CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12334	**Date: October 27, 2023**
	Change Request 13265

Transmittal 12205 issued August 11, 2023, is being rescinded and replaced by Transmittal 12334, dated October 27, 2023, Year to update the implementation date to instruct that Business Requirements (BR) 13265.9 is being fully implemented in the January 2024 release. BR 13265.9 will be removed from the July 2024 and October 2024 implementation dates. All other information remains the same.

SUBJECT: Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement the Remittance Advice changes from analyses performed by Viable Information Processing Systems (ViPS) Medicare System (VMS) with a previously issued Change Request (CR).

EFFECTIVE DATE: January 1, 2024; April 1, 2024; July 1, 2024; October 1, 2024
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 2, 2024 - VMS Design and Coding Phase 1 Business Requirements (BRs) 13265.1 through 13265.3.2 and BR 13265.10; MCS - Full Implementation BR 13265.9; April 1, 2024 - Testing and Implementation of Phase 1 BRs 13265.1 through 13265.3.2 and BR 13265.10 through 13265.12; July 1, 2024 - VMS Design and Coding Phase 2 BRs 13265.4 through 13265.8 and 13265.11 and 13265.12; October 7, 2024 - Testing and Implementation of Phase 2 BRs 13265.4 through 13265.8 and 13265.11 and 13265.12

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. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

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

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

III. FUNDING:

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

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 12334	Date: October 27, 2023	Change Request: 13265

Transmittal 12205 issued August 11, 2023, is being rescinded and replaced by Transmittal 12334, dated October 27, 2023, Year to update the implementation date to instruct that Business Requirements (BR) 13265.9 is being fully implemented in the January 2024 release. BR 13265.9 will be removed from the July 2024 and October 2024 implementation dates. All other information remains the same.

SUBJECT: Remittance Advice (RA) Changes due to Durable Medical Equipment Medicare Administrative Contractors (DME MACs) Transition to Healthcare Integrated General Ledger Accounting System (HIGLAS)

EFFECTIVE DATE: January 1, 2024; April 1, 2024; July 1, 2024; October 1, 2024
Unless otherwise specified, the effective date is the date of service.
IMPLEMENTATION DATE: January 2, 2024 - VMS Design and Coding Phase 1 Business Requirements (BRs) 13265.1 through 13265.3.2 and BR 13265.10; MCS - Full Implementation BR 13265.9; April 1, 2024 - Testing and Implementation of Phase 1 BRs 13265.1 through 13265.3.2 and BR 13265.10 through 13265.12; July 1, 2024 - VMS Design and Coding Phase 2 BRs 13265.4 through 13265.8 and 13265.11 and 13265.12; October 7, 2024 - Testing and Implementation of Phase 2 BRs 13265.4 through 13265.8 and 13265.11 and 13265.12

I.   GENERAL INFORMATION

A.   Background: This Change Request (CR) instructs the Viable Information Processing Systems (ViPS) Medicare System (VMS) about using and reporting Provider Level Adjustment (PLB) codes on the Remittance Advice (RA). It also provides a crosswalk between the HIGLAS PLB codes and the Accredited Standards Committee (ASC) X12 Transaction 835 PLB codes to ensure that PLB code reporting on the RA is consistent and uniform across the board. VMS will implement these changes within two phases based on separate business requirements.

B.   Policy: CMS sends compliant Remittance Advice.

II.   BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
13265.1	The contractor shall update VMS to display all 15 digits of the Claim Control Number (CCN) in PLB03-2 when PLB codes WO and FB are reported on a remittance advice.							X		

