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

07/24/2024 4:45 pm EDT

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

Account Marketplace
ACCOUNT SETTINGS
User Settings
Provider Settings
onpatient Settings
Account Setup
Custom Fields
Copy Dashboard (Beta)
API
App Directory
PRACTICE SETTINGS
Offices
Facilities
Staff Members

Staff Permissions eRx Settings

2. Click on Add New Facility

Schedul	e Clinical	Patients	Reports	Billing	Account	Help	\$	×	Search	2 15	≡	
	Manag	ge Fac	ilities									
	+ Add Nev	v Facility										
	Fac	cility Name						Facility Code				
	No active billing profile											

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

New Facility		×
Name Facility Code	11 - Office	
		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

Schedule Clinical F	Patients Reports Bill	ling Account	Help ≸	×			Searc		 ≡+
Billing Status	Bill Insurance 🔻				Delay Reason	No			
ICD Version	ICD-9				Acute Manifestation Date	- Not Used -	•		
Primary Insurer	- Default -								
Secondary Insurer	- Default -				Onset Date	431: Onse 🔻		(HCFA box 14)	
Billing Provider:	- If different to provider -	•			Other Date	454: Initial 🔻	10/01/2017	(HCFA box 15 & 19)	
Supervising Provider:	- If different to provider -	•				Is patient's con	dition related to		
Pt Payment (copay)	\$ 0.00 /				Employment	No 🔻			
Pt Payment Notes	3 0.00				Auto Accident	No 🔻			
					Other Accident	No 🔻			
Posted Date	07/27/2017					(HCFA/CMS	-1500 Line 19)		
Payment Profile	Insurance T				Providers	1			
Pt Payment Due									
Billing Profile	Select Profile 🔻	+							
Billing Pick List	Choose from Pick List								
Diagnosis Pick List	Choose from Pt Problems	5							
Payer pre-auth #	+								
Do Not Transmit	Do not transmit authorizat	tion number to payer							
Referral #									
Billing Facility									
Purchased Serv Provider									
Appointment Notes									
Appointment Notes									

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

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Billing Status	Bill Insura	nce	v				Delay Reason	No			
ICD Version	ICD-9		*				Acute Manifestation Date	- Not Used -	•		
Primary Insurer	- Default -		•				Onset Date			(HCFA box 14)	
Secondary Insurer	- Default -		•				Other Date	431: Onse 🔻		(HCFA box 14) (HCFA box 15 & 19)	
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Supervising Provider:	- If differer	it to provide	r-	Ŧ			Employment	No *			
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Pt Payment Notes							Other Accident	No *			
Posted Date	07/27/2017						EDI Billing Note	(HCFA/CMS	3-1500 Line 19)		
Payment Profile	Insurance		T				Providers				
Pt Payment Due											
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Diagnosis Pick List	Choose fr	om Pt Prob	lems								
Payer pre-auth #											
Do Not Transmit	Do not tra		prization nu	mber to paver							
Referral #											
Billing Facility	Test Facility	4	~	-							
ching rucing	rest Facility	1	-+ 🔇								

7. Click on Verify and Save.

dr chrono									🌡 Sriniv	asa Sai 👻	Srinivasa Sai (sriniv	asasai) 🖒
Schedule Clinical Pa	tients Reports	Billing Account H	lelp 💲 :	×					Sear	ch	5	≡+
Referral # Billing Facility Purchased Serv Provider Appointment Notes Follow-up Date Billing Notes	Test Facility	•										
Cloned from <u>I589053461 07/27/1</u> # ICD-9 De	7 10:00	Patient does not have	unallocated payr	nent Prima	ry Insurer: (60054) Aetna	NE	DC Code		Quantity	Units	
Set the ICD version to ICD-10	o enter ICD-10 codes f	or the appointment.				•	Ac	dd NDC code	+		1 UN (Unit) V	+
Add ICD-9 code	appointment.											
Code/Check Date Descript	ion Mods/Posted Dat	e Service Date 🛛	Qty/Min E	x Pointers	Price Billed	Allowed	Adjmt In	ns 1 paid Ins 2	paid Pt Paid	Ins Bal F	Pt Bal Status/Adj Type	
				Totals:	\$250.00		\$0.00				\$0.00 C Bill Insurance	
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C 00300 +		From date To dat	e] 15.00 1		150.00 \$150.00	\$150.00	\$0.00	\$0.00	\$0.00 0.	\$150.00	\$0.00 Bill Insurance	·= +
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