



## **Source of Payment Typology Code Set Implementation by States**

### **White Paper**

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## CONTRIBUTING ORGANIZATIONS

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## Table of Contents

EFFORT OVERVIEW.....	4
GEORGIA.....	5
OREGON.....	6
NEW YORK STATE.....	7
CALIFORNIA.....	8
APPENDIXES .....	10
APPENDIX 1: Georgia Implementation of Source of Payment Typology	
APPENDIX 2: Oregon Implementation of Source of Payment Typology	
APPENDIX 3: Crosswalk Between ANSI ASC X12 Claim Filing Indicator Code List & Payer Typology	

## **Effort Overview**

The purpose of this paper is to document current state efforts to implement the Source of Payment Typology developed and maintained by the Public Health Data Standards Consortium. It is important to note that to date there are no state mandates to use the typology. This paper documents the efforts in the states of Georgia, Oregon, New York, and California to voluntarily implement the typology. Each of these states represents a different place in the implementation spectrum.

The reason most given for early adoption or planned adoption is that the typology is better than existing coding systems. Many states have found shortcomings in existing payer type code sets that result in limitations for certain types of data analysis. Previous payer type coding lists are neither mutually exclusive nor comprehensive. The Source of Payment Typology was developed to address these limitations specifically to better support research or policy analysis purposes. The reason most stated for choosing the typology as the replacement for these old deficient code lists is the hierarchical structure of the typology. Inherent in that structure is the relationship among payer categories. These relationships provide the basis for states to use the typology and to add lower levels of granularity for state-specific purposes while still maintaining a standard that can be used to compare data across states. This provides states with a flexible standard to implement. The other significant stated advantage of the typology over existing value sets is the existence of comprehensive definition of terms. These definitions do not exist in any of the existing code sets we have examined.

It is important to note that the process to develop the Source of Payment Typology included incorporating this code set into appropriate industry standards. This included adding a reference as an external code list in the ANSI X12 standards and the UB-04 Specifications Manual, which is maintained by the National Uniform Billing Committee.

The members of the Public Health Data Standards Consortium Payer Type Committee welcome comment and suggestions on how to better educate potential users about the Source of Payment Typology.

## Georgia Experience –THE PATH SETTER

Georgia was the first state to take the leap in replacing their existing proprietary Source of Payment codes with the Source of Payment Typology developed and maintained by the Public Health Data Standards Consortium. Georgia decided that as part of their state migration from the UB-92 to the UB-04 they would address the issue of poor data quality in the reporting of payer type information. Their solution was to be an early implementer of the Source of Payment Typology.

Georgia had a need to assign some state specific codes within the constraints of the hierarchical structure of the Source of Payment Typology. The Source of Payment Typology allowed for the flexibility needed to meet the needs of the Georgia Medicaid Managed Care plans as well as individual Care Management Organizations. Georgia's implementation of the Source of Payment Typology included the assignment of local codes within the hierarchical structure. The list of previously used proprietary codes is provided in the appendix at the end of this document.

Below is the UB-04 transition schedule including the replacement of previously used proprietary source of payment data elements with Source of Payment Typology codes.

- Quarter 1 and Quarter 2 of 2007– Hospitals could submit in either format
- Quarter 3 and Quarter 4 of 2007 New format required
  - If a hospital submitted data in the old format, it would be returned to them to resubmit
  - If hospitals submitted data in Quarter 1 and / or Quarter 2 or 3 in the old format, they must resubmit that data in the new format before the end of the year

It was Georgia's experience that most Georgia hospitals reported at the 2-digit level of granularity of the source of payment hierarchy. About 25 hospitals are reporting at 3-digit levels of granularity and six (6) reported at up to 4 levels of granularity.

Below are some lessons learned by Georgia during their migration to the UB-04, which included adopting the Source of Payment Typology.

- Build a transition schedule that gives providers flexibility, BUT, you must establish a firm deadline
- Some providers will not change their behavior until you reject their data submission
- Provide a crosswalk that maps the old payer codes to the new payer codes to providers and their IT vendors as soon as possible
- Provide Education throughout the transition process
- REMEMBER - IT CAN BE DONE

## **Oregon Experience – DOING IT**

The State of Oregon is in the process of migrating their state discharge reporting system from the UB-92 to the UB-04. As part of that migration the adoption of the Source of Payment Typology is included. This is replacing a proprietary Oregon State list. They decided to replace their old source of payment code structure for the following reasons:

- The legacy code set was not adequate for the multitude of uses in the State of Oregon.
- There were no definitions of the source of payment concepts in the state specific code list.
- It was difficult to maintain the state specific code list
- The flexibility of the Source of Payment Typology to increase or decrease levels of granularity
- Improved granularity of self pay and charity care concepts

The pilot testing of the UB-04 system began in June 2008. Full implementation will depend on the results of this pilot test. Oregon is accepting a revised proprietary format as well as an ANSI X12 837 format from their provider community to fulfill the reporting requirements.

