

Aid Codes Master Chart

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The Aid Codes Master Chart was developed for use in conjunction with the Medi-Cal Automated Eligibility Verification System (AEVS). Providers must submit an inquiry to AEVS 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 SOC 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 system and for other non Medi-Cal programs that need to verify eligibility through AEVS.

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, Permanent Residence Under Color of Law (PRUCOL) non-citizens and certain amnesty non-citizens.»

Aid Codes Master Chart

Code	Benefits	SOC	Program/Description
A1	Hearing aid and audiology	No	Non-Medi-Cal Hearing Aid Coverage for Children Program *
C1	Restricted to pregnancy-related, postpartum and emergency services	No	«Omnibus Budget Reconciliation Act (OBRA) Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Aid to the Aged – Medically Needy (MN). Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
C2	Restricted to pregnancy-related, postpartum and emergency services	Yes	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Aid to the Aged – MN, SOC. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
C3	Restricted to pregnancy-related, postpartum and emergency services	No	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Blind – MN. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
C4	Restricted to pregnancy-related, postpartum and emergency services	Yes	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Blind – MN, SOC. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
C5	Restricted to pregnancy-related, postpartum and emergency services	No	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Aid to Families with Dependent Children (AFDC) – MN. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
C6	Restricted to pregnancy-related, postpartum and emergency services	Yes	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» AFDC – MN, SOC. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
C7	Restricted to pregnancy-related, postpartum and emergency services	No	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Disabled – MN. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
C8	Restricted to pregnancy-related, postpartum and emergency services	Yes	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Disabled – MN, SOC. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
C9	Restricted to pregnancy-related, postpartum and emergency services	No	«OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens.» Medically Indigent (MI) – Child. Covers MI persons age 21 or younger 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. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
D1	Restricted to pregnancy-related, postpartum and emergency services	Yes	OBRA Non-Citizens and Unverified Citizens. Covers eligible non-citizens who do not have satisfactory immigration status and unverified citizens. MI – Child, SOC. Covers MI persons age 21 or younger who meet the eligibility requirements of MI. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
D2	Restricted to pregnancy-related, postpartum and emergency services	No	OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – Long Term Care (LTC) services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual. Aid to the Aged – LTC. Covers persons age 65 or older who are MN and in LTC status. Note: <i>LTC 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 services and therapies).</i> Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
D3	Restricted to pregnancy-related, postpartum and emergency services	Yes	<p>OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual.</p> <p>Aid to the Aged – LTC, SOC. Covers persons age 65 or older who are MN and in LTC status.</p> <p>Note: <i>LTC 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 services and therapies).</i></p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>
D4	Restricted to pregnancy-related, postpartum and emergency services	No	<p>OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual.</p> <p>Blind – LTC.</p> <p>Note: <i>LTC 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 services and therapies).</i></p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
D5	Restricted to pregnancy-related, postpartum and emergency services	Yes	<p>OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual.</p> <p>Blind – LTC, SOC.</p> <p>Note: <i>LTC 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 services and therapies).</i></p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>
D6	Restricted to pregnancy-related, postpartum and emergency services	No	<p>OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual.</p> <p>Disabled – LTC.</p> <p>Note: <i>LTC 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 services and therapies).</i></p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
D7	Restricted to pregnancy-related, postpartum and emergency services	Yes	<p>OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual. Disabled – LTC, SOC.</p> <p>Note: <i>LTC 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 services and therapies).</i></p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>
D8	Restricted to pregnancy-related, postpartum and emergency services	No	<p>OBRA Non-Citizens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant non-citizen women who do not have satisfactory immigration status and unverified citizens.</p> <p>MI – Confirmed Pregnancy. Covers persons age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI.</p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>
D9	Restricted to pregnancy-related, postpartum and emergency services	Yes	<p>OBRA Non-Citizens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant non-citizen women who do not have satisfactory immigration status and unverified citizens.</p> <p>MI – Confirmed Pregnancy, SOC. Covers persons age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI but are not eligible for 185 percent/200 percent or the MN programs.</p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
E1	Restricted to pregnancy-related, postpartum and emergency services	Yes	<p>OBRA Non-Citizens – Not PRUCOL and Unverified Citizens – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual. Disabled – LTC, SOC.</p> <p>Note: <i>LTC 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 services and therapies).</i></p> <p>Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.</p>
E6	Full	No	<p>Medi-Cal Access Program (MCAP)-linked (Title XXI). Infants and children age 0 through 1 year old in the Medi-Cal Optional Targeted Low-Income Children’s Program (OTLICP). Provides full-scope, no-cost Medi-Cal coverage to MCAP-linked infants and children age 0 through 1 year old whose family income is above 213 percent up to and including 266 percent of the Federal Poverty Level (FPL).</p>
E7	Full	No	<p>MCAP (Title XXI). Infants and children age 0 through 2 years old. Provides health care services (medical, dental and vision) through Medi-Cal Managed Care Plans with a premium to children whose family income is above 266 percent up to and including 322 percent of the FPL.</p>
F3	Limited	No	<p>Adult County Inmate Program (ACIP) (Title XIX). Limited to full scope inpatient hospital and inpatient mental health services only, for inmates in county correctional facilities who receive those services off the grounds of the correctional facility.</p>

