

## **Outpatient Facility Coding Alert**

## You Be the Coder: Know the Correct POS for Off Campus Outpatient Service

**Question:** While billing for an outpatient service performed at an off campus outpatient clinic, which place of service code should I use?

Mississippi Subscriber

**Answer:** In order to report a proper place of service code, you need to first understand the official definition of off-campus. According to CMS, a campus is:

- The physical area immediately adjacent to the provider's main location,
- Other areas and buildings that are not strictly attached to the main buildings but are situated within 250 yards of the main structure. and
- Any other areas determined by the CMS to be part of the provider's campus on an individual case basis.

The official new and revised POS definitions as per CMS are:

- POS 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.
- POS 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.

"As of Jan. 1, you should use the current POS code 22 exclusively for services rendered in outpatient settings on the campus of the main hospital, such as outpatient clinics. Some physicians had been incorrectly billing a non-facility POS code such as 11 (Office) for off-campus clinics instead of using outpatient POS 22, which was defined as "outpatient hospital" before the recent revision to add the qualifier, "on-campus."

**Remember:** The Medicare Physician Fee Schedule (MPFS) values services at a "facility" rate for hospital and Skilled Nursing Facility (SNF) patients, and a "non-facility" rate for settings such as physician offices. The non-facility rate typically pays more, to compensate you for overhead costs that you don't have to pay when the physician performs the service in a facility (because the facility covers those costs).