

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?
<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>