

Indiana Medicaid Resolutions Manual

NAME: 4257 MODIFIER RSTN FOR PROC BILLING RULE (DTL)

ERROR TYPE: Rules Edit, Billing or Coverage

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when the modifier submitted is not compatible with the restriction in the procedure code billing rule.

CRITERIA:

Set this edit if the claim is submitted with a modifier that is not compatible with the procedure code restriction in the billing rule with, EOB 4033.

The modifier restriction rules can be found in the Contract Billing Rules in the procedure file following the path: Main Menu > BPA > Procedure > [procedure code] > Open Tab > Procedure > Contract Billing Rules > Select a provider contract.

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
04	00	4033	DENY

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

Indiana Medicaid Resolutions Manual

ARC Code	ARC Description	Effective Date	End Date
4	The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: 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

METHOD OF CORRECTION:

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