

Indiana Medicaid Resolutions Manual

NAME: 1936 INVALID INTERNAL BILLING PROV ID SPECIFIED - HDR

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the provider ID is not on file for the header DOS.

CRITERIA:

Set this edit if the provider ID is not on file for the header DOS with, EOB 1025.

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
01	00	1025	DENY

EOB: 1025 - BILLING PROVIDER NOT ENROLLED FOR THE DATE OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy	19950101	22991231

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Identification Segment
(loop 2110 Service
Payment Information
REF), if present.

Remark Code	Remark Description	Effective Date	End Date
N570	Missing/incomplete/invalid credentialing data.	20130301	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1025.