

**Reporting Guide For CRS Health Care Contractor  
Revenue and Expense Statement Mapping Guidelines**

Line #	Item	Description	Form Type	AHCCCS Category Of Service	Mapping
402	Physical Hospital Inpatient	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses	I		Facility based encounter with a Provider type 02 (Hospital), 35(Hospice), 73 (Out of State Encounter), 83 (Free-Standing Birthing Center) and Reimbursement Type is Maternity, NICU, ICU, Surgery, Nursery, or Routine .
404	Behavioral Health Hospital Inpatient	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses.	I		Facility based encounter with a diagnosis code of 290.0-319.99 and a Provider type 02 (Hospital), 71 (Psychiatric Hospital), B5 (Subacute Facility 1-16 beds), B6 (Subacute Facility 17+ beds), 78 (RTC), B1 (RTC-Secure), B2 (RTC-Non Secure), (RTC-Non Secure IMD) LOA Services: Provider Type 02, 71, B5, B6, B1, B2 and revenue codes 0183 and 0189.
408	Primary Care Physician Services	Contracted or fee for service expenses for primary care delivery and other practitioners, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT).	A		Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), 42(Hospital Affiliated Clinic), 90(QMB Only provider) <b>and</b> CPT codes 90000-90800, 90916-99999, 36400-36415, 38220-38221, 54150, 54160. <u>EPSDT</u> : Recipient is less than 21 years old and Diagnosis is V20-V20.2 or Category of Service is 08(EPSTD).
409	Behavioral Health Physician Services	Those expenses for physician services related to Behavioral Health services. This includes inpatient professional,	A, I, O		90816- 90819, 90821- 90824, 90826-90829, 99217-99223, 99231- 99236, 99238-99239, 99251-99255, 99356-

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		medication services and medical management, counseling, assessment, and evaluation and screening services. Also electro convulsive therapy			99357, 90805, 90807, 90809, 90811, 90813, 90815, 90862, 96372, 99201-99205, 99211 - 99215, 99304 - 99310, 99315-99316, 99318 99324 - 99328, 99334 - 99337, 99341-99350, 99354-99355, 99358-99359, 99499, H0020-HG, H2010-HG J0515, J1200, J1630, J1631, J2680, J2794, J3410, T1002, T1003, 90804, 90806, 90808, 90810, 90812, 90814, 90845-90847, 90849, 90853, 90857, 90880, H0004, H0004- HQ, HR, HS, 90801, 90802, 90875, 90876, 90899, 90901, 96101-96103, 96110, 96111, 96116, 96118 – 96120, 97810, 97811, 97813, 97814, 99199, 99241- 99245, H0001, H0002, H0015, H0031, H0046, H2033 .  <b>Electro-Convulsive Therapy:</b> Rev Code 0901 (form type I); HCPCS code 90870, 00104 (form type A).
410	Referral Physician Services	Contracted or fee for service expenses for referral (specialist) physician services. This is Surgery and OB/GYN Services	A		Provider Type: 02(Hospital), 05(Clinic), 07(Dentist), 08(MD-Physician), 31(DO-Physician), 42(Hospital Affiliated Clinic), 90(QMB Only provider) also CPT 10000-69999 with COS 02 or 00100-01999 with COS 01, 02. For OB/GYN services use 56405-59999 regardless of the category of service. Exclude 54150 and 54160(Circumcision).
412	MSIC Clinical Fees		A		HCPCS code T1015

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	Expenses				
414	Other Professional Services	All other Professional Services not otherwise classified above (408-412).	A		Select all HCPCS/CPT Codes for the following provider types: 03, 04, 08, 09, 10, 11, 12, 13, 15, 16, 17, 18, 19, 22, 26, 30, 31 32, 36, 41, 46, 47, 48, 56, 62, 67, 68, 69, 73, 79, 82, 83, 84, 85, 86, 87, E1, <b>OR</b> the category of service 45 for all services which have not already been mapped elsewhere.
416	Emergency Facility Services	Those expenses relating to emergency room and urgent care facility services provided on an outpatient basis.	O		Rev Code 450-459. Only ER services that did not result in a hospital admission will be counted in this category. Form type O should limit this.
417	Pharmacy	Pharmacy expenses incurred for outpatient services	C, O		All Form Type C, For Form Type O: Rev codes 250-259, 630-633, 636
418	Lab, X-ray and Medical Imaging	Pathology, Laboratory and radiology (medical imaging, x-ray) expenses incurred for outpatient services	A	12 or 13	
419	Outpatient Facility	Outpatient facility expenses incurred for outpatient services. Includes outpatient/ambulatory surgical center.	O, A,I	43	Select by Form Type O which do not have an occurrence of Revenue Codes 0450 - 0459. Select by Form Type A with provider type 43. Also do not include any Encounters that <b>ONLY</b> contain the following Revenue Codes: 0250 – 0259, 0630 – 0633, 0636. These will be counted as Pharmacy service Encounters.

