



**Kansas
Medical Assistance
Program**



BULLETIN

HOME HEALTH PROVIDERS

USE OF THE GY MODIFIER FOR SUPPLY CODES TO BYPASS MEDICARE DENIAL REQUIREMENTS

Beginning with dates of service on and after October 1, 2004, Home Health Agencies may use the GY modifier for supply codes to bypass Medicare denials under the following conditions:

- The supplies are used during a medically necessary visit.
- The date of service for the supplies corresponds with the date of service of the home health visit.
- The supplies must be documented in the nursing notes.
- The provider is reasonably certain that the supplies are not covered by Medicare.
- All coverage indicators have been met.

Replace provider Home Health Manual pages: 8-16 & AII-1.

If you have any questions, please contact the Medical Assistance Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. - 5:30 p.m., Monday through Friday.

8400. Updated 9/04

Physical Dependence - Physical dependence is a physiologic state of neuroadaptation to an opioid which is characterized by the emergence of a withdrawal syndrome if the opioid use is stopped or decreased abruptly, or if an antagonist is administered. Withdrawal may be relieved by re-administration of the opioid. Physical dependence appears to be an inevitable result of opioid use. Physical dependence, by itself, does not equate with addiction.

Substance Abuse - Substance abuse is the use of any substance(s) for non-therapeutic purposes; or use of medication for purposes other than those for which it is prescribed.

Tolerance - Tolerance is a physiologic state resulting from regular use of a drug in which an increase dosage is needed to produce the same effect or a reduced effect is observed with a constant dose. Tolerance occurs to different degrees for various drug effects, including sedation, analgesia and constipation. Analgesic tolerance is the need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Passive Motion Exercise:

Rental of Passive Motion Exercise Device is covered for outpatient use for a maximum period of fourteen (14) consecutive days post operatively. Use procedure code E0935RR.

Phototherapy:

Phototherapy is covered for newborns with a total bilirubin level above 12/dL. Use procedure code E0202RR for phototherapy (bilirubin) light or blanket with photometer. When billing E0202RR, one unit = one day and limited to 10 consecutive days per lifetime.

Services/Supplies for Medicare-Eligible Individuals:

Modifier GY is to be used to designate those services/supplies provided to a Medicare beneficiary when the service is reasonably believed by the provider to be non-covered by Medicare. Use modifier GY with the following procedure codes and codes listed in Appendix II when filing claims to Medicaid for Medicare eligible individuals:

G0154, G0156, S9128, S9129, S9131, T1002, T1003, T1004, 99601

NOTE: Medicare must be billed first if there is a possibility they will allow payment on a claim. **If Medicare does not allow payment, the claim may be submitted to Medicaid along with the Medicare denial.**

APPENDIX II

Updated 09/04

MEDICAL SUPPLY PROCEDURE CODES AND NOMENCLATURE

The following procedure codes represent an all-inclusive list of medical supply services billable to the Kansas Medical Assistance Program. Procedures not listed here are considered non-covered.

HOME HEALTH SUPPLY CODES WITH GY MODIFIER

Home Health Agencies may only bill for supplies used during a medically necessary home health visit.

Supplies used must be documented in the nursing notes.

The date of service for supplies billed, must correspond with the date of service the home health visit was provided.

Supplies may be billed using the "GY" modifier when the provider is reasonably certain Medicare will not cover the supplies.

All coverage indicator requirements will still apply.

COVERAGE INDICATORS

| | | |
|-----|---|--|
| C | - | Covered. No special requirements. |
| MN | - | Medical Necessity documentation required. |
| PA | - | Prior authorization is required. NOTE: DME claims will not bypass prior authorization when there is a partial payment by a third party payer or Medicare. |
| INV | - | An itemized retail invoice must be kept available in your files. |
| KBH | - | KAN Be Healthy medical participation is required. |
| NC | - | Non-covered Kansas Medical Assistance Program service. |

Refer to Section 8400 for additional benefits and limitations.

ANTISEPTIC PRODUCTS

| | | |
|-----|-------|---|
| C | A4244 | Alcohol or peroxide, per pint |
| C | A4245 | Alcohol wipes, per box |
| INV | A4246 | Betadine or phisohex solution, per pint |
| INV | A4247 | Betadine or iodine swabs/wipes, per box |

BREAST PUMPS

| | | |
|---|---------|-----------------------|
| C | E0603RR | Electric breast pumps |
| C | E0602 | Manual breast pumps |