CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 812	Date: November 12, 2010
	Change Request 7068

SUBJECT: Instructions for PLB Code Reporting on Remittance Advice and a Crosswalk Between the HIGLAS PLB Codes and ASC X12 Transaction 835 PLB Codes, and RAC Recoupment Reporting on Remittance Advice for VMS.

I. SUMMARY OF CHANGES: This CR instructs the Shared System Maintainers about using and reporting PLB codes on the Remittance Advice (RA). It also provides a crosswalk between the HIGLAS PLB codes and the ASC X12 Transaction 835 PLB codes to ensure that PLB code reporting on the RA is consistent and uniform across the board. It also includes instruction for VMS how to report RAC recoupment when there is a time difference between the creation of the Accounts Receivable and actual recoupment of money.

EFFECTIVE DATE: **April 1, 2011**
IMPLEMENTATION DATE: **April 4, 2011 for MCS**
                                      July 5, 2011 for FISS and VMS

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:
No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One-Time Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100- 20	Transmittal: 812	Date: November 12, 2010	Change Request: 7068

SUBJECT: Instructions for PLB Code Reporting on Remittance Advice and a Crosswalk Between the HIGLAS PLB Codes and ASC X12 Transaction 835 PLB Codes, and RAC Recoupment Reporting on Remittance Advice for VMS.

Effective Date: April 1, 2011
Implementation Date: April 4, 2011 for MCS
                          July 5, 2011 for FISS and VMS

I.   GENERAL INFORMATION
A. Background:

PLB code reporting:
The Remittance Advice (RA) reports payments and adjustments to payments at 3 levels:
   a) service
   b) claim
   c) provider
The adjustments at the service and the claim level are reported using 3 sets of codes – Group Codes, Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARCs). Provider level adjustments are reported using the PLB codes. The PLB code list is an internal code list that can be changed only when there is a change in the version. In version 004010A1, the following PLB codes are available for use: 50, 51, 72, 90, AM, AP, B2, B3, BD, BN, C5, CR, CS, CT, CV, CW, DM, E3, FB, FC, GO, IP, IR, IS, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, TL, WO, WU, AND ZZ. In version 005010A1, two new codes – AH and HM – have been added, and code ZZ has been deleted. The other change in version 005010A1 is the way situational field PLB03-2 for reference identification is used.

Field	Version 004010A1	Version 005010A1
PLB03-1		AH – additional code
		HM – additional code
		ZZ – deleted code
PLB03-2	Max: 30	Max: 50
		Required when a control, account or tracking number applies to this adjustment – as reported in field PLB03-1
	Position 1-2: Medicare intermediaries must enter the applicable Medicare code	No Medicare specific codes
	Position 3-19: Financial control identify/track/reconcile the provider level adjustment Number or other pertinent identifier	
	Position 20-30: Health Insurance Claim (HIC) Number	

This CR instructs the Shared System Maintainers (SSMs) about using and reporting PLB codes on the Remittance Advice (RA). It also provides a crosswalk between the HIGLAS PLB codes and the ASC X12 Transaction 835 PLB codes to ensure that PLB code reporting on the RA is consistent and uniform across the board. HIGLAS uses additional PLB codes from the X12 Standard that are not in the Implementation Guide (IG) or Technical Report (TR) 3. **Medicare must use only those codes that are included in the IG/TR3 to report on the 835.**

Currently CMS is in the process of transitioning to HIGLAS, and some contractors are still not under HIGLAS. This CR applies to both HIGLAS and Non-HIGLAS contractors with the goal of uniform and consistent reporting on the 835 across the board. Secondly, CMS is also in the process of implementing the new version adopted as the Health Insurance Portability and Accountability Act (HIPAA) standard - version 5010A1. Attachment – 835 PLB Code Mapping is applicable to version 004010A1 as well as 5010A1.

