At times, we, the insurer, may overpay a claim and request the overpaid amount back from the provider. If the provider does not pay back the overpaid amount, we will apply the overpaid amount to any future claims that the provider submits.

The PRA below is an example of a notification of a claim adjustment that may result in an overpayment. If a payment is not made within 60 days, the overpayment amount will offset future claims. The PRA will not explicitly state how much the provider was overpaid. The provider will know the claim was reprocessed by the AAG code under “Remarks.”

1. **Tax Identification Number:**
   The Tax Identification Number (TIN) the provider billed under.

2. **Claim #:** The claim number assigned by the insurer.

3. **Patient Account:** The Patient Account number assigned by the facility that is entered in the claim form.

4. **Patient ID:** The Member number assigned by the insurer.

5. **Insured Name:** The policyholder’s name.

6. **Patient Name:** The patient’s name.

7. **See Remarks:** The reason codes for the claim’s processing.

8. **Remarks:** Description for the reason codes listed in “See Remarks.” Code AAG is defined as “AAG - ANSI Code - 29: Prior processing information appears incorrect. Adjustment to a previously processed claim. Subtract prior payment for true net payment. Negative adjustment may result in refund requests.”
If the provider does not repay the overpaid amount, we will use the overpaid amount to pay future claims. Below is an example of a PRA for a claim that was paid using overpaid amounts from previous claims.

1. The top section of the PRA contains information regarding the claim that is being paid.

2. **Payable Amount**: The Amount that is payable on the current claim.

3. **Offset Summary**: The Offset Summary includes information on claims we previously overpaid.

4. **Original Amount Paid**: The original amount paid on the claim(s) in which the overpayment occurred.

5. **Overpaid**: The amount that we overpaid.

6. **Previously Applied**: The amount of the overpayment we previously applied to other claims the provider submitted.

7. **Offset This EOB**: The amount of the overpayment we will use to pay this claim.

8. **Reason Code**: The reason code for the offset.

9. **Current Overpayment**: The amount that is still overpaid after the current claim has been processed.

10. **Remarks**: Description for the reason codes listed in “See Remarks” and “Reason Code.” The description for A30 reads: “Based on additional information received, claim has been reprocessed resulting in an overpayment.”

**Example**: WPS received a claim for Mary Beth with a payment amount of $10.00 (#2) but the provider has an outstanding overpayment due to WPS in the amount of $52.13 (#5). WPS previously applied $12.00 to the offset (#6). WPS will take the $10.00 for Mary Beth’s claim (#7) which leaves a balance of $30.13 remaining to be offset (#9). The reason for the overpayment on the original claim is listed in Remarks (#10).