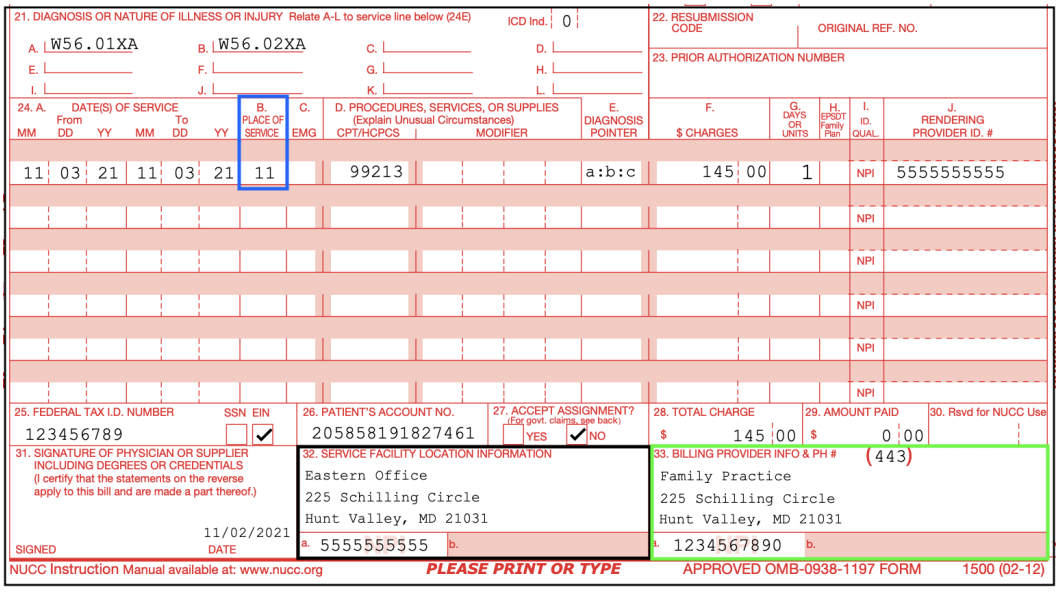
HCFA 1500 Box 32 - Setting the Service Location

Last modified on 10/24/2024 3:05 pm EDT

If you are seeing patients outside of your normal office location, the service location address must be disclosed in box 32 of the HCFA 1500 form, along with the POS code that coordinates with the service location.

This article will explain how to update this information in your office settings, so the accurate service location, Place of Service (POS) code, and remit office information are all populated correctly.

- HCFA Box 24B - Blue - Place of Service (POS) code
- HCFA Box 32 - Black - Service Facility Location
- HCFA Box 33 - Green - Billing Provider Information



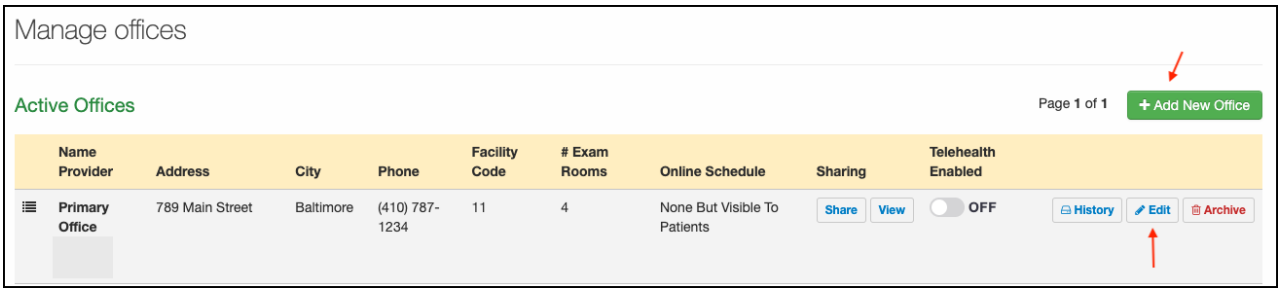
In DrChrono, you can set up an office for alternative locations where you provide services to patients, including assisted living facilities, the patient's home, or skilled nursing facilities among others.

