

Use of the GY Modifier

Effective **Feb. 28, 2011** claims processing date, UCare will begin adhering to the use of the GY modifier. The GY modifier defines the service/item as statutorily excluded or as a service/item that does not meet the definition of any Medicare benefit.

The GY modifier allows providers to submit claims to UCare for Medicare non-covered services without attaching an Explanation of Medicare Benefit (EOMB). This process is applicable to the following UCare Minnesota Health Care Programs (MHCP) plans:

- Prepaid Medical Assistance Program.
- MinnesotaCare.
- Minnesota Senior Care Plus.

When UCare shows Original Medicare as the primary payer, we expect that there will be an EOMB accompanying the claim. If the GY modifier **is** appended to the procedure code(s), we will process the claim without requiring an EOMB. However, if there **is not** a GY modifier appended to the procedure code(s), the entire claim will automatically reject with the **Reason Code: 085 (modifier 1 not on file)**. Please be sure to check your electronic data interchange (EDI) acknowledgement reports after submitting claims to UCare, as this rejection reason code (085) will only appear in that report. Whenever there is a rejection/error to a claim, you must correct the error and resubmit the claim.

Exclusions

There are some services/items that we will exclude from requiring the GY modifier *and* attaching an EOMB. The grid below will outline some examples of Healthcare Common Procedure Coding System (HCPCS) and Common Procedural Terminology (CPT) codes that are excluded.

Services/Items	Details
“S” and “T” HCPCS Codes	<ul style="list-style-type: none"> • All “S” and “T” HCPCS codes will be excluded.
Common Carrier and Special Transportation Service (STS)	<ul style="list-style-type: none"> • HCPCS codes A0021 – A0380, A0390, A0888, and A0998.
Interpreter Services	<ul style="list-style-type: none"> • HCPCS code T1013.
Hearing Services	<ul style="list-style-type: none"> • HCPCS codes V5000 – V5998. • CPT codes 92590 – 92595.
Vision Services	<ul style="list-style-type: none"> • CPT codes 92015, 92340 – 92342, and 92370. • HCPCS codes V2025, V2072, and V2787 – V2788.
Charges while in a Nursing Home or Skilled Nursing Facility	<ul style="list-style-type: none"> • Any charges billed with place of service (POS) codes 31 or 32.

Charges while in a Nursing Home or Skilled Nursing Facility (continued)	<ul style="list-style-type: none"> • Durable medical equipment (DME), including infusion pumps, nebulizers. HCPCS codes C1772, C2626, and E0570 – E0585. • Oxygen and oxygen supplies. HCPCS codes E0424 – E0446. • Ostomy supplies. HCPCS codes A4361 – A4434.
Home Health Services	<ul style="list-style-type: none"> • Charges with POS 12. • HCPCS codes G0151 – G0164.
Other Common DME	<ul style="list-style-type: none"> • Wigs. HCPCS code A9282. • Surgical stockings or hoses. HCPCS codes A4490-A4495, A4500 – A4510, A6530, A6533 – A6544, and A6549. • White cane for the blind. HCPCS codes E0100. • Non-sterile gloves. HCPCS code A4927. • Delivery of DME items. HCPCS code A9901.
Preventive Medicine Visits	<ul style="list-style-type: none"> • CPT codes 99381 – 99397 and 99172 – 99174.
Counseling Services	<ul style="list-style-type: none"> • CPT codes 99401 – 99404 and 99408 – 99420.
Routine Foot Care (Podiatry)	<ul style="list-style-type: none"> • CPT codes 11055, 11056, 11057, 11719, 11720, and 11721. • HCPCS code G0127.
Day Treatment and Chemical Dependency	<ul style="list-style-type: none"> • HCPCS codes H0001 – H2037.
Supplies and DME	<ul style="list-style-type: none"> • Items not billed with AX modifier. • HCPCS codes A4450, A4452, A4215, A4244, A4245, A4246, A4247, A4248, A4651, A4652, A4657, A4660, A4663, A4670, A4927, A4928, A4930, A4931, A6520, A6260, E0210, E1632, E1637, E1639, and J1644.

Questions?

If you have any questions regarding this notice, please contact the Provider Assistance Center at 612-676-3300 or 1-888-531-1493 (toll free).