CareFirst
Family of health care plans

PLACE OF SERVICE CODE ASSIGNMENTS

For use with CMS 1500

Place of service code assignments are used by CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) providers when submitting claims for payment. These assignment codes are located at **carefirst.com/providerguides**.

These professional services will be reimbursed based on the applicable rate for the Place of Service Code billed for the claim.

Facility payment rate

This rate is applied when a professional provider performs covered services in a facility setting (i.e., hospital or skilled nursing facility) and the practice expenses associated with providing that service are the responsibility of the facility. In this scenario, payments would be made:

- To the professional provider for the professional services
- To the facility where the service was performed for the overhead costs and supplies

For covered services, the following place of service codes will be reimbursed at the facility payment rate:

Code	Place of Service Description
02	Telehealth Provided Other than in Patient's Home *(effective July 1, 2026)*
05	Indian Health Service Freestanding Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Freestanding Facility
08	Tribal 638 Provider-Based Facility
19	Off Campus—Outpatient Hospital
21	Inpatient Hospital
22	On Campus—Outpatient Hospital
23	Emergency Room—Hospital
25	Birthing Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
34	Hospice
41	Ambulance—Land
42	Ambulance—Air or Water
51	Inpatient Psychiatric Facility
52	Psychiatric Facility-Partial Hospitalization
53	Community Mental Health Center
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Nonresidential Substance Abuse Treatment Facility
58	Nonresidential Opioid Treatment Facility
61	Comprehensive Inpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility

Freestanding ambulatory surgery center (ASC) rate

This rate is applied when the provider performs certain covered services in a freestanding ASC. This allowance will be higher than the facility allowance but lower than or equal to the non-facility allowance.

For covered services, the following place of service code will be reimbursed at the freestanding ASC payment rate:

Code	Place of Service Description
24	Ambulatory Surgery Center

Non-facility payment rate

This rate is applied when the provider performs covered services in a non-facility setting (i.e., office or urgent care facility) and the professional practice incurs the full expense of providing the service such as labor, medical supplies, and medical equipment.

For covered services, the following place of service codes will be reimbursed at the non-facility payment rate:

Code	Place of Service Description
01	Pharmacy
03	School
04	Homeless Shelter
09	Prison/Correctional Facility
10	Telehealth Provided in Patient's Home
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
16	Temporary Lodging
17	Walk-in Retail Health Clinic
18	Place of Employment—Worksite
20	Urgent Care Facility
27	Outreach Site/Street
33	Custodial Care Facility
49	Independent Clinic
50	Federally Qualified Health Center
54	Intermediate Care Facility/Individuals with Intellectual Disabilities
60	Mass Immunization Center
62	Comprehensive Outpatient Rehabilitation Facility
66	Programs of All-Inclusive Care for the Elderly (PACE) Center
71	Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Place of Service

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