Once set up, when an appointment is scheduled in the assisted living facility, for example, the correct information will automatically populate in boxes 24A (POS), 32 (Service location), and 33 (Billing provider). DrChrono makes it very simple.

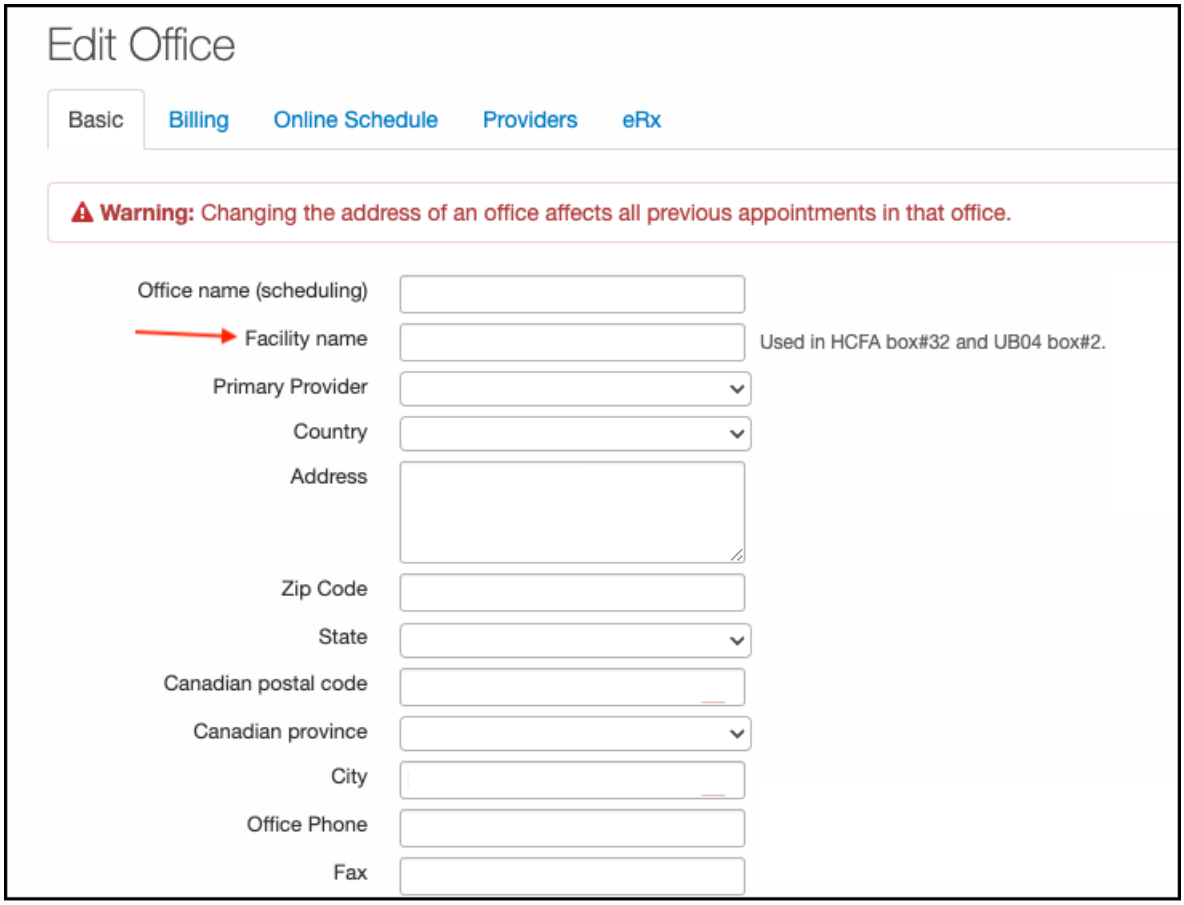
To create an office and set the applicable information, follow the steps below.

1. Hover over the **Account** and select **Offices**.

2. Select **Edit** corresponding to the office if existing, or the **+ Add New Office** button if it is not already listed.



3. From the **Basic** tab enter the name in the **Facility Name** field and the service location address. The name and address entered will appear in Box 32 on the HCFA 1500 form.