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H	M A C	F I S S	M C S	V M S	C W F	
13265.2	The contractor shall modify the VMS HIGLAS 835 Response Generator process to allow users to enter PLB data for inclusion in the testing of the HIGLAS 835 responses.							X		
13265.2.1	The contractor shall modify the VMS HIGLAS 835 Response Generator process to allow users to enter payee data when the PLB data is intended for use in a payment to a third-party payee.							X		
13265.2.2	The contractor shall implement two new VSEC (VMS Security) switches, one to control inquiry access and one to control the add/update/delete access to the new screen, for the VMS HIGLAS 835 Response Generator.							X		
13265.2.3	The contractor shall modify VMS to generate a new report to assist users in identifying which test claims are due to be processed through the VMS HIGLAS 835 Response Generator in the next test cycle.							X		
13265.3	The contractor shall modify the VMS address scrubbing process in preparation for generating remits for the HIGLAS 835 payment sets that contain PLBs but no claims (i.e., PLB-only payments) and have a provider as the payee.							X		
13265.3.1	The contractor shall eliminate the VMS PostNet Address Scrubbing Report - Error Listing (650).							X		
13265.3.2	The contractor shall eliminate the use of System Parameter Option Table (SPOT) flag 4302 from VMS. Going forward, the system will function as if SPOT flag 4302 is set to 9.							X		
13265.4	The contractor shall modify VMS so that HIGLAS 835 payment sets that contain PLBs but no claims (i.e., PLB-only payments) and have a provider as the payee are handled through the remittance process rather than the miscellaneous payment process. This includes PLB-only payment sets that result in payment to the provider and PLB-only payment sets that result							X		

Number	Requirement	Responsibility									
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	in no payment (i.e., fully netted).									
13265.4.1	The contractor shall modify VMS so that Standard Paper Remittances (SPRs) generated for provider PLB-only payments report the actual claim count (i.e., 0 in the claim count field) and not report the number of PLBs.							X		
13265.4.2	The contractor shall modify VMS so that duplicate and office copy SPRs can be generated for the PLB-only payments that were created after the implementation of this code when requested by a user.							X		
13265.4.3	The contractor shall modify VMS to retain the National Provider Identifier (NPI) reported on the HIGLAS 835 for these provider payments and use that reported NPI on any duplicate or office copy remits requested for that payment.							X		
13265.4.4	The contractor shall ensure that spaces are displayed in the Bene Name, Medicare Health Insurance Claim Number (HICN), and CCN fields for the PLB-only payments on the Provider Claim Register Detail, Electronic Funds Transfer (EFT) (PF1601) and Provider Claim Register Detail, Other (PF1603) reports.							X		
13265.4.5	The contractor shall ensure that spaces are displayed in the HICN and CCN fields on the VMS Payee Check History Screen (BUDS27/CHIP27) screen for the PLB-only payments.							X		
13265.4.6	The contractor shall ensure that existing check types 'C' (with description CLAIM CK) and 'E' (with description EFT) are used for display on the MONI Check Reconciliation Check Detail screen for the PLB-only payments.							X		
13265.5	The contractor shall eliminate the following VMS reports:							X		

Number	Requirement	Responsibility								
		A/B MAC			D M E MAC	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	a. EFT Financial and Check Register Balancing Report (PF8002) b. Financial and Check Register Balancing Report (PF5002) c. Invalid CARC/HCPI Combination on HCPI Adjustments (PF5601) d. NSC Error Report (PF8003) e. NSC Financial and Check Register Balancing Report (PF8004) f. Other Financial and Check Register Balancing Report (PF8006)									
13265.6	The contractor shall eliminate the use of SPOT (System Parameter Option Table) flags 4102 and 4208 VMS. Going forward, the system will function as if SPOT flags 4102 and 4208 are set to 0.							X		
13265.7	The contractors shall test the printing of the initial and duplicate/office copy SPRs generated by VMS with their print vendors.				X					
13265.8	The contractors shall verify that they can continue to use the remit image files for the SPRs generated by VMS as they currently do.									UPICs
13265.9	The Shared System Maintainer shall modify the Claim Count field on the Standard Paper Remittance (SPR) to report the claim count associated with the SPR. The field shall not include PLB occurrences.							X		
13265.10	HIGLAS shall send Provider Transaction Access Number (PTAN) instead of Workload ID in positions 26-36 of PLB 0X-02 to VMS when reporting HIGLAS PLB code 'WO' for provider payments on VMS 835.									HIGLAS
13265.11	Contractors shall begin integration testing once the PLB-only payments from their User Acceptance									MIST

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Testing (UAT) regions 835 flat files are available.									
13265.12	The Part B and DME MACs shall test this CR with the Shared Systems and HIGLAS.		X		X		X	X		HIGLAS

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13265.13	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.					X

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

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): Charlene Parks, Charlene.Parks@cms.hhs.gov , Barbara Pecoraro, Barbara.Pecoraro@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: 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.

