

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
400	NF ICF & Bedholds	Leave of Absence (LOA) bed hold days	L	22	7,8,31,32, 99	N/A	0183,0184,0185	5
402	Level I	Expenses relating to nursing facility (NF) Level I	L	22	7,8,31,32, 99	N/A	0191	1
404	Level II	Expenses relating to nursing facility (NF) Level II	L	22	7,8,31,32, 99	N/A	0192	2
406	Level III	Expenses relating to nursing facility (NF) Level III	L	22	7,8,31,32, 99	N/A	0193	3
408	Institutional Care	Expenses for Nursing facilities, RTC, IMD or ICF	L	22	7,8,31,32, 99		combine w other	
412	Other Institutional Care	All other expenses not specifically identified in one of the categories defined above.	L	22	7,8,31,32, 99	N/A	0190, 0194, 0199	4
414	Home Health Nurse	Expenses incurred for intermittent skilled nursing services in a home and community based setting. Skilled nursing services may include health maintenance, continued treatment, or supervision of a health condition.	A	02, 03, 19, 23, 39, 46, 77, 81, 94,A6, C4,	03, 11, 12, 33, 99	N/A	G0154, S9123, S9123-TG, S9124, S9124-TG, S9379-NU, T1002, T1003	21

Updated August, 2016

\\snas01\s-drive.DHCM\FIN\Reporting Guide\CYE 17\ALTCS\Final Documents\ALTCS Mapping Matrix.docx

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
416	Home Health Aide	Expenses incurred for medically supervised and physician ordered intermittent health maintenance, continued treatment or monitoring of a health condition and supporting care with activities of daily living in a home and community based setting.	A	02, 23, C4	12	N/A	T1021, T1003	20
418	Personal Care	Expenses incurred for assistance in meeting essential personal physical needs.	A	39, 72, 77, A3, A6	11, 12, 50, 53, 71, 72, 99	N/A	T1019, T1020 Select HCPCS code (if not previously selected by Service Matrix Category 51 – Behavioral Health –Non-Inpatient)	23
420	Homemaker	Expenses incurred for household maintenance in a home and community based setting.	A	23, 24, 37, 39, 40, 81,95	12		S5130, S5131	22
422	Home Delivered Meals	All expenses relating to the delivery of meals to members in a home and community based setting.	A	70, 81	12	N/A	S5170	19

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
424	Respite Care	Expenses incurred for short-term or intermittent care and supervision in order to provide an interval of rest or relief to family members. Including Respite Care Non-Institutional, Respite Care Cont In-Home, Respite Care Institutional.	In Home-A, Institutional - I	02, 23, 24, 37, 39, 40, 72, 77, 81, A3, C4	12, 99	N/A	Respite Care - Non Institutional: S5150 with modifier not equal to TG only, Respite Care - Cont in-home: S5151 Respite Care - institutional: For inpatient Form Type I Revenue Code 0199 and if the following conditions not preselected: Matrix Service Categories 33 - Hospital Admissions 34 - Hospital Days 50 - Behavioral Health – Inpatient	24, 26, 27
426	Attendant Care	Expenses incurred for assistance with homemaking, personal care, general supervision and companionship to members in a home and community based setting.	A	02, 23, 24, 40, 93, C4, 95	03, 12, 99	N/A	Attendant Care, select by HCPCS code S5125 not equal to modifiers U2, U4, U5, T2038, T2038 U7. Self-Directed Attendant Care, select by HCPCS code S5125 with modifiers equal to U2 or U4 or U5. SDAC Training, select by HCPCS code S5108, S5110, S5115. SDAC FEA (Fiscal and Employer Agent), select by HCPCS code T2040, T1023.	28, 29, 30, 31

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
428	Assisted Living Home	Expenses incurred for the alternative residential setting to provide supervision, personal care and/or custodial care services for up to ten (10) adults.	A	36	12	N/A	T2031, T2031-TF, T2031-TG	7, 8
429	Assisted Living Center	Expenses incurred for the approved alternative residential setting composed of individual apartments to provide general supervision, as well as coordinate supportive living services to members on a 24-hour basis.	A	49, 57	12, 99	N/A	T2033, T2033-U1, T2033-TF, T2033-TG	10, 11, 12
430	Adult Day Health	Expenses incurred for planned care and supervision, assistance with medication, recreation, socialization, personal care, personal living skills training, congregate meals, health monitoring and related services such as preventive therapeutic, and restorative health care.	A	27, 81	99	N/A	S5100, S5101, S5102	18

