

## Indiana Medicaid Resolutions Manual

**NAME:** 665 ELECTRONIC VOID OF PREVIOUSLY PROCESSED CLAIM HDR

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### DESCRIPTION:

Set this edit when an electronic void of a previously processed claim is in a non-denied status (paid or suspended).

### CRITERIA:

Set this edit when an electronic void of a previously processed claim is in a non-denied status (paid or suspended) with, EOB 0120.

### 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	56	0120	DENY
00	57	0120	DENY
00	63	0120	DENY

**EOB: 0120 - ELECTRONIC VOID OF PREVIOUSLY PROCESSED CLAIM**

ARC Code	ARC Description	Effective Date	End Date
96	Non-covered charge(s). At least one Remark Code	19950101	22991231

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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>
N180	This item or service does not meet the criteria for the category under which it was billed.	20030228	22991231

### **METHOD OF CORRECTION:**

Claims setting this edit will be systematically deny according to IHCP policy.