

Indiana Medicaid Resolutions Manual

NAME: 1141 ATTENDING NPI INFO SUBMITTED RPTED TO MULT
MEDICAI

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the claim was submitted with an attending National Provider Identifier (NPI) only and the taxonomy code is needed to obtain the one to one match. The NPI submitted is reported to multiple Medicaid ID's.

CRITERIA:

Set this edit If the attending NPI is reported to multiple Medicaid ID's, with EOB, 1141.

A provider will need to resubmit the claim with a taxonomy code of the attending physician in addition to the NPI so the claim will determine the appropriate Medicaid ID during adjudication.

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

Location	Region	EOB	Disposition
01	00	1141	DENY

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

Location	Region	EOB	Disposition
01	00	1141	PAY
01	10	1141	PAY
01	11	1141	PAY

EOB: 1141 - THE ATTENDING PHYSICIAN NPI IS REPORTED TO MULTIPLE MEDICAID IDS.

RESUBMIT THE CLAIM WITH THE TAXONOMY OF THE ATTENDING PHYSICIAN IN ADDITION TO THE ATTENDING NPI.

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

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. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

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Claims setting this edit will be systematically denied with EOB 1141.

