

HCFA 1500 Box 32 - Setting the Service Location

09/17/2024 3:17 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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0										22. RESUBMISSION CODE		ORIGINAL REF. NO.								
A. W56.01XA		B. W56.02XA		C. L		D. L		E. L		F. L		G. L		H. L		I. L		J. L		
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #										23. PRIOR AUTHORIZATION NUMBER										
11	03	21	11	03	21	11		99213		a:b:c	145	00	1		NPI	5555555555				
25. FEDERAL TAX I.D. NUMBER 123456789 SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>										26. PATIENT'S ACCOUNT NO. 205858191827461		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. TOTAL CHARGE \$ 145.00		29. AMOUNT PAID \$ 0.00		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.)					32. SERVICE FACILITY LOCATION INFORMATION					33. BILLING PROVIDER INFO & PH # (443)										
SIGNED _____ DATE 11/02/2021					Eastern Office 225 Schilling Circle Hunt Valley, MD 21031 a. 5555555555 b.					Family Practice 225 Schilling Circle Hunt Valley, MD 21031 a. 1234567890 b.										

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

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

Manage offices ?

Active Offices Page 1 of 1 [+ Add New Office](#)

Name Provider	Address	City	Phone	Facility Code	# Exam Rooms	Online Schedule	Sharing
Primary Office Nick Riviera	225 Schilling Circle	21212	(443) 555-5555	11	4	New And Existing Patients All Appointments	Share View Edit Archive

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.

Edit Office

Basic **Billing** Online Schedule

Warning: Changing the address of an office affects all previous appointments in that office.

Office name (scheduling)

Facility name Used in HCFA box#32 and UB04 box#2. Leave it blank if same to Office name (Scheduling)

Primary Provider

Country

Address

Zip Code

State

City

Office Phone Not validated. [Click here to verify with a test call.](#)

Fax

4. To change the Place of Service (POS), click on 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.

Edit Office

Basic **Billing** Online Schedule

Billing name Leave it blank if same to account settings.

Facility Code ←

Billing Provider Office Professional medical billing only.

Use facility NPI number in box 32a of HCFA form ←

Facility NPI number Used in HCFA box#32a and UB04 box#56

Facility provider number ←

Billing Tax ID # (professional) Leave it blank if same to account settings.

Billing NPI number Leave it blank if same to account settings.

CLIA Number CLIA # for billing. Leave it blank if same to account setting.

CLIA Expiration Date Expiration date for CLIA number.

Use alternate pay to address for EDI use alternate "pay to" address in EDI billing if checked.

Use alternate pay to address for HCFA use alternate "pay to" address in HCFA form block 33 if checked.

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

6. Click on the pencil icon next to the insurance.

Required info for Provider

All of this info should be in the system. If it's missing we cannot submit billing for the Healthcare Provider.

Organization Name:	Family Practice
Tax ID:	123456789
Billing NPI:	1234567890
Rendering Provider NPI:	5555555555
DEA #: (optional)	None
Legacy Blue Shield ID: (optional)	
Legacy Blue Cross ID: (optional)	
Legacy Medicaid ID: (optional)	
Emdeon Go-Live Date:	None *drcrono staff has to set this up once all other work is done.

Enrollments

Payer id	Payer Name	Specialty	Proc Days	Bal Bill	Acc Assg	Group #	Indv #	Billing NPI	Eligibility NPI	Provider Name	Tax ID Number	
48320	Aetna Better Health of New Jersey		30	No	No	987654321		Group NPI Number (1234567890)	Group NPI Number (1234567890)	Practice Name (Family Practice)	Tax ID Number (123456789)	✎ ✖

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

Add/Edit Payer

Payer name: Aetna Better Health of New Jersey
 Payer id: 46320
 Specialty: -Same as Account Settings -
 Billing npi: Group NPI Number (123456789)
 Eligibility npi: Group NPI Number (123456789)
 Provider name: Practice Name (Family Practice)
 Tax id number: Tax ID Number (123456789)
 Group Provider #: 987654321
 Group provider number qualifier: -- Qualifier --
 Individual Provider #:
 Individual provider number qualifier: -- Qualifier --
 Balance billing: No
 Filing limit days:
 Accept assignment:
 Send insured signature:
 Send facility provider number:
 Processing days: 30
 Referring doctor:
 Ordering doctor:
 Rendering taxonomy code:
 Billing taxonomy code:
 Payer grouping:
 Print license numbers in hcfa:

Buttons: Cancel, Save

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

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0										22. RESUBMISSION CODE		ORIGINAL REF. NO.			
A. J09.X2 B. C. D. E. F. G. H. I. J. K. L.										23. PRIOR AUTHORIZATION NUMBER 25D2162109					
24. A. DATE(S) OF SERVICE		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 (only Part)	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	11	02	21	11	02	21	13	87276	a	120	00	1	1	NPI	5555555555
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	
25. FEDERAL TAX I.D. NUMBER 123456789			SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. 205858191802116			27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 120 00		29. AMOUNT PAID \$ (650)		30. Rsvd for NUCC Use 555-5555	
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.) B. Wilberton 11/02/2021 SIGNED DATE					32. SERVICE FACILITY LOCATION INFORMATION Nursing Home Care 328 Gibraltar Dr Sunnyvale, CA 94089 a. 2222222222 b. 1111111111					33. BILLING PROVIDER INFO & PH # Family Practice 328 Gibraltar Dr Sunnyvale, CA 94089 a. 1234567890 b.					

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