

Indiana Medicaid Resolutions Manual

NAME: 1962 NO PROVIDER BILLING INDICATOR FOR DOS RANGE

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the classification of the billing provider is not valid for the entire DOS on the claim.

CRITERIA:

Set this edit if the classification of "billing" is not found for the entire dates of service submitted on the claim for the billing NPI.

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	1962	DENY

EOB: 1962 - THE CLASSIFICATION OF THE BILLING PROVIDER IS NOT VALID FOR THE ENTIRE DOS ON THE CLAIM. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
170	Payment is denied when performed/billed by this type of provider. Note:	20050630	22991231

Indiana Medicaid Resolutions Manual

Refer to the 835
Healthcare Policy
Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied.