



# Place of Service

Reimbursement Policy ID: RPC.0063.0900

Recent review date: 11/2025

Next review date: 11/2027

*AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.*

## Policy Overview

Place of service (POS) codes are two-digit numeric characters that describe where a service was rendered. The POS code list is maintained by the Centers for Medicare & Medicaid Services (CMS). This code set serves as the national standard for the electronic transmission of professional health care claims under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

## Exceptions

N/A

## Reimbursement Guidelines

AmeriHealth Caritas New Hampshire will reimburse for eligible services that are billed using Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) when submitted according to CPT or HCPCS code descriptions and/or guidelines. If indicated, services must be submitted with the corresponding POS as described by the submitted CPT code – for example, home visit E/M services (99341-99350) should be submitted with POS “12” (patient’s home).

## Definitions

### Place of Service Code

A two-digit code is used on health care professional claims to indicate the setting in which a service was provided.

## Edit Sources

- I. Current Procedural Terminology (CPT) and associated publications and services
- II. Centers for Medicare & Medicaid Services (CMS), [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set), <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

## Attachments

N/A

## Associated Policies

N/A

## Policy History

11/2025	Reimbursement Policy Committee Approval
10/2025	Annual review <ul style="list-style-type: none"><li>No revisions</li></ul>
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
05/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Policy implemented by AmeriHealth Caritas New Hampshire removed from Policy History section
01/2023	Template revised <ul style="list-style-type: none"><li>Revised preamble</li><li>Removal of Applicable Claim Types table</li><li>Coding section renamed to Reimbursement Guidelines</li><li>Added Associated Policies section</li></ul>