

The KMC University's Guide to MEDICARE MODIFIERS

Modifiers Used Only With 98940, 98941, 98942

Code	Description/Instruction	Effect on Medicare Payment
AT	Active/Corrective Treatment rendered; meets Medicare's Medical Necessity Guidelines	Claim considered for payment.
GA	Mandatory ABN on file; indicating maintenance or exceeded screen	Option 1 selected; must bill Medicare. Option 2 selected; do not bill Medicare.
GZ	Failed to obtain signed ABN for maintenance care	Claim will be denied. Patient not financially responsible.

**MANDATORY
SUBMISSION**

Modifiers Used with Statutorily Excluded Services

Code	Description/Instruction	Effect on Medicare Payment
GY	Non-Covered service rendered	Unless patient request, billing not required. Patient is financially responsible. *
GP	Physical Therapy services rendered; outpatient treatment plan	Claim denied. Use with GY Modifier. Patient is financially responsible. *
GX	ABN on file for voluntary use	Claim denied. Patient financially responsible. * Medicare ABN form not recommended by KMCU for voluntary use.

**VOLUNTARY
SUBMISSION**

*Unless patient is a QMB with full Medicaid coverage that covers Medicare non-covered services when rendered by DC.

Medicare Billing Modifiers Dme

J Rink



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Fordney's Medical Insurance and Billing - E-Book Linda M. Smith, 2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney's Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding procedural coding HCPCs coding medical documentation billing and collection Using clear explanations this book covers all types of insurance coverage commonly encountered in hospitals physicians offices and clinics Step by step guidelines lead you through the submission of electronic claims and paper claims as well as the job search and professional advancement Written by coding specialist and educator Linda M Smith this market leading text is a complete guide to becoming an efficient insurance billing specialist NEW HCPCs Coding chapter covers ambulance billing supply billing and certificates of medical necessity NEW Content on professionalism includes customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW Additional content on medical decision making helps you select the appropriate evaluation and management codes under the current documentation guidelines NEW Additional examples of CMS claims include those from Blue Shield and Automobile Insurance NEW Updates to credentialing include those specific to Medicare Medicaid and Workers Compensation Coverage of medical documentation diagnostic coding and procedural coding provides you with the foundation and skills needed to work in a physician's office as well as ambulatory and inpatient settings Coverage of the role and responsibilities of the insurance billing specialist emphasizes advanced job opportunities and certification Chapter on HIPAA compliance as well as Compliance Alerts highlight important HIPAA compliance issues and the latest regulations Step by step procedures detail common responsibilities of the insurance billing specialist and coder Key terms and abbreviations are defined and emphasized reinforcing your understanding of new concepts and terminology Color coded icons denote and clarify information rules and regulations for each type of payer Insights From The Field includes more interviews with experienced insurance billing specialists providing a snapshot of their career paths and offering advice to the new student Scenario boxes help you apply concepts to real world situations Quick Review sections summarize chapter content and also include review questions Student Software Challenge on the Evolve website allows you to practice filling out interactive CMS 1500 forms [Conquer Medical Coding](#) Jean Jurek, Stacey Mosay, Daphne Neris, 2016-01-25 Conquer Medical Coding Take a real world approach to coding that prepares you for the AAPC or AHIMA certification exams and for professional practice in any health care setting The book is also a handy resource you can turn to throughout your career Unique decision trees show you how to logically assign a code It's the only text that breaks down the decision making process into a visual and repeatable process You'll learn exactly how to select the correct ICD 10 CPT and HCPCS codes Each section parallels the Official Coding Guidelines with a special emphasis on commonly used codes A wealth of learning tools and tips along with critical thinking exercises and real life case studies provide the practice you need

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