

Indiana Medicaid Resolutions Manual

NAME: 566 INVALID ADJUSTMENT PROVIDERS DO NOT MATCH (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a claim has provider ID's that don't match between the original and adjusted claim.

CRITERIA:

Set this edit if a claim if the provider ID's don't match between the original and adjusted claim, with EOB 0592.

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

Location	Region	EOB	Disposition
00	00	0592	DENY

EOB: 0592 - THE PROVIDER ID SUBMITTED FOR THIS ADJUSTMENT DOES NOT MATCH THE PROVIDER ID OF THE ORIGINAL PAID CLAIM, THEREFORE, YOUR CLAIM HAS BEEN DENIED. PLEASE SUBMIT A NEW CLAIM FOR ADJUDICATION.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has	19950101	22991231

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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
N77	Missing/incomplete/invalid designated provider number.	20000101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0592.