

Indiana Medicaid Resolutions Manual

NAME: 618 INVALID ADJUSTMENT NO MATCH ON SVC PROV LOC

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the service provider location does not match the original claim in history.

CRITERIA:

Set this edit when an adjustment cannot be completed. The service provider location 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

Location	Region	EOB	Disposition
01	00	0432	DENY

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

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for	19950101	22991231

Indiana Medicaid Resolutions Manual

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
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.