**PAYER TYPE LIST**

|  |  |  |
| --- | --- | --- |
| **PAYER TYPE CODE** | **PAYER TYPE DEFINITION** | **PAYER TYPE ABBREVIATION** |
| 1 | Self Pay | SP |
| 2 | Worker's Compensation | WC |
| 3 | Medicare | MCR |
| F | Medicare Managed Care | MCR-MC |
| 4 | Medicaid | 4 |
| B | Medicaid Managed Care | MCD-MC |
| 5 | Other Government Payment | GOV |
| 6 | Blue Cross | BCBS |
| C | Blue Cross Managed Care | BCBS-MC |
| 7 | Commercial Insurance | COM |
| D | Commercial Managed Care | COM-MC |
| 8 | HMO | HMO |
| 9 | Other Free Care (Charity Care) | FC |
| 0 | Other Non-Managed Care Plans | OTH |
| E | PPO and Other Managed Care Plans Not Elsewhere Classified | PPO |
| H | Health Safety Net | HSN |
| J | Point-of-Service Plan | POS |
| K | Exclusive Provider Organization | EPO |
| T | Auto Insurance | AI |
| N | None (Valid only for Secondary Payer) | N |
| Q | Commonwealth Care Plans | CommCare |
| Z | Dental Plans | DEN |

**PAYER SOURCE LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE PAY CODE** | **SOURCE OF PAYMENT DEFINITIONS** | **MATCHING PAYER TYPE CODE** | **PAYER TYPE ABBREVIATION** |
| 1 | Invalid (replaced by #196 - Harvard Pilgrim Health Care, Inc. (HMO) (Previously Harvard Community Health Plan) |  |  |
| 2 | Invalid (no replacement) |  |  |
| 3 | Invalid (replaced by #246) (Previously Network Blue (PPO) |  |  |
| 4 | Fallon Community Health Plan | 8 | HMO |
| 5 | Invalid (no replacement) |  |  |
| 6 | Invalid (no replacement) |  |  |
| 7 | Invalid (replaced by #236 - Tufts Associated Health Maintenance Organization, Inc. (TAHMO) - (Previously Tufts Associated Health Plan) |  |  |
| 8 | Invalid (replaced by #196 - Harvard Pilgrim Health Care, Inc. (HMO) (Previously Pilgrim Health Care (HMO)) |  |  |
| 9 | Invalid (replaced by #226 - United Healthcare of New England, Inc.) (Previously United Health Plan of New England (Ocean State) |  |  |
| 10 | Invalid (replaced by #195 - Harvard Pilgrim PPO) - (Previously Pilgrim Advantage - PPO) |  |  |
| 11 | Blue Care Elect | C | BCBS-MC |
| 12 | Invalid (no replacement) |  |  |
| 13 | Invalid (no replacement) |  |  |
| 14 | Invalid (no replacement) |  |  |
| 15 | Invalid (no replacement) |  |  |
| 16 | Invalid (no replacement) |  |  |
| 17 | Invalid (no replacement) |  |  |
| 18 | Invalid (no replacement) |  |  |
| 19 | Invalid (no replacement) |  |  |
| 20 | Invalid (no replacement) |  |  |
| 21 | Invalid (replaced by #249) |  |  |
| 22 | Aetna Open Choice PPO | D | COM-MC |
| 23 | Guardian Life Insurance Company PPO | D | COM-MC |
| 24 | Health New England Inc. | 8 | HMO |
| 25 | Invalid (replaced by #243) (Previously Pioneer Plan) |  |  |
| 26 | Invalid (no replacement) |  |  |
| 27 | Invalid (no replacement) |  |  |
| 28 | Great West Life PPO | D | COM-MC |
| 29 | Invalid (replaced by #171 & 250) |  |  |
| 30 | CIGNA (Indemnity) | 7 | COM |
| 31 | One Health Plan HMO (Great West Life) | D | COM-MC |
| 32 | Invalid (no replacement) |  |  |
| 33 | Invalid (no replacement) |  |  |
