

## **Indiana Medicaid Resolutions Manual**

**NAME:** 4245 4TH MODIFIER INVALID (DTL)

**ERROR TYPE:** Batch Edit, Hard Coded

**HEADER/DETAIL:** Detail

**OVERRIDABLE:** N

**ALLOW DENIAL:** Y

### **DESCRIPTION:**

Set this edit if the fourth modifier submitted is not valid for the DOS.

### **CRITERIA:**

Set this edit if the fourth modifier is not valid (2 digits) for the from date of service, with EOB 4227.

### **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

<b>Location</b>	<b>Region</b>	<b>EOB</b>	<b>Disposition</b>
00	00	4227	DENY

**EOB: 4227 - THE FOURTH MODIFIER IS NOT VALID FOR THE DATES OF SERVICE BILLED. PLEASE REFER TO YOUR PROVIDER MANUAL TO VERIFY AND RESUBMIT.**

<b>ARC Code</b>	<b>ARC Description</b>	<b>Effective Date</b>	<b>End Date</b>
182	Procedure modifier was invalid on the date of service.	20050630	22991231

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### **METHOD OF CORRECTION:**

Claims setting this edit will be systemically denied with EOB 4227.