

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1869</b>	<b>Date: December 11, 2009</b>
	<b>Change Request 6752</b>

**SUBJECT: New Place of Service (POS) Code for Walk-in Retail Health Clinic**

**I. SUMMARY OF CHANGES:** This change request adds a new place of service (POS) code for walk-in retail health clinics.

**New / Revised Material**

**Effective Date: March 11, 2010**

**Implementation Date: March 11, 2010**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
<b>R</b>	26/10/10.5/Place of Service Codes (POS) and Definitions

**III. FUNDING:**

**SECTION A:** For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**SECTION B:** For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements**

**Manual Instruction**

*\*Unless otherwise specified, the effective date is the date of service.*

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 1869	Date: December 11, 2009	Change Request: 6752
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**SUBJECT: New Place of Service (POS) Code for Walk-in Retail Health Clinic**

**Effective Date: March 11, 2010**

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the effective date for nonmedical data code sets, of which the Place of Service (POS) code set is one, is the code set in effect the date the transaction is initiated. It is not date of service. Medicare uses the process date of claims to evaluate the validity of POS codes in terms of effective dates. The HIPAA effective date of the new POS code for walk-in retail health clinics is no later than May 1, 2010, with covered entities permitted to use it at any time after which the new code is posted to the CMS POS Web page.

**Implementation Date: March 11, 2010**

## I. GENERAL INFORMATION

**A. Background:** As an entity covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Medicare must comply with standards and their implementation guides adopted by regulation under this statute. The currently adopted professional implementation guide for the ASC X12 837 standard requires that each electronic claim transaction include a POS code from the POS code set maintained by the Centers for Medicare & Medicaid Services (CMS). As a payer, Medicare must be able to recognize as valid any valid code from the POS code set that appears on the HIPAA standard claim transaction.

The POS code set provides setting information necessary to appropriately pay Medicare and Medicaid claims. At times, Medicaid has had a greater need for specificity than has Medicare, and many of the new codes developed over the past few years have been to meet Medicaid's needs. While Medicare does not always need this greater specificity in order to appropriately pay claims, it nevertheless adjudicates claims with the new codes to ease coordination of benefits and to give Medicaid and other payers the setting information they require.

This Change Request (CR) will update the current POS code set to add a new code: 17 Walk-in Retail Health Clinic.

The code's description is as follows: "a walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services."

This new code was established because industry entities other than Medicare identified a need to track the suppliers and settings of immunizations in greater detail than afforded through the current POS code set; these entities specifically wished to capture the walk-in retail health clinic, which they believe will be a common setting for immunizations.

Medicare has not identified a need for this new code, and contractors are to instruct their providers to continue to use the billing instructions for immunizations described in Pub. 100-04, Medicare Claims Processing Manual, chapter 18, section 10. However, in order to comply with HIPAA and its goals of promoting administrative simplification, contractors are to adjudicate claims containing this new code in accordance with its effective date. Medicare contractors shall therefore implement the systems and local-contractor-level changes needed for

Medicare to adjudicate claims with the new code should it appear on a Medicare claim; likewise, local contractors shall develop policies for adjudicating claims containing this new code.

**B. Policy:** Unless prohibited by national policy to the contrary, Medicare not only recognizes valid POS codes from the POS code set but also adjudicates claims having these codes. Although the Medicare program does not always have the same need for setting specificity as other payers, including Medicaid, adjudicating the claims eases the coordination of benefits for Medicaid and other payers who may need the specificity afforded by the entire POS code set.

Medicare billing instructions for immunizations are found in Pub. 100-04, Medicare Claims Processing Manual, chapter 18, section 10. Medicare contractors are to instruct their providers to continue to bill according to these instructions, which require the use of POS codes other than the new code, 17. However, Medicare contractors are to adjudicate claims containing this new code should it appear on a claim, and local contractors are to develop local policies for this new code accordingly.