Oregon is implementing 2 levels of granularity of the typology. Georgia and New York are implementing 3 levels of granularity of the typology. It is important to note that all three states are fully implementing the typology. The design of the typology makes such local implementations possible while still using the same standard.

Because the migration to the Source of Payment Typology is being included in the migration to UB-04, it will be important to the state of Oregon that the UB-04 specifications manual include a reference to the Source of Payment Typology maintained by the Public Health Data Standards Consortium. Based on conversations with Oregon State and Georgia, the National Uniform Billing Committee approved referencing the Payer Typology effective in July 2009.

The main implementation issue to date has been the need to provide better education on the use of the Source of Payment Typology. It was also noted that existing payer type code sets do not specify a relationship between individual source of payment concepts. The maintenance of relationships between source of payment concepts is an important design feature of the Source of Payment Typology. An action item for the Payer Type committee is to develop additional educational strategies to provide potential implementers with more tools to facilitate more consistent coding and use of the Source of Payment Typology concepts.

## **New York State Experience – PLANNING TO DO IT**

It was announced that beginning for 2009 hospital discharges the New York State Discharge Data System (SPARCS) is expected to implement the Source of Payment Typology maintained by the Public Health Data Standards Consortium to replace the current proprietary Expected Source of Reimbursement data element. The reasons for this change are similar to what has been experienced in both Georgia and Oregon.

The current proprietary data element contains no definitions for the concepts which makes the reporting of this data element very inconsistent across the state. This lack of consistency makes the data difficult to use with any degree of confidence. The quality of the proprietary data collected for many years is considered to be of such low quality that the director of the SPARCS System (the New York State discharge data system) is being advised that a hard cutover to the Source of Payment Typology would be the best strategy.

The SPARCS system considered using the ANSI X12 Claim Filing Indicator, but the gap analysis determined that the needs of New York State would not be accommodated using that code list. The hierarchical structure plus the ability to find logical “homes” for potential New York State-only codes for the state Medicaid program within the existing value set provided rationale for adopting the Source of Payment Typology. It has been determined that it will be necessary for New York State to support 3 levels of granularity in the Source of Payment Typology to meet New York State analytic needs.

It is anticipated that as more states migrate to the Source of Payment Typology, many state-specific codes will be accompanied by a request to the PHDSC Payer workgroup to assign a national code that will minimize the need for local coding.

As New York State plans to implement the Source of Payment Typology there were concerns raised about availability of adequate training materials. The central theme of any education associated with the Source of Payment Typology should be to demonstrate that it can be implemented. Below are some of the desired training materials for implementing the typology.

- A 101 class on the basic workings of the Source of Payment Typology.
- Sharing of crosswalks between state proprietary code lists and the Typology.
- A collection of examples of intended coding for different payment scenarios.
- Hold more Webinars with increasing level of detail about the Source of Payment Typology.
- Sharing lessons learned from states that already have implemented the Source of Payment Typology.

## California Experience – THINKING OF DOING IT

The State of California continues to migrate their existing state discharge reporting systems to national standards. New systems, such as their emergency department collection system, has been developed using appropriate national standards. In particular, the Health Care Service Data Reporting Guide (HCSDRG) uses the ANSI 837 Claim transaction standard. The data content defined in the HCSDRG is based on the UB specifications manual maintained by the National Uniform Billing Committee.

As part of the analysis to migrate existing data systems to use national standards, each currently collected data element is being reviewed. One current element that is necessary for analysis in California is Expected Source of Payment. The current proprietary California Expected Source of Payment code list has multiple problems that diminish the quality of the data received. The comparable code list, Claim Filing Indicator, in the current ANSI X12 does not satisfy State of California analysis needs either. Both the proprietary California and ANSI X12 Claim Filing Indicator code lists have significant concept gaps along with insufficient or no definitions of concepts.

