

**DEPARTMENT OF HEALTH SERVICES
PHARMACY OUTPATIENT MATRIX**

INSURANCE CODE OP/IP	INSURANCE DESCRIPTION	PATIENT TYPE	PHARMACY DESCRIPTION
000	SELF PAY OUTPATIENT	O	CASH/OUTSIDE PHARMACY/NOTIFY LOW COST NO COST PROGRAM
301	MEDICARE	I/O	OUTSIDE PHARMACY/BILL TO THIRD PARTY IF ENROLLED IN A DRUG PLAN
307	MCARE IP EXHAUSTED/PART B ONLY W/MCAL		REFER TO PFS
311	MEDICARE IP PART B ONLY		REFER TO PFS
312	RECOVERY AUDIT CONTRACTOR (RAC)		REFER TO PFS
320	MENTAL HEALTH	I/O	NO CHARGE
321	MENTAL HEALTH W/UMDAP LIABILITY		NO CHARGE
325	PREPAYMENT OUTPATIENT	O	CASH
326	PREPAID DELIVERY PLAN	I/O	NO CHARGE
328	PRENATAL OUTPATIENT	O	CASH/OUTSIDE PHARMACY
345	RYAN WHITE PROGRAM PENDING		REFER TO PFS
349	ATP PENDING		REFER TO PFS
350	ATP NO LIABILITY	I/O	NO CHARGE
351	ATP WITH/LIABILITY	I/O	NO CHARGE
352	GENERAL RELIEF	I/O	NO CHARGE
353	GENERAL RELIEF PENDING		REFER TO PFS
358	GENETICALLY HANDICAPPED	I/O	NO CHARGE
360	RYAN WHITE PROGRAM	O	PHARMACY BILL ADAP
363	RESEARCH/GRANT PROGRAMS	I/O	NO CHARGE, FOR STUDY DRUGS ONLY, NON-STUDY DRUGS CASH
365	CANCER DETECTION PROGRAM	I/O	REFER TO PFS
373	VIOLENCE INTERVENTION PROGRAM		NO CHARGE
375	IMPACT PROSTATE CANCER	I/O	NO CHARGE
380	CALIFORNIA CHILDREN'S SERVICES (CCS) PENDING		NO CHARGE
381	CALIFORNIA CHILDREN'S SERVICES (CCS)	I/O	NO CHARGE
383	LAW ENFORCEMENT	I/O	NO CHARGE
384	OTHER COUNTY DEPARTMENTS	I/O	NO CHARGE
387	PROBATION DEPARTMENT	I/O	NO CHARGE
388	SHERIFF DEPARTMENT/OTHER AGENCIES	I/O	NO CHARGE
402	HOSPITAL PRESUMPTIVE ELIGIBILITY (PE)	O	NO CHARGE
403	MEDI-CAL RESTRICT BENEFITS/NON COVERED		NO CHARGE
404	HOSPITAL ACQUIRED CONDITION (HAC) PATIENTS		REFER TO PFS
405	MEDI-CAL	I/O	NO CHARGE
406/000	MEDI-CAL RESTRICTED BENEFITS/SELF PAY	I/O	NO CHARGE
406/501	MEDI-CAL RESTRICTED BENEFITS/OUT OF COUNTY/COUNTRY	I/O	CASH/OUTSIDE PHARMACY
407	MEDI-CAL PEND DIST (HOSPITAL DESIGNATED)	I/O	NO CHARGE
409	MEDI-CAL/CCS	I/O	NO CHARGE
411	MEDI-CAL W/UNMET SOC		NO CHARGE
413	MEDI-CAL SHARE OF COST		NO CHARGE
414	MEDI-CAL PENDING/RESTRICTED BENEFITS		NO CHARGE
423	MEDI-CAL PENDING OTHER DISTRICT	O	NO CHARGE
424	MEDI-CAL PENDING NON DED OP DPSS	O	NO CHARGE
425	MEDI-CAL PENDING DED OP DPSS	O	NO CHARGE
426	MEDI-CAL BCCTP (BREAST ONLY)	I/O	NO CHARGE
427	MEDI-CAL MENTAL HEALTH	I/O	BILL MEDI-CAL FOR COVERED DRUGS
428	MEDI-CAL PENDING DISTRICT 18	I/O	NO CHARGE
431	MEDI-CAL PENDING DISTRICT 30 (PSYCH)		NO CHARGE
432	MEDI-CAL PENDING ATD/DED	I/O	NO CHARGE
434	MEDI-CAL BCCTP (CERVICAL ONLY)	I/O	NO CHARGE
438	MEDI-CAL CAL OPTIMA DIRECT	O	OUTSIDE PHARMACY/BILL TO THIRD PARTY PLAN
441	IN-HOMECARE SUPPORT SERVICES (IHSS)	I/O	NO CHARGE
461	ACCIDENT LITIGATION		CASH/OUTSIDE PHARMACY
464	STATE HOSPITAL REFERRAL	I/O	NO CHARGE
465	CREDIT BALANCE		REFER TO PFS
468	IP SELF PAY LIABILITIES		REFER TO PFS
469	SELF PAY INPATIENT	I	REFER TO PFS
470	UNKNOWN	I	REFER TO PFS
471	TUBERCULOSIS		NO CHARGE
476	MANDATED PROGRAMS/PUBLIC HEALTH	I/O	NO CHARGE
478	PLAN OF PAYMENT	I/O	CASH
480	FAMILY PLAN SERVICES/NON MEDI-CAL	I/O	NO CHARGE
481	THIRD PARTY ID SERVICES		REFER TO PFS
484	OUT OF COUNTY DISCOUNT PAYMENT PLAN	I/O	CASH
490	RETURN DATAMAILER/BAD ADDRESS	I/O	REFER TO PFS
499	ADMINISTRATIVE HOLD	I/O	NO CHARGE
501	OUT OF COUNTY/COUNTRY	I/O	CASH
503	TRICARE	I/O	OUTSIDE PHARMACY
504	BLUE CROSS COMMERCIAL	I/O	OUTSIDE PHARMACY
508	VETERANS ADMINISTRATION		OUTSIDE PHARMACY
510	MEDICAID	I/O	CASH
511	IA (WORKERS COMPENSATION)	I/O	CASH/OUTSIDE PHARMACY

