SERVICE MATRIX

This matrix defines and describes the selection criteria used for each of the service categories shown in the Encounter Utilization Reports. This matrix represents a hierarchy of medical service categories for the encounters to be classified into. This means that, in general, a single encounter should only be counted in one category. One exception occurs in the categories for inpatient hospital. Since it is possible for a single UB-92 encounter to contain Criteria for more than one tier level, it will be necessary to assign the total days on that UB-92 across more than one tier level for the count.

Num.	Category	Count	Form Type	Provider Type	Category of Service	Other Selection Criteria
1	Transportation - Emergency Trips - Total	Unit Qty	A	N/A	N/A	Select by HCPCS: A0225, A0380, A0382, A0384, A0392, A0394, A0396, A0390, A0398, A0420, A0422, A0424, A0425, A0427, A0429, A0430, A0431, A0432, A0433, A0434, A0435, A0436, A0888, A0999, Q3019, Q3020, Z0030, Z2999, Z3655, Z3700
2	Transportation - Non-Emergency Trips – Total	Unit Qty	A	N/A	N/A	Select by HCPCS: A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0426, A0428, S0209, S0215, T2003, T2005, T2007, T2049, Z3344, Z3620, Z3643
3	DME and Medical Supplies – Rental	Days of Rental	A	N/A	15, 40	Select by all HCPCS codes with 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 codes with 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 codes that meet category of service requirements.

Num.	Category	Count	Form Type	Provider Type	Category of Service	Other Selection Criteria
6	Emergency Facility Visits	# of Enc	O	N/A	N/A	Select by any occurrence of Revenue Codes 450 - 459. 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 Surgical Center)	# of Enc	O, A, I	43	N/A	Select by Form Type O which do not have an occurrence of Revenue Codes 450 - 459. Select by Form Type A with provider type 43. 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 level
8	Physical Therapy	Units	A	Not Equal to 02, 05, 08, 31, 42	06	Select by all HCPCS codes that meet Provider Type and Category of Service requirements.
9	Dental Services	Units	D	N/A	N/A	Select all form type D
10	Physician OB/GYN Services - includes hospital and clinic billing for physicians	Units	A	02, 05, 08, 31, 42	N/A	Select by Provider Type and HCPCS codes 56000 - 59999 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, 08, 31, 42	01, 02	Meets Provider Type and Select by HCPCS codes 10000 - 69999 with COS 02 or 00100 - 01999 with COS 01, 02. Note: This includes anesthesia and assistants at surgery.

Num.	Category	Count	Form Type	Provider Type	Category of Service	Other Selection Criteria
12	Physician Other- (Medicine, PCP visits, EPSDT, Mental Health, all other physician services) - includes hospital and clinic billing for physicians	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. EPSDT - Select if Primary Diagnosis V20 - V20.2 and recipient age less than 21 years, or Category of Service equals 08. Mental Health - Select by HCPCS 90801 – 90915, G0071 – G0094. All Other Services - Not previously select - Select by HCPCS <u>Not equal to</u> HCPCS 00100' - '01999' Or '10000' - '69999' Or '90000' - '99999'
13	Other Professional Services	Units	A	03, 04, 09, 10, 11, 12, 13, 15, 16, 17, 18, 19, 22, 26, 30, 32, 36, 41, 46, 47, 48, 56, 62, 67, 68, 69, 73, 79, 82, 83,	45	Select all HCPCS for these provider types or category of service 45, which have not already been grouped into another category.

Num.	Category	Count	Form Type	Provider Type	Category of Service	Other Selection Criteria
				84, 85, 86, 87, E1		
14	Nursing Facility Services	Days	L	N/A	N/A	Select all form type L = (LTC)
15	Home Health Care - includes Adult Day Health, Home Delivered Meals, Home Health Aide, Home Health Nurse, Homemaker, Personal Care, Respite Care, Attendant Care, Foster Care, and Other HCBS	Units	A	23, 24, 27, 36, 37, 40, 46, 50,70	N/A	Select by Provider Type, Or Select by the following HCPCS: S0209 – TN this HCPCS will be included in Transportation not in home health care, S5100, S5101, S5102, S5125, S5130, S5140, S5150 – HQ, S5151, S5165, S5170, S9123, S9123 – TG, S9124, S9124 – TG, T1019, T1021,T2016, T2017, T2018, T2019, T2021, T2031, T2031 – TF, T2031 – TG, T2033 – U1, G0154 (1 minute unit)
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.

Num.	Category	Count	Form Type	Provider Type	Category of Service	Other Selection Criteria
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 - (Non-Tier and Non-Mental Health) - includes outliers ,out-of-state and same day admit/discharge	# Days	I	02, 35, 71,83	N/A	If not previously selected for categories 17 - 22: For provider type 02 and pay code of SCO, SCI Or if provider type 35, 71, 83.
24	Pharmacy Encounters	# Enc	C, O	N/A	N/A	Select for all form type 'C' For Form type 'O', select as follows: If the encounter – form type 'O' contains only the following revenue codes – 250-259, 630- 633, 636 it is considered Pharmacy.

Note: Each inpatient stay is calculated by subtracting the service begin date from the service end date.   For inpatient encounters where the patient status is 20 (expired) or 30 (still a patient), one day will be added to the number of hospital days related to that stay.