

-PO Excepted Services, Procedures, and/or Supplies Furnished at Off-Campus Provider-Based Outpatient Departments Modifier

Last Reviewed: 4/5/2024

Modifier -PO is for services, procedures, and/or surgeries furnished at excepted off-campus providerbased outpatient departments. This modifier is to be reported with every HCPCS code for all outpatient hospital items and services furnished in an excepted off campus provider-based department of a hospital.

Product Information

The information outlined below applies to all UCare products.

Payment Information

- HCPCS modifier –PO is to be reported with every HCPCS code for all outpatient hospital items and services furnished in an excepted off-campus provider-based department of a hospital.
- UCare will follow Medicare guidelines and will apply the same reduction to HCPCS code G0463 (Hospital outpatient clinic for assessment and management to a patient) appended with the – PO modifier furnished in an excepted off-campus provider-based department of a hospital.
 - Effective 1/1/2020 reimbursement for HCPCS code G0463 appended with the –PO modifier will be adjusted to the 40% of the hospital outpatient rate.

Appropriate Use

- UCare follows Medicare guidelines regarding the submission and use of the –PO modifier.
- If services reported on a particular claim form reflect items and services furnished in both an excepted and a non-excepted hospital off-campus provider-based department, the –PO modifier should be used on the excepted claim lines only.

Inappropriate Use

- Remote locations of a hospital
- Satellite facilities of a hospital
- Services furnished in an emergency department
- Critical Access Hospitals (CAHs). The PO modifier does not apply to CAHs because CAHs are not paid through the Outpatient Prospective Payment System (OPPS).
- Services paid under the Physician Fee Schedule (PFS).
- Any facility that does not meet the definition of provider-based.





• The -PO modifier should not be appended to non-excepted items or services.

Additional Links

Medicare Claims Processing Manual (cms.gov) Section 20.6.11

SE19007 Revised, 9/5/2019 MLN Matters MM11099 Revised MLN Matters SE18002, 1/1/2017

-PO Modifier CMS FAQ



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42 CFR 413.65 (provider-based clinics)

Disclaimer

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