

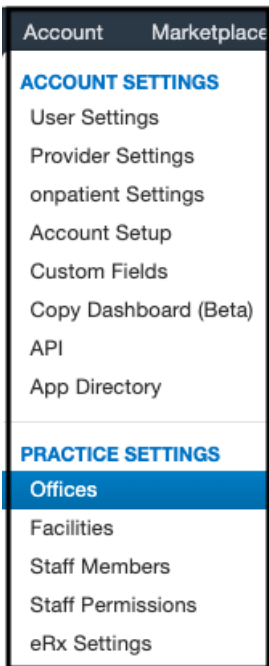
# UB04 Box 4 - Type of Bill on an institutional claim

07/24/2024 9:46 pm EDT

On an institutional claim, a 4-digit code in box 4 identifies the type of facility and type of care, and the frequency code is generated based on parameters set under the office settings and attached to a patient's claim.

## Facility Level

- To set the information for the facility, navigate to **Account > Office > Edit > Billing > Institutional Billing**



- Information that claims/visits specific can be entered on the appointment level. The options are available to set at a facility level to increase efficiency. Any information loaded at the claim level will override what is entered at a facility level.

Primary Doctor for Office:

Edit Office



## Institutional Medical Billing

Use alternate pay to address in Hospital Claim  use alternate "pay to" address in 837i billing and UB-04 form if checked.

Facility Tax ID # (institutional)  Leave it blank if same to account settings.

Facility Type	<input type="text"/>	default value for UB04 box 4
Care Type	<input type="text"/>	default value for UB04 box 4
Billing Sequence	<input type="text"/>	default value for UB04 box 4
Admission Type	<input type="text"/>	default value for UB04 box 14
Origin Point	<input type="text"/>	default value for UB04 box 15
Discharge Status	<input type="text"/>	default value for UB04 box 17

Save

- **First digit** - Leading zero that is ignored by some payers
- **Second digit** - Type of Facility
  - 1- Hospital
  - 2- Skilled Nursing Facility
  - 3- Home Health
  - 4- Christian Science (Hospital)
  - 5- Christian Science (Extended Care)
  - 6- Intermediate Care
  - 7- Clinic
  - 8- Special Facility
- **Third digit** - Type of Care
  - 1- Including Medicare Part A
  - 2- Medicare Part B Only
  - 3- Outpatient
  - 4- Other
  - 5- Intermediate Care - Level I
  - 6- Intermediate Care - Level II
  - 7- Intermediate Care - Level III
  - 8- Swing Bed
- **Fourth digit** - Sequence of this bill in the sequence of care (aka frequency code)
  - 0- Non-Payment/Zero Claim
  - 1- Admit Through Discharge Date
  - 2- First Interim Claim
  - 3- Continuing Interim Claim
  - 4- Last Interim Claim
  - 5- Late Charge(s) Only Claim
  - 6- First Interim Claim
  - 7- Replacement of Prior Claim
  - 8- Void/Cancel of Prior Claim

## Appointment/Claim Level

- To set the information on the claim level, navigate to **Billing > Live Claims Feed > Inside patient's appointment > Right side of the screen > Info tab**

Billing	Account	Marketplace
<b>BILLING</b>		
Billing Summary		
<b>Live Claims Feed</b>		
Patient Payments		
Financial Transactions (Day Sheet)		
Transactions		
Remittance Reports		
Unmatched ERAs		
Insurance Credit Card Payments		
Accounts Receivable		
Patient Statements		
Product/Procedure		
Patient Balance Ledger		
Fee Schedule		
Underpaid Items		
Adjustment Master		
Sales Tax		
Billing Log		

- Please note any information loaded/included at the appointment level will override what has been entered for the facility under Account > Offices

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Info	Cond & Occ	Value Code	Insurance	Attending
Claim Type	<input type="text"/>			
Facility Type	<input type="text"/>			UB04 box 4
Care Type	<input type="text"/>			UB04 box 4
Billing Sequences	<input type="text"/>			UB04 box 4

- Each drop-down will show available selections. The number that prints in box 4 on the UB04 form will populate based on the information added.
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