For example, note the non-payment category detailed in Appendix 1 Georgia Implementation of Source of Payment Typology. All the Source of Payment Typology categories would be mapped into a single Self Pay category defined in the ANSI X12 Claim Filing Indicator. This is just one example of the category improvements in the Source of Payment Typology compared to existing state systems

For those reasons the Source of Payment Typology maintained by the Payer Type Committee of the Public Health Data Standards Consortium would improve the quality of source of payment data reported to the State of California. To meet the current analysis needs in California, it is anticipated that 3 levels of granularity in the Source of Payment Typology would be necessary. Similar to Georgia and possibly New York, California is considering adding a fourth level of detail for some California-specific requirements. Having mutually exclusive categories and increased granularity in the Source of Payment Typology are two of the most significant advantages stated over any existing proprietary or standard source of payment code source.

Because California has made moving to more national standards based solutions a priority, the efforts to get the Source of Payment Typology referenced in the X12 and UB standards is important to them. The data maintenance to reference the Source of Payment Typology has been approved by the ANSI X12 and National Uniform Billing Committee. Those changes will appear in implementation guides subsequent to the 5010 release (October 2003 views of the X12 standard). The National Uniform Billing Committee approved the addition of the Source of Payment Typology to their Specifications Manual at their August 2008 meeting.

Below are their priorities when implementing any new or redefined data element in California:

- Establish data reporting requirements to be consistent with national standards, as applicable
- Enhance quality and usefulness of data

- Provide education to provider and data user communities when implementing new changes
- Would benefit from additional webinars with sufficient details appropriate for coding, admitting, and business office staff
- Would benefit from additional documentation on how to integrate the Source of Payment Typology into various versions of X12 standards.

## Appendix 1 Georgia Implementation of Source of Payment Typology

Note: It should be noted the highlighted yellow in the Chart below represent the Georgia Specific codes added to the Source of Payment Typology maintained by the Public Health Data Standards Consortium

### Payer Codes

<b>Code</b>	<b>Group</b>	<b>Description</b>
1	Medicare	MEDICARE (SBR09 value - MA or MB)
11	Medicare	Medicare (Managed Care)
111	Medicare	Medicare HMO (SBR09 value - 16)
1111	Medicare	Aetna Inc. Medicare HMO
1112	Medicare	Coventry Health Care, Inc. Medicare HMO
1113	Medicare	Humana, Inc. Medicare HMO
1114	Medicare	Kaiser Foundation Health Plan, Inc. Medicare HMO
1115	Medicare	United HealthCare of Georgia, Inc. Medicare HMO
1116	Medicare	WellCare of Georgia Medicare HMO
1117	Medicare	WellPoint, Inc. Medicare HMO
1118	Medicare	Other Medicare HMO
112	Medicare	Medicare PPO
113	Medicare	Medicare POS
119	Medicare	Medicare Managed Care Other
12	Medicare	Medicare (Non-managed Care)
121	Medicare	Medicare FFS
122	Medicare	Medicare Drug Benefit
123	Medicare	Medicare Medical Savings Account (MSA)
124	Medicare	Medicare Drug Benefit (Part D)
129	Medicare	Medicare Non-managed Care Other
19	Medicare	Medicare Other
2	Medicaid	MEDICAID (SBR09 value - MC)
21	Medicaid	Medicaid (Managed Care)
211	Medicaid	Medicaid HMO
2111	Medicaid	AmeriGroup Medicaid CMO
2112	Medicaid	PeachState Medicaid CMO
2113	Medicaid	WellCare Medicaid CMO
212	Medicaid	Medicaid PPO
213	Medicaid	Medicaid PCCM (Primary Care Case Management)
219	Medicaid	Medicaid Managed Care Other
22	Medicaid	Medicaid (Non-managed Care Plan)
23	Medicaid	Medicaid/SCHIP
24	Medicaid	Medicaid Applicant
25	Medicaid	Medicaid - Out of State
29	Medicaid	Medicaid Other
3	Other Government	OTHER GOVERNMENT (Federal/State/Local)
31	Other Government	Department of Defense
311	Other Government	CHAMPUS (SBR09 value - CH)
3111	Other Government	Indemnity

