

ALTCS Service Matrix

Service Matrix Category Number	Service Matrix Category	Service Utilization Count	Form Type	Provider Type	AHCCCS Category of Service (COS)	Other Selection Criteria
1	Nursing Facility Level 1	Days	L	N/A	N/A	Select by any occurrence of Revenue code 0191
2	Nursing Facility Level 2	Days	L	N/A	N/A	Select by any occurrence of Revenue code, 0192
3	Nursing Facility Level 3	Days	L	N/A	N/A	Select by any occurrence of Revenue code 0193
4	Nursing Facility – all Other Levels	Days	L	N/A	N/A	Select by any occurrence of Revenue code 0190, 0194
5	Leave of Absence (LOA) bed hold days	Days	L	N/A	N/A	Select by any occurrence of Revenue code 0183, 0184, 0185
6	Intentionally Left Blank					
7	Assisted Living Home Level 1	Units	A	N/A	N/A	Select by HCPCS (T2031 with modifier not equal to 'TF')
8	Assisted Living Home Level 2	Units	A	N/A	N/A	Select by HCPCS (T2031 with modifier equal to 'TF')
9	Intentionally Left Blank					
10	Assisted Living Center Level 1	Units	A	N/A	N/A	Select by HCPCS T2033 with modifiers not equal to 'TF' or 'TG'
11	Assisted Living Center Level 2	Units	A	N/A	N/A	Select by HCPCS T2033 with modifiers equal to 'TF'
12	Assisted Living Center Level 3	Units	A	N/A	N/A	Select by HCPCS T2033 with modifiers equal to 'TG'

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13	Intentionally Left Blank					
14	Adult Foster Care Level 1	Units	A	N/A	N/A	Select by HCPCS S5140 with modifiers not equal to 'TF' or 'TG'
15	Adult Foster Care Level 2	Units	A	N/A	N/A	Select by HCPCS S5140 with modifiers equal to 'TF'
16	Adult Foster Care Level 3	Units	A	N/A	N/A	Select by HCPCS S5140 with modifiers equal to 'TG'
17	Intentionally Left Blank					
18	Adult Day Health Care	Units	A	N/A	N/A	Select by HCPCS S5100
19	Home Delivered Meals	Units	A	N/A	N/A	Select by HCPCS S5170
20	Home Health Aide	Units	A	N/A	N/A	Select by HCPCS T1021, T1003
21	Home Health Nurse	Units	A	N/A	N/A	Select by HCPCS G0154, S9123, S9124
22	Homemaker	Units	A	N/A	N/A	Select by HCPCS S5130, S5131
23	Personal Care	Units	A	N/A	N/A	Select by HCPCS T1019 Select HCPCS code (if not previously selected by Service Matrix Category 51 – Behavioral Health –Non-Inpatient)
24	Respite Care (non-institutional)	Units	A	N/A	N/A	S5150 with modifiers not equal to 'TG' only
25	Group Respite Care	Units	A	N/A	N/A	S5150 with modifiers equal to 'TG'
26	Respite Care-Cont in-home	Units	A	N/A	N/A	S5151
27	Respite Care (institutional)	Days	I, L	N/A	N/A	Select by any occurrence of Revenue Code 0199 for Form Type L. For inpatient Form Type I Revenue Code 0199 and if the following conditions not preselected: Matrix Service Categories 33 - Hospital Admissions

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						34 - Hospital Days 50 - Behavioral Health – Inpatient
28	Attendant Care	Units	A	N/A	N/A	Select by HCPCS code S5125 not equal to modifiers U2, U4, U5
29	Self Directed Attendant Care (SDAC	Units	A	N/A	N/A	Select by HCPCS code S5125 with modifiers equal to U2 or U4 or U5
30	SDAC Training	Units	A	N/A	N/A	Select by HCPCS code S5108, S5110, S5115
31	SDAC FEA (Fiscal and Employer Agent) Per Event	Units	A	N/A	N/A	Select by HCPCS code T2040, T1023
32	Other HCBS	Units	A	N/A	N/A	Select by HCPCS Codes S5101, S5102, S5109, S5135, S5136, S5150, S5151, S5165, S9470, S9975, T2016, T2017, T2018, T2019, T2020, T2021 Select HCPCS code (if not previously selected by Service Matrix Category 51 – Behavioral Health)
33	Intentionally Left Blank					
34	Hospital Days	Days	I	02, 73	N/A	Provider Type with the following Bill Types 111, 112, 121, 122 or just Provider Type 02, 73 Bypass if: Encounter meets service matrix category 50 Behavioral Health – Inpatient
35	Intentionally Left Blank					

