



Requirements to Prevent the Misuse of Modifiers PA, PB, and PC on Incoming Claims – JA6718

Related CR Release Date: December 4, 2009

Date Job Aid Revised: December 15, 2009

Effective Date: January 15, 2009

Implementation Date: No Later than January 4, 2010

Key Words MM6718, CR6718, R1867CP, Modifiers, PA, PB, PC

Contractors Affected

- Medicare Carriers
- Medicare Administrative Contractors (MACs)
- Fiscal Intermediaries (FIs)

Provider Types Affected

Physicians, non-physician practitioners, and hospitals submitting claims to FIs, carriers, and MACs for services provided to Medicare beneficiaries



- Change Request (CR) 6718 advises providers that the PA, PB and PC modifiers are often being submitted incorrectly on claims. CR6718 instructs contractors on handling incorrect claims in order to alleviate the incorrect denials.
- CR6718 clarifies billing instructions and claims processing for information provided in previous MLN Matters® article MM6405.

Provider Needs to Know...

- Some providers are using the PC modifier to represent the professional component of a service. **This is incorrect.**
- The PC modifier is defined as “Wrong Surgery on a Patient.”
- The incorrect use of this modifier results in claims being incorrectly denied.

- To prevent this, Medicare contractors will:
 - Suspend, review, and develop all claim lines that are submitted with the PA, PB, or PC modifiers; and
 - Contact the provider to determine whether the claims are related to one of the adverse events as described by the modifiers PA, PB, or PC.
- If the contractor determines that the modifiers PA, PB, or PC have been incorrectly submitted, they will:
 - Reject (return to provider) Part A outpatient claims;
 - Return Part B claims as unprocessable with the following codes:
 - Claim Adjustment reason Code 4 ("The procedure code is inconsistent with the modifier used or a required modifier is missing."); and
 - Remittance advice Remark Code MA130 ("Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.")
- **CR6718 does not change the policy for the coverage or non-coverage of the adverse events described in MM6405.**

Background

- CR6405 ("Wrong Surgical or Other Invasive Procedure Performed on a Patient; Surgical or Other Invasive Procedure Performed on the Wrong Body Part; Surgical or Other Invasive Procedure Performed on the Wrong Patient"), which was revised on September 25, 2009, implemented billing procedures for these adverse events.
- CMS has learned that the modifiers described in the CR6405 are (in many cases) being submitted incorrectly by the providers.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6718.pdf> on the CMS website.

The official instruction (CR6718) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1867CP.pdf> on the CMS website.

The related MLN Matters® article MM6405 can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6405.pdf> on the CMS website.