RAC recoupment reporting – VMS only:
In the Tax Relief and Health Care Act of 2006, Congress required a permanent and national Recovery Audit Contractors (RAC) program to be in place by January 1, 2010. The goal of the recovery audit program is to identify improper payments made on claims of health care services provided to Medicare beneficiaries. The RACs review claims on a post-payment basis, and can go back 3 years from the date the claim was paid. To minimize provider burden, the maximum look back date is October 1, 2007. Section 935 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Publication. L.108-173) amended Title XVIII of the Social Security Act (the Act) has added a new paragraph (f) to §1893 of the Act, the Medicare Integrity Program. The statute requires Medicare to change how certain overpayments are recouped. These new changes to recoupment and interest are tied to the Medicare fee-for-service claims appeal process and structure. Recoupment under the provisions of 935 of the MMA can begin no earlier than the 41st day (see Change Request (CR) 6183 – Transmittal 141, issued September 12, 2008), and can happen only when a valid request for a redetermination has not been received within that period of time.

Under the scenario just described, the RA has to report the actual recoupment in two steps:

Step I: Reversal and Correction to report the new payment and negate the original payment (actual recoupment of money does not happen here)
Step II: Report the actual recoupment

In a previous CR (Transmittal 659, CR 6870), Fiscal Intermediary Standard System and Multi Carrier System have been instructed to provide enough detail in the RA to enable providers to track and update their records to reconcile Medicare payments. The Front Matter 1.10.2.17 – Claim Overpayment Recovery – in ASC X12N/005010X221 provides a step-by-step process regarding how to report in the RA when funds are not recouped immediately, and a manual reporting (demand letter) is also done. This CR instructs VIPs Medicare System (VMS) how to report on the RA when an overpayment is identified and also when Medicare actually recoups the overpayment in a future RA.

Step I: **Claim Level**:
               The original claim payment is taken back and the new payment is established
               (Reversal and Correction)

               Provider Level:
               PLB03-1 – PLB reason code FB (Forward Balance)
               PLB 03-2 shows the detail:

                   PLB-03-2
                   1-2: 00
                   3-19: Adjustment CCN#

20-30: HIC#

PLB04 shows the adjustment amount to offset the net adjustment amount shown at the service level. If the service level net adjustment amount is positive, the PLB amount would be negative and vice versa.

Step II: **Claim Level**:
                      No additional information at this step

                      Provider Level:
                      PLB03-1 – PLB reason code WO (Overpayment Recovery)
                      PLB 03-2 shows the detail:
                              PLB-03-2
                              1-2: 00
                              3-19: Adjustment CCN#
                              20-30: HIC#
                      PLB04 shows the actual amount being recouped

A demand letter is also sent to the provider when the Accounts Receivable (A/R) is created – Step I. This document contains a control number for tracking purpose that is also reported on the RA.

CMS in conjunction with the Shared System Maintainers and the A/B Medicare Administrative Contractors has decided to follow the same reporting protocol for all other recoupments in addition to the 935 RAC recoupment mentioned above.

NOTE I: Instructions regarding recoupment in this CR apply to both 004010A1 and 5010A1 versions of ASC X12 Transaction 835, and Standard Paper Remittance (SPR).

NOTE II: In some very special cases the HIC # may have to be truncated to be compliant with the 004010A1 Implementation Guide.

B.   Policy: CMS generates Health Insurance Portability and Accountability Act (HIPAA) compliant remittance advice that includes enough information for providers so that manual intervention is not needed on a regular basis. Medicare contractors must follow the X12N 835 IG/TR3 to generate the HIPAA compliant ERA, and SPR must mirror the ERA barring a few exceptions. SPRs may not provide additional or more detailed information that a compliant ERA using the PLB codes in the IG/TR3 cannot provide

II.   BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				Other
							FISS	MCS	VMS	CWF	
7068.1	FISS, MCS and VMS shall make necessary programming changes to crosswalk the HIGLAS PLB codes to the corresponding standard PLB codes included in the ASC X12 N 004010A1 and ASC X12 005010X221A1 835						X	X	X		

