

Indiana Medicaid Resolutions Manual

NAME: 548 INVALID ADJUSTMENT PROVIDER ID NOT PRESENT

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if there is no provider ID on the claim.

CRITERIA:

Set this edit if there is no provider ID on the claim with, EOB 0345.

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	0345	DENY

EOB: 0345 - THE PAYER PROVIDER NUMBER IS MISSING-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 adjudication. Do not use	19950101	22991231

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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
M56	Missing/incomplete/invalid payer identifier.	19970101	22991231

METHOD OF CORRECTION:

Claims Setting this edit will be systematically denied with EOB 0345.