



Medicare Hospital Version

Overview of Billing for Non-Covered Outpatient Services

Reason Item or Service is Non-covered	ABN Given	Bill to MAC	Charges	Occurrence/condition code	Modifier	Liability
Not Reasonable and Necessary (i.e. not medically necessary or provided more often than Medicare covers).	Yes	Yes (unless patient selected opt. 2)	Covered	Occurrence Code 32 (with date ABN was given)	- GA if other services on same claim not associated with the ABN	Beneficiary (or Medicare if later determine the service is covered)
	No	Optional	Non-Covered	None	- GZ	Hospital
Service Does Not Meet the Definition of a Medicare Benefit (i.e. categorical denial) or Does Not Meet Conditions of Coverage (technical denial)	Optional	Optional (except patient demand bill)	Non-Covered	Condition Code 20 (patient demand bill); no Condition Code 21	-GX (If ABN provided)	Beneficiary
				Condition Code 21 (no-pay bill – all services non-covered and being billed for denial); no Condition Code 20	-GX (If ABN provided)	Beneficiary
				No Condition Code 20 or 21, may have Occurrence Code 32	- GY - GX (If ABN provided)	Beneficiary

Occurrence Code 32: Date Beneficiary Notified of Intent to Bill (Procedures or Treatments)

Modifier GA: Waiver of Liability Statement Issued, as Required by Payer Policy

Modifier GX: Notice of Liability Issued, Voluntary Under Payer Policy

Modifier GY: Item or service statutorily excluded, does not meet the definition of any Medicare benefit.

Modifier GZ: Item or service expected to be denied as not reasonable and necessary.

Condition Code 20: Beneficiary Request Billing

Condition Code 21: Billing for Denial Notice