

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4405 Missing Caregiver name/rel to member

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

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** Y

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Caregiver name and relationship to the member required for Structured Family Caregiving and Attendant Care.

### **CRITERIA:**

Deny the claim if a claim note is missing or missing the required information, the name of the individual providing the service and relationship to the member.

### **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
20	00	4405	DENY
20	35	4405	PAY
20	36	4405	PAY
20	37	4405	PAY
20	38	4405	PAY
20	91	4405	SUSPEND

**EOB: 4405** - Missing Family/Attendant Caregiver name and relationship to member

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 4405.