

Indiana Medicaid Resolutions Manual

NAME: 1944 INVALID INTERNAL REFERRING PROV SPECIFIED - DTL

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when an the rendering provider cannot be located on the provider table at the detail.

CRITERIA:

Set this edit if the claim is an adjustment or a data corrected claim where the facility provider ID was keyed in by the user and the internal facility provider ID can not be found in the provider table.

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	1118	SUPER-SUSPEND

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	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.

Remark Code	Remark Description	Effective Date	End Date
N286	Missing/incomplete/invalid referring provider primary identifier.	20041202	22991231

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.