

Indiana Medicaid Resolutions Manual

NAME: 1002 REND PROV NOT ELIGIBLE (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the rendering 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 rendering provider is enrolled at the service location for the detail "from" date of service with, EOB 1004.

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	SUSPEND

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

Location	Region	EOB	Disposition
01	00	1004	DENY

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

Location	Region	EOB	Disposition
01	00	1004	DENY

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

Location	Region	EOB	Disposition
01	00	1004	DENY

EOB: 1004 - RENDERING 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
185	The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	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:

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Claims setting this edit will be systematically denied with EOB 1004.

