

Indiana Medicaid Resolutions Manual

NAME: 3421 **PODIATRISTS ARE NOT ELIGIBLE TO BILL THIS SERVICE**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when a Podiatry provider specialty 140 bills a procedure code that is not listed in HCPCS Procedure Group Type 100027.

CRITERIA:

This form edit will set when a podiatry provider specialty 140 bills a procedure code not listed on PG 100027.

The associated procedure codes allowed for Podiatry specialty 140 can be located in the CoreMMIS under Main Menu>Related Data>Other>HCPCS Procedure Group Type>100027.

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: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	1012	DENY

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	1012	DENY

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

ARC Code	ARC Description	Effective Date	End Date
170	Payment is denied when performed/billed by this type of provider. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

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

Indiana Medicaid Resolutions Manual

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1012