3112	Other Government	TriCare
312	Other Government	CHAMPVA (SBR09 value - CH or VA)
319	Other Government	Department of Defense (not CHAMPUS) (SBR09 value - OF)
32	Other Government	VA (SBR09 value - VA)
321	Other Government	VA - Priority Veteran
322	Other Government	VA - Enrolled Veteran with Copay
329	Other Government	VA - Other
33	Other Government	Indian Health Service or Tribe (SBR09 value - OF)
331	Other Government	Indian Health Service - Regular
332	Other Government	Indian Health Service - Contract
333	Other Government	Indian Health Service - Managed Care
334	Other Government	Indian Tribe - Sponsored Coverage
34	Other Government	HRSA Program (SBR09 value - OF)
341	Other Government	Title V (MCH Block Grant) (SBR09 value - TV)
342	Other Government	Migrant Health Program
343	Other Government	Ryan White Act
349	Other Government	Other
35	Other Government	Black Lung (SBR09 value - OF)
36	Other Government	State Government (SBR09 value - 11)
361	Other Government	State SCHIP program (codes for individual states)
362	Other Government	Specific state programs (list/ local code)
369	Other Government	State, not otherwise specified (other state)
37	Other Government	Local Government (SBR09 value - 11)
371	Other Government	Local - Managed care
3711	Other Government	HMO
3712	Other Government	POS
3713	Other Government	PPO
372	Other Government	FFS/Indemnity
379	Other Government	Local, not otherwise specified (other local, county)
38	Other Government	Other Government (Federal, State, Local not specified) (SBR09 value - OF or 11)
381	Other Government	Federal, State, Local not specified - FFS
382	Other Government	Federal, State, Local not specified - HMO
383	Other Government	Federal, State, Local not specified - PPO
384	Other Government	Federal, State, Local not specified - POS
389	Other Government	Federal, State, Local not specified - Other
39	Other Government	Other Federal (SBR09 value - OF)
4	Department of Corrections	DEPARTMENTS OF CORRECTIONS
41	Department of Corrections	Corrections Federal (SBR09 value - OF)
42	Department of Corrections	Corrections State (SBR09 value - 11)
43	Department of Corrections	Corrections Local (SBR09 value - 11)
44	Department of Corrections	Corrections Unknown Level (SBR09 value - OF or 11)
5	Private Health Insurance	PRIVATE HEALTH INSURANCE (other than Blue Cross/Blue Shield)
51	Private Health Insurance	Managed Care (Private)
511	Private Health Insurance	Commercial Managed Care - HMO (SBR09 value - HM)

512	Private Health Insurance	Commercial Managed Care - PPO (SBR09 value - 12)
513	Private Health Insurance	Commercial Managed Care - POS (SBR09 value - 13)
514	Private Health Insurance	Exclusive Provider Organization (SBR09 value - 14)
519	Private Health Insurance	Managed Care, Other (non HMO)
52	Private Health Insurance	Private Health Insurance - Indemnity (SBR09 value - 15)
521	Private Health Insurance	Indemnity (e.g. high option/low option)
522	Private Health Insurance	ERISA ASO plan
523	Private Health Insurance	Commercial Indemnity
524	Private Health Insurance	Self-insured (ERISA) ASO plan
525	Private Health Insurance	Medicare supplemental policy (as second payer)
53	Private Health Insurance	Commercial (Indemnity or Managed Care, unspecified) (SBR09 value - CI or 15)
54	Private Health Insurance	Organized Delivery System
55	Private Health Insurance	Small Employer Purchasing Group
59	Private Health Insurance	Other Private Insurance, not BC or Kaiser
6	Blue Cross / Blue Shield	BLUE CROSS/BLUE SHIELD (SBR09 value - BL)
61	Blue Cross / Blue Shield	BC Managed Care
611	Blue Cross / Blue Shield	BC Managed Care - HMO
612	Blue Cross / Blue Shield	BC Managed Care - PPO
613	Blue Cross / Blue Shield	BC Managed Care - POS
619	Blue Cross / Blue Shield	BC Managed Care - Other
62	Blue Cross / Blue Shield	BC Indemnity (SBR09 value - BL or 15)
63	Blue Cross / Blue Shield	BC (Indemnity or Managed Care) - Out of State (SBR09 value - BL or 15)
64	Blue Cross / Blue Shield	BC (Indemnity or Managed Care) - Unspecified (SBR09 value - BL or 15)
69	Blue Cross / Blue Shield	BC (Indemnity or Managed Care) - Other
7	Managed Care	MANAGED CARE, UNSPECIFIED (to be used only if one can't distinguish public from private)
71	Managed Care	HMO
72	Managed Care	PPO
73	Managed Care	POS
79	Managed Care	Other Managed Care, Unknown if public or private
8	Non-Payment	NOPAYMENT from an Organization/Agency/Program/Private Payer Listed
81	Non-Payment	Self-pay (SBR09 value - 09)
82	Non-Payment	No Charge
821	Non-Payment	Charity
822	Non-Payment	Professional Courtesy
823	Non-Payment	Research/Clinical Trial
83	Non-Payment	Refusal to Pay/Bad Debt
84	Non-Payment	Hill Burton Free Care
85	Non-Payment	Research/Donor
89	Non-Payment	No Payment, Other
9	Miscellaneous/Other	MISCELLANEOUS/OTHER
91	Miscellaneous/Other	Foreign National
92	Miscellaneous/Other	Other (Non-government) (SBR09 value - 11)
93	Miscellaneous/Other	Disability Insurance (SBR09 value - DS)
94	Miscellaneous/Other	Long-term Care Insurance
95	Miscellaneous/Other	Worker's Compensation (SBR09 value - WC)
951	Miscellaneous/Other	Worker's Comp Fee-for-Service

