



Clover Health Procedure and Place of Service Reimbursement Policy

Policy # RP-055

Policy Title	Procedure and Place of Service Reimbursement Policy
Policy Department	Payment Strategy & Optimization
Effective Date	4/1/2022
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description: This policy addresses the reimbursement of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that are reported in a Place of Service (POS) considered inappropriate based on the code's description or available coding guidelines when reported by a physician or other health care professional.

Definitions:

- Place of Service- A two-digit code used on health care professional claims to indicate the setting in which a service was provided.
- National Physician Fee Schedule Relative Value File- A public use file that contains information on services covered by the Medicare Physician Fee Schedule (MPFS). The file contains the associated relative value units (RVUs), a fee schedule status indicator, and various payment policy indicators needed for payment adjustment (e.g., payment of assistant at surgery, team surgery, bilateral surgery)



Policy:

Clover Health will reimburse CPT and HCPCS codes when reported with an appropriate Place of Service (POS). Clover Health aligns with The Centers for Medicare & Medicaid Services (CMS) POS Code set, which are two-digit codes submitted on the CMS 1500 Health Insurance Claim Form or its electronic equivalent to indicate the setting in which a service was provided.

Many CPT and HCPCS codes include a Place of Service in their description or coding guidelines which include the place(s) of service where the code may be performed. The CMS POS Code set can be accessed via the link below. (CMS Place of Service Code Set)

According to the CMS National Physician Fee Schedule Relative Value File, the Non-Facility Indicator identified as “NA” indicates that “this procedure is rarely or never performed in the non-facility setting.” Clover Health will not reimburse CPT and HCPCS codes with the NA indicator when reported without an appropriate POS. The NPFS Relative Value File can be accessed via the link below. (CMS National Physicians Fee Schedule Relative Value File).

References

[CMS Place of Service Code Set](#)

[CMS National Physicians Fee Schedule Relative Value File](#)

[Medicare Claims Processing Manual - Chapter 12 - Physicians/Nonphysician Practitioners: Section: 20.4.2](#)