

**Version 9.2 December 11, 2020**

Reference to the User's Guide for Source of Payment Typology can be found at: [nahdo.org/SOPT](http://nahdo.org/SOPT)

<b>Code</b>	<b>Description</b>
<b>1</b>	<b>MEDICARE</b>
<b>11</b>	<b>Medicare Managed Care (Includes Medicare Advantage Plans)</b>
111	Medicare HMO
112	Medicare PPO
113	Medicare POS
119	Medicare Managed Care Other
1111	Medicare Chronic Condition Special Needs Plan (C-SNP)
1112	Medicare Institutional Special Needs Plan (I-SNP)
<b>12</b>	<b>Medicare (Non-managed Care)</b>
121	Medicare FFS
122	Medicare Drug Benefit
123	Medicare Medical Savings Account (MSA)
129	Medicare Non-managed Care Other
<b>13</b>	<b>Medicare Hospice</b>
<b>14</b>	<b>Dual Eligibility Medicare/Medicaid Organization</b>
141	Dual Eligible Special Needs Plan (D-SNP)
142	Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP)
<b>19</b>	<b>Medicare Other</b>
191	Medicare Pharmacy Benefit Manager
<b>2</b>	<b>MEDICAID</b>
<b>21</b>	<b>Medicaid (Managed Care)</b>
211	Medicaid HMO
212	Medicaid PPO
213	Medicaid PCCM (Primary Care Case Management)
219	Medicaid Managed Care Other
<b>22</b>	<b>Medicaid (Non-managed Care Plan)</b>
<b>23</b>	<b>Medicaid/SCHIP</b>
<b>25</b>	<b>Medicaid - Out of State</b>
<b>26</b>	<b>Medicaid – Long Term Care</b>
<b>29</b>	<b>Medicaid Other</b>
291	Medicaid Pharmacy Benefit Manager
299	Medicaid – Dental
<b>3</b>	<b>OTHER GOVERNMENT (Federal/State/Local) (excluding Department of Corrections)</b>
<b>31</b>	<b>Department of Defense</b>
311	TRICARE (CHAMPUS)
3111	TRICARE Prime—HMO
3112	TRICARE Extra—PPO
3113	TRICARE Standard - Fee For Service
3114	TRICARE For Life--Medicare Supplement

**Version 9.2 December 11, 2020**

<b>Code</b>	<b>Description</b>
3115	TRICARE Reserve Select
3116	Uniformed Services Family Health Plan (USFHP) -- HMO
3119	Department of Defense - (other)
312	Military Treatment Facility
3121	Enrolled Prime—HMO
3122	Non-enrolled Space Available
3123	TRICARE For Life (TFL)
313	Dental --Stand Alone
<b>32</b>	<b>Department of Veterans Affairs</b>
321	Veteran care-Care provided to Veterans
3211	Direct Care-Care provided in VA facilities
3212	Indirect Care-Care provided outside VA facilities
32121	Fee Basis
32122	Foreign Fee/Foreign Medical Program (FMP)
32123	Contract Nursing Home/Community Nursing Home
32124	State Veterans Home
32125	Sharing Agreements
32126	Other Federal Agency
32127	Dental Care
32128	Vision Care
322	Non-veteran care
3221	Civilian Health and Medical Program for the VA (CHAMPVA)
3222	Spina Bifida Health Care Program (SB)
3223	Children of Women Vietnam Veterans (CWVV)
3229	Other non-veteran care
<b>33</b>	<b>Indian Health Service or Tribe</b>
331	Indian Health Service – Regular
332	Indian Health Service – Contract
333	Indian Health Service - Managed Care
334	Indian Tribe - Sponsored Coverage
<b>34</b>	<b>HRSA Program</b>
341	Title V (MCH Block Grant)
342	Migrant Health Program
343	Ryan White Act
344	Disaster-related (includes Covid-19)
349	Other
<b>35</b>	<b>Black Lung</b>
<b>36</b>	<b>State Government</b>
361	State SCHIP program (codes for individual states)
362	Specific state programs (list/ local code)
369	State, not otherwise specified (other state)
<b>37</b>	<b>Local Government</b>
371	Local - Managed care
3711	HMO
3712	PPO
3713	POS
372	FFS/Indemnity
379	Local, not otherwise specified (other local, county)

