

Billing and Reimbursement Guideline: UB 04 General Claim Submission Information

Guideline Publication Date: September 1, 2010

Common Bill Types for Facility Services:

Inpatient Bill Types:

- 111 Inpatient Hospital
- 112 Interim Inpatient Bill (Initial Claim)
- 113 Interim Inpatient Bill (Continuing Claim)
- 114 Interim Inpatient Bill (Last Claim)
- 115 Inpatient Late Charges
- 117 Replacement Inpatient Claim (corrected claim)
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Outpatient Bill Types:

- 131 Outpatient Hospital
- 134 Outpatient Hospital (Final Bill)
- 135 Outpatient Late Charge
- 137 Replacement Outpatient Claim (corrected claim)
- 141 Outpatient Hospital- same as 131

Skilled Nursing Facility:

- 211 Skilled Nursing Facility
- 212 First Interim SNF Claim
- 213 Interim SNF Claim
- 214 Final Interim SNF Claim
- 215 SNF Late Charge
- 217 Replacement SNF Claim

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Format change, language added regarding Bill Type 33X phase out as of October 1, 2013

Home Health Care Bill Types:

- 321 Inpatient Home Health Care
- 322 Inpatient Home Health Care Interim (Initial Claim)
- 323 Outpatient Home Health Care(Continuing Claim)
- 324 Outpatient Home Health Care(Last Claim)
- 327 Outpatient Home Health Care (Replacement of Prior Claim)
- 328 Outpatient Home Health Care (Void/Cancel of Prior Claim)
- 331 Outpatient Home Health Care
- 332 Outpatient Home Health Care- Interim (Initial Claim)
- 333 Outpatient Home Health Care- Interim (Continuing Claim)
- 334 Outpatient Home Health Care- Interim (Last Claim)
- 337 Outpatient Home Health Care- Replacement of Prior Claim

Alert! As of October 1, 2013, Type of Bill 033X will be discontinued. For treatment beginning on or after October 1, 2013, the Type of Bill 032X series should be used. Failure to submit claims with the correct Type of Bill may lead to rejected claim submissions.

Dialysis Bill Types:

- 721 Hospital Based or Independent Renal Facility

Ambulatory Surgical Center Bill Types:

- 831 Outpatient Ambulatory Surgical Center
- 835 Outpatient Ambulatory Surgical Center Late Charges
- 837 Outpatient Ambulatory Surgical Center (replacement/corrected claim)

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Home Hospice Bill Types:

- 813 Non Hospital Based Hospice (Continuing Claim)
- 814 Non Hospital Based Hospice (Last Claim)

Corrected Claims for Facility Billing:

- A corrected claim is defined as a claim that has been altered in any way from the original.
- Charges must have been previously submitted and processed.
- If there is no prior claim in history the claim will be denied for invalid bill type unless appropriate documentation is attached to the claim detailing a prior submission.
- Claims resubmitted with proof of timely filing or a primary carrier's EOB do not require a corrected bill type.
- The third bill type digit must be seven (7).

Please submit all corrected claims on a Neighborhood **“Corrected Claim Submission Request Form”** to assist with proper processing of your corrected claim.

Interim Billing for Facility Charges:

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- An Interim Claim is defined as a claim that is for a patient that is hospitalized for an extended period of time. The provider must bill in partial segments for payment rather than wait to bill after the complete stay which could be several months.
- Previously billed charges should not be added to subsequent claims.
- Interim billing can only be used for inpatient settings only.
- The third bill type digit must be a two, three or four.

Late Charges for Facility Claims:

- Used to bill for charges not previously included in a prior claim submission.
- To avoid duplicate processing, only bill for the charge not previously included, not the entire claim.
- The third bill type digit must be a five.

Please refer to Neighborhood's provider website at <http://www.nhpri.org> for specific provisions by product line.

This guideline is not a guarantee of reimbursement. Plan coverage, eligibility and claim payment edit rules may apply.

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