

Medicare Reminds Providers on Importance of Place-of-service Coding

[Medlearn Matters article SE 1226](#) reminds providers of the importance of using accurate place-of-service codes on Medicare Part B claims.

Physicians are required to identify the place-of-service on the health insurance claim forms that they submit to Medicare contractors. The correct place-of-service code ensures that Medicare does not incorrectly reimburse the physician for the overhead portion of the payment if the service was performed in a facility setting. Physicians may perform these services in a **facility setting**, such as a hospital outpatient department or in a **non-facility setting** such as a physician's office, independent clinic or nursing home. While for most standard nursing home evaluation and management services there is no difference between the two codes, in some cases the reimbursement for the nursing home non-facility rate can be significantly higher.

Recent audits by the Office of Inspector General have found place-of-service coding errors in the majority of claims sampled; this indicates that this issue will come under greater scrutiny in the future, and medical and billing staff should be aware of the issue.

Please refer to [Medlearn Matters article SE 1226](#) for more details.

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