

Field Location	Required Field?	Description and Requirements
24B	Required	Place of Service – Enter one code indicating where the service was rendered. 03 – School 04 – Homeless Shelter 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 11 – Office Visit 12 – Home 13 – Assisted Living 14 – Group Home 15 – Mobile Unit 20 – Urgent Care Facility 21 – Inpatient Hospital 22 – Outpatient Hospital 23 – Emergency Room 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 50 – Federally Qualified Health Center 51 – Inpatient Psychiatric Facility 52 – Psychiatric Facility Partial Hospitalization 53 – Community Mental Health Center 54 – Intermediate Care Facility 55 – Residential Substance Abuse Treatment Facility 56 – Psychiatric Residential Treatment Center 60 – Mass Immunization Center 61 – Comprehensive Inpatient Rehab Facility 62 – Comprehensive Outpatient Rehab Facility 65 – End Stage Renal Disease Treatment Facility 71 – State or Local Public Health Clinic7 2 – Rural Health Clinic 81 – Independent Laboratory 99 – Other Unlisted Facility