

Introduction

Type of bill codes are three-digit codes located on the UB-04 claim form that describe the type of bill a provider is submitting to a payer, such as Medicaid or an insurance company. This code is required on line 4 of the UB-04.

Each digit has a specific purpose and is required on all UB-04 claims in field locator 4.

The codes are published in the National Uniform Billing Committee (NUBC) guidelines.

First Digit of the Bill Type Code - Facility Type

- 1 - Hospital
- 2 - Skilled Nursing
- 3 - Home Health
- 4 - Religious Nonmedical Health Care Facility (Hospital)
- 5 - Religious Nonmedical Health Care Facility (Extended Care)
- 7 - Clinic
- 8 - Specialty Facility, Hospital ASC Surgery

Second Digit of the Bill Type Code

What the second digit signifies depends on the first digit is. It has a different set of meanings for clinics and special facilities.

The second digit refers to the bill classification except for clinics and special facilities.

If the first digit is 1-5, then the second digit is:

- 1 - Inpatient (Medicare Part A)
- 2 - Inpatient (Medicare Part B)
- 3 - Outpatient
- 4 - Other (Medicare Part B)
- 5 - Level I Intermediate Care
- 6 - Level II Intermediate Care
- 7 - Subacute Inpatient (for use with Revenue Code 019X)
- 8 - Swing Bed

For Clinics only:

If the first digit is 7, then the second digit is:

- 1 - Rural Health Clinic
- 2 - Hospital Based or Independent Renal Dialysis Facility
- 3 - Federally Qualified Health Center (FQHC), Free Standing Provider-Based
- 4 - Other Rehabilitation Facility (ORF)
- 5 - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 6 - Community Mental Health Center (CMHC)

For Special Facilities Only:

If the first digit is 8, then the second digit is:

- 1 - Nonhospital Based Hospice
- 2 - Hospital Based Hospice

Second Digit of the Bill Type Code (cont)

- 3 - Ambulatory Surgical Center Services to Hospital Patients
- 4 - Other Rehabilitation Facility (ORF)
- 5 - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 6 - Community Mental Health Center (CMHC)

Third Digit of the Bill Type Code - Frequency

- | | |
|--|--|
| 0 - Non-payment/Zero Claim | A - Admission/Election Notice for Hospice |
| 1 - Admit Through Discharge | B - Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Termination/ Revocation Notice |
| 2 - Interim - First Claim | C - Hospice Change of Provider Notice |
| 3 - Interim-Continuing Claims (Not valid for PPS Bills) | D - Hospice/Medicare Coordinated Care Demonstration/Religious Nonmedical Health Care Institution Void/Cancel |
| 4 - Interim - Last Claim (Not valid for PPS Bills) | E - Hospice Change of Ownership |
| 5 - Late Charge Only (Outpatient claims only) | F - Beneficiary Initiated Adjustment Claim |
| 7 - Replacement of Prior Claim (See adjustment third digit) | G - CWF Initiated Adjustment Claim |
| 8 - Void/Cancel of Prior Claim (See adjustment third digit) | G - CMS Initiated Adjustment Claim |
| 9 - Final claim for a Home Health PPS Episode | I - FI Adjustment Claim (Other than QIO or Provider) |
| | J - Initiated Adjustment Claim--Other |
| | K - OIG Initiated Adjustment Claim |
| | M - MSP Initiated Adjustment Claim |
| | P - QIO Adjustment Claim |

The third digit refers to the frequency.



Corrected Claims

When making changes to previously paid claims, most corrected claims can be submitted electronically.

- 1. Update the Claim Frequency Code with:** 7 = Replacement of a prior claim 8 = Void/cancel of a prior claim
- 2. Submit the claim using the DCN (document control number) or ICN (internal control number)** from the payer's explanation of payment (EOP) or electronic remittance.
- 3. If you must submit a corrected claim on paper, make sure the format is correct.** Some payers accept the photocopied black-and-white versions of the medical claims but the best process is to submit the original red-and-white version. Depending on the payer, when the original claim form is not used, the claim may not scan into their system properly creating a delay or denial in payment.

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