

7.4 Type of Bill (TOB)

Definition: A code indicating the specific type of bill (inpatient, outpatient, etc.). The first digit is a leading zero. The second and third digits are the facility code. The fourth digit is a frequency code. *Leading zero is not applicable to the EDI files, only to the paper UB-04 claim form.

Although Type of Bill (TOB) is generally not provided on the 837P, WHAIC does require as per the State of Wisconsin statute all facilities to supply one.

2300	CLM05-1	Type of Bill – Facility Type Code	R	WHAIC Values in Appendix 7.4 TOB 83:B:1 (alternative 99:B:9)	ASCs can use 0831, 0999 – leading zero optional to use.
2300	CLM05 – 2	Facility Code Qualifier	O	B – Place of Service Codes for Professional or Dental	Ignored if supplied – WHAIC populates
2300	CLM05-3	Type of Bill – Claim Frequency Code	R	Titled Claim Frequency Code in the 837P. WHAIC Values in Appendix 7.4 TOB	Type of Bill - ASCs may refer to this as resubmission and/or orig ref number

DEFINITIONS FOR FREQUENCY CODES ACCEPTABLE FOR WHAIC

Non-Payment/Zero Claim (O) - applies to zero charge records- total charges = zero: Provider uses this code when it does not anticipate payment from the payer for the bill but is informing the payer about a period of non- payable confinement or termination of care. The "Through" date of this bill is the discharge date for this confinement, or termination of the plan of care.

Admit Through Discharge Claim (1) - applies to patients that are in and out of a facility in the same encounter of treatment.

Type of Bill Table

Type of Bill Code	Category of Service	Facility /Record Type
0999	Freestanding ambulatory surgery centers (FASC) may continue to use 0999 in the type of bill field.	
0830	Special Facility-Ambulatory Surgery Center non-payment zero claim	Outpatient Surgery performed in a Ambulatory Surgical Center.
0831	Special Facility-Ambulatory Surgery Center admit through discharge claim.	