

# Provider Bulletin



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

**TO:** Community Mental Health Centers

FROM: NH Medicaid and Xerox

**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.

Code	Modifiers	Modifier	Service Description
90791	HE/HW modifier	GY	Assessment including history, mental status and
	combination		recommendations. May include communication
			with family, others and review and ordering of
			diagnostic studies.
90832	HE/HW modifier	GY	Psychotherapy with patients and/or family 30
	combination		minutes
90833	HE/HW modifier	GY	30 minutes psychotherapy add on to EM same day
	combination		provider
90834	HE/HW modifier	GY	Psychotherapy with patients and/or family 45
	combination		minutes
90836	HE/HW modifier	GY	45 minutes psychotherapy add on to EM same day
	combination		provider
90837	HE/HW modifier	GY	Psychotherapy with patients and/or family 60
	combination		minutes psychotherapy
90838	HE/HW modifier	GY	60 minutes psychotherapy add on to EM same day
	combination		provider
90839	HE/HW modifier	GY	Psychotherapy for Crisis first 60 minutes
	combination		
90840	HE/HW modifier	GY	Psychotherapy for Crisis subsequent 30 minutes
	combination		
90846	HE/HW modifier	GY	Family Psychotherapy w/o client present
00045	combination	GY.	
90847	HE/HW modifier	GY	Family Psychotherapy with client present
00050	combination	GV	
90853	HE/HW modifier	GY	Group Psychotherapy
00000	combination	GV	
90889	HE/HW modifier	GY	Preparation of report of patients psychiatric status,
	combination		history, treatment or progress for other physicians,
00072	**************************************	CV	agencies or insurance carriers
90372	HE/HW modifier	GY	Therapeutic, Prophylactic, or Diagnostic injection
	combination		(specify substance or drug);Subcutaneous or
			Intramuscular)

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."



# Provider Bulletin



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

Page 2 November 1, 2016 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.