

Phase 2 Code Matrix - Behavioral Health Codes: Guidelines and Identification of Current Barriers

Purpose:

The matrix is a tool to describe the current requirements for selected codes as well as potential barriers to use of these codes in bi-directional care settings. It is assumed licensed health care professionals will only use codes to bill for services that are within their scope of licensure as defined by the Department of Health.

96155 – Health and Behavior Intervention without patient present

For these situations:

- Services required by immediate family members – nuclear and extended, including domestic partners
- When the family representative directly participates in the patient’s care
- Where the family involvement is necessary to address the biopsychosocial factors that affect compliance with the medical plan of care

Documentation:

- Evidence that patient’s family has capacity to benefit
- Clearly defined psychosocial intervention
- Goals of the interventions
- Information that the intervention should help improve compliance
- Rationale for frequency and duration of services
- Length of time for intervention

Billing:

Current -

- Not a covered in the Medicaid physical health benefits
- Active only for SUD services provided under the SUD program for those who do not receive these services through a BHO

Provider Type:

- Current- N/A not covered

Place of Service:

- Current- N/A not covered

Limitations:

- Current- N/A not covered

Goal:

- Request Legislative approval and funding to add services
- Cover as defined in CPT with no restrictions on provider type, place of service, or units allowed.

<p>99406 & 99407 – Smoking and Tobacco Cessation</p> <p>99406 – Not covered (duration of three - ten minutes considered to be part of E/M code)</p> <p>99407 – A) Behavior change (smoking) interventions, individual, intensive, greater than 10 minutes smoking for pregnant women only or, B) Intervention services provided by Alere, Department of Health (DOH) contractor, for the statewide Quitline program.</p> <p>T1016 – Referral to the DOH Quitline, the HCA approved smoking cessation program for non-pregnant clients.</p> <ul style="list-style-type: none"> ▪ Refer clients to the toll-free DOH Quitline* for one or more services, which include: <ul style="list-style-type: none"> • Telephone counseling and follow-up support calls through the Quit line • Nicotine replacement therapy to include patches, lozenges, inhalers, nasal spray, or gum through the Quit line, if appropriate • Prescription medications recommended by the Quit line • The client will then be referred back to the provider for a prescription, if appropriate <p>*Legislatively mandated provider for this service</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ To bill 99407 for services to a pregnant woman must include the EDC date and the client’s motivation to quit tobacco use <p>Billing:</p> <p>Current- Code 99407</p> <ul style="list-style-type: none"> ▪ May be billed with any E/M code by same provider, if appropriate. Bill E/M code with modifier 25, per CPT ▪ A Pregnancy ICD-10 diagnosis must be on claim in a diagnosis field ▪ Face-to-face cessation counseling attempts are defined and limited as follows: <ul style="list-style-type: none"> • An attempt is defined as up to four cessation counseling sessions • Two cessation counseling attempts (or up to 8 sessions) are allowed every 12 months • This limit applies to the client regardless of the number of providers a client may see for tobacco cessation <p>Code T1016 May be billed with any E/M code by same provider, if appropriate, per CPT. Bill appropriate ICD 10 diagnosis (i.e. nicotine dependence)</p> <p>Provider Type:</p> <p>Current- Code 99407</p> <ul style="list-style-type: none"> ▪ Office-based providers (physicians, registered nurse practitioners, physician-assistants-certified), psychologists, pharmacists, and licensed midwives (LM) for pregnant women only, or ▪ Alere DOH’s contracted smoking cessation counselor service <p>Code T1016</p> <ul style="list-style-type: none"> ▪ Office-based providers (physicians, registered nurse practitioners, physician-assistants-certified), psychologists <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ No restrictions
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	<p>Limitations: Current-</p> <ul style="list-style-type: none"> ▪ Legislative mandate restricts access to service thru DOH Quitline, unless a pregnant woman. <p>Coverage of services thru an office-based provider is mandated by CMS</p> <p>Goal:</p> <ul style="list-style-type: none"> ▪ Seek appropriate expansion of covered services ▪ Expand coverage of service to providers practicing within their scope to bill 99407 and ▪ Continue to cover DOH Quitline
<p>99408 & 99409 - Alcohol and/or Substance (other than Tobacco) These codes are SBIRT codes SBIRT - Screening, Brief Intervention, Referral to Treatment</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Describe the client’s current motivation regarding substance use ▪ Be authenticated by provider performing service with date and time <p>Billing: Current-</p> <ul style="list-style-type: none"> ▪ Screening only is not reimbursable under these codes. Billed as part of any E&M. ▪ A brief intervention or a brief intervention with referral may be provided on the same day as the screening ▪ Same provider may bill one of the following codes with any E/M code <ul style="list-style-type: none"> ▪ 99408 – less than 30 minutes ▪ 99409 – greater than 30 minutes <p>Provider Type: Current-</p> <ul style="list-style-type: none"> ▪ Restricted to a HCA qualified providers, or a licensed health care professional who is supervised by a “qualified provider”. <ul style="list-style-type: none"> ○ To become an HCA qualified provider submit SBIRT training certification to HCA’s provider enrollment section. Training resources can be found in the physician’s

