Indiana Medicaid Resolutions Manual

NAME: 3931   NO PROC REIMB RULE FOR BILLING PRIMARY PT/PS

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

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

CRITERIA:

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

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

Reimbursement Rules can be located in COREMMIS under Main Menu>BPA>Business Rules Editor. Select type RA for reimbursement agreement and select provider contract applicable to view the reimbursement 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:** Post

Location	Region	EOB	Disposition
04	00	3930	DENY

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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

METHOD OF CORRECTION:

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