

## Payor

Description:	Claim Filing Indicator Code
Allowable Values:	09-16, 70, 88, 99 AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ
Codes:	09 Self-pay
	10 Central certification
	11 Other non-federal programs
	12 Preferred Provider Organization PPO
	13 Point of Service (POS)
	14 Exclusive Provider Organization (EPO)
	15 Indemnity Insurance
	16 Health Maintenance Organization (HMO)
	70 No charge
	88 Other
	99 Unknown
	AM Automobile Medical
	BL Blue Cross/ Blue Shield
	CH CHAMPUS
	CI Commercial Insurance Co.
	DS Disability
	HM Health Maintenance Organization
	LI Liability
	LM Liability Medical
	MA Medicare Part A
	MB Medicare Part B
	MC Medicaid

OF Other Federal Program  
TV Title V  
VA Veteran Administration Plan  
WC Workers Compensation  
ZZ Mutually Defined

Length: 2  
Format: ID  
Notes: N/A  
Standard: X12N