

LEGEND OF CODES ON DETAIL CLAIMS LISTING

TYPE CONTRACT CODE					
Code	Definition	Code	Definition	Code	Definition
A	Sponsored Single Subscriber from age 19 to 23	EF	Husband/Wife - Dental	SM	Emp (Medicare Eligible) / Spouse - Dental (State)
AA	Subscriber only - Dental	EG	Adult/Child - Dental	SN	Emp (Not Medicare Eligible) & One Dep (Medicare Eligible) - Dental (State)
AB	Family - Dental	EH	Adult/Children - Dental	SP	Emp (Medicare Eligible)/Child(ren) - Dental (State)
AC	Spouse Only - Dental	EI	Employee/Dependent - Dental	SQ	Emp (Med Elig)/Spouse/Child(ren) and/or Emp (Med Elig)/Spouse (Med Elig)/Child(ren) - Dental (State)
AD	Dependent Child - Dental	EJ	Employee/Dependent - Dental	SR	Emp/Spouse (Med Elig)/Child(ren) - Dental (State)
AE	Dependent Children - Dental	F	Subscriber & Spouse Subject to Medicare Exclusion/Disability	SS	Emp/Spouse (Both Med Elig) - Dental (State)
AF	Husband/Wife - Dental	G	Family Membership - 2 or more under 65	SR	Emp/Spouse (Med Elig)/Child(ren) - Dental (State)
AG	Adult/Child - Dental	H	Subscriber(s) is under Family Membership	ST	Employee/Child (Both Med Elig) - Dental (State)
AH	Adult/Children - Dental	J	Emp & Dependent Child(ren)	SV	Employee/MER Child - Dental (State)
A7	Employee & Dependents or Student & Dependents	K	Female Emp, Single Sub, With OB	SW	Sub & Spouse (Both Medicare Primary) & One More Dependent Children - Dental (State)
B	Sponsored Single Subscriber from age 19 to 25	N	Female Emp, Single Sub, With OB	SY	Sub, Spouse & 1 Dep (All Medicare Primary) - Dental (State)
BA	Employee and One Child	N8	Husband, Wife and Newborn Covered	T	Sponsored Single Subscriber - Age 19 to 22
BB	Employee and Child(ren) One Subject to Medicare	N9	Employee and One Child Plus Newborn	U	Employee (Med Elig) & Spouse Only (State)
BC	Emp & Dependent Child(ren) - No OB	P	Sponsored Female Dependent w/ Maternity	V	Emp/Spouse/Dependents - Emp Subj to Medicare Exclusion/Disability (State)
BD	Husband and Wife One Subject to Medicare	Q	Single Subscriber Blue Shield Subject to Medicare Exclusion/Disability	W	Emp/Spouse/Deps - Spouse Subject to Medicare Exclusion/Disability (State)
BE	Spouse Only Covered	R	Dependent Only Covered	X	Employee/Spouse Subject to Medicare Exclusion/Disability (incl. Dependents) (State)
BF	Child/Children Only Covered	S	Dependents Only Covered	Y	Single Male (OB on Single Membership)
BG	Employee, Spouse and One Child (Wesley)	SA	Employee (Medicare Eligible) and Child(ren) Only (State)	Z	Single Male (OB on Single Membership)
BH	Employee and Two Children (Wesley)	SB	Employee (Not Medicare Eligible) and One Dependent (Medicare Eligible) (State)	1	Single Membership
BI	Employee Subject to Medicare	SC	Subscriber & Child/Medx (State)	2	Family Membership
BJ	Female Emp, Single Sub, With OB	SD	Sub & Spouse (Both Medicare Primary) and One Dependent Child (State)	3	Employee or Student Only Covered
BK	Single Male	SE	Sub, Spouse & One Dependent (All Medicare Primary) (State)	4	Dependent Only Covered
BL	Single Male	SF	Emp/Spouse/Dep - Spouse Subject to Medicare Exclusion/Disability (HMO State)	5	Dependents Only Covered
BM	Female Emp, Single Sub, With OB	SG	Employee (Not Medicare Eligible) & Child (Medicare Eligible)	6	Sponsored Dependent - Dep on Sub for Support, Claimed on Income Tax, Non-Rel/ Reside in Home
BN	Employee and One Child Subject to Medicare	SH	Emp/Spouse/Deps - Ins & Spouse both State	7	Employee & Dependents, Student & Deps Covered
B7	Employee & Dependents or Student & Dependents	SI	Emp/Spouse/One Dep (Both Emp and One Dep Medicare Eligible) (State)	8	Husband and Wife
C	Sponsored Single Subscriber 25 or Over Handicapped Beginning Prior to 19th Birthday	SL	Emp Only (Medicare Eligible) - Dental (State)	9	Employee & Dependent, Student & Dependent, Two Deps or Spouse and One Dependent
D	Single Sub Subject to Medicare Exclusion/Disability				
E	Single Subscriber Blue Cross Subject to Medicare Exclusion/Disability				
EA	Employee Only - Dental				
EB	Employee/Dependent - Dental				
EC	Spouse Only - Dental				
ED	Dependent Child - Dental				
EE	Dependent Children - Dental				

