



CMS-1500 NPI REJECTIONS AND DENIALS

2026 Indiana Health Coverage Programs (IHCP) Annual Works Seminar

October 6 - 8, 2026

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NPI FUNDAMENTALS & IHCP ENROLLMENT REQUIREMENTS



The NPI in the IHCP

What it is: a 10-digit numeric identifier required by HIPAA for every healthcare provider — individual and organization.

IHCP requirement: an active NPI is mandatory to enroll and bill across all IHCP programs.

One-to-one match: IHCP payers must match the billing NPI on a claim to a single enrolled service locations; no match results in a denial.

Attestation: NPIs must be attested and registered with the state through the IHCP Portal and kept current.

IHCP Master Provider List (MPL): The IHCP MPL is the official Medicaid provider enrollment list used to confirm that a provider is active, correctly linked, and eligible to bill or be referenced on Indiana Medicaid claims.



MPL – Matching Requirements

Claims submitted must make a 1:1 match with the group’s enrollment that is outlined in the IHCP [Claim Submission and Processing](#) provider reference module.

F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
			NPI	
			NPI	
			NPI	
			NPI	
			NPI	
			NPI	
28. TOTAL CHARGE	29. AMOUNT PAID	30. BALANCE DUE		
\$	\$	\$		
33. BILLING PROVIDER INFO & PH # ()				
a.		b.		

- Information in Box 33 must contain the SERVICE LOCATION address of the Billing NPI in Box 33a. The address must include and match the Zip+4 that is on file with IHCP.
 - P.O. Box should never populate box 33.
- Box 33b must have a valid taxonomy that matches the IHCP enrollment for NPI listed in Box 33a.
- Rendering provider that is billed in box 24j must include taxonomy that matches their IHCP enrollment.
- Rendering provider that is in box 24j must be enrolled as a rendering provider with the IHCP enrollment for the SERVICE location billed in box 33.



REJECTIONS VERSUS DENIALS: WHY THE DISTINCTION MATTERS



Rejections vs. Denials: Know the Difference

Rejected (277CA)

Never enters the payer's claim system; it is not a clean claim

Flagged on the 277CA with Category Code A7 plus an error number

Cannot be disputed, appealed, or used as proof of timely filing

Correct the data and resubmit a new clean claim — not a corrected claim

Denied (adjudicated)

Claim is processed, then payment is denied via an Explanation of Payment (EOP) or remark code

Common NPI denials: missing or invalid billing or rendering provider NPI

Typical codes: CO16 or CO208 with N257 (billing) or N290 (rendering)

Not eligible for dispute and appeal, as these claims are voided in the CareSource System



COMMON NPI-RELATED REJECTION, DENIAL REASONS AND HOW TO RESOLVE THEM



Common Rejections NPI

Rejection Error:

Claim marked for rejection because no active provider is found in MPL based on Billing NPI.

Claims marked for rejection because there were multiple matches found in MPL based on different combinations of NPI.



Common Rejections NPI – What to Look For

For this error, please review the [IHCP Provider Healthcare Portal](#) and verify enrollment using the following:

Is the group NPI enrolled with Medicaid?

If no, please follow the above link to enroll the group with IHCP.

Is the group NPI showing active in Medicaid system?

If no, please follow the above link to correct the group enrollment with IHCP.

Is the active date of the group on or after the date of service?

If no, this group cannot bill for services if not effective on Date of Service (DOS).

Does this group enrollment have multiple locations and specialties?

If yes, are you billing the correct NPI and/or taxonomy for the group?

Check the address, does the address in box 33 match the service location in Medicaid?

If no, please correct the claim and resubmit.

Does the zip+4 in box 33 match the zip+4 in Medicaid?

If no, please correct the claim and resubmit.



Common Rejections Rendering Provider

Rejection Error: Rendering provider not linked to billing group in Indiana MPL



Common Rejections Rendering Provider: What to Look For

For this error, please review the [IHCP Provider Healthcare Portal](#) and verify the following:

Is the individual practitioner NPI registered in Medicaid?

