

Place of Service Codes for Professional Claims

Database (updated November 1, 2012)

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 to posinfo@cms.hhs.gov.

The code set is annotated with the effective dates for all codes added on and after January 1, 2003. Codes without effective dates are long-standing and in effect on and before January 1, 2003.

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. (Effective October 1, 2005)
02	Unassigned	N/A
03	School	A facility whose primary purpose is education. (Effective January 1, 2003)
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). (Effective January 1, 2003)
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. (Effective January 1, 2003)
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. (Effective January 1, 2003)
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. (Effective January 1, 2003)
08	Tribal 638	A facility or location owned and operated by a

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Marilyn Fordney



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Workbook for Insurance Handbook for the Medical Office - E-Book Marilyn Fordney, 2016-01-12 Gain real world practice in insurance billing and coding with Fordney's Workbook for Insurance Handbook for the Medical Office 14th Edition This user friendly workbook features realistic hands on exercises to help you apply concepts and develop critical thinking skills Study tools include performance objectives key terms abbreviation lists study outlines critical thinking assignments and more Performance objectives are carried throughout the chapter to help users identify what needs to be accomplished for that chapter Critical thinking assignments contains questions in the form of short real world vignettes to assist users in applying theory learned from the textbook Self study exercises include fill in the blank mix and match multiple choice and true false questions Key terms and abbreviations lists at beginning of each chapter help to teach and reinforce new concepts and terminology Study outlines covering the key points for each chapter in the textbook guide effective note taking during classroom lecture NEW Updated content reflects changes in the main text *Workbook for Fordney's Medical Insurance and Billing - E-Book* Linda M. Smith, 2025-04-04 Get the hands on practice you need to master medical insurance billing and coding Corresponding to the chapters in Fordney's Medical Insurance and Billing 17th Edition this workbook provides realistic exercises that help you apply concepts and develop the skills needed by insurance billing specialists Assignments ask you to complete common claim forms such as the CMS 1500 and the UB 04 by extracting information from patient records and accurately selecting procedural and diagnostic codes This edition adds exercises on professionalism HCPCS coding and credentialing activities With this practical workbook you will make the most of your Fordney's textbook NEW HCPCS Coding chapter includes exercises for ambulance billing supply billing and more NEW exercises on professionalism cover customer service conflict management diversity awareness leadership and other competencies to help you become an effective engaged and highly functioning employee NEW exercises related to billing of automobile and liability insurance Self study exercises reinforce your understanding with matching true false multiple choice mix and match and fill in the blank questions as well as critical thinking assignments Diagnostic procedural and HCPCS code exercises provide practice with submitting a claim or making an itemized billing statement Study outlines focus your review by listing the key points for each chapter Performance objectives make learning easier by highlighting what you need to accomplish in each chapter Key terms and abbreviations at the beginning of each chapter provide a quick reference to the health insurance terminology you need to know Critical Thinking assignments are based on short real world vignettes preparing you to work in a real medical office and allowing you to apply theory learned from the textbook **Fordney's Medical Insurance and Billing - E-Book** Linda M. Smith, 2024-08-07 Gain the skills you need to succeed in insurance coding and billing Fordney's Medical Insurance and Billing 17th Edition helps you master the insurance billing specialist's role and responsibilities in areas such as diagnostic coding procedural coding HCPCS coding medical documentation billing and collection Using clear

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issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

The Essential Guide to Coding in Otolaryngology Seth M. Brown, Kimberley J. Pollock, Michael Setzen, Abtin Tabaei, 2021-09-07 The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is a comprehensive manual on how to properly and compliantly code for both surgical and non surgical services It is a practical guide for all otolaryngology providers in the United States including physicians early in their career requiring a working knowledge of the basics experienced providers looking to understand the latest updates with ICD 10 CM and CPT changes related specialists audiology speech pathology and physician extenders providing otolaryngologic health care and office administrative teams managing coding and billing Included are sections on how to approach otolaryngology coding for all subspecialties in both the office and operating room Foundational topics such as understanding the CPT and ICD 10 CM systems use of modifiers managing claim submissions and appeals legal implications for the provider coding for physician extenders and strategies to optimize billing are presented by experts in the field Focused on a practical approach to coding billing and practice management this text is user friendly and written for the practicing physician audiologist speech pathologist physician extender and coder The income and integrity of a medical practice is tied to the effectiveness of coding and billing management As profit margins are squeezed the ability to optimize revenue by compliant coding is of the utmost importance The Essential Guide to Coding in Otolaryngology Coding Billing and Practice Management Second Edition is vital not only for new physicians but for experienced otolaryngologists New to the Second Edition Strategies for integrating revised guidelines for coding and documenting office visits New and evolving office and surgical procedures including Eustachian tube dilation and lateral nasal wall implants Updated coding for endoscopic sinus surgery and sinus dilation Billing for telehealth visits Revision of all sub specialty topics reflecting changes in coding and new technologies New and revised audiologic diagnostic testing codes

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Population Health Analytics Martha L. Sylvia, Ines Maria Vigil, 2021-03 Binding PB
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