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Place of Service

Reimbursement Policy ID: RPC.0063.DEEX

Recent review date: 12/2023

Next review date: 11/2025

AmeriHealth Caritas Next reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Next may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

Policy Overview

Place of service (POS) codes are two-digit numeric characters that describe where a service was rendered. The POS code list is maintained by the Centers for Medicare & Medicaid Services (CMS). This code set serves as the national standard for the electronic transmission of professional health care claims under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas Next will reimburse for eligible services that are billed using Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) when submitted according to CPT or HCPCS code descriptions and/or guidelines. If indicated, services must be submitted with the corresponding POS as described by the submitted CPT code – for example, home visit E/M services (99341-99350) should be submitted with POS "12" (patient's home).

In addition to CPT and HCPCS code descriptions, AmeriHealth Caritas Next uses the CMS National Physician Fee Schedule Relative Value File (NPFS RVU) indicators to make reimbursement determinations relative to POS. For example, the NPFS RVU file includes "Non-Facility NA" and "Facility NA" fields – indicating that the procedure is rarely or never performed in that setting. A value of "NA" in the Non-Facility NA field would result in a claim denial if the claim indicates the procedure was performed in the home setting, for example. AmeriHealth Caritas Next will not reimburse claims with CPT and/or HCPCS codes that include an NPFS RVU indicator of "NA" when reported.

Definitions

Place of Service Code

A two-digit code is used on health care professional claims to indicate the setting in which a service was provided.

Edit Sources

I.   Current Procedural Terminology (CPT) and associated publications and services.
II. Centers for Medicare & Medicaid Services (CMS), https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set, https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files

Attachments

N/A

Associated Policies

N/A

Policy History

04/2024	Revised preamble
12/2023	Reimbursement Policy Committee Approval
11/2023	Annual review: • Definitions updated • Biennial review
08/2023	Policy implemented by AmeriHealth Caritas Next removed from Policy History section
01/2023	Template revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section