

Appendix E - Physical Health Services Crosswalk to Statement of Activities

Line #	Item	Description	Form Type	Category Of Service	Mapping
550a	Hospital Inpatient	All contracted or fee for service expenses for hospital inpatient services, including room, board, and ancillary expenses (Does not include Behavioral Health Services)	I		Facility based encounter with a Provider type 02 (Hospital), 35(Hospice), 71 (Psychiatric Hospital), 73 (Out of State Encounter), 83 (Free-Standing Birthing Center), C4 (Specialty Per Diem Hsp) and Bill Type is 111-127
560a	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), 90(QMB Only provider) , C4 (Specialty Per Diem Hsp) , IC(Integrated Clinics), and 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(EPSDT). <u>Mental Health</u> : CPT between 90801-90915, G0071-G0094
560b	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), C4 (Specialty Per Diem Hsp), 14 (Physical Therapist), 90 (QMB Only Provider) also CPT 10000-69999 with COS 02 or 00100-01999 with COS 01, 02. Exclude 54150 and 54160(Circumcision) and T1015 For OB/GYN services use 56405-59999 regardless of the category of service. 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.
560c	FQHC/RHC Services	FQHC/RHC services should be recorded to this line if the	A or D		Provider type for FQHCs and FQHC Look-Alikes is C2 Provider type for RHCs is 29.

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		services meet the definition of a visit or are incidental to the visit.			
560d	Other Professional Services	All other Professional Services not otherwise classified above (408-410).	A		Select all HCPCS/CPT Codes for the following provider types: 03, 04, 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, OR the category of service 45 for all services which have not already been mapped elsewhere.
570a	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.
570b	Pharmacy	Pharmacy expenses incurred for outpatient services	C, O		Form Type O: Rev codes 250-259, 630-633, 636 Select if Claim Type = E (Encounter) Select for all Form Type = C (Pharmacy)
570c	Pharmacy Rebate	Pharmacy rebate, allocate by program			
570d	Lab, X-ray and Medical Imaging	Pathology, Laboratory and radiology (medical imaging, x-ray) expenses incurred for outpatient services	A	12 or 13	Also any other HCPCS that match the category of service value.
570e	Outpatient Facility	Outpatient facility expenses incurred for outpatient services. Includes outpatient/ambulatory surgical center.	O, A, I		Form type O rev codes not in the following ranges: 450-459. Form type A with provider type of 43 (Ambulatory Surgical Center). Do not include encounters only that contain the following rev codes (These will be included in Pharmacy): 250-259, 630-633, 636. Form type I pay code OPF, and CCO. Pay code TIR with Form Type 1 only when no tier levels found.
570f	Durable	Medical equipment, medical	A	15 or 40	For Rented: select by all HCPCS with AHCCCS Category

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	Medical Equipment	supplies, medical appliances and oxygen expenses incurred for outpatient services.			of Service values and modifier codes equal to NR, RR or LL For Purchased: select by all HCPCS with AHCCCS Category of Service values. Bypass those selected in the Rental Category
570g	Dental	Dental expenses incurred for outpatient services, including outpatient surgery, pharmacy, lab, and radiology specifically related to a dental diagnosis.	D, A		Select all form type D and select form type A and COS 11
570h	Transportation	Medically necessary transportation expenses incurred for inpatient and outpatient services, both emergency and non-emergency.	A		HCPC Codes: A0021-A0999, Q3019, Q3020, S0209, S0215, T2001-T2007, T2049, Z0030, Z2999, Z3344, Z3620, Z3643, Z3655, Z3700 Total Emergency Trips – includes base, mileage, supplies cost, and uses base unity quantity only. Total Non-Emergency Trips – includes base, mileage, miscellaneous costs above. Uses base unity quantity only.
570i	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) 95 (Non Medicare Certified Home Health Agencies) or 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-UI, TF, G0154

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570j	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) , C4 (Specialty Per Diem Hsp) Select by all HCPCS that meet Provider Type and AHCCCS Category of Service requirements.