

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **627      ORDERING/REFER PROV IS NOT ENROLLED IN IHCP (DTL)**

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

**HEADER/DETAIL:** Detail

**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.

Edit 627 will Set when an NPI is submitted on a claim in the referring field and the ordering/referring provider NPI is not enrolled in the IHCP (OPR or Non-OPR), but will be bypassed if the there is an emergency indicator of Yes present on the claim.

### **CRITERIA:**

Set this edit if the ordering/referring NPI is not enrolled, with EOB 1131.

### **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:** B - Professional Xover Claims

**Member Plan:** ALL    **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	0627	PAY

**Claim Type:** B - Professional Xover Claims

**Member Plan:** ALL    **Status:** Post

## **Indiana Medicaid Resolutions Manual**

Location	Region	EOB	Disposition
01	00	1131	DENY
01	91	1131	SUSPEND

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	0627	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1131	DENY
01	30	1131	PAY
01	32	1131	PAY
01	33	1131	PAY
01	34	1131	PAY
01	70	1131	PAY
01	72	1131	PAY
01	73	1131	PAY
01	74	1131	PAY
01	91	1131	SUSPEND

**Claim Type:** M - Professional Claims

**Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1131	DENY
01	91	1131	SUSPEND

**EOB: 0627** - INVALID LEVEL OF SERVICE IND

**EOB: 1131** - ORDERING/REFERRING PROVIDER IS NOT ENROLLED IN THE IHCP PROGRAM

**ARC Code**  
16

**ARC Description**  
Claim/service lacks  
information or has  
submission/billing  
error(s). Usage: Do  
not use this code for

**Effective Date**  
19950101

**End Date**  
22991231

## **Indiana Medicaid Resolutions Manual**

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.)  
Refer to the 835  
Healthcare Policy  
Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N575	Mismatch between the submitted ordering/referring provider name and the ordering/referring provider name stored in our records.	20130715	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. Usage: Refer to the 835	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

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 1131.

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).