BlueCross BlueShield of Illinois

Government Programs: Interpreting the 'PLB' Segment on the 835 Electronic Remittance Advice (ERA)

Reversals and corrections may occur when claim adjudication results have been modified from a previous claim report. The method for revision is to reverse the entire claim and resend with modified data. Provider level adjustments are reported in the PLB segment within the 835 ERA from Blue Cross and Blue Shield of Illinois (BCBSIL) for the following lines of business:

- Blue Cross Community Health Plans℠
- Blue Cross Community MMAI (Medicare-Medicaid Plan)℠
- Blue Cross Medicare Advantage (HMO)℠
- Blue Cross Medicare Advantage (PPO)℠

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the requirements as specified within the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-mandated Technical Report Type 3 (TR3).* This document also includes information on PLB segment definitions and examples, as well as how to locate overpaid claims on the ERA and paper Provider Claim Summary (PCS).

Questions regarding 835 ERA files produced by BCBSIL may be directed to our Electronic Commerce Service Center at ecommerceservices@bcbsil.com or 800-746-4614. *(**Note:** BCBSIL's Electronic Commerce Service Center does not support or resolve issues related to or documented by proprietary ERA or payment summary reports generated by practice management system vendors.)*

Please share this document with your practice management/hospital information system software vendor, and/or your billing service or clearinghouse, if applicable.

FB – Forward Balance	This code is used to inform you that we have identified an overpayment. We recommend checking your books to confirm details. You may elect to submit a refund to BCBSIL, or do nothing, in which case the payment recovery will occur automatically in 90 days for Medicare Advantage and 60 days for Illinois Medicaid overpayments. If you disagree, overpayment disputes/appeals must be submitted within 90 days for Medicare Advantage and 60 days for Illinois Medicaid from the date of the report. ***Example:*** PLB*15483NN082*20181231*FB:T18148E02399999*-1156 The dollar amount in the PLB segment is a *total of the claims* on this remittance that are set to be recovered at a future date. If this is a new 835 ERA with a new forward balance amount, the reference number in the Adjustment identifier field (i.e., PLB03-2) will contain the same number as the trace/check number assigned to this 835 ERA transaction. Refer to the remittance with the reference number in the Adjustment identifier field (i.e., PLB03-2) for overpayment details. ***Notes:*** • *PLB FB segments do not reference the individual claim control number of the overpaid claim.* • *Balance forward only occurs at the transaction level and not at the claim level.*
WO – Overpayment Recovery	After 90 days for Medicare Advantage and 60 days for Illinois Medicaid, if you do not send in the refund, the PLB segment with a positive dollar amount will appear on an 835 ERA transaction indicating the automatic recovery of a previous payment. The payment amount of the corresponding remittance/check will be reduced by this dollar amount. ***Money Withheld from Check Example:*** PLB*154837NN82*20181231***WO**:SMITH001 181580099999*37.4~
72 – Authorized Return	If you refund the money within 90 days for Medicare Advantage and 60 days for Illinois Medicaid, the PLB segment with a positive and a negative dollar amount will appear on the 835 ERA transaction acknowledging receipt of the refund. The positive "WO" adjustment amount and negative "72" adjustment amount will offset each other resulting in a net 0 impact to the current payment. This is BCBSIL's process of acknowledging receipt of the refund. This segment should be ignored during posting if you have already made the necessary adjustments to the patients account when issuing the refund. ***Provider Refunded Money Example****:* PLB*154837NN82*20181231*WO:SMITH001 CHKNO 4873500*57.58 *72:SMITH001 CHKNO 4873500*-57.58~

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PLB Segment Definitions and Examples:

Segment	Definitions	Additional Information and/or Examples
PLB	Segment ID	
PLB01	Provider ID	1234567894 = National Provider Identifier (NPI)
PLB02	Providers Fiscal Year End Date = CCYYMMDD	20181231 = Provider Fiscal Year End BCBSIL will default to Dec. 31 of the current year
PLB03-1	Adjustment Reason Code	FB = Forwarding Balance, WO = Overpayment Recovery, 72 = Authorized Return Refer to the ASC X12 Health Care Claim / Payment Advice (835) TR3 for a complete list of codes.
PLB03-2	Provider Adjustment Identifier	When the Adjustment Reason Code = FB, this field will contain the TRN02 (trace number/check or Electronic Funds Transfer (835 EFT) number of the current 835 ERA transaction (1234554) where the forward balance is initially reported. ***Example:*** PLB*1234567894*20001231*FB:**1234554***-200~ When the Adjustment Reason Code = WO, this field will contain the CLP01 (Patient Control Number) from the original claim – followed by a "space" – followed by the CLP07 (Payer Claim Control Number) for the original claim (SMITH001 181580099999). ***Example:*** PLB*1234567894*20001231*WO:**SMITH001 181580099999***200~. When the Adjustment Reason Code = WO, appears in conjunction with a Reason Code "72" – this field will contain the CLP01 (Patient Control Number) from the original claim – followed by a "space" – followed by "CHKNO" another "space" and the provider's refund check number (4873500). ***Example:*** PLB*154837NN82*20181231*WO:**SMITH001 CHKNO 4873500***200*72:SMITH001 CHKNO 4873500*-200~ When the Adjustment Reason Code = 72, this field will contain the CLP01 (Patient Control Number) from the original claim – followed by a "space" – followed by "CHKNO" another "space" and the provider's refund check number (4873500). ***Example:*** PLB*154837NN82*20181231*WO:SMITH001 CHKNO 4873500*200*72:**SMITH001 CHKNO 4873500***-200~
PLB04	Provider Adjustment Amount	-200 or 200 = Payment/Dollar amount of the adjustment This is the amount of money associated with the Adjustment Reason Code in PLB03-1 (FB, WO, 72).

