

The HA Catch-Up Modifier in Georgia: What You Need to Know

Catch-up visits are for children, up to 3 years of age, who have missed their periodic preventative health appointments and come to you to “catch up” on missed or late services.

According to the [Georgia Chapter of the American Academy of Pediatrics](#), if the child is not seen at the 9-month, 18-month, or 30-month visit, a developmental screening should be performed during the catch-up visit for the missed periodic visit. Only one catch-up developmental screening during any one catch-up interval is allowed.

In Georgia, it’s possible that these patients’ well visits will be denied by Medicaid and CMO plans. The reasons listed will most likely be 1) Benefits are maxed or 2) Services are not covered for the patient’s age. If this happens, you can re-submit these for reconsideration if you append an HA modifier.

After you receive the denial from the carrier, you will need to add the HA modifier. This is in addition to the EPSDT modifiers already appended on the preventative visit service code. You’ll want to make sure you are rebilling these claims with the original internal control number (ICN), or claim number, that has been assigned by the carrier.

During the catch-up visit, be sure to note if you encounter abnormalities or address a preexisting problem. If these abnormalities or problems are significant enough to warrant extra work to execute the key components of a problem-oriented E/M service, then you should report the appropriate Office/Outpatient code 99211 or 99212. In addition, you should include the relevant HIPAA diagnosis code that’s consistent with the medical service(s) you provided and include modifiers EP and 25.