| 34 | Invalid (no replacement) |  |  |
| 35 | Invalid (replaced by #226 (Previously United Healthcare Insurance Company – HMO (new for 1997)) |  |  |
| 36 | United Healthcare Insurance Company - PPO (new for 1997) | D | COM-MC |
| 37 | Invalid (replaced by #196 - Harvard Pilgrim Health Care, Inc. (HMO) (Previously HCHP-Pilgrim HMO (integrated product)) |  |  |
| 38 | Health New England Select (self-funded) | 8 | HMO |
| 39 | Invalid (no replacement) |  |  |
| 40 | Invalid (no replacement) |  |  |
| 41 | Invalid (no replacement) |  |  |
| 42 | ConnectiCare of Massachusetts | 8 | HMO |
| 43 | Invalid (no replacement) |  |  |
| 44 | Invalid (no replacement) |  |  |
| 45 | Invalid (no replacement) |  |  |
| 46 | Blue ChiP (BCBS Rhode Island) | 8 | HMO |
| 47 | Neighborhood Health Plan | 8 | HMO |
| 48 | Invalid (replaced by #175) (Previously US Healthcare) |  |  |
| 49 | Invalid (replaced by #87) (Previously Healthsource CMHC Plus PPO) |  |  |
| 50 | Invalid (no replacement) |  |  |
| 51 | Aetna Life Insurance | 7 | COM |
| 52 | Invalid (no replacement) |  |  |
| 53 | Invalid (no replacement) |  |  |
| 54 | Invalid (no replacement) |  |  |
| 55 | Guardian Life Insurance | 7 | COM |
| 56 | Invalid (no replacement) |  |  |
| 57 | John Hancock Life Insurance | 7 | COM |
| 58 | Invalid (no replacement) |  |  |
| 59 | Invalid (no replacement) |  |  |
| 60 | Invalid (replaced by #97) |  |  |
| 61 | Invalid (no replacement) |  |  |
| 62 | Mutual of Omaha Insurance | 7 | COM |
| 63 | Invalid (no replacement) |  |  |
| 64 | Invalid (no replacement) |  |  |
| 65 | Invalid (no replacement) |  |  |
| 66 | Invalid (no replacement) |  |  |
| 67 | Invalid (no replacement) |  |  |
| 68 | Invalid (no replacement) |  |  |
| 69 | Invalid (no replacement) |  |  |
| 70 | Invalid (no replacement) |  |  |
| 71 | Invalid (no replacement) |  |  |
| 72 | Invalid (no replacement) |  |  |
| 73 | Invalid (replaced by #226 United Healthcare of New England, Inc.) (Previously United Health and Life (subsidiary of United Health Plans of NE) |  |  |
| 74 | United Healthcare Insurance Company | 7 | COM |
| 75 | Invalid (replaced by #175 - Aetna Health, Inc. (HMO)) (Previously Prudential Healthcare HMO) |  |  |
| 76 | Invalid (no replacement) |  |  |
| 77 | Invalid (no replacement) |  |  |
| 78 | Invalid - (no replacement) |  |  |
| 79 | Pioneer Health Care PPO | E | PPO |
| 80 | Invalid (replaced by #237 and #238 - Tufts Insurance Company PPO and Tufts Health Maintenance Organization, Inc. PPO) (Previously Tufts Total Health Plan PPO) |  |  |
| 81 | HMO Blue | C | BCBS-MC |
| 82 | John Hancock Preferred | D | COM-MC |
| 83 | Invalid (no replacement) |  |  |
| 84 | Private Healthcare Systems PPO | E | PPO |
| 85 | Invalid (no replacement) |  |  |
| 86 | Invalid (no replacement) |  |  |
| 87 | CIGNA PPO | D | COM-MC |
| 88 | Invalid (no replacement) |  |  |
| 89 | Great West/NE Care | 7 | COM |
| 90 | Invalid (no replacement) |  |  |
| 91 | Invalid (no replacement) |  |  |
| 92 | Invalid (no replacement) |  |  |
