

Indiana Medicaid Resolutions Manual

NAME: **4070 MODIFIER RESTRICTION FOR PROC**
REIMBURSEMENT RULE

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if the modifiers are not within the modifier restriction for the procedure reimbursement rule.

CRITERIA:

Set this edit if the modifiers are not within the modifier restriction for the procedure reimbursement rule with, EOB 3930.

The detail FDOS/TDOS range is used to compare to the rule effective dates.

Reimbursement Rules can be found in Core MMIS under Main Menu > Reference > BPA > Procedure > Open Tab > Business Rules Editor.

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	30	3930	DENY
00	32	3930	DENY
00	33	3930	DENY
00	34	3930	DENY
00	70	3930	DENY
00	72	3930	DENY
00	73	3930	DENY

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00	74	3930	DENY
80	00	3930	SUSPEND

EOB: 3930 - PAYMENT IS NOT ALLOWED FOR THE RENDERING OR BILLING PROVIDER TYPE/SPECIALTY PERFORMING THE SERVICE.

ARC Code	ARC Description	Effective Date	End Date
170	Payment is denied when performed/billed by this type of provider. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	20050630	22991231

Remark Code	Remark Description	Effective Date	End Date
N95	This provider type/provider specialty may not bill this service.	20010731	22991231

METHOD OF CORRECTION:

Suspended claims should be forwarded to the BPA unit for further review to analyze why there is no reimbursement rule found for the revenue/procedure code combination and to determine a rate for pricing.

If it is determined by the BPA team the edit set appropriately, the detail will be denied with EOB 3930.