

Aid Codes Master Chart

The Aid Codes Master Chart was developed for use in conjunction with the Medi-Cal Eligibility Verification System (EVS). Providers must submit an inquiry to the EVS to verify a recipient's eligibility for services. The eligibility response returns a message indicating whether the recipient is eligible, and for what services. The message includes an aid code if the recipient is eligible. If a recipient has an unmet Share of Cost (SOC), an aid code is not returned, since the recipient is not considered eligible until the Share of Cost is met. A recipient may have more than one aid code, and may be eligible for multiple programs and services.

The aid codes in this chart are meant to assist providers in identifying the types of services for which Medi-Cal and Public Health Program recipients are eligible. The chart includes only aid codes used to bill for services through the Medi-Cal claims processing systems and for other non Medi-Cal programs that need to verify eligibility through EVS.

Note: Unless stated otherwise, these aid codes cover United States citizens, United States Nationals and immigrants in a satisfactory immigration status. Satisfactory immigration status includes lawful permanent residents, Permanently Residing in the U.S. Under Color of Law (PRUCOL) aliens and certain amnesty aliens.

| Code | Benefits | SOC | Program/Description |
|-----------|---|------------|---|
| C1 | Restricted to pregnancy and emergency services | No | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>Aid to the Aged – Medically Needy.</u> |
| C2 | Restricted to pregnancy and emergency services | Yes | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>Aid to the Aged – Medically Needy, SOC.</u> |
| C3 | Restricted to pregnancy and emergency services | No | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>Blind – Medically Needy.</u> |
| C4 | Restricted to pregnancy and emergency services | Yes | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>Blind – Medically Needy, SOC.</u> |
| C5 | Restricted to pregnancy and emergency services | No | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>AFDC – Medically Needy.</u> |

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| Code | Benefits | SOC | Program/Description |
|-----------|---|-----|--|
| <u>C6</u> | <u>Restricted to pregnancy and emergency services</u> | Yes | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>AFDC – Medically Needy SOC.</u> |
| <u>C7</u> | <u>Restricted to pregnancy and emergency services</u> | No | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>Disabled – Medically Needy.</u> |
| <u>C8</u> | <u>Restricted to pregnancy and emergency services</u> | Yes | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>Disabled – Medically Needy, SOC.</u> |
| <u>C9</u> | <u>Restricted to pregnancy and emergency services</u> | No | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>MI – Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.</u> |
| <u>D1</u> | <u>Restricted to pregnancy and emergency services</u> | Yes | <u>OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens.</u> <u>MI – Child SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.</u> |
| <u>D2</u> | <u>Restricted to pregnancy and emergency services</u> | No | <u>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</u> <u>Aid to the Aged – Long Term Care (LTC). Covers persons 65 years of age or older who are medically needy and in LTC status.</u> <u><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></u> |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| D3 | Restricted to pregnancy and emergency services | Yes | <p>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Aid to the Aged – Long Term Care (LTC), SOC. Covers persons 65 years of age or older who are medically needy and in LTC status.</p> <p><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> |
| D4 | Restricted to pregnancy and emergency services | No | <p>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Blind – Long Term Care (LTC).</p> <p><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> |
| D5 | Restricted to pregnancy and emergency services | Yes | <p>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Blind – Long Term Care (LTC), SOC.</p> <p><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> |

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| Code | Benefits | SOC | Program/Description |
|-----------|---|-----------|---|
| D6 | Restricted to pregnancy and emergency services | No | <p>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Disabled – Long Term Care (LTC).</p> <p><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> |
| D7 | Restricted to pregnancy and emergency services | Yes | <p>OBRA Aliens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual.</p> <p>Disabled – Long Term Care (LTC), SOC.</p> <p><i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i></p> |
| D8 | Restricted to pregnancy and emergency services | No | <p>OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens.</p> <p>MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent.</p> |
| D9 | Restricted to pregnancy and emergency services | Yes | <p>OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens.</p> <p>MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.</p> |
| E1 | Restricted to pregnancy and emergency services | No | <p>Unverified Citizens. Covers eligible unverified citizen children.</p> <p>One-Month Medi-Cal to Healthy Families Bridge.</p> <p>Pregnancy and Emergency Services Only. Covers services only to eligible children ages 0 to 19, who are unverified citizens.</p> |

