

PROVIDER POTENTIAL CORRECTION REPORT KEY

File Name: CDMProvAction_ProvIDPROVNAME_Date.FileType

FIELD NAME	FIELD NAME DESCRIPTION
Provider ID	The billing provider's identification number in Incedo.
Site ID	Identification number in Incedo for the combination of NPI and Provider Billing location.
Claim Number	The number assigned in Incedo to the adjudicated claim.
ClaimMst_i	Internal number in Incedo that is specific to a line item's adjudication. This number is a helpful identifier when seeking assistance on a particular claim.
Line-Item Control Number	Number assigned by Incedo that combines the claim number and an adjudication line number as line-item control numbers may change with each adjudication.
Provider Name	Name of record for the Billing NPI submitted on the claim.
Provider TIN	A Provider's tax identification number.
Provider Type	Two-character code that is assigned to the Provider's NPI to define the types of services the provider provides.
NPI	Billing Provider's National Provider Identifier number.
Last Name	Participant's last name.
First Name	Participant's first name.
Incedo Member ID	Identifier in Incedo for the participant to whom services were rendered.
Patient Medicaid ID	Participant's Medicaid ID.
Patient DOB	Participant's date of birth.
Diagnosis	This is the primary diagnosis as submitted on the claim.
DOS	The date of service on the claim when services are rendered to a patient.
Service Code	CPT/HCPCS/Revenue code as presented on the claim .
Service Code Modifier 1	Service Code modifier submitted on the claim in the first modifier position. If no modifier was submitted, this field will be blank.
Service Code Modifier 2	Modifier submitted in the 2 nd modifier position on the claim If no second modifier was submitted, this field will be blank.
Service Code Modifier 3	Modifier submitted in the 3 rd modifier position on the claim. If no third modifier was submitted, this field will be blank.
Service Code Modifier 4	Modifier submitted in the 4 th modifier position on the claim. If no fourth modifier was submitted, this field will be blank.
Billed Amount	The dollar amount the provider charged on the service line for the service rendered.
CARC	These are the standard Claim Adjustment Reason Codes that appear on 835 remittance files and on PRAs. These codes are crosswalked to the Incedo Denial Reason code and the crosswalk is published here .
RARC	A CARC code that requires more explanation will include a Remittance Advice Remark Code. These are included in the published crosswalk referenced under CARC.
Incedo Denial Reason	The denial code that was assigned to a denied claim in Incedo.
Incedo Denial Reason Description	The description associated to the Incedo Denial Reason Code.
Additional Denial Reason(s) (Reason CARC RARC)	Other potential issues with the claim that may cause it to deny if not addressed prior to resubmission. Each issue will be identified as the Incedo Denial Reason, the accompanying CARC and any accompanying RARC.