

**Adjustment Request Form**

<b>Record Number</b>	<b>Reason Code</b>	<b>Description / Comments</b>	<b>Date of Service</b>	<b>Payer</b>	<b>Amount</b>	<b>Requested By</b>

**Reason Code Listing (use only these approved codes)**

Code	Description		
ADJ -	Billed in error / keying error	W/O -	Same or similar
ADJ -	Contractual adjustment	W/O -	Timely filing denial / reduction
ADJ -	Negotiated discount	W/O -	Insurance not verified on intake
ADJ -	Order canceled prior to delivery	W/O-	Insurance terminated
ADJ -	Picked up / returned	W/O -	Lack of / incomplete documentation
ADJ -	Under charge	W/O-	Max benefit reached / overutilization
ADJ -	Pro-rated charge	W/O -	No initial prior auth obtained
ADJ -	W/O co-pay or deductible/ hardship / small balance	W/O-	No renewal prior auth obtained
ADJ -	Sent to collections	W/O -	Not qualified / no ABN
ADJ -	Billed over purchase price / cap	W/O -	Patient expired prior to bill date
ADJ-	Payment posted to wrong DOS	W/O-	Ineligible place of service (facility, hospice, etc.)
ADJ-	Charge inclusive of other service	W/O-	Physician evaluation / re-evaluation incomplete
		W/O-	No evidence of compliance (PAP)
		W/O-	PM not completed timely (Oxygen MS)