

INSURANCE ADJUSTMENTS & TRANSFER CODES

INSURANCE ADJUSTMENT CODE DESCRIPTIONS

- DP- DEBIT PATIENT**, When the insurance company pays *less* than expected and you want to adjust the difference to the patient. This will *increase* the patient balance.
- DO- DEBIT OFFICE**, When the insurance company pays *less* than expected and you want to *write-off* the difference.
- DC- DEBIT COB (Secondary Insurance)** When the insurance company pays *less* than expected and you want to adjust the difference to the other insurance carrier. This will *increase* what is expected from the secondary carrier.
- DI- DEBIT INSURANCE**, When the insurance company pays less than expected and you want to keep the difference outstanding on the SAME claim. Example: If there was a discrepancy in the payment and you want to re-bill the insurance (done frequently with ortho claims).
- CP- CREDIT PATIENT**, When the insurance company pays *more* than expected and you want to adjust the difference to the patient. This will decrease the patient balance.
- CO- CREDIT OFFICE**, When the insurance company pays more than expected and you do not want to give the patient credit. Used in dental office's that participate with insurance capitation plans.
- CC- CREDIT COB, (Secondary Insurance)** When the insurance company pays more than expected and you want to adjust the difference to the other insurance carrier. This will decrease what is expected from the secondary carrier.
- CI- CREDIT INSURANCE**, When the insurance company pays *more* than expected due to an overpayment. The system flags the amount as being returned as soon as the CI entry is made. This code is not recommended for use.

INSURANCE TRANSFER CODE DESCRIPTIONS

- TP-** To primary expected (from private balance)
- FP-** From primary expected (to private balance)
- TS-** To secondary expected (from private balance)
- FS-** From secondary expected (to private balance)