



Acceptable Procedure Code/Modifier Combinations

Effective Sept. 1, 2023, Healthfirst is **updating internal systems** to deny procedure code/modifier combinations that are specifically flagged as invalid or inactive. These changes are based on New York State Medicaid (NYSM), American Medical Association (AMA), and Centers for Medicare & Medicaid Services (CMS) guidelines.

Here's what you need to know about these changes:

- We are deactivating all references to **invalid** procedure code/modifier combinations that are in our claims system.
- Claims received on or after **Sept. 1, 2023**, with a deactivated invalid procedure code/modifier combination will be denied.
- The following denial message will be applied to claims with invalid procedure code/modifier combinations:
 - Explanation of Payment Message (EOP) INVLD SERV CODE/MOD
 - Claim Adjustment Reason Code (CARC) 16 – Claim/Service lacks information or has submission error(s)
 - Remittance Advice Remark Code (RARC) N823 – Incomplete/Invalid procedure modifier(s)
- If you receive a denial message mentioned above, please **review your claim submission** to identify the appropriate procedure code/modifier combination to bill based on NYSM, AMA, and CSM guidelines. You may submit a corrected claim in accordance with the guidance outlined in the Healthfirst Provider Manual.

Questions?

If you have questions, please contact Healthfirst Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.

References:

- State Medicaid regulations, manuals, and fee schedules
- American Medical Association
- Centers for Medicare & Medicaid Services, CMS Manual System, and other CMS publications