

Indiana Medicaid Resolutions Manual

NAME: **248 POS MISSING OR INVALID FORMAT (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Place of Service (POS) code is missing or in an invalid format.

CRITERIA:

Set this edit if the Place of Service indicator is missing or is in an invalid format, with EOB 0248.

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	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0248	DENY
00	35	0248	PAY
00	36	0248	PAY
00	37	0248	PAY
00	38	0248	PAY
00	62	9999	PAY
00	64	9999	PAY
00	70	9999	PAY
00	73	9999	PAY

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00	74	9999	PAY
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Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0248	DENY
00	30	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	35	0248	PAY
00	36	0248	PAY
00	37	0248	PAY
00	38	0248	PAY
00	64	9999	PAY
00	70	9999	PAY
00	73	9999	PAY
00	74	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0248	DENY
00	64	9999	PAY

EOB: 0248 - THE PLACE OF SERVICE CODE IS MISSING-THE CORRECT FORMAT SHOULD BE TWO NUMERIC DIGITS BETWEEN 11 AND 99. PLEASE REFER TO YOUR PROVIDER MANUAL TO VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark	19950101	22991231

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Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Code	Remark Description	Effective Date	End Date
M77	Missing/incomplete/invalid/inappropriate place of service.	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. Usage: 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 systematically denied with EOB 0248.