

CLAIM NUMBER	TYPE OF CLAIM	DEFINITION
01 (UB-82)	Hospital (Inpatient & Outpatient) Hospice Dialysis (Facilities) Swing-Beds	All services for one recipient within one bill or document.
02 (HCFA 1500)	Physicians' Physician Assistants Laboratories Nurse Midwives Birthing Centers Nurse Practitioners Podiatrists Psychologists Rural Health Clinics Community Health Centers Ambulatory Surgical Centers Orthotics or Prosthetics Durable Medical Equipment Case Management – Perinatal Case Management – Mental Health Mental Health Clinics Vision Care Home Health Services Community Care Services Wavered Services	All services for one recipient within one bill or document.
03 08 09 10 14 16 17 18 19 ADA 1999 version 2000	Family Planning (Tape) Anesthesia Ambulance NET EPSDT Cross-Over: Inpatient Cross-Over: Outpatient Cross-Over: Nursing Home Cross-Over: Other Dental Services	All services for one recipient within one bill or document
13 15	Pharmacy Nursing Home	A line item of service

TN No. 01-026  
 Supersedes  
 TN No. 90-44

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