

## Data Requirements - Place Of Service/Type Of Service Allowable Relationships

Revision: C-16, June 22, 2018

**FIGURE 2.F-1 PLACE OF SERVICE CODES**

| PLACE OF SERVICE CODE | TYPE OF SERVICE CODE(S) ALLOWED (SECOND POSITION VALUES)         |
|-----------------------|--|
| 01                    | B, M   |
| 02                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, I, J, K, L, M |
| 03                    | 1, 2, 3, 4, 5, 7, 9, A, B, F, H, J, K, L                         |
| 04                    | 1, H   |
| 05                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L       |
| 06                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L       |
| 07                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L       |
| 08                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L       |
| 09                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, I, J, K, L, M |
| 11                    | 1, 2, 3, 4, 5, 6, 7, 9, A, C, E, F, G, H, J, K, L                |
| 12                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, D, F, H, J, K, L                   |
| 13                    | 1, 2, 9, A, H, I, K  |
| 14                    | 1, 2, 9, H, I, K   |
| 15                    | 1, 2, 3, 4, 5, 6, 7, 9, A, C, E, F, G, H, J, K, L                |
| 16                    | 1, 3, 9, A, B, D, H, J, K, L                                     |
| 17                    | 1, 4, 5, 9, B  |
| 18                    | 1, 3, 9, A, B, F, H, J, K, L, M                                  |
| 19                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, E, F, G, H, I, J, K, L, M    |
| 20                    | 1, 2, 3, 4, 5, 6, 7, 9, A, C, E, F, G, H, J, K, L                |
| 21                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, K, L                      |
| 22                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L          |
| 23                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L          |
| 24                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, F, G, H, K                      |
| 25                    | 1, 2, 3, 4, 5, 7, 9, F   |
| 26                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, C, E, F, G, H, I, J, K, L          |
| 31                    | 1, 2, 3, 4, 5, 9, A, E, H, J, K, L                               |
| 32                    | 1, 2, 3, 4, 5, 6, 9, A, E, H, J, K, L                            |

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**FIGURE 2.F-1 PLACE OF SERVICE CODES (CONTINUED)**

| PLACE OF SERVICE CODE                 | TYPE OF SERVICE CODE(S) ALLOWED (SECOND POSITION VALUES)   |
|---------------------------------------|--|
| 33                                    | 1, 2, 3, 4, 5, 9, A, E, H, J, K, L                         |
| 34                                    | 1, 2, 3, 9, A, D   |
| 41                                    | 1, 9, A, F, I, J   |
| 42                                    | 1, 9, A, I   |
| 49                                    | 1, 2, 3, 4, 5, 6, 7, 9, A, C, D, E, F, G, H, J, K, L       |
| 50                                    | 1, 2, 3, 4, 5, 9, F, H                                     |
| 51                                    | 1, 2, 3, 4, 5, 7, 9, H, K, L                               |
| 52                                    | 1, 3, 4, 5, 9, H, J, K, L                                  |
| 53                                    | 1, 3, 4, 5, 9, H, K, L                                     |
| 54                                    | 1, 2, 3, 4, 5, 9, A, H, J, K, L                            |
| 55                                    | 1, 3, 4, 5, 9, H, J, K, L                                  |
| 56                                    | 1, 3, 9, H, K, L   |
| 57                                    | 1, 3, 5, 9, H  |
| 60                                    | 1, 9, B  |
| 61                                    | 1, 2, 3, 4, 5, 9, A, B, H, J, K, L                         |
| 62                                    | 1, 2, 3, 4, 5, 9, A, H, J, K, L                            |
| 65                                    | 1, 2, 3, 4, 5, 6, 9, A, E, J                               |
| 71                                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, J, K, L             |
| 72                                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, E, F, G, H, J, K, L             |
| 81                                    | 1, 2, 4, 5, 9, F   |
| 99                                    | 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L |
| This table is used in edit 2-275-01R. |  |

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**FIGURE 2.F-2 PLACE OF SERVICE VALUES**

| PLACE OF SERVICE VALUE | DESCRIPTION                                    |
|------------------------|--|
| 01                     | Pharmacy                                       |
| 02                     | Telehealth                                     |
| 03                     | School   |
| 04                     | Homeless Schedule                              |
| 05                     | Indian Health Service Free-Standing Facility   |
| 06                     | Indian Health Service Provider-based Facility  |
| 07                     | Tribal 638 Free-Standing Facility              |
| 08                     | Tribal 638 Provider-based Facility             |
| 09                     | Prison-Correctional Facility                   |
| 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 Work-site                  |
| 19                     | Pharmacy (Terminated 12/31/2015)               |
| 19                     | Off Campus-Outpatient Hospital                 |
| 20                     | Urgent Care Facility                           |
| 21                     | Inpatient Hospital                             |
| 22                     | On Campus-Outpatient Hospital                  |
| 23                     | Emergency Room - Hospital                      |
| 24                     | Ambulatory Surgical Center                     |
| 25                     | Birthing Center                                |
| 26                     | Military Treatment Facility                    |
| 31                     | Skilled Nursing Facility                       |
| 32                     | Nursing Facility                               |
| 33                     | Custodial Care Facility                        |
| 34                     | Hospice  |
| 41                     | Ambulance - Land                               |
| 42                     | Ambulance - Air or Water                       |
| 49                     | Independent Clinic                             |
| 50                     | Federally Qualified Health Center              |
| 51                     | Inpatient Psychiatric Facility                 |
| 52                     | Psychiatric Facility Partial Hospitalization   |
| 53                     | Community Mental Health Center                 |
| 54                     | Intermediate Care Facility/Mentally Retarded   |
| 55                     | Residential Substance Abuse Treatment Facility |

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**FIGURE 2.F-2 PLACE OF SERVICE VALUES (CONTINUED)**

| <b>PLACE OF SERVICE VALUE</b> | <b>DESCRIPTION</b>                                 |
|-------------------------------|--|
| 56                            | Psychiatric Residential Treatment Center           |
| 57                            | Non-Residential Substance Abuse Treatment Facility |
| 60                            | Mass Immunization Center                           |
| 61                            | Comprehensive Inpatient Rehabilitation Facility    |
| 62                            | Comprehensive Outpatient Rehabilitation Facility   |
| 65                            | End Stage Renal Disease Treatment Facility         |
| 71                            | Public Health Clinic                               |
| 72                            | Rural Health Clinic                                |
| 81                            | Independent Laboratory                             |
| 99                            | Other Unlisted Facility                            |

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**FIGURE 2.F-3 TYPE OF SERVICE SECOND POSITION VALUES**

| TYPE OF SERVICE<br>SECOND POSITION<br>VALUE | DESCRIPTION   |
|---|---|
| 1   | Medical Care  |
| 2   | Surgery   |
| 3   | Consultation  |
| 4   | Diagnostic/Therapeutic X-Ray  |
| 5   | Diagnostic Laboratory   |
| 6   | Radiation Therapy   |
| 7   | Anesthesia  |
| 8   | Assistance at Surgery   |
| 9   | Other Medical Service & Supplies  |
| A   | DME Rental/Purchase   |
| B   | Retail Drugs, Supplies, Prescription Authorizations, and Reviews                    |
| C   | Ambulatory Surgery  |
| D   | Hospice   |
| E   | Second Opinion on Elective Surgery  |
| F   | Maternity   |
| G   | Dental  |
| H   | Mental Health Care  |
| I   | Ambulance   |
| J   | Persons with Disabilities   |
| K   | Physical/Occupational Therapy   |
| L   | Speech Therapy  |
| M   | Mail Order Pharmacy (MOP) Drugs, Supplies, Prescription Authorizations, and Reviews |

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