



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1077

DATE: December 8, 2011

TO: Iowa Medicaid Physician, Pharmacy, Medical Supply and Nurse Practitioner Providers Billing on the Professional Claim Form (CMS 1500)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

SUBJECT: Use of the “GD” Modifier

EFFECTIVE: Immediately

Providers are advised to use the modifier “GD” for all dates of service to indicate when services provided exceeds the maximum units allowed by Medicaid. The modifier is to be used whether the modified code is a Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) type. This policy is not prohibited under the National Correct Coding Initiative (NCCI). Please do not use other modifiers for this purpose (such as “22” or “51”).

Information on maximum units available is posted on the Medically Unlikely Edits (MUE) page on the Centers for Medicare and Medicaid Services (CMS) website at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>. Links to zip files indicating specific codes and their corresponding unit limit are also found on this page. These limits are enforced unless the GD modifier is appended. In some cases, it is possible the Iowa Medicaid limit is lower than the MUE. If that is the case, the submitted claim will cut back to the Iowa Medicaid maximum units allowed, which will be reflected on the paid claims remittance advice statement. Providers may also call the IME at the number below to inquire about the unit maximums for specific procedure codes.

If a provider has determined that it is medically necessary that a member receive units above the maximum, the claim should:

1. Be submitted with the GD modifier appended to the appropriate CPT/HCPCS code(s).
2. Include documentation of medical necessity with the claim.

Claims with the GD modifier and supporting documentation will suspend for review for medical necessity of units billed. Only quantities that are determined to be medically necessary will be reimbursed.

- **Claims that do not have documentation attached** but exceed the maximum allowed unit(s) and include the GD modifier will only pay at the maximum allowed units.
- **Claims not billed with the GD modifier** but exceeding the maximum allowed units will only pay the maximum allowed unit (in cases where there is no applicable MUE) or will be denied (if there is an MUE) regardless if the claims are submitted with or without documentation.
- **Providers may adjust claims** that were cut back to the maximum allowed unit(s) by submitting an adjustment form along with a claim showing the correct total units, modifier GD and documentation supporting medical necessity of the additional units above the maximum.

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or email at imeproviderservices@dhs.state.ia.us.