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36	Emergency Facility Visits	# Enc	O	N/A	N/A	Select by any occurrence of Revenue Codes 0450 - 0452, 0456, 0459
37	Outpatient Facility Visits	# Enc	O	N/A	N/A	Select by Form Type O which do not have occurrence of Revenue Codes 0450 -0452, 0456, 0459 or 0651, 0652, 0655, 0656
38	Lab/Radiology Services	Units	A	N/A	12, 13	Select all HCPCS that meet category of service requirements. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 51))
39	Surgery Services	# Enc	A	N/A	01,02	Select by HCPCS 10000 - 69999 with COS 02 or HCPCS 00100 - 01999 where AHCCCS Category of Service (COS) is 01 (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38, 51))
40	Primary Care Services	Units	A	01, 02, 05, 08, 18, 19, 31, 42	N/A	Select by HCPCS 99201 - 99499. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38, 39, 51))
41	Other Professional Services - physician, hospital, clinic	Units	A	02, 05, 08, 31, 42, 95, E1	N/A	Select by all other HCPCS. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-40, 51))
42	Other Professional Provider Services	Units	A	01, 03, 04, 07, 09, 10,	N/A	Select all HCPCS for these Provider Types. (Exclude if prior selection by Service

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				12, 13, 14, 15, 16, 17, 18, 19, 22, 23, 30, 33, 35, 36, 41, 43, 46, 47, 48, 49, 50, 54, 62, 67, 68, 69, 73, 74, 79, 82, 90		Matrix Categories (7-26, 28-31, 38-41, 51)
43	Therapy Services	Units	A	N/A	03, 05, 06, 07, 45	Select all HCPCS codes that meet the AHCCCS Category of Service values (Exclude if prior selection by service matrix categories (7-26, 28-31, 38-42, 51))
44	Hospice Facility Services	Days /Units Form 'I' Day Form 'O' Units	I, O	N/A	N/A	For Form Type O, Select by Revenue Codes 0651, 0652, For Form Type I select for Revenue Code 0655, 0656. If the following conditions were not pre-selected: Service Matrix Categories 27 - Respite Care 33 - Hospital Admissions

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						34 - Hospital Days 50 - Behavioral Health – Inpatient
45	Transportation - emergency trips	Units	A	N/A	N/A	Select by HCPCS A0225, A0382, A0398, A0420, A0422, A0425, A0427, A0429, A0430, A0431, A0433, A0434, A0435, A0436, A0888, A0999 (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-43,51))
46	Transportation - non-emer trips	Units	A	N/A	N/A	Select by HCPCS Codes A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0425, A0426, A0428, A0436, S0209, S0215, T2003, T2005, T2007, T2049 (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-43, 45, 51))
47	DME and Medical Supplies - Rental	Units	A	N/A	15, 40	Select by all HCPCS with AHCCCS Category of Service values and modifier codes equal to NR, RR or LL. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-43, 45, 46, 51))
48	DME and Medical Supplies - Purchase	Units	A	N/A	15, 40	Select by all HCPCS with AHCCCS Category of Service values. Bypass those selected in the Rental Category

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						46. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-43, 45-47, 51))
49	Pharmacy	# of Enc	C	N/A	N/A	Select by form type for all NDC (National Drug Codes).
50	Behavioral Health - Inpatient	Days	I	02, 71, 77, 78, B1, B3, B5, B6	N/A	One of the following Provider Types: 02, 71, 77, 78, B1, B3, B5, B6 with one of the following revenue code of 0114, 0124, 0126, 0134, 0144, 0183 Or One of the following provider types: 71, 77, 78, B1, B3, B5, B6 with Revenue Code of 0120.
51	Behavioral Health – Non-Inpatient	Units x BHS Table Conver Factor	A	11, 39, 77, 85, 86, 87, A2, A3, A4, A5, A6	47	Select by provider type or AHCCCS COS with HCPCS codes equal to: H0001, H0002, H0003, H0004, H0017, H0018, H0019, H0025, H0031, H0034, H0038, H2000, H2011, H2012, H2014, H2015, H2016, H2017, H2019, H2020, H2025, H2027, S5110, T1002, T1016, T1019, T1020, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90865, 90870, 90875, 90876, 90880,

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						90882, 90885, 90887, 90889, 90899, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96150, 96151, 96152, 96153, 96154, 96155, 99255, H0020 with modifier equal to HG, H2010 with modifier equal to HG Select by HCPCS codes: 99201-99499 (if not previously selected by Service Matrix Category 40- Primary Care Service)
52	Dental	Units	D	N/A	N/A	Any form type D