## 7.5 Type of Bill (TOB)

<u>Definition:</u> 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, but for purposes of WIpop a leading zero will be provided if not supplied on the file.

WHAIC does not accept TOBs that end in 5-9 or any alpha character A-Z. Unlike insurance companies, we have no means to combine records, add late charges to an already processed record, replace a prior record with a new bill/record or void or cancel a previous record and replace it with an exact duplicate to show corrected claim detail.

Freestanding ambulatory surgery centers (FASC) that use the 837 Professional may continue to use 0999 in the type of bill field. However, according to the developers of the Professional Claim... have indicated that the use of bill type frequency codes are acceptable.

<u>Type of Bill (TOB)</u> WHAIC is limited by the types of bills we can collect and in return provide data back to the community. Typically, our data sets only include admit through discharge claims data for patients seen in a hospital (s. 50.33) or free-standing ambulatory surgery centers certified by CMS.

## The following TOBs are not to be included in the data files, if provided, an edit will occur:

014X – Hospital – Lab services - non- patients	021X – 023X – Skilled Nursing Inpatient and outpt. 028X - Swing Bed	034X - Home Health Services NOT under a Plan of Treatment
041X – 043X – Religious Institutions / Christian Science *Does not meet the definition of hospital.	065X – 066X – Intermediate Care Level I & Level II *Defined as special needs facilities	071 - Rural Health Clinic * Exempt because Provider Based RHC submits the encounter under the CLINIC Medicare Part A number the Hospital.
073X - Clinic - Freestanding NOT associated with a hospital as a PBC.	076X - Clinic - Community Mental Health Center 077X - Clinic - Federally Qualified Health Center	079X - Clinic - other *Not associated with a hospital
081X – 082X – Hospice	084x - Free Standing Birth Center 086X - Residential Facility	089X - Specialty Facility - Other

## **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. This code is to be used for a bill that is expected to be the only bill to be received for a course of treatment or inpatient confinement. This will include bills representing a total confinement or course of treatment, and bills that represent an entire benefit period of the primary third-party payer.

**Interim - First Claim (2):** This code is to be used for the first of a series of bills to the same third-party payer for the same confinement or course of treatment.

**Interim - Continuing Claim (3):** This code is to be used when a bill for the same confinement or course of treatment has previously been submitted and it is expected that further bills for the same confinement or course of treatment will be submitted.

**Interim - Last Claim (4):** Used for the last of a series of bills, for which payment is expected, to the same third-party payer for the same confinement or course of treatment.

<u>Do not send TOBs that end in 5-9 or any alpha character A-Z.</u> Unlike insurance companies, we have no means to add late charges to an already processed record, replace a prior record with a new claim/record or void or cancel a previous record and replace it with an exact duplicate to show corrected claim detail.

