

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1026 HEADER REFERRING PROVIDER NPI INVALID (HDR)

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the header referring physician number (NPI) is in an invalid format or, NPI is in a valid format but the provider is not eligible on header From DOS in the provider database.

### **CRITERIA:**

Set this edit when the header referring physician number (NPI) is in an invalid format or, NPI is in a valid format but the provider is not eligible on header From DOS in the provider database with EOB 1098.

If a claim has an emergency indicator of "Y" present on the claim the edit will be bypassed.

The provider eligibility is defined as active on the DOS at the service location.

A NPI has to be 10 digit numeric number for it to be considered in a valid format.

### **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:** Post

Location	Region	EOB	Disposition
01	00	1098	DENY

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

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

Location	Region	EOB	Disposition
01	00	9999	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	9999	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	9999	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	9999	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	1098	DENY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	1098	DENY
01	64	9999	PAY

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	1098	DENY
01	30	1098	PAY
01	32	1098	PAY
01	33	1098	PAY
01	34	1098	PAY
01	64	9999	PAY
01	70	1098	PAY
01	72	1098	PAY
01	73	1098	PAY
01	74	1098	PAY

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**EOB: 1098** - THE REFERRING NPI SUBMITTED IS NOT IN A VALID FORMAT, OR IS NOT ELIGIBLE FOR THE DOS BILLED. PLEASE VERIFY AND RESUBMIT.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s). Usage: 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.) Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N285	Missing/incomplete/invalid referring provider name.	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	19950101	22991231

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the  
payment/allowance  
for another  
service/procedure that  
has already been  
adjudicated. Usage:  
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 1098.