NAME: **4234 OBSOLETE MODIFIER NOT VALID FOR CLAIM TYPE**

ERROR TYPE: Form Edit

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

OBSOLETE-Set this edit when the first, second, third or fourth modifier is invalid for medical or outpatient claim types.

CRITERIA:

When modifiers 27, 73, and 74 are submitted as the first, second, third or fourth modifier on a medical claim, Set this edit with EOB 4234.

When any modifier other than 25, 27, 50, 52, 58, 59, 73, 74, 76, 77, 78, 79, 91, E1, E2, E3, E4, F1, F2, F3, F4, F5, F6, F7, F8, F9, FA, GT, LC, LD, LT, QM, QN, RC, RT, T1, T2, T3, T4, T5, T6, T7, T8, T9, TA or TC is submitted as the first, second, third or fourth modifier on an outpatient claim, Set this edit with EOB 4234.

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: 0 - All Claim Types **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMI **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** PASMR **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** MRT **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	9999	PAY

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	4234	DENY

Claim Type: O - Outpatient Claims **Member Plan:** ALL **Status:** Do Not Post

Location	Region	EOB	Disposition
00	00	4234	DENY

EOB: 4234 - FIRST, SECOND, THIRD, OR FOURTH MODIFIER NOT VALID FOR CLAIM TYPE

ARC Code	ARC Description	Effective Date	End Date
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note:	19950101	22991231

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

Remark Code	Remark Description	Effective Date	End Date
M60	Missing Certificate of Medical Necessity.	19970101	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. Note: 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 4234.