| Code | Benefits | SOC | Program/Description |
|------|--------------------------------|-----|--|
| 0A | Full | No | Refugee Cash Assistance (RCA). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project. |
| 0C | HF services only (no Medi-Cal) | No | Access for Infants and Mothers (AIM) – Infants enrolled in Healthy Families (HF). Infants from a family with an income of 200 to 300 percent of the federal poverty level, born to a mother enrolled in AIM. The infant's enrollment in the HF program is based on their mother's participation in AIM. |
| 0L | Restricted | No | <p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional Coverage Until the County Makes a Determination of Medi-Cal Eligibility. Covers:</p> <ul style="list-style-type: none"> • BCCTP recipients formerly in aid code 0U, without satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for state-funded BCCTP. • BCCTP recipients formerly in aid code 0V, without satisfactory immigration status, who have turned 65 years of age, have other health coverage, and/or are no longer in need of treatment and have exhausted their 18-month (breast cancer) or 24-month (cervical cancer) time limit. • BCCTP recipients formerly in aid code 0X with creditable health coverage who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility. • BCCTP recipients formerly in aid code 0Y, age 65 or older who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of state eligibility. <p>Recipients eligible only for transitional federal emergency, pregnancy-related and state-only Long Term Care (LTC) services.</p> |

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| Code | Benefits | SOC | Program/Description |
|------|---------------------|-----|--|
| 0M | Full | No | BCCTP – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for eligible females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months. |
| 0N | Full | No | BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal while an eligibility determination is made for eligible females younger than 65 years of age without creditable health coverage who have been diagnosed with breast and/or cervical cancer. |
| 0P | Full | No | BCCTP. Provides full-scope, no SOC Medi-Cal for eligible females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements. |
| 0R | Restricted Services | No | BCCTP – High Cost Other Health Coverage (OHC). State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. |
| 0T | Restricted Services | No | BCCTP – State-Funded. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. |
| 0U | Restricted Services | No | BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-funded cancer treatment services are covered for 18 months (breast) and 24 months (cervical). <i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> |
| 0V | Restricted Services | No | Post-BCCTP. Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-month (breast) or 24-month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements. <i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> |

| Code | Benefits | SOC | Program/Description |
|------|------------|-----|--|
| 0W | Full | No | BCCTP Transitional Coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs. |
| 0X | Restricted | No | BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of coverage under state-funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer treatment and related services. |
| 0Y | Restricted | No | BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) state-funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and state-only LTC services, and state-funded cancer treatment and related services. |
| 01 | Full | No | Refugee Cash Assistance (RAC). Covers all eligible refugees during their first eight months in the United States, including unaccompanied children who are not subject to the eight-month limitation. |
| 02 | Full | Y/N | Refugee Medical Assistance/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance. |
| 03 | Full | No | Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. |
| 04 | Full | No | Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC). Covers children receiving cash grants under the state-only AAP/AAC program. |
| 06 | Full | No | Adoption Assistance Program (AAP) Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continued Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18th birthday. |
| 08 | Full | No | Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first eight months in the United States who are receiving ECA benefits, including unaccompanied children who are not subject to the eight-month provision. |

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| Code | Benefits | SOC | Program/Description |
|-----------|--|-----------|--|
| 1E | Full | No | <u>Craig v. Bonta</u> Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are aged, until the county redetermines their Medi-Cal eligibility. |
| 1H | Full | No | Federal Poverty Level – Aged (FPL-Aged). Covers the aged in the Aged and Disabled FPL program. |
| 1U | Restricted to pregnancy and emergency services | No | Restricted Federal Poverty Level – Aged. Covers the aged in the Aged and Disabled FPL program that do not have satisfactory immigration status. |
| 1X | Full | No | Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. |
| 1Y | Full | Yes | Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. |
| 10 | Full | No | Aid to the Aged – SSI/SSP. |
| 13 | Full | Y/N | Aid to the Aged – Long Term Care (LTC). Covers persons 65 years of age or older who are medically needy and in LTC status. |
| 14 | Full | No | Aid to the Aged – Medically Needy. |
| 16 | Full | No | Aid to the Aged – Pickle Eligibles. |
| 17 | Full | Yes | Aid to the Aged – Medically Needy, SOC. |
| 18 | Full | No | Aid to the Aged – In-Home Support Services (IHSS). |
| 2A | Full | No | Abandoned Baby Program. Provides full-scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act. |
| 2E | Full | No | <u>Craig v. Bonta</u> Blind – Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are blind, until the county redetermines their Medi-Cal eligibility. |
| 2H | Full | No | <u>Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.</u> |
| 2V | Full | No | Trafficking and Crime Victims Assistance Program (TCVAP). Refugee Medical Assistance (RMA). Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. |
| 20 | Full | No | Blind – SSI/SSP – Cash. |
| 23 | Full | Y/N | Blind – Long Term Care (LTC). |
| 24 | Full | No | Blind – Medically Needy. |
| 26 | Full | No | Blind – Pickle Eligibles. |
| 27 | Full | Yes | Blind – Medically Needy, SOC. |
| 28 | Full | No | Blind – IHSS. |

