

Dynamic Adjustment Code Mapping

As of GoRev version 2020.03.16 GoRev now supports dynamic mapping of adjustment code behavior. You can use this system to

1. Force specific adjustment codes to map to a patient responsibility instead of the default behavior of adjusting off the balance
2. Change an adjustment codes category to any other category
3. Set a specific followup status
4. Drop the entire adjustment

To access this in GoRev go to Admin -> Lookup tables -> Select either Adjustment Codes or Remark Codes

The screenshot shows the GoRev Admin interface. The top navigation bar includes 'Clinic Modules', 'Lab Modules', 'Billing Modules', 'Master Panels', 'Admin', and 'Developer'. The 'Admin' menu is expanded, showing options like 'Configuration', 'Permissions', 'Team Management', and 'Tickets'. The 'Configuration' menu is further expanded, showing options like 'AutoClaimStatus Manager', 'Carriers', 'Charts', 'Digital Registration Editor', 'Flat Data Layout Designer', 'Interface Master', 'Locations', 'Lookup Tables', 'Plans', 'Statements', 'System Registry', 'Visit Status Editor', and 'Worksheet Designer'. The 'Lookup Tables' option is selected, showing a sub-menu with 'Adjustment Codes', 'Lookup Tables', and 'RemarkCodes'.

The main content area shows a search bar with 'Name, Account, or SSN' and 'Date of Birth' fields, and a 'Patient Overview' button. Below this is a table for 'Online Registrations' with columns for Name, Phone, Registration Time, Location, and ID. The table contains one row for 'Hughes, Chad' with phone number 2177203335, registration time 3/10/2020 5:25 PM, location Demo Service Location, and ID 5287.

The footer shows 'GoRev Version: 2020.03.18 Server: 2020.03.18 Online' and a support line: 'GoRev Support line: (317) - 794 -3900'.

You will then see this window:

The screenshot shows a web application window titled "Adjustment Code Manager". The main content area is a table with the following columns: "Adj Code", "Set Follow Up", and "Adj Description". The table contains 281 rows of data. The first few rows are visible, showing codes from 1 to 115. The code 116 is highlighted in blue. Below the table, there is a status bar that says "281 Rows" and a search box.

Adj Code	Set Follow Up	Adj Description
1		Deductible Amount
10		The diagnosis is inconsistent with the patient's gender.
100		Payment made to patient/insured/responsible party/employer.
101		Predetermination: anticipated payment upon completion of services or claim adjudication.
102		Major Medical Adjustment.
103		Provider promotional discount (e.g., Senior citizen discount).
104		Managed care withholding.
105		Tax withholding.
106		Patient payment option/election not in effect.
107		The related or qualifying claim/service was not identified on this claim.
108		Rent/purchase guidelines were not met.
109		Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.
11		The diagnosis is inconsistent with the procedure.
110		Billing date predates service date.
111		Not covered unless the provider accepts assignment.
112		Service not furnished directly to the patient and/or not documented.
114		Procedure/product not approved by the Food and Drug Administration.
115		Procedure postponed, canceled, or delayed.
116		The procedure identification assigned by the patient did not match with the contract.

Double click on the code you wish to alter and the window shown below will appear. You can override the description.

Set Follow Up

The Set Follow up drop down contains all of your custom followup statuses. Setting a value here will trigger the system to automatically change the accounts follow up status to the status you specify. Note, it will automatically change the actual follow up date currently set on the account to today's date. This will override any existing follow up date on the account. It does preserve the existing biller if one exists.

Posting Rule Sets

Here you can add rules to override default behavior.

