

Indiana Medicaid Resolutions Manual

NAME: 4141 REND/BILLING PT/PS RSTN ON MBR PROC RULE
(DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the rendering/billing provider type and speciality is restricted on the member procedure rule.

CRITERIA:

Set this edit if the rendering/billing provider type and specialty is restricted on the member procedure rule with EOB 1037.

For the HIP benefit plan, the claim detail will post EOB 2043.

The detail will deny when the billing PT/PS is not within the PT/PS restriction for the member procedure coverage rule for the detail from/through dates of service .

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	1037	DENY

Claim Type: 0 - All Claim Types **Member Plan:** HIP **Status:** Post

Location	Region	EOB	Disposition
04	00	2043	DENY

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Claim Type: B - Professional 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

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

Claim Type: H - Home Health Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1037	DENY

Claim Type: M - Professional 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
00	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

Remark Description

Effective Date

End Date

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N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	20021031	22991231
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EOB: 2043 - THE MEMBER IS ENROLLED IN THE HEALTHY INDIANA PLAN. PLEASE SUBMIT CLAIM TO THE APPROPRIATE INSURER FOR THE MEMBER'S DATE OF SERVICE

ARC Code	ARC Description	Effective Date	End Date
109	Claim/service not covered by this payer/contractor. You must send the claim/service to the correct payer/contractor.	19950101	22991231

METHOD OF CORRECTION:

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

For HIP members claims setting this edit will be systematically denied with EOB 2043.

