

Type of Bill (TOB) Code Reference Sheet

Complete Guide to UB-04 Bill Type Codes

What is a Type of Bill (TOB) Code?

A Type of Bill (TOB) code is a 4-digit code that appears on the UB-04 claim form (also called CMS-1450). This code tells the insurance company **what type of facility** provided the service, **what kind of care** the patient received, and **how often** you're billing for it. Think of it as a quick summary that helps insurance companies process your claim correctly.

Where to find it: The TOB code goes in Box 4 (Type of Bill) on the UB-04 form.

Understanding the 4-Digit Structure

Each position in the TOB code has a specific meaning. Let's break down the code **0131** as an example:

Position	Example	What It Means	Common Values
1st Digit (Leading Zero)	0	Always starts with 0 for standard claims	0 = Standard billing
2nd Digit (Type of Facility)	1	Where was the service provided?	1=Hospital, 2=SNF, 3=HHA, 4=Religious, 8=Special
3rd Digit (Type of Care)	3	What kind of care did they get?	1=Inpatient, 2=Outpatient, 3=ER, 4=Other
4th Digit (Frequency)	1	How often are you billing?	1=First claim, 2=Continuing, 3=Final, 7=Replacement

2nd Digit: Type of Facility (Where)

This digit identifies what kind of healthcare facility provided the service:

Code	Facility Type	Examples
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1	Hospital (Acute Care)	General hospitals, medical centers, children's hospitals
2	Skilled Nursing Facility (SNF)	Nursing homes providing skilled care, rehab facilities
3	Home Health Agency (HHA)	In-home nursing care, physical therapy at home
4	Religious Non-Medical	Christian Science facilities, faith-based care centers
5	Special Facility (Discontinued)	Rarely used anymore - check with payer
6	Intermediate Care Facility	Lower-level nursing care than SNF
7	Clinic or Hospital-Based Renal Dialysis	Dialysis centers, kidney treatment facilities
8	Special Facility or ASC	Ambulatory surgery centers, hospice, psychiatric facilities
9	Reserved/Other	Special cases - verify with payer before using

3rd Digit: Type of Care (What Kind)

This digit tells the insurance company what type of care the patient received:

Code	Type of Care	When to Use
1	Inpatient (Admit/Discharge)	Patient was admitted and stayed overnight or longer
2	Hospital Outpatient	Patient came for treatment but didn't stay overnight
3	Emergency Room (ER)	Patient came through the emergency department
4	Other Outpatient Services	Lab work, X-rays, therapy - not main hospital outpatient
5	Intermediate Care - Level I	Mid-level nursing facility care
6	Intermediate Care - Level II	Different level of nursing facility care
7	Subacute Inpatient	SNF patient with intensive rehab or treatment
8	Swing Beds	Hospital bed used for skilled nursing care
9	Reserved for Other	Special circumstances - verify before using

4th Digit: Billing Frequency (How Often)

This digit shows whether this is your first bill, a continuing bill, or the final bill:

Code	Frequency Type	When to Use It
0	Non-payment/Zero Claim	Submitting for info only, not requesting payment (very rare)
1	Admit Through Discharge (First & Last)	Patient was admitted and discharged - this is the only bill
2	Interim Bill - First Claim	First bill for a patient still in your facility
3	Interim Bill - Continuing	Additional bills while patient still in your facility
4	Interim Bill - Last	Final bill because patient discharged or transferred
5	Late Charge Only	Billing for charges you forgot on the original claim

6	Adjustment of Prior Claim	Correcting something wrong on a previous bill
7	Replacement Bill	Completely replacing a previous claim (not just adjusting)
8	Void/Cancel Prior Claim	Canceling out a bill you submitted by mistake
9	Final Claim (Home Health)	Last bill for home health patients

Most Common TOB Codes You'll Use

Here are the TOB codes you'll encounter most often in medical billing:

