

Indiana Medicaid Resolutions Manual

NAME: 4033 Modifier billed is not valid with procedure code

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: N

DESCRIPTION:

Set this edit if the modifier 62, 66, 80, 81, 82 or AS is not allowed with a procedure code for the billed dates of service.

CRITERIA:

Set this edit if modifier 62, 66, 80, 81, 82 or AS is not allowed with a procedure code for the billed dates of service.

The IHCP applies the Centers for Medicare and Medicaid Services (CMS) guidelines when reimbursing procedures reported with modifier 62, 66, 80, 81, 82, or AS. Reimbursement is based on the CMS National Physician Fee Schedule (NPFS) Relative Value File Status Indicators. Procedures with an indicator of 0 or 9 will deny when billed with modifier 62 or 66. Procedures with an indicator of 1 or 9 will deny when billed with modifier 80, 81, 82 or AS.

The indicator can be viewed from the procedure code panel located in CoreMMIS under Main Menu>BPA>Procedure>[procedure code]>Open Tab>Procedure>RBRVS.

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:** Do Not Post

Location	Region	EOB	Disposition
21	00	9999	PAY

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Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	4033	DENY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
21	00	4033	DENY

EOB: 4033 - THE MODIFIER USED IS NOT COMPATIBLE WITH THE PROCEDURE CODE BILLED. PLEASE VERIFY AND RESUBMIT.

ARC Code	ARC Description	Effective Date	End Date
4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	19950101	22991231

Remark Code	Remark Description	Effective Date	End Date
N519	Invalid combination of HCPCS modifiers.	20090701	22991231

EOB: 9999 - PROCESSED PER POLICY.

ARC Code	ARC Description	Effective Date	End Date
97	The benefit for this service is included in the payment/allowance	19950101	22991231

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for another
service/procedure that
has already been
adjudicated. Usage:
Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4033.