| 93 | Invalid (no replacement) |  |  |
| 94 | Invalid (no replacement) |  |  |
| 95 | Invalid (replaced by #195 - Harvard Pilgrim PPO) (Previously Pilgrim Select PPO) |  |  |
| 96 | Invalid (replaced by #226) (Previously Metrahealth (United Health Care of NE) |  |  |
| 97 | Unicare | 7 | COM |
| 98 | Healthy Start | 9 | FC |
| 99 | Other POS (not listed elsewhere) \*\*\* | J | POS |
| 100 | Invalid (no replacement) |  |  |
| 101 | Invalid (no replacement) |  |  |
| 102 | Wausau Insurance Company | 7 | COM |
| 103 | Medicaid (includes MassHealth) | 4 | MCD |
| 104 | Medicaid Managed Care-Primary Care Clinician (PCC) | B | MCD-MC |
| 105 | Invalid (no replacement) |  |  |
| 106 | Invalid (no replacement) |  |  |
| 107 | Invalid (no replacement) |  |  |
| 108 | Medicaid Managed Care-Fallon Community Health Plan | B | MCD-MC |
| 109 | Invalid (no replacement) |  |  |
| 110 | Invalid (no replacement) |  |  |
| 111 | Invalid (no replacement) |  |  |
| 112 | Invalid (no replacement) |  |  |
| 113 | Medicaid Managed Care-Neighborhood Health Plan | B | MCD-MC |
| 114 | Invalid (no replacement) |  |  |
| 115 | Invalid (no replacement) |  |  |
| 116 | Invalid (no replacement) |  |  |
| 117 | Invalid (no replacement) |  |  |
| 118 | Medicaid Mental Health & Substance Abuse Plan – Mass Behavioral Health Partnership | B | MCD-MC |
| 119 | Medicaid Managed Care Other (not listed elsewhere) \*\*\* | B | MCD-MC |
| 120 | Out-Of-State Medicaid | 5 | GOV |
| 121 | Medicare | 3 | MCR |
| 122 | Invalid (replaced by #234) |  |  |
| 123 | Invalid (no replacement) |  |  |
| 124 | Invalid (no replacement) |  |  |
| 125 | Medicare HMO – Fallon Senior Plan\*\*\*\* | F | MCR-MC |
| 126 | Invalid (replaced by #230) |  |  |
| 127 | Invalid (no replacement) |  |  |
| 128 | Medicare HMO – HMO Blue for Seniors\*\*\*\* | F | MCR-MC |
| 129 | Invalid (no replacement) |  |  |
| 130 | Invalid (no replacement) |  |  |
| 131 | Invalid (no replacement) |  |  |
| 132 | Invalid (no replacement) |  |  |
| 133 | Invalid (replaced by Payor Source #244 - Tufts Medicare Complement) (Previously Medicare HMO - Tufts Medicare Supplement (TMS) |  |  |
| 134 | Medicare HMO – Other (not listed elsewhere)\*\*\* | F | MCR-MC |
| 135 | Out-Of-State Medicare | 3 | MCR |
| 136 | BCBS Medex \*\* | 6 | BCBS |
| 137 | AARP/Medigap Supplement \*\* | 7 | COM |
| 138 | Banker’s Life and Casualty Insurance \*\* | 7 | COM |
| 139 | Invalid (no replacement) |  |  |
| 140 | Invalid (no replacement) |  |  |
| 141 | Other Medigap (not listed elsewhere) \*\*\* | 7 | COM |
| 142 | Blue Cross Indemnity | 6 | BCBS |
| 143 | Invalid (no replacement, Use Payer Source #995 Health Safety Net or #996 Charity Care) |  |  |
| 144 | Other Government | 5 | GOV |
| 145 | Self-Pay | 1 | SP |
| 146 | Worker’s Compensation | 2 | WOR |
| 147 | Other Commercial (not listed elsewhere) \*\*\* | 7 | COM |
| 148 | Other HMO (not listed elsewhere) \*\*\* | 8 | HMO |
| 149 | PPO and Other Managed Care (not listed elsewhere) \*\*\* | E | PPO |
