

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

Huangqi Zhang

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

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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 [Medicare's Competitive Bidding Program for Durable Medical Equipment](#) United States. Congress. House. Committee on Energy and Commerce. Subcommittee on Health, 2013

Medicare's Management United States. Congress. House. Committee on Commerce. Subcommittee on Health and the Environment, 2000 For each country this study provides a profile and a discussion of the historical background physical environment population and ethnic composition language religion and culture education health and welfare the economy government and politics foreign relations and national security Each is written by a different author Includes numerous tables maps and lots of fascinating slightly fuzzy bandw photographs Annotation copyright by Book News Inc Portland OR

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Appropriations for 2016 United States. Congress. House. Committee on Appropriations. Subcommittee on the Departments of Labor, Health and Human Services, Education, and Related Agencies,2015 *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 book for reporting durable medical equipment injectable drugs outpatient surgery procedures and services and many other codes Complete with a customized Alphabetic Index and supplementary information for each code this resource is designed for both professional coders and students preparing for their certification exam Key features and benefits HCPCS Level II coding procedures guide from CMS to help you to better

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Physicians Fee & Coding Guide ,2011 *HCPCS Level II 2006 Coders' Desk Reference* Ingenix,2005-12 *Medicare Home Health Agency Manual* ,1900 HCFA Common Procedure Coding System ,1993 **Guide to Medical Billing and Coding** Inc Icdc Publishing,2007 Medical billing is one of the fastest growing employment opportunities in the United States today Insurance companies medical offices hospitals and other health care providers are in great need of trained personnel to create medical claims This book will ensure learning the skills necessary to become a successful medical claims biller It is presented in a comprehensive yet user friendly way following a logical learning format beginning with a broad base of information and then step by step following the course for creation of a medical claim This book teaches the skills necessary to become a well rounded medical biller By completing this course of study with a satisfactory grade the user will be granted a certificate and can have the opportunity to work towards an Honors Certificate which is even more valuable to a potential employer Saunders' Textbook of Medical Office Management Alice Anne Andress,2003 From personnel management to financial administration this one of a kind resource offers proven techniques and ready to implement strategies for running the medical office Practical discussions focus on interpersonal and legal aspects of patient care as well as on sound business practices Samples of consent forms letters and procedural policies offer concrete examples to follow Manager s Alert boxes point out potential pitfalls and give specific real world advice on how to avoid them Helpful tips From the Expert s Notebook describe the best way to handle a variety of office problems Based on the author s more than 30 years of experience in managing and consulting with medical offices Saunders' Textbook of Medical Office Management 2nd Edition helps you fulfill all of your responsibilities with excellence Book jacket **Insurance Handbook for the Medical Office** Marilyn Takahashi Fordney,2002 INSURANCE HANDBOOK FOR THE MEDICAL OFFICE is a key text for medical administrative assisting medical front office programs or those who wish to become insurance billing specialists claims assistance professionals or electronic claims processors for physicians practices and hospital outpatient clinics Those already practicing in this area will also find this text beneficial as will health claims examiner programs The goal of this extremely up to date text is to increase efficiency and streamline administrative procedures for the most exasperating aspect of the doctor s office routine insurance billing This text offers guidance for all aspects of submitting tracing appealing and transmitting claims for today s full range of health plans Important coverage of diagnostic coding procedural coding office and insurance collection strategies

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