

Indiana Medicaid Resolutions Manual

NAME: **1010 REND PROV NOT MEMBER OF BILLING PROV GROUP (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the rendering provider is not a member of the billing group.

CRITERIA:

Set this edit if the rendering provider submitted on the claim is not a member of the billing group's service location (Group classification on the provider file), with EOB 1010. If the Rendering Provider number is the same as the Billing Provider number, then bypass this edit.

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

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	PAY
01	91	1010	SUSPEND

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
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00	00	1010	PAY
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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	DENY
01	91	1010	SUSPEND

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	PAY
01	91	1010	SUSPEND

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	DENY
01	91	1010	SUSPEND

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	DENY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	DENY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	DENY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	PAY

Claim Type: D - Dental Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	PAY

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Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	DENY
00	91	1010	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	DENY
01	91	1010	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
00	00	1010	PAY
00	91	1010	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	DENY
01	91	1010	SUSPEND

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1010	PAY
01	91	1010	SUSPEND

EOB: 1010 - RENDERING PROVIDER IS NOT AN ELIGIBLE MEMBER OF BILLING GROUP OR THE GROUP PROVIDER NUMBER IS REPORTED AS THE RENDERING PROVIDER. PLEASE VERIFY PROVIDER NUMBER AND RESUBMIT.

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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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N570	Missing/incomplete/invalid credentialing data.	20130301	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. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 1010.
For special batch claims, follow special instructions to adjudicate the claim.

