

Indiana Medicaid Resolutions Manual

NAME: 2003 MBR NOT ELIGIBLE FOR DTL 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 at least one valid benefit plan for the detailed date of service.

CRITERIA:

Set this edit if the member does not have at least one active benefit plan for the entire date of service spanned at the detail, with EOB 2003.

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	2003	DENY

EOB: 2003 - MEMBER NOT ELIGIBLE FOR INDIANA HEALTH COVERAGE PROGRAM BENEFITS FOR DATES OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
31	Patient cannot be identified as our insured.	19950101	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2003.