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
F4	Restricted	No	ACIP Title (XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX) and inpatient pregnancy-related (Title XXI) services only, for undocumented inmates in correctional facilities who receive those services off the grounds of the correctional facility.
G3	Limited	Yes	ACIP (Title XIX). Limited to full scope inpatient hospital and inpatient mental health services only, for inmates in county correctional facilities who receive those services off the grounds of the correctional facility.
G4	Restricted	Yes	ACIP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented inmates in correctional facilities who receive those services off the grounds of the correctional facility.
G5	Limited	No	Juvenile County Ward Program (JCWP) (Title XIX). Limited to all covered inpatient hospital and inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.
G6	Restricted	No	JCWP (Title XIX/Title XXI). Restricted to covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.
G7	Limited	Yes	JCWP (Title XIX). Limited to all covered inpatient hospital and inpatient mental health services only, for juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
G8	Restricted	Yes	JCWP (Title XIX/Title XXI). Restricted to all covered inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only, for undocumented juvenile inmates in county correctional facilities who receive those services off the grounds of the correctional facility.
H1	Full	No	Medi-Cal OTLICP (Title XXI). Infants. Provides full-scope, no-cost Medi-Cal coverage for infants age 0 through 12 months old, whose family's household income is above 200 percent up to and including 250 percent of the FPL.
H2	Full	No	Medi-Cal OTLICP (Title XXI). Children age 1 through 6 years old. Provides full-scope, no-cost Medi-Cal coverage to children whose family's household income is above 133 percent up to and including 150 percent of FPL.
H3	Full	No	Medi-Cal OTLICP (Title XXI). Children age 1 through 6 years old. Provides full-scope Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.
H4	Full	No	Medi-Cal OTLICP (Title XXI). Children age 6 through 19 years old. Provides full-scope, no-cost Medi-Cal coverage to children whose family's household income is above 100 percent up to and including 150 percent of the FPL.
H5	Full	No	Medi-Cal OTLICP (Title XXI). Children age 6 through 19 years old. Provides full-scope Medi-Cal coverage with a premium payment to children whose family's household income is above 150 percent up to and including 250 percent of the FPL.
H6	Full	No	Hospital Presumptive Eligibility (HPE) (Title XXI). Provides full-scope, no cost Medi-Cal coverage for infants age 0 through 12 months old whose family income is 209 up to and including 266 percent of the FPL.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
H7	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for children age 1 through 6 years old whose family income is 0 up to and including 142 percent of the FPL.
H8	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for children age 6 through 19 years old whose family income is 0 up to and including 133 percent of the FPL.
H9	Full	No	HPE (Title XXI). Provides full-scope, no cost Medi-Cal coverage for children age 1 through 6 years old whose family income is 143 up to and including 266 percent of the FPL.
H0	Full	No	HPE (Title XXI). Provides full-scope, no cost Medi-Cal coverage for children age 6 through 19 years old whose family income is above 133 up to and including 266 percent of the FPL..
J1	Full	No	County Compassionate Release/Medical Probation (CCRP/CMPP) (Title XIX). Recipients eligible for all covered Medi-Cal services.
J2	Full	Yes	CCRP/CMPP (Title XIX). Recipients eligible for all covered Medi-Cal services.
J3	Restricted	No	CCRP/CMPP (Title XIX/Title XXI). Restricted to all undocumented recipients covered for emergency, mental health emergency and pregnancy-related (Title XXI) services only.
J4	Restricted	Yes	CCRP/CMPP (Title XIX/Title XXI). Restricted to all covered for emergency, mental health emergency (Title XIX) and pregnancy-related (Title XXI) services only. For undocumented recipients who do not have satisfactory immigration status.
J5	Limited	No	CCRP/CMPP (Title XIX), SOC for the recipients age 65 or older who reside in LTC facilities. Recipients are eligible for all Medi-Cal covered LTC services only.
J6	Restricted	No	CCRP/CMPP (Title XIX/Title XXI). SOC for undocumented recipients age 65 or older who reside in LTC facilities. Restricted to covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
