

Service/Place of Service Codes

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Q: I am confused by section 24 of the CMS 1500 form - specifically section 24B and 24C, which designate place of service and type of service. I've heard it should be "O" for office and "C" for chiropractic, but that seems incorrect, as I have had a claim denied for improper place and type-of-service indicators.

A: Yes, those sections are required on a standard CMS 1500 claim, but in fact, numbers are used, not letters. The use of the letters you indicate is a common mistake and I can see how they may be construed as correct, considering what you assumed they represent. And though you may have had claims in the past accepted with an incorrect indicator, realize that insurers are now required under HIPAA to have all sections of the claim complete and correct. Even if something seemingly as simple or mundane as those sections is incorrect, your claim can be rejected.

For section 24B, where it asks for place of service, you must indicate the place with a two-digit number. Most commonly, the place of service is a doctor's office, which is represented by the number "11." If it is the patient's home, the number is "12." Inpatient hospital is "21" and an outpatient hospital is "22." The numeric codes are assigned up to 99 and begin with "11" (numbers 00-10 are unassigned or not used). If the place of service for chiropractic care is other than the above, it is likely going to be "99," which designates an unlisted facility or location.

Type-of-service procedure codes in section 24C are single-digit numbers. For all medical care (including chiropractic and physical medicine), the number is "1." X-ray services are coded "4." Diagnostic laboratory is coded "5."

If you are doing a service other than what I have listed, you can access all of the possible place-of-service and type-of-service codes directly from the CMS Web site (www.cms.gov), as well as from most insurer Web sites such as Blue Shield or Blue Cross.

MARCH 2006