

## **Indiana Medicaid Resolutions Manual**

**NAME:**                **3422    OPIOID PROVIDERS ARE NOT ELIGIBLE TO BILL SERVICE**

**ERROR TYPE:**     Form Edit

**HEADER/DETAIL:** Detail

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if an Opioid Treatment Program provider type/specialty 11/835 bills a procedure code that is not listed in HCPCS Procedure Group Type 100028.

### **CRITERIA:**

This form edit will set when an opioid treatment program provider type and specialty 11/835 bills a procedure code not listed on procedure group 100028, with EOB 1012.

The allowed procedure codes for Opioid Treatment Program provider type /specialty 11/835 can be located in CoreMMIS following the path Main Menu > Related Data > Other > HCPCS Procedure Group Type > 100028.

### **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
21	00	9999	PAY

**Claim Type:** M - Professional Claims

**Member Plan:** ALL    **Status:** Post

Location	Region	EOB	Disposition
21	00	1012	DENY

## **Indiana Medicaid Resolutions Manual**

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

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
170	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.	20050630	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N95	This provider type/provider specialty may not bill this service.	20010731	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 1012.

