

Indiana Medicaid Resolutions Manual

NAME: 870 NDC MISSING/INVALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the NDC billed is missing, invalid, or not on file.

CRITERIA:

Set this edit if the NDC submitted is cross walked to a physician administered drug that requires an NDC for the detail "from" date of service or if the PAD code is not found on the drug table and the drug that was mapped to the PAD Code has an inactive status with, EOB 0217.

The NDC to PAD code crosswalk can be found in Core MMIS under Main Menu>BPA>Related Data>Open Tab>Xref> NDC/HCPSC Procedure.

Drug information can be located in Core MMIS under Main Menu>BPA>Drug. Search on the appropriate NDC and hit search. This will bring back the drug information to determine if the drug is found on the table or if it has an inactive status.

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: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
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00	00	0217	DENY
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Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0217	DENY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0217	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0217	DENY

EOB: 0217 - NDC NUMBER IS MISSING OR NOT ON FILE-AN NDC NUMBER CAN BE UP TO ELEVEN NUMERIC CHARACTERS. FOR FURTHER INFORMATION, SEE THE PHARMACY CHAPTER IN YOUR PROVIDER MANUAL. PLEASE PROVIDE AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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Remark Code	Remark Description	Effective Date	End Date
M119	Missing/incomplete/invalid/ deactivated/withdrawn National Drug Code (NDC).	19970101	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. 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 0217.