ATTACHMENTS: 1

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

	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	Previous FISS 835 PLB Code Usage	Previous MCS 835 PLB Code Usage	Previous VMS 835 PLB Code Usage	HIPAA PLB Codes for 835 v40101 and v5010 A1- PLB03-1	ASC X12 835 PLB Code Description	Comments
1	93	935 Cross Reference Netting	WO			**FB/WO**	Forward Balancing/Overpayment Recovery	Follow CR 6870 - for using FB and WO at step I and Step II
2	94	935 Relationship Netting	WO			**FB/WO**	Forward Balancing/Overpayment Recovery	Follow CR 6870 - for using FB and WO at step I and Step II
3	95	935 Settlement Cross Reference Netting	WO			**FB/WO**	Forward Balancing/Overpayment Recovery	Follow CR 6870 - for using FB and WO at step I and Step II
4	96	935 Settlement Relationship Netting	WO			**FB/WO**	Forward Balancing/Overpayment Recovery	Follow CR 6870 - for using FB and WO at step I and Step II
5	A1	Provider Awardee Convener Model 1 BPCI Transaction (does NOT own Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
6	A2	Provider Awardee Convener Model 2 BPCI Transaction (does NOT own Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
7	A3	Provider Awardee Convener Model 3 BPCI Transaction (does NOT own Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
8	A4	Provider Awardee Convener Model 4 BPCI Transaction (does NOT own Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
9	AA	PIP CAP PT	CV			**CV**	Capital Passthrough	PIP Capital Passthrough
10	AB	non-PIP CAP PT	CV			**CV**	Capital Passthrough	non-PIP Capital Passthrough
11	AC	PIP DME PT	DM			**DM**	Direct Medical Education Passthrough	PIP Direct Medical Education
12	AD	non-PIP DME PT	DM			**DM**	Direct Medical Education Passthrough	non-PIP Direct Medical Education
13	AE	PIP Kidney PT	OA			**OA**	Organ Acquisition Passthrough	PIP Kidney
14	AF	non-PIP Kidney PT	OA			**OA**	Organ Acquisition Passthrough	non-PIP Kidney
15	AG	PIP Bad Debt PT	BD			**BD**	Bad Debt Adjustment	PIP Bad Debt Adjustment
16	AH	non-PIP Bad Debt PT	BD			**BD**	Bad Debt Adjustment	Non-PIP Bad Debt Adjustment
17	AL	PIP non-Phy Anest PT	LS			**LS**	Lump Sum	PIP Non-Physician Anesthetists
18	AM	non-PIP non-Phy Anest PT	LS			**LS**	Lump Sum	non-PIP Non-Physician Anesthetists
19	AN	PIP ROE PT	RE			**RE**	Return on Equity	PIP ROI
20	AO	non-PIP ROE PT	RE			**RE**	Return on Equity	non-PIP ROI
21	AP	PIP Allogeneic Stem Cell PT				**OA**	Organ Acquisition Passthrough	Stem Cell Acquisition costs (CR11729)
22	AQ	NON PIP Allogeneic Stem Cell PT				**OA**	Organ Acquisition Passthrough	Stem Cell Acquisition costs (CR11729)
23	AS	Affiliate Withholdings - Settlement	OB			**OB**	Offset for Affiliated Providers	
24	AT	PIP Domestic N95 Respirator Procurement PT				**LS**	Lump Sum	PIP Domestic N95 Respirator Procurement Cost (CR13052)
25	AV	NON PIP Domestic N95 Respirator Procurement PT				**LS**	Lump Sum	Non-PIP Domestic N95 Respirator Procurement Cost (CR13052)
26	AW	Affiliate Withholdings	E3			**E3**	Withholding	Affiliate Withholding

