Provider Notice

From: Magellan Healthcare
Subject: Use GY modifier for Medicare-excluded services

Overview

Effective immediately, providers may use the GY modifier when submitting claims for services that are statutorily excluded from Medicare coverage or performed by provider types that are not eligible to bill Medicare.

When to use modifier for GY

The GY modifier may be appended to the applicable procedure code when:

- The service is not a covered Medicare benefit; or
- The provider type is not eligible to enroll in or bill Medicare for the service rendered.

The GY modifier indicates that the item or service is statutorily excluded from Medicare and that a Medicare remittance advice or explanation of benefits is not available.

Submission requirements

- Submit the claim directly to the Idaho Behavioral Health Plan (IBHP) with the appropriate procedure code and GY modifier appended.
- A Medicare Explanation of Benefits (EOB) is not required for claims appropriately billed with the GY modifier when Medicare coverage is not available for the service or provider type.
- Providers should maintain documentation supporting the reason Medicare reimbursement is unavailable and make documentation available upon request.

Important reminder

The GY modifier must be used only when appropriate and in accordance with Medicare billing guidelines. Claims submitted with an inaccurate or unsupported GY modifier may be denied and may be subject to payment recovery if paid in error.

Questions?

Please contact Magellan at IdahoProvider@MagellanHealth.com.