

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4173 MCE NOT ACTIVE FOR DOS (HDR)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the MCE ID on the claim is valid but the dates of service on the claim are not within the active dates of MCE participation in the IHCP program.

### **CRITERIA:**

Set this edit if the dates of service on the claim are not within the active dates of MCE participation in the IHCP program.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	9999	PAY
00	30	4171	DENY
00	32	4171	DENY
00	33	4171	DENY
00	34	4171	DENY
00	70	4171	DENY
00	72	4171	DENY
00	73	4171	DENY
00	74	4171	DENY

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**EOB: 4171** - THIS MCE ID IS NOT ACTIVE WITH THE IHCP FOR THE DATES OF SERVICE SUBMITTED ON THE CLAIM.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
256	Service not payable per managed care contract.	20130602	22991231

<b>Remark Code</b>	<b>Remark Description</b>	<b>Effective Date</b>	<b>End Date</b>
N52	Patient not enrolled in the billing provider's managed care plan on the date of service.	20000101	22991231

**EOB: 9999** - PROCESSED PER POLICY.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

### **METHOD OF CORRECTION:**

Claims that post this edit will systematically deny.

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