

Service Matrix Category Number	Service Matrix Category Description	Count	AHCCCS Form Type	AHCCCS Provider Type	AHCCCS Category of Service	Other Selection Criteria
1	Transportation – Emergency Trips – Total	Unit Qty of Emergency Base	A	N/A	N/A	Total Emergency Trips – includes base, mileage, supplies cost, uses base unit quantity only. Select by HCPCS: A0427, A0429, A0430, A0431, A0432, A0433, A0434, Q3019, Q3020, A0998. Include costs, but set unit qty to 0, A0225, A0420, A0435, A0436, A0888, Z0030, Z3655, A0425, A0382, A0384, A0392, A0394, A0396, A0398, A0422, A0424, Z2999, Z3700, J3490, J3490 RH, SH
2	Transportation – Non-Emergency Trips – Total	Unit Qty of Non-Emergency Base Only	A	N/A	N/A	Total Non-Emergency Trips – includes base, mileage, miscellaneous costs, uses base unit quantity only. Select by HCPCS: A0100, A0110, A0120, A0130, A0140, A0426, A0428, T2003, T2005. Include costs, but set unit qty to 0, T2007, A0080, A0090, A0160, S0209, S0215, T2049, Z3344, Z3620, Z3643, A0170, A0180, A0190, A0200, A0210, A0999
3	DME and Medical Supplies	# of Enc	A	N/A	15, 40	Select by all HCPCS with AHCCCS Category of Service requirements.
4	Laboratory and Radiology Services	# of Enc	A	N/A	12, 13	Select all HCPCS that meet AHCCCS Category of Service requirements.
5	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.

6	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, 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
7	Therapy	Units	A	NOT Equal to 02, 05, 08, 31, 42, C4	03, 06, 07	Select by all HCPCS that meet Provider Type and AHCCCS Category of Service requirements.
8	Dental Services	Units	D, A	Not Equal to C2, 29	11, PM	Select all form type D and select form type A and COS 11, PM and provider type not equal to C2, 29
9	Physician OB/GYN Services - includes hospital and clinic billing for physicians	# of Enc	A	02, 05, 08, 31, 42, C4	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.
10	Physician Surgery - includes hospital and clinic billing for physicians	# of Enc	A	02, 05, 07, 08, 14, 31, 42, 90,C4	01, 02	Meets Provider Type AND 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.

11	Physician Other- (Medicine, PCP visits, EPSDT, Mental Health, all other physician services) - includes hospital and clinic billing for physicians and Referring/Ordering Providers	# of Enc	A	C4, I1, 02, 05, 07, 08, 14, 31, 42, 77, 90, RP , TR, IC	N/A	<p>Meets Provider Type AND</p> <p>Medicine and PCP Visits - Select by HCPCS 90000 - 90800, 90916 - 99999, 36400 - 36415, 38220 - 38221</p> <p>EPSDT - Select if Primary Diagnosis V20 - V20.2 and recipient age less than 21 years, or AHCCCS Category of Service equals 08.</p> <p>Mental Health - Select by HCPCS 90801 – 90915, G0071 – G0094, H0004 All Other Services - Not previously selected - Select by HCPCS NOT equal to: HCPCS 00100 - 01999, or 10000 - 69999, or 90000 – 99999, T1015</p>
12	<b>Intentionally Blank</b>					
13	Nursing Facility Services and 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	# of Enc	L or A	23, 24, 27, 36, 37, 39, 40, 46, 50, 57, 70, 95	N/A	<p>Select all form type L.</p> <p>For Form Type A: Select by Provider Type OR Select by the following HCPCS: S5100, S5101, S5102, S5125, S5130, S5165, S5170, S9123, S9123 – TG, S9124, S9124 – TG, T1021, T2016, T2017, T2018, T2019, T2021, T2026, T2031, T2031 – TF, T2031 – TG, T2033 – U1, TF, or T2033 with no modifier , G0154</p>
14	Hospital Inpatient	Total Accommodation Days	I	02, 35, 71, 73, 78, 83, B1, B2, B5, B6, C4, 41	N/A	
15	Pharmacy Encounters	# Enc	C,O	N/A	N/A	<p>Select for all Form Type = C (Pharmacy)</p> <p>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.</p> <p>Excludes “Behavioral Health” Therapeutic Class Codes see below list</p>

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 Section D- Data Book Service Matrix  
 Document - Integrated Contractor Service Matrix

16	Clinic Visit/Encounter	Units	A	Not in C2, 29		HCPCS code T1015
17	FQHC/RHC Visit/Encounter	Units	A or D	C2, 29		Select by all HCPCS that meet Form Type and requirements.
18	Case Management	Units	A			HCPCS codes 90887, 90889, 98966, 98967, 98968, 99367, 99368, 99441- 99443, T1016,T1016-HN, HO, GT
19	Crisis Intervention Services	Units	A			HCPCS codes H2011, H2011- HT, 99281, 99282, 99283, 99284, 99285, S9484, S9485
20	Rehabilitation Services	Units	A			HCPCS codes 97532, H0025, H0034, H2014, H2014-HK, H2014-HQ, H2017, H2025, H2026, H2027, S1015, S1016
21	Residential Services	Units	A			HCPCS codes H0018, H0019
22	Support Services	Units	A			HCPCS codes T1019, T1020, , H0038, H0038-HQ, H0043, H2016, S5109-HA, HB, HC, S5110, S5150, S5151, S9986 w/out modifier HW, S5140
23	Misc and Other Professional Services	# of Enc	A			Select all Provider, Type, AHCCCS COS and HCPCS, which have not already been grouped into another category.