

BILL TYPES

INPATIENT HOSPITAL

111	REGULAR INPATIENT
112	FIRST PORTION: CONTINUOUS STAY INPATIENT CLAIM
113	SUBSEQUENT PORTION: CONTINUOUS STAY INPATIENT CLAIM
114	FINAL PORTION: CONTINUOUS STAY INPATIENT CLAIM
115	INPATIENT: LATE CHARGE(S) ONLY CLAIM
116	INPATIENT: ADJUSTMENT OR PRIOR CLAIM NEEDED
117	INPATIENT: REPLACEMENT OF PRIOR CLAIM
118	INPATIENT: VOID/CANCEL OF PRIOR CLAIM

HOSPITAL INPATIENT (MEDICARE PART B ONLY)

121	HOSPITAL INPATIENT (MEDICARE PART B ONLY): ADMIT THROUGH DISCHARGE
122	HOSPITAL INPATIENT (MEDICARE PART B ONLY): INTERIM, FIRST CLAIM
123	HOSPITAL INPATIENT (MEDICARE PART B ONLY): INTERIM, CONTINUING CLAIM
124	HOSPITAL INPATIENT (MEDICARE PART B ONLY): INTERIM, FINAL CLAIM
125	HOSPITAL INPATIENT (MEDICARE PART B ONLY): LATE CHARGE(S) ONLY CLAIM
127	HOSPITAL INPATIENT (MEDICARE PART B ONLY): REPLACEMENT OF PRIOR CLAIM
128	HOSPITAL INPATIENT (MEDICARE PART B ONLY): VOID/CANCEL OF PRIOR CLAIM

OUTPATIENT HOSPITAL

131	REGULAR OUTPATIENT
132	FIRST INTERIM: CONTINUING OUTPATIENT CLAIM
133	SUBSEQUENT INTERIM: CONTINUING OUTPATIENT CLAIM
134	FINAL INTERIM: OUTPATIENT CLAIM
135	OUTPATIENT: LATE CHARGE(S) ONLY CLAIM
136	OUTPATIENT: ADJUSTMENT OF PRIOR CLAIM
137	OUTPATIENT: REPLACEMENT OF PRIOR CLAIM
138	OUTPATIENT: VOID/CANCEL OF PRIOR CLAIMS

OUTPATIENT DIAGNOSTIC (NON TREATMENT PLAN)

141	OUTPATIENT DIAGNOSTIC: ADMIT THROUGH DISCHARGE
142	OUTPATIENT DIAGNOSTIC: INTERIM, FIRST CLAIM
143	OUTPATIENT DIAGNOSTIC: INTERIM, CONTINUING CLAIM
144	OUTPATIENT DIAGNOSTIC: INTERIM, FINAL CLAIM
145	OUTPATIENT DIAGNOSTIC: LATE CHARGE(S) ONLY CLAIM
146	OUTPATIENT DIAGNOSTIC: ADJUSTMENT OF PRIOR CLAIM
147	OUTPATIENT DIAGNOSTIC: REPLACEMENT OF PRIOR CLAIM
148	OUTPATIENT DIAGNOSTIC: VOID/CANCEL OF PRIOR CLAIM

HOSPITAL SWING BEDS

181	HOSPITAL SWING BEDS: ADMIT THROUGH DISCHARGE
182	HOSPITAL SWING BEDS: INTERIM, FIRST CLAIM
183	HOSPITAL SWING BEDS: INTERIM, CONTINUING CLAIM
184	HOSPITAL SWING BEDS: INTERIM, FINAL CLAIM

BILL TYPES

185	HOSPITAL SWING BEDS: LATE CHARGE(S) ONLY CLAIM
187	HOSPITAL SWING BEDS: REPLACEMENT OF PRIOR CLAIM
188	HOSPITAL SWING BEDS: VOID/CANCEL OF PRIOR CLAIM

SKILLED NURSING

211	SKILLED NURSING: ADMIT THROUGH DISCHARGE
212	SKILLED NURSING: INTERIM, FIRST CLAIM
213	SKILLED NURSING: INTERIM, CONTINUING CLAIM
214	SKILLED NURSING: FINAL CLAIM
215	SKILLED NURSING: LATE CHARGE(S) ONLY CLAIM
217	SKILLED NURSING: REPLACEMENT OF PRIOR CLAIM
218	SKILLED NURSING: VOID/CANCEL OF PRIOR CLAIM

