

Indiana Medicaid Resolutions Manual

NAME: **1028 REF PROV NOT REQ'D BUT SUBMITTED NOT VALID (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the referring provider's NPI submitted on the claim is not in a valid format.

CRITERIA:

Set this edit If the referring provider's NPI is not in a valid format with, EOB 0198.
The luna formula is used in setting this edit.

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	0198	DENY
01	64	9999	PAY
01	70	0198	PAY
01	72	0198	PAY
01	73	0198	PAY
01	74	0198	PAY

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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	0198	DENY
00	64	9999	PAY

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: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
01	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

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	0198	DENY
01	64	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL

Status: Post

Location	Region	EOB	Disposition
01	00	0198	DENY
01	30	0198	PAY
01	32	0198	PAY
01	33	0198	PAY
01	34	0198	PAY
01	64	9999	PAY
01	70	0198	PAY
01	72	0198	PAY
01	73	0198	PAY
01	74	0198	PAY

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Claim Type: M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	9999	PAY

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

Location	Region	EOB	Disposition
01	00	0198	DENY

EOB: 0198 - THE REFERRING NPI SUBMITTED IS NOT IN A VALID FORMAT. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
207	National Provider identifier - Invalid format	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 has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification	19950101	22991231

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Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0198.