

GY modifier

"Item or service statutorily excluded or does not meet the definition of any Medicare benefit."

| Description | When to use the GY modifier | Examples of its use | What happens if you use the GY modifier? | What happens if you don't use the GY modifier? |
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| <p>These are the so-called "statutory exclusions" or "categorical exclusions" and the "technical denials."</p> <p>ABNs are not an issue for these services.</p> <p>There are no advance beneficiary notice (ABN) requirements for statutory exclusions.</p> <p>There are no ABN requirements for technical denials (except three types of DMEPOS denials, and they are listed under modifiers GZ & GA).</p> | <p>1) When you think a claim will be denied because it is not a Medicare benefit or because Medicare law specifically excludes it.</p> <p>2) When you think a claim will be denied because the service does not meet all the requirements of the definition of a benefit in Medicare law.</p> <p>3) When you submit a claim to obtain a Medicare denial for secondary payer purposes.</p> | <p>1) Routine physicals, laboratory tests in absence of signs or symptoms, hearing aids, air conditioners, services in a foreign country, services to a family member.</p> <p>2) Surgery performed by a physician not legally authorized to perform surgery in the State.</p> | <p>The claim will be denied by Medicare. The carrier may "auto-deny" claims with the GY modifier. This action may be quicker than if you do not use a GY modifier.</p> <p>The beneficiary will be liable for all charges, whether personally or through other insurance.</p> <p>If Medicare pays the claim, the GY modifier is irrelevant.</p> | <p>The claim will be reviewed by Medicare and probably will be denied. This action may be slower than if you had used a GY modifier.</p> <p>If the claim is denied as an excluded service or for failure to meet the definition of a benefit, the beneficiary will be liable for all charges, whether personally or through other insurance.</p> |