

Indiana Medicaid Resolutions Manual

NAME: 2054 UNABLE TO DETERMINE MEMBER AID CATEGORY

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the member's AID category is not found for the DOS.

CRITERIA:

Set this edit if a valid aid category for the member cannot be determined with, EOB 2064.

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
02	00	2064	DENY

EOB: 2064 - MEMBER AID CATEGORY NOT FOUND FOR THE DATE OF SERVICE.

ARC Code	ARC Description	Effective Date	End Date
204	This service/equipment/drug is not covered under the patient's current benefit plan	20070228	22991231

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Remark Code	Remark Description	Effective Date	End Date
N130	Consult plan benefit documents/guidelines for information about restrictions for this service.	20021031	22991231

METHOD OF CORRECTION:

Claims failing this edit will be systematically denied with EOB 2064.