

Indiana Medicaid Resolutions Manual

NAME: **231 REND PROV NUM IS MISSING (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the rendering provider number is missing.

CRITERIA:

Set this edit if the rendering provider number is missing, with, EOB 0231.

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
04	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0231	DENY
00	35	0231	PAY
00	36	0231	PAY
00	37	0231	PAY
00	38	0231	PAY
00	70	9999	PAY
00	72	9999	PAY
00	73	9999	PAY
00	74	9999	PAY

Indiana Medicaid Resolutions Manual

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0231	DENY
00	80	0231	PAY

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

Location	Region	EOB	Disposition
00	00	0231	DENY
00	64	9999	PAY

EOB: 0231 - RENDERING NPI IS MISSING. PLEASE PROVIDE AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
206	National Provider Identifier - missing.	20070709	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

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0231.