| 150 | Other Non-Managed Care (not listed elsewhere) \*\*\* | 0 | OTH |
| 151 | CHAMPUS | 5 | GOV |
| 152 | Foundation | 0 | OTH |
| 153 | Grant | 0 | OTH |
| 154 | BCBS Other (not listed elsewhere) \*\*\* | 6 | BCBS |
| 155 | Blue Cross Managed Care Other (not listed elsewhere) \*\*\* | C | BCBS-MC |
| 156 | Out of State BCBS | 6 | BCBS |
| 157 | Invalid (replaced by #36) (Previously Metrahealth - PPO (United Health Care of NE) |  |  |
| 158 | Invalid (replaced by #226) (Previously Metrahealth - HMO (United Health Care of NE)) |  |  |
| 159 | None (valid only for secondary source of payment) | N | NONE |
| 160 | Blue Choice | C | BCBS-MC |
| 161 | Aetna Managed Choice POS | D | COM-MC |
| 162 | Great West Life POS | D | COM-MC |
| 163 | Invalid (no replacement) |  |  |
| 164 | Invalid (no replacement) |  |  |
| 165 | Invalid (no replacement) |  |  |
| 166 | Private Healthcare Systems POS | J | POS |
| 167 | Invalid (replaced by #188 - Fallon Flex POS) (Previously Fallon POS) |  |  |
| 168 | Advantra Freedom | F | MCR-MC |
| 169 | Invalid (no replacement) |  |  |
| 170 | Invalid - (replaced by #174 - Aetna Health, Inc. - Quality POS) (Previously US Healthcare Quality POS) |  |  |
| 171 | CIGNA POS | D | COM-MC |
| 172 | Invalid (no replacement) |  |  |
| 173 | Aetna Medicare Open | F | MCR-MC |
| 174 | Aetna Health Inc. - Quality POS | 8 | HMO |
| 175 | Aetna Health, Inc. - HMO | 8 | HMO |
| 176 | Carelink (CIGNA & Tufts) | 7 | COM |
| 177 | Chesapeake Life Insurance Company | 7 | COM |
| 178 | Children's Medical Security Plan (CMSP) | 5 | GOV |
| 179 | First Health Life and Health Insurance Company | 7 | COM |
| 180 | Fresenius Medical Care Health Plan (Medicare Advantage Plan) | F | MCR-MC |
| 181 | Invalid (no replacement) |  |  |
| 182 | Unicare Preferred Plus Managed Access EPO | D | COM-MC |
| 183 | Invalid (no replacement) |  |  |
| 184 | Private Healthcare Systems EPO | K | EPO |
| 185 | Connecticut General Life - Indemnity | 7 | COM |
| 186 | Connecticut General Life - POS | J | POS |
| 187 | Connecticut General Life - PPO | E | PPO |
| 188 | Fallon Flex POS | J | POS |
| 189 | Fallon Major Medical - Indemnity | 7 | COM |
| 190 | Fallon Preferred Care - PPO | D | COM-MC |
| 191 | Genworth Preferred PPO | D | COM-MC |
| 192 | Guarantee Trust Life Insurance Company - PPO | D | COM-MC |
| 193 | Harvard Pilgrim - Indemnity | 7 | COM |
| 194 | Harvard Pilgrim - POS | 8 | HMO |
| 195 | Harvard Pilgrim - PPO | 8 | HMO |
| 196 | Harvard Pilgrim Health Care, Inc. (HMO) | 8 | HMO |
| 197 | Health Insurance Plan of New York (HIP) | 7 | COM |
| 198 | John Alden Life Insurance Company | 7 | COM |
| 199 | Other EPO (not listed elsewhere) \*\*\* | K | EPO |
| 200 | Invalid (no replacement) |  |  |
| 201 | Invalid (no replacement) |  |  |
| 202 | Invalid (no replacement) |  |  |
| 203 | Invalid (no replacement) |  |  |
| 204 | Invalid (no replacement) |  |  |
| 205 | Health New England Select Premier PPO | E | PPO |
