

WORK ITEM TYPE CODES

CODE VALUE	WORK ITEM
83	STREAMLINE CLAIM (ON BLUECHIP REPORT ONLY)
84	INPATIENT CLAIM (UB-82) AND DRG
85	OUTPATIENT CLAIM (UB-82)
86	EXTENDED CARE FACILITY REPORT (ECF/SNF)
87	COORDINATED HOME CARE REPORT (CHC)
88	MEDICARE DEDUCTIBLE CARE REPORT
89	MEDICARE PROFESSIONAL COMPONENT CARE REPORT
90	PHYSICIAN SERVICE REPORT (PSR)
91	DENTIST'S SERVICE REPORT
92	PRESCRIPTION DRUG CLAIM
93	MAJOR MEDICAL CLAIM/MAYO CLINIC
94	ADDITIONAL SURGICAL OPINION PROGRAM SERVICE REPORT (ASOP)
95	AMBULANCE
96	PROFESSIONAL SERVICE CARE REPORT
97	LOOSE BILLS
98	SUPPLEMENTAL ACCIDENT CARE REPORT