



## Type of Bill (TOB) Information

With the implementation of the Health Insurance Portability and Accountability Act (HIPAA) 837I transaction, the Indiana Health Coverage Programs (IHCP) recognizes all type of bill (TOB) codes for receipt effective October 16, 2003. All codes are referenced in IndianaAIM, however, not all codes are covered by the IHCP.

**The IHCP follows the guidelines established in the UB92 Editor.** TOB codes are no longer crosswalked. The following table lists all TOB codes, processing decisions and claim types. If a claim is submitted with an invalid TOB code the claim will deny for *EDIT 274 – Type of Bill Code Invalid*. If a claim is submitted with a valid TOB but is not covered by the IHCP the claim will deny for *EDIT 594 – Type of Bill not covered by IHCP*.

Type of Bill Code	Description	Processing Decision	Claim Type
<b>Hospital Services</b>			
110	Hospital, Inpatient (Including Medicare Part A), Non-Payment/Zero Claim	Accept	I, A
111	Hospital, Inpatient (Including Medicare Part A), Admit thru Discharge Claim	Accept	I, A
112	Hospital, Inpatient (Including Medicare Part A), Interim - First Claim (Used by non-PPS acute care facilities)	Deny	I, A
113	Hospital, Inpatient (Including Medicare Part A), Interim - Continuing Claim (Used by non-PPS acute care facilities)	Accept	I, A
114	Hospital, Inpatient (Including Medicare Part A), Interim - Last Claim (Used by non-PPS acute care facilities)	Deny	I, A
115	Hospital, Inpatient (Including Medicare Part A), Late Charge(s) Only Claim (Use for inpatient Part A bill for ancillary services for non-PPS facilities)	Accept	I, A
117	Hospital, Inpatient (Including Medicare Part A), Replacement of Prior Claim	Accept	I, A
118	Hospital, Inpatient (Including Medicare Part A), Void, Cancel of Prior Claim	Accept	I, A
11F	Hospital, Inpatient (Including Medicare Part A), Beneficiary Initiated Adjustment Claim	Accept	I, A
11G	Hospital, Inpatient (Including Medicare Part A), Void, CWF Initiated Adjustment Claim	Accept	I, A
11H	Hospital, Inpatient (Including Medicare Part A), HCFA Initiated Adjustment Claim	Accept	I, A
11I	Hospital, Inpatient (Including Medicare Part A), Cancel of Prior Claim, Intermediary Adjustment Claim	Accept	I, A
11J	Hospital, Inpatient (Including Medicare Part A), Initiated Adjustment Claim	Accept	I, A
11K	Hospital, Inpatient (Including Medicare Part A), OIG Initiated Adjustment Claim	Accept	I, A
11M	Hospital, Inpatient (Including Medicare Part A), MSP Initiated Adjustment Claim	Accept	I, A

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
11N	Hospital, Inpatient (Including Medicare Part A), PRO Adjustment Claim	Accept	I, A
11O	Hospital, Inpatient (Including Medicare Part A), Non-payment/Zero Claims	Deny	I, A
11X	Hospital, Inpatient (Including Medicare Part A), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	I, A
11Y	Hospital, Inpatient (Including Medicare Part A), Replacement of a Prior Abbreviated Encounter Submission	Accept	I, A
11Z	Hospital, Inpatient (Including Medicare Part A), New Abbreviated Encounter Submission	Accept	I, A
121	Hospital, Inpatient (Medicare Part B only), Admit thru Discharge Claim	Accept	A
121	Hospital, Inpatient (Medicare Part B only), Admit thru Discharge Claim	Deny	I
122	Hospital, Inpatient (Medicare Part B only), Interim – First Claim	Deny	I
122	Hospital, Inpatient (Medicare Part B only), Interim – First Claim	Accept	A
123	Hospital, Inpatient (Medicare Part B only), Interim – Continuing Claims (Not Valid for PPS Bills)	Deny	I
123	Hospital, Inpatient (Medicare Part B only), Interim – Continuing Claims (Not Valid for PPS Bills)	Accept	A
124	Hospital, Inpatient (Medicare Part B only), Interim – Last Claim (Not Valid for PPS Bills)	Deny	I
124	Hospital, Inpatient (Medicare Part B only), Interim – Last Claim (Not Valid for PPS Bills)	Accept	A
125	Hospital, Inpatient (Medicare Part B only), Late Charge Only	Deny	I
125	Hospital, Inpatient (Medicare Part B only), Late Charge Only	Accept	A
127	Hospital, Inpatient (Medicare Part B only), Replacement of Prior Claim	Deny	I
127	Hospital, Inpatient (Medicare Part B only), Replacement of Prior Claim	Accept	A
128	Hospital, Inpatient (Medicare Part B only), Void/Cancel of Prior Claim	Deny	I
128	Hospital, Inpatient (Medicare Part B only), Void/Cancel of Prior Claim	Accept	A
12F	Hospital, Inpatient (Medicare Part B only), Beneficiary Initiated Adjustment Claim	Deny	I
12F	Hospital, Inpatient (Medicare Part B only), Beneficiary Initiated Adjustment Claim	Accept	A
12G	Hospital, Inpatient (Medicare Part B only), CWF Initiated Adjustment Claim	Deny	I
12G	Hospital, Inpatient (Medicare Part B only), CWF Initiated Adjustment Claim	Accept	A

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
12H	Hospital, Inpatient (Medicare Part B only), HCFA Initiated Adjustment Claim	Deny	I
12H	Hospital, Inpatient (Medicare Part B only), HCFA Initiated Adjustment Claim	Accept	A
12I	Hospital, Inpatient (Medicare Part B only), Intermediary Adjustment Claim (Other than Pro or Provider)	Deny	I
12I	Hospital, Inpatient (Medicare Part B only), Intermediary Adjustment Claim (Other than Pro or Provider)	Accept	A
12J	Hospital, Inpatient (Medicare Part B only), Initiated Adjustment Claim – Other	Deny	I
12J	Hospital, Inpatient (Medicare Part B only), Initiated Adjustment Claim - Other	Accept	A
12K	Hospital, Inpatient (Medicare Part B only), OIG Initiated Adjustment Claim	Deny	I
12K	Hospital, Inpatient (Medicare Part B only), OIG Initiated Adjustment Claim	Accept	A
12M	Hospital, Inpatient (Medicare Part B only), MSP Initiated Adjustment Claim	Deny	I
12M	Hospital, Inpatient (Medicare Part B only), MSP Initiated Adjustment Claim	Accept	A
12N	Hospital, Inpatient (Medicare Part B only), PRO Adjustment Claim	Deny	I
12N	Hospital, Inpatient (Medicare Part B only), PRO Adjustment Claim	Accept	A
12O	Hospital, Inpatient (Medicare Part B only), Non-payment/Zero Claims	Deny	I
12O	Hospital, Inpatient (Medicare Part B only), Non-payment/Zero Claims	Accept	A
12X	Hospital, Inpatient (Medicare Part B only), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I
12X	Hospital, Inpatient (Medicare Part B only), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	A
12Y	Hospital, Inpatient (Medicare Part B only), Replacement of a Prior Abbreviated Encounter Submission	Deny	I
12Y	Hospital, Inpatient (Medicare Part B only), Replacement of a Prior Abbreviated Encounter Submission	Accept	A
12Z	Hospital, Inpatient (Medicare Part B only), New Abbreviated Encounter Submission	Deny	I
12Z	Hospital, Inpatient (Medicare Part B only), New Abbreviated Encounter Submission	Accept	A
130	Hospital, Outpatient, Non-Payment/Zero Claim	Accept	O, C
131	Hospital, Outpatient, Admit thru Discharge Claim	Accept	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
132	Hospital, Outpatient, Interim – First Claim	Accept	O, C
133	Hospital, Outpatient, Interim – Continuing Claims (Not Valid for PPS Bills)	Accept	O, C
134	Hospital, Outpatient, Interim – Last Claim (Not Valid for PPS Bills)	Accept	O, C
135	Hospital, Outpatient, Late Charge(s) Only Claim	Accept	O, C
137	Hospital, Outpatient, Replacement of Prior Claim	Accept	O, C
138	Hospital, Outpatient, Void/Cancel of Prior Claim	Accept	O, C
13F	Hospital, Outpatient, Beneficiary Initiated Adjustment Claim	Accept	O, C
13G	Hospital, Outpatient, CWF Initiated Adjustment Claim	Accept	O, C
13H	Hospital, Outpatient, HCFA Initiated Adjustment Claim	Accept	O, C
13I	Hospital, Outpatient, Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept	O, C
13J	Hospital, Outpatient, Initiated Adjustment Claim - Other	Accept	O, C
13K	Hospital, Outpatient, OIG Initiated Adjustment Claim	Accept	O, C
13M	Hospital, Outpatient, MSP Initiated Adjustment Claim	Accept	O, C
13N	Hospital, Outpatient, PRO Adjustment Claim	Accept	O, C
13O	Hospital, Outpatient, Non-payment/Zero Claims	Deny	O,C
13X	Hospital, Outpatient, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
13Y	Hospital, Outpatient, Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
13Z	Hospital, Outpatient, New Abbreviated Encounter Submission	Accept	O, C
140	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Non-Payment/Zero Claim	Accept	O, C
141	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Admit thru Discharge Claim	Accept	O, C
142	Hospital, Other, Interim-First Claim	Accept	O, C
143	Hospital, Other, Interim-Continuing Claims (Not valid for PPS Bills)	Accept	O, C
144	Hospital, Other, Interim-Last Claim (Not valid for PPS Bills)	Accept	O, C
145	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Late Charge(s) Only Claim	Accept	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
147	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Replacement of Prior Claim	Accept	O, C
148	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Void/Cancel of Prior Claim	Accept	O, C
14F	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Beneficiary Initiated Adjustment Claim	Accept	O, C
14G	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), CWF Initiated Adjustment Claim	Accept	O, C
14H	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), HCFA Initiated Adjustment Claim	Accept	O, C
14I	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept	O, C
14J	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Initiated Adjustment Claim - Other	Accept	O, C
14K	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), OIG Initiated Adjustment Claim	Accept	O, C
14M	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), MSP Initiated Adjustment Claim	Accept	O, C
14N	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), PRO Adjustment Claim	Accept	O, C
14O	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Non-payment/Zero Claims	Deny	O, C
14X	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
14Y	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
14Z	Hospital, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), New Abbreviated Encounter Submission	Accept	O, C
180	Hospital, Swing Beds, Non-payment/Zero Claims	Deny	I
180	Hospital, Swing Beds, Non-payment/Zero Claims	Accept	A

