Reminder for Using Modifier GZ

August 08, 2017

Modifier GZ must be used when physicians, practitioners, or suppliers want to indicate that they *expect that Medicare will deny an item or service as not reasonable and necessary*, **and** they **do not have** an Advance Beneficiary Notice of Noncoverage (ABN) signed by the beneficiary.

Use modifier GZ to:

- Report an ABN was not issued for a service
- Indicate an ABN may be required but was not obtained
- Indicate an ABN was obtained but is invalid

Effective 7/1/2011, all claims line(s) items submitted with a GZ modifier shall be denied automatically and will not be subject to complex medical review. Line items denied due to the presence of the GZ modifier will reflect a Claim Adjustment Reason Code of 50 (these services are noncovered services because this is not deemed a "medical necessity" by the payer) and a Group Code of CO (Contractual Obligation) to show provider/supplier liability.