952	Miscellaneous/Other	Worker's Comp HMO
953	Miscellaneous/Other	Worker's Comp Other Managed Care
96	Miscellaneous/Other	Auto Insurance (no fault) (SBR09 value - AM)
97	Miscellaneous/Other	Other, not specified
98	Miscellaneous/Other	Other specified (includes Hospice - Unspecified plan)
99	Miscellaneous/Other	Other Unspecified
ZZZ	Missing Data	Missing Data

Old Georgia Codes The codes below are being replaced by the payer typology.

- A - Medicaid Managed Care
- B - Blue Cross/Blue Shield
- C - Champus
- D - Medicaid (standard plan)
- E - Peachcare for Kids
- F - Medicaid Applicants
- G - Georgia Better Health
- H - HMO
- I - Commercial Insurance
- M - Medicare
- O - Other/Unknown
- P - Self Pay
- U - Medicare Managed Care
- W - Workers'/State Compensation
- X - PPO
- 6 - POS
- 7 - State Health Benefit Plan

## Appendix 2 Oregon Implementation of Source of Payment Typology

Note: The Oregon implementation of the Source of Payment Typology is less granular than that of the State of Georgia.

<b>1</b>	<b>Medicare</b>
11	Medicare (Managed Care)
12	Medicare (Fee-for-Service)
<b>2</b>	<b>Medicaid</b>
21	Medicaid (Managed Care)
22	Medicaid (Fee-for-Service)
25	Medicaid – Out of State
<b>3</b>	<b>Other Government</b>
31	Department of Defense
311	Tricare (Champus)
32	Department of Veterans Affairs
33	Indian Health Service or Tribe
34	HRSA Program
36	State Government
37	Local Government
<b>5</b>	<b>Private Health Insurance</b>
51	HMO/Managed Care
511	Kaiser Permanente
52	Private Health Insurance - Indemnity
521	Commercial Indemnity
522	Self-Insured
<b>6</b>	<b>Regence Blue Cross/Blue Shield</b>
61	Regence Blue Cross Managed Care
62	Regence Blue Cross Indemnity
<b>8</b>	<b>No Payment (from an Organization/Agency/Program/Private Payer)</b>
81	Self-Pay
82	No Charge
821	Charity
83	Refusal to Pay/Bad Debt
84	Hill Burton Free Care
<b>9</b>	<b>Miscellaneous/Other</b>
95	Worker's Compensation
98	Other Payer
ZZZ	Missing Data

## Oregon Crosswalk

### Oregon Payer Code Mapping (Old codes to new codes):

Old Code	Title	New Code	Title
M	MEDICARE	11	Medicare (Managed Care)
		12	Medicare (Fee-for-Service)
D	MEDICAID	22	Medicaid (Fee-for-Service)
		25	Medicaid – Out of State
X	HMO/OREGON HEALTH PLAN (MEDICAID)	21	Medicaid (Managed Care)
I	COMMERCIAL INSURANCE	52	Private Health Insurance - Indemnity
		521	Commercial Indemnity
S	SELF-INSURED	522	Self-Insured
B	BLUE CROSS/BLUE SHIELD	61	Regence Blue Cross Managed Care
		62	Regence Blue Cross Indemnity
Z	MEDICALLY INDIGENT/FREE RESEARCH	82	No Charge
		821	Charity
H	HMO/MANAGED CARE	51	HMO/Managed Care
Y	PPO	51	HMO/Managed Care
C	CHAMPUS	311	Tricare (Champus)
E	COUNTY OR STATE	36	State Government
		37	Local Government
L	MANAGED ASSISTANCE	98	Other Payer
P	SELF PAY	81	Self-Pay
T	TITLE V	34	HRSA Program
K	KAISER PERMANENTE	511	Kaiser Permanente
W	WORKERS COMPENSATION	95	Worker's Compensation
N	DIVISION OF HEALTH SERVICES	37	Local Government
O	OTHER	98	Other payer