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

	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	Previous FISS 835 PLB Code Usage	Previous MCS 835 PLB Code Usage	Previous VMS 835 PLB Code Usage	HIPAA PLB Codes for 835 v40101 and v5010 A1- PLB03-1	ASC X12 835 PLB Code Description	Comments
27	BN	EHR Demo		BN		BN	Bonus	Demonstration Project (CR 6603)
28	C1	Provider Convener Participant - BPCI Advanced				LE/WU	Levy/Unspecified Recovery	CR11110
29	C2	Non-Provider Awardee Convener Model 2 BPCI Transaction (does NOT own Episode Initiators)				LE/WU	Levy/Unspecified Recovery	CR8440
30	C3	Non-Provider Awardee Convener Model 3 BPCI Transaction (does NOT own Episode Initiators)				LE/WU	Levy/Unspecified Recovery	CR8440
31	C4	Non-Provider Awardee Convener Model 4 BPCI Transaction (does NOT own Episode Initiators)				LE/WU	Levy/Unspecified Recovery	CR8440
32	CH	Full Hold - Hospice Cap Settlement				50	Late Charge	CR11621
33	CV	Converted Invoices	L3	Internal Use Only		L3	Penalty	PR Conversion
34	D1	Full Hold - Unfiled Cost Report	50			50	Late Charge	Late Filing of Cost Report
35	D2	Full Hold - Unfiled 838	L3			L3	Penalty	PW Unfiled 838
36	D3	Full Hold - Rejected Cost Report	L3			L3	Penalty	PW Rejected Cost Report
37	D4	Full Hold - Failure to comply Auditors	L3			L3	Penalty	PW Failure to comply Auditors
38	D5	Full Hold - DNF	L3	WO		_		RA not created
39	D6	Full Hold - Fraud and Abuse	L3	WO		L3	Penalty	PW Fraud and Abuse
40	D7	Full Hold - Other/Misc	L3	WO		L3	Penalty	PW Other/Misc
41	D8	Full Hold - AP System Hold	L3	WO		L3	Penalty	PWAP Hold
42	D9	Full Hold - Terminated	L3			L3	Penalty	PW Terminated
43	DG	Converted DNF - Pseudo Check		Internal Use Only		_		No RA
44	DM	Debit Memo	L3	WO		E3	Withholding	Withholding per Debit Memo
45	DP	Converted Negotiable Checks		Internal Use Only		_		No RA
46	DR	DNF Hold Release	L3	Internal Use Only		L3	Penalty	PR DNF
47	E1	Episode Initiator - BPCI Advanced				LE/WU	Levy/Unspecified Recovery	CR11110
48	E2	Episode Initiator Model 2 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
49	E3	Episode Initiator Model 3 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
50	E4	Episode Initiator Model 4 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
51	FB	Full Hold - Bankruptcy	L3	WO		L3	Penalty	PW Bankruptcy
52	FC	Full Hold - CMS Request	L3	WO		L3	Penalty	PW CMS Request
53	FS	BPCI Funds Switch Invoice						No RA
54	FR	Full Hold Release	L3	B2		L3	Penalty	PR
55	G2	Partial Hold - CMS Request	L3	WO		L3	Penalty	PW CMS Request
56	G3	Partial Hold - Bankruptcy	L3	WO		L3	Penalty	PW Bankruptcy
57	G4	Partial Hold - Unfiled Cost Report	L3			L3	Penalty	PW Unfiled Cost Report
58	G5	Partial Hold - Unfiled 838	L3			L3	Penalty	Unfiled 838 (Credit Balance Report)
59	H1	Manual Invoices - Cost Settlement Report	C5			C5	Temporary Allowance	Cost Report Settlement
60	HB	HPSA	E3	B2		BN	Bonus	HPSA Bonus
61	HR	Payment Suspension Full Hold Release				L3	Penalty	CR13177