	<p>provider guide page 226, at https://www.hca.wa.gov/assets/billers-and-providers/physician-related-services-bi-20170701.pdf or request a list.</p> <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current - 04, 05, 07, 11, 19, 20, 21, 22, 23, 50, 53, 72 <p>Limitations:</p> <ul style="list-style-type: none"> ▪ Current- Brief Interventions only, (with or without screenings) without referral: limited to 4 per rolling 365 days per provider ▪ Restricted to qualified providers who have a certificate of training <p>Goal:</p> <ul style="list-style-type: none"> ▪ Assure no restrictions by Place of Service
<p>90832, 90834, and 90837 – Psychotherapy with Patient</p> <p>For Situation Mental health or behavioral disturbance issue present</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing:</p> <p>Current-</p> <ul style="list-style-type: none"> ▪ Not billable if the same provider has billed an E/M code on the same day, per CPT (See 90833, 90836, 90838 for with E/M) ▪ 90832 – 30 minutes psychotherapy (range 13-37 minutes) ▪ 90834 – 45 minutes psychotherapy (range 38 – 52 minutes) ▪ 90837 – 60 minutes psychotherapy (range 53 minutes or more) <p>Provider Type: Current – No restrictions</p> <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current –02, 03, 05, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 55, 57, 72 (see attached list)

	<ul style="list-style-type: none"> ▪ POS 02 (telehealth) only for codes 90834 and 90837 <p>Limitations:</p> <ul style="list-style-type: none"> ▪ Current –HCA allows one psychiatric service per day <p>Goal:</p> <ul style="list-style-type: none"> ▪ Seek appropriate expansion of covered services ▪ Eliminate restriction of one psychiatric service allowed per day, allowing coverage of more than one psychiatric service per day ▪ Assure no restriction by Place of Service
<p>90833, 90836, and 90838 – Psychotherapy with patient when performed with a medical evaluation and management service done the same day by same or other competent provider with patient</p> <p>For Situations:</p> <ul style="list-style-type: none"> ▪ Mental health or behavioral disturbance issue present 	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ To report both an E/M and psychotherapy on the same day, the two services must be significant and separately identifiable in the documentation ▪ The services are reported by using codes specific to psychotherapy when performed with evaluation and management services ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing:</p> <p>Current-</p> <ul style="list-style-type: none"> ▪ 90833 - 30 minutes psychotherapy ▪ 90836 – 45 minutes psychotherapy ▪ 90838 – 60 minutes psychotherapy <p>All the above may be billed as an add-on code to the E/M code, if other services rendered are qualified to be billed as a separate E/M code, when done by the same provider on the same day</p> <p>Provider Type:</p> <ul style="list-style-type: none"> ▪ No restrictions <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current – 02*, 03, 05, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 55, 57, 72 (see attached list) ▪ POS 02 (telehealth) only for code 90836

