

Indiana Medicaid Resolutions Manual

NAME: 1806 BILLING PROV NOT ELIG ON DTL DOS - OOS (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the billing provider number is not enrolled for the benefit plan on the detailed date of service.

CRITERIA:

Set this edit when the billing provider number is not enrolled for the benefit plan on the detailed date of service with, EOB 1001.

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	1001	DENY

EOB: 1001 - BILLING PROVIDER NOT ENROLLED FOR THE PROGRAM BILLED.
PLEASE VERIFY AND RESUBMIT.

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

Indiana Medicaid Resolutions Manual

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 1001.