J7	Limited	No	CCRP/CMPP (Title XIX), SOC for disabled not on supplemental security income (SSI) recipients who reside in LTC facilities. Recipients eligible for all Medi-Cal covered LTC services only.
J8	Restricted	No	CCRP/CMPP (Title XIX/Title XXI), SOC for disabled, not on SSI, undocumented recipients who reside in LTC facilities. Restricted to all Medi-Cal covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services.
K1	Full	No	California Work Opportunity and Responsibility to Kids (CalWORKs) – Single-Parent Safety Net and Drug/Fleeing Felon Family
K6	Full	No	County Compassionate Release Program (CCRP) and County Medical Probation Program (CMPP) (Title XIX). Newly-eligible, citizen/satisfactory immigration status recipients age 19 through 64 years old with income less than or equal to 138 percent of the FPL, including disabled/blind recipients, with income above 128 up to and including 138 percent of the FPL. Recipients eligible for all covered Medi-Cal services, including mental health services.
K7	Restricted	No	CCRP and CMPP (Title XIX/Title XXI). Newly eligible, undocumented recipients age 19 through 64 years old with income less than or equal to 138 percent of the FPL, including disabled/blind recipients, with income above 128 up to and including 138 percent of the FPL. Restricted to all covered emergency services, including labor/delivery and mental health (Title XIX), and all pregnancy-related (Title XXI) services only.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
K8	Full	No	CCRP and CMPP (Title XIX). Not newly-eligible, citizen/satisfactory immigration status recipients age 19 through 64 years old, including disabled/blind recipients without Medicare, with income less than or equal to 128 percent of the FPL. Recipients eligible for all covered Medi-Cal services, including mental health services.
K9	Restricted	No	CCRP and CMPP (Title XIX/Title XXI). Not newly-eligible, undocumented recipients age 19 through 64 years old, including disabled/blind recipients without Medicare, with income less than or equal to 128 percent of the FPL. Restricted to all covered emergency, including mental health (Title XIX) and all covered pregnancy-related (Title XXI) services only.
L1	Full	No	Low Income Health Program (LIHP) Medicaid Covered Expansion (MCE) transition to Medi-Cal (Title XIX). Eligible recipients age 19 through 65 years old enrolled in the LIHP MCE program on December 31, 2013, whose family's income is at or below 138 percent of the FPL.
L6	Full	No	Title XIX. Expansion adults who are disabled/blind, Eligible recipients age 19 up to 65 years old, with income at or below 128 percent of the FPL, and are citizens or lawfully present.
L7	Restricted	No	Title XIX. Expansion adults who are disabled/blind, Eligible recipients age 19 up to 65 years old, with income at or below 128 percent of the FPL, and are undocumented.
M1	Full	No	Title XIX. Adults Eligible recipients age 19 through 65 years old. Provides full-scope, no-cost Medi-Cal coverage to adults with income at or below 138 percent of the FPL.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
M2	Pregnancy, 365-day postpartum, emergency and LTC services	No	<p>Title XIX. Adults Eligible recipients age 19 through 65 years old. Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, emergency services and LTC services to undocumented adults with income at or below 138 percent of the FPL.</p> <p>With aid code 76, also provides the full breadth of medically necessary services for 365 days postpartum, in addition to during the pregnancy. «The full breadth of medically necessary Medi-Cal services includes medical, dental, specialty mental health, vision and substance use disorder.» Contact the county to add aid code 76.</p> <p>Note: <i>LTC 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 services and therapies).</i></p>
M3	Full	No	<p>Title XIX. Parents/caretaker relatives. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present parent/caretaker relatives with income at or below 109 percent of the FPL.</p>
M4	Pregnancy, 365-day postpartum, emergency and LTC services	No	<p>Title XIX. Parents/caretaker relatives. Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, emergency services and LTC services to undocumented parents/caretaker relatives with income at or below 109 percent of the FPL.</p> <p>With aid code 76, also provides the full breadth of medically necessary services for 365 days postpartum, in addition to during the pregnancy. «The full breadth of medically necessary Medi-Cal services includes medical, dental, specialty mental health, vision and substance use disorder.» Contact the county to add aid code 76.</p> <p>Note: <i>LTC 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 services and therapies).</i></p>