### Oregon Payer Code Mapping (New codes to old codes):

New Code	Title	OLD CODE	TITLE
11	Medicare (Managed Care)	M	MEDICARE
12	Medicare (Fee-for-Service)	M	MEDICARE
21	Medicaid (Managed Care)	X	HMO/OREGON HEALTH PLAN (MEDICAID)
22	Medicaid (Fee-for-Service)	D	MEDICAID
25	Medicaid – Out of State	D	MEDICAID
31	Department of Defense		
311	Tricare (Champus)	C	CHAMPUS
32	Department of Veterans Affairs		
33	Indian Health Service or Tribe		
34	HRSA Program	T	TITLE V
36	State Government	E	COUNTY OR STATE
37	Local Government	E	COUNTY OR STATE
51	HMO/Managed Care	H	HMO/MANAGED CARE
511	Kaiser Permanente	K	KAISER PERMANENTE
52	Private Health Insurance - Indemnity	I	COMMERCIAL INSURANCE
521	Commercial Indemnity	I	COMMERCIAL INSURANCE
522	Self-Insured	S	SELF-INSURED
61	Regence Blue Cross Managed Care	B	BLUE CROSS/BLUE SHIELD
62	Regence Blue Cross Indemnity	B	BLUE CROSS/BLUE SHIELD
81	Self-Pay	P	SELF-PAY
82	No Charge	Z	MEDICALLY INDIGENT/FREE RESEARCH
821	Charity	Z	MEDICALLY INDIGENT/FREE RESEARCH
83	Refusal to Pay/Bad Debt		
84	Hill Burton Free Care		
95	Worker's Compensation	W	WORKER'S COMPENSATION
98	Other Payer	O	OTHER
ZZZ	Missing Data		

**Appendix 3**  
**Crosswalk Between**  
**ANSI ASC X12 Claim Filing Indicator Code List**  
**&**  
**Payer Typology**

<b>X12 Code</b>	<b>X12 Description</b>	<b>Typology Code</b>	<b>Typology Description</b>
09	Self-pay	81	Self Pay
10	Central Certification	n/a	Ambiguous Definition
11	Other Non-Federal Programs	3 or 4	Other Government OR Corrections
12	Preferred Provider Organization (PPO)	512	Commercial Managed Care - PPO
13	Point of Service (POS)	513	Commercial Managed Care - POS
14	Exclusive Provider Organization (EPO)	514	Exclusive Provider Organization
15	Indemnity Insurance	52 or 53	Private Health Insurance – Indemnity OR Commercial Indemnity
16	Health Maintenance Organization (HMO) Medicare Risk	111	Medicare HMO
AM	Automobile Medical	96	Auto Insurance (No Fault)
BL	Blue Cross/Blue Shield	6	Blue Cross / Blue Shield
CH	Champus	311	TRICARE (Champus)
CI	Commercial Insurance Co.	53	Commercial Indemnity
DS	Disability	93	Disability Insurance
HM	Health Maintenance Organization	511	Commercial Managed Care - HMO
LI	Liability	n/a	Ambiguous Definition
LM	Liability Medical	n/a	Ambiguous Definition
MA	Medicare Part A	1	Medicare
MB	Medicare Part B	1	Medicare
MC	Medicaid	2	Medicaid
OF	Other Federal Program	3 or 4	Other Government OR Corrections
TV	Title V	341	Title V (MCH Block Grant)
VA	Veteran Administration Plan	32	Department of Veterans Affairs
WC	Workers' Compensation Health Claim	95	Workers' Compensation
ZZ	Mutually Defined / Unknown	n/a	Ambiguous Definition

Notes:

- It should be noted that some ANSI ASC X12 codes (10, LI, LM, ZZ) lack sufficient definition to be mapped to the Payer Typology.
- It should be noted that some ANSI ASC X12 codes (11, 15, OF) are not specific enough to map to a single Payer Typology code.