

## Indiana Medicaid Resolutions Manual

**NAME:** 1001 BILLING PROV NOT ENROLLED AT SVC LOC ON HDR  
DOS

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit if the billing provider is not enrolled at the service location for the Header "from" date of service.

### CRITERIA:

Set this edit if the provider database does not show the billing provider is enrolled at the service location for the header "from" date of service 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:** Do Not Post

Location	Region	EOB	Disposition
01	00	1003	DENY

**Claim Type:** A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1003	DENY

**Claim Type:** I - Inpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
01	00	1003	DENY

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**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.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
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

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N570	Missing/incomplete/invalid credentialing data.	20130301	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 1003.