

PROVIDER QUICK POINTS

PROVIDER INFORMATION



December 9, 2016

Difference in Operating Systems Identified – GY Modifier

A difference in processing between the Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) legacy system and the new operating system has been identified regarding the use of the GY modifier. This information applies to all subscriber claims that are processed on the new operating system, except Platinum Blue, which will migrate to the new operating system on January 1, 2017. As detailed in previous Bulletins, Platinum Blue policies will continue to require an Organizational Determination for Medicare non-covered items/services prior to dispensing/rendering when the plan migrates on January 1, 2017.

The GY modifier is appended to a procedure code when an item or service is statutorily excluded or does not meet the definition of any Medicare benefit. A GY modifier should be used only in cases where Medicare always denies the item or service.

The GY modifier would be appropriate to append to a procedure in the following scenarios:

1. CMS status indicator for the procedure code = 'N' (not covered) on the CMS quarterly pricing files
2. All procedure codes starting with 'T'
3. All procedure codes starting with 'H'
4. All procedure codes starting with 'S'

In the new operating system, the above criteria is applied to procedure codes regardless of the submission of the GY modifier.

When a subscriber has Medicare as their primary payer and a claim is submitted without Medicare's primary processing information for a procedure code that doesn't meet the above criteria, the claim will be denied advising that an Explanation of Benefits (EOMB) is required. If this occurs, please submit the claim to Medicare or resubmit the claim to Blue Cross with the EOMB.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.