




To: All Ancillary Providers
From: IEHP – Provider Relations
Date: October 11, 2021
Subject: **DHCS Frequency Codes Required – UB-04 Box 4**

Effective immediately, Inland Empire Health Plan (IEHP) requires that all institutional billing Providers adhere to accurate and complete data reporting in **UB-04 Box 4**.

This request applies to **ALL** Medi-Cal claims and is in adherence with California Department of Health Care Services' expectations for 837I formatting.

Per DHCS claim submission requirements, the 3rd digit in the bill type (frequency code) should **only** be reported using one of the following:

CLM05-3 	Claim Frequency Code	Use "1" for an original claim/encounter submission Use "7" for a replacement submission Use "8" for a void submission
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Please find below a reference to the DHCS 837I guidelines. IEHP appreciates your adherence to the guidance above to ensure that all services rendered for IEHP Members can be reported accurately and completely to DHCS.

<https://encounterdata.files.wordpress.com/2019/10/mmc-dhcs-837i-institutional-encounter-v2.9.pdf>

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054 or (866) 223-4347.