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

	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	Previous FISS 835 PLB Code Usage	Previous MCS 835 PLB Code Usage	Previous VMS 835 PLB Code Usage	HIPAA PLB Codes for 835 v40101 and v5010 A1- PLB03-1	ASC X12 835 PLB Code Description	Comments
62	IM	Innovation Model				**IP/WO**	/Overpayment Recovery	CR9744
63	IR	TPP - IRS Levy	IR	WO		**IR**	Internal Revenue Service Withholding	
64	L1	TPP - IRS Backup	IR	WO		**IR**	Internal Revenue Service Withholding	
65	L2	TPP - Garnishments	WU	WO		**CS**	Adjustment	PW Garnishments
66	L3	Third Party Payment - including Attorneys, IRSBW and CMSHQ payee	Internal Use Only	Internal Use Only		**_**		No RA
67	L4	TPP - Child Support	WU	WO		**CS**	Adjustment	PW Child Support
68	L5	TPP - Alimony	WU	WO		**CS**	Adjustment	PW Alimony
69	L6	TPP - Secondary Corporation	WU	WO		**CS**	Adjustment	PW Secondary Corporation
70	L7	TPP - Change of Ownership	WU	WO		**CS**	Adjustment	Change of Ownership
71	L8	Accelerated/Advance Recoupments Applications	AP	WO		**WO**	Overpayment Recovery	Advance Recoupment Application
72	LE	Lump Sum Bonus Payment for the Physician Pay for Reporting (P4R) Program and ERx Initiative Payment		LE		**LE**	Levy	PQRI and ERx (CR6624) Bonus Payment
73	LS	Lump Sum Bonus Payment for the Physician Pay for Reporting (P4R) Program (valid for transactions built before January 4, 2010 only)		LE		**LE**	Levy	PQRI Bonus Payment
74	M1	Manual Invoices - Refunds	72	B2		**72**	Authorized return	Refunds - Manual Invoices
75	M4	Manual Invoices - Other	C5	B2		**C5**	Temporary Allowance	Manual Invoices
76	MA	Manual Invoices - Accelerated/Advance Payment	AP	B2		**AP**	Acceleration of Benefits	Manual Invoices - Accelerated/Advance Payment
77	MB	Manual Invoices – Hospice CAP Settlement				**C5**	Temporary Allowance	CR11621
78	MC	Manual Invoices - PIP	PI			**PI**	Periodic Interim Payment	
79	ML	Manual Invoices - Interim Rate Review	C5			**C5**	Temporary Allowance	Interim Rate Review
80	N1	Non-Provider Convener Participant - BPCI Advanced				**LE/WU**	Levy/Unspecified Recovery	CR11110
81	N2	Non-Provider Awardee Convener Model 2 BPCI Transaction (owns SOME or ALL Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
82	N3	Non-Provider Awardee Convener Model 3 BPCI Transaction (owns SOME or ALL Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
83	N4	Non-Provider Awardee Convener Model 4 BPCI Transaction (owns SOME or ALL Episode Initiators)				**LE/WU**	Levy/Unspecified Recovery	CR8440
84	NA	Manual Non Claim Invoices - HI Positive Distribution	Internal Use Only			**_**		No RA
85	NB	Manual Non Claim Invoices - HI Negative Distribution	Internal Use Only			**_**		No RA
86	NC	Manual Non Claim Invoices - SMI Positive Distribution	Internal Use Only			**_**		No RA
87	ND	Manual Non Claim Invoices - SMI Negative Distribution	Internal Use Only			**_**		No RA
88	NR	Manual Invoices - PT	C5			**C5**	Temporary Allowance	
89	P1	Single Participant – BPCI Advanced				**LE/WU**	Levy/Unspecified Recovery	CR11110
90	P2	Provider Awardee Convener Model 2 BPCI Transaction (owns SOME or ALL Episode Initiators				**LE/WU**	Levy/Unspecified Recovery	CR8440

