

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1119 REFER NPI INFO SUBMITTED RPTED TO MULTIPLE LPIS

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the referring NPI submitted is reported to multiple Medicaid IDs.

### **CRITERIA:**

Set this edit when the referring NPI submitted is reported to multiple Medicaid IDs with, EOB 1119.

### **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
00	00	9999	PAY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1119	DENY

**Claim Type:** H - Home Health Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1119	PAY

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**EOB: 1119 - THE CARE SELECT PMP NPI CROSSWALKS TO MULTIPLE LPIS. RESUBMIT THE CLAIM WITH THE TAXONOMY OF THE CARE SELECT PMP IN ADDITION TO THE PMP NPI.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
208	National Provider Identifier - Not matched.	20070709	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N286	Missing/incomplete/invalid referring provider primary identifier.	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 the payment/allowance for another service/procedure that has already been adjudicated. Note: 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 1119.