

**BILL TYPE FREQUENCY CODES FOR USE IN THE**  
**837 PROFESSIONAL AND 837 DENTAL TECHNICAL REPORTS TYPE 3**

The developers of the Professional and Dental Health Care Claim TR3s (837 ASC X12N 837 (005010X222 and 005010X224)) have indicated that the following UB-04 Bill Type Frequency Codes are acceptable for use in those transactions.

<b>Code</b>	<b>Description</b>	<b>Definition</b>
1	Admit thru Discharge Claim	Use this code when billing for a confined treatment or inpatient period. This will include bills representing a total confinement or course of treatment, and bills that represent an entire benefit period of the primary third party payer.
7	Replacement of Prior Claim	This code is used when a specific bill has been issued for a specific Provider, Patient, Payer, Insured and "Statement Covers Period" and it needs to be restated in its entirety, except for the same identity information. In using this code, the payer is to operate on the principle to void the original bill, and that the information present on this bill represents a complete replacement of the previously issued bill. However, this code is not intended to be used in lieu of a Late Charge(s) Only claim.
8	Void/Cancel of Prior Claim	This code reflects the elimination in its entirety of a previously submitted bill for a specific Provider, Patient, Payer, Insured and "Statement Covers Period." The provider may wish to follow a Void Bill with a bill containing the correct information when a Payer is unable to process a Replacement to a Prior Claim. The appropriate Frequency Code must be used when submitting the new bill.