

Indiana Medicaid Resolutions Manual

NAME: 1027 REF PROV REQ'D NOT SUBMITTED OR NOT VALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the billing provider is not exempt from requiring a referring provider and the referring provider's NPI is missing.

CRITERIA:

Set this edit when the billing provider is not exempt (Exempt specialties are identified by Provider Type and Specialty Group 2050- CT M/B Referring Provider Exclusion) from requiring a referring provider and the referring provider NPI is missing with EOB 1027.

Provider Type/Specialty Group Types can be located by navigating from the main menu to BPA>Related Data>Other>Prov Type/ProvSpecialty Group Type.

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	1027	DENY

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

Location	Region	EOB	Disposition
01	00	1027	DENY
01	64	9999	PAY

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

Location	Region	EOB	Disposition
01	00	1027	DENY

EOB: 1027 - REFERRING PHYSICIAN NUMBER NOT ON FILE. PLEASE VERIFY NUMBER AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1027.

