7.5 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, 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.

Type of Bill (TOB) 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.

Do not send TOBs that end in 5-9 or any alpha character A-Z. 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	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 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**
0120 0121 0122 0123 0124	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 - Outpatient: **Medicare Part B** (Medical Insurance) covers most doctor services when **inpatient**. CAH may use 012X when no part B
0130 0131 0132 0133 0134	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 - Outpatient Ex. ER, Observation or Outpatient surgery services performed in a hospital.
0180 0181 0182 0183 0184	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	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 stay
0320 0321 0322 0323 0324	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	Hospital Outpatient Ex. Patient has less than a 3 day stay, but care is needed after discharged from the hospital. Patients can get

Type of Bill Code	Category of Service	Facility /Record Type
		care in other setting like home health care.
~~0710~~ ~~0711~~	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~~	~~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 0723 0724	Clinic - Hospital Based or Independent Renal Dialysis Center non-payment zero claim Clinic - Hospital Based or Independent Renal Dialysis Center admit through 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	Hospital based Outpatient Only - follow CMS guidelines for determination.
0740	Clinic-Outpatient Rehabilitation Facility hospital-based non-payment zero claim Clinic-Outpatient Rehabilitation Facility hospital-based admit through discharge claim Clinic-Outpatient Rehabilitation Facility hospital-based first interim claim Clinic-Outpatient Rehabilitation Facility hospital-based continuing interim claim Clinic-Outpatient Rehabilitation Facility hospital-based final interim claim	Outpatient rehabilitation is a form of rehabilitation therapy in which patients travel to a clinic, hospital, or other facility specifically to attend sessions 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-payment zero claim Clinic-Comprehensive Outpatient Rehab Facility hospital-based admit through discharge claim Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based first interim claim Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based continuing interim claim Clinic-Comprehensive Outpatient Rehabilitation Facility hospital-based final interim claim	A comprehensive outpatient rehabilitation facility is a facility that provides rehabilitation services after an illness or injury. It offers a variety of services including physician's services, physical therapy, social or psychological services, and outpatient rehabilitation.
0781	Licensed Freestanding Emergency Medical Facility (OP)	Hospital owned OP Dept. usually off campus.
0830 0831 0832 0833 0834	Special Facility-Ambulatory Surgery Center non-payment zero claim Special Facility-Ambulatory Surgery Center admit through discharge claim Special Facility-Ambulatory Surgery Center first interim claim Special Facility-Ambulatory Surgery Center continuing interim claim	Outpatient Surgery performed in a Ambulatory Surgical Center.

Type of Bill Code	Category of Service	Facility /Record Type
	Special Facility-Ambulatory Surgery Center final interim claim	
0850 0851 0852 0853 0854	Special Facility-Critical Access Hospital non-payment zero claim Special Facility-Critical Access Hospital admit through discharge claim hospital-based first interim claim hospital-based continuing interim claim hospital-based final interim claim	Outpatient Hospital - CAH