

## **Indiana Medicaid Resolutions Manual**

**NAME:** 1937 INVALID INTERNAL RENDERING PROV SPECIFIED - HDR

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when an the rendering provider cannot be located on the provider table at the header.

### **CRITERIA:**

Set this edit if the claim is an adjustment or a data corrected claim where the performing provider ID was keyed in by the user and the internal performing provider ID can not be found in the provider table.

### **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	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.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
185	The rendering provider is	20050630	22991231

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not eligible to perform the  
service billed. Note: Refer  
to the 835 Healthcare  
Policy Identification  
Segment (loop 2110  
Service Payment  
Information REF), if  
present.

### **METHOD OF CORRECTION:**

Have SE review the logs to identify missing provider id from t\_pr\_identifier. Provide that data to the BPA reference team to research why the rendering/performing provider id is missing.