

## **Indiana Medicaid Resolutions Manual**

**NAME:** 616 INVALID ADJUSTMENT NO MATCH ON MCO ID

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the MCO identification number does not match the original claim in history.

### **CRITERIA:**

Set this edit when an adjustment cannot be completed. The MCO identification number on the current claim does not match the historical claim.

### **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	0432	DENY

**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) which is needed for	19950101	22991231

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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.

<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

### **METHOD OF CORRECTION:**

Claims failing this edit will be systemically denied, with EOB 0432.