

# SPECIAL eBULLETIN

FOR FACILITY PROVIDERS

JULY 30, 2021

## REQUIRED USE OF THE OFF-CAMPUS MODIFIER

To ensure parity in our member experience and cost, Highmark is aligning with the Centers for Medicare and Medicaid Services (CMS) and requiring the use of the Off-Campus modifier beginning on **October 1, 2021**. This will reduce the member's associated costs of receiving services in an off-campus location and align with the costs of receiving Evaluation and Management services in a professional medical clinic.

To use the Off-Campus modifier, you must use the "PO"/"PN" modifiers for all applicable off-campus sites when billing for technical services of a medical office visit (professional services billed with a facility Place of Service and facility billing technical component of the visit)<sup>1</sup>.

- **Use the "PN" Modifier** when submitting claims for nonexcepted items and services (separately payable drugs, clinical laboratory tests, and therapy services).
- **Use the "PO" Modifier** when submitting claims with excepted items and services (services, procedures, and/or surgeries).
- **Use both the "PN" and the "PO" modifier** when services reported on a claim reflect items and services furnished from both an excepted and a nonexcepted off-campus location of the hospital.
  - Use the "PO" modifier on the excepted claim lines and the "PN" modifier on the nonexcepted claim lines.

Appropriate use of these modifiers will be subject to post-pay audits through FIPR.

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The PO/PN modifier does not need to be used if the services rendered fall under one of the following hospital departments:

- A dedicated emergency department as defined in existing CMS regulations at 42 CFR 489.24(b).
- Departments "on campus" (or within 250 yards) of the hospital or a remote location of the hospital as defined under CMS Regulation 42 CFR 413.65.

