

Indiana Medicaid Resolutions Manual

NAME: **4195 MULTIPLE UNIT OF SVC CANNOT BE BILLED W/MOD
50 DTL**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: Y

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit when an outpatient claim detail includes a procedure code with modifier 50 and the line quantity is greater than 1.

CRITERIA:

Set this edit when an outpatient claim detail includes a procedure code with modifier 50 and the line quantity is greater than 1 with, EOB 4195.

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
00	00	9999	PAY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Post

Location	Region	EOB	Disposition
00	30	9999	PAY
00	32	9999	PAY
00	33	9999	PAY
00	34	9999	PAY
00	70	9999	PAY
00	72	9999	PAY

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00	73	9999	PAY
00	74	9999	PAY
04	00	4195	DENY
04	52	4195	SUSPEND
04	80	4195	SUSPEND
04	91	4195	SUSPEND

EOB: 4195 - MULTIPLE UNITS OF SERVICE CANNOT BE BILLED WHEN MODIFIER 50 IS APPENDED TO REPRESENT BILATERAL SERVICE

ARC Code	ARC Description	Effective Date	End Date
236	This procedure or procedure/modifier combination is not compatible with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding Initiative or workers compensation state regulations/ fee schedule requirements.	20110130	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 for another service/procedure that has already been adjudicated. Usage:	19950101	22991231

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Refer to the 835
Healthcare Policy
Identification
Segment (loop 2110
Service Payment
Information REF), if
present.

METHOD OF CORRECTION:

Claims failing this edit will be systematically denied with EOB 4195.

Claims suspended for Region 91 (Special Batch) will be worked by the Healthcare Administrative Review Specialist who will confer with OMPP for authority to override this edit.

Claims suspended for Regions 52 (Mass Replacements) and 80 (Reprocessed Denied Claims), will be worked by the resolutions staff. The suspended claim will be reviewed by utilizing the claim in the Claims History panel. This panel shows the history claim that the suspended detail is editing against. The resolutions staff will pull up the claim that is in the Claims History panel, check yes for the void/replacement history on inquiry window. If the resolutions staff determines that the claim is the mom of the mass adjusted or reprocessed claim, then force the detail. If the claim is not the claim that is being mass adjusted or replaced, then deny the detail.

