

## Coding Tip: How to Bill for Place of Service 19 “Off Campus-Outpatient Hospital.”

Beginning January 1<sup>st</sup>, 2016 the Centers for Medicare & Medicaid Services (CMS) is changing how physicians affiliated with hospitals record where they provide health care services to patients.

To differentiate between provider-based hospital departments located either on or separate from the hospital’s main campus, CMS has created a new place of service (POS) code. POS code 19 is for “Off Campus-Outpatient Hospital.” CMS describes this as “a portion of an off-campus hospital provider-based department (that) provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.” CMS has revised the current POS code 22 from “Outpatient Hospital” to “On Campus-Outpatient Hospital.” The description for this POS is “a portion of a hospital’s main campus (that) provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.”

The payment policies that currently apply to POS 22 will continue to apply to both this POS and POS 19, unless CMS states otherwise. For instance, Medicare will pay for covered services at either POS at the facility rate under the Medicare physician fee schedule. Likewise, CMS will allow POS 19 to be billed for G0447 (Face-to-face behavioral counseling for obesity, 15 minutes) and G0473 (Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes) in the same way as those services are billed with POS code 22. CMS will use the coding change to better understand the trend of hospitals acquiring physician offices and treating those locations as off-campus provider-based outpatient departments. For more information, you can read [a Medicare Learning Network Matters article\(www.cms.gov\)](http://www.cms.gov) on the CMS web site.

Furthermore, the SMFM Coding Committee received an inquiry on the proper way of billing for services rendered at this place of service when providers operate in two separate offices, one with place of service code 22 (on-campus hospital outpatient) and the other code 19 (off-campus hospital outpatient). The questioner was advised by their compliance department that physicians cannot bill a nurse visit 99211 when the nurse reviews blood sugars that take place at the same time as an NST) due to the place of service code. This practice is often referred to as billing “Incident To”. The physician was under the impression that (99211) should be reported as part of his/her professional billing as he/she is supervising the activities of the nurse along with the reading of the NST.

Unfortunately, Incident to service guidelines **DO NOT** apply to items billed in place of service 19 or 22. Therefore, for services provided in POS 19 or 22, a mid-level provider (Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Clinical Nurse Midwives) must bill under his/her own National Provider Identifier (NPI). In POS 19 or 22, to bill under the physician's provider number either the physician has performed the service, or the situation meets the shared/split guidelines. The shared/split guidelines indicate both the MD/DO and the mid-level provider are in the same group (meaning under the same tax id) and both are providing a portion of the service to the patient. These guidelines are in the CMS Internet-Only Manual (IOM) Publication 100-04, [Chapter 12](#) , Section 30.6.1.B.