What's new in Version 8020 X12 TR3s?

PLB Adjustment Segment (PLB)

The PLB provides information related to payment level adjustment(s) in the X12N 008020X322 (835) transaction. The Provider Adjustment Code and when necessary, the Reference Identification, would relay the specific reasons for that adjustment. The PLB should convey a complete and accurate message related to the payment adjustment(s).

The Provider adjustment Segment in Table 3 Summary reports the Provider Adjustment Reason Codes which convey provider level adjustment information. The Provider Adjustment Codes have been moved to an external code list managed by X12 that provides for updates as the industry needs change.

What's New

- Adjustment Reason Code length increased to 30 to allow for increase in code source scheme
  - The Provider Adjustment Reason Codes are now external and maintained by X12, found at x12.org website, and will be updated on a periodic basis.
- Reference Identifier length increased to 80 to allow for more detailed information related to the adjustment
  - An Appendix will contain directions to populate the Reference Identifier for business use associated to each code.
  - Some use cases will refer to using claim identifiers in the Reference ID to tie back to the claims involved in the adjustment. Refer to front matter sections of the guide for more detailed directions.

How can this benefit you?

- Correct and accurate usage of the Provider Adjustment Codes is expected to promote faster reconciliation within the provider's Accounts Receivable (AR) system and avoid unnecessary manual processes
- Moving the code list to external allows for updates on a regular schedule
- New set of codes addresses the current needs of the industry and reports the provider adjustments with updated, relevant, and more descriptive wording
- Updated Reference ID allows for more visibility into the reason for the adjustment and consistency for reporting that reason
- Improved payer to provider automated communication
- Reduce phone calls
- Incentivize 835 adoption

How can this impact you?

- Payer and Business Associates business processes
  - Update internal set of adjustment codes to use new and updated codes as initially published and regularly updated by the X12 external code committee
  - Revise code management process to update when new codes are added
  - Configuration changes to use the new and correct codes
  - Update database structure
  - Update manual claims review
  - Update system to report the specific message in the Reference Identifier and report some adjustments at a more detailed level
  - Internal education e.g., EDI and help desk
  - External education to providers via companion guides or bulletins

- Practice Management System (PMS)
  - Update software to incorporate the new and updated codes as initially published and regularly updated by the X12 external code committee
  - Update remit viewer tool to report all codes, descriptions and the reference identifiers
  - Update Workflow – tasks assigned to appropriate team
  - Update automated processes based on the adjustment code and reference identifier
  - Internal education e.g., client facing staff
  - External education to customers

- Provider business processes
  - Work with PMS to update software for new and updated adjustment codes
  - Update business processes to review and evaluate action needed based on adjustment codes
  - Review and update reports as needed
  - Internal education

- Clearinghouse
  - Update file code validation to incorporate the new and updated codes as initially published and regularly updated by the X12 external code committee
  - Update database structure
  - Update remit viewer tool to report all codes, descriptions and the reference identifiers
  - Internal education e.g., EDI and help desk

Refer to X12's 008020X322 Health Care Claim Payment/Advice 835 for additional information on the PLB segment