

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1964 BILLING PROV NOT DESIGNATED AS A BILLER (HDR)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the billing NPI submitted on the claim is not designated as a biller.

### **CRITERIA:**

Set this edit when the billing provider submitted on the claim is not classified as a billing provider with EOB 1964.

Classification of a provider is found in Core MMIS.

### **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	1964	DENY

**EOB: 1964 - THE BILLING PROVIDER SUBMITTED ON THE CLAIM IS NOT AUTHORIZED TO BE THE BILLING PROVIDER.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
170	Payment is denied when	20050630	22991231

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 1964.