Number	Requirement	Responsibility									Other
		A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	
	IG/TR3 per Attachment to populate PLB03-1. Note: VMS will transition to HIGLAS in the future, and shall implement BR 7068.1 and/or BR 7068.2 as applicable during the transition. Once the transition is complete, BR 7068.1 shall apply to VMS.										
7068.2	FISS, MCS, and VMS shall report adjustments populating PLB03-1 using PLB codes as listed in the Attachment with this CR when the HIGLAS PLB codes are not applicable. (For contractors not under HIGLAS at the time)						X	X	X		
7068.3	FISS, MCS, and VMS shall use PLB codes as listed in the Attachment to populate PLB03-1 for version 004010A1 as well as version 005010A1 of Transaction 835						X	X	X		
7068.4	MCS and VMS shall use PLB codes as listed in the Attachment to report on the SPR.							X	X		
7068.5	FISS, MCS and VMS shall make no change in populating PLB03-2 for version 004010A1.						X	X	X		
7068.6	FISS, MCS and VMS shall populate PLB03-2 for version 5010A1A1 with same data as in 4010A1 with the following updates: 1) MCS and VMS shall no longer populate positions 1-2 with 00; 2) FISS shall no longer populate positions 1-2 with the Medicare A specific codes that are not available for version 005010A1; 3) FISS, MCS, and VMS shall populate positions 1-28 with same data that is currently being reported in positions 3-30 in 835 version 004010A1; and 4) FISS, MCS and VMS shall populate positions 29-50 with additional data as instructed by CMS						X	X	X		
7068.7	VMS shall follow the Reversal and Correction process as outlined in ASC X12N/005010X221A1 when overpayment is identified and an A/R is created showing what providers owe to Medicare. This applies to both 004010A1 and 5010A1A1 versions of 835, and SPR.								X		

Number	Requirement	A/B MAC	DME MAC	FI	CARRIER	RHHI	FISS	MCS	VMS	CWF	Other
	Note: See Step I in the Background section.										
7068.8	For 935 RAC Recoupment VMS shall include the detail information as per Step I above in the PLB segment to provide detail information as well as offsetting the recoupment created at the claim level so the net impact on payment would be zero.								X		
7068.9	For 935 RAC Recoupment VMS shall provide the same detail information at the PLB segment as per Step II above when the actual recoupment happens. **NOTE**: There is no claim level reporting at Step II so that the net impact on payment would be a reduction by the recoupment amount reported in the PLB segment.								X		
7068.10	For non-935 RAC Recoupment VMS shall include the detail information as per Step I above in the PLB segment to provide detail information as well as offsetting the recoupment created at the claim level so the net impact on payment would be zero.								X		
70668.11	For non-935 RAC Recoupment VMS shall provide the same detail information at the PLB segment as per Step II above when the actual recoupment happens if there is a time gap between the reversal/correction and the actual recoupment process... Note: There is no claim level reporting at Step II so that the net impact on payment would be a reduction by the recoupment amount reported in the PLB segment.								X		

III.   PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									Other
		A / B MAC	D M E MAC	F I	C A R R I E R	R H H I	Shared-System Maintainers				
							F I S S	M C S	V M S	C W F	
7068.12	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X	X	X	X	X					CEDI

IV.   SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

Post-Implementation Contact(s): Sumita Sen at sumita.sen@cms.hhs.gov or 410-786-5755

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):*

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)***:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

Attachment:

PLB CODES TO REPORT ON THE 835 AND HIGLAS and HIPAA PLB CODE CROSSWALK

For alternate format, please contact the CR author

Attachment - CR 7068
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the CR author

