

Indiana Medicaid Resolutions Manual

NAME: 3324 NON-COVERED MODIFIER DUE TO CMS TERMINATION (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the modifier submitted for the detail date of service is terminated by CMS.

CRITERIA:

Set this edit if the detail from date of service is greater than or equal to the CMS termination date of the Modifier with, EOB 3324.

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	3324	DENY

EOB: 3324 - THE MODIFIER BILLED IS NON-COVERED DUE TO CMS TERMINATION

ARC Code	ARC Description	Effective Date	End Date
182	Procedure modifier was invalid on the date of service.	20050630	22991231

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METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 3324.