

Indiana Medicaid Resolutions Manual

NAME: 4142 REND/BILLING PT/PS RSTN ON MBR REV RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the Rendering/Billing provider Type/Specialty is not eligible for the member coverage rule for the revenue code billed.

CRITERIA:

Set this edit if the Rendering/Billing provider Type/Specialty is not eligible for the member coverage rule for the revenue code billed with, EOB 1037.

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

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

Claim Type: C - Outpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

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Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

Claim Type: I - Inpatient Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

Claim Type: L - Long Term Care Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

EOB: 1037 - RENDERING/BILLING PROVIDER TYPE/SPECIALTY IS NOT ELIGIBLE FOR PROGRAM BILLED

ARC Code

204

ARC Description

This
service/equipment/drug
is not covered under
the patient's current
benefit plan

Effective Date

20070228

End Date

22991231

Remark Code

N95

Remark Description

This provider
type/provider
specialty may not bill
this service.

Effective Date

20010731

End Date

22991231

EOB: 9999 - PROCESSED PER POLICY.

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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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1037.