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
M5	Full	No	Title XXI. Children age six through 19 years old. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present children with family income of 108 up to and including 133 percent of the FPL.
M6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Title XXI. Children age six through 19 years old. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented children with family income at 108 up to and including 133 percent of the FPL. Note: <i>LTC 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 services and therapies).</i>
M7	Full	No	Title XIX. Pregnancy. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present pregnant individuals with income up to and including 138 percent of the FPL.
M8	Pregnancy, 365-day postpartum, emergency and LTC services.	No	Title XIX. Pregnancy. Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, and emergency services to pregnant individuals without satisfactory immigration status with income up to and including 138 percent of the FPL. «The full breadth of medically necessary Medi-Cal services includes medical, dental, specialty mental health, vision and substance use disorder. Aid code 76 does not need to be included to receive full breadth of medically necessary services.»
M9	Full	No	Title XIX. Pregnancy. Provides full-scope, no-cost Medi-Cal coverage to citizens/lawfully present pregnant individuals with income above 138 up to and including 213 percent of the FPL.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
M0	Pregnancy, 365-day postpartum, emergency and LTC services.	No	Title XIX. Pregnancy. Provides the full breadth of medically necessary services during pregnancy and for 365 days postpartum, and emergency services to pregnant individuals without satisfactory immigration status with income above 138 up to and including 213 percent of the FPL. «The full breadth of medically necessary Medi-Cal services includes medical, dental, specialty mental health, vision and substance use disorder. Aid code 76 does not need to be included to receive full breadth of medically necessary services.»
N7	Limited	No	ACIP (Title XIX). Adult inmates age 19 through 64 years old in county correctional facilities who receive those services off the grounds of the correctional facility, with income 0 percent to 138 percent FPL. Limited to all covered inpatient hospital and inpatient mental health services only.
N8	Restricted	No	ACIP (Title XIX/Title XXI). Adult inmates age 19 through 64 years old in county correctional facilities who receive those services off the grounds of the correctional facility, with income 0 percent to 138 percent FPL. Restricted to covered undocumented inpatient hospital emergency, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related (Title XXI) services only.
N0	Limited	No	ACIP (Title XIX). Adult inmates age 19 through 64 years old enrolled in the Low Income Health Program on December 31, 2013, with income 0 percent to 138 percent FPL. Limited to inpatient hospital services and inpatient mental health services off the grounds of the correctional facility.
P1	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for infants age 0 through 12 months old whose family income is at or below 208 percent of the FPL.
P2	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for parent-caretakers with income at or below 109 percent of the FPL.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
P3	Full	No	HPE (Title XIX). Provides full-scope, no cost Medi-Cal coverage for adults age 19 through 65 years old with income at or below 138 percent of the FPL.
P4	Limited to specific prenatal ambulatory services	No	HPE (Title XIX). Provides no cost Medi-Cal coverage limited to specific prenatal ambulatory services for pregnant women with income at or below 213 percent of the FPL.
P5	Full	No	Title XIX. Children age 6 through 19 years old. Provides full-scope, no-cost Medi-Cal coverage with income at or below 133 percent of the FPL.
P6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	Title XIX. Children age 6 through 19 years old. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to undocumented children with income at or below 133 percent of the FPL. Note: <i>LTC 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 services and therapies).</i>
P7	Full	No	Title XIX. Children age 1 through 6 years old. Provides full-scope, no-cost Medi-Cal coverage with income at or below 142 percent of the FPL.
P8	Restricted to emergency and LTC services	No	Title XIX. Children age 1 through 6 years old. Provides emergency and LTC services to undocumented children with income at or below 142 percent of the FPL.
P9	Full	No	Title XIX. Infants age 0 through 12 months old. Provides full-scope, no-cost Medi-Cal coverage with income at or below 208 percent of the FPL.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
P0	Restricted to emergency and LTC services	No	Title XIX. Infants age 0 through 12 months old. Provides emergency and LTC services to undocumented children with income at or below 208 percent of the FPL.
R1	Full	No	Full-scope Medi-Cal benefits with no SOC for non-citizens eligible for the Trafficking and Crime Victims Assistance Program (TCVAP). Covers eligible non-citizen individuals who have been the victim of human trafficking, domestic violence or other serious crimes. TCVAP services and benefits also include English language training, employment-related services and cash assistance. Services and benefits under TCVAP are equivalent to federal benefits available to persons who enter this country with the immigration status of refugee.
T1	Full	No	OTLICIP (Title XXI). Children age 6 through 19 years old. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.
T2	Full	No	OTLICIP (Title XXI). Children age 6 through 19 years old. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 133 up to and including 160 percent of the FPL.
T3	Full	No	OTLICIP (Title XXI). Children age 1 through 6 years old. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICIP premiums apply.
T4	Full	No	OTLICIP (Title XXI). Children age 1 through 6 years old. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 142 up to and including 160 percent of the FPL.
T5	Full	No	OTLICIP (Title XXI). Infants age 0 through 12 months old. Provides full-scope, no cost Medi-Cal benefits to children whose family income is above 208 up to and including 266 percent of the FPL.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
T6	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	OTLICP (Title XXI). Children age 6 through 19 years old, without satisfactory immigration status. Provides no cost benefits restricted to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-funded LTC services to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICP premiums apply. Note: <i>LTC 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 services and therapies).</i>
T7	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	OTLICP (Title XXI). Children age 6 through 19 years old, without satisfactory immigration status. Provides no cost benefits restricted to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-funded LTC services to children whose family income is above 133 up to and including 160 percent of the FPL. Note: <i>LTC 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 services and therapies).</i>
T8	Restricted to emergency and LTC services	No	OTLICP (Title XXI). Children age 1 through 6 years old, without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 160 up to and including 266 percent of the FPL. OTLICP premiums apply.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
T9	Restricted	No	OTLICP (Title XXI). Children age 1 through 6 years old, without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 142 up to and including 160 percent of the FPL.
T0	Restricted	No	OTLICP (Title XXI). Infants age 0 through 12 months old without satisfactory immigration status. Provides no cost benefits restricted to emergency and state-funded LTC services to children whose family income is above 208 up to and including 266 percent of the FPL.
<<V2+>>	Limited	No	Coronavirus (COVID-19) Uninsured Group – Diagnostic Testing, Testing-Related, and Treatment Services Only – Limited Scope. There are no age, income, or resources limits. Satisfactory immigration status is not required. Provides limited scope benefits to California residents seeking diagnostic testing, testing-related services and treatment related services. Including all medically necessary care such as associated office, clinic, inpatient or emergency room visit related to COVID-19.
0A	Full	No	Refugee Cash Assistance. 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.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
0C	HF services only (no Medi-Cal)	No	MCAP. Infants enrolled in HF whose family's income is 200 up to and including 300 percent of the FPL, born to a mother enrolled in MCAP. The infant's enrollment in HF is based on the mother's participation in MCAP.
0E	Full	No	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental and vision), through the Medi-Cal managed care delivery system, to pregnant women who are California residents with a modified adjusted gross income (MAGI) above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.
0G	Full	No	MCAP (Title XXI). Provides full-scope, no SOC health care services (medical, dental, and vision), through fee-for-service Medi-Cal, to pregnant women who are California residents with a MAGI above 213 percent and up to and including 322 percent of the FPL. This code is not valid for an infant using the mother's ID.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
0L	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Breast and Cervical Cancer Treatment Program (BCCTP) Transitional coverage until the County makes a determination of Medi-Cal eligibility. It 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 old, have other health coverage (OHC), 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 pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and state-only LTC services.</p> <p>Note: <i>LTC 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 recipient's day-to-day plan of care in the LTC facility (for example, pharmacy, support services and therapies).</i></p>
0M	Full	No	<p>BCCTP – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no SOC Medi-Cal for eligible individuals age 65 or younger who have been diagnosed with breast and/or cervical cancer. Limited to two months.</p>

