

## **Indiana Medicaid Resolutions Manual**

**NAME:** 2057 OBSOLETE MBR NOT ELIGIBLE ON ALL DOS (DTL)

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the member is not eligible for IHCP be when the time the service was provided.

### **CRITERIA:**

Set this edit if the date(s) of service on the claim does not match the eligibility dates on the member database for- Eligibility screen with, EOB 2004.

### **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 |
|----------|--------|------|-------------|
| 02       | 00     | 9999 | SUSPEND     |

**Claim Type:** M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB  | Disposition |
|----------|--------|------|-------------|
| 02       | 00     | 2004 | DENY        |
| 02       | 50     | 9999 | SUSPEND     |
| 02       | 51     | 9999 | SUSPEND     |
| 02       | 52     | 9999 | SUSPEND     |
| 02       | 55     | 9999 | SUSPEND     |
| 02       | 64     | 9999 | SUSPEND     |

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**Claim Type:** M - Professional Claims      **Member Plan:** PASMI      **Status:** Do Not Post

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 02              | 00            | 9999       | SUSPEND            |

**Claim Type:** M - Professional Claims      **Member Plan:** MRT      **Status:** Do Not Post

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 02              | 00            | 9999       | SUSPEND            |

**Claim Type:** M - Professional Claims      **Member Plan:** PASMR      **Status:** Do Not Post

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 02              | 00            | 9999       | SUSPEND            |

**Claim Type:** O - Outpatient Claims      **Member Plan:** ALL      **Status:** Do Not Post

| <b>Location</b> | <b>Region</b> | <b>EOB</b> | <b>Disposition</b> |
|-----------------|---------------|------------|--------------------|
| 02              | 00            | 2004       | DENY               |
| 02              | 50            | 9999       | SUSPEND            |
| 02              | 51            | 9999       | SUSPEND            |
| 02              | 52            | 9999       | SUSPEND            |
| 02              | 55            | 9999       | SUSPEND            |
| 02              | 64            | 9999       | SUSPEND            |

**EOB: 2004** - MEMBER NOT ELIGIBLE FOR INDIANA HEALTH COVERAGE PROGRAM BENEFITS FOR DATES OF SERVICE.

| <b>ARC Code</b> | <b>ARC Description</b>                       | <b>Effective Date</b> | <b>End Date</b> |
|-----------------|--|-----------------------|-----------------|
| 31              | Patient cannot be identified as our insured. | 19950101              | 22991231        |

**EOB: 9999** - PROCESSED PER POLICY.

| <b>ARC Code</b> | <b>ARC Description</b>  | <b>Effective Date</b> | <b>End Date</b> |
|-----------------|---|-----------------------|-----------------|
| 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 | 19950101              | 22991231        |

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Identification Segment  
(loop 2110 Service  
Payment Information  
REF), if present.

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 2004.

