

ALTCS EPD Service Matrix

| Service Matrix Category Number | Service Matrix Category Description | Service Utilization Count | Form Type | Provider Type | AHCCCS Category of Service (COS) | Other Selection Criteria |
|--------------------------------|--------------------------------------|---------------------------|-----------|---------------|----------------------------------|--|
| 1 | Nursing Facility Level 1 | Days | L | N/A | N/A | Select by any occurrence of Revenue code 0191 |
| 2 | Nursing Facility Level 2 | Days | L | N/A | N/A | Select by any occurrence of Revenue code, 0192 |
| 3 | Nursing Facility Level 3 | Days | L | N/A | N/A | Select by any occurrence of Revenue code 0193 |
| 4 | Nursing Facility – all Other Levels | Days | L | N/A | N/A | Select by any occurrence of Revenue code 0190, 0194, 0199 |
| 5 | Leave of Absence (LOA) bed hold days | Days | L | N/A | N/A | Select by any occurrence of Revenue code 0183, 0184, 0185 |
| 6 | Intentionally Left Blank | | | | | |
| 7 | Assisted Living Home Level 1 | Units | A | N/A | N/A | Select by HCPCS (T2031 with modifier not equal to 'TF') |
| 8 | Assisted Living Home Level 2 | Units | A | N/A | N/A | Select by HCPCS (T2031 with modifier equal to 'TF') |
| 9 | Intentionally Left Blank | | | | | |
| 10 | Assisted Living Center Level 1 | Units | A | N/A | N/A | Select by HCPCS T2033 with modifiers not equal to 'TF' or 'TG' |
| 11 | Assisted Living Center Level 2 | Units | A | N/A | N/A | Select by HCPCS T2033 with modifiers equal to 'TF' |
| 12 | Assisted Living Center Level 3 | Units | A | N/A | N/A | Select by HCPCS T2033 with modifiers equal to 'TG' |
| 13 | Intentionally Left Blank | | | | | |
| 14 | Adult Foster Care Level 1 | Units | A | N/A | N/A | Select by HCPCS S5140 with modifiers not equal to 'TF' or 'TG' |
| 15 | Adult Foster Care Level 2 | Units | A | N/A | N/A | Select by HCPCS S5140 with modifiers equal to 'TF' |
| 16 | Adult Foster Care Level 3 | Units | A | N/A | N/A | Select by HCPCS S5140 with modifiers equal to 'TG' |
| 17 | Intentionally Left Blank | | | | | |
| 18 | Adult Day Health Care | Units | A | N/A | N/A | Select by HCPCS S5100 |
| 19 | Home Delivered Meals | Units | A | N/A | N/A | Select by HCPCS S5170 |
| 20 | Home Health Aide | Units | A | N/A | N/A | Select by HCPCS T1021, T1003 |

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| 21 | Home Health Nurse | Units | A | N/A | N/A | Select by HCPCS G0154, S9123, S9124 |
| 22 | Homemaker | Units | A | N/A | N/A | Select by HCPCS S5130, S5131 |
| 23 | Personal Care | Units | A | N/A | N/A | Select by HCPCS T1019 Select HCPCS code (if not previously selected by Service Matrix Category 51 – Behavioral Health –Non-Inpatient) |
| 24 | Respite Care (non-institutional) | Units | A | N/A | N/A | S5150 with modifiers not equal to 'TG' only |
| 25 | Group Respite Care | Units | A | N/A | N/A | S5150 with modifiers equal to 'TG' |
| 26 | Respite Care-Cont in-home | Units | A | N/A | N/A | S5151 |
| 27 | Respite Care (institutional) | Days | I | N/A | N/A | 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 |
| 28 | Attendant Care | Units | A | N/A | N/A | Select by HCPCS code S5125 not equal to modifiers U2, U4, U5 T2038, T2038 with modifier U7 |
| 29 | Self Directed Attendant Care (SDAC | Units | A | N/A | N/A | Select by HCPCS code S5125 with modifiers equal to U2 or U4 or U5 |
| 30 | SDAC Training | Units | A | N/A | N/A | Select by HCPCS code S5108, S5110, S5115 |
| 31 | SDAC FEA (Fiscal and Employer Agent) Per Event | Units | A | N/A | N/A | Select by HCPCS code T2040, T1023 |
| 32 | Habilitation Services | Units | A | N/A | N/A | Select by HCPCS code T2016, T2017, T2018, T2019, T2020, T2021 |
| 33 | Other HCBS | Units | A | N/A | N/A | Select by HCPCS Codes S5101, S5102, S5109, S5135, S5136, S5150, S5151, S5165, S9470, S9975 |
| 34 | Intentionally Left Blank | | | | | |
| 35 | Hospital Days | Days | I | 02, 22, 41, 73, C4 | N/A | Provider Type with the following Bill Types 111, 112, 113, 114, 121, 122, 127, 211, 212, 213, 214, 217, 221, 222, 223, 224, 227, 651, or just Provider Type 02, 22, 41, 73, 41 |

