

## **Indiana Medicaid Resolutions Manual**

**NAME:** 310 MCE ID INVALID (HDR)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the MCE identification number billed on the claim is not valid.

### **CRITERIA:**

Set this edit if the MCE identifier on the claim is not valid or blank, with EOB 0432.

### **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:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY
00	30	0432	DENY
00	32	0432	DENY
00	33	0432	DENY
00	34	0432	DENY
00	35	0432	DENY
00	36	0432	DENY
00	37	0432	DENY
00	38	0432	DENY
00	70	0432	DENY
00	72	0432	DENY
00	73	0432	DENY
00	74	0432	DENY

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**EOB: 0432 - INVALID MCO IDENTIFICATION NUMBER-PLEASE VERIFY AND RESUBMIT.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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 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.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N274	Missing/incomplete/invalid other payer other provider identifier.	20041202	22991231

**EOB: 9999 - PROCESSED PER POLICY.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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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 systemically denied with EOB 0432.

