

Indiana Medicaid Resolutions Manual

NAME: 626 ORDERING/REFERRING PROV NOT ENROLLED IN PROG (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the claim was submitted with Ordering/Referring National Provider Identifier (NPI) not enrolled in IHCP Benefit Plan.

CRITERIA:

Set this edit if the ordering/referring NPI is not enrolled, with EOB 1130.

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
01	00	9999	PAY

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

Location	Region	EOB	Disposition
01	00	1130	PAY
01	91	1130	PAY

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

Location	Region	EOB	Disposition
01	00	1130	DENY
01	91	1130	SUSPEND

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EOB: 1130 - THE ORDERING/REFERRING PROVIDER IS NOT ENROLLED IN THE IHCP PROGRAM.

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

Remark Code	Remark Description	Effective Date	End Date
N521	Mismatch between the submitted provider information and the provider information stored in our system.	20091101	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	19950101	22991231

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that has already been
adjudicated. Note: Refer to
the 835 Healthcare Policy
Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1130.

For special batch claims, follow special instructions to adjudicate the claim.

Claims may be special batched when the service was referred prior to the member becoming eligible for the Indiana Health Coverage Program (IHCP).

