

Indiana Medicaid Resolutions Manual

NAME: 1803 REND PROV NOT ELIGIBLE FOR PARTIAL DOS (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a claim was billed and the rendering provider number is not eligible for partial date of service.

CRITERIA:

Set this edit if a the claim was submitted and the rendering provider is not eligible for a partial date of service billed 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
00	00	1003	DENY

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	19950101	22991231

Indiana Medicaid Resolutions Manual

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.

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 1003.