



**News Flash** – The Centers for Medicare & Medicaid Services (CMS) has posted the 2011 versions of the ICD-10-CM and ICD-10-PCS crosswalks, formally referred to as the General Equivalence Mappings (GEMs) at <http://www.cms.gov/ICD10> on the ICD-10 website. See the links on that page for 2011 ICD-10-CM and GEMs, and 2011 ICD-10-PCS and GEMs. In addition, CMS has also posted a document, “ICD-10 GEMs 2011 Version Update, Update Summary”. This document describes the number of comments CMS received, the type of changes recommended, the types of changes made based on the comments, the types of comments not accepted, and the reasons why some comments were not accepted.

MLN Matters® Number: MM7228

Related Change Request (CR) #: 7228

Related CR Release Date: February 4, 2011

Effective Date: July 1, 2011

Related CR Transmittal #: R366PI and R2148CP

Implementation Date: July 5, 2011

## Auto Denial of Claims Submitted With a GZ Modifier

### Provider Types Affected

This article is for all physicians, providers, and suppliers submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), Durable Medical Equipment Medicare Administrative Contractors (DME MACs) and/or Part A/B Medicare Administrative Contractors (MACs)) for services provided to Medicare beneficiaries.

### What You Need to Know

The Health and Human Services Office of General Counsel (OGC) has provided guidance that Medicare contractors that process both institutional and professional claims have discretion to automatically deny claims billed with the GZ modifier. The GZ modifier indicates that an Advance Beneficiary Notice (ABN) was not issued to the beneficiary and signifies that the provider expects denial due to a lack of medical necessity based on an informed knowledge of Medicare policy. Medicare Contractors will automatically deny claim line(s) items submitted with a GZ modifier, effective for dates of service on or after July 1, 2011. Further, your Medicare contractor will not perform complex medical review on any claim line item(s) submitted with the GZ modifier. In addition, line items denied due to the

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presence of the GZ modifier will reflect a Claim Adjustment Reason Code of 50 (These services are non-covered 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.

## Additional Information

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The official instruction, Change Request (CR) 7228, was issued to your carrier, FI, A/B MAC, and DME/MAC via two transmittals. The first transmittal modifies the Medicare Claims Processing Manual and it is at <http://www.cms.gov/Transmittals/downloads/R2148CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. The second transmittal modifies the Medicare Program Integrity Manual and it is at <http://www.cms.gov/Transmittals/downloads/R366PI.pdf> on the same site.

If you have any questions, please contact your carrier, A/B MAC, or DME MAC at their toll-free number, which may be found at <http://www.cms.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

***News Flash - It's Not too Late to Give and Get the Flu Vaccine.*** Take advantage of each office visit and continue to protect your patients against the seasonal flu. Medicare will continue to pay for the seasonal flu vaccine and its administration for all Medicare beneficiaries through the entire flu season. The Centers for Disease Control and Prevention (CDC) recommends that patients, health care workers and caregivers be vaccinated against the seasonal flu. Protect your patients. **Protect your family. Protect yourself. Get Your Flu Vaccine - Not the Flu.**

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