SKILLED NURSING (MEDICARE PART B ONLY)

221	SKILLED NURSING (MEDICARE PART B ONLY): ADMIT THROUGH DISCHARGE
222	SKILLED NURSING (MEDICARE PART B ONLY): INTERIM, FIRST CLAIM
223	SKILLED NURSING (MEDICARE PART B ONLY): INTERIM, CONTINUING CLAIM
224	SKILLED NURSING (MEDICARE PART B ONLY): FINAL CLAIM
225	SKILLED NURSING (MEDICARE PART B ONLY): LATE CHARGE(S) ONLY CLAIM
227	SKILLED NURSING (MEDICARE PART B ONLY): REPLACEMENT OF PRIOR CLAIM
228	SKILLED NURSING (MEDICARE PART B ONLY): VOID/CANCEL OF PRIOR CLAIM

SKILLED NURSING OUTPATIENT

231	SKILLED NURSING OUTPATIENT: ADMIT THROUGH DISCHARGE
232	SKILLED NURSING OUTPATIENT: INTERIM, FIRST CLAIM
233	SKILLED NURSING OUTPATIENT: INTERIM, CONTINUING CLAIM
234	SKILLED NURSING OUTPATIENT: FINAL CLAIM
235	SKILLED NURSING OUTPATIENT: LATE CHARGE(S) ONLY CLAIM
237	SKILLED NURSING OUTPATIENT: REPLACEMENT OF PRIOR CLAIM
238	SKILLED NURSING OUTPATIENT: VOID/CANCEL OF PRIOR CLAIM

HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT) – DESCRIPTION CHANGE

321	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): ADMIT THROUGH DISCHARGE
322	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): INTERIM, FIRST CLAIM
323	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): INTERIM, CONTINUING CLAIM
324	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): INTERIM, FINAL CLAIM
325	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): LATE CHARGE(S) ONLY CLAIM
327	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): REPLACEMENT OF PRIOR CLAIM
328	HOME HEALTH INPATIENT (NOT UNDER A PLAN OF TREATMENT): VOID/CANCEL OR

BILL TYPES

	PRIOR CLAIM
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COORDINATED HOME CARE (MEDICARE A TREATMENT PLAN INCLUDING DME) – DISCONTINUED AS OF OCTOBER 1, 2013

331	COORDINATED HOME CARE: ADMIT THROUGH DISCHARGE
332	COORDINATED HOME CARE: INTERIM, FIRST CLAIM
333	COORDINATED HOME CARE: INTERIM, CONTINUING CLAIM
334	COORDINATED HOME CARE: INTERIM, FINAL CLAIM
335	COORDINATED HOME CARE: LATE CHARGE(S) ONLY CLAIM
337	COORDINATED HOME CARE: REPLACEMENT OF PRIOR CLAIM
338	COORDINATED HOME CARE: VOID/CANCEL OF PRIOR CLAIM

HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT) – DESCRIPTION CHANGE

341	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): ADMIT THROUGH DISCHARGE
342	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): INTERIM, FIRST CLAIM
343	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): INTERIM, CONTINUING CLAIM
344	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): INTERIM, FINAL CLAIM
345	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): LATE CHARGE(S) ONLY CLAIM
347	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): REPLACEMENT OF PRIOR CLAIM
348	HOME HEALTH SERVICES (NOT UNDER A PLAN OF TREATMENT): VOID/CANCEL OF PRIOR CLAIM

RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTION – HOSPITAL INPATIENT

411	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: ADMIT THROUGH DISCHARGE
412	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: INTERIM FIRST CLAIM
413	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: INTERIM, CONTINUING CLAIM
414	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: INTERIM, FINAL CLAIM
415	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: LATE CHARGE(S) ONLY CLAIM
417	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: REPLACEMENT OF PRIOR CLAIM
418	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS - HOSPITAL INPATIENT: VOID/CANCEL OF PRIOR CLAIM

BILL TYPES

RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS – OUTPATIENT SERVICES

43X	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS – OUTPATIENT SERVICES
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INTERMEDIATE CARE – LEVEL I

65X	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS – OUTPATIENT SERVICES
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INTERMEDIATE CARE – LEVEL II

66X	RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS – OUTPATIENT SERVICES
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CLINIC RURAL HEALTH