	<p>Limitations:</p> <ul style="list-style-type: none"> ▪ Current – HCA allows one psychiatric service per day <p>Goal:</p> <ul style="list-style-type: none"> ▪ Request legislative approval to expand coverage of service to eliminate restriction of one psychiatric service allowed per day, allowing coverage of more than one psychiatric service per day ▪ Assure no restriction by Place of Service
<p>90846 – Family psychotherapy without patient</p> <p>For Situations</p> <ul style="list-style-type: none"> ▪ Mental health or behavioral disturbance issue present ▪ Services need by immediate family members – nuclear and extended, including domestic partners ▪ When the family representative directly participates in the patients care ▪ Where the family involvement is necessary to address the biopsychosocial factors that affect 	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing:</p> <p>Current-</p> <ul style="list-style-type: none"> ▪ 50 minute unit; one unit per line; minimum 30 minutes ▪ Cannot be billed with E/M code by the same provider on the same day, per CPT ▪ Bill with client’s ID#

<p>compliance with the medical plan of care</p>	<p>Provider Type:</p> <ul style="list-style-type: none"> ▪ Current – No restrictions <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current – No restrictions <p>Limitations:</p> <ul style="list-style-type: none"> ▪ Current – HCA allows one psychiatric service per day <p>Goal:</p> <ul style="list-style-type: none"> ▪ Request Legislative approval and funding to expand coverage of service to eliminate restriction of one psychiatric service allowed per day, allowing coverage of more than one psychiatric service per day
<p>90847 – Family psychotherapy with patient present</p> <p>For Situations:</p> <ul style="list-style-type: none"> ▪ Mental health or behavioral disturbance issue present ▪ Services required by immediate family members – nuclear and extended, including domestic partners ▪ When the family representative directly participates in the patients care ▪ Where the family involvement is necessary to address the biopsychosocial factors that affect compliance with the medical plan of care 	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing:</p> <p>Current-</p> <ul style="list-style-type: none"> ▪ Not billable with an E/M code billed by the same provider on the same day, per CPT ▪ 50 minute unit; one unit per line; minimum 30 minutes face to facetime ▪ Bill using client’s ID # <p>Provider Type: Current – No restrictions</p> <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current – No restrictions <p>Limitations:</p> <ul style="list-style-type: none"> ▪ Current – HCA allows one psychiatric service per day

	<p>Goal:</p> <ul style="list-style-type: none"> ▪ Request Legislative approval and funding to expand coverage of service to eliminate restriction of one psychiatric service allowed per day, allowing coverage of more than one psychiatric service per day
<p>90791 – Psychiatric Diagnostic Evaluation</p> <p>An integrated biopsychosocial assessment including history, mental status, and recommendations. May include communications with family or other sources and review and ordering of diagnostic studies.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support interviews with other informants, if indicated ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing:</p> <p>Current-</p> <ul style="list-style-type: none"> ▪ One unit per line ▪ May be billed more than once in situations where other informants were seen in lieu of, or in addition to, the client ▪ Cannot be billed with any E/M code or psychotherapy codes on the same day by the same provider, per CPT <p>Provider Type:</p> <ul style="list-style-type: none"> ▪ Current- No restrictions <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current - 02, 03, 05, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, 53, 55, 57, 72 (see attachment) <p>Limitations:</p> <ul style="list-style-type: none"> ▪ Current –HCA allows one evaluation (including code 90792) per calendar year, per provider, per diagnosis ▪ Current – HCA allows one psychiatric service per day <p>Goal:</p> <ul style="list-style-type: none"> ▪ Request Legislative approval and funding to expand coverage of service to eliminate restriction of one psychiatric service allowed per day, allowing

