illinicare health

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HFS Rejection of Specific Modifiers

IlliniCare Health is currently setting up configuration to deny services billed with specific modifiers per Illinois Department of Healthcare and Family Services (HFS) guidance: https://www.illinois.gov/hfs/SiteCollectionDocuments/8317ModifierListing.pdf. These modifiers are not payable nor can they be encountered by HFS.

- Modifiers 59, 91, and 76 for procedures not related to National Drug Codes (NDCs). Currently, IlliniCare Health is seeing them billed as a duplicate modifier when more than one count of a service is provided causing encounters to reject. Services should be billed with multiple counts if the same procedure is being done multiple times. Once configuration is in place they will deny EXIM (DENY: MODIFIER MISSING OR INVALID) when billed incorrectly
- Modifiers GZ, 53, QL, or QM will be configured to deny EXIM (DENY: MODIFIER MISSING OR INVALID) as these are not payable modifiers when billed per HFS.
- Modifiers 73 and 74, when billed in an outpatient location will be configured to deny EXIM (DENY: MODIFIER MISSING OR INVALID), as they are not payable in an outpatient location per HFS.
- Modifier 90 is not payable for independent lab or hospital specialty. These will be configured to deny EXIM (DENY: MODIFIER MISSING OR INVALID).

Any claim submission rejected as an encounter edit due to incorrect modifier billing will be reprocessed in the IlliniCare Health system to deny. Providers have 30 days to submit corrected claims. Please consult the IlliniCare Health Provider Manual for more information about submitting corrected claims.

If you have questions about this issue, please contact your Provider Relations Representative.