

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

## (36) Voids and Replacements

As stated in the [Companion Guide: 837 Institutional Claims and Encounters Transaction](#), [Companion Guide: 837 Professional Claims and Encounters Transaction](#), and [Companion Guide: 837 Dental Claims Transaction](#), the Indiana Health Coverage Programs (IHCP) processes all 837 claims submitted as an original claim (CLM05-3, Claim frequency code = 1).

With the implementation of the electronic voids and replacements process, providers can submit a request to void (CLM05-3 = 8) or replace (CLM05-3 = 7) claim information electronically. Any previously submitted claim can be replaced or voided electronically. For the IHCP to identify the original claim being voided or replaced, the Original Reference Number (ICN/DCN) segment of Loop 2300 must be submitted and the Claim Original Reference Number (REF02) must contain the original claim ICN.

- Request for replacements (previously called adjustment requests) must be submitted with claim frequency code 7 and becomes a totally new claim (including attachments and claim notes).
- Request for replacement can be submitted, on the same day, same week, or post-financial of the original claim submission.
- Request for voids (claim reversal) must be submitted with claim frequency code 8.
- Request for a void can be submitted, on the same day, same week, or post-financial of the original claim submission and is the cancellation of the entire claim.

Additional Biller Summary edits reflect incorrect submission of a void or replacement request.

**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 reflects the modifications as they are implemented. This also included coordination of benefits (COB) claims (such as crossover).

#### **Biller Summary Reports**

Refer to the IHCP [Companion Guid:– Electronic Data Interchange Reports and Acknowledgements](#) for the additional rejection edits.

#### **835 Remittance Advice (RA) Transaction**

Replacements process for claims in pre-financial are reported using the current region codes on the ICN. The new region codes only appear when the replacement is post-financial, because both claims have completed the processing cycle and adjudicated.