

Indiana Medicaid Resolutions Manual

NAME: 546 INVALID ADJUSTMENT MEMBER MEDICAID ID NOT SUBMITT

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when an adjustment is submitted and the Medicaid ID cannot be found.

CRITERIA:

Set this edit when an adjustment is submitted and the Medicaid ID cannot be found with EOB 0203.

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	0203	DENY

EOB: 0203 - MEMBER I.D. NUMBER IS MISSING-PLEASE PROVIDE AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use	19950101	22991231

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this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Code	Remark Description	Effective Date	End Date
N382	Missing/incomplete/invalid patient identifier.	20070401	22991231

METHOD OF CORRECTION:

Claims Setting this edit will be systematically denied with EOB 0203.