Acute Care Service / CRS Service Matrix

Service Matrix Category Number	Service Matrix Category Description	Count	Form Type	Provider Type	AHCCCS Category of Service (COS)	Other Selection Criteria
1	Transportation – Emergency Trips – Total	Unit Qty	A	N/A	N/A	Select by HCPCS: 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
2	Transportation – Non-Emergency Trips – Total	Unit Qty of Non-Emergency Base Only	A	N/A	N/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
3	DME and Medical Supplies – Rental	Days of Rental	A	N/A	15, 40	Select by all HCPCS with AHCCCS Category of Service values and modifier codes equal to NR, RR or LL
4	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
5	Laboratory and Radiology Services	Units	A	N/A	12, 13	Select all HCPCS that meet AHCCCS Category of Service requirements.
6	Emergency Facility Visits	# of Enc	O	N/A	N/A	Select by any occurrence of Revenue Codes 0450 - 0459. Note: Only ER services which did NOT result in a hospital admission will be counted in this category. Form Type O will limit this.
7	Outpatient Facility Visits (includes Ambulatory Surgical Center)	# of Enc	O, A, I	43	N/A	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 ONLY contain the following Revenue Codes: 0250 – 0259, 0630 – 0633,

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						0636. These will be counted as Pharmacy service Encounters. 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
8	Physical Therapy	Units	A	NOT Equal to 02, 05, 08, 31, 42	06	Select by all HCPCS that meet Provider Type and AHCCCS Category of Service requirements.
9	Dental Services	Units	D, A	N/A	11	Select all form type D Select for AHCCCS COS 11 for form type A
10	Physician OB/GYN Services - includes hospital and clinic billing for physicians	Units	A	02, 05, 08, 31, 42	N/A	Select by HCPCS 56405 - 59999 (must meet Provider Type) Also include the following diagnostic codes: 614-677, V22.xx, V23.xx, V24.xx, V25.xx, V27.xx, V28.xx, and V72.3x & V72.4X, providing both form type and provider type conditions are met.
11	Physician Surgery - includes hospital and clinic billing for physicians	# of Enc	A	02, 05, 07, 08, 14, 31, 42, 90	01, 02	Meets Provider Type Select by HCPCS 10000 - 69999 with AHCCCS COS 02 or 00100 - 01999 with AHCCCS COS 01, 02 Exclude HCPCS codes 54150, 54160, T1015 - Note: This includes anesthesia and assistants at surgery.
12	Physician Other- (Medicine, PCP visits, EPSDT, Mental Health, all other physician services) -	Units	A	02, 05, 07, 08, 31, 42, 90	N/A	Meets Provider Type…and Medicine and PCP Visits - Select by HCPCS 90000 - 90800, 90916 - 99999, 36400 - 36415, 38220 - 38221

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	includes hospital and clinic billing for physicians					EPSDT - Select if Primary Diagnosis V20 - V20.2 and recipient age less than 21 years, or AHCCCS Category of Service equals 08. Mental Health - Select by HCPCS 90801 – 90915, G0071 – G0094 All Other Services - Not previously selected - Select by HCPCS NOT equal to: HCPCS 00100 - 01999, or 10000 - 69999, or 90000 – 99999
13	Other Professional Services	Encounter count	A	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	45	Select all HCPCS for these provider types or AHCCCS Category of Service 45, which have not already been grouped into another category.
14	Nursing Facility	Days	L	N/A	N/A	Select all form type L.

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	Services					
15	Home Health Care - includes Adult Day Health, Home Delivered Meals, Home Health Aide, Home Health Nurse, Homemaker, Personal Care, Respite Care, Attendant Care, and Other HCBS	Units	A	23, 24, 27, 36, 37, 40, 46, 50, 57, 70	N/A	Select by Provider Type Or Select by the following HCPCS: 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 – U1, TF, or T2033 with no modifier , G0154
16	Hospital Days By Maternity Tier	# Days	I	02	N/A	Select if reimbursement type equals Maternity Tiered Per Diem.
17	Hospital Days By NICU Tier	# Days	I	02	N/A	Select if reimbursement type equals NICU Tiered Per Diem.
18	Hospital Days By ICU Tier	# Days	I	02	N/A	Select if reimbursement type equals ICU Tiered Per Diem.
19	Hospital Days By Surgery Tier	# Days	I	02	N/A	Select if reimbursement type equals Surgery Tiered Per Diem.
20	Hospital Days By Psychiatric Tier	# Days	I	02	N/A	Select if reimbursement type equals Psychiatric Tiered Per Diem.
21	Hospital Days By Nursery Tier	# Days	I	02	N/A	Select if reimbursement type equals Nursery Tiered Per Diem.
22	Hospital Days By Routine Tier	# Days	I	02	N/A	Select if reimbursement type equals Routine Tiered Per Diem.
23	All Other Hospital Days	# Days	I	02, 35,	N/A	If not previously selected for categories 16-22

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	- (Non-Tier and Non-Mental Health) - includes outliers, out-of-state and same day admit/discharge			71, 73, 83,		For Provider Type 02 and pay code of SCO, SCI, add CCU, CCR. Or if Provider Type 35, 71, 83
24	Pharmacy Encounters	# Enc	C, O	N/A	N/A	Select if Claim Type = E (Encounter) Select for all Form Type = C (Pharmacy) For Form Type = O (Outpatient), select as follows: If the Encounter Form Type 'O' contains ONLY the following Revenue Codes – 0250-0259, 0630- 0633, 0636 it is considered a Pharmacy service encounter.
25	Clinic Visit/Encounter	Units	A			HCPCS code T1015