

Indiana Medicaid Resolutions Manual

NAME: 251 1ST MODIFIER INVALID (DTL)

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the first modifier submitted is not valid for the DOS.

CRITERIA:

Set this edit if the first modifier is not valid (2 digits) for the from date of service, with EOB 4224.

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	4224	DENY

EOB: 4224 - THE FIRST MODIFIER IS NOT VALID FOR THE DATES OF SERVICE BILLED. PLEASE REFER TO YOUR PROVIDER MANUAL TO VERIFY AND RESUBMIT.

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 4224.