| 206 | Health New England Guaranteed Issue - Individual Plans | 7 | COM |
| 207 | Network Health (Cambridge Health Alliance MCD Program) | B | MCD-MC |
| 208 | HealthNet (Boston Medical Center MCD Program) | B | MCD-MC |
| 209 | Mid-West National Life Insurance Company of Tennessee | 7 | COM |
| 210 | Invalid (no replacement) |  |  |
| 211 | Invalid (no replacement) |  |  |
| 212 | Invalid (no replacement) |  |  |
| 213 | Medicare HMO - Medicare Complete Plans offered by SecureHorizons | F | MCR-MC |
| 214 | Medicare HMO - Harvard Pilgrim Health Plan - Medicare Enhance | F | MCR-MC |
| 215 | Tufts Medicare HMO - Medicare Preferred | F | MCR-MC |
| 216 | Medicare Special Needs Plan - Commonwealth Care Alliance | F | MCR-MC |
| 217 | Medicare Special Needs Plan - Fallon Community Health Plan | F | MCR-MC |
| 218 | Medicare Special Needs Plan - Senior Whole Health | F | MCR-MC |
| 219 | Medicare Special Needs Plan - United Health Group Evercare Mass. SCO and Evercare Plan IP | F | MCR-MC |
| 220 | Invalid (replaced by #128) (Previously Medicare HMO - Blue Care 65) |  |  |
| 221 | Invalid (no replacement) |  |  |
| 222 | Invalid (no replacement) |  |  |
| 223 | Invalid (no replacement) |  |  |
| 224 | Invalid (replaced by #215 - Tufts Medicare HMO - Medicare Preferred) (Previously Medicare HMO - Tufts Secure Horizons) |  |  |
| 225 | Invalid (no replacement) |  |  |
| 226 | United Health Care of New England, Inc. | D | COM-MC |
| 227 | Northeast Health Direct - PPO | E | PPO |
| 228 | Oxford Health Plans | 7 | COM |
| 229 | Professional Insurance Company (Indemnity) | 7 | COM |
| 230 | Medicare HMO – HCHP First Seniority Freedom | F | MCR-MC |
| 231 | Invalid (no replacement) |  |  |
| 232 | Medicare HMO - Senior Care Direct | F | MCR-MC |
| 233 | Medicare HMO - Senior Care Plus | F | MCR-MC |
| 234 | Medicare HMO – Managed Blue for Seniors | F | MCR-MC |
| 235 | Trustmark Life Insurance Company | 7 | COM |
| 236 | Tufts Health Maintenance Organization, Inc. (TAHMO) | 8 | HMO |
| 237 | Tufts Insurance Company PPO | E | PPO |
| 238 | Tufts Associated Health Maintenance Organization, Inc. PPO | 8 | HMO |
| 239 | Tufts Associated Health Maintenance Organization, Inc. POS Plan | 8 | HMO |
| 240 | Unicare PPO | E | PPO |
| 241 | Union Security Insurance Company | 7 | COM |
| 242 | Wellcare Health Plans, Inc. | 7 | COM |
| 243 | Pioneer Health Network | 8 | HMO |
| 244 | Tufts Medicare Complement (TMC) | 7 | COM |
| 245 | Trail Blazer Health Enterprises, LLC | F | MCR-MC |
| 246 | Preferred Blue PPO | C | BCBS-MC |
| 247 | Humana Insurance Company \*\* | 7 | COM |
| 248 | Mail Handlers Benefit Plan | 7 | COM |
| 249 | MEGA Life and Health Insurance Company | 7 | COM |
| 250 | CIGNA HMO | D | COM-MC |
| 251 | Invalid (replaced by #250) |  |  |
| 252 | Health New England (HNE) Medicare Advantage Plan | F | MCR-MC |
| 253 | Blue Medicare PFFS | F | MCR-MC |
| 254 | Cigna Medicare Access Plans | F | MCR-MC |
| 255 | Health Net Pearl | F | MCR-MC |
| 256 | Humana Gold PFFS | F | MCR-MC |