TOB Code	What It Means	Example Scenario
0111	Hospital Inpatient - Single Bill	Patient admitted Monday, discharged Friday - billing once
0112	Hospital Inpatient - First Interim	Patient admitted, still here, billing for first 30 days
0113	Hospital Inpatient - Continuing	Same patient still here, billing for days 31-60
0114	Hospital Inpatient - Final Interim	Patient finally discharged, this is the last bill
0121	Hospital Outpatient - Single Bill	Patient came for outpatient surgery, went home same day
0131	Hospital Emergency Room	Patient came through ER, treated, and left
0141	Hospital Other Outpatient	Lab tests, X-rays, or other outpatient services
0211	SNF Inpatient - Single Bill	Patient in nursing facility, admitted and discharged
0212	SNF Inpatient - First Bill	First bill for patient still in skilled nursing
0311	Home Health - Single Bill	Completed all home health visits, billing once
0322	Home Health - First Interim	First bill for ongoing home health care
0821	Ambulatory Surgery Center	Outpatient surgery at ASC facility
0831	Hospice (Hospital-Based)	Hospital providing hospice care

Quick Tips for Choosing the Right TOB Code

- Inpatient vs Outpatient:** If the patient stayed overnight = Inpatient (X1X). If they went home same day = Outpatient (X2X or X3X if ER).
- Emergency Room:** Always use X3X codes for ER visits, even if the patient was later admitted (you'll bill separately for the admission).
- Frequency Mistakes:** Most common error is using wrong 4th digit. First AND last bill = X1. Just first interim = X2. Just final interim = X4.

4. **Replacement vs Adjustment:** Code ending in 7 (replacement) voids the old claim completely. Code ending in 6 (adjustment) just fixes specific errors.

5. **When in Doubt:** Check with your billing software or MAC. Wrong TOB code = denied claim.

6. **SNF Patients:** Use 02XX codes for skilled nursing, not 01XX hospital codes, even if SNF is in a hospital.

7. **Home Health:** Use 03XX codes and make sure frequency is correct - common to have multiple interim bills.

Real-World Examples

Example 1: Simple Hospital Stay

Scenario: Patient admitted to General Hospital on Monday for pneumonia. Stayed 4 days, discharged Friday. You're billing once for the entire stay.

Correct TOB Code: 0111

- 0 = Standard billing
- 1 = Hospital
- 1 = Inpatient
- 1 = Admit through discharge (single bill)

Example 2: Long Hospital Stay (Multiple Bills)

Scenario: Patient admitted January 1st. Still in hospital on February 1st. You need to bill for January services while patient is still there.

Correct TOB Code: 0112

- Use 0112 for first interim bill (January)
- Then use 0113 for continuing bills (February, March...)
- Finally use 0114 when patient discharges

Example 3: Emergency Room Visit

Scenario: Patient comes to ER with chest pain. Treated and released same day.

Correct TOB Code: 0131

- 0 = Standard billing
- 1 = Hospital
- 3 = Emergency Room
- 1 = Single visit (first and last)

Example 4: Outpatient Surgery

Scenario: Patient scheduled for outpatient knee arthroscopy at hospital. Arrives at 7am, surgery completed, discharged at 2pm same day.

Correct TOB Code: 0121

- 0 = Standard billing
- 1 = Hospital
- 2 = Outpatient
- 1 = Single bill

Example 5: Home Health Care

Scenario: Home health agency providing nursing visits to patient at home. This is the first month of a 60-day certification period.

Correct TOB Code: 0322

- 0 = Standard billing
- 3 = Home Health Agency
- 2 = Home Health services
- 2 = First interim claim (patient care continuing)

Common TOB Code Mistakes to Avoid

Wrong Code	Right Code	The Problem
0131 for admitted ER patient	0111 for the admission	ER visit and admission are separate - bill ER first, then admission
0111 for interim claim	0112, then 0113, then 0114	Patient still there? Can't use X1 frequency - need X2, X3, or X4
0211 for hospital skilled bed	0111 or 0121 (swing bed)	Hospital beds use 01XX, even for skilled care - unless designated swing
0121 for ER visit	0131	Emergency room visits always use X3X, never X2X
Using X7 when you mean X6	Depends on situation	X7 (replacement) voids old claim completely. X6 (adjustment) keeps original

Need More Help?

This reference sheet covers the most common TOB codes, but there are many specialized codes for specific situations. Always verify TOB codes with:

- Your facility's billing policy manual
- Your billing software's reference guide
- CMS's UB-04 instruction manual
- Your Medicare Administrative Contractor (MAC)

Remember: Using the wrong TOB code can result in claim denials. When in doubt, double-check before submitting!