

## -PN Non-Excepted Off-Campus Provider-Based Departments Modifier

Last Reviewed 4/5/2024

Modifier “PN” is a Nonexcepted service provided at an off campus, outpatient, provider -based department of a hospital.

### Product Information

The information outlined below applies to all Aspirus Medicare Advantage products.

### Payment Information

- HCPCS modifier –PN must be appended to every HCPCS code for all relevant outpatient hospital items and services furnished in a non-excepted off-campus provider-based department (PBD) of a hospital.
- Reimbursement to off-campus provider-based hospital departments appending the –PN modifier will be adjusted to 40% of the product specific hospital outpatient payment rate to services assigned to the following Ambulatory Payment Classification (APC) status indicators listed below.

AMBULATORY PAYMENT CLASSIFICATIONS	
APC STATUS INDICATOR	ITEM /SERVICE CATEGORY
J1	Hospital Part B services paid through a comprehensive APC
J2	Hospital Part B services that may be paid through a Comprehensive APC (Observation)
Q1	STV-packaged codes
Q2	T-packaged codes
Q3	Codes that may be paid through a composite APC
S	Procedure or Service, Not Discounted when multiple
T	Procedure or Service, Multiple Procedure Reduction Applies
V	Clinic Visit

## Appropriate Use

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

## Inappropriate Use

- The –PN modifier should not be appended to excepted items or services

## Additional Links

[CMS Medicare Claims Processing Manual \(Pub. 100-04\), chapter 4, section 20.6.12](#)

[SE19007 Revised, 9/5/2019](#)

[MLN Matters MM11099 Revised](#)

[MLN Matters SE18002, 1/1/2017](#)

[MLN Matters MM9930, 12/22/2016](#)

[42 CFR 413.65 \(provider-based clinics\)](#)

## Disclaimer

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