

Indiana Medicaid Resolutions Manual

NAME: 228 OBSOLETE BILLING PROV SIGNATURE MISSING (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

OBSOLETE-Set this edit when the provider signature is missing and edit 228 is not listed on the provider exempt table.

CRITERIA:

DISPOSITION:

Note: EOB 9999 with a Do Not Post status is for internal system use only. This EOB is used to avoid potential system processing abends. This EOB is not posted on the RA and the disposition may be ignored.

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	0228	DENY
00	10	0228	SUSPEND
00	11	0228	SUSPEND
00	20	9999	PAY
00	21	9999	PAY
00	22	9999	PAY
00	23	9999	PAY
00	50	9999	PAY
00	51	9999	PAY
00	52	9999	PAY
00	55	9999	PAY
00	62	9999	PAY
00	64	9999	PAY
00	70	0228	PAY
00	72	0228	PAY

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00	73	0228	PAY
00	74	0228	PAY
00	91	0228	SUSPEND

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: H - Home Health Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

EOB: 0228 - YOUR CLAIM WAS RECEIVED WITHOUT A VALID SIGNATURE AND THERE IS NO RECORD THAT A CERTIFICATION FORM HAS BEEN RECEIVED TO UPDATE YOUR PROVIDER FILE. THIS CLAIM MUST BE SIGNED BEFORE RESUBMITTING FOR PAYMENT. PLEASE COMPLETE THE PROVIDER CERTIFICATION FORM ATTACHED TO BULLETIN BT200103 SO THAT FUTURE STANDARD PAPER CLAIMS WITHOUT A SIGNATURE WILL NOT BE DENIED FOR EDIT 228.

ARC Code
16

ARC Description
Claim/service lacks

Effective Date
19950101

End Date
22991231

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information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Code	Remark Description	Effective Date	End Date
MA70	Missing/incomplete/invalid provider representative signature.	19970101	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be denied with EOB 0228.

Encounter claims are Set to post and pay.

For paper claims, check for the provider signature, (signature does not need to match provider name, office manager and other staff may sign claim form). Correct as needed and resubmit (Do Not Force). If keyed correctly, meaning no signature on claim, then deny the edit.