	<p>coverage of more than one psychiatric service per day</p> <ul style="list-style-type: none"> ▪ Follow CPT; CPT only allows one use of this code per day, unless other informant situation, as described above. ▪ Assure no restriction by Place of Service
<p>90792 – Psychiatric Evaluation with E/M A psychiatric diagnostic evaluation performed with medical services is an integrated biopsychosocial and medical assessment, including history, mental status, other physical examination elements as indicated and recommendations.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support interviews with other informants, if indicated ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing: Current –</p> <ul style="list-style-type: none"> ▪ One unit per line ▪ May be billed more than once, in situations where other informants were seen in lieu of, or in addition to, the client ▪ Cannot be billed with any E/M code or psychotherapy codes on the same day by the same provider, per CPT <p>Provider Type:</p> <ul style="list-style-type: none"> ▪ Current – No restrictions <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current - 02, 05, 07, 08, 11, 19, 21, 22, 50, 51, 53, 55, 57, 72 (see attachment) <p>Limitations:</p> <ul style="list-style-type: none"> ▪ HCA allows one evaluation (including code 90791) per calendar year, per provider, per diagnosis ▪ HCA allows one psychiatric service per day

	<p>Goal:</p> <ul style="list-style-type: none">▪ Request Legislative approval and funding to expand coverage of service to eliminate restriction of one psychiatric service allowed per day, allowing coverage of more than one psychiatric service per day▪ Follow CPT: CPT only allows one use of this code per day, unless other informant situation, as described above▪ Assure no restriction by Place of Service
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<p>90839 – Psychotherapy for crisis, first 60 minutes</p> <ul style="list-style-type: none">▪ Not a covered service in the Medicaid physical health benefits. Currently only covered by BHO or FIMC BHSO services.	<p>Documentation:</p> <ul style="list-style-type: none">▪ N/A <p>Billing:</p> <ul style="list-style-type: none">▪ N/A <p>Provider Type:</p> <ul style="list-style-type: none">▪ N/A <p>Place of Service:</p> <ul style="list-style-type: none">▪ N/A <p>Limitations:</p> <ul style="list-style-type: none">▪ N/A <p>Goal:-</p> <ul style="list-style-type: none">▪ No changes required
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<p>99354 and 99355 – prolonged E/M or psychotherapy in office or outpatient setting requiring direct patient contact beyond the usual service</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time <p>Billing:</p> <ul style="list-style-type: none"> ▪ Bill as add-on to any E/M, if other services rendered by same provider qualifies for an E/M code; or code 90837 psychotherapy for 60 minutes, per CPT ▪ 99354 – first hour beyond the usual service (minimum 60 minutes required, per CPT). Bill one unit ▪ 99355 – each additional 30 minutes after the first hour (minimum of 15 minutes required, per CPT). Bill as many units as required to report each additional 30 minute increment. <p>Provider Type:</p> <ul style="list-style-type: none"> ▪ Current – Does not allow psychologists, mental health counselors, marriage and family therapists or social workers to bill these codes <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current- 05, 07, 11, 12, 19, 20, 22, 23, 25, 31, 32, 50, 52, 53, 55, 57, 71, 72, and 81 (See attached list) <p>Limitations:</p> <ul style="list-style-type: none"> ▪ HCA allows three hours of prolonged care allowed per day, per provider <p>Goal:</p> <ul style="list-style-type: none"> ▪ Request Legislative approval and funding to expand coverage of service to other behavior health providers ▪ Assure no restriction by Place of Service
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99356 and 99357 - prolonged services in the inpatient or observation setting, requiring unit/floor time beyond the usual service

Documentation:

- Be legible to be considered valid
- Support the level of service billed
- Support medical necessity for the diagnosis and service billed
- Be authenticated by provider performing service with date and time

Billing:

- Bill as add-on to any inpatient E/M billed by same provider, per CPT
- 99356 – first hour beyond the usual service in addition to the code for inpatient evaluation and management 15 minute units. (minimum 60 minutes required, per CPT). Bill one unit
- 99357 each additional 30 minutes (minimum of 15 minutes required, per CPT). Bill as many units as required to report each additional 30 minute increment.