| 257 | Today's Options Premier from Universal American | F | MCR-MC |
| 258 | Unicare Security Choice | F | MCR-MC |
| 259 | Celticare Health Plan of Massachusetts / HMO Plans (includes Celticare Premier, Solution, Saver, and Young Adults with or without RX) | 8 | HMO |
| 260-269 | Reserved |  |  |
| 270 | Invalid (replaced by #240) |  |  |
| 271 | Invalid (no replacement) |  |  |
| 272 | Auto Insurance | T | AI |
| 273 | MassHealth Senior Care Options\*\*\*\* | F | MCR-MC |
| 274-299 | Reserved |  |  |
| 300 | CommCare: BMC HealthNet Plan/Commonwealth Care – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 301 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type I | Q | CommCare |
| 302 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type II | Q | CommCare |
| 303 | CommCare: BMC HealthNet Plan/Commonwealth Care – Plan Type III | Q | CommCare |
| 304 | Invalid (no replacement) |  |  |
| 400 | CommCare: Cambridge Network Health Forward – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 401 | CommCare: Cambridge Network Health Forward – Plan Type I | Q | CommCare |
| 402 | CommCare: Cambridge Network Health Forward – Plan Type II | Q | CommCare |
| 403 | CommCare: Cambridge Network Health Forward – Plan Type III | Q | CommCare |
| 404 | Invalid (no replacement) |  |  |
| 500 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 501 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 1 (Group No. 4445077) | Q | CommCare |
| 502 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 2 (Group No. 4455220) | Q | CommCare |
| 503 | CommCare: Fallon Community Health Care: Commonwealth Care FCHP Direct Care – Plan 3 (Group No. 4455221) | Q | CommCare |
| 504 | Invalid (no replacement) |  |  |
| 600 | CommCare: Neighborhood Health Plan– General Classification (For use only when no specific level for this plan can be identified) | Q | CommCare |
| 601 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type I (9CC1) | Q | CommCare |
| 602 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type II (9CC2) | Q | CommCare |
| 603 | CommCare: Neighborhood Health Plan – NHP Commonwealth Care Plan – Plan Type III (9CC3) | Q | CommCare |
| 604 | Invalid (no replacement) |  |  |
| 700 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - General Classification | Q | CommCare |
| 701 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 1 | Q | CommCare |
| 702 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 2 | Q | CommCare |
| 703 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care - Plan 3 | Q | CommCare |
| 704 | CommCare: Celticare Health Plan of Massachusetts / Commonwealth Care Bridge Program | Q | CommCare |
| 800 | Aetna Dental | Z | DEN |
| 801 | Aflac | Z | DEN |
| 802 | AllState | Z | DEN |
| 803 | Altus Dental | Z | DEN |
| 804 | Ameritas Life Insurance Corp | Z | DEN |
| 805 | Anthem Blue Cross Blue Shield | Z | DEN |
| 806 | Assurant | Z | DEN |
| 807 | Blue Cross Blue Shield of MA | Z | DEN |
