

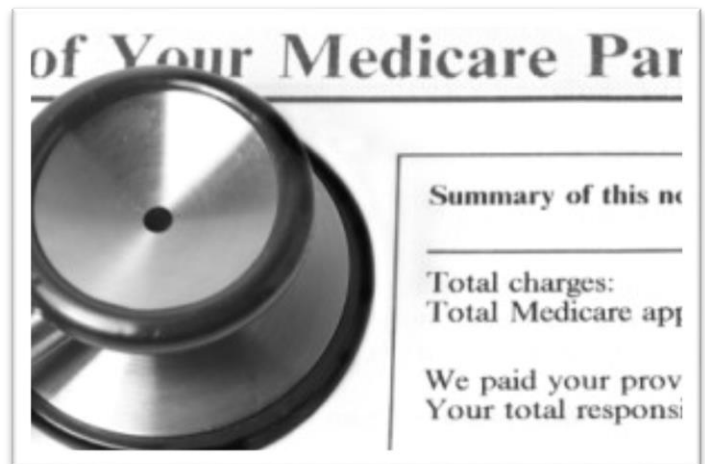
Medicare Changes GA and Adds GX Modifier for Advanced Beneficiary Notices

Medicare GA and GX Modifiers Changed

As of April 1, 2010, Medicare has changed the way you need to report that a Medicare patient signed an Advanced Beneficiary Notice (ABN). Medicare has revised the GA modifier and added a new GX modifier you must consider when doing medical billing.

Medicare GA Modifier

Prior to April 1st, the GA modifier read “*waiver of liability on file.*” The new revised description is “*waiver of liability statement issued, as required by payer policy.*” Use this modifier when the patient has signed an ABN, and you expect Medicare to deny the claim due to the medical necessity of the diagnosis or frequency. By having the signed ABN, you will be able to collect from the patient.



Medicare GX Modifier

The new GX modifier reads “*notice of liability issued, voluntary under policy.*” Use this when you know the service is considered non-covered by Medicare. Because the service is non-covered, you technically do not have to give an ABN to a patient to sign- hence, “voluntary” -

but it is a good idea to inform the patient that they are financially responsible. Plus, you may still want to bill Medicare to get the denial to forward to the secondary payer.

So, are you unsure about when the GX modifier applies? On the Medicare fee schedule, if there is an *N* or an *X*, code is non-covered, and you would append the GX modifier to the CPT code if you had the patient sign an ABN. The Medicare Physician Fee Schedule can be downloaded from the CMS website. Our billing and coding staff like to use [EncoderPro](#) by Optum because it is easy to use and gives us a wealth of information.

You are not required to give the patient an ABN for non-covered procedures. If you do not give the patient an ABN, then you can use the GY modifier to indicate “Item or service statutorily excluded, does not meet the definition of any Medicare benefit, for non-Medicare insurers, is not a contract benefit.”

Please make sure the ABN is filled out properly. Without a properly completed ABN, it is considered invalid by Medicare, and you will not be able to hold the patient responsible. We come across this all the time at our medical billing company, and we go back and reeducate the providers, clinical, and front desk staff to make sure they are filled out correctly.

About the Author



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Manny Oliverrez, CPC, is a 20-year healthcare veteran and the CEO and co-founder of Capture Billing, a medical billing services company located outside of Washington, D.C. He teaches the nation's physicians, administrators, and medical practices how to maximize billing and revenue cycle management processes. Manny also frequently posts articles and videos on his [award-winning healthcare blog](#). For more information on Manny and his company, please visit [his website](#), or call (703)327-1800. And if you're on [LinkedIn](#), please look for him there too. **READ MORE**

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