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Type of Bill Code	Description	Processing Decision	Claim Type
181	Hospital, Swing Beds, Admit thru Discharge Claim	Deny	I
181	Hospital, Swing Beds, Admit thru Discharge Claim	Accept for crossover claims	A
182	Hospital, Swing Beds, Interim-First Claim	Deny	I
182	Hospital, Swing Beds, Interim-First Claim	Accept	A
183	Hospital, Swing Beds, Interim-Continuing Claims (Not valid for PPS Bills)	Deny	I
183	Hospital, Swing Beds, Interim-Continuing Claims (Not valid for PPS Bills)	Accept	A
184	Hospital, Swing Beds, Interim-Last Claim (Not valid for PPS Bills)	Deny	I
184	Hospital, Swing Beds, Interim-Last Claim (Not valid for PPS Bills)	Accept	A
185	Hospital, Swing Beds, Late Charge(s) Only Claim (Used to bill inpatient Part A for inpatient ancillary services)	Deny	I
185	Hospital, Swing Beds, Late Charge(s) Only Claim (Used to bill inpatient Part A for inpatient ancillary services)	Accept for crossover claims	A
187	Hospital, Swing Beds, Replacement of a Prior Claim	Deny	I
187	Hospital, Swing Beds, Replacement of a Prior Claim	Accept for crossover claims	A
188	Hospital, Swing Beds, Void/Cancel of a Prior Claim	Deny	I
188	Hospital, Swing Beds, Void/Cancel of a Prior Claim	Accept for crossover claims	A
18F	Hospital, Swing Beds, Beneficiary Initiated Adjustment Claim	Deny	I
18F	Hospital, Swing Beds, Beneficiary Initiated Adjustment Claim	Accept for crossover claims	A
18G	Hospital, Swing Beds, CWF Initiated Adjustment Claim	Deny	I
18G	Hospital, Swing Beds, CWF Initiated Adjustment Claim	Accept for crossover claims	A
18H	Hospital, Swing Beds, HCFA Initiated Adjustment Claim	Deny	I
18H	Hospital, Swing Beds, HCFA Initiated Adjustment Claim	Accept for crossover claims	A

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
18I	Hospital, Swing Beds, Intermediary Adjustment Claim (Other Than Pro or Provider)	Deny	I
18I	Hospital, Swing Beds, Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept for crossover claims	A
18J	Hospital, Swing Beds, Initiated Adjustment Claim - Other	Deny	I
18J	Hospital, Swing Beds, Initiated Adjustment Claim - Other	Accept for crossover claims	A
18K	Hospital, Swing Beds, OIG Initiated Adjustment Claim	Deny	I
18K	Hospital, Swing Beds, OIG Initiated Adjustment Claim	Accept for crossover claims	A
18M	Hospital, Swing Beds, MSP Initiated Adjustment Claim	Deny	I
18M	Hospital, Swing Beds, MSP Initiated Adjustment Claim	Accept for crossover claims	A
18O	Hospital, Swing Beds, Non-payment/Zero Claims	Deny	I
18O	Hospital, Swing Beds, Non-payment/Zero Claims	Accept	A
18X	Hospital, Swing Beds, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I
18X	Hospital, Swing Beds, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept for crossover claims	A
18Y	Hospital, Swing Beds, Replacement of a Prior Abbreviated Encounter Submission	Deny	I
18Y	Hospital, Swing Beds, Replacement of a Prior Abbreviated Encounter Submission	Accept for crossover claims	A
18Z	Hospital, Swing Beds, New Abbreviated Encounter Submission	Deny	I
18Z	Hospital, Swing Beds, New Abbreviated Encounter Submission	Accept for crossover claims	A
<b>Skilled Nursing</b>			
210	Skilled Nursing, Inpatient (Including Medicare Part A), Non-Payment/Zero Claim	Accept	L, A
211	Skilled Nursing, Inpatient (Including Medicare Part A), Admit thru Discharge Claim	Accept	L, A
212	Skilled Nursing, Inpatient (Including Medicare Part A), Interim - First Claim	Accept	L, A
213	Skilled Nursing, Inpatient (Including Medicare Part A), Interim - Continuing Claim	Accept	L, A

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
214	Skilled Nursing, Inpatient (Including Medicare Part A), Interim - Last Claim	Accept	L, A
215	Skilled Nursing, Inpatient (Including Medicare Part A), Late Charge(s) Only Claim (Used for inpatient Part A bill for inpatient ancillary services)	Accept	L, A
217	Skilled Nursing, Inpatient (Including Medicare Part A), Replacement of Prior Claim	Accept	L, A
218	Skilled Nursing, Inpatient (Including Medicare Part A), Void/Cancel of a Prior Claim	Accept	L, A
21F	Skilled Nursing, Inpatient (Including Medicare Part A), Beneficiary Initiated Adjustment Claim	Accept	L, A
21G	Skilled Nursing, Inpatient (Including Medicare Part A), CWF Initiated Adjustment Claim	Accept	L, A
21H	Skilled Nursing, Inpatient (Including Medicare Part A), HCFA Initiated Adjustment Claim	Accept	L, A
21I	Skilled Nursing, Inpatient (Including Medicare Part A), Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept	L, A
21J	Skilled Nursing, Inpatient (Including Medicare Part A), Initiated Adjustment Claim - Other	Accept	L, A
21K	Skilled Nursing, Inpatient (Including Medicare Part A), OIG Initiated Adjustment Claim	Accept	L, A
21M	Skilled Nursing, Inpatient (Including Medicare Part A), MSP Initiated Adjustment Claim	Accept	L, A
21N	Skilled Nursing, Inpatient (Including Medicare Part A), PRO Adjustment Claim	Accept	L, A
21O	Skilled Nursing, Inpatient (Including Medicare Part A), Non-payment/Zero Claims	Deny	L, A
21X	Skilled Nursing, Inpatient (Including Medicare Part A), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	L, A
21Y	Skilled Nursing, Inpatient (Including Medicare Part A), Replacement of a Prior Abbreviated Encounter Submission	Accept	L, A
21Z	Skilled Nursing, Inpatient (Including Medicare Part A), New Abbreviated Encounter Submission	Accept	L, A
220	Skilled Nursing, Inpatient (Medicare Part B only), Non-Payment/Zero Claim	Deny	I
220	Skilled Nursing, Inpatient (Medicare Part B only), Non-Payment/Zero Claim	Accept for crossover claims	A
221	Skilled Nursing, Inpatient (Medicare Part B only), Admit thru Discharge Claim	Deny	I
221	Skilled Nursing, Inpatient (Medicare Part B only), Admit thru Discharge Claim	Accept for crossover claims	A
222	Skilled Nursing, Inpatient (Medicare Part B only), Interim - First Claim	Deny	I

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
222	Skilled Nursing, Inpatient (Medicare Part B only), Interim - First Claim	Accept for crossover claims	A
223	Skilled Nursing, Inpatient (Medicare Part B only), Interim - Continuing Claim	Deny	I
223	Skilled Nursing, Inpatient (Medicare Part B only), Interim - Continuing Claim	Accept for crossover claims	A
224	Skilled Nursing, Inpatient (Medicare Part B only), Interim - Last Claim	Deny	I
224	Skilled Nursing, Inpatient (Medicare Part B only), Interim - Last Claim	Accept for crossover claims	A
225	Skilled Nursing, Inpatient (Medicare Part B only), Late Charge(s) Only Claim	Deny	I
225	Skilled Nursing, Inpatient (Medicare Part B only), Late Charge(s) Only Claim	Accept for crossover claims	A
227	Skilled Nursing, Inpatient (Medicare Part B only), Replacement of Prior Claim	Deny	I
227	Skilled Nursing, Inpatient (Medicare Part B only), Replacement of Prior Claim	Accept for crossover claims	A
228	Skilled Nursing, Inpatient (Medicare Part B only), Void/Cancel of Prior Claim	Deny	I
228	Skilled Nursing, Inpatient (Medicare Part B only), Void/Cancel of Prior Claim	Accept for crossover claims	A
22F	Skilled Nursing, Inpatient (Medicare Part B only), Beneficiary Initiated Adjustment Claim	Deny	I
22F	Skilled Nursing, Inpatient (Medicare Part B only), Beneficiary Initiated Adjustment Claim	Accept for crossover claims	A
22G	Skilled Nursing, Inpatient (Medicare Part B only), CWF Initiated Adjustment Claim	Deny	I
22G	Skilled Nursing, Inpatient (Medicare Part B only), CWF Initiated Adjustment Claim	Accept for crossover claims	A
22H	Skilled Nursing, Inpatient (Medicare Part B only), HCFA Initiated Adjustment Claim	Deny	I
22H	Skilled Nursing, Inpatient (Medicare Part B only), HCFA Initiated Adjustment Claim	Accept for crossover claims	A
22I	Skilled Nursing, Inpatient (Medicare Part B only), Intermediary Adjustment Claim (Other Than Pro or Provider)	Deny	I

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
22I	Skilled Nursing, Inpatient (Medicare Part B only), Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept for crossover claims	A
22J	Skilled Nursing, Inpatient (Medicare Part B only), Initiated Adjustment Claim - Other	Deny	I
22J	Skilled Nursing, Inpatient (Medicare Part B only), Initiated Adjustment Claim - Other	Accept for crossover claims	A
22K	Skilled Nursing, Inpatient (Medicare Part B only), OIG Initiated Adjustment Claim	Deny	I
22K	Skilled Nursing, Inpatient (Medicare Part B only), OIG Initiated Adjustment Claim	Accept for crossover claims	A
22M	Skilled Nursing, Inpatient (Medicare Part B only), MSP Initiated Adjustment Claim	Deny	I
22M	Skilled Nursing, Inpatient (Medicare Part B only), MSP Initiated Adjustment Claim	Accept for crossover claims	A
22N	Skilled Nursing, Inpatient (Medicare Part B only), PRO Adjustment Claim	Deny	I
22N	Skilled Nursing, Inpatient (Medicare Part B only), PRO Adjustment Claim	Accept for crossover claims	A
22O	Skilled Nursing, Inpatient (Medicare Part B only), Non-payment/Zero Claims	Deny	I, A
22X	Skilled Nursing, Inpatient (Medicare Part B only), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I
22X	Skilled Nursing, Inpatient (Medicare Part B only), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept for crossover claims	A
22Y	Skilled Nursing, Inpatient (Medicare Part B only), Replacement of a Prior Abbreviated Encounter Submission	Deny	I
22Y	Skilled Nursing, Inpatient (Medicare Part B only), Replacement of a Prior Abbreviated Encounter Submission	Accept for crossover claims	A
22Z	Skilled Nursing, Inpatient (Medicare Part B only), New Abbreviated Encounter Submission	Deny	I
22Z	Skilled Nursing, Inpatient (Medicare Part B only), New Abbreviated Encounter Submission	Accept for crossover claims	A
230	Skilled Nursing, Outpatient, Non-Payment/Zero Claim	Accept	O, C
231	Skilled Nursing, Outpatient, Admit thru Discharge Claim	Accept	O, C
232	Skilled Nursing, Outpatient, Interim - First Claim	Accept	O, C