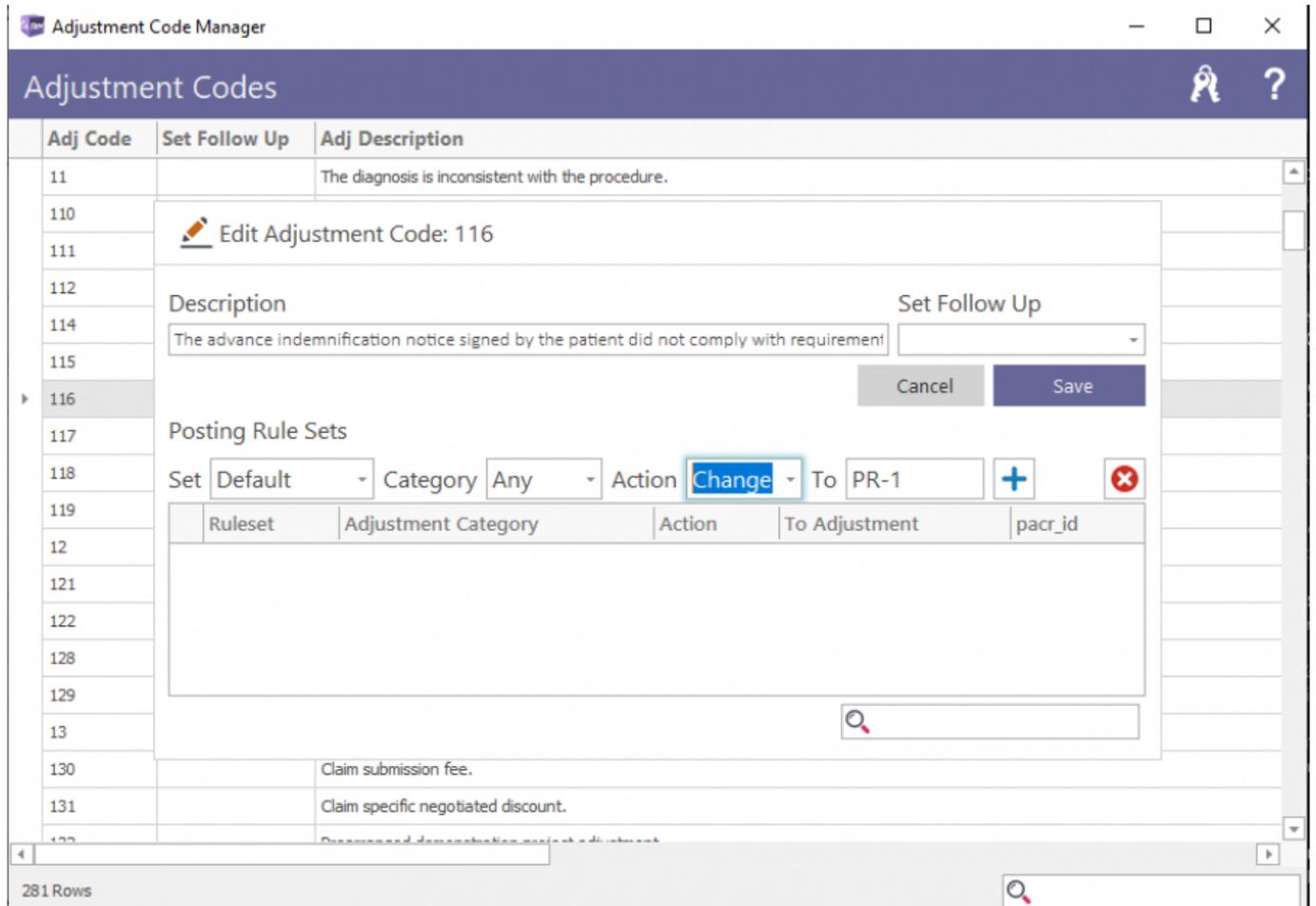
Category There are four options here (Any, CO, OA, PR, PI). Setting it to Any means this rule will fire for any of these code prefixes. In our example screenshot we are on CAS code 116. If we set Any this means the rule will fire on CO-116, OA-116, PR-116, and PI-116.

Action There are four actions available:

1. Change = Change this CAS code to a new cas code. In our example, we have changed any iteration of CAS 116 to PR-1. Thus going forward any time the 116 code is seen it will automatically post it to patient deductible (aka PR-1)
2. Drop = Drop the entire adjustment from the batch automatically at import
3. None = Reserved for future use

4. Zero = Automatically set the adjustment amount to \$0

Once you have your rule configured click the blue + button to add it to the current rule set for this code. This applies server wide to all GoRev units. If you need to delete a rule set simply highlight it in the list and click the Red X.



Remark codes also allow for editing but only of the description and setting a followup status:

Remark Code	Set Follow Up	Remark Description
M1		X-ray not taken within the past 12 months or near enough to the start of treatment.
M10		Equipment purchases are limited to the first or the tenth month of medical necessity.
M100		We do not pay for an oral anti-emetic drug that is not administered for use immediately before, at, or within 48 hours of administ
M102		Service not performed on equipment approved by the FDA for this purpose.
M103		Information supplied supports a break in therapy. However, the medical information we have for this patient does not support th
M104		Information supplied supports a break in therapy. A new capped rental period will begin with delivery of the equipment. This is th
M105		not support the
M107		
M109		utation payment
M11		
M111		
M112		ding Program for
M113		Our records indicate that this patient began using this item/service prior to the current contract period for the DMEPOS Competi
M114		This service was processed in accordance with rules and guidelines under the DMEPOS Competitive Bidding Program or a Demonstr
M115		This item is denied when provided to this patient by a non-contract or non-demonstration supplier.
M116		Processed under a demonstration project or program. Project or program is ending and additional services may not be paid under
M117		Not covered unless submitted via electronic claim.
M119		Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).
M12		Diagnoses that are performed by a physician or other health care professional are included on this date

Edit Adjustment Code: M100

Description: We do not pay for an oral anti-emetic drug that is not administered for use immediately bef

Set Follow Up:

Cancel Save

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