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

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

	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	Previous FISS 835 PLB Code Usage	Previous MCS 835 PLB Code Usage	Previous VMS 835 PLB Code Usage	HIPAA PLB Codes for 835 v40101 and v5010 A1- PLB03-1	ASC X12 835 PLB Code Description	Comments
91	P3	Provider Awardee Convener Model 3 BPCI Transaction (owns SOME or ALL Episode Initiators				LE/WU	Levy/Unspecified Recovery	CR8440
92	P4	Provider Awardee Convener Model 4 BPCI Transaction (owns SOME or ALL Episode Initiators				LE/WU	Levy/Unspecified Recovery	CR8440
93	PA	Partial Hold – Admin Freeze				L3		PW Admin Freeze
94	PI	Pennsylvania Rural Health Model				PI	Periodic Interim Payment	CR10018
95	PL	Manual 935 ALJ Interest Refund invoice	PL	PL		L6	Interest Owed	'Code meaning – HIGLAS' and 'Previous MCS 835 PLB Code Usage' changed from previous version
96	PO	Partial Hold - Other/Misc/ PSC Request	L3	WO		L3	Penalty	PW Other/Misc/PSC Request
97	PP	PIP	PI			PI	Periodic Interim Payment	
98	PR	Partial Hold - Release	L3	B2		L3	Penalty	PR Penalty Release
99	RH	Full Hold - Revalidation Hold						No RA
100	RD	Rural Emergency Hospital (REH) Payment				CS	Adjustment	CR12820
101	RU	Interest Refund				L6	Interest Owed	
102	S1	Single Awardee Model 1 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
103	S2	Single Awardee Model 2 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
104	S3	Single Awardee Model 3 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
105	S4	Single Awardee Model 4 BPCI Transaction				LE/WU	Levy/Unspecified Recovery	CR8440
106	SH	Payment Suspension Full Hold				L3	Penalty	CR13177
107	TD	Manual Invoices - Tentative Settlement	C5			C5	Temporary Allowance	Tentative Settlement
108	TL	TOPS	IS			IS	Interim Settlement	
109	UH	Beneficiary Undeliverable Full Hold						No RA
110	VC	Voids - Reissue Invoices	CS	Internal Use Only		CS	Adjustment	Reissued Invoice
111	VD	Voids - Reissue Debit Memo	CS	WO?		CS	Adjustment	Reissued Debit Memo
112	VO	Void - Reissue Interest Information	CS			CS	Adjustment	Reissued Interest
113	WO	AR/AP Netting Offset	E3	WO		WO	Overpayment Recovery	AR/AP Netting
114	WR	Void - Reissue Split Pay	C5			C5	Temporary Allowance	Reissue Split Pay
115	WS	Settlement Withholding	L3			E3	Withholding	Settlement Withholding
116	WU	FPLP Tax Withholding	WU	WU		LE/WU	Levy	1) TREASURY TAX WITHHOLD Treasury telephone xxx-xxx-xxxx 2) Any other Federally mandated payment/recoupment
117	WW	Principal Refund				WO	Overpayment Recovery	The amount in PLB 04 should be negative. And include identifying nos. in PLB03-2
118	ZZ	FPLP Non-tax Withholding	ZZ	ZZ		WU/LE		1) TREASURY NON-TAX WITHHOLD Treasury telephone xxx-xxx-xxxx 2) Any other Federally mandated payment/recoupment

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

4

	HIGLAS PLB X-01 code	Code Meaning - HIGLAS	Previous FISS 835 PLB Code Usage	Previous MCS 835 PLB Code Usage	Previous VMS 835 PLB Code Usage	HIPAA PLB Codes for 835 v40101 and v5010 A1- PLB03-1	ASC X12 835 PLB Code Description	Comments
						NON-HIGLAS USERS		
119				AP		**AP**	Acceleration of Benefits	Advance Payment
120					CS	**–**		Correction and Reversal at the claim/line level
121				FB		**FB**	Forward Balance	Over Payment
122					CS	**FB/WO**	Withholding	Follow CR 6870 - for using FB and WO at step I and Step II for 935 Recoupment
123					IR	**IR**	Internal Revenue Service Withholding	
124				J1		**J1**	Non-reimbursable	Adjustment per Demonstration Project
125					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
126				L6	L6	**L6**	Interest Owed	Interest paid on claims in this 835
127					WO	**WO**	Overpayment Recovery	AR/AP Netting
						ADD-ON-PAYMENTS		
128			CS			**CS**		Outlier
129			CS			**CS/HM**		Hemo. HM is a new code available in 5010
130			CS			**CS**		New Technology
131			LS			**LS**		Indirect Medical Education

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

5

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

CHANGE LOG	
Version	**Comments**
1.0	Changes for HIGLAS PLB Codes AP & AQ for CR 11729.
2.0	Changes for HIGLAS PLB Codes PA & PO for CR 11930.
3.0	Corrections as follows:
	Updated Code Meaning for PLB Codes C1, E1, N1, P1 for CR 11110.
	Removed HIGLAS PLB Code IP for CR 11760.
	Removed HIGLAS PLB Codes H2, M2 and M3.
	Added HIGLAS PLB Code IM for CR 9744.
	Added HIGLAS PLB Code PI for CR 10018.
	Added HIGLAS PLB Code UH for CR 10439.
	Added new HIGLAS PLB Code 'RD' for CR 12820.
4.0	Added new HIGLAS PLB Codes CH & MB for CR 11621.
5.0	Added new HIGLAS PLB Codes AT & AV for CR 13052.
6.0	Updated HIGLAS PLB code L3 Code Meaning for CR 12944.
	Added new HIGLAS PLB Codes SH & HR for CR 13177.

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