

Indiana Medicaid Resolutions Manual

NAME: 661 INVALID REPLACEMENT/VOID ORIGINAL CLAIM
SUSPENDED

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Header

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if an electronic replacement is submitted for a claim that is suspended.

CRITERIA:

Set this edit if an electronic replacement is submitted for a claim that is in suspense with, EOB 0122.

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	0122	DENY

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

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use	19950101	22991231

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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.

Remark Code	Remark Description	Effective Date	End Date
N142	The original claim was denied. Resubmit a new claim, not a replacement claim.	20021031	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 0122.