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Type of Bill Code	Description	Processing Decision	Claim Type
233	Skilled Nursing, Outpatient, Interim - Continuing Claim	Accept	O, C
234	Skilled Nursing, Outpatient, Interim - Last Claim	Accept	O, C
235	Skilled Nursing, Outpatient, Late Charge(s) Only Claim	Accept	O, C
237	Skilled Nursing, Outpatient, Replacement of Prior Claim	Accept	O, C
238	Skilled Nursing, Outpatient, Void/Cancel of Prior Claim	Accept	O, C
23F	Skilled Nursing, Outpatient, Beneficiary Initiated Adjustment Claim	Accept	O, C
23G	Skilled Nursing, Outpatient, CWF Initiated Adjustment Claim	Accept	O, C
23H	Skilled Nursing, Outpatient, HCFA Initiated Adjustment Claim	Accept	O, C
23I	Skilled Nursing, Outpatient, Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept	O, C
23J	Skilled Nursing, Outpatient, Initiated Adjustment Claim - Other	Accept	O, C
23K	Skilled Nursing, Outpatient, OIG Initiated Adjustment Claim	Accept	O, C
23M	Skilled Nursing, Outpatient, MSP Initiated Adjustment Claim	Accept	O, C
23N	Skilled Nursing, Outpatient, PRO Adjustment Claim	Accept	O, C
23O	Skilled Nursing, Outpatient, Non-payment/Zero Claims	Deny	O, C
23X	Skilled Nursing, Outpatient, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
23Y	Skilled Nursing, Outpatient, Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
23Z	Skilled Nursing, Outpatient, New Abbreviated Encounter Submission	Accept	O, C
240	Skilled Nursing, Other (for hospital referenced diagnostic services), Non-Payment/Zero Claim	Deny	I, A
241	Skilled Nursing, Other (for hospital referenced diagnostic services), Admit thru Discharge Claim	Deny	I, A
242	Skilled Nursing, Other (for hospital referenced diagnostic services), Interim - First Claim	Deny	I, A
243	Skilled Nursing, Other (for hospital referenced diagnostic services), Interim - Continuing Claim	Deny	I, A
244	Skilled Nursing, Other (for hospital referenced diagnostic services), Interim - Last Claim	Deny	I, A
245	Skilled Nursing, Other (for hospital referenced diagnostic services), Late Charge(s) Only Claim	Deny	I, A

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Type of Bill Code	Description	Processing Decision	Claim Type
247	Skilled Nursing, Other (for hospital referenced diagnostic services), Replacement of Prior Claim	Deny	I, A
248	Skilled Nursing, Other (for hospital referenced diagnostic services), Void/Cancel of Prior Claim	Deny	I, A
24F	Skilled Nursing, Other (for hospital referenced diagnostic services), Beneficiary Initiated Adjustment Claim	Deny	I, A
24G	Skilled Nursing, Other (for hospital referenced diagnostic services), CWF Initiated Adjustment Claim	Deny	I, A
24H	Skilled Nursing, Other (for hospital referenced diagnostic services), HCFA Initiated Adjustment Claim	Deny	I, A
24I	Skilled Nursing, Other (for hospital referenced diagnostic services), Intermediary Adjustment Claim (Other Than Pro or Provider)	Deny	I, A
24J	Skilled Nursing, Other (for hospital referenced diagnostic services), Initiated Adjustment Claim - Other	Deny	I, A
24K	Skilled Nursing, Other (for hospital referenced diagnostic services), OIG Initiated Adjustment Claim	Deny	I, A
24M	Skilled Nursing, Other (for hospital referenced diagnostic services), MSP Initiated Adjustment Claim	Deny	I, A
24N	Skilled Nursing, Other (for hospital referenced diagnostic services), PRO Adjustment Claim	Deny	I, A
24O	Skilled Nursing, Other (for hospital referenced diagnostic services), Non-payment/Zero Claims	Deny	I, A
24X	Skilled Nursing, Other (for hospital referenced diagnostic services), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I, A
24Y	Skilled Nursing, Other (for hospital referenced diagnostic services), Replacement of a Prior Abbreviated Encounter Submission	Deny	I, A
24Z	Skilled Nursing, Other (for hospital referenced diagnostic services), New Abbreviated Encounter Submission	Deny	I, A
280	Skilled Nursing, Swing Beds, Non-Payment/Zero Claim	Accept for crossover claims	A
280	Skilled Nursing, Swing Beds, Non-Payment/Zero Claim	Deny	I

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Type of Bill Code	Description	Processing Decision	Claim Type
281	Skilled Nursing, Swing Beds, Admit thru Discharge Claim	Accept for crossover claims	A
281	Skilled Nursing, Swing Beds, Admit thru Discharge Claim	Deny	I
282	Skilled Nursing, Swing Beds, Interim - First Claim	Accept for crossover claims	A
282	Skilled Nursing, Swing Beds, Interim - First Claim	Deny	I
283	Skilled Nursing, Swing Beds, Interim - Continuing Claim	Accept for crossover claims	A
283	Skilled Nursing, Swing Beds, Interim - Continuing Claim	Deny	I
284	Skilled Nursing, Swing Beds, Interim - Last Claim	Accept for crossover claims	A
284	Skilled Nursing, Swing Beds, Interim - Last Claim	Deny	I
285	Skilled Nursing, Swing Beds, Late Charge(s) Only Claim	Accept for crossover claims	A
285	Skilled Nursing, Swing Beds, Late Charge(s) Only Claim	Deny	I
287	Skilled Nursing, Swing Beds, Replacement of Prior Claim	Accept for crossover claims	A
287	Skilled Nursing, Swing Beds, Replacement of Prior Claim	Deny	I
288	Skilled Nursing, Swing Beds, Void/Cancel of Prior Claim	Accept for crossover claims	A
288	Skilled Nursing, Swing Beds, Void/Cancel of Prior Claim	Deny	I
289	Skilled Nursing, Swing Beds, Final Claim for a Home Health PPS Episode	Accept for crossover claims	A
289	Skilled Nursing, Swing Beds, Final Claim for a Home Health PPS Episode	Deny	I
28F	Skilled Nursing, Swing Beds, Beneficiary Initiated Adjustment Claim	Accept for crossover claims	A
28F	Skilled Nursing, Swing Beds, Beneficiary Initiated Adjustment Claim	Deny	I
28G	Skilled Nursing, Swing Beds, CWF Initiated Adjustment Claim	Accept for crossover claims	A

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
28G	Skilled Nursing, Swing Beds, CWF Initiated Adjustment Claim	Deny	I
28H	Skilled Nursing, Swing Beds, HCFA Initiated Adjustment Claim	Accept for crossover claims	A
28H	Skilled Nursing, Swing Beds, HCFA Initiated Adjustment Claim	Deny	I
28I	Skilled Nursing, Swing Beds, Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept for crossover claims	A
28I	Skilled Nursing, Swing Beds, Intermediary Adjustment Claim (Other Than Pro or Provider)	Deny	I
28J	Skilled Nursing, Swing Beds, Initiated Adjustment Claim - Other	Accept for crossover claims	A
28J	Skilled Nursing, Swing Beds, Initiated Adjustment Claim - Other	Deny	I
28K	Skilled Nursing, Swing Beds, OIG Initiated Adjustment Claim	Accept for crossover claims	A
28K	Skilled Nursing, Swing Beds, OIG Initiated Adjustment Claim	Deny	I
28M	Skilled Nursing, Swing Beds, MSP Initiated Adjustment Claim	Accept for crossover claims	A
28M	Skilled Nursing, Swing Beds, MSP Initiated Adjustment Claim	Deny	I
28N	Skilled Nursing, Swing Beds, PRO Adjustment Claim	Accept for crossover claims	A
28N	Skilled Nursing, Swing Beds, PRO Adjustment Claim	Deny	I
28O	Skilled Nursing, Swing Beds, Non-payment/Zero Claims	Deny	I, A
28X	Skilled Nursing, Swing Beds, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I
28X	Skilled Nursing, Swing Beds, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept for crossover claims	A
28Y	Skilled Nursing, Swing Beds, Replacement of a Prior Abbreviated Encounter Submission	Deny	I
28Y	Skilled Nursing, Swing Beds, Replacement of a Prior Abbreviated Encounter Submission	Accept for crossover claims	A
28Z	Skilled Nursing, Swing Beds, New Abbreviated Encounter Submission	Deny	I

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
28Z	Skilled Nursing, Swing Beds, New Abbreviated Encounter Submission	Accept for crossover claims	A
<b>Home Health</b>			
320	Home Health, Inpatient (Medicare Part B only), Non-Payment/Zero Claim	Deny	H
320	Home Health, Inpatient (Medicare Part B only), Non-Payment/Zero Claim	Accept for crossover claims	C
321	Home Health, Inpatient (Medicare Part B only), Admit thru Discharge Claim	Deny	H
321	Home Health, Inpatient (Medicare Part B only), Admit thru Discharge Claim	Accept for crossover claims	C
322	Home Health, Inpatient (Medicare Part B only), Interim - First Claim	Deny	H
322	Home Health, Inpatient (Medicare Part B only), Interim - First Claim	Accept for crossover claims	C
323	Home Health, Inpatient (Medicare Part B only), Interim - Continuing Claim	Deny	H
323	Home Health, Inpatient (Medicare Part B only), Interim - Continuing Claim	Accept for crossover claims	C
324	Home Health, Inpatient (Medicare Part B only), Interim - Last Claim	Deny	H
324	Home Health, Inpatient (Medicare Part B only), Interim - Last Claim	Accept for crossover claims	C
325	Home Health, Inpatient (Medicare Part B only), Late Charge Only	Deny	H
325	Home Health, Inpatient (Medicare Part B only), Late Charge Only	Accept	C
327	Home Health, Inpatient (Medicare Part B only), Replacement of Prior Claim	Deny	H
327	Home Health, Inpatient (Medicare Part B only), Replacement of Prior Claim	Accept for crossover claims	C
328	Home Health, Inpatient (Medicare Part B only), Void/Cancel of Prior Claim	Deny	H
328	Home Health, Inpatient (Medicare Part B only), Void/Cancel of Prior Claim	Accept for crossover claims	C
329	Home Health, Inpatient (Medicare Part B only), Final Claim for a Home Health PPS Episode	Deny	H

