

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

Aid codes not listed are not PHC designated aid codes.

MS 02-03 | Revised 08/14/2017 | Reviewed 08/14/2017

Bolded aid codes reflect most recent added to PHC, New aid code(s) effective **07/01/2017**,

FULL SCOPE AID CODES	
Aid Code Category	Aid Codes
Aged	1E, 1H, 10, 14, 16, 17, 36
Disabled	2E, 2H, 20, 24, 26, 27, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 60, 64, 66, 67
Family (including Child, foster care, AIM >266%FPL and BCC)	01, 02, 03, 04, 06, 07, 08, 2P, 2R, 2S, 2T, 2U 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 3W, 30, 32, 33, 34, 35, 37, 38, 39, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4N, 4S, 4T, 4U, 4W, 40, 42, 43, 45, 46, 49, 5C, 5D, 5K, 54, 59, 7J, 7S, 7W, 7X, 82, 83, 0A, 0E , 0M, 0N, 0P, 0W, H1, H2, H3, H4, H5, K1, 3F, E2, E5, E6, E7, M3, M5, M7, P5, P7, P9, T1, T2, T3, T4, T5,
Adult	81, 86, 87, 7L
LTC	13, 23, 63
LIHP Transition	L1, M1, 7U
% Poverty	47 (Z1), 72 (Z2), 7A (Z3), 8P, 8R
<i>(Retro Members: Z1 = 47, Z2 = 72, Z3 = 7A – PHC INTERNAL CODING)</i>	

RESTRICTED/LIMITED SCOPE AID CODES		
Restrictive/Limited	Aid Codes	Limited Services
LTC	53-	LTC services only, <i>PHC responsible for facility fee only</i>
Limited to LTC , ER and PG Services (IRCA/OBRA mbrs)	D2, D3, D4, D5, D6, D7, 55	Limited LTC, emergency services, and pregnancy <i>Applies to Solano, Napa and Yolo counties only.</i>
Limited to ER and PG services only (IRCA/OBRA mbrs)	C1, C2, C3, C4, C5, C6, C7, C8, C9, D1, D8, D9, 58, 5F	Limited pregnancy and emergency services (non-emergency dental benefits available during pregnancy) <i>Applies to Solano, Napa and Yolo counties only.</i>
Limited to ER only	5G	Emergency services only <i>Applies to Solano, Napa and Yolo counties only.</i>
Limited to PG only	5N	Pregnancy services only <i>Applies to Solano, Napa and Yolo counties only.</i>
Breast and Cervical Cancer (BCC)	0U	Breast / Cervical Cancer treatment AND emergency, pregnancy, LTC services only under 65
BCC Treatment	0T	Breast / Cervical Cancer treatment only
BCC Treatment	0R	Breast / Cervical Cancer treatment only these members have other insurance w/ deductible greater than \$750

COUNTY REGIONS AND HEALTHPLAN CODES					
Southern Region Counties	County Code	HealthPlan Code	Northern Region Counties	County Code	HealthPlan Code
Marin	21	510	Del Norte	08	523
Mendocino	23	512	Humboldt	12	517
Napa	28	507	Lassen	18	518
Solano	48	504	Modoc	25	519
Sonoma	49	513	Shasta	45	520
Yolo	57	509	Siskiyou	47	521
Lake	17	511	Trinity	53	522

Terminated Aid codes:

Aid Code	Term Date	Aid Code Category
0G	06/30/2017	Family/Adult

CC: HS-Linda L, PRD-Mary K, Compliance-Michelle, Finance-Corazon Martinez, Margarita Garcia-Hernandez, Melanie Lam, HR Web