Claims for covered services rendered in a walk-in retail health clinic setting, if payable by Medicare, shall be paid at the non-facility rate.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
6752.1	Contractors shall add to the POS code set "17 Walk-in Retail Health Clinic," described in Pub. 100-04, Medicare Claims Processing Manual, chapter 26, section 10.5, applying business requirements 6752.2 through 6752.6.2 as appropriate.	X	X		X			X			CEDI
6752.2	Contractors shall determine the policies applicable to POS code 17 within the constraints of applicable national Medicare laws, regulations, and other policies.	X	X		X						
6752.3	Contractors, if desired, may elect to create crosswalks of local contractor policies in order to adjudicate claims with POS code 17.	X	X		X						
6752.4	Contractors shall adjudicate claims containing POS code 17 in accordance with its effective date and the policies they develop.	X	X		X						
6752.5	Contractors shall pay at the non-facility rate for covered services that are payable in the walk-in retail health clinic setting.	X			X						
6752.6	Contractors shall instruct their providers to continue to follow the Medicare billing instructions for immunizations found in Pub. 100-04, Medicare Claims Processing Manual, chapter 18, section 10.	X	X		X						
6752.6.1	Contractors shall adjudicate immunization claims containing POS code 17 even though they have instructed providers to use a different POS code to	X	X		X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	describe an immunization setting which could also be described as a walk-in retail health clinic.										
6752.6.2	Contractors shall neither reject nor deny immunization claims using POS code 17 when the reason for rejection or denial would be their having instructed providers to use a different POS code to describe an immunization setting which could also be described as a walk-in retail health clinic.	X	X		X						

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6752.7	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X	X		X						

### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

**Section B: For all other recommendations and supporting information, use this space: N/A**

## V. CONTACTS

**Pre-Implementation Contact(s):** From the Center for Medicare Management, Provider Billing Group:

For Practitioner Claims: Claudette Sikora, Division of Practitioner Claims Processing, at 410-786-5618 and [Claudette.sikora@cms.hhs.gov](mailto:Claudette.sikora@cms.hhs.gov).

For Supplier Claims: Susan Webster, Division of Supplier Claims Processing at 410-786-3384 and [Susan.webster@cms.hhs.gov](mailto:Susan.webster@cms.hhs.gov).

**Post-Implementation Contact(s):**

For Carriers: Regional Offices.

For Medicare Administrative Contractors: Project Officers.

## VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MAC)*:**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

## 10.5 - Place of Service Codes (POS) and Definitions

*(Rev. 1869; Issued: 12-11-10; Effective/Implementation Date: 03-11-10)*

- HIPAA
  - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became effective October 16, 2003, for all covered entities. Medicare is a covered entity under HIPAA.
  - The final rule, “Health Insurance Reform: Standards for Electronic Transactions,” published in the **Federal Register**, August 17, 2000, adopts the standards to be used under HIPAA and names the implementation guides to be used for these standards. The ASC X12N 837 professional is the standard to be used for transmitting health care claims electronically, and its implementation guide requires the use of POS codes from the National POS code set, currently maintained by CMS.
  - As a covered entity, Medicare must use the POS codes from the National POS code set for processing its electronically submitted claims. Medicare must also recognize as valid POS codes from the POS code set when these codes appear on such a claim.
  - Medicare must recognize and accept POS codes from the *n*ational POS code set in terms of HIPAA compliance. Note special considerations for Homeless Shelter (code 04), Indian Health Service (codes 05, 06), Tribal 638 (codes 07, 08), and 09 Prison/Correctional Facility settings, described below. Where there is no national policy for a given POS code, local contractors may work with their medical directors to develop local policy regarding the services payable in a given setting, and this could include creating a crosswalk to an existing setting if desired. However, local contractors must pay for the services at either the facility or the nonfacility rate as designated below. In addition, local contractors, when developing policy, must ensure that they continue to pay appropriate rates for services rendered in the new setting; if they choose to create a crosswalk from one setting to another, they must crosswalk a facility rate designated code to another facility rate designated code, and a nonfacility rate designated code to another nonfacility rate designated code. For previously issued POS codes for which a crosswalk was mandated, and for which no other national Medicare directive has been issued, local contractors may elect to continue to use the crosswalk or develop local policy regarding the services payable in the setting, including another crosswalk, if appropriate. If a local contractor develops local policy for these settings, but later receives specific national instructions for these codes, the local contractors shall defer to and comply with the newer instructions. (**Note:** While, effective January 1, 2003, codes 03 School, 04 Homeless Shelter, and 20

Urgent Care became part of the National POS code set and were to be crosswalked to 11 Office, this mandate to crosswalk has since been lifted, as indicated above).