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
432	Adult Foster Care	Expenses incurred for supervision and assistance with activities of daily living and coordination within a family type environment for up to four (4) adult residents.	A	A5, 50	12, 99	N/A	S5140, S5140-TF, S5140-TG, S5145	14, 15, 16
434	Group Respite	Expenses incurred for short-term or intermittent care and supervision, in a group setting, in order to provide an interval of rest or relief to family members.	A	02, 23, 38, 39, 40, 81, C4	12, 99	N/A	S5150-HQ, S5150-TG	25
436	Hospice	Expenses incurred for palliative and support care for terminally ill members and their family, or caregivers.	I, O	02, 23, 24, 37, 39, 40, 72, 77, 81, A3, C4	12, 99	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 34 - Hospital Days 50 - Behavioral Health – Inpatient S5151	45
438	Environmental Modifications	All expenses incurred for environmental modifications for HCBS members.	A	44	12		S5165	

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
444	Other HCBS Expense	All other expenses not specifically identified in one of the categories defined above.	A, L	A2, 22, 24, 25, 30, 36, 39, 40, 49, 50, 57, 74	12, 99	N/A	H0018, H0018-TF, H0018-TG, H0019, S5101, S5102, S5109, S5135, S5136, S5150, S5151, S5160-RR, S5161-RR, S5165, S9435, S9470, S9975,. Select HCPCS code (if not previously selected by Service Matrix Category 51 – Behavioral Health)	33
448	Inpatient Services (Hospitalization)	All forms of compensation for hospital inpatient. Including Hospital Admissions, Hospital Days, Hospital Average Length of Stay and Behavioral Health Inpatient	I, L	02, 22, 71, 73, 77, 78, B1, B3, B5, B6, C4, 41	1,21,51,99	N/A	Hospital Admissions: Select by Provider Types and Bill Types: 111,112,121,122, 127, 221,222, 227, 651 Hospital Days: Provider Type with the following Bill Types 111, 112, 113, 114, 121, 122, 127, 211, 212, 213, 214, 217, 221, 222, 223, 224, 227, 615 or just Provider Type 02, 22, 73, C4. Bypass if: Encounter meets Service Matrix Category 50 - Behavioral Health – Inpatient Exclude if: in service matrix category Nursing Facility 1-5. Behavioral Health Inpatient: One of the following Provider Types: 02, 71, 77, 78, B1, B3, B5, B6, C4 with one of the following revenue code of 0114, 0124, 0126, 0134, 0144, 0183, 221, 222, 223, 224, 227 Or One of the following provider types: 71, 77, 78, B1, B3, B5, B6, C4 with Revenue Code of 0120, 221, 222, 223, 224, 227.	34, 35, 36

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
450	Primary Care Physician Services	All forms of compensation for primary care delivery, including salary, capitation, and fee-for-service including Urgent Care Facility expenses	A	01, 02, 05, 07, 08, 18, 19, 31, 42, IC, I1, C4	1,2,21,22,23,24,3,31,32,33,34,35,50,51,52,7,72,8,99	N/A	99201-99499 Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38, 39, 51)	41
451	FQHC/RHC Services	FQHC/RHC services should be recorded to this line if the services meet the definition of a visit or are incidental to the visit	A or D	C2, 29	50, 72	N/A	Code T1015 Provider type for FQHC and FQHC Look-Alikes is C2. Provider type for RHC is 29	43
452	Referral Physician Services	All forms of compensation paid for referral (specialist) physician services, including surgery services	A	02, 05, 08, 31, 42, 95, E1, I1, C4, 77, RP01, 03, 04, 07, 09, 10, 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, 74,77, 79, 82, 90, IC, 11, 85	1,2,21,22,23,24,3,31,32,33,34,35,50,51,52,7,72,8,99	For Surgery Services, 01, 02. All other N/A	Select by all other HCPCS. Select all HCPCS for these Provider Types. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-410, 51) For Surgery Services, 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, 42

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
454	Emergency Services	Those expenses relating to emergency room services provided on an outpatient basis, including any facility fee excluding Urgent Care Facility expenses.	O	02, 06, C4	20,21,23,99	N/A	0450-0452, 0456,0459	37
456	Outpatient Facility	Outpatient facility expenses incurred for outpatient services, this does not include Physician expense for surgery (this should be included in account 452, Referral Physician Services)	O	02, 05, 65, 77, C4	2,22,24,99	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
458	Pharmacy	Pharmacy expenses incurred for outpatient services and psychotropic medications and Prescription Benefit Management (PBM) expenses. Also include prescription rebates and PBM performance incentives/recoupments.	C	02, 03, 05, 65, 77, C4	01,2,99	N/A	Select by form type for all NDC (National Drug Codes).	50

