

Indiana Medicaid Resolutions Manual

NAME: 2999 CLAIM BILLED MBR ID INACTIVE (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member number billed on the claim is the member's PCN rather than the RID assigned in the new system.

CRITERIA:

Set this edit if a claim is submitted with a Member ID that is not on file, the member ID must be checked to see if it is a valid PCN (any other member ID's linked) number. If another member ID is found the claim will post and pay with EOB 2999.

If no other ID is found, the claim will set for edit 2001.

If there is a valid PCN number, the submitted PCN will be overlaid with the linked RID to process the claim.

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:** PEPW **Status:** Do Not Post

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

Claim Type: 0 - All Claim Types **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 02 | 00 | 2999 | PAY |
| 02 | 30 | 9999 | PAY |
| 02 | 32 | 9999 | PAY |

Indiana Medicaid Resolutions Manual

| | | | |
|----|----|------|-----|
| 02 | 33 | 9999 | PAY |
| 02 | 34 | 9999 | PAY |
| 02 | 70 | 9999 | PAY |
| 02 | 72 | 9999 | PAY |
| 02 | 73 | 9999 | PAY |
| 02 | 74 | 9999 | PAY |

Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

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

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

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

Claim Type: M - Professional Claims

Member Plan: PASMRR

Status: Do Not Post

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

EOB: 2999 - THIS CLAIM HAS BEEN BILLED WITH A MEMBER IDENTIFICATION NUMBER WHICH IS NO LONGER ACTIVE FOR BILLING PURPOSES. PLEASE UPDATE YOUR RECORDS.

ARC Code

31

ARC Description

Patient cannot be identified as our insured.

Effective Date

19950101

End Date

22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code

97

ARC Description

The benefit for this service is included in the payment/allowance for another

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

service/procedure that
has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be set to post and pay with EOB 2999.

