

Indiana Medicaid Resolutions Manual

NAME: **4087 INVALID MODIFIER/MODIFIER COMBINATION (DTL)**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this Form edit if the modifiers billed for the procedure detail are an invalid combination.

CRITERIA:

Set this edit if the modifiers billed for the procedure detail are an invalid combination per the modifier/modifier table, Set this edit with EOB 4011.

Form Edit 4087 can be found by going to Main Menu, BPA, Business Rules Editor, and select Form Edits, Edit 4087. The modifier to modifier invalid combination is listed in the rule configuration.

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
04	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4011	DENY
04	64	9999	PAY

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Claim Type: M - Professional Claims

Member Plan: PASMI

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: PASMR

Status: Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4011	DENY
04	30	4011	PAY
04	32	4011	PAY
04	33	4011	PAY
04	34	4011	PAY
04	64	9999	PAY
04	70	4011	PAY
04	72	4011	PAY
04	73	4011	PAY
04	74	4011	PAY

Claim Type: M - Professional Claims

Member Plan: MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
04	00	9999	PAY

EOB: 4011 - INVALID MODIFIER COMBINATION.

ARC Code

4

ARC Description

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.

Effective Date

19950101

End Date

22991231

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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 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.	19950101	22991231

METHOD OF CORRECTION:

Claims setting this edit will be systematically denied with EOB 4011.

