



Modifier GZ Fact Sheet

Definition:

- The provider or supplier expects a medical necessity denial; however, did not provide an Advance Beneficiary Notice (ABN) to the patient.

Example:

The medical reason for performing this test does not meet medical necessity and the provider is expecting a denial. However, the provider did not give an ABN to the patient prior to performing the service.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										17a.		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 this item by PLI#)										20. OUTSIDE LAB?		\$ CHARGES																	
1. 51122										<input type="checkbox"/> YES <input type="checkbox"/> NO																			
2. _____										22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.																	
3. _____										23. PRIOR AUTHORIZATION NUMBER																			
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSON Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From			To			SERVICE		CPT/HCPCS		MODIFIER																			
MM			DD			YY			MM		DD		YY																
1	02		18		06		11		74170		GZ		1		140.00		001		NPI		1234567890								
2																													
3																													

Facts:

- This modifier is an informational modifier only.
- Medicare will adjudicate the service just like any other claim.
- If Medicare determines that the service is not payable, denial is under a "medical necessity." The denial message will indicate that the patient is not responsible for payment.
- If either the beneficiary or provider requests a review, the modifier tells us that an ABN was not given and this could help in completing the review quickly.