711	CLINIC RURAL HEALTH: ADMIT THROUGH DISCHARGE
712	CLINIC RURAL HEALTH: INTERIM, FIRST CLAIM
713	CLINIC RURAL HEALTH: INTERIM, CONTINUING CLAIM
714	CLINIC RURAL HEALTH: INTERIM, FINAL CLAIM
715	CLINIC RURAL HEALTH: LATE CHARGE(S) ONLY CLAIM
717	CLINIC RURAL HEALTH: REPLACEMENT OF PRIOR CLAIM

HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS

721	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: ADMIT THROUGH DISCHARGE
722	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: INTERIM, FIRST CLAIM
723	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: INTERIM, CONTINUING CLAIM
724	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: INTERIM, FINAL CLAIM
725	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: LATE CHARGE(S) ONLY CLAIM
727	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: REPLACEMENT OF PRIOR CLAIM
728	HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS: VOID/CANCEL OF PRIOR CLAIM

FREE STANDING CLINIC

73X	FREE STANDING CLINIC
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CLINIC OUTPATIENT REHABILITATION FACILITY (ORF)

741	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): ADMIT THROUGH DISCHARGE
742	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): INTERIM, FIRST CLAIM
743	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): INTERIM, CONTINUING CLAIM
744	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): INTERIM, FINAL CLAIM
745	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): LATE CHARGE(S) ONLY
747	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): REPLACEMENT OF PRIOR CLAIM
748	CLINIC OUTPATIENT REHABILITATION FACILITY (ORF): VOID/CANCEL OF PRIOR CLAIM

BILL TYPES

CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF)

751	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): ADMIT THROUGH DISCHARGE
752	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): INTERIM, FIRST CLAIM
753	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): INTERIM, CONTINUING CLAIM
754	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): INTERIM, FINAL CLAIM
755	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): LATE CHARGE(S) ONLY CLAIM
757	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): REPLACEMENT OF PRIOR CLAIM
758	CLINIC – COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF): VOID/CANCEL OF PRIOR CLAIM

CLINIC – COMMUNITY MENTAL HEALTH CENTER

76X	CLINIC – COMMUNITY MENTAL HEALTH CENTER
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CLINIC – FEDERALLY QUALIFIED HEALTH CENTER

77X	CLINIC – FEDERALLY QUALIFIED HEALTH CENTER
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LICENSED FREE STANDING EMERGENCY MEDICAL FACILITY

78X	LICENSED FREE STANDING EMERGENCY MEDICAL FACILITY
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CLINIC - OTHER

79X	CLINIC - OTHER
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SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED)

811	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): ADMIT THROUGH DISCHARGE
812	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): INTERIM, FIRST CLAIM
813	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): INTERIM, CONTINUING CLAIM
814	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): INTERIM, FINAL CLAIM
815	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): LATE CHARGE(S) ONLY
817	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): REPLACEMENT OF PRIOR CLAIM
818	SPECIALTY FACILITY HOSPICE (NON-HOSPITAL BASED): VOID/CANCEL OF PRIOR CLAIM

BILL TYPES

SPECIALTY FACILITY HOSPICE (HOSPITAL BASED)

821	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): ADMIT THROUGH DISCHARGE
822	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): INTERIM, FIRST CLAIM
823	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): INTERIM, CONTINUING CLAIM
824	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): INTERIM, FINAL CLAIM
825	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): LATE CHARGE(S) ONLY
827	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): REPLACEMENT OF PRIOR CLAIM
828	SPECIALTY FACILITY HOSPICE (HOSPITAL BASED): VOID/CANCEL OF PRIOR CLAIM

SPECIALTY FACILITY AMBULATORY SURGERY

831	SPECIALTY FACILITY AMBULATORY SURGERY: ADMIT THROUGH DISCHARGE
832	SPECIALTY FACILITY AMBULATORY SURGERY: INTERIM, FIRST CLAIM
833	SPECIALTY FACILITY AMBULATORY SURGERY: INTERIM, CONTINUING CLAIM
834	SPECIALTY FACILITY AMBULATORY SURGERY: INTERIM, FINAL CLAIM
835	SPECIALTY FACILITY AMBULATORY SURGERY: LATE CHARGE(S) ONLY CLAIM
837	SPECIALTY FACILITY AMBULATORY SURGERY: REPLACEMENT OF PRIOR CLAIM
838	SPECIALTY FACILITY AMBULATORY SURGERY: VOID/CANCEL OF PRIOR CLAIM

