

Coding Policy

Modifiers -GA, -GY, and -GZ: Non-Covered Services

CODING POLICY NUMBER: 42

Effective Date: 06/2026	POLICY STATEMENT.....	1
Last Review Date: 5/2026	PROCEDURE	2
Next Annual Review: 2027	REFERENCES.....	2
	POLICY REVISION HISTORY.....	2

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”). **The full Company portfolio of current coding policies is available online and can be [accessed here](#).**

POLICY APPLICATION

- Providence Health Plan Participating Providers Non-Participating Practitioners
 Commercial Medicaid/Oregon Health Plan Medicare

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Coding policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY STATEMENT

- I. Modifiers GA, GY, and GZ were developed by the Centers for Medicare and Medicaid Services (CMS) for providers to use when billing items and services that are not covered or do not meet the definition of a Medicare benefit. **Company does not recognize these modifiers and does not advise providers to use these modifiers when billing services to Company.**

- II. For providers affected by Oregon Senate Bill 204, or for providers who contract specifically with Company to pay using CMS's Outpatient Prospective Payment System (OPPS), codes billed with modifier GA, GY, or GZ **will deny as provider responsibility**. Therefore, providers are advised not to use these modifiers when billing Company, even for Medicare patients.

- III. Except as stated above, claims will be processed according to the member's benefits with Company, regardless of modifier GA, GY, or GZ. These modifiers will not affect the assignment of financial responsibility on denied services.
 - A. GA - Waiver of liability statement issued as required by payer policy, individual case
 - B. GY - Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for Non-Medicare insurers, is not a contract benefit
 - C. GZ - Item or service expected to be denied as not reasonable and necessary.

PROCEDURE

BACKGROUND

Modifiers GA, GY, and GZ were developed by the Centers for Medicare and Medicaid Services (CMS) for providers to use when billing items and services that are not covered or do not meet the definition of a Medicare benefit.

Codes billed with modifier GA, GY, or GZ will deny as provider responsibility for providers affected by Oregon Senate Bill 204 or for providers who contract specifically with Company to pay using CMS's OPPS.

Except for providers affected by Oregon Senate Bill 204 or who contract specifically with PHP to pay using CMS's Outpatient Prospective Payment System (OPPS), codes billed with modifiers GA, GY, or GZ are allowed to go through the system. Benefits are applied as indicated by the member's coverage.

REFERENCES

1. Centers for Medicare & Medicaid Services (CMS) (cms.gov)
2. Providence Health Plan Clinical Edits

POLICY REVISION HISTORY

Date	Revision Summary
3/2002	Original policy effective date.

1/2023	Annual review. Converted to new template 5/2023.
1/2024	Annual review. No changes to policy.
1/2025	Annual review. No changes to policy.
5/2025	Annual review. Policy language updated, specifying state origin of Senate Bill 204. No changes to policy.
5/2026	Annual review. Added OHP disclaimer. Updated References formatting.