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					Pay code of 'OPF' with form type I Pay code of 'CC0' with form type I Pay code of 'TIR' with form type I and no tier levels found
420	Durable Medical Equipment	Medical equipment, medical supplies, medical appliances and oxygen expenses incurred for outpatient services.	A	15 or 40	
421	Dental	Dental expenses incurred for outpatient services, including outpatient surgery, pharmacy, lab, and radiology specifically related to a dental diagnosis.	D, A	11	Select all form type D Select for AHCCCS COS 11 for form type A
422	Transportation	Medically necessary transportation expenses incurred for inpatient and outpatient services, both emergency and non-emergency.	A		Select by HCPCS: A0100, A0110, A0120, A0130, A0140, A0426, A0428, T2003, T2005, T2007, A0080, A0090, A0160, S0209, S0215, T2049, Z3344, Z3620, Z3643, A0170, A0180, A0190, A0200, A0210, A0999, A0427, A0429, A0430, A0431, A0432, A0433, A0434, Q3019, Q3020, A0225, A0420, A0435, A0436, A0888, Z0030, Z3655, A0425, A0382, A0384, A0392, A0394, A0396, A0398, A0422, A0424, Z2999, Z3700

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423	Nursing Facility (NF), Home Health Care	Expenses relating to nursing facility (NF) and home health care including durable medical equipment expense incurred in a NF or home health care setting. Examples include: Intermediate Care Facility and Skilled Nursing Facility.	L, A		<u>Nursing Facility</u> : Form Type L <u>Home Health</u> : Provider Type – 23(Home Health Agency), 24(Personal Care Attendant), 27(Adult Day Health), 36(Assisted Living Home), 37(Homemaker), 40(Attendant Care), 46(Nurse-Private RN or LPN), 50(Adult Foster Care), 57 (Residential treatment facility),70(Home Delivered Meals) <b>or</b> HCPC Codes: S5100, S5101, S5102, S5125, S5130, S5140, S5150-HQ, S5151, S5165, S5170, S9123, S9123-TG, S9124, S9124-TG, T1019, T1021, T2016, T2017, T2018, T2019, T2021, T2026, T2031, T2031-TF, T2031-TG, T2033, T2033-U1, T2033-TF, G0154
424	Physical Therapy	Physical therapy and physical rehabilitation incurred for outpatient services.	A	06	Provider Type not equal to 02(Hospital), 05(Clinic), 08(MD-Physician), 31(DO-Physician Osteopath), 42(Hospital Affiliated Clinic)
429	Behavioral Health Day Program	Medical, Home and Community expenses incurred for services provided to members in a Behavioral Health Day Program including supervised day program, therapeutic day program, and medical day program.	A		HCPCS codes H0036, H0036-TF, H0037, H2015, H2012, H2019, H2019-TF, H2020
430	Behavioral Health	Case management expenses related to	A		HCPCS codes 90887, 90889, 98966,

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	Case Management Services	behavioral health services, including salaries, benefits, travel, and training expenses for the case manager(s), and case management supervisors.			98967, 98968, 99367, 99368, 99441-99443, T1016-HN, HO, GT
431	Behavioral Health Crisis Intervention Services	Expenses incurred for Crisis Intervention Services provided to members including mobile, stabilization and telephone.	A		HCPCS codes H2011, H2011- HT, 99281, 99282, 99283, 99284, 99285, S9484, S9485
432	Behavioral Health Rehabilitation Services	Expenses incurred for Rehabilitation Services provided to members including living skills training, Cognitive Rehab, Health Promotion, and Supported Employment Services	A		HCPCS codes 97532, H0025, H0034, H2014, H2014- HQ, H2017, H2025, H2026, H2027
433	Behavioral Health Residential Services	Expenses incurred for Residential Services provided to members including Level II and Level III Behavioral Health Residential Facility.	A		HCPCS codes H0018, H0019
434	Other Behavioral Health Services	Miscellaneous support services incurred for All Other Behavioral Health Services provided to members. This includes personal care services, family support, peer support, home care training to home care client, unskilled respite care, and supported housing.	A		HCPCS codes H0038, H0038-HQ, H0043, H2016, S5109-HA, HB, HC, S5110, S5150, S5151, S9986 w/out modifier HW, T1019, T1020