

<i>Claim Type</i>	<i>Claim Description</i>	<i>HIPAA Transaction</i>
M	Medical (HCFA 1500)	837 Professional
Z	Waiver	837 Professional
Y	Professional Crossover	837 Professional
X	Outpatient Crossover	837 Institutional
W	Inpatient Crossover	837 Institutional
I	Inpatient (UB 92)	837 Institutional
O	Outpatient	837 Institutional
H	Hospice	837 Institutional
Q	Home Health	837 Institutional
N	Nursing Home	837 Institutional
L	Dental	837 Dental
D	Pharmacy	NCPDP 5.1