

## Commercial/Other Insurance Coverage Type Codes

VALUE	DESCRIPTIONS
AS	All Services
DO	Only Dental
DV	Only Dental and Vision
HO	Only Inpatient Hospital
NH	Only LTC Coverage
RX	Only Pharmacy
VO	Only Vision Care
IO	Only Inpatient/Outpatient Hospital
MS	Only Medical Supplies
OH	Only Outpatient Hospital
PH	Only Physician, Hospital, Substance Abuse Treatment, Lab
PS	Only Psych, Substance Abuse Treatment
XD	Exclude Dental
XN	Exclude Nursing Home, RX
XR	Exclude Pharmacy (RX)
XV	Exclude Vision Care
X1	Exclude Dental, Vision, Nursing Home
X2	Exclude Vision, Dental
X3	Exclude RX, Vision
X4	Exclude RX, Dental
X5	Exclude RX, Vision, Dental
X6	Exclude Dental, RX, Nursing Home, Vision
CV	Exclude Chiro, Dental, Podiatrist, Vision, RX
PR	Exclude Psychiatric, RX, Dental, Vision
R6	Exclude RX, Dental, Vision, H/S, Chiro, Hearing Aid Dealer; Medicare Supplemental
R7	Exclude RX, Dental, Vision, H/S
XM	Medicare - Eligible for, not enrolled
ND	Medicare - Eligible, not enrolled in Medicare D
AA	Medicare - Enrolled in Part A
BB	Medicare - Enrolled in Part B
CC	Medicare - Enrolled in Medicare Advantage Plan
DD	Medicare - Enrolled in Part D
XX	Medicare - Aliens not enrolled for Medicare
ZZ	Medicare – Eligible for, not confirmed/special FirstHealth
NO	Network only (No PPRS/PPBs)