

## Modifier Coding Alert

### Reader Questions: Don't Forget GZ When There's a Suspicion of a Service Denial

**Question:** A Medicare patient came into our practice to see his doctor. The doctor performed a service that Medicare does not cover. How should I report this visit?

Oregon Subscriber

**Answer:** If your practice did not give an advance beneficiary notice (ABN) to the patient to sign prior to the service that you keep on file, you should append modifier GZ (Item or service expected to be denied as not reasonable and necessary) to the procedure code that describes the non-covered service.

Having the ABN on file is to avoid the possibility for fraud and abuse allegations from the patient and/or family. Modifier GZ communicates that you are claiming a non-covered service and that you realize they will not pay for the service.

**Warning:** Claims with modifier GZ may lead to complex medical reviews. If there is a review that slows down your billing processes, CMS has a rule to deny those claims.