

Indiana Medicaid Resolutions Manual

NAME: 1142 ATTENDING NPI MUST BE SUBMITTED (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the claim is billed with an attending Medicaid ID and not a National Provider Identifier. The (NPI) is required, therefore; if the ID that is submitted is a Attending Medicaid Identifier and NOT an NPI, the claim would fail this this edit.

CRITERIA:

Set this edit if the claim is submitted with an attending Medicaid ID when an National Provider Identifier (NPI) is required with, EOB 1142.

Note: If the Attending provider has submitted an NPI, but their classification is NOT one of the following : Billing (B), Ordering, Prescribing or Referring (OPR), or Rendering (R), on the header Date of First Service, the claim will deny. For example, if the Group classification is submitted, the claim will deny.

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

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Location	Region	EOB	Disposition
00	00	1142	DENY
00	52	1142	PAY
00	55	1142	PAY
00	91	1142	SUSPEND

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY
00	34	1142	PAY
00	52	1142	PAY
00	55	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY
00	34	1142	PAY
00	52	1142	PAY
00	55	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY

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00	34	1142	PAY
00	52	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	52	1142	PAY
00	91	1142	SUSPEND

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY
00	34	1142	PAY
00	52	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	52	1142	PAY
00	55	1142	PAY
00	91	1142	SUSPEND

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY

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00	34	1142	PAY
00	52	1142	PAY
00	55	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY
00	34	1142	PAY
00	52	1142	PAY
00	55	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

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

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY
00	32	1142	PAY
00	33	1142	PAY
00	34	1142	PAY
00	52	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

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

Location	Region	EOB	Disposition
00	00	1142	DENY
00	30	1142	PAY

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00	32	1142	PAY
00	33	1142	PAY
00	34	1142	PAY
00	52	1142	PAY
00	70	1142	PAY
00	72	1142	PAY
00	73	1142	PAY
00	74	1142	PAY
00	91	1142	SUSPEND

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

Location	Region	EOB	Disposition
00	00	1142	DENY
00	52	1142	PAY
00	91	1142	SUSPEND

EOB: 1142 - MISSING/INCOMPLETE/INVALID ATTENDING PROVIDER IDENTIFIER.

ARC Code	ARC Description	Effective Date	End Date
16	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	19950101	22991231

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Information REF), if present.

Remark Code	Remark Description	Effective Date	End Date
N253	Missing/incomplete/invalid attending 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 Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1142.