TYPE SERVICE CODES		SEX/RELATIONSHIP		PRODUCT CODE	
Code	Definition	Code	Definition	Code	Definition
1C	Inpatient Medical	01	Spouse	01	Basic/Major Medical Rider
2C	Inpatient Surgical	05	Grandchild	02	Major Medical Rider *
3C	Inpatient Maternity	07	Nephew/Niece	03	Dental * (see codes 24 thru 26)
4C	Outpatient Medical	08	Cousin	04	Comprehensive Major Medical
5C	Outpatient Surgical	09	Adopted Child	05	Vision
6C	Outpatient Accident	10	Foster Child	06	Drugs * (see codes 63 thru 66)
7C	Plan 65 Inpatient Medical	14	Sibling	07	Shared Pay Comprehensive
8C	Plan 65 Inpatient Surgical	15	Ward	08	Hearing
9C	Plan 65 Outpatient	17	Step Child	09	Plan 150
1	Medical Care	18	Self	10	Blue Select
2	Surgery	19	Child	11	Basic Blue
3	Consultation	24	Dependent of Minor	12	Office Visit Copay *
4	Diagnostic X-ray	38	Collateral Dependent	20	Affordablue
5	Diagnostic Laboratory	53	Life Partner	21	Essential Blue Under 65
6	Radiation Therapy	G8	Other Relative	22	Healthy Blue
7	Dental			24	Dental -Building Block
8	Assistant Surgery			25	Dental - Comprehensive
9	Misc Medical Care, Hospice or Renal Supply			26	Dental - Shared Pay
0	Blood			31	Medicare Exclusion Basic *
A	DME - Used	CORPORATION CODE (DIVISION CODE)		32	Medicare Exclusion Major Medical Rider *
C	Conductive Anesthesia	Code	Definition	33	Medicare Exclusion Dental *
D	Drugs	1	Blue Cross	34	Medicare Exclusion Comprehensive Major Med *
F	Ambulatory Surgical Center	2	Blue Shield	35	Medicare Exclusion Vision *
G	Anesthesia	4	All Blue	36	Medicare Exclusion Drugs *
H	Diagnostic X-ray PC	5	ITS Institutional (Cross)	37	Medicare Exclusion Shared Pay Comprehensive *
K	Diagnostic Lab - TC	6	ITS Professional (Shield)	38	Medicare Exclusion Hearing *
L	Diagnostic Laboratory PC			40	Medicare Exclusion Blue Select *
M	Maternity			41	Medicare Exclusion Basic Blue *
N	Kidney Donor			42	Medicare Exclusion Office Visit Copay *
T	Diagnostic X-ray TC			50	Affordablue MER *
W	DME - Rental			51	Essential Blue MER *
X	DME - Purchase			61	Plan 65
Y	Radiation Therapy - PC			63	Drugs - BlueRx Card
				64	Drugs - BlueRx Direct
				65	Drugs - BlueRx Rider
				66	Drugs - BlueRx Shared Pay
				70	HMO Senior Plan
				71	Plan D *
				88	ITS Denied Claims Recovery Fee (AL&GL Systems)
				90	Long Term Care

* Not valid with July 2011 anniversaries and after