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
329	Home Health, Inpatient (Medicare Part B only), Final Claim for a Home Health PPS Episode	Accept for crossover claims	C
32A	Home Health, Inpatient (Medicare Part B only), Admission/Election Notice	Deny	H
32A	Home Health, Inpatient (Medicare Part B only), Admission/Election Notice	Accept for crossover claims	C
32B	Home Health, Inpatient (Medicare Part B only), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	H
32B	Home Health, Inpatient (Medicare Part B only), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Accept	C
32C	Home Health, Inpatient (Medicare Part B only), Hospice Change of Provider Notice	Deny	H
32C	Home Health, Inpatient (Medicare Part B only), Hospice Change of Provider Notice	Accept	C
32D	Home Health, Inpatient (Medicare Part B only), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	H
32D	Home Health, Inpatient (Medicare Part B only), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Accept	C
32E	Home Health, Inpatient (Medicare Part B only), Hospice Change of Ownership	Deny	H
32E	Home Health, Inpatient (Medicare Part B only), Hospice Change of Ownership	Accept	C
32F	Home Health, Inpatient (Medicare Part B only), Beneficiary Initiated Adjustment Claim	Deny	H
32F	Home Health, Inpatient (Medicare Part B only), Beneficiary Initiated Adjustment Claim	Accept for crossover claims	C
32G	Home Health, Inpatient (Medicare Part B only), CWF Initiated Adjustment Claim	Deny	H
32G	Home Health, Inpatient (Medicare Part B only), CWF Initiated Adjustment Claim	Accept for crossover claims	C
32H	Home Health, Inpatient (Medicare Part B only), HCFA Initiated Adjustment Claim	Deny	H
32H	Home Health, Inpatient (Medicare Part B only), HCFA Initiated Adjustment Claim	Accept for crossover claims	C
32I	Home Health, Inpatient (Medicare Part B only), Intermediary Adjustment Claim (Other Than Pro or Provider)	Deny	H

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
32I	Home Health, Inpatient (Medicare Part B only), Intermediary Adjustment Claim (Other Than Pro or Provider)	Accept for crossover claims	C
32J	Home Health, Inpatient (Medicare Part B only), Initiated Adjustment Claim - Other	Deny	H
32J	Home Health, Inpatient (Medicare Part B only), Initiated Adjustment Claim - Other	Accept for crossover claims	C
32K	Home Health, Inpatient (Medicare Part B only), OIG Initiated Adjustment Claim	Deny	H
32K	Home Health, Inpatient (Medicare Part B only), OIG Initiated Adjustment Claim	Accept for crossover claims	C
32M	Home Health, Inpatient (Medicare Part B only), MSP Initiated Adjustment Claim	Deny	H
32M	Home Health, Inpatient (Medicare Part B only), MSP Initiated Adjustment Claim	Accept for crossover claims	C
32N	Home Health, Inpatient (Medicare Part B only), PRO Adjustment Claim	Deny	H
32N	Home Health, Inpatient (Medicare Part B only), PRO Adjustment Claim	Accept for crossover claims	C
32O	Home Health, Inpatient (Medicare Part B only), Non-payment/Zero Claims	Deny	H
32O	Home Health, Inpatient (Medicare Part B only), Non-payment/Zero Claims	Accept	C
32X	Home Health, Inpatient (Medicare Part B only), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	H
32X	Home Health, Inpatient (Medicare Part B only), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept for crossover claims	C
32Y	Home Health, Inpatient (Medicare Part B only), Replacement of a Prior Abbreviated Encounter Submission	Deny	H
32Y	Home Health, Inpatient (Medicare Part B only), Replacement of a Prior Abbreviated Encounter Submission	Accept for crossover claims	C
32Z	Home Health, Inpatient (Medicare Part B only), New Abbreviated Encounter Submission	Deny	H
32Z	Home Health, Inpatient (Medicare Part B only), New Abbreviated Encounter Submission	Accept for crossover claims	C
330	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Non-Payment/Zero Claim	Accept	H, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
331	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Admit thru Discharge Claim	Accept	H, C
332	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Interim - First Claim	Accept	H, C
333	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Interim - Continuing Claim	Accept	H, C
334	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Interim - Last Claim	Accept	H, C
335	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Late Charge(s) Only Claim	Accept	H, C
337	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Replacement of Prior Claim	Accept	H, C
338	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Void/Cancel of Prior Claim	Accept	H, C
339	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Final Claim for a Home Health PPS Episode	Accept	H, C
33A	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Admission/Election Notice	Accept	H, C
33B	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Accept	H, C
33C	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Hospice Change of Provider Notice	Accept	H, C
33D	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Accept	H, C
33E	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Hospice Change of Ownership	Accept	H, C
33F	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Beneficiary Initiated Adjustment	Accept	H, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
33G	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), CWF Initiated Adjustment Claim	Accept	H, C
33H	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), HCFA Initiated Adjustment Claim	Accept	H, C
33I	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Intermediary Adjustment Claim	Accept	H, C
33J	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Initiated Adjustment Claim - Other	Accept	H, C
33K	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), OIG Initiated Adjustment Claim	Accept	H, C
33M	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), MSP Initiated Adjustment Claim	Accept	H, C
33N	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), PRO Adjustment Claim	Accept	H, C
33O	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Non-payment/Zero Claims	Deny	H, C
33X	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	H, C
33Y	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), Replacement of a Prior Abbreviated Encounter Submission	Accept	H, C
33Z	Home Health, Outpatient (includes HHA visits under a Part A plan of treatment including DME under Part A), New Abbreviated Encounter Submission	Accept	H, C
340	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Non-Payment/Zero Claim	Deny	H
340	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Non-Payment/Zero Claim	Accept for crossover claims	C
341	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Admit thru Discharge Claim	Deny	H
341	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Admit thru Discharge Claim	Accept for crossover claims	C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
342	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Interim - First Claim	Deny	H
342	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Interim - First Claim	Accept for crossover claims	C
343	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Interim - Continuing Claim	Deny	H
343	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Interim - Continuing Claim	Accept for crossover claims	C
344	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Interim - Last Claim	Deny	H
344	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Interim - Last Claim	Accept for crossover claims	C
345	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Late Charge(s) Only Claim	Deny	H
345	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Late Charge(s) Only Claim	Accept for crossover claims	C
347	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Replacement of Prior Claim	Deny	H
347	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Replacement of Prior Claim	Accept for crossover claims	C
348	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Void/Cancel of a Prior Claim	Deny	H
348	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Void/Cancel of a Prior Claim	Accept for crossover claims	C
349	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Final Claim for a Home Health PPS Episode	Deny	H
349	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Final Claim for a Home Health PPS Episode	Accept for crossover claims	C
34A	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Admission/Election Notice	Deny	H

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
34A	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Admission/Election Notice	Accept for crossover claims	C
34B	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	H
34B	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Accept	C
34C	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice Change of Provider Notice	Deny	H
34C	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice Change of Provider Notice	Accept	C
34D	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	H
34D	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Accept	C
34E	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice Change of Ownership	Deny	H
34E	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Hospice Change of Ownership	Accept	C
34F	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Beneficiary Initiated Adjustment Claim	Deny	H
34F	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Beneficiary Initiated Adjustment Claim	Accept for crossover claims	C
34G	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), CWF Initiated Adjustment Claim	Deny	H
34G	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), CWF Initiated Adjustment Claim	Accept for crossover claims	C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
34H	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), HCFA Initiated Adjustment Claim	Deny	H
34H	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), HCFA Initiated Adjustment Claim	Accept for crossover claims	C
34I	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Intermediary Adjustment Claim	Deny	H
34I	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Intermediary Adjustment Claim	Accept for crossover claims	C
34J	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Initiated Adjustment Claim	Deny	H
34J	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Initiated Adjustment Claim	Accept for crossover claims	C
34K	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), OIG Initiated Adjustment Claim	Deny	H
34K	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), OIG Initiated Adjustment Claim	Accept for crossover claims	C
34M	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), MSP Initiated Adjustment Claim	Deny	H
34M	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), MSP Initiated Adjustment Claim	Accept for crossover claims	C
34N	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), PRO Adjustment Claim	Deny	H
34N	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), PRO Adjustment Claim	Accept for crossover claims	C
34O	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Non-payment/Zero Claims	Deny	H
34O	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Non-payment/Zero Claims	Accept	C
34X	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	H

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
34X	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept for crossover claims	C
34Y	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Replacement of a Prior Abbreviated Encounter Submission	Deny	H
34Y	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), Replacement of a Prior Abbreviated Encounter Submission	Accept for crossover claims	C
34Z	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), New Abbreviated Encounter Submission	Deny	H
34Z	Home Health, Other (for hospital referenced diagnostic services, or home health not under a plan of treatment), New Abbreviated Encounter Submission	Accept for crossover claims	C
<b>Religious Non-medical Health Care Institutions</b>			
410	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Non-Payment/Zero Claim	Deny	I, A
411	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Admit thru Discharge Claim	Deny	I, A
412	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Interim - First Claim	Deny	I, A
413	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Interim - Continuing Claim	Deny	I, A
414	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Interim - Last Claim	Deny	I, A
415	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Late Charge(s) Only Claim	Deny	I, A
417	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Replacement of Prior Claim	Deny	I, A
418	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Void/Cancel of Prior Claim	Deny	I, A
41A	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Admission/Election Notice	Deny	I, A

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
41B	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-Medical Health Care Institution - Termination/Revocation Notice	Deny	I, A
41C	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-Medical Health Care Institution - Hospice Change of Provider Notice	Deny	I, A
41D	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-Medical Health Care Institution - Void/Cancel	Deny	I, A
41E	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-Medical Health Care Institution - Hospice Change of Ownership	Deny	I, A
41F	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Beneficiary Initiated Adjustment Claim	Deny	I, A
41G	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), CWF Initiated Adjustment Claim	Deny	I, A
41H	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), HCFA Initiated Adjustment Claim	Deny	I, A
41I	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Intermediary Adjustment Claim	Deny	I, A
41J	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Initiated Adjustment Claim	Deny	I, A
41K	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), OIG Initiated Adjustment Claim	Deny	I, A
41M	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), MSP Initiated Adjustment Claim	Deny	I, A
41N	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), PRO Adjustment Claim	Deny	I, A
41O	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Non-payment/Zero Claims	Deny	I, A