If no, please follow the above link to enroll the practitioner with IHCP.

Is the individual practitioner showing active in Medicaid system?

If no, please follow the above link to update the practitioner enrollment with IHCP.

Is the individual practitioner enrolled as a rendering provider?

If no, please follow the above link to enroll the practitioner as a rendering practitioner.

Is this individual practitioner showing linked to this location?

If yes, Is the effective date on the rendering tab on or after the DOS?

If the DOS is prior to the effective date, the claim is not payable. Please follow the above link to correct the effective date with IHCP.

If no, please follow the above link to enroll the practitioner for the location in question with IHCP.

Are you billing the correct NPI and/or taxonomy of the group specialty in box 33b?

If no, correct and resubmit claim.



PREVENTION AND COMPLIANCE TAKEAWAYS



Resolving & Preventing NPI Denials

Verify enrollment: Confirm billing and rendering NPIs are enrolled, attested, and linked to the correct service location in the IHCP Provider Healthcare Portal.

Place NPIs correctly: Report the billing NPI in 837P loop 2010AA (box 33a) and the rendering NPI in loop 2310B (box 24J).

Match taxonomy: Align the taxonomy code to the enrolled NPI and service location.

Act on time: Submit a clean claim within 90 calendar days of the date of service or the primary payer's explanation of payment (EOP) date.

Use the right channel: Resubmit rejected claims as new clean claims; dispute or appeal adjudicated denials.

NOTE: Professional claims submitted via EDI, portal, or paper all have the same 1:1 matching requirements.



IMPORTANT CONTACT INFORMATION



Communicating with CareSource

Provider Services

1-844-607-2831

Hours

Monday – Friday
8 a.m. to 8 p.m. Eastern Time (ET)

