



# Overpayment Adjustments



## Purpose: *The Best Practices for...*

### Prevention

of a potential adjustment

- Use the Availity web portal for member eligibility.
- Check eligibility and benefits for date of service.
- Submit Medicare or other carrier information.
- Notify Anthem of physician information changes.
- For billing errors, use Secure Messaging on the Availity web portal.

### Maintenance

and tracking of debits and credits

- Return duplicate payments.
- For underpayment issues, call the Customer Service number on the member's card.
- Return payments for patients not treated by you.
- Do not return a 'gang' or 'bulk' check, return only the amount in error.
- Have the entire EOB with Payment Summary in hand when calling Financial Operations.

### Follow-up

of Overpayment Adjustment Withholds

- Send the refund before the 45th calendar day after initial notification.
- Include the 'tear-off' of the overpayment letter with the refund.
- Notify Financial Operations Customer Service of the funds being remitted. Provide the following information:
  - Patient Name
  - Member ID
  - DCN Number
  - Check Number & Date
  - Date Check was sent
  - Amount of the check
  - How the check was sent

Published by:



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# Samples

There are 3 EOBs that are affected by an overpayment adjustment withhold:

1. The EOB showing the original claim submission.
2. The EOB showing the adjustment.
3. The EOB showing the overpayment adjustment withhold.

## 1. The EOB showing the original claim submission.

*This entry does not look different than any other claim submitted and paid on this EOB.*

			P.O. BOX 70000 VAN NUYS, CA 91470-0001			<b>EXPLANATION OF BENEFITS</b>			
© ANTHEM is a registered trademark. © The Blue Cross name and symbol are registered marks of the Blue Cross Association © 2007 Anthem Blue Cross.						ISSUE DATE <b>April 10, 2003</b>	PAGE <b>0001 OF 0002</b>		
<b>BCC URGENT CARE</b> 45678 Topanga Cyn Blvd. WOODLAND HILLS, CA 91367						<b>SEQUENCE NUMBER:</b>	<b>948765432</b>	<b>200300072</b>	
						<b>Provider ID:</b>	<b>948765432</b>		
						<b>NETWORK PROVIDER:</b>	<b>Y</b>		
						<b>FOUNDATION PHYSICIAN:</b>	<b>N</b>		

Patient Name: WITHERSPOON, LISA Claim ID: 03100601234		ID Number: 985A71234 Claim Received Date: 04/09/03		Account Number: WITHERSL11 Group Number: 01679A				
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
11/04/02	99241	001	100.00	80.59	19.41 /01	0.00	16.12 /02	64.47
11/04/02	76805	001	250.00	156.73	93.27 /01	0.00	31.35 /02	125.38
11/04/02	76825	001	190.00	182.33	7.67 /01	0.00	36.47 /02	145.86
TOTAL THIS CLAIM			540.00	419.65	120.35	0.00	83.94	335.71
Administered on behalf of Anthem Blue Cross Life & Health Insurance Company						FOR INFORMATION CALL: (800) 333-0912		

Patient Name: PRIDE, SOPHIA Claim ID: 03100604320		ID Number: 991A45723 Claim Received Date: 04/09/03		Account Number: PRIDES12 Group Number: 32545A				
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
09/03/02	99241	001	100.00	80.59	19.41 /01	0.00	15.00 /03	65.59
09/03/02	59000	001	175.00	117.06	57.94 /01	117.06 /04	0.00 /02	0.00
09/03/02	76805	001	250.00	156.73	93.27 /01	0.00	31.35 /02	125.38
09/03/02	76825	001	190.00	182.33	7.67 /01	0.00	36.47 /02	145.86
TOTAL THIS CLAIM			715.00	536.71	178.29	117.06	82.82	336.83
Administered on behalf of Anthem Blue Cross Life & Health Insurance Company						FOR INFORMATION CALL: (800) 333-0912		

# Samples continued

## 2. The EOB showing the adjustment.

There are two lines of entry when an adjustment occurs:

The first line indicates a reversal of the original claim.

