

Indiana Medicaid Resolutions Manual

NAME: 2009 MBR INELIGIBLE ON HDR DOS (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member is not eligible for at least one valid benefit plan for the header 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 header, with EOB 2009.

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
00	00	9999	PAY

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

Location	Region	EOB	Disposition
02	00	2009	DENY

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

Location	Region	EOB	Disposition
02	00	2009	DENY

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Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
02	00	2009	DENY

EOB: 2009 - 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

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

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 2009.