**Version 9.2 December 11, 2020**

Code	Description
<b>38</b>	<b>Other Government (Federal, State, Local not specified)</b>
381	Federal, State, Local not specified managed care
3811	Federal, State, Local not specified - HMO
3812	Federal, State, Local not specified - PPO
3813	Federal, State, Local not specified - POS
3819	Federal, State, Local not specified - not specified managed care
382	Federal, State, Local not specified – FFS
389	Federal, State, Local not specified – Other
<b>39</b>	<b>Other Federal</b>
391	Federal Employee Health Plan – Use when known.
<b>4</b>	<b>DEPARTMENTS OF CORRECTIONS</b>
<b>41</b>	<b>Corrections Federal</b>
<b>42</b>	<b>Corrections State</b>
<b>43</b>	<b>Corrections Local</b>
<b>44</b>	<b>Corrections Unknown Level</b>
<b>5</b>	<b>PRIVATE HEALTH INSURANCE</b>
<b>51</b>	<b>Managed Care (Private)</b>
511	Commercial Managed Care - HMO
512	Commercial Managed Care - PPO
513	Commercial Managed Care - POS
514	Exclusive Provider Organization
515	Gatekeeper PPO (GPPO)
516	Commercial Managed Care - Pharmacy Benefit Manager
517	Commercial Managed Care - Dental
519	Managed Care, Other (non HMO)
<b>52</b>	<b>Private Health Insurance - Indemnity</b>
521	Commercial Indemnity
522	Self-insured (ERISA) Administrative Services Only (ASO) plan
523	Medicare supplemental policy (as second payer)
524	Indemnity Insurance – Dental
529	Private health insurance—other commercial Indemnity
<b>53</b>	<b>Managed Care (private) or private health insurance (indemnity), not otherwise specified</b>
<b>54</b>	<b>Organized Delivery System</b>
<b>55</b>	<b>Small Employer Purchasing Group</b>
<b>56</b>	<b>Specialized Stand-Alone Plan</b>
561	Dental
562	Vision
<b>59</b>	<b>Other Private Insurance</b>
<b>6</b>	<b>BLUE CROSS/BLUE SHIELD</b>
<b>61</b>	<b>BC Managed Care</b>
611	BC Managed Care – HMO
612	BC Managed Care – PPO
613	BC Managed Care – POS
614	BC Managed Care – Dental

**Version 9.2 December 11, 2020**

<b>Code</b>	<b>Description</b>
619	BC Managed Care – Other
<b>62</b>	<b>BC Insurance Indemnity</b>
621	BC Indemnity
622	BC Self-insured (ERISA) Administrative Services Only (ASO)Plan
623	BC Medicare Supplemental Plan
629	BC Indemnity – Dental
<b>7</b>	<b>MANAGED CARE, UNSPECIFIED (to be used only if one can't distinguish public from private)</b>
<b>71</b>	<b>HMO</b>
<b>72</b>	<b>PPO</b>
<b>73</b>	<b>POS</b>
<b>79</b>	<b>Other Managed Care</b>
<b>8</b>	<b>NO PAYMENT from an Organization/Agency/Program/Private Payer Listed</b>
<b>81</b>	<b>Self-pay (Includes applicants for insurance and Medicaid applicants)</b>
<b>82</b>	<b>No Charge</b>
821	Charity
822	Professional Courtesy
823	Research/Clinical Trial
<b>83</b>	<b>Refusal to Pay/Bad Debt</b>
<b>84</b>	<b>Hill Burton Free Care</b>
<b>85</b>	<b>Research/Donor</b>
<b>89</b>	<b>No Payment, Other</b>
<b>9</b>	<b>MISCELLANEOUS/OTHER</b>
<b>91</b>	<b>Foreign National</b>
<b>92</b>	<b>Other (Non-government)</b>
<b>93</b>	<b>Disability Insurance</b>
<b>94</b>	<b>Long-term Care Insurance</b>
<b>95</b>	<b>Worker's Compensation</b>
951	Worker's Comp HMO
953	Worker's Comp Fee-for-Service
954	Worker's Comp Other Managed Care
959	Worker's Comp, Other unspecified
<b>96</b>	<b>Auto Insurance (includes no fault)</b>
<b>97</b>	<b>Legal Liability / Liability Insurance</b>
<b>98</b>	<b>Other specified but not otherwise classifiable (includes Hospice - Unspecified plan)</b>
<b>99</b>	<b>No Typology Code available for payment source</b>
<b>9999</b>	<b>Unavailable / No Payer Specified / Blank</b>