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
41X	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I, A
41Y	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), Replacement of a Prior Abbreviated Encounter Submission	Deny	I, A
41Z	Religious non-medical health care institutions - hospital inpatient (including Medicare Part A), New Abbreviated Encounter Submission	Deny	I, A
430	Religious non-medical health care institutions – hospital intermediate care – Level II, Non-payment/zero claims	Deny	O, C
431	Religious non-medical health care institutions – hospital intermediate care – Level II, Admit Through Discharge Claim	Deny	O, C
432	Religious non-medical health care institutions – hospital intermediate care – Level II, Interim-First Claim	Deny	O, C
433	Religious non-medical health care institutions – hospital intermediate care – Level II, Interim-Continuing Claims (Not valid for PPS Bills)	Deny	O, C
434	Religious non-medical health care institutions – hospital intermediate care – Level II, Interim-Last Claim (Not valid for PPS Bills)	Deny	O, C
435	Religious non-medical health care institutions – hospital intermediate care – Level II, Late Charge Only	Deny	O, C
437	Religious non-medical health care institutions – hospital intermediate care – Level II, Replacement of Prior Claim	Deny	O, C
438	Religious non-medical health care institutions – hospital intermediate care – Level II, Void/Cancel of a Prior Claim	Deny	O, C
43A	Religious non-medical health care institutions – hospital intermediate care – Level II, Admission/Election Notice	Deny	O, C
43B	Religious non-medical health care institutions – hospital intermediate care – Level II, Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	O, C
43C	Religious non-medical health care institutions – hospital intermediate care – Level II, Hospice Change of Provider Notice	Deny	O, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
43D	Religious non-medical health care institutions – hospital intermediate care – Level II, Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	O, C
43E	Religious non-medical health care institutions – hospital intermediate care – Level II, Hospice Change of Ownership	Deny	O, C
43F	Religious non-medical health care institutions – hospital intermediate care – Level II, Beneficiary-Initiated Adjustment Claim	Deny	O, C
43G	Religious non-medical health care institutions – hospital intermediate care – Level II, CWF-Initiated Adjustment Claim	Deny	O, C
43H	Religious non-medical health care institutions – hospital intermediate care – Level II, CMS-Initiated Adjustment Claim	Deny	O, C
43I	Religious non-medical health care institutions – hospital intermediate care – Level II, FI Adjustment Claim (Other than QIO or Provider)	Deny	O, C
43J	Religious non-medical health care institutions – hospital intermediate care – Level II, Initiated Adjustment Claim – Other	Deny	O, C
43K	Religious non-medical health care institutions – hospital intermediate care – Level II, OIG-Initiated Adjustment Claim	Deny	O, C
43M	Religious non-medical health care institutions – hospital intermediate care – Level II, MSP-Initiated Adjustment Claim	Deny	O, C
43X	Religious non-medical health care institutions – hospital intermediate care – Level II, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	O, C
43Y	Religious non-medical health care institutions – hospital intermediate care – Level II, Replacement of a Prior Abbreviated Encounter Submission	Deny	O, C
43Z	Religious non-medical health care institutions – hospital intermediate care – Level II, New Abbreviated Encounter Submission	Deny	O, C
51B	Religious non-medical extended care institutions – inpatient (including Medicare Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	I, A
51C	Religious non-medical extended care institutions – inpatient (including Medicare Part A), Hospice Change of Provider Notice	Deny	I, A

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
51D	Religious non-medical extended care institutions – inpatient (including Medicare Part A), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	I, A
51E	Religious non-medical extended care institutions – inpatient (including Medicare Part A), Hospice Change of Ownership	Deny	I, A
51O	Religious non-medical extended care institutions – inpatient (including Medicare Part A), Beneficiary-Initiated Adjustment Claim	Deny	I, A
<b>Intermediate Care</b>			
650	Intermediate Care, Intermediate Care - Level I, Non-Payment/Zero Claim	Accept	L, A
651	Intermediate Care, Intermediate Care - Level I, Admit thru Discharge Claim	Accept	L, A
652	Intermediate Care, Intermediate Care - Level I, Interim - First Claim	Accept	L, A
653	Intermediate Care, Intermediate Care - Level I, Interim - Continuing Claim	Accept	L, A
654	Intermediate Care, Intermediate Care - Level I, Interim - Last Claim	Accept	L, A
655	Intermediate Care, Intermediate Care - Level I, Late Charge(s) Only Claim	Accept	L, A
657	Intermediate Care, Intermediate Care - Level I, Replacement of Prior Claim	Accept	L, A
658	Intermediate Care, Intermediate Care - Level I, Void/Cancel of Prior Claim	Accept	L, A
65F	Intermediate Care, Intermediate Care - Level 1, Beneficiary Initiated Adjustment Claim	Accept	L, A
65G	Intermediate Care, Intermediate Care - Level, CWF Initiated Adjustment Claim	Accept	L, A
65H	Intermediate Care, Intermediate Care - Level, HCFA Initiated Adjustment Claim	Accept	L, A
65I	Intermediate Care, Intermediate Care - Level 1, Intermediary Adjustment Claim	Accept	L, A
65J	Intermediate Care, Intermediate Care - Level 1, Initiated Adjustment Claim	Accept	L, A
65K	Intermediate Care, Intermediate Care - Level 1, OIG Initiated Adjustment Claim	Accept	L, A
65M	Intermediate Care, Intermediate Care - Level 1, MSP Initiated Adjustment Claim	Accept	L, A
65N	Intermediate Care, Intermediate Care - Level 1, PRO Adjustment Claim	Accept	L, A
65O	Intermediate Care, Intermediate Care - Level 1, Non-payment/Zero Claims	Deny	L, A
65X	Intermediate Care, Intermediate Care - Level 1, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	L, A

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
65Y	Intermediate Care, Intermediate Care - Level 1, Replacement of a Prior Abbreviated Encounter Submission	Accept	L, A
65Z	Intermediate Care, Intermediate Care - Level 1, New Abbreviated Encounter Submission	Accept	L, A
660	Intermediate Care, Intermediate Care - Level II, Non-Payment/Zero Claim	Accept	L, A
661	Intermediate Care, Intermediate Care - Level II, Admit thru Discharge Claim	Accept	L, A
662	Intermediate Care, Intermediate Care - Level II, Interim - First Claim	Accept	L, A
663	Intermediate Care, Intermediate Care - Level II, Interim - Continuing Claim	Accept	L, A
664	Intermediate Care, Intermediate Care - Level II, Interim - Last Claim	Accept	L, A
665	Intermediate Care, Intermediate Care - Level II, Late Charge(s) Only Claim	Accept	L, A
667	Intermediate Care, Intermediate Care - Level II, Replacement of Prior Claim	Accept	L, A
668	Intermediate Care, Intermediate Care - Level II, Void/Cancel of Prior Claim	Accept	L, A
66F	Intermediate Care, Intermediate Care - Level II, Beneficiary Initiated Adjustment Claim	Accept	L, A
66G	Intermediate Care, Intermediate Care - Level II, CWF Initiated Adjustment Claim	Accept	L, A
66H	Intermediate Care, Intermediate Care - Level II, HCFA Initiated Adjustment Claim	Accept	L, A
66I	Intermediate Care, Intermediate Care - Level II, Intermediary Adjustment Claim	Accept	L, A
66J	Intermediate Care, Intermediate Care - Level II, Initiated Adjustment Claim	Accept	L, A
66K	Intermediate Care, Intermediate Care - Level II, OIG Initiated Adjustment Claim	Accept	L, A
66M	Intermediate Care, Intermediate Care - Level II, MSP Initiated Adjustment Claim	Accept	L, A
66N	Intermediate Care, Intermediate Care - Level II, PRO Adjustment Claim	Accept	L, A
66O	Intermediate Care, Intermediate Care - Level II, Non-payment/Zero Claims	Deny	L, A
66X	Intermediate Care, Intermediate Care - Level II, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	L, A
66Y	Intermediate Care, Intermediate Care - Level II, Replacement of a Prior Abbreviated Encounter Submission	Accept	L, A
66Z	Intermediate Care, Intermediate Care - Level II, New Abbreviated Encounter Submission	Accept	L, A
670	Intermediate Care, Subacute Inpatient, Non-Payment/Zero Claim	Accept	L, A
671	Intermediate Care, Subacute Inpatient, Admit thru Discharge Claim	Accept	L, A

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
672	Intermediate Care, Subacute Inpatient, Interim - First Claim	Accept	L, A
673	Intermediate Care, Subacute Inpatient, Interim - Continuing Claim	Accept	L, A
674	Intermediate Care, Subacute Inpatient, Interim - Last Claim	Accept	L, A
675	Intermediate Care, Subacute Inpatient, Late Charge(s) Only Claim	Accept	L, A
677	Intermediate Care, Subacute Inpatient, Replacement of Prior Claim	Accept	L, A
678	Intermediate Care, Subacute Inpatient, Void/Cancel of Prior Claim	Accept	L, A
67F	Intermediate Care, Subacute Inpatient, Beneficiary Initiated Adjustment Claim	Accept	L, A
67G	Intermediate Care, Subacute Inpatient, CWF Initiated Adjustment Claim	Accept	L, A
67H	Intermediate Care, Subacute Inpatient, HCFA Initiated Adjustment Claim	Accept	L, A
67I	Intermediate Care, Subacute Inpatient, Intermediary Adjustment Claim	Accept	L, A
67J	Intermediate Care, Subacute Inpatient, Initiated Adjustment Claim	Accept	L, A
67K	Intermediate Care, Subacute Inpatient, OIG Initiated Adjustment Claim	Accept	L, A
67M	Intermediate Care, Subacute Inpatient, MSP Initiated Adjustment Claim	Accept	L, A
67N	Intermediate Care, Subacute Inpatient, PRO Adjustment Claim	Accept	L, A
67O	Intermediate Care, Subacute Inpatient, Non-payment/Zero Claims	Deny	L, A
67X	Intermediate Care, Subacute Inpatient, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	L, A
67Y	Intermediate Care, Subacute Inpatient, Replacement of a Prior Abbreviated Encounter Submission	Accept	L, A
67Z	Intermediate Care, Subacute Inpatient, New Abbreviated Encounter Submission	Accept	L, A
<b>Clinic</b>			
710	Clinic, Rural Health, Non-payment/Zero Claims, Non-payment/Zero Claims	Deny	O
710	Clinic, Rural Health, Non-payment/Zero Claims, Non-payment/Zero Claims	Accept	C
711	Clinic, Rural Health, Admit thru Discharge Claim	Deny	O
711	Clinic, Rural Health, Admit thru Discharge Claim	Accept for crossover claims	C
715	Clinic, Rural Health, Late Charge(s) Only Claim	Deny	O

