

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1939 INVALID INTERNAL FACILITY PROV SPECIFIED - HDR

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the facility provider cannot be located on the provider table.

### **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
80	00	9999	SUPER-SUSPEND

**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	19950101	22991231

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that has already been  
adjudicated. Note: Refer to  
the 835 Healthcare Policy  
Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

Have SE review the logs to identify missing facility provider id from t\_pr\_identifier. Provide that data to the BPA reference team to research why the facility provider id is missing.