| 808 | Blue Cross Blue Shield of RI | Z | DEN |
| 809 | Children’s Medical Security | Z | DEN |
| 810 | Cigna Dental | Z | DEN |
| 811 | Creative Dental Plan Administrators | Z | DEN |
| 812 | Delta Dental of MA | Z | DEN |
| 813 | Delta Dental - Other | Z | DEN |
| 814 | Delta Dental of New York | Z | DEN |
| 815 | DentaQuest Commonwealth Care | Z | DEN |
| 816 | DentaQuest MassHealth | Z | DEN |
| 817 | DentaQuest Senior Whole Health | Z | DEN |
| 818 | EverCare Dental | Z | DEN |
| 819 | Fallon Health Plan | Z | DEN |
| 820 | Great West Dental | Z | DEN |
| 821 | Guardian Dental | Z | DEN |
| 822 | Harvard Pilgrim Health Care | Z | DEN |
| 823 | MetLife Dental | Z | DEN |
| 824 | Principal Plan Dental | Z | DEN |
| 825 | Unicare Dental | Z | DEN |
| 826 | United Concordia | Z | DEN |
| 827 | United Health Care | Z | DEN |
| 828 | Alicare | Z | DEN |
| 829 | Adventist Risk Management INC | Z | DEN |
| 830 | Blue Cross Blue Shield of Texas | Z | DEN |
| 831 | Brokers National Life insurance | Z | DEN |
| 832 | Cba Blue Dental | Z | DEN |
| 833 | Chesterfield Resources | Z | DEN |
| 834 | Companion Life insurance | Z | DEN |
| 835 | Dental Health Alliance | Z | DEN |
| 836 | EBS Benefit Solutions | Z | DEN |
| 837 | Empire Blue Cross | Z | DEN |
| 838 | Excellus Blue cross | Z | DEN |
| 839 | Fortis | Z | DEN |
| 840 | GEHA Connection Dental | Z | DEN |
| 841 | GHI | Z | DEN |
| 842 | Lincoln Financial Group | Z | DEN |
| 843 | London Health Administrators | Z | DEN |
| 844 | Midwest Life Insurance | Z | DEN |
| 845 | Premier Access Dental Plans | Z | DEN |
| 846 | Sentry Life Insurance | Z | DEN |
| 847 | Sonoco | Z | DEN |
| 848 | Sun Life Dental Benefits | Z | DEN |
| 849 | Symetra Life Insurance Company | Z | DEN |
| 850 | Tricare Dental | Z | DEN |
| 851 | Dentemax Insurance | Z | DEN |
| 990 | Invalid (no replacement) |  |  |
| 995 | Health Safety Net | H | HSN |
| 996 | Charity Care | 9 | FC |

SUPPLEMENTAL – USE AS SECONDARY PAYER ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE PAY CODE** | **SOURCE OF PAYMENT DEFINITIONS** | **MATCHING PAYER TYPE CODE** | **PAYER TYPE ABBREVIATION** |
| 127 | Invalid (no replacement) |  |  |
| 129 | Invalid (no replacement) |  |  |
| 131 | Invalid (no replacement) |  |  |
| 136 | BCBS Medex \*\* | 6 | BCBS |
| 137 | AARP/Medigap Supplement \*\* | 7 | COM |
| 138 | Banker’s Life & Casualty Insurance \*\* | 7 | COM |
| 139 | Invalid (no replacement) |  |  |
| 140 | Invalid (no replacement) |  |  |
| 141 | Other Medigap (not listed elsewhere) \*\*\* | 7 | COM |
| 200 | Invalid (no replacement) |  |  |
| 201 | Invalid (no replacement) |  |  |
| 202 | Invalid (no replacement) |  |  |
| 210 | Invalid (no replacement) |  |  |
| 211 | Invalid (no replacement) |  |  |
| 212 | Invalid (no replacement) |  |  |
| 247 | Humana Insurance Company \*\* | 7 | COM |

\*\* Supplemental Payer Source

\*\*\* List under specific carrier when possible

\*\*\*\*More comprehensive than original Medicare plan. Doesn't necessitate Medigap policy