PLB CODES TO REPORT ON THE 835 and HIGLAS AND HIPAA PLB CODE CROSSWALK

	1	2	3	4	5	6	7	8	9
	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	FISS Hardcopy remit field	Current FISS 835 PLB Usage	Current MCS 835 PLB Code Usage	Current VMS 835 PLB Code Usage	s for 835 v40101 and v	ASC X12 835 PLB Code Description	Comments
1	D1	Full Hold - Unfiled Cost Report	Withhold from payments: Penalty	50	50		**50**	Late Charge	Late Filing of Cost Report
2	M1	Manual Invoices - Refunds	Refunds	72	B2		**72**	Authorized return	Refunds - Manual Invoices
3	D5	Full Hold - DNF	Withhold from payments: Penalty	L3			–		RA not created
4	NA	Manual Non Claim Invoices - HI Positive Distribution					–		Internal Use Only
5	NB	Manual Non Claim Invoices - HI Negative Distribution					–		Internal Use Only
6	NC	Manual Non Claim Invoices - SMI Positive					–		Internal Use Only
7	ND	Manual Non Claim Invoices - SMI Negative					–		Internal Use Only
8	MA	Manual Invoices - Accelerated/Advance P	Accelerated payments	AP	B2		**AP**	Acceleration of Benefits	Manual Invoices - Accelerated/Advance Payment
9	AG	PIP Bad Debt PT	Pass thru amounts: Bad Debt	BD			**BD**	Bad Debt Adjustment	PIP Bad Debt Adjustmment
10	AH	non-PIP Bad Debt PT	Pass thru amounts: Bad Debt	BD			**BD**	Bad Debt Adjustment	Non-PIP Bad Debt Adjustment
11	BN	EHR Bonus			BN		**BN**	Bonus	Demonstration Project (CR 6603)
12	HB	HPSA		E3	B2		**BN**	Bonus	HPSA Bonus
13	AQ	non-PIP SNF PT	Settlement Payments	C5			**C5**	Temporary Allowance	Non-PIP SNF Settlement Payments
14	H1	Manual Invoices - Cost Settlement Report	Withhold from payments: Settlement	C5			**C5**	Temporary Allowance	Cost Report Settlement
15	M3	Manual Invoices - Insurance Companies	Settlement Payments	C5	B2		**C5**	Temporary Allowance	Manual Invoices
16	M4	Manual Invoices - Other	Settlement Payments	C5	B2		**C5**	Temporary Allowance	Manual Invoices
17	ML	Manual Invoices - Interim Rate Review	Settlement Payments	C5			**C5**	Temporary Allowance	Interim Rate Review

Codes assigned to report
Federally mandated recoupment/bonus payment:
LE
TL
WU

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	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	FISS Hardcopy remit field	Current FISS 835 PLB Usage	Current MCS 835 PLB Code Usage	Current VMS 835 PLB Code Usage	s for 835 v40101 and v	ASC X12 835 PLB Code Description	Comments
18	NR	Manual Invoices - PT	Settlement Payments	C5			C5	Temporary Allowance	
19	TD	Manual Invoices - Tentative Settlement	Settlement Payments	C5			C5	Temporary Allowance	Tentative Settlement
20	WR	Void - Reissue Split Pay	Settlement Payments	C5			C5	Temporary Allowance	Reissue Split Pay
21	L2	TPP - Garnishments	Withhold from payments: Penalty	WU	WO		CS	Adjustment	PW Garnishments
22	L4	TPP - Child Support	Withhold from payments: Penalty	WU	WO		CS	Adjustment	PW Child Support
23	L5	TPP - Alimony	Withhold from payments: Penalty	WU	WO		CS	Adjustment	PW Alimony
24	L6	TPP - Secondary Corporation	Withhold from payments: Penalty	WU	WO		CS	Adjustment	PW Secondary Corporation
25	L7	TPP - Change of Ownership	Withhold from payments: Penalty	WU	WO		CS	Adjustment	Change of Ownership
26	VC	Voids - Reissue Invoices	Void/reissue	CS			CS	Adjustment	Reissued Invoice
27	VD	Voids - Reissue Debit Memo	Void/reissue	CS	WO		CS	Adjustment	Reissued Debit Memo
28	VO	Void - Reissue Interest Information	Void/reissue	CS			CS	Adjustment	Reissued Interest
29	AA	PIP CAP PT	Pass thru amounts: Capital	CV			CV	Capital Passthrough	PIP Capital Passthrough
30	AB	non-PIP CAP PT	Pass thru amounts: Capital	CV			CV	Capital Passthrough	non-PIP Capital Passthrough
31	AC	PIP DME PT	Pass thru amounts: Direct Medical	DM			DM	Direct Medical Education	PIP Direct Medical Education
32	AD	non-PIP DME PT	Pass thru amounts: Direct Medical	DM			DM	Direct Medical Education	non-PIP Direct Medical Education
33	AW	Affiliate Withholdings	Withhold from payments: Claims Accounts Receivable	E3			E3	Withholding	Affiliate Withholding
34	DM	Debit Memo	Withhold from payments: Settlement	L3	WO		E3	Withholding	Withholding per Debit Memo

