

*Note: The numbers in parentheses that precede some article titles are for EDS internal use only.*

## **(352) Patient (Dependent) Not Subscriber**

Prior to June 6, 2005, the IHCP ignored patient Loops 2000C and 2010CA because the IHCP members and subscribers were always the same as the patient.

As of June 6, 2005, the system began editing claims with a new Biller Summary edit (301) to ensure that the subscriber's Medicaid ID (Loop 2010BA Subscriber Name NM109) matches the patient's Medicaid ID (Loop 2010CA Patient Name NM109), if submitted.

**Vendor Testing Start Date: May 01, 2005**

**Production Release Date: June 6, 2005**

### **Impact**

#### **837(I,P,D)**

Refer to the [Companion Guide: 837 Institutional Claims and Encounters Transaction](#), [Companion Guide: 837 Professional Claims and Encounters Transaction](#), and [Companion Guide: 837 Dental Claims Transaction](#) that reflect the modifications as they are implemented.