



Procedure to Place of Service Policy, Professional

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare’s reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In a conflict, federal and state guidelines, as applicable, and the member’s benefit plans supersede the information in this policy. Also, to the extent of conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

This billing policy applies to all Molina Medicaid business lines and Medicaid health plans, particularly for services submitted via the 1500 Health Insurance Claim Form (CMS-1500) or its electronic equivalent.

The purpose of the Procedure to Place of Service Policy is to specify when a state Medicaid agency has established a policy and procedure, based on state Medicaid guidelines, that restricts the place of service for certain CPT codes or HCPCS codes.

Reimbursement Guidelines

This policy details the appropriate place of service codes for specific CPT and HCPCS procedure codes. Certain CPT and HCPCS codes specify where they can be used. Therefore, a “Facility” (F) or “Non-Facility” (NF) designation tied to a CMS Place of Service Code is crucial. For example, billing CPT code 99255, which describes a facility visit, with an “NF” place of service like Office (11) is inappropriate. Molina Healthcare provides state-specific lists of CPTS and HCPCS procedure codes and their places of service, based on state Medicaid guidelines. If a code is not listed below, there are no restrictions on the place of service.

Note that any procedure code with a valid place of service may also follow additional Molina Healthcare reimbursement policies.

Place of Service Codes

Place of Service Number	Place of Service Name	Facility (F) or Non-Facility (NF)
01	Pharmacy	NF
02	Telehealth Provided Other than in Patient’s Home	F
03	School	NF
04	Homeless Shelter	NF
05	Indian Health Service Free-standing Facility	F
06	Indian Health Service Provider-based Facility	F
07	Tribal 638 Free-Standing Facility	F
08	Tribal 638 Provider-Based Facility	F
09	Prison/Correctional Facility	NF
10	Telehealth Provided in Patient’s Home	NF
11	Office	NF
12	Home	NF



13	Assisted Living Facility	NF
14	Group Home	NF
15	Mobile Unit	NF
16	Temporary Lodging	NF
17	Walk-in Retail Health Clinic	NF
18	Place of Employment/Worksite	NF
19	Off Campus-Outpatient Hospital	F
20	Urgent Care Facility	NF
21	Inpatient Hospital	F
22	On Campus-Outpatient Hospital	F
23	Emergency Room-Hospital	F
24	Ambulatory Surgical Center	F
25	Birthing Center	NF
26	Military Treatment Facility	F
27	Outreach Site/Street	NF
31	Skilled Nursing Facility	F
32	Nursing Facility	NF
33	Custodial Care Facility	NF
34	Hospice	F
41	Ambulance - Land	F
42	Ambulance - Air or Water	F
49	Independent Clinic	NF
50	Federally Qualified Health Center	NF
51	Inpatient Psychiatric Facility	F
52	Psychiatric Facility - Partial Hospitalization	F
53	Community Mental Health Center	F
54	Intermediate Care Facility / Individuals with Intellectual Disabilities	NF
55	Residential Substance Abuse Treatment Facility	NF
56	Psychiatric Residential Treatment Center	F
57	Non-residential Substance Abuse Treatment Facility	NF
58	Non-residential Opioid Treatment Facility	NF
60	Mass Immunization Center	NF
61	Comprehensive Inpatient Rehabilitation Facility	F
62	Comprehensive Outpatient Rehabilitation Facility	NF
65	End-Stage Renal Disease Treatment Facility	NF
66	Programs of All-Inclusive Care for the Elderly (PACE) Center	F
71	State or Local Public Health Clinic	NF
72	Rural Health Clinic	NF
81	Independent Laboratory	NF
99	Other Place of Service	NF