| Code | Benefits | SOC | Program/Description |
|-------------|--|------------|---|
| 3A | Full | No | California Work Opportunity and Responsibility to Kids (CalWORKs), Timed-Out, Safety Net – All Other Families. |
| 3C | Full | No | CalWORKs Timed-Out, Safety Net – Two-Parent Families. |
| 3D | Full | No | CalWORKs – Pending, Medi-Cal Eligible. |
| 3E | Full | No | CalWORKs – Legal Immigrant – Family Group. |
| 3G | Full | No | CalWORKs – Zero Parent Exempt. |
| 3H | Full | No | CalWORKs – Zero Parent Mixed. |
| 3L | Full | No | CalWORKs – Legal Immigrant – Aid to families. |
| 3M | Full | No | CalWORKs – Legal Immigrant – Two Parent. |
| 3N | Full | No | Aid to Families with Dependent Children (AFDC) – 1931(b) Non-CalWORKs. |
| 3P | Full | No | CalWORKs – All Families – Exempt. |
| 3R | Full | No | CalWORKs – Zero Parent – Exempt. |
| 3T | Restricted to pregnancy and emergency services | No | Initial Transitional Medi-Cal (TMC). Provides six months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment. |
| 3U | Full | No | CalWORKs – Legal Immigrant – Two Parent Mixed. |
| 3V | Restricted to pregnancy and emergency services | No | AFDC – 1931(b) Non CalWORKs. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status. |
| 3W | Full | No | Temporary Assistance to Needy Families (TANF) Timed-Out, Mixed Case. |

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| Code | Benefits | SOC | Program/Description |
|------------------|--|------------------|--|
| 30 | Full | No | CalWORKS – All Families. |
| 32 | Full | No | TANF Timed out. |
| 33 | Full | No | CalWORKS – Zero Parent. |
| 34 | Full | No | AFDC – Medically Needy. |
| 35 | Full | No | CalWORKS – Two Parent. |
| 36 | Full | No | Aid to Disabled Widow(er)s |
| 37 | Full | Yes | AFDC – Medically Needy SOC. |
| 38 | Full | No | <u>Edwards v. Kizer</u> . |
| 39 | Full | No | Initial Transitional Medi-Cal (TMC) (6 months). Provides six months of coverage for those discontinued from CalWORKs or the Section 1931(b) program due to increased earnings or increased hours of employment. |
| 4A | Full | No | Out-of-State Adoption Assistance Program (AAP). Covers children for whom there is a state-only AAP agreement between any state other than California and adoptive parents. |
| 4F | Full | No | Kinship Guardianship Assistance Payment (Kin-GAP) Cash Assistance. Covers children in the federal program for children in relative placement receiving cash assistance. |
| 4G | Full | No | Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance. |
| 4H | Full | No | Foster care children in CalWORKS. |
| 4K | Full | No | Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care. |
| 4L | Full | No | Foster care children in 1931(b). |
| 4M | Full | No | Former Foster Care Children (FFCC). |
| <u>4T</u> | <u>Full</u> | <u>No</u> | <u>A federal Title IV-E KinGAP (Kinship Guardianship Assistance Program) that serves former and current foster youth by moving them from foster care placements to more permanent placement options through the establishment of a relative guardianship.</u> |
| 4V | Full | Yes | TCVAP – RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. |
| 40 | Full | No | AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for state only foster care placement. |
| 42 | Full | No | AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement. |
| 44 | Restricted to pregnancy-related services | No | 200 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related and postpartum services if family income is at or below 200 percent of the federal poverty level. |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 45 | Full | No | Foster Care. Covers children supported by public funds other than AFDC-FC. |
| 46 | Full | No | Interstate Compact on the Placement of Children (ICPC) Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under foster care prior to his/her eighteenth birthday. Also provides eligibility for the Former Foster Care Children (FFCC) program (aid code 4M) at age 18. |
| 47 | Full | No | 200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. |
| 48 | Restricted to pregnancy-related services | No | 200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) (Income Disregard Program – Pregnant OBRA). Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related and postpartum, if family income is at or below 200 percent of the federal poverty level. |
| 5E | Full | No | Healthy Families to the Medi-Cal Presumptive Eligibility (PE) program. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19. |
| 5F | Restricted to pregnancy and emergency services | Y/N | OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status. |
| 5J | Restricted to pregnancy-related and emergency services | No | SB 87 Pending Disability Program. |
| 5K | Full | No | Emergency Assistance (EA) Foster Care. Covers child welfare cases placed in EA foster care. |
| 5R | Restricted to pregnancy-related and emergency services | Yes | SB 87 Pending Disability Program. |
| 5T | Restricted to pregnancy and emergency services | No | Continuing TMC. Provides an additional six months of emergency services coverage for those beneficiaries who received six months of initial TMC coverage under aid code 3T. |

