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April 1, 2015

### **Outpatient Fee Schedule J1 Modifier, Effective April 1, 2015**

A new modifier has been added to the HCPCS/CPT Outpatient Fee Schedule. The new J1 modifier provides a single payment for a primary service, and payment for all adjunctive services reported on the same claim are packaged into the payment for the primary service.

Claims reporting at least one J1 procedure code will package the following items and services that are not typically packaged under the OPSS:

- Major OPSS procedure codes (status indicators P, S, T, V);
- Lower ranked comprehensive procedure codes (status indicator J1);
- Non-pass-through drugs and biologicals (status indicator K);
- Blood products (status indicator R);
- DME (status indicator Y); and
- Therapy services (HCPCS codes with status indicator A reported on therapy revenue centers)

The following services are excluded from comprehensive APC packaging:

- Brachytherapy sources (status indicator U);
- Pass-through drugs, biologicals and devices (status indicators G or H);
- Corneal tissue, CRNA services, and Hepatitis B vaccinations (status indicator F);
- Influenza and pneumococcal pneumonia vaccine services (status indicator L);
- Ambulance services;
- Mammography; and
- Certain preventive services

The single payment for a comprehensive claim is based on the rate associated with the J1 service. When multiple J1 services are reported on the same claim, the single payment is based on the rate associated with the highest ranking J1 service within the same clinical family. When certain pairs of J1 services (or in certain cases a J1 service and an add-on code) are reported on the same claim, the claim is eligible for a complexity adjustment, which provides a single payment for the claim based on the rate of the next higher comprehensive APC within the same clinical family.

### **Professional Fee Schedule Modifier 59, Effective April 1, 2015**

Modifier 59 has 4 subsets of modifiers. The following four subsets will be recognized by Montana Worker's Compensation Professional Fee Schedule. Modifier 59 should not be used when a more descriptive modifier is available.

- **XE** Separate Encounter, A service that is distinct because it occurred during a separate encounter

- **XS** Separate Structure, A service that is distinct because it was performed on a separate organ/structure
- **XP** Separate Practitioner, A Service that is distinct because it was performed by a different practitioner
- **XU** Unusual Non-Overlapping Service, The use of a service that is distinct because it does not overlap usual components of the main service.

If a provider has questions regarding billing, the provider's first contact should be to the insurer. If there are additional questions or issues that need to be addressed, please contact us at the Department of Labor and Industry.

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