

Indiana Medicaid Resolutions Manual

NAME: **543 ADJUSTMENT AUTO-DENIAL (HDR)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when an adjustment has a full refund, recoupment or voided check.

CRITERIA:

Set this edit when an adjustment has a full refund, full recoupment, or a voided check, with EOB 0543.

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
00	00	9999	PAY
00	32	0543	DENY
00	33	0543	DENY
00	50	0543	DENY
00	51	0543	DENY
00	52	0543	DENY
00	54	0543	DENY
00	55	0543	DENY
00	56	0543	DENY
00	57	0543	DENY
00	64	0543	DENY
00	72	0543	DENY
00	73	0543	DENY

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EOB: 0543 - ADJUSTMENT DENIED BECAUSE OF A FULL REFUND, FULL RECOUPMENT, OR VOIDED CHECK RELATED.

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). 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.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N180	This item or service does not meet the criteria for the category under which it was billed.	20030228	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance for another	19950101	22991231

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service/procedure that
has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0543.

