Program Memorandum Carriers

Transmittal B-02-055

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)
Date: AUGUST 7, 2002

CHANGE REQUEST 2259

SUBJECT: Updates to the Place of Service (POS) Code Set

The following represents the current POS code set accepted by Medicare and instructions for using it. An asterisk (*) flags new codes. Implement this code set, along with the related systems changes required by this Program Memorandum (PM), by January 1, 2003. We will be updating this code set on a quarterly basis as needed. In addition, this PM indicates whether services in a given setting are to be paid at the facility or nonfacility rate.

For HIPAA Standard Transactions

For HIPAA standard transactions, change your systems to accept the new codes and make any other systems changes required in this PM. Verify that your systems are consistent with the facility and nonfacility rate designations listed in this PM; correct your systems as needed to comply with the designations in this PM.

For Paper Claims

For paper claims, change your systems to accept the new codes and make any other systems changes required in this PM. Verify that your systems are consistent with the facility versus nonfacility rate designations in this PM; correct your systems as needed to comply with the designations in this PM.

For National Standard Format and other Non-HIPAA-Standard Electronic Transactions

Add the new codes and make any other systems changes required in this PM. Verify that your systems are consistent with the facility and nonfacility designations in this PM; correct your systems as needed to comply with the designations in this PM.

How to Process Claims Using the New POS Codes

All of the POS codes listed in the code set are valid under HIPAA, and your HIPAA compliance edits must accept them for HIPAA standard transactions. The new settings parallel certain existing settings in terms of coverage and payment policy. For all electronic and paper claims, apply the appropriate payment and coverage policy to the new codes by crosswalking them to the existing codes noted in the attached table and process the claims according to your requirements of the indicated existing POS code.

POS Codes on Outgoing Transactions

Supply the original POS code from the incoming electronic claim transaction or paper claim on all outgoing transactions requiring the inclusion of a POS code.

How to Use the Mobile Unit Code (15)

When services are furnished in a mobile unit, they are often provided to serve an entity for which another POS code exists. For example, a mobile unit may be sent to a physician's office or a skilled nursing facility. If the mobile unit is serving an entity for which another POS code already exists, providers should use the POS code for that entity. However, if the mobile unit is not serving an entity which could be described by an existing POS code, the providers are to use the Mobile Unit POS code 15. Apply the nonfacility rate to payments for services designated as being furnished in

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POS code 15; apply the appropriate facility or nonfacility rate for the POS code designated when a code other than the mobile unit code is indicated.

Jurisdiction

Follow your current jurisdiction procedures to process claims in these settings.

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility=NF	Crosswalk to
01-02 /Unassigned		N/A
03* /School A facility whose primary purpose is education.	NF	11/Office
04* /Homeless Shelter A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).	NF	11/Office

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility =NF	Crosswalk to
09-10 /Unassigned		
11 /Office Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.	NF	
12 /Home Location, other than a hospital or other facility, where the patient receives care in a private residence.	NF	
13-14 /Unassigned		

POS Code/Name Description (*=New code)	Payment Rate Facility=F Nonfacility= NF	Crosswalk to
15* /Mobile Unit A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.	NF	11/Office
16-19 /Unassigned		
20* /Urgent Care Facility Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.	NF	11/Office
21 /Inpatient Hospital A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.	F	
22 /Outpatient Hospital A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	F	
23 /Emergency Room – Hospital A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	F	

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility =NF	Crosswalk to
24 /Ambulatory Surgical Center A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.	F Note: pay at the nonfacility rate for payable procedures not on the ASC list	
25 /Birthing Center A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.	NF	
26 /Military Treatment Facility A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF). 27-30/ Unassigned	F	
31 /Skilled Nursing Facility A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.	F	

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility =NF	Crosswalk to
32 /Nursing Facility A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.	NF	
33 /Custodial Care Facility A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.	NF	
34 /Hospice A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.	F	
35-40 Unassigned		
41 /AmbulanceLand A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.	F	
42 /Ambulance Air or Water An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.	F	
43-49 /Unassigned		
50 /Federally Qualified Health Center A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.	NF	

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility =NF	Crosswalk to
51 /Inpatient Psychiatric Facility A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.	F	
52 /Psychiatric Facility-Partial Hospitalization A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.	F	
53 /Community Mental Health Center A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.	F	

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility =NF	Crosswalk to
54 /Intermediate Care Facility/Mentally Retarded A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.	NF	
55 /Residential Substance Abuse Treatment Facility A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.	NF	
56 /Psychiatric Residential Treatment Center A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment. 57-59 /Unassigned	F	
60 /Mass Immunization Center A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.	NF	

POS Code/Name Description (*=New code)	Payment Rate (Facility = F; Nonfacility =NF)	Crosswalk to
61 /Comprehensive Inpatient Rehabilitation Facility A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.	F	
62 /Comprehensive Outpatient Rehabilitation Facility A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.	NF	
63-64 /Unassigned		
65 /End-Stage Renal Disease Treatment Facility A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.	N	
66-70 /Unassigned		
71 /State or Local Public Health Clinic A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.	NF	
72 /Rural Health Clinic A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.	NF	

POS Code/Name Description (*=New code)	Payment Rate Facility = F Nonfacility =NF	Crosswalk to
73-80 /Unassigned		
81 /Independent Laboratory A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.	NF	
82-98 /Unassigned		
99 /Other Place of Service Other place of service not identified above.		

Inform your providers of these changes via your web site and next regularly scheduled bulletin.

The effective date for this PM is January 1, 2003.

The implementation date for this PM is January 1, 2003.

These instructions should be implemented within your current operating budget.

This PM may be discarded after December 31, 2003.

If you have any questions, contact your Regional Office representative.