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	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	FISS Hardcopy remit field	Current FISS 835 PLB Usage	Current MCS 835 PLB Code Usage	Current VMS 835 PLB Code Usage	s for 835 v40101 and v	ASC X12 835 PLB Code Description	Comments
35	WS	Settlement Withholding	Withhold from payments: Settlement	L3			E3	Withholding	Settlement Withholding
36	93	935 Cross Reference Netting	935 Withholding	WO			FB/WO	Withholding	Follow CR 6870 - for using FB and WO at step I and Step II
37	94	935 Relationship Netting	935 Withholding	WO			FB/WO	Withholding	Follow CR 6870 - for using FB and WO at step I and Step II
38	95	935 Settlement Cross Reference Netting	935 Withholding	WO			FB/WO	Withholding	Follow CR 6870 - for using FB and WO at step I and Step II
39	96	935 Settlement Relationship Netting	935 Withholding	WO			FB/WO	Withholding	Follow CR 6870 - for using FB and WO at step I and Step II
40	IR	TPP - IRS Levy	Withhold from payments: Penalty	IR	WO		IR	Internal Revenue Service	
41	L1	TPP - IRS Backup	Withhold from payments: Penalty	IR	WO		IR	Internal Revenue Service	
42	TL	TOPS	Settlement Payments	IS			IS	Interim Settlement	
43	CV	Converted Invoices	Penalty release	L3	_		L3	Penalty	PR Conversion
44	D2	Full Hold - Unfiled 838	Withhold from payments: Penalty	L3			L3	Penalty	PW Unfiled 838
45	D3	Full Hold - Rejected Cost Report	Withhold from payments: Penalty	L3			L3	Penalty	PWRejected Cost Report
46	D4	Full Hold - Failure to comply Auditors	Withhold from payments: Penalty	L3			L3	Penalty	PW Failure to comply Auditors
47	D6	Full Hold - Fraud and Abuse	Withhold from payments: Penalty	L3	WO		L3	Penalty	PWFraud and Abuse
48	D7	Full Hold - Other/Misc	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW Other/Misc
49	D8	Full Hold - AP System Hold	Withhold from payments: Penalty	L3	WO		L3	Penalty	PWAP Hold
50	D9	Full Hold - Terminated	Withhold from payments: Penalty	L3	_		L3	Penalty	PWTerminated
51	DR	DNF Hold Release	Penalty release	L3			L3	Penalty	PR DNF

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	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	FISS Hardcopy remit field	Current FISS 835 PLB Usage	Current MCS 835 PLB Code Usage	Current VMS 835 PLB Code Usage	s for 835 v40101 and v	ASC X12 835 PLB Code Description	Comments
52	FA	Full Hold - Administrative Freeze	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW Administrative Freeze
53	FB	Full Hold - Bankruptcy	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW Bankruptcy
54	FC	Full Hold - CMS Request	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW CMS Request
55	FR	Full Hold Release	Penalty release	L3	B2		L3	Penalty	PR
56	G2	Partial Hold - CMS Request	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW CMS Request
57	G3	Partial Hold - Bankruptcy	Withhold from payments: Penalty	L3	WO		L3	Penalty	PWBankruptcy
58	G4	Partial Hold - Unfiled Cost Report	Withhold from payments: Penalty	L3			L3	Penalty	PWUnfiled Cost Report
59	G5	Partial Hold - Unfiled 838	Withhold from payments: Penalty	L3			L3	Penalty	Unfiled 838 (Credit Balance Report)
60	M2	Manual Invoices - Penalty Release	Penalty release	L3	B2		L3	Penalty	PR Penalty Release
61	PA	Partial Hold - Admin Freeze	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW Administrative Freeze
62	PO	Partial Hold - Other/Misc	Withhold from payments: Penalty	L3	WO		L3	Penalty	PW Other/Misc
63	PR	Partial Hold - Release	Penalty release	L3	B2		L3	Penalty	PR Penalty Release
64	LS	Lump Sum Bonus Payment for the			LE		LE	Levy	PQRI Bonus Payment
65	WU	Federal Payment Levy Program - IRS	Withhold from payments: Federal Payment Levy	WU	WU		LE	Levy	1) TREASURY TAX WITHHOLD Treasury telephone xxx-xxx-xxxx 2) Any other Federally mandated payment/recoupment
66	AL	PIP non-Pys Anest PT	Pass thru amounts: Non Physician Anesthetists	LS			LS	Lump Sum	PIP Non-Physician Anesthetists
67	AM	non-PIP non-Phy Anest PT	Pass thru amounts: Non Physician Anesthetists	LS			LS	Lump Sum	non-PIP Non-Physician Anesthetists
68	AE	PIP Kidney PT	Pass thru amounts: Kidney Acquisition	OA			OA	Organ Acquisition	PIP Kidney

