

## Attachment A - Payer Codes for 1500 Flat File

<u>UB92 Payer Code</u>	<u>VAHHS Payer Description</u>	<u>Payer Sub ID Code</u>	<u>Payer Sub ID Code Description</u>
B	Blue Cross	1001	Maine
		1002	Massachusetts
		1003	National
		1004	New Hampshire
		1005	New York
		1006	Vermont
		9009	Other
C	Champus	8888	No Sub ID Needed
D	Medicaid	1001	Maine
		1002	Massachusetts
		1004	New Hampshire
		1005	New York
		1006	Vermont
		2001	BC
		2002	CHP Kaiser
		2003	VHAP
9009	Other		
E	Other Government Plans	8888	No Sub ID Needed
H	HMO	2002	CHP Kaiser
		3001	Healthsource/Cigna
		3002	TVHP
		3003	Matthew Thornton
		3004	MVHP
		9009	Other
I	Commercial	8888	No Sub ID Needed
M	Medicare	4001	Standard Medicare
		4002	Managed Care
P	Self Pay	8888	No Sub ID Needed
W	Workers Comp	8888	No Sub ID Needed
Z	Medically Indigent/Free	8888	No Sub ID Needed