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## **-PO Excepted Services, Provided at Off-Campus Provider-Based Outpatient Departments Modifier**

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Modifier -PO is for excepted services provided at excepted off-campus provider-based outpatient departments.

### **Product Information**

The information outlined below applies to Aspirus Health Plan Medicare Advantage 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.
- Aspirus 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.
  - The reimbursement for HCPCS code G0463 appended with the –PO modifier will be adjusted to 40% of the hospital outpatient rate.

### **Appropriate Use**

- Aspirus 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.

## Additional Links

[Medicare Claims Processing Manual \(cms.gov\) Section 20.6.11](#)

[SE19007 Revised, 2/5/2024](#)

[MLN Matters MM11099 Revised 2/18/2019](#)

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

[-PO Modifier CMS FAQ](#)

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

## Disclaimer

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