

UHC's new GA modifier requirement: what you need to know

Effective Feb. 1, UnitedHealthcare (UHC) will require physician practices to [append the GA modifier](#) to **COMMERCIAL** plan claims for services they know or suspect are not covered. UHC says this change will enhance health care transparency by ensuring patients are informed of potential out-of-pocket costs in advance.

Understanding the GA modifier requirement

The GA modifier indicates that a practice has obtained a patient's written consent acknowledging their financial responsibility for a non-covered service. Failure to secure consent and indicate it using the modifier will prohibit practices from billing the patient for the service.

Action steps

To comply with this new requirement:

- 1. Educate staff:** Ensure clinical and administrative staff are aware of the requirement and implement a process to ensure compliance.
- 2. Assess coverage:** Determine if the service is covered under the member's benefits.
- 3. Obtain consent:** If the service is likely not covered, secure written consent from the patient. Generic, blanket, or blank consent forms are not allowed. The consent must include:
 - An estimate of the charges for that service,
 - A statement explaining the reasons you believe the service may not be covered,
 - If UHC has determined the planned services are not covered (i.e., a practice has submitted a prior authorization or benefits check and UHC responded by stating the services were not covered), a statement that the patient knows UHC has determined the services aren't covered and the patient agrees to be responsible for the charges.
- 4. Maintain records:** Keep a copy of the consent in the patient medical record.
- 5. Use the GA modifier:** Include the GA modifier on the claim to indicate that you obtained proper consent.

Additional Information: More details are available in UHC's [2025 Administrative Guide for Commercial Plans](#). For further assistance, practices can access 24/7 support through the [UHC's Provider Portal](#).

— Brennan Cantrell, AAFP Senior Strategist, Market Transformation

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<https://www.aafp.org/pubs/fpm/blogs/gettingpaid/entry/uhc-ga-modifier.html>

A "GA modifier consent form" is essentially an Advance Beneficiary Notice (ABN) that a healthcare provider would have a patient sign when they believe a service is likely to be denied by Medicare as not medically necessary, signifying that the patient understands and agrees to be responsible for the cost if the service is not covered; the "GA" modifier is then added to the claim to indicate that this ABN is on file.

Template Example GA Modifier Consent Form (ABN):

<p><i>Clinic Letterhead</i></p> <p>GA Modifier Consent Form (Advance Beneficiary Notice (ABN))</p> <p>Patient Name: [Patient Name] Date of Service: [Date] (or range of dates)</p> <p>Service Description: [Detailed description of the service that may not be covered, including medical necessity concerns]</p> <p>Reason for Potential Non-Coverage: [Explanation why Insurance may deny the service, such as not meeting medical necessity guidelines or being considered experimental] (or non-payable to an acupuncturist)</p> <p>Estimated Cost of Service: [Estimated cost of the service to the patient]</p> <p>Patient Acknowledgement:</p> <ul style="list-style-type: none">• I have been informed by [Provider Name] that the above-mentioned service may not be covered by Insurance and that I may be responsible for the full cost of the service if it is denied.• I understand that I have the right to receive this service even if it is not covered by Insurance, and I choose to proceed with the service knowing that I may be responsible for the cost. <p>Patient Signature: [Patient Signature] Date: [Date Signed] Provider Signature: [Provider Signature]</p>

Key Points about a GA Modifier Consent Form:

- **Clear Explanation:** The form should clearly explain the service being provided, why it might not be covered by Medicare, and the potential cost to the patient if denied.
- **Patient Signature:** The patient must sign the form to acknowledge their understanding of the potential financial responsibility.
- **Provider Documentation:** The provider should keep a copy of the signed ABN on file for future reference and to use the "GA" modifier when submitting the claim.