

## Place of Service Codes for Professional Claims

*Database (updated November 1, 2009)*

Listed below are place of service codes and descriptions. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers (e.g., Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes. If you would like to comment on a code(s) or description(s), please send your request [toposinfo@cms.hhs.gov](mailto:toposinfo@cms.hhs.gov).

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy* *	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
02	Unassigned	N/ A
03	School	A facility whose primary purpose is education.
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
07	Tribal 638 Free-standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.
08	Tribal 638 Provider-based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.

# Place Of Service Codes For Cms 15

**Ruth Bryant, Denise Nix**



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**Federal Register** ,2013-02     *The Massachusetts register* ,2003     *Kinn's The Medical Assistant* Deborah B. Proctor,Brigitte Niedzwiecki,Julie Pepper,Payel Madero,Marti Garrels,Helen Mills,2016-05-04 Comprehensive Medical Assisting begins with Kinn Elsevier s 60th Anniversary edition of Kinn s *The Medical Assistant* 13th Edition provides you with real world administrative and clinical skills that are essential to working in the modern medical office An applied learning approach to the MA curriculum is threaded throughout each chapter to help you further develop the tactile and critical thinking skills necessary for working in today s healthcare setting Paired with our adaptive solutions real world simulations EHR documentation and HESI remediation and assessment you will learn the leading skills of modern administrative and clinical medical assisting in the classroom *Basics of Diagnostic Coding* prepares you to use the ICD 10 coding system Learning objectives listed in the same order as content makes it easy to review material Clinical procedures integrated into the TOC give you a quick reference point Professional behavior boxes provide guidelines on how to interact with patients families and coworkers Patient education and legal and ethical issues are described in relation to the Medical Assistant s job Applied approach to learning helps you use what you ve learned in the clinical setting Learning objectives and vocabulary with definitions highlight what s important in each chapter Critical thinking applications test your understanding of the content Step by step procedures explain complex conditions and abstract concepts Rationales for each procedure clarify the need for each step and explains why it s being performed Portfolio builder helps you demonstrate your mastery of the material to potential employers NEW Chapter on The Health Record reviews how you ll be working with a patient s medical record NEW Chapter on Technology in the Medical Office introduces you to the role EHR technology plays in the medical office NEW Chapter on Competency Based Education helps you understand how your mastery of the material will affect your ability to get a job NEW Clinical procedure videos helps you visualize and review key procedures     *Jonas' Introduction to*

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*Code of Federal Regulations ,2003* *Code of Federal Regulations, Title 42, Public Health, Pt. 414-429, Revised as of October 1 2007* United States,2008-02 Special edition of the Federal Register containing a codification of documents of general applicability and future effect with ancillaries *Jonas' Introduction to the U.S. Health Care System, Ninth Edition* Raymond L. Goldsteen,Raymond Goldsteen,Karen Goldsteen,Benjamin Goldsteen,2020-05-04 Note to Readers Publisher does not guarantee quality or access to any included digital components if book is purchased through a third party seller This revised ninth edition of the best selling introductory text to the U S health care system is fully updated to reflect changes to health care services delivery and financing resulting from new policies affecting the Affordable Care Act ACA Valued for its concise and balanced survey of the U S health care system this book describes how the American health care system currently functions the major factors that led to its present day structure and a forecasting of how the industry is likely to change over the course of the next few years This practical text highlights an array of influences shaping the future of health care such as the use of big data and analytics new policies and trends tied to pharmaceuticals and medical devices and innovations to mental health and substance abuse With an emphasis on policy development the authors underscore the fluidity of the system and examine the debates and conflicts that have shaped health care changes and influenced American values and belief systems This accessible text defines the most essential elements of the health care system including its components organization services and financing An ideal text for undergraduate courses graduate survey courses and courses introducing the subject to medical students it describes the ongoing evolution of the system taking into consideration future directions given proposed changes to the ACA and other health laws by Congress the Trump administration and the political landscape in general Organized to facilitate an understanding of concepts at work Jonas Introduction to the U S

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**Code of Federal Regulations, Title 42, Public Health, Pt. 414-429, Revised as of October 1, 2009** Office of the Federal Register,2010-02-18

**Reference Guide for Medicare Physician & Supplier Billers** ,2004

Health Care Finance and the Mechanics of Insurance and Reimbursement Michael K. Harrington,2023-11-06 Health Care Finance and the Mechanics of Insurance and Reimbursement combines financial principles unique to the health care setting with the methods and process for reimbursement including coding reimbursement strategies compliance financial reporting case mix index and external auditing It explains the revenue cycle correlating it with regular management functions and covers reimbursement from the initial point of care through claim submission and reconciliation Updated throughout the Third Edition offers expanded material on financial statements new and expanded Skilled Nursing Facility examples and enhanced sections on PDPM Practice Management for Primary Care and other Specialties Clearinghouse Processes Predictive Modeling data mining and more

*The Code of Federal Regulations of the United States of America* ,2001 The Code of Federal Regulations is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government

*Compliance for Coding, Billing & Reimbursement* Duane C. Abbey,James H. Handwerk,Mark J. Kaiser,2008-04-02 While the vast majority of providers never intend to commit fraud or file false claims complex procedures changing regulations and evolving technology make it nearly impossible to avoid billing errors For example if you play by HIPAA s rules a physician is a provider however Medicare requires that the same physician must be referred to as a supplier Even more troubling is the need to alter claims to meet specific requirements that may conflict with national standards Far from being a benign issue differing guidelines can lead to false claims with financial and even criminal implications

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