State-By-State Medicaid Exceptions



State	Exception
Arizona	<p>97001 – 97546, any place of service excluding place of service 31, 32 and 33, 32 and 33.</p> <p>Arizona Medicaid provides an Excel spreadsheet of 3,328 rows of behavioral Health CPT codes and HCPCS procedure codes and their allowable place of service. Note: some CPT codes and HCPCS procedure codes are repeated on different rows. Please see on this document, “References” for hyperlinks and details.</p>
California	<p>99000 in POS 81.</p> <p>99050, 99051, 99056 – Use Place of Service code 15 to signify a service provided in a mobile setting.</p> <p>California Medicaid provides a table called “Service Table 1-Assessment Codes” that is 14 pages long, that includes a column called “Allowable Place of Service”. Please see on this document, “References” for hyperlinks and details.</p>
Connecticut	<p>Free-standing Substance Use Disorder (SUD) residential treatment facilities must be provided with Place of Service (POS) 55.</p> <p>Connecticut Medicaid provides a specific list of Behavioral Health CPT codes and/or HCPCS codes are approved for place of service 02 or 10. Please see on this document, “References” for hyperlinks and details.</p>
Florida	<p>Florida Medicaid allows:</p> <ul style="list-style-type: none"> • H0035 in POS 53 • T1015 in POS 02 <p>Florida Medicaid disallows:</p> <ul style="list-style-type: none"> • M0201 in POS 02, 10 <p>POS 27</p>
Idaho	<p>G2081, G2105, G9898, G9901, G9910, G9938, M1284 - Patient aged 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period.</p>
Illinois	<p>For Community-Based Behavioral Health Services, Allowable Place of Service Codes:</p> <ul style="list-style-type: none"> • On-Site: 02, 10, 11, 15, 20, 53 • Off-Site: 03, 04, 12, 13, 14, 21, 22, 23, 26, 31, 32, 33, 34, 51, 52, 54, 55, 56, 57, 71, 99
Iowa	<ul style="list-style-type: none"> • NON-COVERED CODE: M1285 - Patient aged 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period.
Kentucky	<p>Per State Regulations, Kentucky allows:</p> <ul style="list-style-type: none"> • H0015 in POS 02, 10, 11, 53, 55, 57, 58 • H0035 in POS 02, 10, 55, 57, 58 • H0038 in POS 02, 10 • L8699 in POS 24 • S9480 in POS 11 <p>Per State Regulations, Kentucky does not allow:</p> <ul style="list-style-type: none"> • M0201 in POS 02, 10 • Place of Service 27 is not recognized and will deny if billed
Massachusetts	<p>Massachusetts allows:</p> <ul style="list-style-type: none"> • S9122 in POS 32 <p>Massachusetts does not allow:</p> <ul style="list-style-type: none"> • MAMMP: 91300, 91303, 91305, 91311, 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A, 0034A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0094A, 0104A, 0111A, 0112A, M0201 in POS 02, 10
Michigan	<ul style="list-style-type: none"> • MDHHS does not recognize the following place of service codes for reimbursement by the program: 05, 06, 08, 09, 10, 25, 26, 53, and 54.
Mississippi	<p>Effective May 1, 2021, HCPCS code S9480 will only be applicable to Intensive Outpatient Psychiatric programs operated in the outpatient programs in general hospitals [POS 22] and freestanding psychiatric hospitals [POS 53].</p> <p>Mississippi Medicaid provides a specific list of “S” and “T” Behavioral Health HCPCS codes that are approved for place of service 02 or 10. Please see on this document, “References” for hyperlinks and details.</p> <ul style="list-style-type: none"> • 94640 in POS 22 & 19 • 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214 & 99215 in POS 03 & 12 • 99354 and 99355 in POS 03, 12, 13, 31 & 32 • H0035 in POS 99 & 53 • T2048 in POS 53
Nebraska	<p>Home health and hospice assessments made for initial contact or recreation must be performed in person; place of service 02 or 10 not allowed.</p>



