

Indiana Medicaid Resolutions Manual

NAME: 2051 OBSOLETE-MBR INVALID FOR DATE(S) OF SERVICE

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

OBSOLETE-Set this edit if the Member ID that was billed is a Presumptive Eligibility (PE) (550) Member ID and is outside of the PE eligibility time frame.

CRITERIA:

If the date(s) of service on the claim are billed outside of the PE eligibility segment for a member, the provider must submit the claim with the appropriate Medicaid Member ID. If the Member ID is a PE (550) and HPE (600) Set this edit with EOB 2051.

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:** PASMI **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: 0 - All Claim Types **Member Plan:** MRT **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

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Claim Type: 0 - All Claim Types **Member Plan:** PASMR **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 9999 | PAY |

Claim Type: A - Inpatient Xover Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 2051 | DENY |

Claim Type: I - Inpatient Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 2051 | DENY |

Claim Type: L - Long Term Care Claims **Member Plan:** ALL **Status:** Do Not Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 2051 | DENY |

EOB: 2051 - PE RID INVALID FOR DATES OF SERVICE. PLEASE VERIFY ELIGIBILITY AND RESUBMIT WITH APPROPRIATE MEMBER ID.

| 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 | 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 2051.

