1504 Verbiage for LBN

The Explanation of Benefit (EOB) **Code 1504** (Performing Provider Number is Not Found) posts on a claim when the system cannot find a unique rendering provider ID to match with a service location on the claim. The Remittance Advice (RA) will have the claim Internal Claim Number (ICN) listed in the Denied Claim section of the Remittance Advice (RA).

The corresponding Claim Adjustment Reason Code 206 (National Provider Identifier - missing.) and Remark Code N290 (Missing/incomplete/invalid rendering provider primary identifier.) Will now be DENIED with the same EOB, Claim Adjustment Reason Code, and Remark Code combination.

The 835 will report:

- Claim Adjustment Reason Code: Code 206 - National Provider Identifier – missing.
- Remark Code: N290 Missing/incomplete/invalid rendering provider primary identifier.

The system uses the following information to assign the appropriate Mississippi Rendering Medicaid ID to the claim for processing:

- NPI on provider file.
- Taxonomy on provider file.

Essentially, the system will seek to find a **unique** match using the two data elements (see above) that were submitted on your claim to a specific provider record in our system. If a unique match is not found – the edit is set, and you will receive the EOB code.

In an effort to make the information on file with Medicaid readily accessible, this information can be verified by using the Taxonomy Lookup Tool housed on the Division of Medicaid website.

**The following scenarios could be the reason for the EOB code 1504:**

- A taxonomy code was not billed with rendering provider ID on the claim.
- The taxonomy code billed does not match the provider record on file with Gainwell Technologies.

Ways that you can resolve the error:

For **Paper submission (CMS 1500):** Must make sure that the Rendering ID billed in **FL 24J** has a corresponding Taxonomy Code entered in FL24J with an ID Qual of **ZZ** (Please reference paper billing instructions Section-4.pdf (ms.gov):

FL 24j Required: ID Qualifier
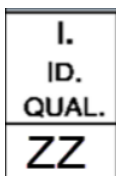
FL 24j Rendering Provider ID and Taxonomy

- Make sure the Taxonomy code submitted on the claim for the rendering provider matches the Taxonomy code that is listed on the Gainwell provider file.

For **EDI Submission** please reference the EDI Companion Guide (page14):

EDI Companion Guide

NM108	Identification Qualifier	46	46 – Electronic Transmitter Identification Number (ETIN)
NM109	Receiver Primary Identifier	77032	Mississippi Division of Medicaid Health Plan ID.

PRV01	Provider Code	BI	BI – Billing
PRV02	Reference Identification Qualifier	PXC	PXC - Health Care Provider Taxonomy Code
PRV03	Provider Taxonomy Code		Value is the 10-byte taxonomy code **Note**: (Use the taxonomy code that is on file with Mississippi Medicaid for the Billing Provider. This value will be used as a tie breaker when more than 1 Medicaid provider is found on state provider file and to ensure that the claim processes correctly when NPI is used.)