

**Definition of Fee-for-Service (Traditional or Original) Medicare  
Inpatient and Outpatient Services by Bill Type**

**Concise/General Policy Description:** *An inpatient service* requires a beneficiary reside in a specific institutional setting during treatment. *An outpatient service* is provided by an institutional provider, but beneficiaries are not necessarily confined to a specific institution for periods of 24 hours or more.

**Concise/General Claims/Systems Definition:** The use of the category terminology is understood to reference the specific listed bill types, EXCEPT *general use of the term outpatient is generally understood as all bill types EXCEPT those defined as inpatient Part A.* Specific trust fund payment is associated with these bill types. Note an “x” represents a varying third digit in the bill type not needed to identify the benefit.

<b>Category</b>	<b>Medicare FFS Bill Types (All Types Listed)</b>	<b>Trust Fund Payment</b>
<b>Inpatient Part A</b>	11x – Hospital 18x – Swing Bed 21x – Skilled Nursing Facility (SNF) 41x – RNHCI – Religious Non-Medical Health Care Institution	Part A only
<b>Inpatient Part B*</b>	12x – Hospital 22x – SNF	Part B only
<b>In/Outpatient Part A*</b>	81x, 82x – Hospice	Part A only
<b>Outpatient*</b>	13x, 14x – Hospital 23x – SNF 34x – Home Health (not prospective payment (PPS)) 71x – RHC – Rural Health Clinic 72x – RDF – Renal Dialysis Facility 73x – FQHC – Federally Qualified Health Center 74x – ORF – Outpatient Rehabilitation Facility 75x – CORF – Comprehensive ORF 76x – CMHC – Community Mental Health Center 83x – Hospital Outpatient Surgery <sup>1</sup> 85x – Critical Access Hospital (CAH) =====	Part B only
	32x, 33x – Home Health (PPS) =====	Parts A and B =====
	89x – NOE <sup>2</sup> for Coordinated Care Demonstration	No payment

\* Treated as outpatient in processing unless instructions specify otherwise

<sup>1</sup>Subject to Ambulatory Surgery Center (ASC) payment limits  
<sup>2</sup> Notice of Election, which creates a benefit period in Medicare systems (Common Working File) against which utilization or payment can be tracked; this is the only type of NOE that requires a specific character in the second digit of the bill type, aside from requirements for the frequency cod (third digit).



