**67:16:35:01.  Definitions.** Terms used in this chapter mean:

(1)  "Adjustment/void claim form," a form that is used to adjust or void a previously paid claim;

(2)  "Cross-over claim form," a form used to record the Medicare co-insurance and deductible payments for recipients who are eligible for both Medicare and Medicaid;

(3)  "Denied claim," a claim that does not qualify for a medical assistance payment;

(4)  "Pended claim," a claim which has not been paid or denied but is being reviewed for final action; and

(5)  "Remittance advice," a document sent to the provider which contains the status of claims submitted by that provider.

**Source:** 17 SDR 4, effective July 16, 1990; 17 SDR 184, effective June 6, 1991; 26 SDR 168, effective July 1, 2000.

**General Authority:** SDCL 28-6-1.

**Law Implemented:** SDCL 28-6-1.