

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1952 MULTI PROV LOCS FOR REND PROV (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the rendering National Provider Identifier (NPI) crosswalks to multiple service locations.

### **CRITERIA:**

Set this edit when a rendering NPI crosswalks to multiple service locations and cannot find a unique Medicaid ID to adjudicate the claim with, EOB 1129 .

### **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
00	73	1129	PAY
01	00	1129	DENY
01	10	1129	SUSPEND
01	11	1129	SUSPEND
01	52	1129	PAY
01	55	1129	PAY
01	64	1129	PAY

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01	74	1129	PAY
01	80	1129	PAY

**Claim Type:** D - Dental Claims      **Member Plan:** ALL      **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
01	00	1129	DENY
01	10	1129	SUSPEND
01	11	1129	SUSPEND
01	33	1129	PAY
01	34	1129	PAY
01	52	1129	PAY
01	55	1129	PAY
01	64	1129	PAY
01	73	1129	PAY
01	74	1129	PAY
01	80	1129	PAY

**Claim Type:** M - Professional Claims      **Member Plan:** ALL      **Status:** Post

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
01	00	1129	DENY
01	10	1129	SUSPEND
01	11	1129	SUSPEND
01	33	1129	PAY
01	34	1129	PAY
01	52	1129	PAY
01	55	1129	PAY
01	64	1129	PAY
01	73	1129	PAY
01	74	1129	PAY
01	80	1129	PAY

**EOB: 1129** - THE RENDERING NPI CROSSWALKS TO MULTIPLE MEDICAID ID'S.  
RESUBMIT THE  
CLAIM WITH THE RENDERING PROVIDER IN ADDITION TO THE RENDERING NPI.

**ARC Code**  
208

**ARC Description**  
National Provider  
Identifier - Not  
matched.

**Effective Date**  
20070709

**End Date**  
22991231

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**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 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 1129.

