



Xerox State Healthcare 2 Pillsbury Street Suite 200 Concord, NH 03301

TO: Community Mental Health Centers
FROM: NH Medicaid and Xerox
DATE: November 1, 2016
SUBJECT: Use of the GY Modifier for Claim Payment Without Medicare Denial

Use of the GY Modifier

The following Community Mental Health Center (CMHC) procedure codes can now be submitted to the NH MMIS Health Enterprise with the GY modifier. Use of the modifier will allow claims for these services to process in the MMIS without a statement of denial from Medicare.

Table with 4 columns: Code, Modifiers, Modifier, and Service Description. It lists various CPT codes (e.g., 90791, 90832, 90833) and their corresponding service descriptions, all associated with the GY modifier.

The GY modifier is defined in the CPT book as: "Item or service statutorily excluded, does not meet the definition of any Medicare benefit or for non-Medicare insurers, is not a contract benefit."



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Use of the GY Modifier

Providers should use the GY modifier only when it is deemed appropriate by their coding staff. Providers will be held financially responsible if it is discovered during an audit that the GY modifier was used inappropriately.

At this time this modifier shall only be used in combination with the procedure codes and HE/HW modifier combinations in place for Community Mental Health Center procedure codes noted above. Allowable use of the GY modifier on CMHC claims is restricted to those instances when a service would otherwise be covered by Medicare except that:

- 1) the Medicare enrolled physician is not available to provide immediate supervision as required under the Medicare incident to provisions and thus the rendering provider is not eligible to enroll with Medicare. (Note that the state's CMHC rules require supervision by masters level clinicians.);
- 2) the service was provided outside the office in the community or home without an available supervising physician and the rendering provider is not enrolled with Medicare; or
- 3) services were rendered by the CMHC prior to the recipient receiving an incidental service by the physician. Once the individual is seen by a rendering Medicare enrolled supervising physician the service should comply with Medicare requirements for the ongoing treatment under a physician's plan of care and should only be billed with the GY modifier if the provisions of #1 or #2 above are met.

CMHC providers must make every effort to have a supervising medical doctor present in the office and a rendering provider must enroll in Medicare if they meet the Medicare requirements. Medicare coverage also requires that beneficiaries see a physician in order to receive ongoing treatment.