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| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 5V | Full | No | TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. |
| 5W | Restricted to pregnancy and emergency services | No | Four-Month Continuing Pregnancy and Emergency Services Only. Provides four months of emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support. |
| 50 | Restricted to CMSP emergency services only | Y/N | County Medical Services Program (CMSP). OBRA/Out of County Care. |
| 53 | Restricted to LTC and related services | Y/N | Medically Indigent – Long Term Care (LTC) services. Covers eligible persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC. For more information about LTC services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual. <i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> |
| 54 | Full | No | Four-Month Continuing Eligibility. Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support. |
| 55 | Restricted to pregnancy and emergency services | No | OBRA Not PRUCOL – Long Term Care (LTC) services. Covers eligible undocumented aliens in LTC who are not PRUCOL. Recipients will remain in this aid code even if they leave LTC. For more information about LTC services, refer to the <i>OBRA and IRCA</i> section in this manual. <i>Providers Note: Long Term Care services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i> |
| 58 | Restricted to pregnancy and emergency services | Y/N | OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status. |
| 59 | Full | No | Continuing TMC (6 months). Provides an additional six months of TMC for beneficiaries who had six months of initial TMC coverage under aid code 39. |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|--|
| 6A | Full | No | Disabled Adult Child(ren) (DAC) Blind. |
| 6C | Full | No | Disabled Adult Child(ren) (DAC) Disabled. |
| 6E | Full | No | Craig v. Bonta Disabled – Pending SB 87 redetermination. Covers former Supplemental Security Income/State Supplementary Payment recipients who are disabled, until the county redetermines their Medi-Cal eligibility. |
| 6G | Full | No | 250 Percent Working Disabled Program. |
| 6H | Full | No | Disabled – FPL. Covers the disabled in the Aged and Disabled Federal Poverty Level program. |
| 6J | Full | No | SB 87 Pending Disability. Covers with no SOC beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability. |
| 6N | Full | No | Former SSI No Longer Disabled in SSI Appeals Status. |
| 6P | Full | No | PRWORA/No Longer Disabled Children. |
| 6R | Full | Yes | SB 87 Pending Disability (SOC). Covers with an SOC those ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability. |
| 6U | Restricted to pregnancy and emergency services | No | Restricted Federal Poverty Level – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status. |
| 6V | Full | No | Department of Developmental Services (DDS) Waivers (No SOC). |
| 6W | Full | Yes | DDS Waivers (SOC). |
| 6X | Full | No | Medi-Cal In-Home Operations (IHO) Waiver (No SOC). |
| 6Y | Full | Yes | Medi-Cal In-Home Operations (IHO) Waiver (SOC). |

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| Code | Benefits | SOC | Program/Description |
|-------------|--|------------|--|
| 60 | Full | No | Disabled – SSI/SSP – Cash. |
| 63 | Full | Y/N | Disabled – Long Term Care (LTC). |
| 64 | Full | No | Disabled – Medically Needy. |
| 65 | Full | Y/N | Katrina-Covers eligible evacuees of Hurricane Katrina. |
| 66 | Full | No | Disabled – Pickle Eligibles. |
| 67 | Full | Yes | Disabled – Medically Needy SOC. |
| 68 | Full | No | Disabled – IHSS. |
| 69 | Restricted to emergency services | No | 200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year of age or beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level. |
| 7A | Full | No | 100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level. |
| 7C | Restricted to pregnancy and emergency services | No | 100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level. |
| 7F | Valid for pregnancy verification office visit | No | Presumptive Eligibility (PE) – Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative. |

| Code | Benefits | SOC | Program/Description |
|-----------|--|------------|---|
| 7G | Valid only for ambulatory prenatal care services | No | Presumptive Eligibility (PE) – Ambulatory Prenatal Care. This option allows the Qualified Provider (QP) to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. QP issues paper PE ID Card. |
| 7H | Valid only for TB-related outpatient services | No | Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only. |
| 7J | Full | No | Continuous Eligibility for Children (CEC). Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal. |
| 7K | Restricted to pregnancy and emergency services | No | Continuous Eligibility for Children (CEC). Provides emergency and pregnancy-related benefits (no Share of Cost) to children without satisfactory immigration status who are up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal. |
| 7M | Valid for Minor Consent services | Y/N | Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID Card issued. |
| 7N | Valid for Minor Consent services | No | Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID card issued. |
| 7P | Valid for Minor Consent services | Y/N | Minor Consent Program. Covers eligible minors at least 12 years of age and under the age of 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID card issued. |
| 7R | Valid for Minor Consent services | Y/N | Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID card issued. |
| 7T | Full | No | Express Enrollment – National School Lunch Program (NSLP). |
| 7V | Full | Yes | TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. |
| 7X | Full | No | One-Month Medi-Cal to Healthy Families Bridge. |

