

SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.32 PLACE OF SERVICE

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Professional Provider Office Manual*. If we make any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Professional Provider Office Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.BCBSLA.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.BCBSLA.com/providers.

This manual is provided for informational purposes only and is an extension of your Professional Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail Blue Cross policies. Blue Cross retains the right to add to, delete from and otherwise modify the *Professional Provider Office Manual* as needed. This manual and other information and materials provided by Blue Cross are proprietary and confidential and may constitute trade secrets of Blue Cross.

PLACE OF SERVICE

When filing a claim make sure to use the appropriate code for the services rendered. Below is a listing of the place of treatment codes and their descriptions.

POS	Description	Norm POS	POS	Description	Norm POS
01	Pharmacy	Outpatient	32	Nursing Facility	Inpatient
03	School	Outpatient	33	Custodial Care Facility	Inpatient
04	Homeless Shelter	Outpatient	34	Hospice	Inpatient
05	Indian Health Service Free-Standing Facility	Outpatient	41	Ambulance – Land	Outpatient
06	Indian Health Service Provider-Based Facility	Inpatient	42	Ambulance – Air or Water	Outpatient
07	Tribal 638 Free-Standing Facility	Outpatient	49	Independent Clinic	Outpatient
08	Tribal 638 Provider-Based Facility	Inpatient	50	Federally Qualified Health Center	Outpatient
11	Office	Outpatient	51	Inpatient Psychiatric Facility	Inpatient
12	Patient's Home	Outpatient	52	Psychiatric Facility Partial Hospitalization	Outpatient
13	Assisted Living Facility	Outpatient	53	Community Mental Health Center	Outpatient
14	Group Home	Outpatient	54	Intermediate Care Facility/Intellectual Disabilities	Inpatient
15	Mobile Unit	Outpatient	55	Residential Substance Use Treatment Center	Inpatient
17	Retail Health Clinic	Outpatient	56	Psychiatric Residential Treatment Center	Inpatient
19*	Office (Off-Campus Outpatient Hospital) Please Note: Not valid for Blue Cross claims submission	Outpatient	58	Addiction Facility Partial Hospitalization	Outpatient
20	Urgent Care Facility	Outpatient	60	Mass Immunization Center	Outpatient
21	Inpatient Hospital	Inpatient	61	Comprehensive Inpatient Rehabilitation Facility	Inpatient
22	Outpatient Hospital	Outpatient	62	Comprehensive Outpatient Rehabilitation Facility	Outpatient
23	Emergency Room – Hospital	Outpatient	65	End Stage Renal Disease Treatment Facility	Outpatient
24	Ambulatory Surgical Center	Outpatient	71	State or Local Public Health Clinic	Outpatient
25	Birthing Center	Outpatient	72	Rural Health Clinic	Outpatient
26	Military Treatment Facility	Outpatient	81	Independent Laboratory	Outpatient
31	Skilled Nursing Facility	Inpatient	99	Other Unlisted Facility	Inpatient

*See the end of this section for additional guidelines on this place of service.

Place of Service 19

Blue Cross does not consider place of service 19 valid for claims submission. If a service is provided in the "office" setting (see criteria below), place of service 11 should be used. If a service is provided in the "outpatient hospital" setting (on or off campus), place of service 22 should be used.

Place of service 19 should not be used for any services.

Office Setting

Blue Cross follows AMA guidelines regarding the definition of "office" setting; however, Blue Cross also defines "office" setting as:

- Any office space within a hospital or facility which is separately identifiable as a provider's private practice.
- Any office space at a hospital or facility's off-campus or freestanding location which is separately identifiable as a provider's private practice.
- Any services performed in a provider's rented office space within a hospital or facility regardless of who owns the equipment (e.g., radiology, etc.)

All professional services in an office or clinic setting should be billed on the CMS-1500 claim form with an "office" place of service 11. Place of service 19 should not be used for any services.

Blue Cross does not recognize provider-based billing, which is a method of billing Medicare for certain clinics owned or affiliated with hospitals. For more information, please refer to the Provider Based Billing section of this manual.