

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

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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

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to master coding Brief reviews of A P and pathophysiology put the codes into perfect context *Healthcare Payment Systems* Duane C. Abbey,2010-10-25 For healthcare providers and patients alike the ways of private third party payer payment systems can be mysterious and oftentimes quite frustrating Payment for hospital nursing or homecare services can be subject to a variety of payment systems including cost based and charge based or those with payments that are determined in advance Knowing Medicare and Medicaid Guide ,1969 **Federal Register** ,2013-05 **Coding with Modifiers** Deborah J. Grider,2004 Don t forget about the modifier Missing or incorrect usage of modifiers is the most common reason that claims are rejected by payors Leave off a modifier or put in the wrong one and your claim may be denied or paid the wrong amount Coding with Modifiers A Guide to Correct CPT and HCPCS Level II Modifier Usage provides step by step guidance for the proper use of CPT and HCPCS modifiers Also included are specific requirements for modifier usage in both professional service and hospital reporting *Medical Insurance Made Easy - E-Book* Jill Brown,2013-08-02 Features completely updated information that reflects the many changes in the insurance industry Contains a new chapter on UB 92 insurance billing for hospitals and outpatient facilities Includes a new appendix Quick Guide to HIPAA for the Physician s Office to provide a basic overview of the important HIPAA related information necessary on the job HCPCS Code Book 2026 AAPC,2025-12-31 Official 2026 HCPCS Level II Expert Code Book Every year CMS publishes hundreds of code changes for durable medical equipment DME injectables supplies and various Medicare services If you don t stay current your claims and reimbursement are at risk Rely on the HCPCS Level II Expert 2026 for the latest code updates to bill supplies equipment and drugs to Medicare Medicaid and other payers Special enhancements in this best in class code book include an abundance of code alerts coding tips and a fold out cover with 2026 HCPCS Level II modifiers Key features and benefits Complete 2026 HCPCS Level II code set with new revised and deleted codes plus a deleted codes crosswalk Customized easy to use index with thousands of customized entries to help you quickly locate codes HCPCS Level II G code to CPT code crosswalks Table of Drugs and Biologicals including brand name drugs and generic drugs NCCI edits Column 1 and Column 2 Full color anatomical illustrations to help you accurately identify which part of the body the code describes AHA Coding Clinic citations to help keep your HCPCS Level II claims on track HCPCS Level II modifiers in quick access format on the front fold out flap User friendly appendices packed with additional information Dictionary style headers and color coded bleed tabs plus adhesive tabs for fast navigation Spiral binding for ease of use Free CEU with purchase With every purchase of a 2026 AAPC code book you can register for a free code book training worth 1 CEU that provides an overview of the book including the history of the coding system a book tour and tips for success CPT is a registered trademark of the American Medical Association Note eBooks CANNOT be used on any AAPC certification exams *HCPCS Level II 2006 Coders' Desk Reference* Ingenix,2005-12 **HCPCS Level II Expert 2025** AAPC,2024-12-31 2025 HCPCS Level II Expert Code Book Going beyond the basics to help you code accurately and efficiently AAPC s 2025 HCPCS Level II Expert is an essential code

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