SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Member Provider Policy & Procedure Manual

5.22 PLACE OF SERVICE

This is a subsection of Section 5: Billing and Reimbursement Guidelines of the *Member Provider Policy & Procedure Manual*. If Blue Cross and Blue Shield of Louisiana (Louisiana Blue) makes any procedural changes, in our ongoing efforts to improve our service to you, we will update the information in this subsection and notify our network providers. For complete *Member Provider Policy & Procedure Manual* information, please refer to the other sections of this manual. Contact information for all manual sections is available in the Manual Reference Section.

For member eligibility, benefits or claims status information, we encourage you to use iLinkBlue (www.lablue.com/ilinkblue), our online self-service provider tool. Additional provider resources are available on our Provider page at www.lablue.com/providers.

This manual is provided for informational purposes only and is an extension of your Member Provider Agreement. You should always directly verify member benefits prior to performing services. Every effort has been made to print accurate, current information. Errors or omissions, if any, are inadvertent. The Member Contract/Certificate contains information on benefits, limitations and exclusions, and managed care benefit requirements. It also may limit the number of days, visits or dollar amounts to be reimbursed.

As stated in your agreement: This manual is intended to set forth in detail our policies. Louisiana Blue retains the right to add to, delete from and otherwise modify the *Member Provider Policy & Procedure Manual* as needed. This manual and other information and materials provided are proprietary and confidential and may constitute trade secrets.

PLACE OF SERVICE

When filing a claim make sure to use the appropriate code for the services rendered. Below is a listing of the place of treatment codes and their descriptions.

POS	Description
01	Pharmacy
02*	Telehealth Provided Other than in Patient's Home **Note**: Not valid for Louisiana Blue claims submissions
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
10*	Telehealth Provided in Patient's Home
11	Office
12	Patient's Home
13	Assisted Living Facility
14	Group Home
15*	Mobile Unit
17	Retail Health Clinic
19*	Office (Off-Campus Outpatient Hospital) **Note**: Not valid for Louisiana Blue claims submissions
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room – Hospital
24	Ambulatory Surgical Center
25	Birthing Center
26	Military Treatment Facility

POS	Description
27	Outreach Site/Street
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Intellectual Disabilities
55	Residential Substance Use Treatment Center
56	Psychiatric Residential Treatment Center
58	Addiction Facility Partial Hospitalization
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

*See the end of this section for additional guidelines on this place of service.

Place of Service 02

Louisiana Blue does not consider place of service 02 valid for claims submissions. This helps ensure that the appropriate benefits and reimbursement apply. Use place of service 10 for all direct-to-consumer (DTC) telehealth services. We define DTC telehealth as telehealth services delivered directly between the provider and patient in their home environment (e.g., residence, workplace, personal space, etc.). Bill non-DTC telehealth with the appropriate place of service based on the member's location when services are provided. For example, if the member is in the inpatient hospital setting when receiving telehealth services, bill place of service 21. Claims billed with place of service 02 may be rejected. For additional guidelines related to telehealth please refer to Section 5.37 Telemedicine/Telehealth of the *Professional Provider Office Manual*.

Place of Service 10

Use place of service 10 for all direct-to-consumer (DTC) telehealth services. We define DTC telehealth as telehealth services delivered directly between the provider and patient in their home environment (e.g., residence, workplace, personal space, etc.). For additional guidelines related to telehealth please refer to Section 5.37 Telemedicine/Telehealth of the *Professional Provider Office Manual*.

Place of Service 15

Louisiana Blue does not consider place of service 15 valid for claims submissions for intraoperative monitoring services. Bill intraoperative monitoring services with the appropriate place of service based on the member's location when services are provided. This helps ensure the appropriate benefits and reimbursement apply. Claims for intraoperative monitoring services billed with place of service 15 may reject.

Place of Service 19

Louisiana Blue does not consider place of service 19 valid for claims submission. If a service is provided in the "office" setting (see criteria below), place of service 11 should be used. If a service is provided in the "outpatient hospital" setting (on or off campus), place of service 22 should be used.

Place of service 19 should not be used for any services.

Office Setting

Louisiana Blue follows American Medical Association (AMA) guidelines regarding the definition of "office" setting; however, Louisiana Blue also defines "office" setting as:

- Any office space within a hospital or facility which is separately identifiable as a provider's private practice.
- Any office space at a hospital or facility's off-campus or freestanding location which is separately identifiable as a provider's private practice.
- Any services performed in a provider's rented office space within a hospital or facility regardless of who owns the equipment (e.g., radiology, etc.)
- Any other service location that Louisiana Blue reasonably determines operates as, presents as, or has comparable characteristics to the examples of locations that constitute an "office" under this section, regardless of whether such location technically functions as a private practice.

All professional services in an office or clinic setting should be billed on the CMS-1500 claim form with an "office" place of service 11. Place of service 19 should not be used for any services.

Louisiana Blue does not recognize provider-based billing, which is a method of billing Medicare for certain clinics owned or affiliated with hospitals. For more information, please refer to the Provider-Based Billing section of this manual.