HCFA 1500 Box 32 - Setting the Service Location
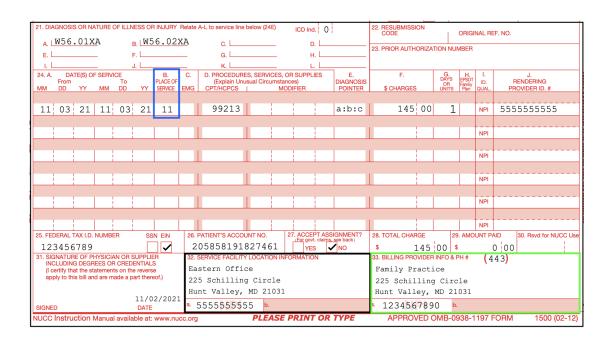
09/17/2024 3:17 pm EDT

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

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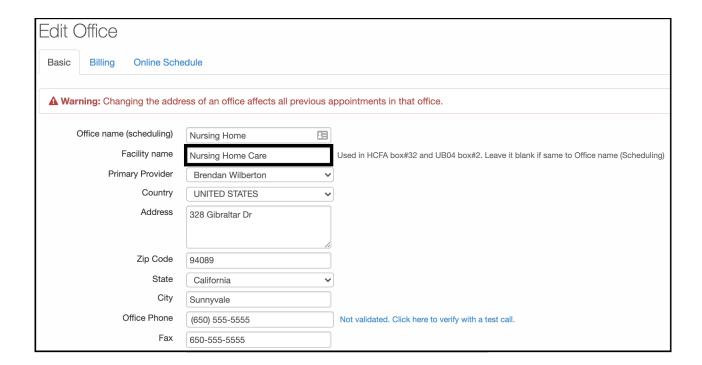
Once set up, when an appointment is scheduled in the assisted living facility, for example, the correct information will automatically populate in boxes 24A (POS), 32 (Service location), and 33 (Billing provider). DrChrono makes it very simple.

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.

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), 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.

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

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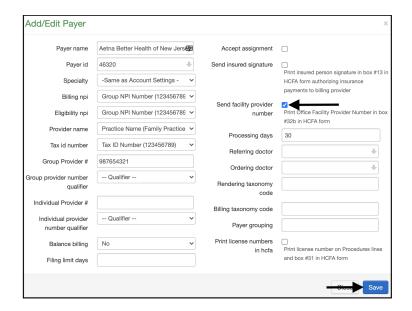

7. Check the **Send Facility Provider Number** box and **Save**.

Add/Edit Payer

Payer name	Aetna Better Health of New Jersey	Accept assignment	☐
Payer id	46320	Send insured signature	☐ Print insured person signature in box #13 in HCFA form authorizing insurance payments to billing provider
Specialty	-Same as Account Settings -		
Billing npi	Group NPI Number (123456789	Send facility provider number	☑ Print Office Facility Provider Number in box #32b in HCFA form
Eligibility npi	Group NPI Number (123456789		
Provider name	Practice Name (Family Practice	Processing days	30
Tax id number	Tax ID Number (123456789)	Referring doctor	
Group Provider #	987654321	Ordering doctor	
Group provider number qualifier	-- Qualifier --	Rendering taxonomy code	
Individual Provider #		Billing taxonomy code	
Individual provider number qualifier	-- Qualifier --	Payer grouping	
Balance billing	No	Print license numbers in hcfa	☐ Print license number on Procedures lines and box #31 in HCFA form
Filing limit days			

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 From MM DD YY	To 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. #
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 SSN EIN 123456789 ☑	26. PATIENT'S ACCOUNT NO. 205858191802116	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☑ YES ☐ NO	28. TOTAL CHARGE $ 120 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.) B. Wilberton SIGNED 11/02/2021 DATE	32. SERVICE FACILITY LOCATION INFORMATION Nursing Home Care 328 Gibraltar Dr Sunnyvale, CA 94089 a. 2222222222 b. 1111111111		33. BILLING PROVIDER INFO & PH # (650) 555-5555 Family Practice 328 Gibraltar Dr Sunnyvale, CA 94089 a. 1234567890 b.		

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