- The National POS Code Set and Instructions for Using It

The following is the current *n*ational POS code set, with facility and nonfacility designations noted for Medicare payment for services on the Physician Fee Schedule. This code set has changed to include a new code, *17 Walk-in Retail Health Clinic. The effective date of this code is no later than May 1, 2010. The health care industry is permitted to use this code from the date it is posted on the Medicare POS code set web page, which is expected to be some months ahead of this final effective date.*

*It should be noted that, while some entities in the industry may elect to use code 17 to track the setting of immunizations, Medicare continues to require its billing rules for immunizations claims, which are found in chapter 18, section 10 of this manual. Contractors are to instruct providers and suppliers of immunizations to continue to follow these Medicare billing rules. However, Medicare contractors are to accept and adjudicate claims containing code 17, even if its presence on a claim is contrary to these billing instructions.*

The code set is annotated with the effective dates for this and all other codes added on and after January 1, 2003. Codes without effective dates annotated are long-standing and in effect on and before January 1, 2003.

POS Code and Name (effective date) Description	Payment Rate Facility=F Nonfacility=NF
<b>01 Pharmacy (October 1, 2005)</b>  A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.	NF
<b>02 Unassigned</b>	--
<b>03 School (January 1, 2003)</b>  A facility whose primary purpose is education.	NF
<b>04 Homeless Shelter (January 1, 2003)</b>  A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). (See instructions below.)	NF

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
<b>05 Indian Health Service Free-standing Facility (January 1, 2003)</b>  A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (See instructions below.)	Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA
<b>06 Indian Health Service Provider-based Facility (January 1, 2003)</b>  A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. (See instructions below.)	Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA
<b>07 Tribal 638 Free-Standing Facility (January 1, 2003)</b>  A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members who do not require hospitalization. (See instructions below.)	Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA
<b>08 Tribal 638 Provider-Based Facility (January 1, 2003)</b>  A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. (See instructions below.)	Not applicable for adjudication of Medicare claims; systems must recognize for HIPAA
<b>09 Prison/Correctional Facility (July 1, 2006)</b>  A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders. (See instructions below.)	NF
<b>10 Unassigned</b>	
<b>11 Office</b>  Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health	NF

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.	
<b>12 Home</b>  Location, other than a hospital or other facility, where the patient receives care in a private residence.	NF
<b>13 Assisted Living Facility (October 1, 2003)</b>  Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.	NF
<b>14 Group Home (Code effective, October 1, 2003; description revised, effective April 1, 2004)</b>  A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).	NF
<b>15 Mobile Unit (January 1, 2003)</b>  A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.	NF
<b>16 Temporary Lodging (April 1, 2008)</b>  A short-term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.	NF
<b><i>17 Walk-in Retail Health Clinic (No later than May 1, 2010)</i></b>  <i>A walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.</i>	<i>NF</i>
<b>18-19 Unassigned</b>	--
<b>20 Urgent Care Facility (January 1, 2003)</b>	NF

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.	
<b>21 Inpatient Hospital</b>  A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.	F
<b>22 Outpatient Hospital</b>  A portion of a hospital which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.	F
<b>23 Emergency Room-Hospital</b>  A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.	F
<b>24 Ambulatory Surgical Center</b>  A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.	F
<b>25 Birthing Center</b>  A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.	NF
<b>26 Military Treatment Facility</b>  A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).	F
<b>27-30 Unassigned</b>	--
<b>31 Skilled Nursing Facility</b>	F

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.	
<b>32 Nursing Facility</b>  A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or, on a regular basis, health-related care services above the level of custodial care to other than mentally retarded individuals.	NF
<b>33 Custodial Care Facility</b>  A facility which provides room, board and other personal assistance services, generally on a longterm basis, and which does not include a medical component.	NF
<b>34 Hospice</b>  A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.	F
<b>35-40 Unassigned</b>	--
<b>41 Ambulance—Land</b>  A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.	F
<b>42 Ambulance—Air or Water</b>  An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.	F
<b>43-48/Unassigned</b>	--
<b>49 Independent Clinic (October 1, 2003)</b>  A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.	NF
<b>50 Federally Qualified Health Center</b>	NF

