

GA modifier

"Waiver of liability on file."

Description	When to use the GA modifier	Examples of its use	What happens if you use the GA modifier?	What happens if you don't use the GA modifier?
<p>Item or service expected to be denied as not reasonable and necessary and an advance beneficiary notice was given to the beneficiary.</p> <p>These are so-called "medical necessity" denials.</p> <p>* The GA modifier also may be used with assigned and unassigned claims for DMEPOS where one of the following Part B "technical denials" may apply:</p> <ul style="list-style-type: none"> • prohibited telephone solicitation, • no supplier number, • failure to obtain an advance determination of coverage. 	<p>When you think a service will be denied because it does not meet the Medicare program standards for medically necessary care and you gave the beneficiary an advance beneficiary notice.</p> <p>You are required to include the GA modifier on your claim anytime you obtain a signed ABN, or have a patient's refusal to sign an ABN witnessed properly in an assigned claim situation (except an assigned claim for one of the specified DMEPOS technical denials).</p> <p>Use a GA modifier on an <u>assigned</u> claim if you gave an ABN to a patient but the patient refused to sign the ABN and you did furnish the services. (In these circumstances, on all unassigned claims, as well as an assigned claim for a specified DMEPOS technical denial, use the GZ modifier.)</p>	<p>All instances in which you deliver an ABN to a Medicare patient and services are furnished.</p> <p>E.g., after having a patient sign an ABN, you furnish a service covered by Medicare but likely to be denied as "too frequent" by Medicare.</p>	<p>The claim will be reviewed by Medicare like any other claim and may or may not be denied. The carrier will NOT use the presence of the GA modifier to influence its determination of Medicare coverage and payment of the service.</p> <p>If Medicare pays the claim, the GA modifier is irrelevant.</p> <p>If the claim is denied, the beneficiary will be fully and personally liable to pay you for the service, personally or through other insurance.</p> <p>Medicare will not pay you for the service since your giving an ABN to the patient is prima facie evidence that you knew Medicare probably would not pay for the service.</p>	<p>The claim will be reviewed by Medicare like any other claim and may or may not be denied.</p> <p>If the claim is denied, the beneficiary will be held not liable and you will be held liable. Medicare will not pay you nor allow you to collect from the beneficiary. In order to remedy this situation, you will need to appeal Medicare's action limiting the beneficiary's liability.</p> <p>The question of an abusive billing pattern could arise. It is possible that fraud and abuse implications may arise out of your omission of the fact of having had an ABN signed by the patient under these circumstances, especially if there is a consistent pattern of such omissions (viz., a pattern of failure to include the GA modifier when it is applicable).</p>