Member Services

1-844-607-2829

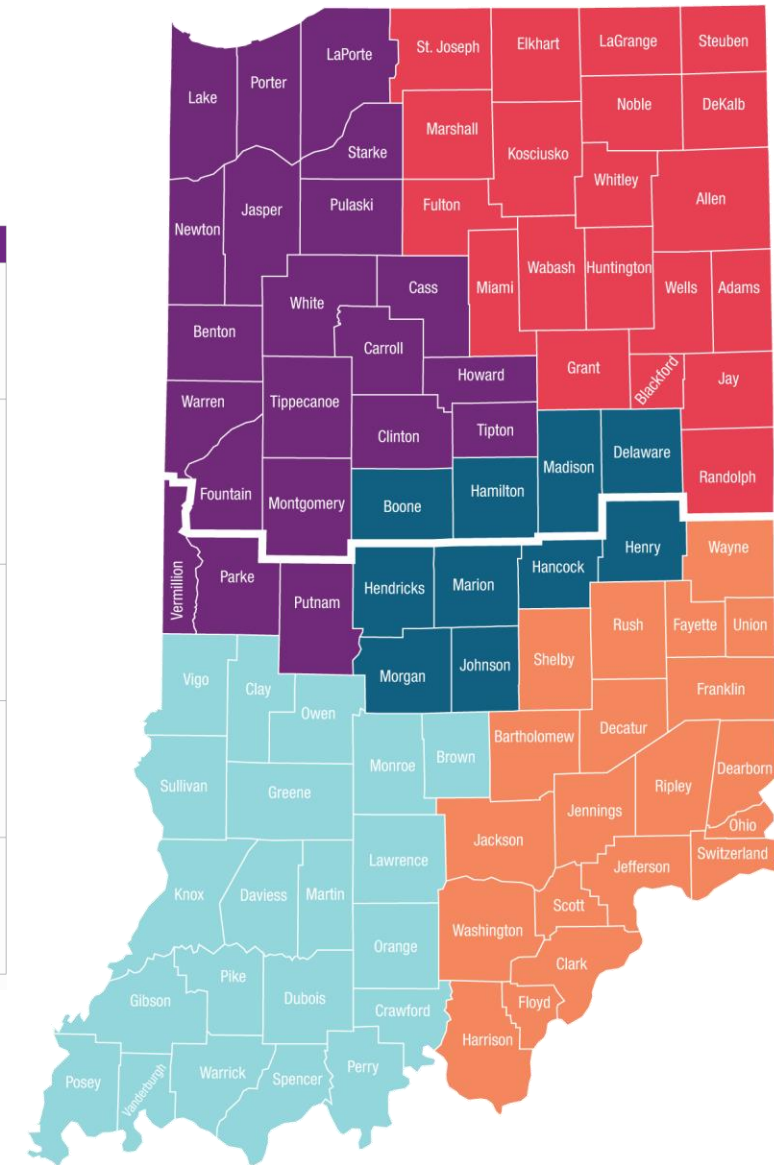
Hours

Monday – Friday
8 a.m. to 8 p.m. Eastern Time (ET)



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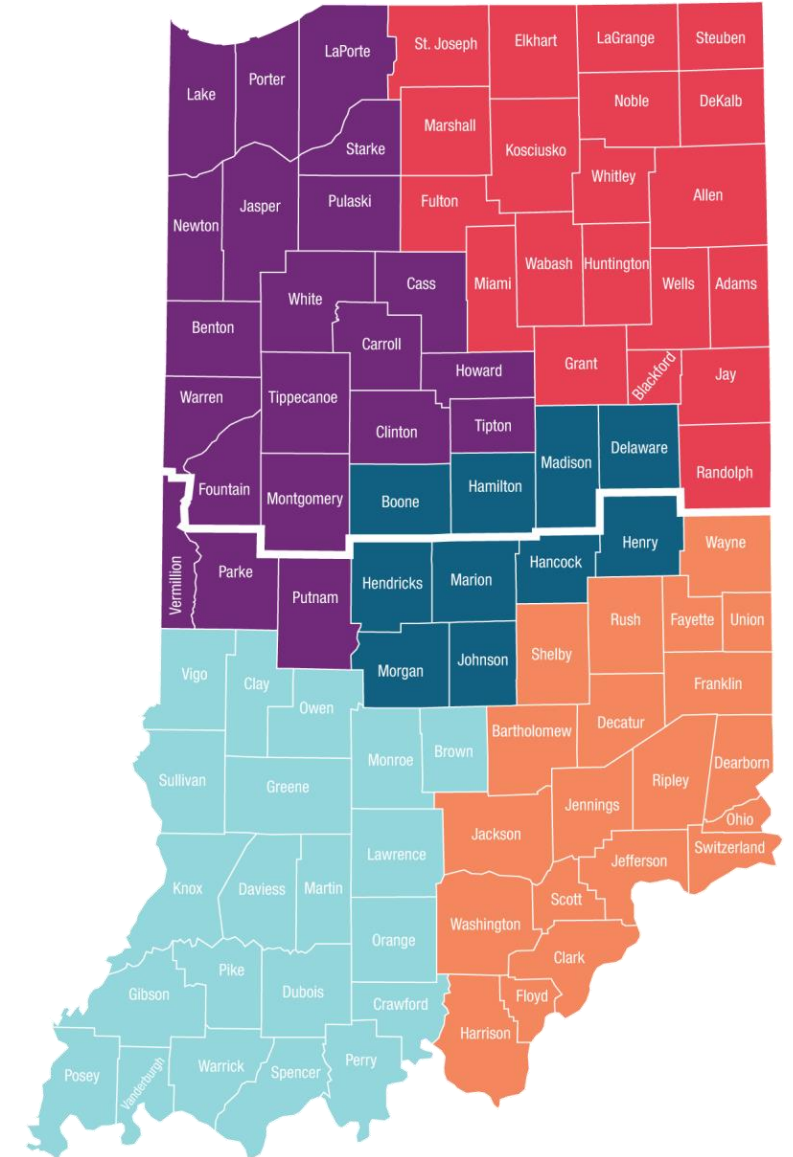
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Evaluation QR Code



Presented by:

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Thank You

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