Provider Guidelines for
Service Location on Claims (Box 32)

Introduction

CHPW would like to remind providers about our policy regarding the service location on claims.

National guidelines state that a service location is always required. However, to reduce potential claim denials, CHPW’s policy is more lenient.

CHPW Policy

If a street (physical) address is present in the billing address field and the billing and service addresses are the same, CHPW will not deny the claim if the service location is blank.

If the addresses are different or if the billing address is a PO Box, then you must provide both the service location and the billing address.

Claims that do not meet the above requirements will be denied using CHPW message code CDNSL, “NO SERVICE LOCATION SUBMITTED ON CLAIM.”

Paper Claims

The CMS 1500 (professional) claim form, also known as the HCFA 1500, specifies Box 32 for the service location and Box 33 for the billing address.

Electronic Claims

For electronic claims, or 837P transactions:

- Loop 2010AA is the billing provider

  NM1*85*2*ABC GROUP PRACTICE*****XX*1234567890
  N3*123 MAIN STREET*STE 600
  N4*SEATTLE*WA*981043176
  REF*EI*123456789
  PER*IC*BILLING SUPERVISOR*TE*2065151234

- Loop 2010AB is the pay to address
Questions?

Please contact the following if you have questions about these guidelines.

Questions about paper claims:

- CHPW Apple Health (Medicaid) Customer Service, (800) 440-1561
- CHPW Medicare Advantage Customer Service, (800) 942-0247

Questions about electronic claims: EDI.Support@chpw.org

Providers may also wish to review the following.

- CHPW’s Provider Manual, “Electronic Data Interchange (EDI) / Electronic Transactions / Electronic Claims Submission” section
- Medicare Claims Processing Manual, Chapter 26 - Completing and Processing Form CMS-1500 Data Set.
- Washington State Health Care Authority HIPAA Electronic Data Interchange (EDI) page