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	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	FISS Hardcopy remit field	Current FISS 835 PLB Usage	Current MCS 835 PLB Code Usage	Current VMS 835 PLB Code Usage	s for 835 v40101 and v	ASC X12 835 PLB Code Description	Comments
69	AF	non-PIP Kidney PT	Pass thru amounts: Kidney Acquisition	OA			OA	Organ Acquisition	non-PIP Kidney
70	AS	Affiliate Withholdings - Settlement	Withhold from payments: Affiliated	OB			OB	Offset for Affiliated	
71	AP	PIP SNF PT	PIP Payments	PI			PI	Periodic Interim Payment	
72	MC	Manual Invoices - PIP	PIP Payment	PI			PI	Periodic Interim Payment	
73	PP	PIP	PIP Payment	PI			PI	Periodic Interim Payment	
74	PL	Manual 935 Invoice	935 Payments	PL	B2		PL	Payment Final	Manual 935 Invoice
75	AN	PIP ROE PT	Pass thru amounts: Return on Equity	RE			RE	Return on Equity	PIP ROI
76	AO	non-PIP ROE PT	Pass thru amounts: Return on Equity	RE			RE	Return on Equity	non-PIP ROI
77	SL	TPP - Student Loan	Withhold from payments: Penalty	SL	WO		SL	Student Loan Repayment	
78	H2	HITECH Recoupment					TL	Third Party Liability	HITECH Recoupment HIT XXXX Phone # XXX-XXX-XXXX
79	L8	Accelerated/Advance Recoupments	Withhold from payments: Accellerated	AP	WO		WO	Overpayment Recovery	Advance Recoupment Application
80	WO	AR/AP Netting Offset	Withhold from payments: Claims Accounts Receivable	E3	WO		WO	Overpayment Recovery	AR/AP Netting
81	ZZ	Federal Payment Levy Program - non-tax	Withhold from payments: Non-tax FPLP	ZZ	ZZ		WU		1) TREASURY NON-TAX WITHHOLD Treasury telephone xxx-xxx-xxxx 2) Any other Federally mandated payment/recoupment
				NON-HIGLAS USERS					
82					AP		AP	Acceleration of Benefits	Advance Payment

Codes assigned to report
Federally mandated recoupment/bonus payment:
LE
TL
WU

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For alternate format, please contact
the CR author

PLB CODES TO REPORT ON THE 835 and HIGLAS AND HIPAA PLB CODE CROSSWALK

	1	2	3	4	5	6	7	8	9
	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	FISS Hardcopy remit field	Current FISS 835 PLB Usage	Current MCS 835 PLB Code Usage	Current VMS 835 PLB Code Usage	s for 835 v40101 and v	ASC X12 835 PLB Code Description	Comments
83						CS	_		Correction and Reversal at the claim/line level
84					FB		**FB**	Forward Balance	Over Payment
85						CS	**FB/WO**	Withholding	Follow CR 6870 - for using FB and WO at step I and Step II for 935 Recoupment
86						IR	**IR**	Internal Revenue Service	
87					J1		**J1**	Non-reimbursable	Adjustment per Demonstration Project
88						AP	**AP**	Acceleration of Benefits	Payment to withheld because it has been determined that the provider/supplier is on Do Not Forward (DNF) or investigated for fraud.
89					L6	L6	**L6**	Interest Owed	Interest paid on claims in this 835
90						WO	**WO**	Overpayment Recovery	AR/AP Netting
				ADD-ON-PAYMENTS					
91				CS			**CS**		Outlier
82				CS			**CS/HM**		Hemo. HM is a new code available in 5010
93				CS			**CS**		New Technology
94				LS			**LS**		Indirect Medical Education

Codes assigned to report
Federally mandated recoupment/bonus payment:
LE
TL
WU