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
0N	Full	No	BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal while an eligibility determination is made for eligible individuals age 65 or younger 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 individuals age 65 or younger 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 OHC. State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age individuals, including undocumented non-citizens, 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 individuals age 65 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.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
0U	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>BCCTP – Undocumented Non-Citizens. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services to individuals age 65 or younger 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).</p> <p>Note: <i>LTC 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 recipient's day-to-day plan of care in the LTC facility (for example, pharmacy, support services and therapies).</i></p>
0V	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>Post-BCCTP. Provides limited-scope no SOC Medi-Cal pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services for individuals age 65 or younger 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 individual is in need of treatment and, other than immigration, meets all other eligibility requirements.</p> <p>Note: <i>LTC 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 recipient's day-to-day plan of care in the LTC facility (for example, pharmacy support services and therapies).</i></p>

Aid Codes Master Chart (continued)

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 to pregnancy-related, postpartum, emergency and LTC services	No	<p>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.</p> <p>Recipients eligible only for transitional pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services, state-only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer treatment and related services.</p> <p>Note: <i>LTC 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 services and therapies).</i></p>

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
0Y	Restricted to pregnancy-related, postpartum, emergency and LTC services	No	<p>BCCTP Transitional Coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years old, 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.</p> <p>Recipients eligible only for transitional pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services, state-only LTC services, and state-funded cancer treatment and related services.</p> <p>Note: <i>LTC 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 services and therapies).</i></p>
02	Full	No	Refugee Medical Assistance (RMA)/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or HF 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 (FC) placement without such assistance.
04	Full	No	AAP/Aid for Adoption of Children (AAC). Covers children receiving cash grants under the state-only AAP/AAC program.
06	Full	No	AAP Child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continuous Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18 th birthday.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
07	Full	No	Title IV-E Extended AAP/FFP Medi-Cal. AAP Federal: A cash grant program to facilitate the ongoing adoptive placement of hard-to-place non-minors, whose initial AAP payment occurred on or after age 16 and are over age 18 but under age 21, and participating in one of five conditions who would require permanent FC placement without such assistance.
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.
1E	Full	No	Craig v. Bonta Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, until the county redetermines their Medi-Cal eligibility.
1H	Full	No	FPL – Aged. Covers the aged in the Aged and Disabled (A&D) FPL program.
1U	Restricted to pregnancy-related, postpartum and emergency services	No	Restricted FPL – Aged. Covers the aged in the A&D FPL program that do not have satisfactory immigration status. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
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 individuals age 65 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 age 65 or older.
10	Full	No	Aid to the Aged – SSI/SSP.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
13	Full	Y/N	Aid to the Aged – LTC. Covers individuals age 65 or older who are MN and in LTC status.
14	Full	No	Aid to the Aged – MN.
16	Full	No	Aid to the Aged – Pickle Eligibles.
17	Full	Yes	Aid to the Aged – MN, 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 three months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
2C	Full	No	County Children’s Health Initiative Program (CCHIP). Provides county-specific, full-scope medical, dental, mental health and vision benefits to children 18 years of age or younger with a modified adjusted gross income above 266 and up to and including 322 percent of the U.S. Department of Health and Human Services (HHS) poverty guidelines.
2E	Full	No	Craig v. Bonta Blind – Pending SB 87 Redetermination. Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility.
2H	Full	No	Blind – Federal Poverty Level – covers blind individuals in the FPL for the Blind Program.
2P	Full	No	Approved Relative Caregiver (ARC) Program. Medi-Cal coverage for foster children and youth age 18 or younger (eligibility ends on the last day of the month of their 18th birthday) participating in the ARC Program who do not qualify for state CalWORKs.
