

Indiana Medicaid Resolutions Manual

NAME: **1000 BILLING PROV I.D. NOT ON FILE/INVALID (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the billing provider number is not on the provider database or is invalid.

CRITERIA:

Set this edit if the billing provider number is not on the provider database or is invalid, with EOB 1108.

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:** Post

Location	Region	EOB	Disposition
01	00	1108	DENY
01	33	1108	DENY
01	34	1108	DENY
01	52	1108	DENY
01	55	1108	DENY
01	64	1108	DENY
01	73	1108	DENY
01	74	1108	DENY
01	80	1108	DENY

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EOB: 1108 - THE BILLING NPI MISSING OR INVALID PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
206	National Provider Identifier - missing.	20070709	22991231

Remark Code	Remark Description	Effective Date	End Date
N257	Missing/incomplete/invalid billing provider/supplier primary identifier.	20041202	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1108.