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
<p>A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.</p>	
<p><b>51 Inpatient Psychiatric Facility</b></p> <p>A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.</p>	F
<p><b>52 Psychiatric Facility-Partial Hospitalization</b></p> <p>A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.</p>	F
<p><b>53 Community Mental Health Center</b></p> <p>A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.</p>	F
<p><b>54 Intermediate Care Facility/Mentally Retarded</b></p> <p>A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care or treatment available in a hospital or SNF.</p>	NF
<p><b>55 Residential Substance Abuse Treatment Facility</b></p> <p>A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, psychological testing, and room and board.</p>	NF

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
<b>56 Psychiatric Residential Treatment Center</b>  A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.	F
<b>57 Non-residential Substance Abuse Treatment Facility (October 1, 2003)</b>  A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.	NF
<b>58-59 Unassigned</b>	--
<b>60 Mass Immunization Center</b>  A location where providers administer pneumococcal pneumonia and influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.	NF
<b>61 Comprehensive Inpatient Rehabilitation Facility</b>  A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.	F
<b>62 Comprehensive Outpatient Rehabilitation Facility</b>  A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.	NF
<b>63-64 Unassigned</b>	--
<b>65 End-Stage Renal Disease Treatment Facility</b>  A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.	NF

<b>POS Code and Name (effective date)</b> Description	<b>Payment Rate</b> Facility=F Nonfacility=NF
<b>66-70 Unassigned</b>	--
<b>71 State or Local Public Health Clinic</b>  A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.	NF
<b>72 Rural Health Clinic</b>  A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.	NF
<b>73-80 Unassigned</b>	
<b>81 Independent Laboratory</b>  A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.	NF
82-98 Unassigned	
<b>99 Other Place of Service</b>  Other place of service not identified above.	NF

- **Special Considerations for Homeless Shelter (Code 04)**

Note that for the purposes of receiving durable medical equipment (DME), a homeless shelter is considered the beneficiary's home. Because DME is payable in the beneficiary's home, the crosswalk for Homeless Shelter (code 04) to Office (code 11) that was mandated effective January 1, 2003, may need to be adjusted or local policy developed so that HCPCS codes for DME are covered when other conditions are met and the beneficiary is in a homeless shelter. If desired, local contractors are permitted to work with their medical directors to determine a new crosswalk such as from Homeless Shelter (code 04) to Home (code 12) or Custodial Care Facility (code 33) for DME provided in a homeless shelter setting. If a local contractor is currently paying claims correctly, however, it is not necessary to change the current crosswalk.

- **Special Considerations for Indian Health Service (Codes 05, 06) and Tribal 638 Settings (Codes 07, 08)**

Medicare does not currently use the POS codes designated for these settings. Follow the instructions you have received regarding how to process claims for services rendered in IHS and Tribal 638 settings. If you receive claims with these codes, you must initially accept them in terms of HIPAA compliance. However, follow your “return as unprocessable” procedures after this initial compliance check. Follow your “return as unprocessable” procedures when you receive paper claims with these codes. (Note that while these codes became part of the National POS code set effective January 1, 2003, Medicare contractors received instructions regarding how to process claims with these codes effective October 1, 2003, so that Medicare could be HIPAA compliant by October 16, 2003).

- **Special Considerations for Mobile Unit Settings (Code 15)**

When services are furnished in a mobile unit, they are often provided to serve an entity for which another POS code exists. For example, a mobile unit may be sent to a physician’s office or a skilled nursing facility. If the mobile unit is serving an entity for which another POS code already exists, providers should use the POS code for that entity. However, if the mobile unit is not serving an entity which could be described by an existing POS code, the providers are to use the Mobile Unit POS code 15. Apply the nonfacility rate to payments for services designated as being furnished in POS code 15; apply the appropriate facility or nonfacility rate for the POS code designated when a code other than the mobile unit code is indicated.

- **Special Considerations for Prison/Correctional Facility Settings (Code 09)**

The addition of code 09 to the POS code set and Medicare claims processing reflects Medicare’s compliance with HIPAA laws and regulations. Local contractors must continue to comply with CMS current policy that does not allow payment for Medicare services in a penal institution in most cases. The addition of a POS code for a prison/correctional facility setting does not supersede this policy. (See Pub. 100-04, Medicare Claims Processing, section 10.4, chapter 1.)

- **Paper Claims**

*Adjudicate paper claims with codes from the National POS code set as you would for electronic claims.*