

Indiana Medicaid Resolutions Manual

NAME: 1805 BILLING PROV NOT ENROLLED ON HDR DOS - OOS

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the Out of State (OOS) billing provider is not both enrolled and eligible at the service location for the Benefit Plan billed on Header from date of service.

CRITERIA:

Set this edit if the provider database does not show the OOS billing provider as being enrolled and eligible in the Benefit Plan billed 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.	19950101	22991231

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Note: Refer to the 835
Healthcare Policy
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.