

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4149 BILLING PT/PS RSTN ON PROC BILLING RULE (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when the claim is billed with provider type/provider specialty restriction on the procedure in the procedure billing rule.

### **CRITERIA:**

Set this edit if a claim is billed with a provider type/provider specialty restriction on the procedure in the procedure billing rule with, EOB 1012.

The procedure billing rules can be located in CoreMMIS>Main Menu>BPA>[procedure]>Open Tab>Procedure>Contract Billing Rules>[contract].

### **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	1012	DENY

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

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<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
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 1012.