



## 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.

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS <small>(I certify that the statements on the reverse apply to this bill and are made a part thereof.)</small>  _____ SIGNED                                  DATE	32. SERVICE FACILITY LOCATION INFORMATION  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	33. BILLING PROVIDER INFO & PH # (        )  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<div style="display: flex; justify-content: space-between;"> <span>a. NPI</span> <span>b.</span> </div>		<div style="display: flex; justify-content: space-between;"> <span>a. NPI</span> <span>b.</span> </div>	
<small>NUCC Instruction Manual available at: <a href="http://www.nucc.org">www.nucc.org</a></small>		<small>PLEASE PRINT OR TYPE</small>	<small>APPROVED OMB-0938-1197 FORM 1500 (02-12)</small>

### Electronic Claims

For electronic claims, or 837P transactions:

- Loop 2010AA is the billing provider  

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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

NM1\*87\*2

N3\*PO BOX 1234

N4\*SALT LAKE CITY\*UT\*841250608

- Loop 2310C is the service facility

NM1\*77\*2\*ABC CLINIC\*\*\*\*\*XX\*1234567891

N3\*123 MAIN STREET, SUITE 700

N4\*SEATTLE\*WA\*981043599

## Questions?

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

Questions about paper claims:

- Washington Apple Health (Medicaid) Customer Service, (800) 440-1561
- Integrated Managed Care Customer Service, (866) 418-1009
- Community HealthFirst™ (Medicare) Customer Service, (800) 942-0247

Questions about electronic claims: [EDI.Support@chpw.org](mailto: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
- EDI Implementation Guide, available for purchase from [Washington Publishing Company](#)