

Indiana Medicaid Resolutions Manual

NAME: 237 MBR 1ST NAME IS MISSING/INVALID (HDR)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the member's first name is missing or invalid.

CRITERIA:

Set this edit if the member's last name is missing or invalid, with EOB 0513.

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	0513	DENY

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

Location	Region	EOB	Disposition
02	00	0513	DENY

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

Location	Region	EOB	Disposition
00	00	0513	PAY

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EOB: 0513 - MEMBERS NUMBER DOES NOT MATCH THE MEMBERS NAME. PLEASE VERIFY AND RESUBMIT

ARC Code	ARC Description	Effective Date	End Date
140	Patient/Insured health identification number and name do not match.	19990630	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0513.