Medicare Advantage Billing

Medicare Advantage plans don't require ABNs but you can use them. For the most part, I find almost all ABN modifiers irrelevant since they are mostly used on noncovered services which aren't paid by Medicare.

For Medicare Alt plans, why would you use anything on a noncovered code -- especially when it might well be covered? Some MC Alt plans do cover therapies & exams, so I try not to use any modifiers on codes that are not CMT.

I have found several sites that support your quote above, but I don't know if it's a strict rule. Every carrier plays by its own rules. When billing secondary Anthem Medicare supplement plans (if they were not previously forwarded by Medicare), I have to delete the GY modifier on any therapies before they will even accept the electronic bill. Their rule is, "if one service has the GY modifier, all services have to have the GY modifier" -- I've never found any ABN modifier to be useful for any insurance carrier except for Medicare.

I try not to use any modifier when billing MC Alt plans, except of course for AT on the CMTs.