

# PROCEDURE AND PLACE OF SERVICE POLICY

**Policy Number:** ADMINISTRATIVE 253.14 T0

**Effective Date:** January 14, 2019

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**Related Policies**

None

## INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

## 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.

## 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

Oxford will reimburse CPT and HCPCS codes when reported with an appropriate Place Of Service (POS).

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 Centers for Medicare & Medicaid Services (CMS) maintain the Place of Service 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. The website containing the POS Code set can be accessed via this link: [CMS Place of Service Code Set](#).

Oxford 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.

### **National Physician Fee Schedule 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 will not reimburse CPT and HCPCS codes with the NA indicator when reported without an appropriate POS. The website containing the National Physician Fee Schedule Relative Value File can be accessed via this link:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files.html>.

## DEFINITIONS

**Place of Service:** A two-digit code used on health care professional claims to indicate the setting in which a service was provided.

## QUESTIONS AND ANSWERS

1	Q:	Why aren't all CPT and HCPCS codes addressed in this policy?
	A:	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, as well as mental health/substance abuse codes and codes addressed in other reimbursement policies, are out of scope for this reimbursement policy.
2	Q:	Where do the Place of Service codes come from?
	A:	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 & Medicaid Services (CMS) maintains POS codes used throughout the health care industry.

## ATTACHMENTS

### Procedure and Place of Service List

A list of codes and appropriate place(s) of service that apply to this policy



Procedure and Place of Service List

## REFERENCES

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Payment Policy Oversight Committee. [2018R0127C]

American Medical Association, *Current Procedural Terminology* (CPT®) and associated publications and services.

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System Release and Code Sets.

Centers for Medicare and Medicaid Services, Place of Service Code Set.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/14/2019	<ul style="list-style-type: none"><li>Updated <i>Procedure and Place of Service List</i> (CPT/HCPCS codes and appropriate place(s) of service) to reflect annual code edits; added G0076, G0077, G0078, G0079, G0080, G0081, G0082, G0083, G0084, and G0085 (POS 12 and 14)</li><li>Archived previous policy version ADMINISTRATIVE 253.13 T0</li></ul>