**DEPARTMENT OF HEALTH SERVICES
PHARMACY OUTPATIENT MATRIX**

INSURANCE CODE OP/IP	INSURANCE DESCRIPTION	PATIENT TYPE	PHARMACY DESCRIPTION
521	PRIMARY BILLING VENDOR CLOSED ACCOUNTS		REFER TO PFS
522	SECONDARY BILLING VENDOR REFERRALS		REFER TO PFS
523	UNITED HEALTH CARE COMMERCIAL	I/O	CASH/OUTSIDE PHARMACY
524	AETNA COMMERCIAL	I/O	CASH/OUTSIDE PHARMACY
525	CIGNA COMMERCIAL	I/O	CASH/OUTSIDE PHARMACY
526	EMPIRE BLUE CROSS/SHIELD	I/O	CASH/OUTSIDE PHARMACY
530	PACIFICARE COMMERCIAL	I/O	CASH/OUTSIDE PHARMACY
531	PRIVATE INSURANCE	I/O	CASH/OUTSIDE PHARMACY
533	AUTO INSURANCE MED PAY	I/O	CASH/OUTSIDE PHARMACY
536	IA COUNTY EMPLOYEES	I/O	NO CHARGE WITH COUNTY ID
537	PRM/LIFETIME CARE (SETTLED)	I/O	NO CHARGE
538	PRM LITIGATION	I/O	NO CHARGE
539	FAST TRACK		NO CHARGE
543	MEDICARE CAL OPTIMA		CASH/OUTSIDE PHARMACY
544	KAISER MEDICARE MANAGED CARE		OUTSIDE PHARMACY
545	MEDICARE HMO	I/O	OUTSIDE PHARMACY
550	MEDI-CAL CAL OPTIMA	I/O	OUTSIDE PHARMACY
551	KAISER COMMERCIAL	I/O	OUTSIDE PHARMACY
555	MCAL CAL OPTIMA PENDING		OUTSIDE PHARMACY
564	MCAL MANAGED CARE HEALTH CARE PLAN	I/O	OUTSIDE PHARMACY
577	PPO AFFORDABLE HEALTH CONCEPTS		CASH/OUTSIDE PHARMACY
581	HEALTH NET COMMERCIAL	I/O	BILL ONLINE TO THIRD PARTY
583	BLUE SHIELD COMMERCIAL	I/O	OUTSIDE PHARMACY
615	MCAL MANAGED CARE HEALTH NET (DHS)	I/O	BILL ONLINE TO THIRD PARTY
617	MCAL MANAGED CARE HEALTH CARE LA	O	BILL ONLINE TO THIRD PARTY
636	LA CARE MEDICARE MANAGED CARE		OUTSIDE PHARMACY
644	MCAL MANAGED CARE LA CARE (DHS)	I/O	BILL ONLINE TO THIRD PARTY
646	MCAL MANAGED CARE HEALTH NET HCP	I/O	BILL ONLINE TO THIRD PARTY
651	MCAL MANAGED CARE LA CARE HCP	I/O	BILL ONLINE TO THIRD PARTY
656	MCAL MANAGED CARE BLUE CROSS HCP	I/O	OUTSIDE PHARMACY
661	MCAL MANAGED CARE MOLINA HCP	I/O	OUTSIDE PHARMACY
666	MCAL MANAGED CARE CARE FIRST HCP	I/O	OUTSIDE PHARMACY
671	MCAL MANAGED CARE KAISER HCP	I/O	OUTSIDE PHARMACY
870	MEDI-CAL POST AFFORDABLE CARE ACT		REFER TO PFS
903	MEDI-CAL FIELD OFFICE DENIED DAYS		REFER TO PFS
905	MEDI-CAL ROUTINE ADMIN DAYS		REFER TO PFS
907	MEDICARE/NONBILLABLE DAYS/HOSPITAL RESPONSIBLE		REFER TO PFS
909	MEDI-CAL SHARE OF COST (SOC) - ZERO PAYMENT		REFER TO PFS
911	MEDI-CAL MC NON PAYMENT/NON COVERED		REFER TO PFS
912	COMMERCIAL INS NON PAYMENT/HOSP RESPONSIBLE		REFER TO PFS
P01	PHARMACY - ADMINISTRATIVE OVERRIDE	O	NO CHARGE
P03	PHARMACY - ER OVERFLOW	O	NO CHARGE
P04	PHARMACY - ER DISCHARGE	O	NO CHARGE
P05	PHARMACY - HOSPITAL DISCHARGE	O	NO CHARGE
P07	PHARMACY - CLINIC USE MEDICATION	O	NO CHARGE

UPON DISCHARGE: PATIENTS WHO ARE NOT COVERED BY MEDI-CAL, PENDING MEDI-CAL, GR OR ATP ARE ENTITLED TO AT LEAST A THREE (3) DAY SUPPLY OF MEDICATION.