

## **Indiana Medicaid Resolutions Manual**

**NAME:** 382 ATTENDING NPI SUBMITTED NOT TIED TO A MEDICAID ID

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the claim was submitted with an attending National Provider Identifier (NPI) only and the NPI is not reported to a Medicaid ID.

### **CRITERIA:**

Set this edit when the attending NPI is not reported to a Medicaid ID with EOB 1140.

### **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:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1140	DENY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1140	PAY

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**EOB: 1140** - THE ATTENDING PHYSICIAN NPI IS SUBMITTED ON THE CLAIM, BUT HAS NOT BEEN REPORTED TO THE IHCP.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
208	National Provider Identifier - Not matched.	20070709	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N253	Missing/incomplete/invalid attending provider primary identifier.	20041202	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 1140.