Note: *Net positive amounts indicate a reduction in payment, and negative amounts indicate an increase in payment.*

Locating Forward Balance Claims on the ERA:

To locate the overpaid claim(s) on the ERA associated with the forward balance indicator (FB), isolate the Claim Payment Information (CLP) loops and look for the claim details that appear twice on the remittance. The presence of these two claims (CLP segments, one positive and one negative) on the ERA will identify the amounts included in the PLB04 segment, as indicated in the below example:

CLP*SMITH001*22*-285*-173.45**MC*180050B99990*11~	Negative	$173.45
CLP*SMITH001*1*285*157.83**MC*180050B99991*11~	Positive	$157.83
	Net Negative	$15.62

The first occurrence of the claim (CLP segment) will contain the original adjudication information with negative dollar amounts, which indicates the reversal of funds (CP03 = "-173.45"). The second occurrence of the claim (CLP segment) will contain the updated adjudication information with positive dollar amounts (CLP03 = "157.83"). The net difference between these two payment amounts (-15.62) will result in either an additional payment (if net positive dollar amount) or a refund amount owed to the payer (if net negative dollar amount). The net positive amount will be included in the payment amount, and the net negative amount (-15.62) will be reflected in the PLB04 with the Reason Code "FB."

In the example above, the net negative amount of $15.62 will be included in the PLB FB segment with any other net negative CLP amounts.

Locating Forward Balance Claims on the Paper PCS:

To locate the overpaid claim(s) on the paper PCS associated with the forward balance, look for the claim details that appear twice on the remittance. The claim details will display in the body of the remittance as an adjustment to the original claim with an adjusted payment amount.

In the following example, the adjusted payment amount is 0:

Servicing Provider Name: ABC HEALTH SYSTEMS (0009999999) Payee Name: ABC HEALTH SYSTEMS (0009999999)

Servicing Provider NPI: 1234567890

Patient and Services Information

Account Number 9999999999 **Subscriber #** 123456789 **Plan Name** Blue Cross Medicare Advantage

Patient Name DOE, JANE **Claim Id** 123456ABCD01

Dates of Service		Proc/Rev Code	Amount Billed	Amount Allowed	Adjusted	Primary Payor Pmt	Patient Responsibility				Interest Owed	Plan Payment	Remarks
							Co Pay	Co Ins	Ded Amt	Non Cvrd			
11/8/17	11/8/17	J7620	6.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	--	0.00	H06
11/8/17	11/8/17	J1100	8.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	--	0.00	H06
11/8/17	11/8/17	94640	53.00	0.00	53.00	0.00	0.00	0.00	0.00	0.00	--	0.00	H06
11/8/17	11/8/17	9921325	119.00	0.00	119.00	0.00	0.00	0.00	0.00	0.00	--	0.00	H06
Claim totals: 123456ABCD01			186.00	0.00	186.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

* - This is an adjustment of Claim Number: 123456ABCD00, which was previously paid for $15.88 on 12/04/2017 with check # 123456. Overpayments are explained in greater detail at the end of this Remittance.

Current Payment Amount: $0.00
Provider Sequestration Amount: $0.00
Prior Paid Amount: $0.00
Net Payment Amount: $0.00

The original claim number referenced in the message will appear in the “Negative Balance Details” section at the end of the paper remittance and reflect the overpayment amount (-15.88):

4/18/18	Medical Overpayment	Patient Name: DOE, JANE Dates of Service: 11/08/2017 - 11/08/2017 Patient Account #: 1234567890 Original Claim Control #: 123456ABCD00 Original Check #: 123456 Original Check Date: 12/04/2017 LOB: Health Care Service Corp (HCSC)	$15.88	$0.00	$0.00	$15.88

In the example above, the net negative amount of $15.88 is included in the Forward Balance amount.

Claims listed in the “Negative Balance Details” section that do not have corresponding claim adjustments indicate previous overpayments that are pending reimbursement/recoupment. Notification of these overpayments is sent to providers via U.S. mail. To correlate the overpayments pending reimbursement/recoupment to the notification letters you received, match the “Creation Date” (letter generation date) on the letter with the claim details (e.g., original check date, check number, and claim control number) provided on the paper PCS. These overpayments will continue to appear on the PCS until refund checks are received or recoupments occur.

At this time, the total Forward Balance amount is not reflected on the paper PCS from BCBSIL; it must be calculated.

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*The HIPAA mandated ASC X12 Health Care Claim / Payment Advice (835) TR3 is available for purchase on the Washington Publishing Company (WPC) website at wpc-edi.com. WPC is an independent third-party vendor that is solely responsible for its products and services.