CODING POLICY	Place of Service for Diagnostic Tests
Effective Date: 01/2023 **Original Effective Date: 01/2022**	Coding Policy Number: MC 11.0
	Committee Approved Date: 01/23
Approved by: Coding Policy Review Committee	

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

All lines of business

POLICY STATEMENT

I. All claims for professional services must include the appropriate place of service (POS) code from the POS code set maintained by the Centers for Medicare & Medicaid Services (CMS) in the CMS Place of Service (POS) Codes for Professional Claims Database.

II. Many diagnostic services, including lab and radiology services, contain both a technical component (TC) and a professional component (PC). These services are identified on the Medicare Physician Fee Schedule (MPFS) with a PC/TC status indicator of "1." The professional component and technical component of diagnostic services are frequently furnished in different settings. As a general policy, the place of service (POS) code assigned by the physician/practitioner for the professional component of a diagnostic service shall be the setting in which the beneficiary received the technical component service. There are two exceptions to this general policy:

   A. If the patient is admitted as an inpatient of a hospital (POS code 21) or an outpatient of a hospital (POS code 19 or 22) and is transported to a different location for the technical component of a diagnostic service, the POS is the place where the patient is admitted, regardless of where the face-to-face encounter occurred.

   B. Surgical specimens obtained from a physician's office (POS 11) or an ambulatory surgery center (POS 24) must be billed as POS 81 with no modifier (global) if both the technical and professional components were rendered at the pathology practice.

PROCEDURE:

Place of Service Designation

- As a rule, the POS designation identifies the location where the beneficiary received the technical component of the service.
- If the technical component is performed in an office/clinic or other non-facility setting, the appropriate non-facility POS is reported.
- If the technical component is performed in a facility setting, the appropriate facility POS is reported.
- If the technical component is performed in an independent laboratory or a reference laboratory, POS 81 is reported.
- Surgical specimens obtained in a physician's office (POS 11) or ASC (POS 24) must be billed with POS 81 if both the technical and professional components were performed at the pathology practice.
- Surgical specimens obtained in a hospital setting must be billed with the hospital POS code regardless of the location (hospital vs. pathology practice/independent laboratory) of the technical and/or professional component.
- If the technical component is performed in a laboratory setting maintained by another physician or other qualified health care professional in their office/clinic, POS code 99 for "Other Place of Service" is reported.

REFERENCES

1. CMS/Medicare Rules and Regulations