

## **Indiana Medicaid Resolutions Manual**

**NAME:** 660 INVALID REPLACEMENT ORIGINAL CLAIM DENIED

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

**HEADER/DETAIL:** Header

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit when an invalid Adjustment Reason Code (ARC ) is submitted in the header and/or detail Other Payer CAS (Claims Adjustment segment ), and it is enforced for regular and Voids/Replacement submission types.

### **CRITERIA:**

The submitted ARC codes at the header and/or detail are validated against the T\_CDE\_HIPAA\_ADJRSN table. If at least one is found to be invalid, the edit sets.

### **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> |
|-----------------|---------------|------------|--------------------|
| 00              | 00            | 0122       | DENY               |

**EOB: 0122 - INVALID REPLACEMENT/VOID ORIGINAL CLAIM DENIED/SUSPENDED**

| <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> |
|--------------------|---|-----------------------|-----------------|
| N142               | The original claim was denied. Resubmit a new claim, not a replacement claim. | 20021031              | 22991231        |

### **METHOD OF CORRECTION:**

Claims setting this edit will systematically denied.