

Indiana Medicaid Resolutions Manual

NAME: 1960 NO PROVIDER BILLING CLASSIFICATION FOUND

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if no classification is found for the billing provider.

CRITERIA:

Set this edit if no provider billing classification is found for the header from and through dates of service on the 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 |
|----------|--------|------|-------------|
| 00 | 30 | 9998 | DENY |
| 00 | 32 | 9998 | DENY |
| 00 | 33 | 9998 | DENY |
| 00 | 34 | 9998 | DENY |
| 00 | 70 | 9998 | DENY |
| 00 | 72 | 9998 | DENY |
| 00 | 73 | 9998 | DENY |
| 00 | 74 | 9998 | DENY |
| 01 | 00 | 9999 | SUSPEND |

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EOB: 9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT INDIANA HEALTH COVERAGE PROGRAM POLICIES.

| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|--|-----------------------|-----------------|
| 45 | Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability) | 19950101 | 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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 | 19950101 | 22991231 |

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Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Have SE review the code to identify missing code biller for the effective and end dates for the provider service location from t_pr_biller table. Provide that data to the BPA reference team to research why the code biller is missing for that provider location.

