

Indiana Medicaid Resolutions Manual

NAME: 4400 INAPPROPRIATE USE MODIFIERS 50/RT/LT SAME DETAIL

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

CRITERIA:

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 |
|----------|--------|-----|-------------|
|----------|--------|-----|-------------|

Claim Type: B - Professional Xover Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 21 | 00 | 6426 | DENY |

Claim Type: M - Professional Claims **Member Plan:** ALL **Status:** Post

| Location | Region | EOB | Disposition |
|----------|--------|------|-------------|
| 21 | 00 | 6426 | DENY |

EOB: 6426 - MODIFIERS 50, RT, AND LT, WHICH WERE BILLED FOR THIS SERVICE, ARE NOT BILLABLE TOGETHER. PLEASE CORRECT AND RESUBMIT.

| | | | |
|-----------------|------------------------|-----------------------|-----------------|
| ARC Code | ARC Description | Effective Date | End Date |
|-----------------|------------------------|-----------------------|-----------------|

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|---|---|----------|----------|
| 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: