

Policy	MM-099
Effective Date	01/01/2026
Reviewed/Revised Date	10/13/2025
Next Review Date	10/13/2026
Origination Date	09/01/2024
Originated Department	Clinical Operations

Site of Service

Audience
Medical Management

Purpose
<p>Payment policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this payment policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP payment policy, the document supersedes this policy. Any person(s) applying this payment policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this payment policy, including the existence of any state or federal guidance. Mountain Health CO-OP payment policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>This policy describes Mountain Health’s reimbursement methodology based on the place of service (POS). Mountain Health applies site of service differentials to procedure codes that are reimbursed based on a physician resource based relative value scale (RBRVS) fee schedule, as defined by the Centers for Medicare & Medicaid Services (CMS). Two levels of relative value units (RVU) are identified (i.e., facility and non-facility) for each procedure code, depending on the site of service.</p> <p>Place of service is a two-digit code used on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintains POS codes used throughout the health care industry.</p>

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Policy/Procedure
<p>Providers are reimbursed according to the applicable contracted rates and fee schedules.</p> <p>If a contracted practitioner performs an eligible procedure in a facility setting, the provider will be reimbursed at the site of service differential rate. Reimbursement for these services may be lower, consistent with the CMS RVU.</p> <p>If a contracted practitioner performs an eligible procedure in a non-facility setting, the provider will be reimbursed at the nonfacility rate. Reimbursement for physician services that are performed in a non-facility setting may be higher, consistent with the CMS RVU.</p>
<p>Facility POS Codes</p> <p>02 19 21 22 23 24 26 31 34 41 42 51 52 53 56 61</p> <p>Note: Unassigned POS codes are not listed.</p>
<p>Non-Facility Indicator “NA”</p> <p>According to the CMS National Physician Fee Schedule Relative Value File, the Non-Facility Indicator identified as “NA” indicates that “this procedure is rarely or never performed in the non-facility setting.” Mountain Health will not reimburse CPT and HCPCS codes assigned the Non-Facility Indicator “NA” when reported without an appropriate POS.</p>
<p>Other Information</p> <ul style="list-style-type: none">• Providers must use the most accurate POS code when submitting claims.• If a CPT or HCPCS code description indicates a specific POS, that POS code must be included on the claim.• The POS submitted on laboratory claims must reflect the location where the lab specimen was collected (e.g., office visit, emergency department). Independent labs should only submit POS 81 if the member was present in the lab for specimen collection.

References
1. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
2. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
3. Centers for Medicare and Medicaid Services, Place of Service Code Set
4. Centers for Medicare and Medicaid Services, National Physician Fee Schedule (NPFS)
5. Centers for Medicare & Medicaid Services, PFS Relative Value Files

Vendors

- HPS

Review/Revision/Approval History

Date	Description
10/13/2025	Adopted

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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