Place of Service Code Assignments

For Use with CMS-1500 — Effective Dec. 1, 2012

Place of Service Code Assignments are used by CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (collectively CareFirst) providers when submitting claims for payment. These assignment codes are also located in the Reference Guide tab at www.carefirst.com/ providermanualsandguides.

Updated Professional Place of Service codes (for Facility, Freestanding Ambulatory Surgery Center (ASC), and Non-Facility) for certain services are effective for dates of service on or after Dec. 1, 2012. These professional services will be reimbursed based on the applicable rate for the Place of Service Code billed on the claim.

Facility Payment Rate

This rate is applied when a professional provider performs covered services in a facility setting (e.g. hospital or skilled nursing facility) and the practice expenses associated with providing that service are the responsibility of the facility. In this scenario, payments would be made

- to the professional provider for the professional services
- to the facility where the service was performed for the overhead costs and supplies

For covered services, the following Place of Service codes will be reimbursed at the Facility payment rate:

Place of Service Code	Place of Service Description
05	Indian Health Service Freestanding Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Freestanding Facility
08	Tribal 638 Provider-Based Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room - Hospital
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	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
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Nonresidential Substance Abuse Treatment Facility
61	Comprehensive Inpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility

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Freestanding Ambulatory Surgery Center (ASC) Rate

This rate is applied when the provider performs certain covered services in a Freestanding ASC. This allowance will be higher than the facility allowance but lower than or equal to the non-facility allowance.

For covered services, the following Place of Service code will be reimbursed at the Freestanding ASC payment rate:

Place of Service Code	Place of Service Description
24	Ambulatory Surgery Center

Non-Facility Payment Rate

This rate is applied when the provider performs covered services in a non-facility setting (e.g. office or urgent care facility) and the professional practice incurs the full expense of providing the service such as labor, medical supplies, and medical equipment.

For covered services, the following Place of Service codes will be reimbursed at the Non-Facility payment rate

Place of Service Code	Place of Service Description
01	Pharmacy
03	School
04	Homeless Shelter
09	Prison-Correctional Facility
11	Office

Place of Service Code	Place of Service Description
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk In Retail Health Clinic
18	Place of Employment - Worksite
20	Urgent Care Facility
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
54	Intermediate Care Facility/Mentally Retarded
60	Mass Immunization Center
62	Comprehensive Outpatient Rehabilitation Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Place of Service