

Indiana Medicaid Resolutions Manual

NAME: 927 PROV ELIGIBLE WITHOUT SPECIALTY

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit whe the provider is eligible for the dates of service on the claim but there is no specialty for the dates of service.

CRITERIA:

Set this edit if the rendering is eligible but no specialty is found for the dates of service on the claim, with EOB 1033.

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
01	00	9999	PAY

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

Location	Region	EOB	Disposition
01	00	1033	DENY
01	70	1033	PAY
01	72	1033	PAY
01	73	1033	PAY
01	74	1033	PAY

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EOB: 1033 - PROVIDER DOES NOT HAVE A SPECIALTY IDENTIFIED FOR THE DATES OF SERVICE. CONTACT PROVIDER ENROLLMENT FOR RESOLUTION

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

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:

Claims setting this edit will be systematically denied with EOB 1033.

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Encounter claims will post and pay for this edit.

