

## **APPENDIX A**

### **OHC Code Descriptions**

<u>OHC Code</u>	<u>Carrier</u>
A	Pay and chase (applies to any carrier)
C	Military benefits comprehensive
D	Medicare Part D prescription drug coverage
E	Vision plans
F	Medicare Part C health plan
G	Medical parolee
H	Multiple plans comprehensive
I	Institutionalized
K	Kaiser
L	Dental only policies
N	No OHC
P	Preferred Provider Organization/Prepaid Health Plan/Health Maintenance Organization/Exclusive Provider Organization or not otherwise specified
Q	Commercial pharmacy plans
V	Any carrier other than the above (includes multiple coverage)
W	Multiple plans non-comprehensive

### **Scope of Coverage (COV) Codes Chart**

<u>COV Code</u>	<u>Service Category</u>
O	Hospital Outpatient
I	Hospital Inpatient
M	Medical and Allied Services
L	Long Term Care
P	Prescription Drugs/Medical Supplies
D	Dental Services
V	Vision Care Services
R	Medicare Part D