

Indiana Medicaid Resolutions Manual

NAME: 3426 SELECT SERVICES PAYABLE TO CMHC INTERN

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a CMHC intern service is not reported correctly.

CRITERIA:

This edit ensures that CHHC intern services are reported correctly. They are to be reported on a professional claim, with a billing provider specialty 111, modifier HL and services on MENTL, MEDSV, PASRR and MRT contracts as specified in the reimbursement rules.

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: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	1012	SUSPEND
21	30	1012	PAY
21	32	1012	PAY
21	33	1012	PAY
21	34	1012	PAY
21	70	1012	PAY

Indiana Medicaid Resolutions Manual

21	72	1012	PAY
21	73	1012	PAY
21	74	1012	PAY
21	80	1012	SUSPEND
21	91	1012	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	1012	DENY
21	30	1012	PAY
21	32	1012	PAY
21	33	1012	PAY
21	34	1012	PAY
21	70	1012	PAY
21	72	1012	PAY
21	73	1012	PAY
21	74	1012	PAY
21	80	1012	SUSPEND
21	91	1012	SUSPEND

EOB: 1012 - SERVICE AND OR MODIFIER BILLED NOT PAYABLE FOR YOUR PROVIDER TYPE/SPECIALTY.

ARC Code

170

ARC Description

Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Effective Date

20050630

End Date

22991231

Remark Code

N95

Remark Description

This provider type/provider

Effective Date

20010731

End Date

22991231

Indiana Medicaid Resolutions Manual

specialty may not bill
this service.

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 suspended. The claims resolution clerk will need to check the billing provider specialty to ensure that they have specialty 111. The provider specialty 111 does not need to be the primary specialty, as long as the provider has a specialty of 111 the edit can be overridden for payment. The provider specialty of 111 need to effective on the date of service. Claims submitted from providers without specialty 111 should be denied with EOB1012.

