

cmi_119561

Title	Modifier GA-Waiver of Liability Issued as required by payer policy		
Number	CP.PP.371.v1.7		
Last Approval Date	02/04/25	Original Effective Date	11/09/2010
Cross Reference	N/A		

Coverage of any service is determined by a member's eligibility, benefit limits for the service or services rendered and the application of the Plan's Medical Policy. Final payment is subject to the application of claims adjudication edits common to the industry and the **Plan's professional or facility services claims coding policies**. Reimbursement is restricted to the provider's scope of practice as well as the fee schedule applicable to that provider.

Purpose	To define when the Plan recognizes services appended with Modifier GA that are submitted on a CMS-1500 paper claim form or an 837P electronic claim form.
Scope	Applies to all Premera Blue Cross, Premera Blue Cross Blue Shield of Alaska, LifeWise Health Plan of Washington, LifeWise Assurance Company and Premera Blue Cross HMO lines of business and products.
Policy	<p>The Plan recognizes Modifier GA- <i>Waiver of Liability Issued as required by payer policy</i> appended to a service to indicate a valid signed waiver of liability statement, signed by the member, is on file with the provider, and that the services billed with the modifier do not meet the health plan's medical necessity criteria.</p> <p>The presence of the modifier on a procedure code indicates that the member is aware that they are receiving a non-covered service and that they may be financially liable for the service if denied reimbursement by the Plan.</p> <p>Modifier GA should not be used in conjunction with any other liability related modifiers (e.g., <i>GZ-Item or service expected to be denied as not reasonable and necessary, GY-Item or service statutorily excluded</i>).</p>
Violations of Policy	<p>Violations of this policy by any party that enters into a written arrangement with the Plan may result in increased auditing and monitoring, performance guarantee contractual penalties and/or termination of the contract. Disciplinary actions will be appropriate to the seriousness of the violation and shall be determined in Plan's sole discretion.</p> <p>Violations of this policy may be grounds for corrective action, up to and including termination of employment.</p>
Exceptions	None
Laws, Regulations & Standards	
References	Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS)

Policy Owner Review	Payment Integrity Oversight Committee	
Contact	Any questions regarding the contents of this policy or its application should be directed to the Payment Integrity Department.	
Annual Review Dates	02/04/25; 03/04/24; 04/06/23; 05/12/22; 05/27/21; 06/15/20; 07/12/19; 08/09/18; 10/19/17; 10/19/16; 10/25/15; 10/26/14; 11/03/13; 11/05/12; 11/04/11; 11/04/10	
Version History	08/09/18	Annual Review; no changes
	07/12/19	Annual Review; no changes
	06/15/20	Clarified in the Purpose statement that the policy applies to professional services billed on a CMS-1500 or 837P claim form
	05/27/21	Annual review; no changes
	05/12/22	Annual review; no changes
	04/06/23	Annual review; no changes
	03/04/24	Added the third paragraph indicating Modifier GA should not be billed with other liability modifiers.
	02/04/25	Annual review; no changes