

SPECIAL BULLETIN

JULY 2013

SUBMITTING CLAIMS FOR SERVICES THAT ARE STATUTORILY EXCLUDED BY MEDICARE FOR BLUECARD® MEMBERS

Effective with claims processed on July 13, 2013 and beyond, Highmark will recognize the GY modifier as part of a plan to implement a standardized approach to accept and process claims that have already crossed over from Medicare and that are for services statutorily excluded by Medicare. (e.g., hearing aids) In some cases, these services may be covered under the member's benefits and could be eligible for payment. Beginning October 2013, all Blue Plans will be required to react to the GY modifier in the same manner as explained below.

In the past, secondary claims for services statutorily excluded from Medicare were handled via the crossover process. Beginning July 13, 2013, *BlueCard* claims that include only services statutorily excluded from Medicare should be submitted to Highmark along with the GY modifier. Highmark will route the claim to the member's home Blue Plan for consideration. Claims that include services covered by Medicare and those that are statutorily excluded should be submitted first to Medicare for consideration and must include the GY modifier for the excluded services. The claims will be handled via the crossover process. But, if you are able and wish to separate the statutorily excluded services claims, you may file them separately.

When submitting the GY modifier on your claims, report it:

- in the line level procedure code modifier fields in position 1, 2, 3 or 4
- on the paper CMS 1500 form, in field 24D
- on the paper UB-04 form, in field 44
- on the 837P, at level 2400, Service Line Loop in SV101-3, SV101-4, SV101-5 or SV101-6
- on the 837I at level 2400, Service Line Loop in SV202-3, SV202-4, SV202-5 or SV202-6

When reported for *BlueCard* claims, the GY modifier will be included with the claim information submitted to the member's Blue Plan for consideration, but until October 2013 when all Blue Plans are handling such claims similarly, the claim response could vary by Blue Plan.

There will be no change to how claims for services statutorily excluded by Medicare are processed today for Highmark members. Claims for Highmark members with the GY modifier will be considered for payment under the member's benefits. Claims reporting services that are both covered by Medicare and those that are statutorily excluded should be filed first with Medicare, and Highmark will receive them via the crossover process for benefit determination.



Pittsburgh, PA 15222