

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1927 BILLING HEALTHCARE PROVIDER REQUIRES NPI (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the claim is submitted with a billing Medicaid ID for health care services.

### **CRITERIA:**

When the claim is submitted with a billing Medicaid ID for health care services, Set this edit with EOB 1102.

The system will set this edit based on a provider classification of billing.

Note: All health care services must be billed with a National Provider Identifier (NPI).

### **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:** 0 - All Claim Types **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1102	DENY

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**EOB: 1102** - THE LPI WAS SUBMITTED ON THE CLAIM WITHOUT AN NPI.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
206	National Provider Identifier - missing.	20070709	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N257	Missing/incomplete/invalid billing provider/supplier 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 1102.