SPECIALTY FACILITY – FREE STANDING BIRTHING CENTER – RECLASSIFIED TO OUTPATIENT ONLY

84X	SPECIALTY FACILITY – FREE STANDING BIRTHING CENTER
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SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL

851	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: ADMIT THROUGH DISCHARGE
852	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: INTERIM, FIRST CLAIM
853	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: INTERIM, CONTINUING CLAIM
854	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: INTERIM, FINAL CLAIM
855	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: LATE CHARGE(S) ONLY CLAIM
857	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: REPLACEMENT OF PRIOR CLAIM
838	SPECIALTY FACILITY – CRITICAL ACCESS HOSPITAL: VOID/CANCEL OF PRIOR CLAIM

SPECIALTY FACILITY – RESIDENTIAL FACILITY

86X	SPECIALTY FACILITY – RESIDENTIAL FACILITY
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SPECIALTY FACILITY – OTHER – RECLASSIFIED TO OUTPATIENT ONLY

89X	SPECIALTY FACILITY – OTHER
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BILL TYPES

TO DETERMINE ALL OTHER TYPE OF BILLS, USE THE FOLLOWING:

1ST DIGIT = TYPE OF FACILITY

2ND DIGIT = BILL CLASSIFICATION (3 DIFFERENT CATEGORIES)

FACILITIES EXCLUDING CLINICS & SPECIAL FACILITIES

CLINICS ONLY

SPECIAL FACILITIES ONLY

3RD DIGIT = FREQUENCY

TYPE OF FACILITY 1ST DIGIT:

HOSPITAL	1
SKILLED NURSING	2
HOME HEALTH	3
CHRISTIAN SCIENCE (HOSPITAL)	4
CHRISTIAN SCIENCE (EXTENDED CARE)	5
INTERMEDIATE CARE	6
CLINIC	7
SPECIALTY FACILITY	8
RESERVED FOR NATIONAL USE	9

BILL CLASSIFICATION (EXCEPT CLINICS AND SPECIAL FACILITIES) 2ND DIGIT:

INPATIENT (INCLUDING MEDICARE PART A)	1
INPATIENT (MEDICARE PART B ONLY)	2
OUTPATIENT	3
OTHER (FOR HOSPITAL REFERENCED DIAGNOSTIC SERVICES, OR HOME HEALTH NOT UNDER PLAN OF TREATMENT)	4
INTERMEDIATE CARE-LEVEL I	5
INTERMEDIATE CARE-LEVEL II	6
SUBACUTE INPATIENT (REVUE CODE 19X REQUIRED)	7
SWING BEDS	8
RESERVED FOR NATIONAL USE	9

BILL CLASSIFICATION (CLINICS ONLY) 2ND DIGIT:

RURAL HEALTH	1
HOSPITAL BASED OR INDEPENDENT RENAL DIALYSIS CENTER	2
FREE STANDING	3
OUTPATIENT REHABILITATION FACILITY (ORF)	4
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITIES (CORFS)	5
COMMUNITY MENTAL HEALTH CENTER	6

BILL TYPES

RESERVED FOR NATIONAL USE	7-8
OTHER	9

BILL CLASSIFICATION (SPECIAL FACILITIES ONLY) 2ND DIGIT:

HOSPICE (NON-HOSPITAL BASED)	1
HOSPICE (HOSPITAL BASED)	2
AMBULATORY SURGERY CENTER	3
FREE STANDING BIRTHING CENTER	4
RURAL PRIMARY CARE HOSPITAL	5
RESERVED FOR NATIONAL USE	6-8
OTHER	9

FREQUENCY 3RD DIGIT:

NON-PAYMENT/ZERO CLAIM	0
ADMIT THROUGH DISCHARGE	1
INTERIM, FIRST CLAIM	2
INTERIM, CONTINUING CLAIM	3
INTERIM, LAST CLAIM	4
LATE CHARGE(S) ONLY CLAIM	5
REPLACEMENT OF PRIOR CLAIM	7
VOID/CANCEL OF PRIOR CLAIM	8
RESERVED FOR NATIONAL ASSIGNMENT	9

NOTE: X REFERS TO NUMBER 0-9 BUT DOES NOT INCLUDE '6'