

Quick Reference Guide: Type of Bill (TOB) Configuration

The TOB for fee for service (FFS) payer plans can be defined before submitting claims. You can select the sequence for digits 3 and 4. This provides accuracy for claim submission.

Edit Plan						
General	Billing Configuration	TOB	Clinical Configuration	Physician Certification	F2F Encounter Statement	EVV
First Digit	Second Digit - Type of Facility	Third Digit - Type of Care	Fourth Digit - Frequency			
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	Admit through discharge claim ⓘ		
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	Interim - First Claim ⓘ		
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	Interim - Continuing Claim ⓘ		
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="4"/>	Interim - Last Claim ⓘ		

Note: TOB prefix is no longer set on the payer level or in the billing configuration tab. A new tab for TOB will be available on the plan level for FFS payers only and is a required configuration. All TOB 3rd digit prefixes that are currently in the database will populate in the 3rd digit column as part of the .9 release. All 4th digit frequencies will populate as a sequential sequence shown above for preexisting plans.

Episodic 30 FFS

Currently the software only recognizes 322s & 329s for this billing frequency. At part of the release the 4th digit will be set to a 9, based on the payer needs the user could update the 4th digit to a 2. At this time, if your payer requests a TOB digit that the software does not recognize, we recommended updating your claim in your clearinghouse.

First Digit	Second Digit - Type of Facility	Third Digit - Type of Care	Fourth Digit - Frequency	
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	Admit through discharge claim ⓘ
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	Interim - First Claim ⓘ
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	Interim - Continuing Claim ⓘ
<input type="text" value="0"/>	<input type="text" value="3"/>	<input type="text" value="2"/>	<input type="text" value="9"/>	Interim - Last Claim ⓘ

Note: Preexisting Claims in NEW status will not retro back. To update the TOB, you will need to use the edit claim feature in either the billing queue or the client financial record to update the claim. Any claims created after the release will follow the new TOB configuration.

1. Select claim hyper link
2. Click Edit Claim
3. Update your type of bill field
4. Select accept