State of Vermont
Agency of Human Services
208 Hurricane Lane, Suite 103
Williston, VT 05495

Global Commitment Register

July 1, 2016

GCR 15-011
FINAL

Use of GY Modifier

Policy Summary:
The Department of Vermont Health Access (DVHA) requires providers to comply with correct coding. To ensure compliance with the National Correct Coding Initiative (NCCI), the DVHA is proposing a policy that would clarify the use of the GY modifier on claims for Medicare covered services. When utilized correctly, the GY modifier identifies services provided to dually eligible (eligible for both Medicare and Medicaid health care coverage) individuals that are not covered as a benefit under Medicare. Medicaid is the payer of last resort and as such providers who are eligible to enroll with Medicare are expected to enroll and bill Medicare as the primary insurer for dually eligible individuals prior to these claims crossing over to Medicaid for processing. Effective July 1, 2016, the GY modifier will not be allowed on claims for services covered by Medicare. If a provider is eligible to enroll with Medicare the provider must bill Medicare first. If a provider is not eligible to enroll with Medicare, the claim should be submitted to Medicaid as usual.

Effective Date:
July 1, 2016

Authority/Legal Basis:
These changes are being made under the Medicaid State Plan, which can be found here: http://dvha.vermont.gov/administration/state-plan.

Population Affected:
Dual eligible Medicaid beneficiaries (with Medicare as primary coverage).

Fiscal Impact:

	State Fiscal Year 2017
State	($68,520)
Federal	($81,480)
Total	($150,000)

Public Comment Period:
The public comment period was April 29, 2016 – June 30, 2016. No comments were received.