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
715	Clinic, Rural Health, Late Charge(s) Only Claim	Accept for crossover claims	C
717	Clinic, Rural Health, Replacement of Prior Claim	Deny	O
717	Clinic, Rural Health, Replacement of Prior Claim	Accept for crossover claims	C
718	Clinic, Rural Health, Void/Cancel of Prior Claim	Deny	O
718	Clinic, Rural Health, Void/Cancel of Prior Claim	Accept for crossover claims	C
71F	Clinic, Rural Health, Beneficiary Initiated Adjustment Claim	Deny	O
71F	Clinic, Rural Health, Beneficiary Initiated Adjustment Claim	Accept for crossover claims	C
71G	Clinic, Rural Health, CWF Initiated Adjustment Claim	Deny	O
71G	Clinic, Rural Health, CWF Initiated Adjustment Claim	Accept for crossover claims	C
71H	Clinic, Rural Health, HCFA Initiated Adjustment Claim	Deny	O
71H	Clinic, Rural Health, HCFA Initiated Adjustment Claim	Accept for crossover claims	C
71I	Clinic, Rural Health, Intermediary Adjustment Claim	Deny	O
71I	Clinic, Rural Health, Intermediary Adjustment Claim	Accept for crossover claims	C
71J	Clinic, Rural Health, Initiated Adjustment Claim	Deny	O
71J	Clinic, Rural Health, Initiated Adjustment Claim	Accept for crossover claims	C
71K	Clinic, Rural Health, OIG Initiated Adjustment Claim	Deny	O
71K	Clinic, Rural Health, OIG Initiated Adjustment Claim	Accept for crossover claims	C
71M	Clinic, Rural Health, MSP Initiated Adjustment Claim	Deny	O
71M	Clinic, Rural Health, MSP Initiated Adjustment Claim	Accept for crossover claims	C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
71N	Clinic, Rural Health, PRO Adjustment Claim	Deny	O
71N	Clinic, Rural Health, PRO Adjustment Claim	Accept for crossover claims	C
71O	Clinic, Rural Health, Non-payment/Zero Claims	Deny	C, O
71X	Clinic, Rural Health, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	O
71X	Clinic, Rural Health, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept for crossover claims	C
71Y	Clinic, Rural Health, Replacement of a Prior Abbreviated Encounter Submission	Deny	O
71Y	Clinic, Rural Health, Replacement of a Prior Abbreviated Encounter Submission	Accept for crossover claims	C
71Z	Clinic, Rural Health, New Abbreviated Encounter Submission	Deny	O
71Z	Clinic, Rural Health, New Abbreviated Encounter Submission	Accept for crossover claims	C
720	Clinic, Hospital Based or Independent Renal Dialysis Center, Non-Payment/Zero Claim	Accept	O, C
721	Clinic, Hospital Based or Independent Renal Dialysis Center, Admit thru Discharge Claim	Accept	O, C
722	Clinic, Hospital Based or Independent Renal Dialysis Center, Interim - First Claim	Accept	O, C
723	Clinic, Hospital Based or Independent Renal Dialysis Center, Interim-Continuing Claims (Not valid for PPS Bills)	Accept	O, C
724	Clinic, Hospital Based or Independent Renal Dialysis Center, Interim-Last Claim (Not valid for PPS Bills)	Accept	O, C
725	Clinic, Hospital Based or Independent Renal Dialysis Center, Late Charge(s) Only Claim	Accept	O, C
727	Clinic, Hospital Based or Independent Renal Dialysis Center, Replacement of Prior Claim	Accept	O, C
728	Clinic, Hospital Based or Independent Renal Dialysis Center, Void/Cancel of Prior Claim	Accept	O, C
72F	Clinic, Hospital Based or Independent Renal Dialysis Center, Beneficiary Initiated Adjustment Claim	Accept	O, C
72G	Clinic, Hospital Based or Independent Renal Dialysis Center, CWF Initiated Adjustment Claim	Accept	O, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
72H	Clinic, Hospital Based or Independent Renal Dialysis Center, HCFA Initiated Adjustment Claim	Accept	O, C
72I	Clinic, Hospital Based or Independent Renal Dialysis Center, Intermediary Adjustment Claim	Accept	O, C
72J	Clinic, Hospital Based or Independent Renal Dialysis Center, Initiated Adjustment Claim	Accept	O, C
72K	Clinic, Hospital Based or Independent Renal Dialysis Center, OIG Initiated Adjustment Claim	Accept	O, C
72M	Clinic, Hospital Based or Independent Renal Dialysis Center, MSP Initiated Adjustment Claim	Accept	O, C
72N	Clinic, Hospital Based or Independent Renal Dialysis Center, PRO Adjustment Claim	Accept	O, C
72O	Clinic, Hospital Based or Independent Renal Dialysis Center, Non-payment/Zero Claims	Deny	O, C
72X	Clinic, Hospital Based or Independent Renal Dialysis Center, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
72Y	Clinic, Hospital Based or Independent Renal Dialysis Center, Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
72Z	Clinic, Hospital Based or Independent Renal Dialysis Center, New Abbreviated Encounter Submission	Accept	O, C
730	Clinic, Free Standing, Non-Payment/Zero Claim	Accept	O, C
731	Clinic, Free Standing, Admit thru Discharge Claim	Accept	O, C
732	Clinic, Free Standing, Interim - First Claim	Accept	O, C
733	Clinic, Free Standing, Interim-Continuing Claims (Not valid for PPS Bills)	Accept	O, C
734	Clinic, Free Standing, Interim-Last Claim (Not valid for PPS Bills)	Accept	O, C
735	Clinic, Free Standing, Late Charge(s) Only Claim	Accept	O, C
737	Clinic, Free Standing, Replacement of Prior Claim	Accept	O, C
738	Clinic, Free Standing, Void/Cancel of Prior Claim	Accept	O, C
73F	Clinic, Free Standing, Beneficiary Initiated Adjustment Claim	Accept	O, C
73G	Clinic, Free Standing, CWF Initiated Adjustment Claim	Accept	O, C
73H	Clinic, Free Standing, HCFA Initiated Adjustment Claim	Accept	O, C
73I	Clinic, Free Standing, Intermediary Adjustment Claim	Accept	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
73J	Clinic, Free Standing, Initiated Adjustment Claim - Other	Accept	O, C
73K	Clinic, Free Standing, OIG Initiated Adjustment Claim	Accept	O, C
73M	Clinic, Free Standing, MSP Initiated Adjustment Claim	Accept	O, C
73N	Clinic, Free Standing, PRO Adjustment Claim	Accept	O, C
73O	Clinic, Free Standing, Non-payment/Zero Claims	Deny	O, C
73X	Clinic, Free Standing, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
73Y	Clinic, Free Standing, Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
73Z	Clinic, Free Standing, New Abbreviated Encounter Submission	Accept	O, C
740	Clinic, Outpatient Rehabilitation Facility (ORF), Non-Payment/Zero Claim	Accept	O, C
741	Clinic, Outpatient Rehabilitation Facility (ORF), Admit thru Discharge Claim	Accept	O, C
742	Clinic, Outpatient Rehabilitation Facility (ORF), Interim - First Claim	Accept	O, C
743	Clinic, Outpatient Rehabilitation Facility (ORF), Interim-Continuing Claims (Not valid for PPS Bills)	Accept	O, C
744	Clinic, Outpatient Rehabilitation Facility (ORF), Interim-Last Claim (Not valid for PPS Bills)	Accept	O, C
745	Clinic, Outpatient Rehabilitation Facility (ORF), Late Charge(s) Only Claim	Accept	O, C
747	Clinic, Outpatient Rehabilitation Facility (ORF), Replacement of Prior Claim	Accept	O, C
748	Clinic, Outpatient Rehabilitation Facility (ORF), Void/Cancel of Prior Claim	Accept	O, C
74F	Clinic, Outpatient Rehabilitation Facility (ORF), Beneficiary Initiated Adjustment Claim	Accept	O, C
74G	Clinic, Outpatient Rehabilitation Facility (ORF), CWF Initiated Adjustment Claim	Accept	O, C
74H	Clinic, Outpatient Rehabilitation Facility (ORF), HCFA Initiated Adjustment Claim	Accept	O, C
74I	Clinic, Outpatient Rehabilitation Facility (ORF), Intermediary Adjustment Claim	Accept	O, C
74J	Clinic, Outpatient Rehabilitation Facility (ORF), Initiated Adjustment Claim - Other	Accept	O, C
74K	Clinic, Outpatient Rehabilitation Facility (ORF), OIG Initiated Adjustment Claim	Accept	O, C
74M	Clinic, Outpatient Rehabilitation Facility (ORF), MSP Initiated Adjustment Claim	Accept	O, C
74N	Clinic, Outpatient Rehabilitation Facility (ORF), PRO Adjustment Claim	Accept	O, C
74O	Clinic, Outpatient Rehabilitation Facility (ORF), Non-payment/Zero Claims	Deny	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
74X	Clinic, Outpatient Rehabilitation Facility (ORF), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
74Y	Clinic, Outpatient Rehabilitation Facility (ORF), Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
74Z	Clinic, Outpatient Rehabilitation Facility (ORF), New Abbreviated Encounter Submission	Accept	O, C
750	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Non-Payment/Zero Claim	Accept	O, C
751	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Admit thru Discharge Claim	Accept	O, C
752	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Interim - First Claim	Accept	O, C
753	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Interim-Continuing Claims (Not valid for PPS Bills)	Accept	O, C
754	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Interim-Last Claim (Not valid for PPS Bills)	Accept	O, C
755	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Late Charge(s) Only Claim	Accept	O, C
757	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Replacement of Prior Claim	Accept	O, C
758	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Void/Cancel of Prior Claim	Accept	O, C
75F	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Beneficiary Initiated Adjustment Claim	Accept	O, C
75G	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), CWF Initiated Adjustment Claim	Accept	O, C
75H	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), HCFA Initiated Adjustment Claim	Accept	O, C
75I	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Intermediary Adjustment Claim	Accept	O, C
75J	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Initiated Adjustment Claim - Other	Accept	O, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
75K	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), OIG Initiated Adjustment Claim	Accept	O, C
75M	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), MSP Initiated Adjustment Claim	Accept	O, C
75N	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), PRO Adjustment Claim	Accept	O, C
75O	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Non-payment/Zero Claims	Accept	O, C
75X	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
75Y	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
75Z	Clinic, Comprehensive Outpatient Rehabilitation Facilities (CORFs), New Abbreviated Encounter Submission	Accept	O, C
760	Clinic, Community Mental Health Center, Non-payment/Zero Claim	Deny	O, C
761	Clinic, Community Mental Health Center, Admit through Discharge Claim	Deny	O, C
762	Clinic, Community Mental Health Center, Interim - First Claim	Deny	O, C
763	Clinic, Community Mental Health Center, Interim-Continuing Claims (Not valid for PPS Bills)	Deny	O, C
764	Clinic, Community Mental Health Center, Interim-Last Claim (Not valid for PPS Bills)	Deny	O, C
765	Clinic, Community Mental Health Center, Late Charge Only	Deny	O, C
767	Clinic, Community Mental Health Center, Replacement of a Prior Claim	Deny	O, C
768	Clinic, Community Mental Health Center, Void/Cancel of a Prior Claim	Deny	O, C
769	Clinic, Community Mental Health Center, Final Claim for a Home Health PPS Episode	Deny	O, C
76A	Clinic, Community Mental Health Center, Admission/Election Notice	Deny	O, C
76B	Clinic, Community Mental Health Center, Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	O, C
76C	Clinic, Community Mental Health Center, Hospice Change of Provider Notice	Deny	O, C
76D	Clinic, Community Mental Health Center, Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	O, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
76E	Clinic, Community Mental Health Center, Hospice Change of Ownership	Deny	O, C
76F	Clinic, Community Mental Health Center, Beneficiary Initiated Adjustment Claim	Deny	O, C
76G	Clinic, Community Mental Health Center, CWF Initiated Adjustment Claim	Deny	O, C
76H	Clinic, Community Mental Health Center, HCFA Initiated Adjustment Claim	Deny	O, C
76I	Clinic, Community Mental Health Center, Intermediary Adjustment Claim	Deny	O, C
76J	Clinic, Community Mental Health Center, Initiated Adjustment Claim	Deny	O, C
76K	Clinic, Community Mental Health Center, OIG Initiated Adjustment Claim	Deny	O, C
76M	Clinic, Community Mental Health Center, MSP Initiated Adjustment Claim	Deny	O, C
76N	Clinic, Community Mental Health Center, PRO Adjustment Claim	Deny	O, C
76O	Clinic, Community Mental Health Center, Non-payment/Zero Claims	Deny	O, C
76X	Clinic, Community Mental Health Center, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	O, C
76Y	Clinic, Community Mental Health Center, Replacement of a Prior Abbreviated Encounter Submission	Deny	O, C
76Z	Clinic, Community Mental Health Center, New Abbreviated Encounter Submission	Deny	O, C
790	Clinic, Other, Non-Payment/Zero Claim	Deny	O, C
791	Clinic, Other, Admit thru Discharge Claim	Deny	O, C
792	Clinic, Other, Interim - First Claim	Deny	O, C
793	Clinic, Other, Interim-Continuing Claims (Not valid for PPS Bills)	Deny	O, C
794	Clinic, Other, Interim-Last Claim (Not valid for PPS Bills)	Deny	O, C
795	Clinic, Other, Late Charge(s) Only Claim	Deny	O, C
797	Clinic, Other, Replacement of Prior Claim	Deny	O, C
798	Clinic, Other, Void/Cancel of Prior Claim	Deny	O, C
79A	Clinic, Other, Admission/Election Notice	Deny	O, C
79B	Clinic, Other, Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	O, C
79C	Clinic, Other, Hospice Change of Provider Notice	Deny	O, C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
79D	Clinic, Other, Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	O, C
79E	Clinic, Other, Hospice Change of Ownership	Deny	O, C
79F	Clinic, Other, Beneficiary Initiated Adjustment Claim	Deny	O, C
79G	Clinic, Other, CWF Initiated Adjustment Claim	Deny	O, C
79H	Clinic, Other, HCFA Initiated Adjustment Claim	Deny	O, C
79I	Clinic, Other, Intermediary Adjustment Claim	Deny	O, C
79J	Clinic, Other, Initiated Adjustment Claim	Deny	O, C
79K	Clinic, Other, OIG Initiated Adjustment Claim	Deny	O, C
79M	Clinic, Other, MSP Initiated Adjustment Claim	Deny	O, C
79N	Clinic, Other, PRO Adjustment Claim	Deny	O, C
79O	Clinic, Other, Non-payment/Zero Claims	Deny	O, C
79X	Clinic, Other, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	O, C
79Y	Clinic, Other, Replacement of a Prior Abbreviated Encounter Submission	Deny	O, C
79Z	Clinic, Other, New Abbreviated Encounter Submission	Deny	O, C
810	Special Facility, Hospice (non-hospital based), Non-Payment/Zero Claim	Deny	C
810	Special Facility, Hospice (non-hospital based), Non-Payment/Zero Claim	Accept	H
811	Special Facility, Hospice (non-hospital based), Admit thru Discharge Claim	Deny	C
811	Special Facility, Hospice (non-hospital based), Admit thru Discharge Claim	Accept	H
812	Special Facility, Hospice (non-hospital based), Interim - First Claim	Deny	C
812	Special Facility, Hospice (non-hospital based), Interim - First Claim	Accept	H
813	Special Facility, Hospice (non-hospital based), Interim - Continuing Claim	Deny	C
813	Special Facility, Hospice (non-hospital based), Interim - Continuing Claim	Accept	H
814	Special Facility, Hospice (non-hospital based), Interim - Last Claim	Deny	C
814	Special Facility, Hospice (non-hospital based), Interim - Last Claim	Accept	H
815	Special Facility, Hospice (non-hospital based), Late Charge(s) Only Claim	Deny	C

