



TYPE OF SERVICE	FACILITIES / BILL TYPES / CLAIM TYPES	SERVICE BEGINS: <i>From Date</i>	SERVICE ENDS: <i>Discharge / Through Date</i>	AUTHORIZATION	CLAIMS
Inpatient (Form:UB-04)	Hospital: 11X Swing Beds: 18X SNF: 21X Home Health: 32X Home Health RAPs: 3X2 Outpatient Services bundled on the inpatient bill	Before 10/1/2015	Before 10/1/2015	ICD-9	ICD-9
		On/After 10/1/2015	On/After 10/1/2015	ICD-10	ICD-10
		Before 10/1/2015	On/After 10/1/2015	ICD-10	ICD-10
Outpatient (Form:UB-04)	Hospital: 13X Non-patient Lab Services: 14X SNF: 23X Home Health: 34X RHC Rural Health Clinics: 71X ESRD: 72X Outpatient Therapy: 74X Comprehensive Outpatient Rehab: 75X Community Mental Health Clinic: 76X FQHC: 77X Hospice Hospital: 81X Hospice Non Hospital: 82X Critical Access Hospital: 85X	Before 10/1/2015	Before 10/1/2015	ICD-9	ICD-9
		On/After 10/1/2015	On/After 10/1/2015	ICD-10	ICD-10
		Before 10/1/2015	On/After 10/1/2015	ICD-9	Split Claim: 1 st claim before 10/1/2015:ICD-9 2 nd claim On or after 10/1/2015:ICD-10
Professional (Form: 1500)	Anesthesia procedures begin on 9/30 but end on 10/1 use 9/30 as DOS	Before 10/1/2015	Before 10/1/2015	ICD-9	ICD-9
		On/After 10/1/2015	On/After 10/1/2015	ICD-10	ICD-10
		Before 10/1/2015	On/After 10/1/2015	ICD-9	Split Claim: 1 st claim before 10/1/2015: ICD-9 2 nd claim On or after 10/1/2015: ICD-10