

Indiana Medicaid Resolutions Manual

NAME: 1024 PROV NOT LISTED AS MBR LOC PROV (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the billing provider is not the same provider listed in the member's level of care screen, for date of service billed.

CRITERIA:

Set this edit if the billing provider is not the same provider listed in the member's assignment plan (Benefit plan group 2002 LOC) from the member's LOC panel, with EOB 1024.

The system will also check Revenue Group Type 1004 -LTC Level of Care Monitoring as part of the validation, however for Indiana Policy all Revenue Codes are listed here to prevent inappropriate denials.

Reference Benefit Plan Group 2002 located in Core MMIS>Main Menu>BPA>Related Data>Open Tab>Other>Benefit Plan Group Type.

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

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Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1024	DENY

EOB: 1024 - BILLING PROVIDER IS NOT MEMBERS LISTED LONG TERM CARE PROVIDER. PLEASE VERIFY PROVIDER NUMBER 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

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 1024.

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