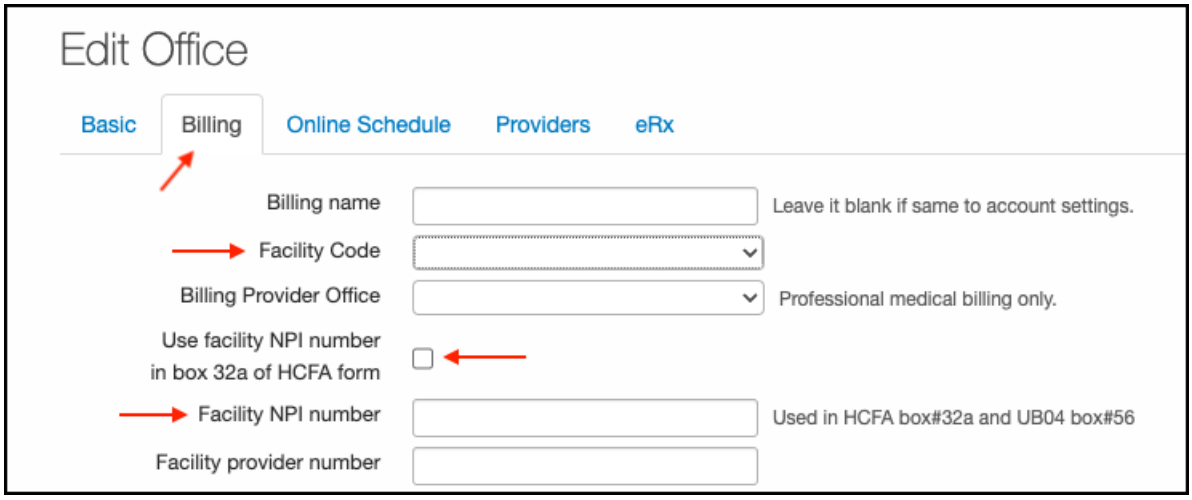
4. To change the Place of Service (POS), select the **Billing Tab** and select the code from the **Facility Code** dropdown:

If you would like the facility or another NPI to reflect on Box 32a. You will need to check the box that reads **"Use facility NPI number in box 32a of HCFA form"** and enter the NPI in the "Facility NPI number" field.

If the field is left blank, DrChrono will retrieve the NPI from the **Account** > **Provider Settings** > **Billing** tab > **Rendering NPI** field.

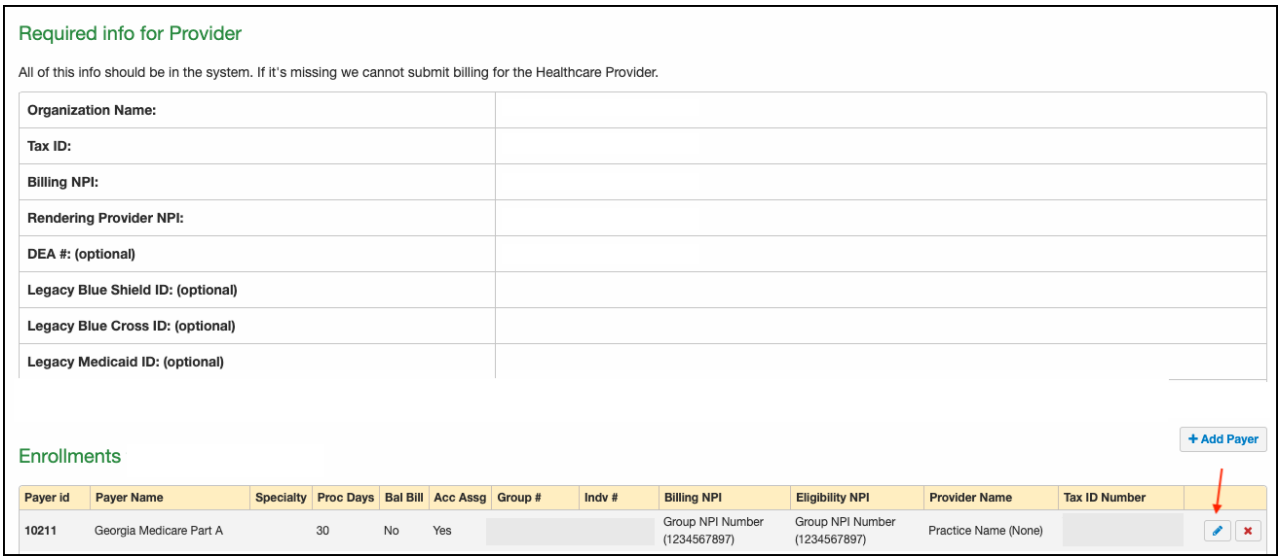
To input, the provider number in box 32b, enter the number in the **Facility Provider Number** field. Once you complete entering all information, click on **Save** at the bottom to save the changes.

