

Indiana Medicaid Resolutions Manual

NAME: 1929 REFERRING NPI REQUIRED (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the header referring Medicaid ID is submitted vs. the referring providers NPI.

CRITERIA:

Set this edit when the header referring Medicaid ID is submitted instead of the referring's NPI with, EOB 1112.

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: D - Dental Claims **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
00	00	1112	DENY
00	33	1112	PAY

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00	34	1112	PAY
00	52	1112	PAY
00	55	1112	PAY
00	64	1112	PAY
00	73	1112	PAY
00	74	1112	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1112	DENY
00	33	1112	PAY
00	34	1112	PAY
00	52	1112	PAY
00	55	1112	PAY
00	64	1112	PAY
00	73	1112	PAY
00	74	1112	PAY

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1112	DENY
00	33	1112	PAY
00	34	1112	PAY
00	52	1112	PAY
00	55	1112	PAY
00	64	1112	PAY
00	73	1112	PAY
00	74	1112	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	1112	DENY
01	33	1112	PAY
01	34	1112	PAY
01	50	1112	SUSPEND
01	51	1112	SUSPEND
01	52	1112	PAY

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01	55	1112	PAY
01	64	1112	PAY
01	73	1112	PAY
01	74	1112	PAY
01	80	1112	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1112	DENY
00	33	1112	PAY
00	34	1112	PAY
00	52	1112	PAY
00	55	1112	PAY
00	64	1112	PAY
00	73	1112	PAY
00	74	1112	PAY

EOB: 1112 - THE REFERRING NPI IS MISSING FROM THE CLAIM.

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

Remark Code	Remark Description	Effective Date	End Date
N286	Missing/incomplete/invalid referring provider primary identifier.	20041202	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 that	19950101	22991231

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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 1112.