

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1131 **ORDERING/REFER PROV IS NOT ENROLLED IN IHCP (DTL)**

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the ordering/referring provider is not enrolled in the IHCP.

### **CRITERIA:**

Set this edit if the ordering/referring provider is not enrolled in the IHCP with, EOB 1131.

### **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	1131	DENY
01	91	1131	SUSPEND

**Claim Type:** M - Professional Claims

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

Location	Region	EOB	Disposition
01	00	1131	DENY
01	91	1131	SUSPEND

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**Claim Type:** M - Professional Claims

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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
01	00	1131	DENY
01	30	1131	PAY
01	32	1131	PAY
01	33	1131	PAY
01	34	1131	PAY
01	70	1131	PAY
01	72	1131	PAY
01	73	1131	PAY
01	74	1131	PAY
01	91	1131	SUSPEND

**EOB: 1131** - ORDERING/REFERRING PROVIDER IS NOT ENROLLED IN THE IHCP PROGRAM

**ARC Code**

16

**ARC Description**

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.

**Effective Date**

19950101

**End Date**

22991231

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<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N575	Mismatch between the submitted ordering/referring provider name and the ordering/referring provider name stored in our records.	20130715	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. 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 1131.  
Special batch claims should be processed according to the special batch instructions.

