BlueCross BlueShield of Montana

Medicare Advantage: Interpreting the 'PLB' Segment on the 835 ERA

There are reversals and corrections when claim adjudication results have been modified from a previous claim report. The method for revision is to reverse the entire claim and resend the modified data. Provider level adjustments are reported in the PLB segment within your Electronic Remittance Advice (835 ERA) from Blue Cross and Blue Shield of Montana (BCBSMT) for Blue Cross Medicare Advantage PPO℠ plans.

Adjustment amounts in the PLB segment can either decrease the payment (a positive number) or increase the payment (a negative number). The sum of all claim payments (CLP04) minus the sum of all provider level adjustments (in the PLB segment) equals the total payment (BPR02). The information in the PLB segment must be taken into consideration for auto-posting of payments to your patient accounts.

Below are additional details regarding adjustment codes that may appear in the PLB segment, in accordance with the ASC X12N/5010X221A1 Health Care Claim Payment/Advice (835) Technical Report Type 3 (TR3). Questions may be directed to *Electronic Commerce Services.*

Note: *BCBSMT Electronic Commerce Services does not support or resolve issues related to or documented by proprietary ERA or Payment Summary Reports generated by practice management system vendors. BCBSMT only supports concerns documented by the actual 835/ERA files and/or Provider Claim Summary (PCS) that we produce.*

Code	Description
WO – Overpayment Recovery Identified *(negative)*	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 BCBSMT, or do nothing, in which case the payment recovery will occur automatically in 90 days for Medicare Advantage overpayments. If you disagree, overpayment disputes/appeals must be submitted within 90 days from the date of the report. ***Example:*** PLB*15483NN082*20231231*WO:JONES001 181580099999*-1156~ ***Note:*** *PLB03-2 segment includes the patient control number (JONES001), then a space followed by the payer claim number (181580099999 – also known as Document Control Number (DCN) of the overpaid claim.*
WO – Overpayment Recovery Withheld *(positive)*	If you do not send in the refund within 90 days, 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 this remittance/check will be reduced by this dollar amount. ***Money Withheld from this Check Example:*** PLB*15483NN082*20231231*WO:JONES001 181580099999*1156~
L6 – Interest Owed	This code represents the interest paid by BCBSMT on claims in the 835 ERA file. ***Interest Owed to Provider Example:*** PLB*1999999999*20231231*L6*-25~
72 – Authorized Return	If you refund the money within 90 days for Medicare Advantage 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 our process of acknowledging receipt of the refund check. 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*15483NN082*20231231*WO:JONES001 CHKNO 4873500*57.58 *72:JONES001 CHKNO 4873500*-57.58~

Updated October 2023

Blue Cross and Blue Shield of Montana, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

PLB Segment Definitions and Examples:

Segment	Definitions	Additional Information and/or Examples
PLB	Segment ID	
PLB01	Provider ID	1234567894 = NPI
PLB02	Providers Fiscal Year End Date = CCYYMMDD	20231231 = Provider Fiscal Year End BCBSMT will default to Dec. 31 of the current year
PLB03-1	Adjustment Reason Code	WO = Overpayment Recovery Identified (negative) WO = Overpayment Recovery Withheld (positive) L6 = Interest Owed 72 = Authorized Return Refer to 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 = WO (negative), 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 (JONES001 181580099999). ***Example:*** PLB*1234567894*20231231*WO:**JONES001 181580099999***200~. When the Adjustment Reason Code = WO (positive), 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 (JONES001 181580099999). ***Example:*** PLB*1234567894*20231231*WO:**JONES001 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*15483NN082*20231231*WO:**JONES001 CHKNO 4873500***200*72:JONES001 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*15483NN082*20231231*WO:JONES001 CHKNO 4873500*200*72:**JONES001 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 (WO, 72).

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

Locating Overpaid Claims on the ERA:

To locate the overpaid claim(s) on the ERA associated with the overpayment recovery indicator (WO), 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 "WO" (negative).

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

Locating Overpaid Claims on the Paper Provider Claim Summary (PCS):

To locate the overpaid claim(s) on the paper PCS, 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 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 Payer Pmt	Patient Responsibility				Interest Owed	Plan Payment	Remarks
							Co Pay	Co Ins	Ded Amt	Non Cvrd			
7/7/2023	7/7/2023	J7620	6.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	H06
7/7/2023	7/7/2023	J1100	8.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	H06
7/7/2023	7/7/2023	94640	53.00	0.00	53.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	H06
7/7/2023	7/7/2023	9921325	119.00	0.00	119.00	0.00	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: 123456ABCD0, which was previously paid for $15.88 on 8/16/2019 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):

7/8/2023	Medical Overpayment	Patient Name: DOE, JANE Dates of Service 7/7/2023 – 7/7/2023 Patient Account #: 1234567890 Original Claim Control #: 123456ABCD00 Original Check #: 123456 Original Check Date: 7/8/2023 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 Overpayment Recovery (negative) 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 are 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 (i.e., 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 Overpayment Recovery (negative) Amount is not reflected on the paper PCS, it must be calculated.

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