

## Indiana Medicaid Resolutions Manual

**NAME:** 3932 NO PROC REIMB RULE FOR RENDERING PT/PS

**ERROR TYPE:** Rules Edit, Billing or Coverage

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if the rendering PT/PS is not within the rendering PT/PS restriction of the procedure reimbursement rule.

### CRITERIA:

Set this edit if the rendering PT/PS is not within the rendering PT/PS restriction of the procedure reimbursement rule with EOB 3930.

The detail FDOS/TDOS range is used to compare the rule effective dates.

This edit uses the variable PTPS in the reimbursement rules. This is used in the anesthesia reimbursement rules.

Reimbursement rules are located in Core MMIS under Main Menu>BPA>Business Rules Editor. Select RA for reimbursement agreement and select the appropriate RA rules for the procedure to display the rule configuration.

### 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
04	00	9999	SUSPEND

## Indiana Medicaid Resolutions Manual

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

Location	Region	EOB	Disposition
04	00	3930	DENY

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

Location	Region	EOB	Disposition
04	00	3930	DENY

**EOB: 3930** - PAYMENT IS NOT ALLOWED FOR THE RENDERING OR BILLING PROVIDER TYPE/SPECIALTY PERFORMING THE SERVICE.

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	19950101	22991231

## **Indiana Medicaid Resolutions Manual**

Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 3930.

