

Indiana Medicaid Resolutions Manual

NAME: 201 BILLING PROV ID MISSING (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the billing Provider Identifier or National Provider Identifier (NPI) is missing or invalid.

CRITERIA:

Set this edit if the billing LPI or NPI is missing or invalid (see further details based on submission method), with EOB 0201.

For claims received via paper a missing billing provider ID will be RTP'd from the mailroom, however, if the billing provider ID is invalid the claim will deny and Set EOB 0201.

If the claim is submitted via the healthcare portal, the system will verify if the billing provider ID is missing or invalid. If the billing provider ID is missing or invalid the claim will deny and Set EOB 0201.

For claims received via an 837 transaction the translator will reject the claim if the billing provider ID is missing. However, if the billing provider ID submitted on the claim is invalid, the claim will deny with EOB 0201.

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	00	0201	DENY

Indiana Medicaid Resolutions Manual

EOB: 0201 - BILLING LPI/NPI IS MISSING; PLEASE PROVIDE AND RESUBMIT

ARC Code	ARC Description	Effective Date	End Date
206	National Provider Identifier - missing.	20070709	22991231

Remark Code	Remark Description	Effective Date	End Date
N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	20041202	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0201.