

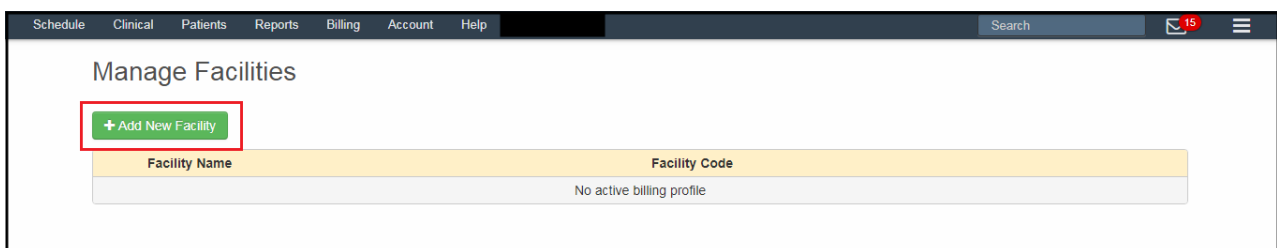
How to Change the Place of Service (POS) for a Specific Appointment

08/27/2024 12:13 pm EDT

Place of Service Codes

To change the place of service (POS) for a specific appointment without changing the place of service in the appointment's office, please follow the steps outlined below:

1. Navigate to **Account > Facilities**
2. Click on **Add New Facility**



3. Enter a facility name, select the place of service code, and click on **Create**

4. Open the billing details screen of the appointment for which the place of service has to be changed.
5. Click on the pencil icon next to **Billing Facility**

The screenshot shows the drchrono billing form with the following fields and values:

- Billing Status:** Bill Insurance
- ICD Version:** ICD-9
- Primary Insurer:** - Default -
- Secondary Insurer:** - Default -
- Billing Provider:** - If different to provider -
- Supervising Provider:** - If different to provider -
- Pt Payment (copay):** \$ 0.00
- Posted Date:** 07/27/2017
- Payment Profile:** Insurance
- Billing Profile:** Select Profile
- Billing Pick List:** Choose from Pick List
- Diagnosis Pick List:** Choose from Pt Problems
- Payer pre-auth #:**
- Do Not Transmit:** Do not transmit authorization number to payer
- Referral #:**
- Billing Facility:** (highlighted with a red box and a red arrow pointing to it)
- Purchased Serv Provider:**
- Appointment Notes:**

Additional fields on the right side of the form include:

- Emergency Service:** No
- Delay Reason:** - Not Used -
- Acute Manifestation Date:**
- Onset Date:** 431: Onse (HCFA box 14)
- Other Date:** 454: Initial 10/01/2017 (HCFA box 15 & 19)
- Is patient's condition related to:**
- Employment:** No
- Auto Accident:** No
- Other Accident:** No
- EDI Billing Note:** (HCFA/CMS-1500 Line 19)
- Providers:**

6. Enter the Facility name associated with the place of service and select it from the drop-down menu.

The screenshot shows the drchrono billing form with the following fields and values:

- Billing Status:** Bill Insurance
- ICD Version:** ICD-9
- Primary Insurer:** - Default -
- Secondary Insurer:** - Default -
- Billing Provider:** - If different to provider -
- Supervising Provider:** - If different to provider -
- Pt Payment (copay):** \$ 0.00
- Posted Date:** 07/27/2017
- Payment Profile:** Insurance
- Billing Profile:** Select Profile
- Billing Pick List:** Choose from Pick List
- Diagnosis Pick List:** Choose from Pt Problems
- Payer pre-auth #:**
- Do Not Transmit:** Do not transmit authorization number to payer
- Referral #:**
- Billing Facility:** Test Facility (highlighted with a red box and a red arrow)
- Purchased Serv Provider:** Test facility
- Appointment Notes:**

Additional fields on the right side of the form include:

- Emergency Service:** No
- Delay Reason:** - Not Used -
- Acute Manifestation Date:**
- Onset Date:** 431: Onse (HCFA box 14)
- Other Date:** 454: Initial 10/01/2017 (HCFA box 15 & 19)
- Is patient's condition related to:**
- Employment:** No
- Auto Accident:** No
- Other Accident:** No
- EDI Billing Note:** (HCFA/CMS-1500 Line 19)
- Providers:**

7. Click on Verify and Save.

dr chrono

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Referral #

Billing Facility

Purchased Serv Provider

Appointment Notes

Follow-up Date

Billing Notes

Cloned from [\[58905346\] 07/27/17 10:00](#) Patient does not have unallocated payment Primary Insurer: (60054) Aetna

ICD-9 Description

Set the ICD version to ICD-10 to enter ICD-10 codes for the appointment.

Add ICD-9 code

No ICD-9 codes found for this appointment.

Line Item NDC Code Quantity Units

Add NDC code UN (Unit)

Code/Check Date	Description	Mods/Posted Date	Service Date	Qty/Min	Dx Pointers	Price	Billed	Allowed	Adjmt	Ins 1 paid	Ins 2 paid	Pt Paid	Ins Bal	Pt Bal	Status/Adj Type
Totals:						\$250.00	\$250.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$250.00	\$0.00	Bill Insurance
<input type="checkbox"/> C 98940			From date To date	1.00	1 0 0 0	100.00	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	0.00	\$100.00	\$0.00	Bill Insurance
<input type="checkbox"/> C 00300			From date To date	15.00	1 0 0 0	150.00	\$150.00	\$150.00	\$0.00	\$0.00	\$0.00	0.00	\$150.00	\$0.00	Bill Insurance

+ Add Line Item ✖ Delete Selected

[Reparse ERA](#) [Claim Info](#) [Status Inquiry](#) ✔ Verify & Save