

Indiana Medicaid Resolutions Manual

NAME: 1943 INVALID INTERNAL RENDERING PROV SPECIFIED - DTL

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

This edit sets for Claim types (Physician & Dental). If ind_pr_override flag for the rendering/performing provider is Set to "Y". That means the rendering/performing location is present on the claim so if that's the case it tries to find the information for that provider location in the system (Database). If no information found in the system then post edit 1943 at the Detail.

CRITERIA:

If the claim is an adjustment or a data corrected claim where the performing provider ID was keyed in by the user and the internal performing provider ID can not be found in the provider table, post the edit.

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
01	00	9999	DENY

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1118	DENY

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EOB: 1118 - MISSING/INCOMPLETE/INVALID REFERRING PROVIDER IDENTIFIER.

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 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.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N286	Missing/incomplete/invalid referring provider primary identifier.	20041202	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Have SE review the logs to identify missing rendering/performing provider ID from t_pr_identifier. Provide that data to the BPA reference team to research why the rendering/performing provider id is missing.

