

INFORMATIONAL LETTER NO. 2226-MC-FFS

DATE: April 2, 2021

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

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Discontinuation of GD Modifier

EFFECTIVE: Upon Receipt

******This letter replaces previous guidance issued in Informational Letters (IL) 692 and 1077.******

The modifier GD (units of service exceeds medically unlikely edit value and represents reasonable and necessary services) was discontinued effective for dates of service on and after January 1, 2020. The use of the modifier GD was discontinued based on the Centers for Medicare and Medicaid Services (CMS) guidance, and was not replaced by another modifier.

The following are updates to the FFS claim submission guidelines:

- If a provider has determined that it is medically necessary for a member to receive units above the maximum, the claim should be submitted electronically using the Attachment Control Number (ACN) and the submission of supporting documentation via the Iowa Medicaid Portal Access (IMPA).
 - Documentation of medical necessity must be included. The first page of documentation should indicate a review is needed due to units exceeding the allowed maximum.
- Claims with supporting documentation will suspend to the Quality Improvement Organization (QIO) to review for medical necessity of units billed. Only quantities that are determined to be medically necessary will be reviewed for reimbursement.

For MC claim submissions please check with your Managed Care Organization (MCO) for specific guidance.

If you have questions, please contact the appropriate MCO or the IME Provider Services Unit at 1-800-338-7909 or by email at imeproviderservices@dhs.state.ia.us.