

SITE OF SERVICE DIFFERENTIAL

Policy Number: ADMINISTRATIVE 182.11 T0

Effective Date: January 1, 2019

Table of Contents	Page
INSTRUCTIONS FOR USE	1
APPLICABLE LINES OF BUSINESS/PRODUCTS	1
PURPOSE	1
POLICY	1
APPLICABLE CODES	2
REFERENCES	2
POLICY HISTORY/REVISION INFORMATION	3

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.

PURPOSE

The purpose of this policy is to describe the reimbursement methodology for Current Procedural Terminology (CPT®) and Healthcare Common Procedural Coding System (HCPCS) codes based on the location where the medical service was performed.

POLICY

The site of service differential recognizes that a physician's practice expense is generally lower when services are provided in a facility setting. When a procedure is performed in a facility setting the physician uses hospital resources rather than their own therefore reducing the practice expense for the physician.

Note: When there is a conflict between the reimbursement methodology outlined in this policy and the participating provider contract, the contract will govern.

Oxford utilizes the Center for Medicare and Medicaid Services (CMS) National Physician Fee Schedule Relative Value File to determine whether a CPT or HCPCS code is eligible for the site of service differential. CPT/HCPCS codes with *Facility Total* and *Non-Facility Total* amount that:

- **Match**, are not eligible for a site of service differential.
- **Do not match**, are eligible for the site of service differential. For a list of eligible CPT and HCPCS codes, refer to the list of [Procedures Eligible for a Site of Service Differential](#) in the *Applicable Codes* section below.

Oxford generally utilizes the place of service (POS) code set determined by CMS for administration of the site of service differential. Places of service that are considered a facility by CMS are found on the [Facility Place of Service Code List](#). When a participating provider performs one of the eligible procedures in a:

- **Facility setting**, the provider will be reimbursed at the site of service differential rate.
- **Any other (non-facility) setting**, the provider will be reimbursed at the non-facility rate.

A site of service differential rate will be applied when the following criteria are met:

- The provider rendering services is an individual physician.
- The provider is a participating physician.
- The CPT/HCPCS code is on the list of [Procedures Eligible for a Site of Service Differential](#).
- The service was provided in a facility setting; refer to the [Facility Place of Service Code List](#) in the *Applicable Codes* section for a list of locations that are classified as a facility by CMS.

APPLICABLE CODES

Procedures Eligible for a Site of Service Differential

A list of CPT/HCPCS codes that are eligible for the site of service differential.

CPT/HCPCS Codes



Procedures Eligible
for SOS Differential

Facility Place of Service Code List

A list of POS that are considered a facility setting for the purposes of this policy.

Place of Service Code	Description
02	Telehealth
19	Off campus-outpatient hospital
21	Inpatient hospital
22	On campus-outpatient hospital
23	Emergency room hospital
24	Ambulatory surgical center
26	Military treatment facility
31	Skilled nursing facility
34	Hospice
41	Ambulance - land
42	Ambulance - air or water
51	Inpatient psychiatric facility
52	Psychiatric facility partial hospitalization
53	Community mental health center
56	Psychiatric residential treatment center
61	Comprehensive inpatient rehabilitation facility

REFERENCES

Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual. Chapter 12 § 20.4.2. Available at: <http://www.cms.gov/manuals/downloads/clm104c12.pdf>.

Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files. Available at: <http://www.cms.gov/manuals/downloads/clm104c12.pdf>. Accessed June 13, 2018.

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	<ul style="list-style-type: none">Updated list of applicable CPT/HCPCS codes to reflect annual code edits; removed 10022, 11100, 11101, 20005, 27370, 64508, 64550, 95974, 95975, 95978, 95979, 96101, 96102, 96103, 96111, 96118, 96119, and 96120Archived previous policy version ADMINISTRATIVE 182.10 T0