



Advance Beneficiary Notice (ABN) Modifiers GA, GX, GY and GZ

Medicare Only

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member's benefit plan document supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

The Advanced Beneficiary Notice (ABN) serves to inform the patient that Medicare does not cover a particular service and that the patient will be responsible for its payment.

To ensure smooth claims processing and billing for non-covered services, the following modifiers are not mandatory according to Medicare but are beneficial:

- **GA - Waiver of Liability:** This modifier is used when an item or service is expected to be denied as not medically necessary, and an ABN has been properly executed according to payer policy or individual case requirements.
- **GX - Notice of Liability (Voluntary Payer Policy):** The -GX modifier is attached to a line item that represents an excluded, non-covered service. By using this modifier, you indicate that you have provided the beneficiary with a notice stating that the service was voluntary and likely not covered.
- **GY - Statutorily Excluded Item or Service:** This modifier applies when an item or service is excluded by statute and does not meet the definition of any Medicare benefit or non-Medicare insurer's contract benefit. If you haven't provided the beneficiary with a notice of the services being excluded from coverage, you should append the -GY modifier to the line item. Its use indicates that no notice of liability. (ABN) was given to the beneficiary.
- **GZ - Service Expected to be Denied as Not Reasonable and Necessary:** The -GZ modifier is added to the claim line when it is determined that an ABN should have been obtained but was not.

By utilizing these modifiers appropriately, you can facilitate clean claims processing and billing procedures related to non-covered services.

Reimbursement Guidelines

Molina Healthcare requires proper documentation of medical necessity and valid diagnosis codes for the reimbursement of specific procedures. Charges submitted without supporting evidence of medical necessity or the correct diagnosis codes will not be factored into the final calculation for claim payment.

To understand the coverage guidelines, limitations, and criteria for medical necessity, please consult the referenced document: [CMS R1921CP](#).

To ensure reimbursement, it is essential to bill the designated procedure codes along with one of the diagnosis codes listed in section 60.4.1 and 60.4.2 of the referenced document: [CMS R1921CP](#), as well as section 20.9.1.1E of the referenced document: [CMS R2148CP](#)



Claims that are not billed accurately may be denied or subject to potential recovery. Rates for reimbursement are determined based on the appropriate fee schedule or the provider contract agreement.

Molina Healthcare reserves the right to review all claim payments and recover any overpaid amounts identified based on contractual rates.

Supplemental Information

Definitions

Term	Definition
ABN	Advanced Beneficiary Notice

State Exceptions

State	Exception
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Documentation History

Type	Date	Action
Published		
Revised Date		

References

State/Agency	Document Name/Description	Link/Document
AAFP	Medicare Non-Covered services	AAFP Medicare Non-covered services
CMS	PUB 100-04 Medicare Claims Processing	CMS.gov R1921CP CMS.gov R2148cp, Section E
Capture billing	Commonly used Medicare modifiers – GA, GX, GY, GZ	Medicare modifiers (GA, GX, GY, GZ)
Noridian	Medicare modifiers GA, GX, GY, GX	Noridian - Medicare - Modifier GA Noridian - Medicare - Modifier GX Noridian - Medicare - Modifier GY Noridian - Medicare - Modifier GZ