

Indiana Medicaid Resolutions Manual

NAME: 1003 BILLING PROV NOT ELIG AT SERV LOC ON DTL DOS (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the billing provider is not enrolled at the service location for the Detail "From" date of service.

CRITERIA:

Set this edit if the provider database does not show the billing provider is enrolled at the service location for the detail "From" date of service with, EOB 1003.

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	1003	DENY

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
01	00	9999	PAY

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
01	00	9999	PAY

Indiana Medicaid Resolutions Manual

EOB: 1003 - BILLING PROVIDER NOT ENROLLED AT THE SERVICE LOCATION SUBMITTED ON THE CLAIM FOR THE PROGRAM BILLED FOR THE DATES OF SERVICE. PLEASE VERIFY PROVIDER NUMBER AND SERVICE LOCATION AND RESUBMIT.

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 Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

METHOD OF CORRECTION:

Indiana Medicaid Resolutions Manual

Claims setting this edit will be systematically denied with EOB 1003.

