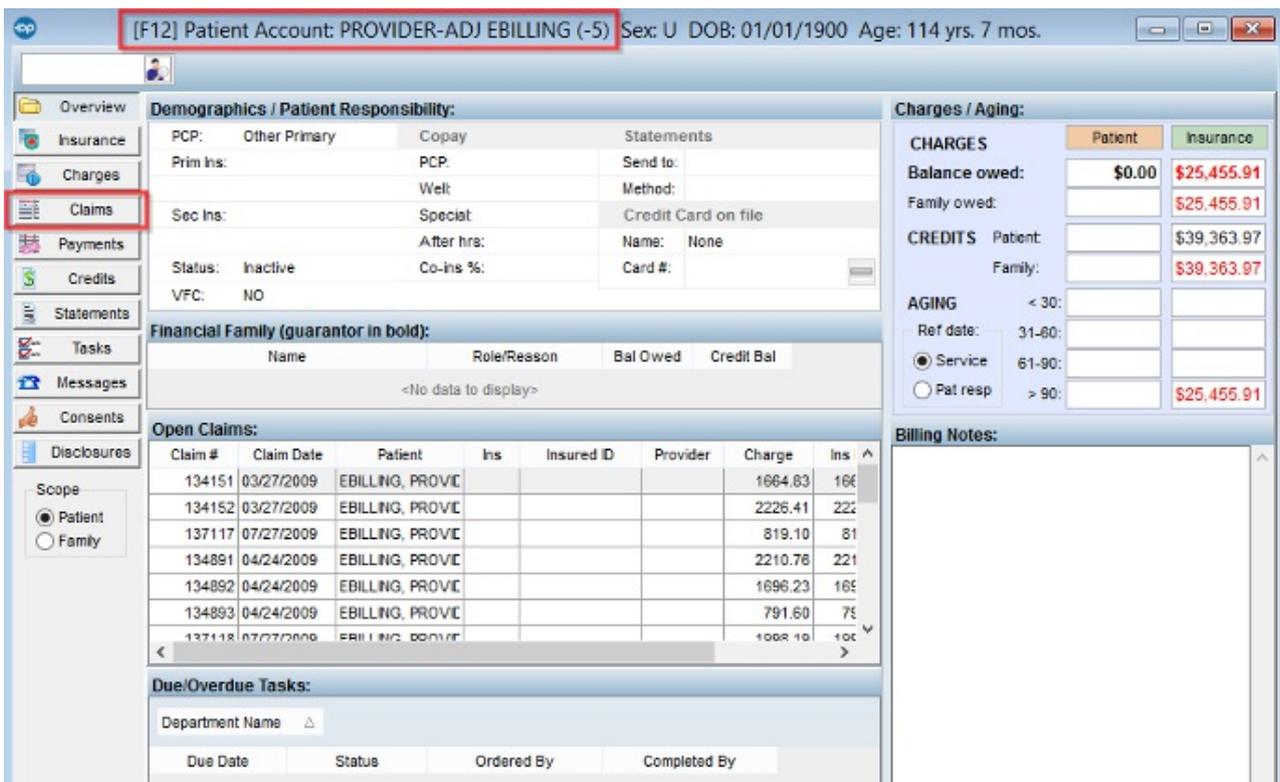
Payers will, at times, reverse previous adjudications for numerous reasons (e.g. plan termed, duplicate charge, etc). These are known as Provider Level Adjustments. ERA reversals received through an ERA adjudication automatically process to a generic account setup for payments/retractions that OP cannot specifically trace to a specific patient account. The generic account is acct #-5, Provider Adj. E-Billing. OP automatically creates a Claim that is displayed on your current claims tab. OP only makes adjudications visible to the user if the corresponding charge transaction is archived (i.e. daysheeted). Since OP creates a current claim to post these reversal transactions against, run a daysheet so that these adjudications are visible for posting.

To determine the reversal details, you can either:

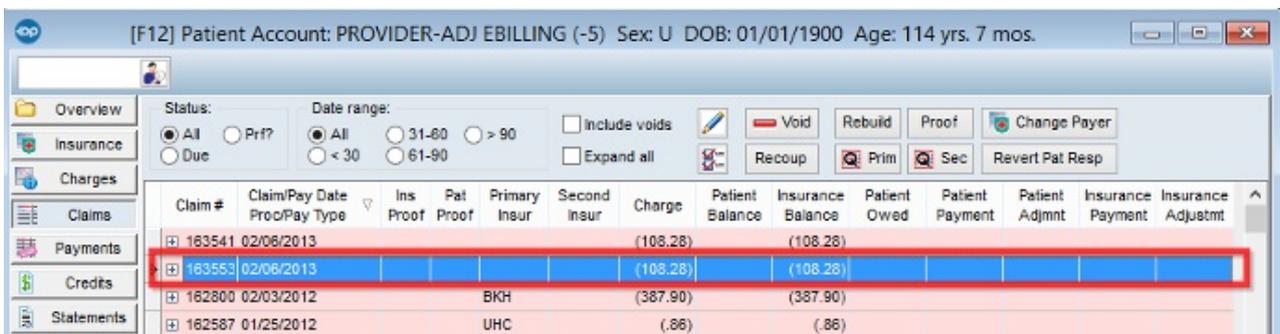
- Contact the payer directly.
- or
- Check your clearinghouse for a copy of the corresponding EOB where this reversal was recorded.
1. On the Adjudications tab of the e-Billing center, change the match status of the reversal adjudication (as assigned to an account by the name of Provider Adj. E-Billing) to **Discard**, approve and post the transaction.



2. Navigate to the E-Billing Provider Adjustment Account, and click the **Claims** tab.



3. Locate and select the **Claim** with the referenced reversal.



4. Click the **Void** button  to delete the Claim.

5. Click the **OK** button when prompted, *This action will delete the entire claim, Are you Sure?*

[F12] Patient Account: PROVIDER-ADJ EBILLING (-5) Sex: U DOB: 01/01/1900 Age: 114 yrs. 7 mos.

Overview Insurance Charges Claims Payments Credits Statements Tasks Messages Consents Disclosures Scope

Status:  All  Prf?  Due Date range:  All  < 30  31-60  > 90  61-90  Include voids  Expand all

Buttons: Void, Rebuild, Proof, Change Payer, Recoup, Prim, Sec, Revert Pat Resp

Claim #	Claim/Pay Date Proc/Pay Type	Ins Proof	Pat Proof	Primary Insur	Second Insur	Charge	Patient Balance	Insurance Balance	Patient Owed	Patient Payment	Patient Adjmnt	Insurance Payment	Insurance Adjustmt
163541	02/06/2013					(108.28)	(108.28)						
163553	02/06/2013					(108.28)	(108.28)						
162800	02/03/2012			BKH		(387.90)	(387.90)						
162587	01/25/2012			UHC		(.88)	(.88)						
162408	01/18/2012			UHC		(108.89)	(108.89)						
161591	12/23/2011											387.90	
161353	12/13/2011												(70.70)
161311	12/10/2011											70.70	
160315	11/04/2011												(15.00)
160195	10/28/2011												(316.41)
159378	10/07/2011											1.12	
159377	09/30/2011												(12.06)

**Confirm** dialog box: This action will delete the ENTIRE highlighted claim. Are you sure? [OK] [Cancel]

6. If the Provider Level Adjustment is being used to pay another patient's claim on the same remit, click [here](#) to learn about processing the retraction.