

Indiana Medicaid Resolutions Manual

NAME: 1004 BILLING MEDICAID I.D. NOT ON FILE - DENY (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the billing Medicaid ID is not on file.

CRITERIA:

Set this edit when the billing Medicaid ID is not on file with EOB 1108.

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:** Post

Location	Region	EOB	Disposition
01	00	1108	DENY

EOB: 1108 - THE BILLING NPI MISSING OR INVALID PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
206	National Provider Identifier - missing.	20070709	22991231

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Remark Code	Remark Description	Effective Date	End Date
N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	20041202	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1108.