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
815	Special Facility, Hospice (non-hospital based), Late Charge(s) Only Claim	Accept	H
817	Special Facility, Hospice (non-hospital based), Replacement of Prior Claim	Deny	C
817	Special Facility, Hospice (non-hospital based), Replacement of Prior Claim	Accept	H
818	Special Facility, Hospice (non-hospital based), Void/Cancel of Prior Claim	Deny	C
818	Special Facility, Hospice (non-hospital based), Void/Cancel of Prior Claim	Accept	H
819	Special Facility, Hospice (non-hospital based), Final Claim for a Home Health PPS Episode	Deny	C
819	Special Facility, Hospice (non-hospital based), Final Claim for a Home Health PPS Episode	Accept	H
81A	Special Facility, Hospice (non-hospital based), Admission/Election Notice	Deny	C
81A	Special Facility, Hospice (non-hospital based), Admission/Election Notice	Accept	H
81B	Special Facility, Hospice (non-hospital based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	C
81B	Special Facility, Hospice (non-hospital based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Accept	H
81C	Special Facility, Hospice (non-hospital based), Hospice Change of Provider Notice	Deny	C
81C	Special Facility, Hospice (non-hospital based), Hospice Change of Provider Notice	Accept	H
81D	Special Facility, Hospice (non-hospital based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	C
81D	Special Facility, Hospice (non-hospital based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Accept	H
81E	Special Facility, Hospice (non-hospital based), Hospice Change of Ownership	Deny	C
81E	Special Facility, Hospice (non-hospital based), Hospice Change of Ownership	Accept	H
81F	Special Facility, Hospice (non-hospital based), Beneficiary Initiated Adjustment Claim	Deny	C
81F	Special Facility, Hospice (non-hospital based), Beneficiary Initiated Adjustment Claim	Accept	H
81G	Special Facility, Hospice (non-hospital based), CWF Initiated Adjustment Claim	Deny	C
81G	Special Facility, Hospice (non-hospital based), CWF Initiated Adjustment Claim	Accept	H
81H	Special Facility, Hospice (non-hospital based), HCFA Initiated Adjustment Claim	Deny	C
81H	Special Facility, Hospice (non-hospital based), HCFA Initiated Adjustment Claim	Accept	H

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
81I	Special Facility, Hospice (non-hospital based), Intermediary Adjustment Claim	Deny	C
81I	Special Facility, Hospice (non-hospital based), Intermediary Adjustment Claim	Accept	H
81J	Special Facility, Hospice (non-hospital based), Initiated Adjustment Claim - Other	Deny	C
81J	Special Facility, Hospice (non-hospital based), Initiated Adjustment Claim - Other	Accept	H
81K	Special Facility, Hospice (non-hospital based), OIG Initiated Adjustment Claim	Deny	C
81K	Special Facility, Hospice (non-hospital based), OIG Initiated Adjustment Claim	Accept	H
81M	Special Facility, Hospice (non-hospital based), MSP Initiated Adjustment Claim	Deny	C
81M	Special Facility, Hospice (non-hospital based), MSP Initiated Adjustment Claim	Accept	H
81N	Special Facility, Hospice (non-hospital based), PRO Adjustment Claim	Deny	C
81N	Special Facility, Hospice (non-hospital based), PRO Adjustment Claim	Accept	H
81O	Special Facility, Hospice (non-hospital based), Non-payment/Zero Claims	Deny	C, H
81X	Special Facility, Hospice (non-hospital based), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	C
81X	Special Facility, Hospice (non-hospital based), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	H
81Y	Special Facility, Hospice (non-hospital based), Replacement of a Prior Abbreviated Encounter Submission	Deny	C
81Y	Special Facility, Hospice (non-hospital based), Replacement of a Prior Abbreviated Encounter Submission	Accept	H
81Z	Special Facility, Hospice (non-hospital based), New Abbreviated Encounter Submission	Deny	C
81Z	Special Facility, Hospice (non-hospital based), New Abbreviated Encounter Submission	Accept	H
820	Special Facility, Hospice (hospital-based), Non-Payment/Zero Claim	Deny	C
820	Special Facility, Hospice (hospital-based), Non-Payment/Zero Claim	Accept	H
821	Special Facility, Hospice (hospital-based), Admit thru Discharge Claim	Deny	C
821	Special Facility, Hospice (hospital-based), Admit thru Discharge Claim	Accept	H
822	Special Facility, Hospice (hospital-based), Interim - First Claim	Deny	C
822	Special Facility, Hospice (hospital-based), Interim - First Claim	Accept	H

(Continued)



## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
823	Special Facility, Hospice (hospital-based), Interim - Continuing Claim	Deny	C
823	Special Facility, Hospice (hospital-based), Interim - Continuing Claim	Accept	H
824	Special Facility, Hospice (hospital-based), Interim - Last Claim	Deny	C
824	Special Facility, Hospice (hospital-based), Interim - Last Claim	Accept	H
825	Special Facility, Hospice (hospital-based), Late Charge(s) Only Claim	Deny	C
825	Special Facility, Hospice (hospital-based), Late Charge(s) Only Claim	Accept	H
827	Special Facility, Hospice (hospital-based), Replacement of Prior Claim	Deny	C
827	Special Facility, Hospice (hospital-based), Replacement of Prior Claim	Accept	H
828	Special Facility, Hospice (hospital-based), Void/Cancel of Prior Claim	Deny	C
828	Special Facility, Hospice (hospital-based), Void/Cancel of Prior Claim	Accept	H
829	Special Facility, Hospice (hospital based), Final Claim for a Home Health PPS Episode	Deny	C
829	Special Facility, Hospice (hospital-based), Final Claim for a Home Health PPS Episode	Accept	H
82A	Special Facility, Hospice (hospital-based), Admission/Election Notice	Deny	C
82A	Special Facility, Hospice (hospital-based), Admission/Election Notice	Accept	H
82B	Special Facility, Hospice (hospital-based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Deny	C
82B	Special Facility, Hospice (hospital-based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Termination/Revocation Notice	Accept	H
82C	Special Facility, Hospice (hospital-based), Hospice Change of Provider Notice	Deny	C
82C	Special Facility, Hospice (hospital-based), Hospice Change of Provider Notice	Accept	H
82D	Special Facility, Hospice (hospital-based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Deny	C
82D	Special Facility, Hospice (hospital-based), Hospice/Medicare Coordinated Care Demonstration/Religious Non-medical Health Care Institution-Void/Cancel	Accept	H
82E	Special Facility, Hospice (hospital-based), Hospice Change of Ownership	Deny	C
82E	Special Facility, Hospice (hospital-based), Hospice Change of Ownership	Accept	H
82F	Special Facility, Hospice (hospital-based), Beneficiary Initiated Adjustment Claim	Deny	C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
82F	Special Facility, Hospice (hospital-based), Beneficiary Initiated Adjustment Claim	Accept	H
82G	Special Facility, Hospice (hospital-based), CWF Initiated Adjustment Claim	Deny	C
82G	Special Facility, Hospice (hospital-based), CWF Initiated Adjustment Claim	Accept	H
82H	Special Facility, Hospice (hospital-based), HCFA Initiated Adjustment Claim	Deny	C
82H	Special Facility, Hospice (hospital-based), HCFA Initiated Adjustment Claim	Accept	H
82I	Special Facility, Hospice (hospital-based), Intermediary Adjustment Claim	Deny	C
82I	Special Facility, Hospice (hospital-based), Intermediary Adjustment Claim	Accept	H
82J	Special Facility, Hospice (hospital-based), Initiated Adjustment Claim Other	Deny	C
82J	Special Facility, Hospice (hospital-based), Initiated Adjustment Claim Other	Accept	H
82K	Special Facility, Hospice (hospital-based), OIG Initiated Adjustment Claim	Deny	C
82K	Special Facility, Hospice (hospital-based), OIG Initiated Adjustment Claim	Accept	H
82M	Special Facility, Hospice (hospital-based), MSP Initiated Adjustment Claim	Deny	C
82M	Special Facility, Hospice (hospital-based), MSP Initiated Adjustment Claim	Accept	H
82N	Special Facility, Hospice (hospital-based), PRO Adjustment Claim	Deny	C
82N	Special Facility, Hospice (hospital-based), PRO Adjustment Claim	Accept	H
82O	Special Facility, Hospice (hospital-based), Non-payment/Zero Claims	Deny	C, H
82X	Special Facility, Hospice (hospital-based), Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	H
82X	Special Facility, Hospice (hospital-based), Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	C
82Y	Special Facility, Hospice (hospital-based), Replacement of a Prior Abbreviated Encounter Submission	Accept	H
82Y	Special Facility, Hospice (hospital-based), Replacement of a Prior Abbreviated Encounter Submission	Deny	C
82Z	Special Facility, Hospice (hospital-based), New Abbreviated Encounter Submission	Accept	H
82Z	Special Facility, Hospice (hospital-based), New Abbreviated Encounter Submission	Deny	C
830	Special Facility, Ambulatory Surgery Center, Non-Payment/Zero Claim	Accept	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
831	Special Facility, Ambulatory Surgery Center, Admit thru Discharge Claim	Accept	O, C
832	Special Facility, Ambulatory Surgery Center, Interim - First Claim	Accept	O, C
833	Special Facility, Ambulatory Surgery Center, Interim - Continuing Claim	Accept	O, C
834	Special Facility, Ambulatory Surgery Center, Interim - Last Claim	Accept	O, C
835	Special Facility, Ambulatory Surgery Center, Late Charge(s) Only Claim	Accept	O, C
837	Special Facility, Ambulatory Surgery Center, Replacement of Prior Claim	Accept	O, C
838	Special Facility, Ambulatory Surgery Center, Void/Cancel of Prior Claim	Accept	O, C
83F	Special Facility, Ambulatory Surgery Center, Beneficiary Initiated Adjustment Claim	Accept	O, C
83G	Special Facility, Ambulatory Surgery Center, CWF Initiated Adjustment Claim	Accept	O, C
83H	Special Facility, Ambulatory Surgery Center, HCFA Initiated Adjustment Claim	Accept	O, C
83I	Special Facility, Ambulatory Surgery Center, Intermediary Adjustment Claim	Accept	O, C
83J	Special Facility, Ambulatory Surgery Center, Initiated Adjustment Claim	Accept	O, C
83K	Special Facility, Ambulatory Surgery Center, OIG Initiated Adjustment Claim	Accept	O, C
83M	Special Facility, Ambulatory Surgery Center, MSP Initiated Adjustment Claim	Accept	O, C
83N	Special Facility, Ambulatory Surgery Center, PRO Adjustment Claim	Accept	O, C
83O	Special Facility, Ambulatory Surgery Center, Non-payment/Zero Claims	Deny	O, C
83X	Special Facility, Ambulatory Surgery Center, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
83Y	Special Facility, Ambulatory Surgery Center, Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
83Z	Special Facility, Ambulatory Surgery Center, New Abbreviated Encounter Submission	Accept	O, C
840	Special Facility, Free Standing Birthing Center, Non-Payment/Zero Claim	Deny	O, C
841	Special Facility, Free Standing Birthing Center, Admit thru Discharge Claim	Deny	O, C
842	Special Facility, Free Standing Birthing Center, Interim - First Claim	Deny	O, C
843	Special Facility, Free Standing Birthing Center, Interim - Continuing Claim	Deny	O, C
844	Special Facility, Free Standing Birthing Center, Interim - Last Claim	Deny	O, C
845	Special Facility, Free Standing Birthing Center, Late Charge(s) Only Claim	Deny	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
847	Special Facility, Free Standing Birthing Center, Replacement of Prior Claim	Deny	O, C
848	Special Facility, Free Standing Birthing Center, Void/Cancel of Prior Claim	Deny	O, C
84F	Special Facility, Free Standing Birthing Center, Beneficiary Initiated Adjustment Claim	Deny	O, C
84G	Special Facility, Free Standing Birthing Center, CWF Initiated Adjustment Claim	Deny	O, C
84H	Special Facility, Free Standing Birthing Center, HCFA Initiated Adjustment Claim	Deny	O, C
84I	Special Facility, Free Standing Birthing Center, Intermediary Adjustment Claim	Deny	O, C
84J	Special Facility, Free Standing Birthing Center, Initiated Adjustment Claim	Deny	O, C
84K	Special Facility, Free Standing Birthing Center, OIG Initiated Adjustment Claim	Deny	O, C
84M	Special Facility, Free Standing Birthing Center, MSP Initiated Adjustment Claim	Deny	O, C
84N	Special Facility, Free Standing Birthing Center, PRO Adjustment Claim	Deny	O, C
84O	Special Facility, Free Standing Birthing Center, Non-payment/Zero Claims	Deny	O, C
84X	Special Facility, Free Standing Birthing Center, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	O, C
84Y	Special Facility, Free Standing Birthing Center, Replacement of a Prior Abbreviated Encounter Submission	Deny	O, C
84Z	Special Facility, Free Standing Birthing Center, New Abbreviated Encounter Submission	Deny	O, C
850	Special Facility, Critical Access Hospital, Non-Payment/Zero Claim	Accept	O, C
851	Special Facility, Critical Access Hospital, Admit thru Discharge Claim	Accept	O, C
852	Special Facility, Critical Access Hospital, Interim - First Claim	Accept	O, C
853	Special Facility, Critical Access Hospital, Interim - Continuing Claim	Accept	O, C
854	Special Facility, Critical Access Hospital, Interim - Last Claim	Accept	O, C
855	Special Facility, Critical Access Hospital, Late Charge(s) Only Claim	Accept	O, C
857	Special Facility, Critical Access Hospital, Replacement of Prior Claim	Accept	O, C
858	Special Facility, Critical Access Hospital, Void/Cancel of Prior Claim	Accept	O, C
85F	Special Facility, Critical Access Hospital, Beneficiary Initiated Adjustment Claim	Accept	O, C
85G	Special Facility, Critical Access Hospital, CWF Initiated Adjustment Claim	Accept	O, C
85H	Special Facility, Critical Access Hospital, HCFA Initiated Adjustment Claim	Accept	O, C

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
85I	Special Facility, Critical Access Hospital, Intermediary Adjustment Claim	Accept	O, C
85J	Special Facility, Critical Access Hospital, Initiated Adjustment Claim Other	Accept	O, C
85K	Special Facility, Critical Access Hospital, OIG Initiated Adjustment Claim	Accept	O, C
85M	Special Facility, Critical Access Hospital, MSP Initiated Adjustment Claim	Accept	O, C
85N	Special Facility, Critical Access Hospital, PRO Adjustment Claim	Accept	O, C
85O	Special Facility, Critical Access Hospital, Non-payment/Zero Claims	Deny	O, C
85X	Special Facility, Critical Access Hospital, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	O, C
85Y	Special Facility, Critical Access Hospital, Replacement of a Prior Abbreviated Encounter Submission	Accept	O, C
85Z	Special Facility, Critical Access Hospital, New Abbreviated Encounter Submission	Accept	O, C
860	Special Facility, Residential Facility, Non-Payment/Zero Claim	Accept	I, A
861	Special Facility, Residential Facility, Admit thru Discharge Claim	Accept	I, A
862	Special Facility, Residential Facility, Interim - First Claim	Accept	I, A
863	Special Facility, Residential Facility, Interim - Continuing Claim	Accept	I, A
864	Special Facility, Residential Facility, Interim - Last Claim	Accept	I, A
865	Special Facility, Residential Facility, Late Charge(s) Only Claim	Accept	I, A
867	Special Facility, Residential Facility, Replacement of Prior Claim	Accept	I, A
868	Special Facility, Residential Facility, Void/Cancel of Prior Claim	Accept	I, A
86F	Special Facility, Residential Facility, Beneficiary Initiated Adjustment Claim	Accept	I, A
86G	Special Facility, Residential Facility, CWF Initiated Adjustment Claim	Accept	I, A
86H	Special Facility, Residential Facility, HCFA Initiated Adjustment Claim	Accept	I, A
86I	Special Facility, Residential Facility, Intermediary Adjustment Claim	Accept	I, A
86J	Special Facility, Residential Facility, Initiated Adjustment Claim - Other	Accept	I, A
86K	Special Facility, Residential Facility, OIG Initiated Adjustment Claim	Accept	I, A
86M	Special Facility, Residential Facility, MSP Initiated Adjustment Claim	Accept	I, A
86N	Special Facility, Residential Facility, PRO Adjustment Claim	Accept	I, A

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## Type of Bill (TOB) Information

Type of Bill Code	Description	Processing Decision	Claim Type
86O	Special Facility, Residential Facility, Non-payment/Zero Claims	Deny	I, A
86X	Special Facility, Residential Facility, Void/Cancel of a Prior Abbreviated Encounter Submission	Accept	I, A
86Y	Special Facility, Residential Facility, Replacement of a Prior Abbreviated Encounter Submission	Accept	I, A
86Z	Special Facility, Residential Facility, New Abbreviated Encounter Submission	Accept	I, A
890	Special Facility, Other, Non-Payment/Zero Claim	Deny	I, A
891	Special Facility, Other, Admit thru Discharge Claim	Deny	I, A
892	Special Facility, Other, Interim - First Claim	Deny	I, A
893	Special Facility, Other, Interim - Continuing Claim	Deny	I, A
894	Special Facility, Other, Interim - Last Claim	Deny	I, A
895	Special Facility, Other, Late Charge(s) Only Claim	Deny	I, A
897	Special Facility, Other, Replacement of Prior Claim	Deny	I, A
898	Special Facility, Other, Void/Cancel of Prior Claim	Deny	I, A
89F	Special Facility, Other, Beneficiary Initiated Adjustment Claim	Deny	I, A
89G	Special Facility, Other, CWF Initiated Adjustment Claim	Deny	I, A
89H	Special Facility, Other, HCFA Initiated Adjustment Claim	Deny	I, A
89I	Special Facility, Other, Intermediary Adjustment Claim	Deny	I, A
89J	Special Facility, Other, Initiated Adjustment Claim - Other	Deny	I, A
89K	Special Facility, Other, OIG Initiated Adjustment Claim	Deny	I, A
89M	Special Facility, Other, MSP Initiated Adjustment Claim	Deny	I, A
89N	Special Facility, Other, PRO Adjustment Claim	Deny	I, A
89O	Special Facility, Other, Non-payment/Zero Claims	Deny	I, A
89X	Special Facility, Other, Void/Cancel of a Prior Abbreviated Encounter Submission	Deny	I, A
89Y	Special Facility, Other, Replacement of a Prior Abbreviated Encounter Submission	Deny	I, A
89Z	Special Facility, Other, New Abbreviated Encounter Submission	Deny	I, A