

Indiana Medicaid Resolutions Manual

NAME:	1032	INVALID CLAIM TYPE	PROVIDER TYPE/SPECIALTY (HDR)
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ERROR TYPE: Form Audit

HEADER/DETAIL: Header**OVERRIDABLE:** Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if a claim type submitted by provider type/specialty 37/370 is not A, B, or C

CRITERIA:

Set this edit if a claim type submitted by provider type/specialty 37/370 is not A, B, or C, with EOB 1032.

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	1032	DENY

EOB: 1032 - BILLING PROVIDER IS NOT ELIGIBLE TO BILL THIS CLAIM TYPE.

ARC Code	ARC Description	Effective Date	End Date
B7	This provider was not certified/eligible to be paid for this procedure/service on	19950101	22991231

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this date of service.
Usage: Refer to the
835 Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1032.