

# HCFA 1500 Box 32 - Setting the Service Location

07/24/2024 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

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. _____		D. _____		E. _____		F. _____		G. _____		H. _____		I. _____		J. _____	
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. EPSTD 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) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) SIGNED 11/02/2021 DATE										32. SERVICE FACILITY LOCATION INFORMATION Eastern Office 225 Schilling Circle Hunt Valley, MD 21031 a. 5555555555 b. _____					33. BILLING PROVIDER INFO & PH # (443) Family Practice 225 Schilling Circle Hunt Valley, MD 21031 a. 1234567890 b. _____				

NUCC Instruction Manual available at: [www.nucc.org](http://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**.

**ACCOUNT SETTINGS**

- User Settings
- Provider Settings
- onpatient Settings
- Account Setup
- Custom Fields
- Copy Dashboard (Beta)
- API
- App Directory

**PRACTICE SETTINGS**

**Offices**

Facilities

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
<span style="font-size: 1.2em;">☰</span> <b>Primary Office</b> Nick Riviera	225 Schilling Circle	21212	(443) 555-5555	11	4	New And Existing Patients All Appointments	<span style="border: 1px solid #ccc; padding: 2px 5px;">Share</span> <span style="border: 1px solid #ccc; padding: 2px 5px;">View</span> <span style="border: 1px solid #ccc; padding: 2px 5px; border-radius: 50%; margin-left: 5px;"> <span style="color: #0070c0;">✎</span> Edit                     </span> <span style="border: 1px solid #ccc; padding: 2px 5px; margin-left: 5px;"> <span style="color: #c00000;">🗑</span> Archive                 </span>

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)	<input type="text" value="Nursing Home"/>		
Facility name	<input style="border: 2px solid black;" type="text" value="Nursing Home Care"/>		Used in HCFA box#32 and UB04 box#2. Leave it blank if same to Office name (Scheduling)
Primary Provider	<input type="text" value="Brendan Wilberton"/>		
Country	<input type="text" value="UNITED STATES"/>		
Address	<input style="height: 40px;" type="text" value="328 Gibraltar Dr"/>		
Zip Code	<input type="text" value="94089"/>		
State	<input type="text" value="California"/>		
City	<input type="text" value="Sunnyvale"/>		
Office Phone	<input type="text" value="(650) 555-5555"/>		Not validated. <a href="#">Click here to verify with a test call.</a>
Fax	<input type="text" value="650-555-5555"/>		

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	<input type="text"/>	Leave it blank if same to account settings.
Facility Code	13 - Assisted Living	←
Billing Provider Office	-----	Professional medical billing only.
Use facility NPI number in box 32a of HCFA form	<input checked="" type="checkbox"/>	←
Facility NPI number	2222222222	Used in HCFA box#32a and UB04 box#56
Facility provider number	1111111111	←
Billing Tax ID # (professional)	<input type="text"/>	Leave it blank if same to account settings.
Billing NPI number	<input type="text"/>	Leave it blank if same to account settings.
CLIA Number	<input type="text"/>	CLIA # for billing. Leave it blank if same to account setting.
CLIA Expiration Date	<input type="text"/>	Expiration date for CLIA number.
Use alternate pay to address for EDI	<input type="checkbox"/>	use alternate "pay to" address in EDI billing if checked.
Use alternate pay to address for HCFA	<input type="checkbox"/>	use alternate "pay to" address in HCFA form block 33 if checked.

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

Billing	Account	Marketplace	Help
<b>BILLING</b>			<b>BUSINESS INTELLIGENCE</b>
Billing Summary			Denial Analysis
Live Claims Feed			Payment Analysis
Patient Payments			<b>CODING</b>
Day Sheet			Code Search
Transactions			New Custom Procedure
Remittance Reports			Custom Procedures
Unmatched ERAs			<b>INSURANCE</b>
Insurance Credit Card Payments			Bulk Edit Payer IDs
Accounts Receivable			<b>Insurance Setup</b>
Patient Statements			Payer Search
Product/Procedure			
Patient Balance Ledger			
Fee Schedule			
Underpaid Items			
Adjustment Master			
Sales Tax			
Billing Log			
Enrollment			

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 *drchrono 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	
46320	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: 
  
 Payer id: 
  
 Specialty: 
  
 Billing npi: 
  
 Eligibility npi: 
  
 Provider name: 
  
 Tax id number: 
  
 Group Provider #: 
  
 Group provider number qualifier: 
  
 Individual Provider #: 
  
 Individual provider number qualifier: 
  
 Balance billing: 
  
 Filing limit days:

Accept assignment: 
  
 Send insured signature: 
  
 Send facility provider number: 
  
 Processing days: 
  
 Referring doctor: 
  
 Ordering doctor: 
  
 Rendering taxonomy code: 
  
 Billing taxonomy code: 
  
 Payer grouping: 
  
 Print license numbers in hcfa:

Close 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. _____			23. PRIOR AUTHORIZATION NUMBER									
E. _____			F. _____			G. _____			H. _____			25D2162109									
I. _____			J. _____			K. _____			L. _____												
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				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						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			26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For govt. claims, see back)			28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use					
123456789			<input type="checkbox"/> <input checked="" type="checkbox"/>			205858191802116			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			\$ 120.00		\$							
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 #									
B. Wilberton						Nursing Home Care						(650) 555-5555									
11/02/2021						328 Gibraltar Dr						Family Practice									
SIGNED DATE						Sunnyvale, CA 94089						328 Gibraltar Dr									
						a. 2222222222						b. 1111111111									
												a. 1234567890 b.									