

## Procedure and Place of Service Policy, Professional

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents\*\*. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other health care professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*\*\* For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

### **Application**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS 1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

### **Policy**

#### **Overview**

The Procedure and Place of Service policy addresses the reimbursement of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that are reported in a place of service (POS) considered

inappropriate based on the code's description or available coding guidelines when reported by a physician or other health care professional.

### Reimbursement Guidelines

UnitedHealthcare Medicare Advantage will reimburse CPT and HCPCS codes when reported with an appropriate place of service (POS). UnitedHealthcare Medicare Advantage aligns with The Centers for Medicare & Medicaid Services (CMS) POS Code set, which are two-digit codes submitted on the CMS 1500 Health Insurance Claim Form or its electronic equivalent to indicate the setting in which a service was provided.

Many CPT and HCPCS codes include a place of service in their description or coding guidelines include the place(s) of service where the code may be performed. For example, CPT code 94002 (*Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day*) would not be appropriate for reporting in an office or home POS because its code description identifies hospital inpatient or observation. The CMS POS Code set can be accessed via this link: [CMS Place of Service Code Set](#)

### Telehealth services

Certain Telemedicine/Telehealth services are considered for payment when performed and reported by an approved provider with place of service 02 to indicate that the billed service was provided as a Telehealth service from a distant site. The CMS website containing the approved list of Telehealth service allowed at POS 02 can be accessed via this link: [CMS Telehealth/Telemedicine services](#)

### National Physician Fee Schedule (NPFS) Non-Facility NA Indicator

According to the CMS National Physician Fee Schedule Relative Value File, the Non-Facility Indicator identified as "NA" indicates that "this procedure is rarely or never performed in the non-facility setting." UnitedHealthcare Medicare Advantage will not reimburse CPT and HCPCS codes with the NA indicator when reported without an appropriate POS. (UnitedHealthcare Medicare Advantage is excluding procedures reported with modifiers 26 or 54-58).

The NPFS Relative Value File can be accessed via this link: [CMS National Physician Fee Schedule Relative Value File](#)

UnitedHealthcare Medicare Advantage has established a list of CPT and HCPCS codes along with their appropriate places of service. Codes not included on the list are out of scope for this policy. Please refer to the list located in the [Attachments](#) section.


### Definitions

<b>Place of Service</b>	A two-digit code used on health care professional claims to indicate the setting in which a service was provided.
<b>National Professional Fee Schedule (NPFS)</b>	A fee schedule is a complete listing of fees used by Medicare to pay doctors or other providers/suppliers. This comprehensive listing of fee maximums is used to reimburse a physician and/or other providers on a fee-for-service basis. CMS develops fee schedules for physicians, ambulance services, clinical laboratory services, and durable medical equipment, prosthetics, orthotics, and supplies.
<b>Telehealth/Telemedicine</b>	Telehealth services are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technologies. They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.

### Questions and Answers

<b>1</b>	<p><b>Q:</b> Why aren't all CPT and HCPCS codes addressed in this policy?</p> <p><b>A:</b> This policy addresses CPT and HCPCS codes that include POS in their description or where coding guidelines are provided relative to POS. Codes that do not fit this criteria are out of scope for this reimbursement policy.</p>
<b>2</b>	<p><b>Q:</b> Where do the Place of Service codes come from?</p> <p><b>A:</b> The Place of Service codes can be found on the CMS website and contains two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare &amp; Medicaid Services (CMS) maintains POS codes used throughout the health care industry.</p>

### Attachments

	<p>The services on this list are <b>not</b> allowed in POS 11</p>
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### Resources

<p><a href="http://www.cms.gov">www.cms.gov</a></p> <p>Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services</p> <p>American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services</p>
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### History

1/26/2020	New Policy Template Change Code List update
11/17/2019	Policy Update (new version) Code list update
10/20/2019	Policy Update (new version) Code list update
7/24/2019	Policy Update (new version) Code list update
4/24/2019	Policy Update (new version) <ul style="list-style-type: none"> <li>• Code list update</li> </ul> Q&A update
3/1/2019	Annual Anniversary Date and Version Change <ul style="list-style-type: none"> <li>• Policy template change in the Title section</li> </ul> CMS links updated and moved to the applicable sections
1/1/2019	Policy Version Change Code list update
9/7/2018	<ul style="list-style-type: none"> <li>• Policy number changed from 2018R0127A (new version)</li> </ul> Title change to add Professional
6/1/2018	<ul style="list-style-type: none"> <li>• Policy Implemented by UnitedHealthcare Medicare Advantage</li> </ul>
1/10/2018	<ul style="list-style-type: none"> <li>• New Policy approved by RPOC</li> </ul>



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