

Indiana Medicaid Resolutions Manual

NAME: 4150 REND/FACILITY PT/PS RSTN 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 Rendering Provider Type/Provider Specialty billed does not match the criteria for the Procedure Billing Rule.

CRITERIA:

Set this edit if the claim is submitted with a rendering PT/PS that does not match the criteria for the Procedure Billing Rule with, EOB 1012.

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	1012	SUSPEND

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

Location	Region	EOB	Disposition
04	00	1012	DENY

Claim Type: D - Dental Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	1012	DENY

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims **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.

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 1012.