	<p>Pediatric feeding disorder outpatient therapy must be performed in person; place of service 02 or 10 is not allowed.</p> <p>Codes 98966, 98967, 98968 and G0071 will not be recognized with place of service 02 or 10 or any other place of service.</p> <p>Nebraska Medicaid provides a specific list of Behavioral Health CPT codes and/or HCPCS codes are approved for place of service 02 or 10. Note: some CPT codes and HCPCS codes are repeated in different rows. Please see on this document, "References" for hyperlinks and details.</p>
New Mexico	99201-99215 in POS 03
New York	New York allows: E&M codes in 04 and 15 POS
Ohio	<p>Ohio Medicaid provides a specific list of Behavioral Health CPT codes and/or HCPCS codes that are approved for specified places of service. Please see on this document, "References" for hyperlinks and details.</p> <p>Ohio Medicaid allows:</p> <ul style="list-style-type: none"> T2042 & T2043 in a 31 & 32 POS <p>OH, Medicaid and MMP products allow:</p> <ul style="list-style-type: none"> 99202-99205, & 99212-99215 with POS 13, 31 & 32 99211 with POS 13, 31, 32 & 57 99341, 99342, 99344, 99345, 99347-99350 with POS 16 H0012 with POS 11 99202-99499 with POS 03 <p>Per Ohio State Regulations, when a general health panel is performed (80050) in POS 81, 80050 is not covered.</p>
South Carolina	<p>Convenient Care Clinics must bill Medicaid using Place of Service Code 17 for a walk-in, retail health clinic. Covered services for this place of service are limited to episodic care and wellness/preventative services.</p> <ul style="list-style-type: none"> Wellness/preventative services are covered for recipients five years and older. Observation codes should be billed with place of service 22. Medicaid patients who are in acute care hospitals and no longer require acute care but need nursing home placement (which is unavailable at the time), clinicians can bill South Carolina Medicaid with codes 99304-99337 and Place of Service 21. Amniocentesis (59000) – do not use 26 modifiers for place of service 21 or 22. Ultrasound for Amniocentesis Guidance (76946) – When performed in the hospital (POS 21 or 22), do not use the 26 modifiers since the code is for supervision and interpretation only. Non-Stress Test (59025) – If the physician provides the interpretation in place of service 21 or 22, he or she should bill with the 26 modifiers. Perinatal Care, Observation Admission – Codes 99217 – 99220 with place of service 22. Independent laboratories – the place of service must be an 81. FQHC Adult Nutritional Counseling – use place of service 22.
Texas	<p>Texas Medicaid denies all codes in POS 09.</p> <p>Texas Medicaid allows:</p> <ul style="list-style-type: none"> G0398, G0399 & G0400 in POS 11 Q4081 in POS 02, 10, 11, 15, 17, 20, 49, 50, 60, 65, 71, 72 G0511 in POS 50 J0879 in POS 11, 21, 22, 50, 65, 72, 73 <p>Texas Medicaid does not allow:</p> <ul style="list-style-type: none"> M0220 or M0221 in POS 02, 10 M0201 in POS 02, 10, 12 90480, 91318, 91319, 91320, 91321, 91322, & 91304 in POS 12 30468, J1823, 92650, 92651, 92652, 92653, 94619, 90377, 76145 in POS 12, 21, 51, 52, 55, 56, 61, 61, 61, 25, 01, 03, 04,05, 06, 07, 16, 18, 26, 34, 41, 42, 57, 99, 13, 31, 32, 54, 14, 33, 81 S0013, 71271, 92229 in POS 12, 25, 01, 03, 04,05, 06, 07, 08, 16, 18, 26, 34, 41, 42, 53, 57, 99, 13, 31, 32, 54, 14, 33, 81 80143, 80151, 80161, 80167, 80179, 80181, 80189, 80193, 80204, 80210, 82077, 82681 in POS 12, 21, 51, 52, 55, 51, 51, 51, 61, 25, 01, 03, 04, 05, 06, 07, 08, 16, 18, 26, 34, 41, 42, 53, 57, 99, 13, 31, 32, 54, 14, 33
Utah	Providers must indicate a telehealth service by using place of service 02 or 10.
Virginia	<p>Providers should not use POS 02 on telehealth claims, even though this POS is referred to as "telehealth" for other payers.</p> <p>Per State Regulations, the following codes are exempt from the policy:</p> <ul style="list-style-type: none"> H0035 when reported in a POS 22, 23, 49, 53 & 99



