Remittance Codes Actions

Generally, remittance codes received from the payer require some type of required action or step to be performed. To help you work less, CollaborateMD can be configured to perform those actions automaticall ased on the received remittance code.

Best Practice Tips:

- Only have one (1) action per payer type (e.g., Commercial, Medicare). If more than one action exists for multiple payer types the system will first use the specific payer type assigned action (e.g., Medicare), followed by the "All Types" action.

- If an action is created on multiple codes and each code is on the ERA response, the system will use the action in the order the code is received within the ANSI (835) file itself.

- Actions based on **Group Code** will take priority over actions based on **Payer Type** in the event that multiple options are applicable.

ollow the steps below to add actions to your remittance codes.

1. Select **Customer Setup** > **Codes...** > **Remittance Codes**.

2. Use the **Search** field to find the remittance code by the code, description, or memo line. Or use the **Show All** button to view all codes.

3. Select the remittance code.

   Typically, adding actions to the following remittance codes is not recommended and can result in incorrect balance allocation or charge workflow after applying the ERA:

   - **1: Deductible Amount**
   - **2: Co-insurance Amount**
   - **3: Co-payment Amount**
   - **45: Charges exceed your contracted/legislated free arrangement**
   - **253: Sequestration: reduction in federal payment**

4. Locate and click on the **Actions** tab from the right-hand side panel.

5. Click the **Add** button to add a new action.

6. Use the **Action Category** drop-down menu to select if this action should be applied to **Payer Types** or **Adjustment Group Codes.**

7. Use the **Action Type** drop-down menu to further define which group this action should effect.

8. Use the **Action** drop-down menu to select the action to perform upon receiving this remittance code.

9. *Optional*: If you find yourself wanting to remove an action, click the 🔴 icon to remove the action.

10. Click **Save**.

⚠️ Actions other than Set to Denied At Insurance do not affect how the payments and adjustments are applied and will not affect the status of a claim if the balance is $0.00 after payments, as the status is then Paid, including full payer adjustments resulting in $0.00 balances.

A Set to Denied action will set the claim status as Denied and **no payment or adjustment will be posted. A denial will set the entire billed amount as Unpaid** and all adjustment reasons will be unpaid reasons.