

Off-Campus Provider-Based Departments Billed with Modifier PO Policy, Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the UB04 Health Insurance Claim Form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.

Policy

Overview

This policy sets forth UnitedHealthcare’s requirement that HCPCS code G0463 be reported with modifier PO when services are provided in off-campus provider-based hospital departments. When this modifier is appended, reimbursement will be at 40% of the allowed amount, in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines for outpatient items and services.

Reimbursement Guidelines

In alignment with the Centers for Medicare and Medicaid (CMS), UnitedHealthcare requires modifier PO to be reported with HCPCS code G0463 when outpatient hospital items and services are reported in an off-campus provider-based department of a hospital. Provider based departments of a hospital are owned and operated by a single entity known as the “main provider.” Provider-based departments of a hospital can be located on the same campus as the main

provider or off-campus. A facility outside of 250 yards (from the main provider), but within 35 miles, is considered off-campus.
 Consistent with CMS, when HCPCS code G0463 is submitted with modifier PO, HCPCS code G0463 will be reimbursed at 40% of the allowed amount.

Questions and Answers

	Q: What procedure code(s) and requirements are included in the new policy?
1	A: In alignment with CMS, the policy will support the requirement to append modifier PO to HCPCS code G0463 when services are provided in an off-campus provider-based billing department of a hospital.
	Q: Will reimbursement be impacted for provider-based services?
2	A: There will be a 60% reduction in reimbursement when HCPCS code G0463 and modifier PO are submitted indicating the services were performed in an off-campus provider-based billing department of a hospital.

Codes

G0463	Hospital outpatient clinic visit for assessment and management of a patient.
PO	Excepted service provided at an off-campus, outpatient, provider-based department of a hospital.

Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
 Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
 Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

History

3/1/2026	Policy implemented by UnitedHealthcare Employer & Individual and Individual Family Plans.
11/18/2025	Policy approved by the Reimbursement Policy Oversight Committee