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| Code | Benefits | SOC | Program/Description |
|-------------|---|------------|---|
| 71 | Restricted to dialysis and supplemental dialysis-related services | Y/N | Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services. |
| 72 | Full | No | 133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level. |
| 73 | Restricted to parenteral hyperalimentation-related expenses | Y/N | Total Parenteral Nutrition (TPN). Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs. |
| 74 | Restricted to emergency services | No | 133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level. |
| 76 | Restricted to 60-day postpartum services | No | 60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. |
| 77 | Limited to organ transplant anti-rejection medication only | No | Organ transplants: anti-rejection medications program. |
| 8E | Full | No | Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to certain children under the age of 19. |
| 8F | CMSP acute inpatient services only | Y/N | CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. For more information about Long Term Care (LTC) services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual. |
| 8G | Full | No | Severely Impaired Working Individual (SIWI). |
| 8H | Family Planning | N/A | Family PACT (FPACT). Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP Card Issued. |

| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 8N | Restricted to emergency services | No | 133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level. |
| 8P | Full | No | 133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children ages 1 up to 6 or beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level. |
| 8R | Full | No | 100 Percent Excess Property Child. Provides full-scope benefits to otherwise eligible children, ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level. |
| 8T | Restricted to pregnancy and emergency services | No | 100 Percent Excess Property Child – Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only to otherwise eligible children without satisfactory immigration status who are ages 6 to 19 or beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level. |
| 8U | Full | No | CHDP Gateway Deemed Infant. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth. |
| 8V | Full | Yes | CHDP Gateway Deemed Infant SOC. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met. |
| 8W | Full | No | CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. |
| 8X | Full | No | CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. |
| 8Y | CHDP services only | No | CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related and Long Term Care (LTC) services. |
| 80 | Restricted to Medicare expenses | No | Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals. |
| 81 | Full | Y/N | MI – Adults Aid Paid Pending. |
| 82 | Full | No | MI – Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing. |

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| Code | Benefits | SOC | Program/Description |
|------|--|-----|---|
| 83 | Full | Yes | MI – Child SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. |
| 84 | CMSP services only (no Medi-Cal) | No | MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent. |
| 85 | CMSP services only (no Medi-Cal) | Yes | MI – Adult. Covers medically indigent adults aged 21 and over but under 65 years, which meet the eligibility requirements of medically indigent. |
| 86 | Full | No | MI – Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent. |
| 87 | Full | Yes | MI – Confirmed Pregnancy SOC. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs. |
| 88 | CMSP services only (no Medi-Cal) | No | MI – Adult – Disability Pending. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. |
| 89 | CMSP services only (no Medi-Cal) | Yes | MI – Adult – Disability Pending SOC. Covers medically indigent adults aged 21 and over but under 65 years that meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. |
| 9A | Cancer Detection Programs: Every Woman Counts only | No | The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic and case management services. <i>Please note: Cancer Detection Programs: Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions).</i> |
| 9H | HF services only (no Medi-Cal) | No | Healthy Families Child. Provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children. |

| Code | Benefits | SOC | Program/Description |
|-------------|----------------------------------|------------|--|
| 9J | GHPP | No | GHPP-eligible. Eligible for GHPP benefits and case management. |
| 9K | CCS | No | CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). |
| 9M | CCS Medical Therapy Program only | No | Eligible for CCS Medical Therapy Program services only. |
| 9N | CCS Case Management | No | Eligible for CCS only if concurrently eligible for full-scope, no SOC Medi-Cal. CCS authorization required. |
| 9R | CCS | No | CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services. |
| 9U | CCS | No | CCS-eligible Healthy Families child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e. diagnosis, treatment, therapy and case management). The child's county of residence has county cost sharing for the child's CCS services. |

Special Share of Cost (SOC) Case Indicators: These indicators, which appear on a recipient's SOC Case Summary Form, are used to identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

For more information, refer to the *Share of Cost (SOC)* section of the Part 1 manual.