PO Modifier and Place of Service 19: Need To Be Reported For Off-Campus Services

December 15, 2015 - Effective January 1, 2015 and required January 1, 2016, CMS has implemented a new requirement to use the PO modifier for all submissions, and the Place of Service (POS) 19 for professional claims when submitting codes for hospital services furnished in an off-campus, provider-based outpatient department.

To Meet This Requirement
In order to meet this requirement, MEDITECH is providing standard enhancements via BAR-292/CS DTS 7202 and BAR-550/MG DTS 12354. The standard changes will allow hospitals to map a Revenue Site value assigned to the eligible charge procedures to both the PO modifier and the POS of 19. Please refer to the following C/S and MG documents for a complete description of these enhancements.

Submit Claims with the PO Modifier Correctly Assigned
If your organization isn’t utilizing the Revenue Site feature, MEDITECH recommends implementing it for these off-campus procedures. If this is not an option, the following workflow processes could possibly be used in order to submit claims with the PO modifier correctly assigned:

1. Create new or update existing charge procedures that are specific to off-campus sites and include the PO modifier as a hardcoded value along with the HCPCS code.
2. Require the application sending the charge includes the PO modifier as a query value.*
3. Add the PO modifier as a query value* directly to the charges in B/AR under Process Account, Process CDS Transactions.
4. Add the PO modifier to the appropriate charges during the coding process in either ABS or in the other-vendor encoder (e.g. 3M).
5. Add the PO modifier to the appropriate charge lines on the claim via the online claim editor in B/AR.

*Please note: In order to reduce or eliminate staff’s confusion when adding the modifier to the query, the following steps can be taken:

1. Create a group response with a single entry of PO for this query.
2. Choose an option for making this query response required as shown below:

<table>
<thead>
<tr>
<th>Value</th>
<th>A Response Is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Not required</td>
</tr>
<tr>
<td>Y</td>
<td>Not required immediately; the system warns that a response is required when filing the screen</td>
</tr>
<tr>
<td>I (Immediate)</td>
<td>Required before the user can move to the next query</td>
</tr>
</tbody>
</table>

Questions
- For questions regarding this requirement, standard enhancements, or proposed workflow processes, contact your B/AR or Claims applications specialist.
- If you would like to receive the changes described in the enhancement documents, please open a service issue and request them for your site.
- For questions regarding this notice, please contact Meredith Turtschin, senior billing/ accounts receivable analyst, at 781-774-3220 or mturtschin@meditech.com.