Provider Type:

- Current – Restricted to providers who deliver services in the inpatient or observational setting, per CPT

Place of Service:

- 21, 31, 32, 34, 51, 54, 55, 56, 57 (see attachment)

Limitations:

- HCA allows three hours of prolonged care allowed per day

Goal:

- No changes required

<p>90785 – Interactive complexity along with primary procedure code.</p> <p>Interactive complexity refers to specific communication factors that complicate the delivery of a psychiatric procedure</p>	<p>Documentation:</p> <ul style="list-style-type: none"> ▪ Be legible to be considered valid ▪ Support the level of service billed ▪ Support medical necessity for the diagnosis and service billed ▪ Be authenticated by provider performing service with date and time ▪ Describe interactive complexity ▪ <p>Billing:</p> <p>Current-</p> <ul style="list-style-type: none"> ▪ Bill as add-on to other allowed psychiatric procedure codes. e.g. diagnostic psychiatric evaluation, psychotherapy, psychotherapy when performed with any E/M service or group psychotherapy by same provider on same day ▪ One unit per line <p>Provider Type:</p> <ul style="list-style-type: none"> ▪ Current - No restrictions <p>Place of Service:</p> <ul style="list-style-type: none"> ▪ Current- 03, 05, 07, 08, 11, 12, 19, 21, 22, 50, 51, 52, and 72 <p>Limitations:</p> <ul style="list-style-type: none"> ▪ HCA allows one service per day <p>Goal:</p> <ul style="list-style-type: none"> ▪ Assure no Place of Service restrictions and that the limitation above is per provider
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Place of Service Reference

Place of Service Code(s)	Place of Service Name	Place of Service Description
01	Pharmacy **	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients. (Effective October 1, 2003)
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
03	School	A facility whose primary purpose is education. (Effective January 1, 2003)
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). (Effective January 1, 2003)
05	Indian Health Service Free-standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization. (Effective January 1, 2003)
06	Indian Health Service Provider-based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. (Effective January 1, 2003)
07	Tribal 638 Free-standing Facility	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 non-surgical), and

		rehabilitation services to tribal members who do not require hospitalization. (Effective January 1, 2003)
08	Tribal 638 Provider-based Facility	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 non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients. (Effective January 1, 2003)
09	Prison/ Correctional Facility	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. (Effective July 1, 2006)
10	Unassigned	
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health 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.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
13	Assisted Living Facility	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. (Effective October 1, 2003)
14	Group Home *	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).

		(Effective October 1, 2003)
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. (Effective January 1, 2003)
16	Temporary Lodging	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. (Effective January 1, 2008)
17	Walk-in Retail Health Clinic	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 code is available for use immediately with a final effective date of May 1, 2010)
18	Place of Employment-Worksite	A location, not described by any other POS code, owned or operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual. (This code is available for use effective January 1, 2013 but no later than May 1, 2013)
19	Off Campus-Outpatient Hospital	A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Effective January 1, 2016)
20	Urgent Care Facility	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. (Effective January 1, 2003)

21	Inpatient Hospital	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.
22	On Campus-Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization. (Description change effective January 1, 2016)
23	Emergency Room – Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of new born infants.
26	Military Treatment Facility	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).
27-30	Unassigned	N/A
31	Skilled Nursing Facility	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.
32	Nursing Facility	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 individuals with intellectual disabilities.
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.

34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
35-40	Unassigned	N/A
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
43-48	Unassigned	N/A
49	Independent Clinic	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. (Effective October 1, 2003)
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	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.
52	Psychiatric Facility- Partial Hospitalization	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.
53	Community Mental Health Center	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.
54	Intermediate Care Facility/ Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	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.
56	Psychiatric Residential Treatment Center	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.
57	Non-residential Substance Abuse Treatment Facility	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. (Effective October 1, 2003)
58-59	Unassigned	N/A
60	Mass Immunization Center	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.
61	Comprehensive Inpatient Rehabilitation Facility	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.

62	Comprehensive Outpatient Rehabilitation Facility	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.
63-64	Unassigned	N/A
65	End-Stage Renal Disease Treatment Facility	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.
66-70	Unassigned	N/A
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	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.
73-80	Unassigned	N/A
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
82-98	Unassigned	N/A
99	Other Place of Service	Other place of service not identified above.