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
460	Lab/Diagnostic Imaging	Lab and diagnostic imaging expenses (medical imaging, X-ray) incurred for outpatient services.	A	04, 90, 92	99	12, 13	A0120, A0120-TN, S0215, S0215-TN Select HCPCS that meet AHCCCS Category of Service. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 51)	39
462	Durable Medical Equipment	Medical supplies, medical equipment, prosthetic devices, and oxygen expenses incurred for outpatient services.	A	23, 30	12	15, 40	S9208, S9209, S9211, S9212, S9213, S9214. DME and Medical Supplies - Rental, select by all HCPCS with AHCCCS Category of Service values and modifier codes equal to NR, RR or LL. DME and Medical Supplies - Purchase, select by all HCPCS with AHCCCS Category of Service values. Bypass those selected in the Rental Category 46. (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-43, 45, 46, 51)	48, 49

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
464	Dental	Dental expenses incurred for outpatient services, including outpatient surgery, prescription drugs, lab, and radiology specifically related to a dental diagnosis.	D, A			11	Any form type D and select form type A and COS 11. Exclude if prior selection in Matrix Service Category (43).	53
466	Transportation	Medically necessary transportation expenses incurred for inpatient and outpatient services.	A	02,06,24, 28, 36, 37, 39, 40, 46, 49, 50, 71,72,77,7 8,81,92, 97, A3,A6,B1, B2,B3, B5, B6,B7,C4	41, 42, 99	N/A	A0080, A0090, A0100, A0110, A0120, A0120-TN, A0130, A0130-TN, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0225, A0382, A0398, A0420, A0422, A0425, A0426, A0427, A0428, A0429, A0430, A0431, A0433, A0434, A0435, A0436, A0888, A0999, S0209, S0209-TN, S0215, S0215-TN, T2002, T2003, T2005,T2005-TN, T2007, T2049 (Exclude if prior selection by Service Matrix Categories (7-26, 28-31, 38-43,51)	46, 47,

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

Line Number	Item	Description	Form Type	Provider Type	Place of Service	AHCCCS Category of Service (COS)	Code	Service Matrix Category New Number
468	Therapies	Physical, occupational, respiratory, audiology and speech therapy expenses incurred for outpatient services.	A	20, 23, 95	12	Therapy Services: 03, 05, 06, 07, 45 Habilitation Services: N/A	Therapy Services: S5180, S5181 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) Habilitation Services: Select by HCPCS code = T2016, T2017, T2018, T2019, T2020, T2021	32, 44
470	Outpatient Behavioral Health	All outpatient behavioral health related expenses such as: screening, evaluation, individual therapy and counseling, group and/or family therapy and counseling, partial care, emergency/crisis behavioral health care, behavior management, psychosocial rehabilitation.	A	02, 08, 11, 18, 19, 31, 39, 71, 72, 77, 85, 86, 87, 88, 89, A2, A3, A4, A5, A6, B5, B6, B7, C4	03, 04, 11, 12, 20, 21, 22, 23, 31, 32, 33, 34, 50, 51, 53, 54, 71, 72, 99	47	Select by provider type or AHCCCS COS with H0001, H0002, H0003, H0004, H0004 HR, H0004 HS, H0004 HQ, H0017, H0018, H0019, H0020 HG, H0025, H0031, H0031 HB, H0034, H0036, H0036 TF, H0037, H0038, H0038 HQ, H2000, H2010 HG, H2011, H2011 HT, H2012, H2014, H2014 HQ, H2015, H2016, H2017, H2019, H2019 TF, H2020, H2025, H2026, H2027, S5110, S9484, S9485, T1002, T1016, T1016 HN, T1016 HO, 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,	52

Reporting Guide For ALTCS Contractors  
Revenue and Expense Statement Mapping Guidelines

						90828, 90829, 90832, 90833, 90834, 90837, 90838, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90865, 90870, 90875, 90876, 90880, 90882, 90885, 90887, 90889, 90899, 96101, 96102, 96103, 96105, 96110, 96111, 96116, 96118, 96119, 96120, 96125, 96150, 96151, 96152, 96153, 96154, 96155, 99255, Select by HCPCS codes: 99201-99499 (if not previously selected by Service Matrix Category 40-Primary Care Service)	
472	Other Acute Care Costs	Those outpatient expenses not specifically identified in one of the categories defined above.			99		