2R	Full	No	ARC Program – Non-Minor Dependent (NMD). Medi-Cal coverage for foster youth age 18 through 21 years old (eligibility ends on the last day of the month of their 21 st birthday) participating in the ARC Program as a NMD who does not qualify for state CalWORKs.
2S	Full	No	ARC Program – Federal CalWORKs. Medi-Cal coverage for foster children and youth age 18 or younger (eligibility ends on the last day of the month of their 18 th birthday) participating in the ARC Program who qualify for federal CalWORKs.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
2T	Full	NO	ARC Program – State CalWORKs. Medi-Cal coverage for foster children and youth age 18 or younger (eligibility ends on the last day of the month of their 18 th birthday) participating in the ARC Program who qualify for state CalWORKs.
2U	Full	No	ARC Program – State CalWORKs NMD. Medi-Cal coverage for foster youth age 18 through 21 years old (eligibility ends on the last day of the month of their 21 st birthday) participating in the ARC Program as a NMD who qualifies for state CalWORKs.
2V	Full	No	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 – LTC.
24	Full	No	Blind – MN.
26	Full	No	Blind – Pickle Eligibles.
27	Full	Yes	Blind – MN, SOC.
28	Full	No	Blind – IHSS.
3A	Full	No	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.
3F	Full	No	CalWORKs – Two-Parent Safety Net and Drug/Fleeing Felon Family.
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	AFDC – Section 1931(b). Non-CalWORKs.
3P	Full	No	CalWORKs – All Families – Exempt.
3R	Full	No	CalWORKs – Zero Parent – Exempt.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
3T	Restricted to pregnancy-related, postpartum and emergency services	No	Initial Transitional Medi-Cal (TMC). «Provides six months of coverage for eligible non-citizens 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-related, postpartum and emergency services	No	AFDC – Section 1931(b) Non CalWORKs. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
3W	Full	No	Temporary Assistance for Needy Families (TANF) Timed-Out, Mixed Case.
30	Full	No	CalWORKs – All Families.
32	Full	No	TANF Timed-Out.
33	Full	No	CalWORKs – Zero Parent.
34	Full	No	AFDC – MN.
35	Full	No	CalWORKs – Two Parent.
36	Full	No	Aid to Disabled Widow(er)s.
37	Full	Yes	AFDC – MN, SOC.
38	Full	No	Edwards v. Kizer.
39	Full	No	Initial 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 AAP. Covers children for whom there is a state-only AAP agreement between any state other than California and adoptive parents.
4E	Full	No	HPE (Title XIX). Covers former foster care children age 26 or younger with no income screening.
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.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
4G	Full	No	Kin-GAP Cash Assistance. Covers children in the state program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) FC. Covers juvenile probation cases placed in FC.
4L	Full	No	FC children in Section 1931(b).
4M	Full	No	Former Foster Youth (FFY).
4N	Full	No	CalWORKs for NMD/FFP Medi-Cal.
4S	Full	No	Title IV-E Extended for NMD Kin-GAP/FFP Medi-Cal.
4T	Full	No	A federal Title IV-E Kin-GAP that serves former and current foster youth by moving them from FC placements to more permanent placement options through the establishment of a relative guardianship.
4V	Full	Yes	TCVAP – RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.
4W	Full	No	State Extended for NMC Kin-GAP/FFP Medi-Cal.
40	Full	No	AFDC-FC. Covers children on whose behalf financial assistance is provided for state only FC placement.
42	Full	No	AFDC-FC. Covers children on whose behalf financial assistance is provided for federal FC placement.
43	Full	No	State Extended FC/FFP Medi-Cal. AFDC-FC State: Covers non-minor dependents (NMDs), age 18 through 21 years old, under AB 12 on whose behalf financial assistance is provided for state-only FC placement.
44	Restricted to pregnancy-related and postpartum services	No	213 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.
45	Full	No	FC. Covers children supported by public funds other than AFDC-FC.
46	Full	No	Interstate Compact on the Placement of Children – 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 FC prior to his/her 18 th birthday. Also provides eligibility for the FFY program (aid code 4M) at age 18.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
47	Full	No	200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants age 0 through 12 months 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 FPL.
48	Restricted to family planning, pregnancy-related, and postpartum services	No	213 Percent FPL Pregnant OBRA (Income Disregard Program – Pregnant OBRA). «Provides eligible pregnant non-citizens of any age without satisfactory immigration status with family planning, pregnancy-related services, including services for conditions that may complicate the pregnancy, and postpartum services if family income is at or below 213 percent of the FPL.»
49	Full	No	Title IV-E Extended FC/FFP Medi-Cal. AFDC-FC Federal: Covers NMDs age 18 through 21 years old, under AB 12 on whose behalf financial assistance is provided for federal FC placement.
5C	Full	No	Medi-Cal Presumptive Eligibility (PE) (Title XXI), Healthy Families Program (HFP) Transitional Children. Provides no cost, full-scope Medi-Cal coverage with no premium payment for children whose family's income is at or below 150 percent of the FPL during the transition period by the state until the annual eligibility review by the county.
5D	Full	No	Medi-Cal PE (Title XXI), HFP Transitional Children. Provides full-scope Medi-Cal coverage with a premium payment for children whose family's income is above 150 percent up to and including 250 percent of the FPL during the transition period by the state until the annual eligibility review by the county.
