

Indiana Medicaid Resolutions Manual

NAME: **4209 NO PRICING SEGMENT FOR PROC/MODIFIER COMB (DTL)**

ERROR TYPE: Batch Edit, Hard Coded

HEADER/DETAIL: Detail

OVERRIDABLE: N

ALLOW DENIAL: Y

DESCRIPTION:

Set this edit if no modifier/procedure code combination exist on the pricing file.

CRITERIA:

Set this edit if the provider bills a procedure modifier combination and there is no matching segment on the appropriate pricing table based on the from date of service and rate type (Max fee table or the RBRVS table), with EOB 4209.

For O and C flat fee pricing, the logic will use the max fee table for the procedure modifier code combination, rate type and date of first service.

For RBRVS pricing, the logic will look at the RBRVS pricing table or the procedure/modifier combination, rate type and date of first service.

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
04	00	9999	PAY

Claim Type: B - Professional Xover Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4209	DENY

Indiana Medicaid Resolutions Manual

Claim Type: M - Professional Claims

Member Plan: ALL **Status:** Post

Location	Region	EOB	Disposition
04	00	4209	DENY
04	30	4209	DENY
04	32	4209	DENY
04	33	4209	DENY
04	34	4209	DENY
04	70	4209	DENY
04	72	4209	DENY
04	73	4209	DENY
04	74	4209	DENY

EOB: 4209 - NO MATCHING PRICING SEGMENT FOR THE PROCEDURE/MODIFIER COMBINATION BILLED ON THE CMS 1500 CLAIM FORM. PLEASE REFER TO THE PROVIDER PEOCEDURES MANUAL FOR THE APPROPRIATE USE OF THE MODIFIERS TC, 26, RR, AND NU.

ARC Code

4

ARC Description

The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Effective 03/01/2020: The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Effective Date

19950101

End Date

22991231

Indiana Medicaid Resolutions Manual

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: 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 4209.

