

Procedure to Place of Service Policy, Professional for Louisiana

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®*), Centers for Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

UnitedHealthcare Community Plan follows Current Procedural Terminology (CPT®) code descriptions/guidelines and Healthcare Common Procedure Coding System (HCPCS) procedure code definitions/guidelines that indicate a Place of Service (POS) in their descriptions when assigning the applicable places of service.

Reimbursement Guidelines

This policy addresses the appropriate places of service for certain CPT and HCPCS procedure codes. Descriptions of some CPT and HCPCS codes included in what places of service the code may be used. For example, it would not be appropriate to submit place of service “inpatient” for a code that states “office or outpatient visit”.

UnitedHealthcare Community Plan has established a list of CPT and HCPCS codes along with their appropriate places of service. For any code that is not on the list, the place of service is not limited.

Note that any procedure code reported with an appropriate place of service may also be subject to other UnitedHealthcare Community Plan reimbursement policies.

State Exceptions

<p>Louisiana</p>	<p>Louisiana Medicaid allows codes 99000, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99344, 99348, 99350, 99354, 99355, 99339, 99340, 99363, 99364, 99374, 99375, 99461, H0007, S0260, S9475, T1015, T1025, and T1026 in a 03 (school) place of service.</p>
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Questions and Answers

<p>1</p>	<p>Q: Why aren't all CPT and HCPCS codes addressed in this policy? A: The intent of the Procedure to Place of Service Policy is to limit the place of service for CPT and HCPCS codes to places of service that are in their description. It is not intended to be all inclusive.</p>
<p>2</p>	<p>Q: Where do the places of service codes come from? A: CMS defines places of services and assigns corresponding codes to them.</p>

Attachments

<p>Medicaid Procedure to Place of Service List</p>	<p>A list of CPT and HCPCS codes with corresponding allowable places of service for Medicaid products</p>
<p>Place of Service List</p>	<p>A list of place of service codes and their description.</p>

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Centers for Medicare and Medicaid Services, Place of Service Code Set

History

<p>2/25/2024</p>	<p>Policy Version Change Branding updated History section: Entries prior to 2/25/2022 archived</p>
<p>5/13/2012</p>	<p>Policy Implemented by UnitedHealthcare Community Plan</p>