5E	Full	No	HFP to the Medi-Cal PE program. Provides immediate, temporary, fee-for-service (FFS), full-scope Medi-Cal benefits to certain children age 19 or younger.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
5F	Restricted to pregnancy-related, postpartum and emergency services	Y/N	«OBRA Non-Citizen – Pregnant Woman. Covers eligible pregnant non-citizen women who do not have satisfactory immigration status.» Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
5J	Restricted to family planning, pregnancy-related, and postpartum services	No	SB 87 Pending Disability Program. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
5K	Full	No	EA FC. Covers child welfare cases placed in EA foster care.
5L	Full	No	Emergency assistance foster care. For children, youth and non-minor dependents (NMDs) up to age 21 if they do not meet eligibility requirements for the federal Emergency Assistance Foster Care (EA-TANF) program, aid code 5K.
5T	Restricted to pregnancy-related, postpartum 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. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
5V	Full	No	TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
5W	Restricted to pregnancy-related, postpartum and emergency services	No	Four-Month Continuing (FMC) Pregnancy and Emergency Services Only. Provides four months of pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, and emergency services for non-citizens 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	No	County Medical Services Program (CMSP). OBRA/Out of County Care.
53	Restricted to LTC and related services	Yes	MI – LTC services. Covers eligible persons age 21 through 65 years old who are residing in a Nursing Facility Level A or B with or without SOC. For more information about LTC services, refer to the County Medical Services Program (CMSP) section in this manual. Note: <i>LTC 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 services and therapies).</i>
54	Full	No	FMC Eligibility. Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
55	Restricted to pregnancy-related, postpartum and emergency services	No	OBRA Not PRUCOL – LTC services. Covers eligible undocumented non-citizens 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</i> and <i>IRCA</i> section in this manual. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services. Note: <i>LTC 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 services and therapies).</i>
58	Restricted to pregnancy-related, postpartum and emergency services	Y/N	OBRA Non-Citizens. Covers eligible non-citizens who do not have satisfactory immigration status. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
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.
6A	Full	No	Disabled Adult Child(ren) (DAC) Blind.
6C	Full	No	DAC Disabled.
6E	Full	No	Craig v. Bonta Disabled – Pending SB 87 redetermination. Covers former SSI/SSP 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 A&D FPL program.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
6J	Full	No	SB 87 Pending Disability. Covers with no SOC beneficiaries age 21 through 65 years old 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	Personal Responsibility and Work Opportunity Reconciliation Act/
6R	Full	Yes	SB 87 Pending Disability (SOC). Covers with an SOC those age 21 through 65 years old who have lost their non-disability linkage to Medi-Cal and are claiming disability.
6U	Restricted to pregnancy-related, postpartum and emergency services	No	Restricted FPL – Disabled. Covers the disabled in the A&D FPL program who do not have satisfactory immigration status. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services.
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 IHO Waiver (SOC).
60	Full	No	Disabled – SSI/SSP – Cash.
63	Full	Y/N	Disabled – LTC.
64	Full	No	Disabled – MN.
65	Full	Y/N	Katrina-Covers eligible evacuees of Hurricane Katrina.
66	Full	No	Disabled – Pickle Eligibles.
67	Full	Yes	Disabled – MN, 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 age 0 through 12 months old or beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the FPL.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
7A	Full	No	100 Percent Child. Provides full benefits to otherwise eligible children, age 6 through 18 years old or beyond 19 when inpatient status began before the 19 th birthday and family income is at or below 100 percent of the FPL.
7C	Restricted to pregnancy-related, postpartum and emergency services	No	100 Percent OBRA Child. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to otherwise eligible children, without satisfactory immigration status who are age 6 through 18 years old or beyond 19 when inpatient status begins before the 19 th birthday and family income is at or below 100 percent of the FPL.
7D	Full	No	Hospital Presumptive Eligibility (HPE). Provides eligibility for those age 65 or older who are at or below 138 percent of the federal poverty level. 7D is not eligible for LEA or CHDP services.
7F	Valid for pregnancy verification office visit	No	«PE – Pregnancy Verification. This option allows the Qualified Provider (QP) 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.»
7G	Valid only for specific ambulatory prenatal care services	No	PE – Ambulatory Prenatal Care. This option allows the QP to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for specific Ambulatory Prenatal Care Services. Persons placed in 7G have self-attested to the pregnancy or have a pregnancy test result that is positive. QP issues a paper Immediate Needs 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	CEC. Provides full-scope benefits to children age 19 or younger who would otherwise lose their no SOC Medi-Cal.

