GZ modifier

"Item or service expected to be denied as not reasonable and necessary." (No signed ABN on file.)

Description	When to use the GZ modifier	Examples of its use	What happens if you use the GZ modifier?	What happens if you don't use the GZ modifier?
Item or service expected to be denied as not reasonable and necessary* and an advance beneficiary notice (ABN) was not signed by the beneficiary. These are the so-called "medical necessity" denials. * The GZ modifier also may be used with assigned and unassigned claims for DMEPOS where one of the following Part B "technical denials" may apply: • Prohibited telephone solicitation, • no supplier number, • failure to obtain an advance determination of coverage.	When you think a service will be denied because it does not meet Medicare program standards for medically necessary care and you did not obtain a signed ABN from the beneficiary. When you gave an ABN to a patient who refused to sign the ABN and you, nevertheless, did furnish the services, use a GZ modifier on <u>unassigned</u> claims for all physicians' services and DMEPOS; and also on <u>assigned</u> claims for which one of the DMEPOS technical denials is expected. If you wish to indicate to the carrier that one of the above situations exists, in your opinion, then you may elect to include the GZ modifier on your claim.	When you would have given an ABN to a patient but could not because of an emergency care situation, e.g., in an EMTALA covered situation in an emergency room, or in an ambulance transport. When a patient was not personally present at your premises and could not be reached to timely sign an ABN, e.g., before a specimen is tested. When you realize too late, only after furnishing a service, that you should have given the patient an ABN.	The claim will be reviewed by Medicare like any other claim and may or may not be denied. The carrier will NOT use the presence of the GZ modifier to influence its determination of Medicare coverage and payment of the service. If Medicare pays the claim, the GZ modifier is irrelevant. If the claim is denied, the beneficiary generally will not be liable to pay you for the service. However, even though the beneficiary is found not liable, if you are also found not liable with respect to an unassigned claim, or an assigned claim denied for one of the DMEPOS technical denial reasons specified, you may be allowed to collect from the beneficiary. Medicare may or may not hold you liable depending whether you knew that payment would be denied when you furnished the service. In cases where you gave an ABN to the patient, or attempted to, but could not obtain a beneficiary signature, most likely Medicare will hold you liable.	You never need to use the GZ modifier when you expect Medicare to pay. You are always free to elect not to use a GZ modifier. The claim will be reviewed by Medicare like any other claim and may or may not be denied. NOTE: The GZ modifier is provided for physicians and suppliers that wish to submit a claim to Medicare, that know that an ABN should have been signed but was not, and that do not want <u>any</u> risk of allegation of fraud or abuse for claiming services that are not medically necessary. By notifying Medicare, by the GZ modifier, that you expect Medicare will not cover the service, you can greatly reduce the risk of a mistaken allegation of fraud or abuse.