**Type of Bill Table** 

Type of Bill Code	Category of Service	Facility /Record Type
0110 0111 0112 0113 0114 0120 0121 0122 0123 0124	Hospital Inpatient (including Medicare Part A) non-payment zero claim Hospital Inpatient (including Medicare Part A) admit through discharge claim  Type of Bill 111 represents a Hospital Inpatient Claim indicating that the claim period covers admit through the patient's discharge. Hospital Inpatient first interim claim Hospital Inpatient continuing interim claim Hospital Inpatient (Medicare Part B only) non-payment zero claim Hospital Inpatient (Medicare Part B only) admit through discharge claim Hospital Inpatient first interim claim Hospital Inpatient continuing interim claim Hospital Inpatient final interim claim	Hospital - Medicare Part A (Hospital Insurance) covers inpatient hospital services. This means patient pays a one-time deductible for all the hospital services for the first 60 days while in a hospital Hospital - Outpatient: Medicare Part B (Medical Insurance) covers most doctor services when inpatient. CAH may use 012X when no part
0130 0131 0132 0133 0134 0180 0181 0182 0183 0184	Hospital Outpatient non-payment zero claim Hospital Outpatient admit through discharge claim Hospital Outpatient first interim claim Hospital Outpatient continuing interim claim Hospital Outpatient final interim claim  Hospital - Swing Bed CAH - Inpatient - Non-Covered Stay Hospital - Swing Bed CAH - Inpatient - Admit to Discharge Claim Hospital - Swing Bed CAH - Interim First Claim (status 30) Hospital - Swing Bed CAH - Interim Subsequent claims (status 30) Hospital - Swing Bed CAH - Interim last claim	B Hospital - Outpatient Ex. ER, Observation or Outpatient surgery services performed in a hospital.  Swing Bed is a term used to describe the use of inpatient hospital bed for either acute or skilled level of care:  Applies to rural hospitals with fewer than 100 beds  Swing bed status granted by CMS Prior qualifying 3-day INP
0320 0321 0322 0323 0324 0710 0711	Home Health hospital-based (Medicare Part A) non-payment zero claim Home Health hospital-based (Medicare Part A) admit through discharge claim Home Health hospital-based (Medicare Part A) first interim claim Home Health hospital-based (Medicare Part A) continuing interim claim Home Health hospital-based (Medicare Part A) final interim claim  Do not send RHC Records / Encounters to WHAIC Rural Health Clinic hospital-based non-payment zero claim Rural Health Clinic hospital-based admit through discharge claim RHC visits may not take place at:  An inpatient or outpatient hospital (including a Critical Access Hospital) A facility which has specific requirements that preclude RHC visits	Hospital Outpatient Ex. Patient has less than a 3 day stay, but care is needed after discharged from the hospital. Patients can get care in other setting like home health care.  RHC visits may take place: In the RHC At the patient's residence (including an assisted living facility) In a Medicare covered Part A Skilled Nursing Facility At the scene of an accident
0720 0721 0722	Clinic - Hospital Based or Independent Renal Dialysis Center non-payment zero claim	Hospital based Outpatient Only - follow CMS guidelines for determination.

Type of Bill Code	Category of Service	Facility /Record Type
0723	Clinic - Hospital Based or Independent Renal Dialysis Center admit through	
0724	discharge claim	
	Clinic - Hospital Based or Independent Renal Dialysis Center first interim claim	
	Clinic - Hospital Based or Independent Renal Dialysis Center continuing interim	
	claim	
	Clinic - Hospital Based or Independent Renal Dialysis Center final interim claim	
0740	Clinic-Outpatient Rehabilitation Facility hospital-based non-payment zero claim	Outpatient rehabilitation is a
	Clinic-Outpatient Rehabilitation Facility hospital-based admit through discharge	form of rehabilitation therapy in
	claim	which patients travel to a clinic,
	Clinic-Outpatient Rehabilitation Facility hospital-based first interim claim	hospital, or other facility
	Clinic-Outpatient Rehabilitation Facility hospital-based continuing interim claim	specifically to attend sessions
	Clinic-Outpatient Rehabilitation Facility hospital-based final interim claim	and then leave, rather than
		remain hospitalized the duration
		of their therapy, as is the case
		with inpatient rehab.
0750	Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based non-	A comprehensive outpatient
	payment zero claim	rehabilitation facility is a facility
	Clinic-Comprehensive Outpatient Rehab Facility hospital-based admit through	that provides rehabilitation
	discharge claim	services after an illness or injury.
	Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based first	It offers a variety of services
	interim claim	including physician's services,
	Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based	physical therapy, social or
	continuing interim claim	psychological services, and
	Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based final	outpatient rehabilitation.
0781	interim claim	Henrital average OR Dont vevally
0/81	Licensed Freestanding Emergency Medical Facility (OP)	Hospital owned OP Dept. usually off campus.
0830	Special Facility-Ambulatory Surgery Center non-payment zero claim	Outpatient Surgery performed
0831	Special Facility-Ambulatory Surgery Center Hon-payment zero claim  Special Facility-Ambulatory Surgery Center admit through discharge claim	in a <u>Ambulatory</u> Surgical Center.
0832	Special Facility-Ambulatory Surgery Center authit through discharge claim  Special Facility-Ambulatory Surgery Center first interim claim	in a Annoulatory Surgical Center.
0833	Special Facility-Ambulatory Surgery Center institute in claim  Special Facility-Ambulatory Surgery Center continuing interim claim	
0834	Special Facility-Ambulatory Surgery Center final interim claim	
0850	Special Facility-Critical Access Hospital non-payment zero claim	Outpatient Hospital - CAH
0851	Special Facility-Critical Access Hospital admit through discharge claim	Sacpation Hospital Call
0852	hospital-based first interim claim	
0853	hospital-based continuing interim claim	
0854	hospital-based final interim claim	