



Modifier GA Fact Sheet

Definition:

- The provider or supplier has provided an Advance Beneficiary Notice (ABN) to the patient.

Example:

The medical reason for performing this test does not meet medical necessity and the provider is expecting a denial. Therefore, prior to performing the service the beneficiary was given an ABN that explained that the claim would be denied.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a.	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES						
		17b. NPI	FROM MM DD YY	TO MM DD YY					
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/>		\$ CHARGES					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)		22. MEDICAID RESUBMISSION CODE		ORIGINAL REF. NO.					
1. 45877		23. PRIOR AUTHORIZATION NUMBER							
2.		3.							
4.		4.							
24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPISOT (Family Plan)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From MM DD YY To MM DD YY	SERVICE		CPT/HCPCS MODIFIER						
1 03 31 06	11		70460 GA	1	70.00	001		NPI	1234567890
2								NPI	
3								NPI	

Appropriate Usage:

- Indicates the expected denial that an item or service is not reasonable and necessary
- The most common example of these situations would be services adjudicated under a Local Coverage Decision (LCD).
- The presence or absence of this modifier does not influence Medicare's determination for payment.
- It is appropriate to report this modifier when the beneficiary refuses to sign the ABN.
- If Medicare determines that the service is not payable, the claim denial is under a "medical necessity denial."

Inappropriate Usage:

- When the provider/supplier has no expectation that an item or service will be denied.
- On a routine basis for all services performed by a provider/supplier