	<ul style="list-style-type: none"> • POS restrictions are not imposed for procedure codes G0151, G0152, G0153 & G0495 <p>Per State regulations, Virginia allows:</p> <ul style="list-style-type: none"> • Allows 99202 & 99211, 99212, 99213 in POS 01 for Pharmacists
Washington	<p>Washington Medicaid denies all codes in POS 09.</p> <p>Psychiatric Collaborative Care Model (CoCM) Codes. Place of Service: No limitations on the place of service. Exception: Federally Qualified Health Centers (FQHC's) and Rural Health Clinics (RHC's) bill for Psychiatric Collaborative Care Model (CoCM) using a specific code—see code G0512 for details.</p> <p>CPT codes 99304-99318 are not appropriate E/M codes for use in place of service 13 (Assisted Living) or 14 (Group Home). Providers must use CPT® codes 99324-99328 or 99334-99337 for E/M services provided to clients in these settings.</p> <p>HCA pays for home evaluation and management (CPT codes 99341-99350) only when services are provided in place of service 12 (home).</p> <p>Computed tomography angiography (CTA), CPT code 75574 is restricted to place of service 19, 21, 22, 23.</p> <p>Portable X-Ray Services R0070 and R0075 with modifiers UN, UP, UQ, UR, or US, when furnished in place of service 12 (home) or 32 (nursing facility) are limited to the following:</p> <ul style="list-style-type: none"> ○ Skeletal films involving extremities, pelvis, vertebral columns, or skull ○ Chest or abdominal films that do not involve the use of contrast media ○ Diagnostic mammograms <p>Billing for prenatal genetic counseling, the appropriate place-of-service code, must be either: 11 (office), 21 (inpatient hospital), or 22 (outpatient hospital).</p> <p>When billing global Obstetrical Services, the place of service code must correspond with the place where the child was born (for example: place of service 25).</p> <p>Washington Medicaid will allow 99202-99205; 99211-99215, 81000; 81002; 81025; 82948, and under certain conditions, CPT code 36415 to be billed in place of service 55 - Residential Chemical Dependency Treatment Center.</p> <p>J1640 - Hemin, 1 mg Limited to place of service office (11) or outpatient hospital (22).</p> <p>Per Washington State Guidelines, the following codes are exempt from the policy when billed in POS:</p> <ul style="list-style-type: none"> • 99202-99205, 99211-99215, G0410-G0411, G2067-G2080, H0015 & H0017, Q5002, S0260 & S9480 in POS 04 & 12 • T1001, T1002 & T1003 will be denied, and all other codes are allowed when billed with POS 03 • T1015 when billed in POS 04, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 2, 20, 22, 24, 25, 31, 32, 33, 34, 4, 49, 5, 50, 52, 53, 54, 55, 56, 57, 58, 6, 60, 62, 65, 7, 71, 72, 8, 9, 99 • CPT code 99483 is payable in POS 11 <p>Behavioral Health providers can bill the following codes in any place of service:</p> <ul style="list-style-type: none"> • 80306, 80307, 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 90849, 90853, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96164, 96165, 96167, 96168, 96170, 96171, 96372, 98966, 98967, 98968, 99001, 99075, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99421, 99422, 99423 & 99451 • G2012, H0001, H0004, H0010, H0011, H0015, H0016, H0017, H0020, H0023, H0025, H0026, H0030, H0031, H0032, H0033, H0034, H0035, H0036, H0038, H0040, H0043, H0045, H0046, H0047, H0050, H2011, H2012, H2014, H2015, H2017, H2021, H2022, H2023, H2025, H2027, H2028, H2031, H2033, H2036, S0109, S9125, S9446, S9480, S9484, S9485, T1001, T1013, T1016, T1023, T2038, U0001 & U0002
Wisconsin	<p>Allowable place of service codes to be billed with H0043, Modifier U8: 02, 10, 12, 13, 14, 27.</p> <p>Allowable place of service codes to be billed with H2023 or H0038: 02, 03, 04, 05, 06, 07, 08, 10, 11, 12, 13, 14, 16, 19, 27, 33, 50, 53, 55, 57, 71, 72, and 99.</p> <p>Wisconsin Medicaid allows procedures in specific POS.</p> <p>Wisconsin Medicaid does not reimburse POS 27.</p>



Supplemental Information

Definitions

Term	Definition
HCPCS Codes	Used by and physician offices, outpatient hospital facilities, inpatient, outpatient dialysis centers, and ambulatory surgery centers. Medicare mandates that providers (regardless of the type of provider) use alphanumeric HCPCS codes to report various biologicals, drugs, devices, supplies, and certain services.
CPT codes	Used by physician offices and physicians and clinicians in all settings, outpatient hospital facilities, outpatient dialysis centers, and ambulatory surgery centers. CPT codes are utilized to report many procedures on claims that are submitted.
Place of Service Codes	Place of Service Codes are two-digit numbers included on health care professional claims (whether paper CMS-1500 claims or their electronic counterparts) to specify the location where a service was provided. These codes must be used to identify the entity where the service(s) took place.

State Exceptions

Documentation History

Type	Date	Action

References

Reference	Link
CMS	Medicare Claims Processing Manual
Arizona	MasterFFSManual.pdf B2Matrix2025.xlsx
California	Pathology: Blood Collection and Handling (path blood) Medi-Cal-2020-STC-Attachment-FF-updated04022021.pdf Billing-Manual-v-1.1-June-2022
Connecticut	Get-Download-File (https://www.ctdssmap.com/CTPortal/Information/Get-Download-File?Filename=pb24_09.pdf&URI=Bulletins/pb24_09.pdf) Telehealth Table.xlsx
Idaho	January to March 2025 Fee Schedule PDF
Illinois	DEFINITIONS
Iowa:	download
Kentucky:	BHInpatientFeeSchedule_proposed chgs 2022_09132022.xlsx
Michigan.	MedicaidProviderManual.pdf
Mississippi	June-2021-Provider-Bulletin.pdf ED-AND-CTS-Fee-Schedule-10-1-2024-FNL.xlsx
Nebraska	Medicaid Provider Bulletin 23-08: Guidance on Telehealth
Nebraska	Nebraska Medicaid Telehealth Codes
Ohio.	5160-27-03 PH FF A APP1 20231222_0933.pdf
South Carolina:	SOUTH CAROLINA MEDICAID PROGRAM
Utah.	Section 1 Genereal Information



Virginia	Telehealth Services Supplement (updated 1.10.24) Final.pdf
Washington:	Federally Qualified Health Centers Physician-Related Services/Health Care Professional Services billing guide
Wisconsin	Print Print

***CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.