



# Modifier GY Fact Sheet

## Definition:

- If the service provided is statutorily excluded from the Medicare Program, the claim will deny whether or not the modifier is present on the claim.

## Example:

Patient transport is for a non-covered condition that does not meet the definition of any Medicare benefit. The provider is expecting a denial.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES											
19. RESERVED FOR LOCAL USE										17b. NPI		FROM MM DD YY TO MM DD YY											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Item 1.)										OUTSIDE LAB?		\$ CHARGES											
1. 11232										<input type="checkbox"/> YES <input type="checkbox"/> NO													
2. _____										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.											
3. _____										23. PRIOR AUTHORIZATION NUMBER													
4. _____																							
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSON Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #			
MM	DD	YY	MM	DD	YY	SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS	POINTER	\$	CHARGES	DAYS	OR	UNITS	EPSON	Family	Plan	ID.	QUAL.	RENDERING	PROVIDER ID. #
06	18	06				11		A0428	RH GY		1	70.00		001						NPI		1234567890	
1																							
2																							
3																							

## Appropriate Usage:

- Services provided under statutory exclusion from the Medicare Program, the claim would deny whether or not the modifier is present on the claim
- It is not necessary to provide the patient with an ABN for these situations.
- Situations excluded based on a section of the Social Security Act.
- Modifier GY will cause the claim to deny with the patient liable for the charges.

## Inappropriate Usage:

- Do not use on bundled procedures.
- Do not use on add-on codes.