

## **Indiana Medicaid Resolutions Manual**

**NAME:**                    **564      INVALID ADJUSTMENT MEMBER IDS DO NOT MATCH (HDR)**

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:**    N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if member ID's don't match between the original and adjusted claim.

### **CRITERIA:**

Set this edit if the member ID's don't match between the original and adjusted claim, with EOB 0589.

### **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>
02	00	0589	DENY

**EOB: 0589** - THE MEMBER ID SUBMITTED FOR THIS ADJUSTMENT DOES NOT MATCH THE MEMBER ID OF THE ORIGINAL PAID CLAIM, THEREFORE YOUR CLAIM HAS BEEN DENIED. PLEASE SUBMIT A NEW CLAIM FOR ADJUDICATION.

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
16	Claim/service lacks information or has submission/billing error(s)	19950101	22991231

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which is needed for adjudication. Do not use 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.

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

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically denied with EOB 0589.