The second line indicates the correction of the original claim.

There are three types of adjustments:

An adjustment that results in payment to the provider will display in "adjustments payable provider" on the payment summary. The funds are included in the EOB payment.

If the reversal claim amount is the same as the corrected amount the EOB only displays the adjusted claim information. There is no information in the Payment Summary.

An adjustment that results in an overpayment due to Anthem will display in "deferred adjustments due" of the payment summary.

The overpayment withhold amount is deferred for 45 calendar days to allow the provider to respond to the overpayment notification.

Reversal

Patient Name: WITHERSPOON, LISA		ID Number: 985A71234	Account Number: WITHERSL11		Group Number: 01679A			
Claim ID: 03100601234		Claim Received Date: 11/03/02						
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
11/04/02	99241	001	100.00	-80.59	-19.41 /01	0.00	-16.12 /02	-64.47
11/04/02	76805	001	250.00	-156.73	-93.27 /01	0.00	-31.35 /02	-125.38
11/04/02	76825	001	190.00	-182.33	-7.67 /01	0.00	-36.47 /02	-145.86
TOTAL THIS CLAIM			540.00	-419.65	-120.35	0.00	-83.94	-335.71

Correction

Patient Name: WITHERSPOON, LISA		ID Number: 985A71234	Account Number: WITHERSL11		Group Number: 01679A			
Claim ID: 03100601234		Claim Received Date: 11/03/02						
SERVICE DATE(s)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE COPAYMENT AMOUNT	CLAIMS PAYMENT
11/04/02	99241	001	100.00	80.59	19.41 /01	80.59 /03	0.00	0.00
11/04/02	76805	001	250.00	156.73	93.27 /01	156.73 /03	0.00	0.00
11/04/02	76825	001	190.00	182.33	7.67 /01	88.43 /03	18.78 /02	75.12
TOTAL THIS CLAIM			540.00	419.65	120.35	325.75	18.78	75.12
This is an adjustment to a previously processed claim, refer to EOB Sequence No: 948765432 200300072								
Administered on behalf of Anthem Blue Cross Life & Health Insurance Company FOR INFORMATION CALL: (800) 333-0912								

PAYMENT SUMMARY		
CLAIMS PAYMENT/ ADJUSTMENTS	PROCESSED	PAID AMOUNT
Total Claims	189.01	189.01
Adjustments Payable Provider	0.00	0.00
Deferred Adjustments Due	-260.59	0.00
Sub Total		189.01
CHECK AMOUNT (CHK # 0034038156)		\$ 189.01

# Samples continued

## 3. The EOB showing the overpayment adjustment withhold.

If, after **45 calendar days** the overpayment is still outstanding, a withhold will occur on the next provider's EOB.

The overpayment withhold will display as a separate line item in the **Payment Summary, Deferred Claims Adjustment Withhold.**

The indicated withhold amount will be deducted from the provider's check for that EOB.

PAYMENT SUMMARY							
CLAIMS PAYMENT/ ADJUSTMENTS		PROCESSED		PAID AMOUNT			
Total Claims		1,052.39		1,052.39			
Adjustments Payable Provider		0.00		0.00			
Deferred Adjustments Due		0.00		0.00			
Sub Total				\$1,052.39			
DEFERRED CLAIMS ADJUSTMENT WITHHOLD							
PATIENT	PAT ACCT NO	SERVICE DATES	SERVICE TYPE	SEQUENCE NO	RSN CDE	WITHHOLD AMT	APPEALS INFO
WITHERSPOON LISA	WITHERSL11	110402-110402	OFFICE	20030082	*P02	-260.59	800-333-0912
*P02 = Member's medical deductible had not been met							
CHECK AMOUNT (CHK # E0034038027)				<b>\$791.80</b>			

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