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
7K	Restricted to pregnancy-related, postpartum and emergency services	No	CEC. Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services with no SOC to children without satisfactory immigration status who are age 19 old who would otherwise lose their no SOC Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors age 12 through 21 years old. Limited to services related to Sexually Transmitted Diseases (STDs), sexual assault, drug and alcohol abuse, and family planning. Paper Immediate Needs Card issued.
7N	Valid for Minor Consent services, limited to pregnancy-related and postpartum services	No	Minor Consent Program. Covers eligible pregnant minors age 21 or younger. Limited to pregnancy-related services, including services for conditions that may complicate the pregnancy and postpartum services. Paper Immediate Needs Card issued.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors age 12 through 21 years old. Limited to services related to STDs, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Immediate Needs Card issued.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program. Covers eligible minors age 12 or younger. Limited to services related to family planning and sexual assault. Paper Immediate Needs Card issued.
7S	Full	No	Express Lane Enrollment (ELE) (Title XIX). CalFresh (CF) parents from age 19 through 65 years old who are neither blind nor disabled. Full-scope, no cost Medi-Cal coverage.
7T	Full	No	ELE – National School Lunch Program (NSLP).

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
73	Restricted to parenteral hyper-alimentation and related expenses	Y/N	Total Parenteral Nutrition. 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 MN or MI programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status who are age 1 through 5 years old or beyond 6 when inpatient status, which began before 6 th birthday, continues and family income is at or below 133 percent of the FPL.
76	The full breadth of medically necessary services	No	365-Day Postpartum Program. Provides Medi-Cal at no SOC to individuals who, while pregnant, received active eligibility under Medi-Cal. They continue to be eligible for the full breadth of medically necessary services throughout the pregnancy and 365 days postpartum. This coverage ends the last day of the month in which the 365 th day occurs. «The full breadth of medically necessary Medi-Cal services includes medical, dental, specialty mental health, vision and substance use disorder.»
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

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
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 LTC services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual.
8G	Full	No	Severely Impaired Working Individual.
8H	Family Planning	N/A	Family Planning, Access, Care and Treatment (Family PACT). Comprehensive family planning services for low income residents of California with no other source of health care coverage. Health Access Plan card issued.
8L	Full	No	Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits for adults age 19 or older.
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 age 1 through 5 years old or beyond 6 when inpatient status, which began before 6 th birthday, continues, and family income is at or below 133 percent of the FPL.
8P	Full	No	133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children age 1 through 5 years old or beyond 6 when inpatient status, which began before 6 th birthday, continues, and family income is at or below 133 percent of the FPL.
8R	Full	No	100 Percent Excess Property Child. Provides full-scope benefits to otherwise eligible children, age 6 through 18 years old or beyond 19 when inpatient status begins before the 19 th birthday and family income is at or below 100 percent of the FPL.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
8T	Restricted to pregnancy-related, postpartum and emergency services	No	100 Percent Excess Property Child – Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services and emergency services to otherwise eligible children without satisfactory immigration status who are age 6 through 18 years old or beyond 19 when inpatient status begins before the 19 th birthday and family income is at or below 100 percent of the FPL.
8U	Full	No	Child Health and Disability Prevention (CHDP) Gateway Deemed Infant. Provides full-scope, no 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 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, including children with unsatisfactory immigration status. Provides temporary full-scope Medi-Cal benefits with no SOC.
8X	Full	No	CHDP Gateway Title XXI Medi-Cal PE, Targeted Low-Income FPL for Children (Medicaid-Children's Health Insurance Program Title XXI). Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility, including children with unsatisfactory immigration status. Provides temporary full-scope Medi-Cal benefits with no SOC.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary. 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.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
82	Full	No	MI – Child. Covers MI individuals age 21 or younger 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.
83	Full	Yes	MI – Child SOC. Covers MI individuals age 21 or younger who meet the eligibility requirements of MI.
84	CMSP services only (no Medi-Cal)	No	MI – Adult. Covers MI adults age 21 through 64 years old who meet the eligibility requirements of MI.
85	CMSP services only (no Medi-Cal)	Yes	MI – Adult. Covers MI adults age 21 through 65 years old who meet the eligibility requirements of MI.
86	Full	No	MI – Confirmed Pregnancy. Covers individuals age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI.
87	Full	Yes	MI – Confirmed Pregnancy SOC. Covers individuals age 21 or older, with confirmed pregnancy, who meet the eligibility requirements of MI 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 MI adults age 21 through 65 years old who meet the eligibility requirements of MI and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	MI – Adult – Disability Pending SOC. Covers MI adults age 21 through 65 years old who meet the eligibility requirements of MI and have a pending Medi-Cal disability application.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
9A	EWC only (no Medi-Cal)	No	Every Woman Counts (EWC) recipient identifier. EWC offers benefits to uninsured and underinsured women whose household income is at or below 200 percent of the FPL. EWC offers reimbursement for screening, diagnostic and case management services. Note: <i>EWC and Medi-Cal are separate programs; however, EWC relies on the Medi-Cal billing process (with few exceptions).</i>
9D	CCS-only (no Medi-Cal)	No	California Children's Services (CCS)-only. Children who meet CCS eligibility requirements, but are not Medi-Cal recipients. Assigned only to CCS enrollees of specified CCS 1115 Waiver Demonstration Projects.
9J	GHPP	No	Genetically Handicapped Persons Program (GHPP)-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management).
9M	CCS MTP only	No	Eligible for CCS Medical Therapy Program (MTP) 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 HF child. A child in this program is enrolled in a HF plan and is eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management). The child's county of residence has no cost sharing for the child's CCS services.

Aid Codes Master Chart (continued)

Code	Benefits	SOC	Program/Description
9U	CCS	No	CCS-eligible HF child. A child in this program is enrolled in a HF plan and is eligible for all CCS benefits (such as diagnosis, treatment, therapy and case management). The child's county of residence has county cost sharing for the child's CCS services.
9V	PFC/PPCW	No	CCS-eligible Partners for Children/Pediatric Palliative Care Waiver (PFC/PPCW) program participant. A child assigned this aid code has met the requirements for, and is enrolled in the PFC/PPCW program. Loss of Medi-Cal eligibility will result in the discontinuance of state-funded services and waiver benefits. Note: The PPCW program was terminated in 2019. Providers may refer to the Palliative Care section of the Medi-Cal Provider Manual for current policy on palliative care.
9W	PFC/PPCW	No	CCS-eligible PFC/PPCW program participant. A child assigned this aid code has met the requirements for, and is enrolled in both CCS and the PFC/PPCW program. Loss of Medi-Cal eligibility will result in the discontinuance of waiver benefits and reassignment to an appropriate non-waiver based CCS aid code for the child by the responsible CCS county program. Note: The PPCW program was terminated in 2019. Providers may refer to the Palliative Care section of the Medi-Cal Provider Manual for current policy on palliative care.

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 IE 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.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Providers may access the Hearing Aid Coverage for Children Program page for more information.
+	Effective on June 1, 2023, aid code V2 is end-dated.