

Psychiatry Coding & Reimbursement Alert

You Be the Coder: Know the Exception to POS Codes For Registered Inpatients

Question: Our clinician sees a patient who is an inpatient, but these visits do not occur in the hospital premises but in the hospital vicinity. What should the "place of service" code be? One of my colleagues is saying it should be "inpatient" while another is saying it should coincide with the "actual place of service." Who is correct?

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Answer: For all the services provided, the "place of service (POS)" should match the actual setting in which the patient received the face-to-face service. However, there are two exceptions to this "place of service" guideline. This requirement does not apply when any service is provided to patients who are registered as "inpatient" or as "outpatient" in a hospital setting.

When a patient is registered as a hospital "inpatient," as seems to be the case in the scenario that you have described, you will have to report place of service as "inpatient hospital" or "POS 21," irrespective of where the patient actually received the service. This requirement will help trigger the appropriate facility payment for the patient's services. So, in your case, even though the patient received the service in a location that was near but not in the hospital, you still mention the place of service as "POS 21."

In case your clinician knows the exact setting in which the patient is registered as an inpatient, you can actually report this place of service code instead of POS 21. For example, if the patient that your clinician saw is a patient registered to your "psychiatric inpatient facility," then you can list the place of service as "POS 51" instead of "POS 21."

For more details on correctly reporting the POS codes for "inpatients" or "outpatients," check this MLM matters article on this topic at

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7631.pdf>.