Note: The facility address will reflect in HCFA form block #32 even when the office is marked POS 13.

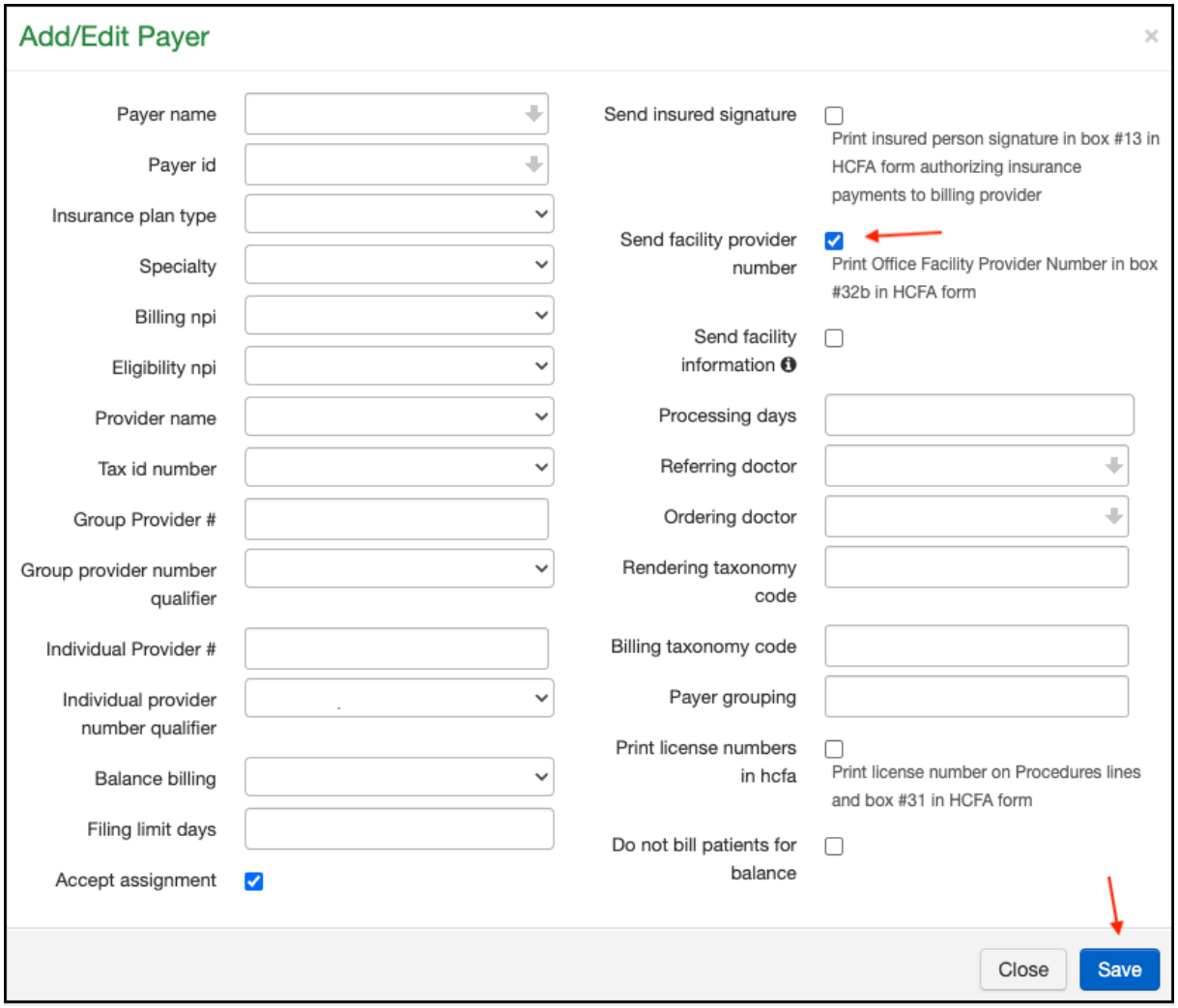


5. Next, go to **Billing** > **Insurance Setup**.

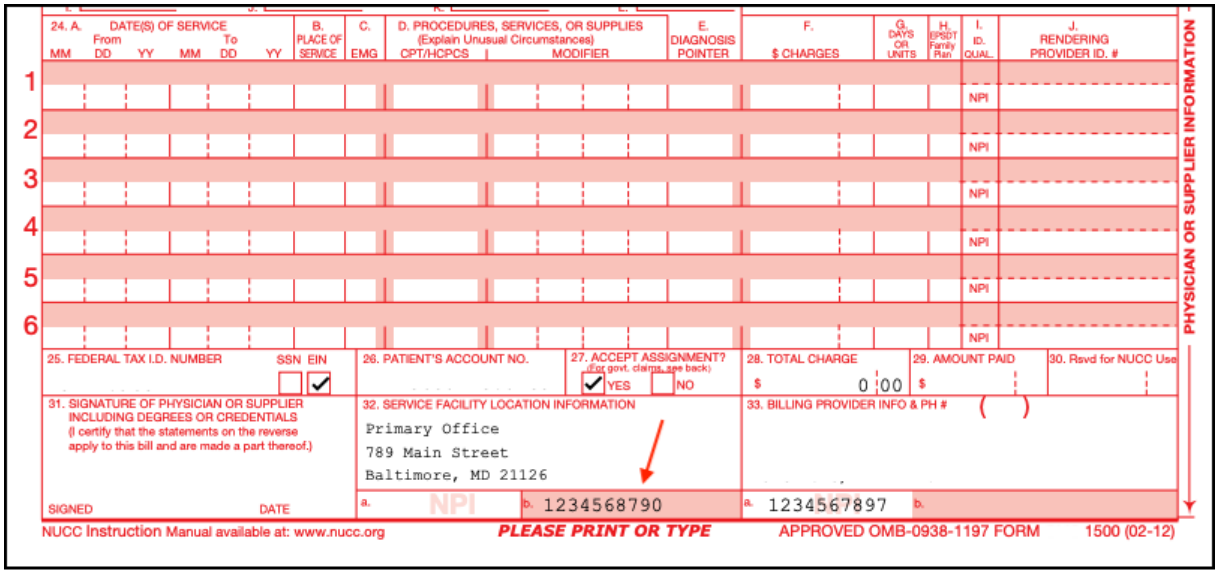
6. Select the pencil icon next to the insurance.



7. Check the **Send Facility Provider Number** box and **Save**.



The number will appear in box 32b for this payer.


24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY
B. PLACE OF SERVICE
C. EMG
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER
E. DIAGNOSIS POINTER
F. $ CHARGES
G. DAYS OR UNITS
H. (EPSDT Family Plan)
I. ID. QUAL.
J. RENDERING PROVIDER ID. #
PHYSICIAN OR SUPPLIER INFORMATION
1
2
3
4
5
6
NPI
25. FEDERAL TAX I.D. NUMBER
SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back)
YES
NO
28. TOTAL CHARGE
$ 0 00
29. AMOUNT PAID
$
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED
DATE
32. SERVICE FACILITY LOCATION INFORMATION
Primary Office
789 Main Street
Baltimore, MD 21126
a. NPI
b. 1234568790
33. BILLING PROVIDER INFO & PH #
( )
a. 1234567897
b.
NUCC Instruction Manual available at: www.nucc.org
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