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| | | | | | | Bypass if: Encounter meets service matrix category 51 Behavioral Health – Inpatient |
| 36 | Intentionally Left Blank | | | | | |
| 37 | Emergency Facility Visits | # Enc | O | N/A | N/A | Select by any occurrence of Revenue Codes 0450 - 0452, 0456, 0459 |
| 38 | Outpatient Facility Visits | # Enc | O | N/A | N/A | Select by Form Type O which do not have occurrence of Revenue Codes 0450 -0452, 0456, 0459 or 0651, 0652, 0655, 0656 |
| 39 | Lab/Radiology Services | Units | A | 04,90 | 12, 13 | Select all HCPCS that meet category of service requirements. (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 38)) |
| 40 | Surgery Services | # Enc | A | N/A | 01,02 | 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, 28-33, 38-39)) |
| 41 | Primary Care Services | Units | A | 01, 02, 05, 08, 18, 19, 31, 42, C4 | N/A | Select by HCPCS 99201 - 99499. (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 38-40)) |
| 42 | Other Professional Services - Physician, Hospital, Clinic and Provider Services, and Referring/Ordering Providers | Units | A | 02, 05, 08, 31, 42, 95, E1, I1, C4 77, RP, IC 01, 03, 04, 07, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 22, 23, 30, 33, 35, 36, 41, 43, 46, 47, 48, 49, | N/A | Select by all other HCPCS. (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 39-41)) |

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| | | | | 50, 54, 62, 67, 68, 69, 73, 74, 79, 82, 85, 90 | | |
| 43 | FQHC/RHC Visit/Encounter | Units | A or D | C2, 29 | N/A | HCPCS code T1015 |
| 44 | Therapy Services | Units | A | N/A | 03, 05, 06, 07, 45 | Select all HCPCS codes that meet the AHCCCS Category of Service values (Exclude if prior selection by service matrix categories (7-26, 28-33, 39-43)) |
| 45 | Hospice Facility Services | Form 'I' , 'O' Days | I, O | N/A | 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 51 - Behavioral Health – Inpatient |
| 46 | Transportation - emergency trips | Units | A | N/A | N/A | Select by HCPCS A0225, A0382, A0398, A0420, A0422, A0425, A0427, A0429, A0430, A0431, A0433, A0434, A0435, A0436, A0888, A0999 (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 39-44)) |
| 47 | Transportation – non emergency trips | Units | A | N/A | N/A | Select by HCPCS Codes A0090, A0100, A0110, A0120, A0130, A0140, A0160, A0170, A0180, A0190, A0200, A0210, A0425, A0426, A0428, A0436, S0209, S0215, T2003, T2005, T2007, T2049 (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 39-44)) |
| 48 | DME and Medical Supplies - Rental | Units | A | N/A | 15, 40 | Select by all HCPCS with AHCCCS Category of Service values and modifier codes equal to NR, RR or LL. |

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| | | | | | | (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 39-44, 46-47) |
| 49 | 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 46. (Exclude if prior selection by Service Matrix Categories (7-26, 28-33, 39-44, 46-47) |
| 50 | Pharmacy | # of Enc | C | N/A | N/A | Select by form type for all NDC (National Drug Codes). |
| 51 | Behavioral Health - Inpatient | Days | I | 02, 71, 77, 78, B1, B3, B5, B6, C4 | N/A | One of the following Provider Types: 02, 71, 77, 78, B1, B3, B5, B6 with one of the following revenue code of 0114, 0124, 0126, 0134, 0144, 0183 Or One of the following provider types: 71, 77, 78, B1, B3, B5, B6 with Revenue Code of 0120. |
| 52 | Behavioral Health – Non-Inpatient | Units x BHS Table Conver Factor | A | 11, 39, 77, 85, 86, 87, A2, A3, A4, A5, A6 | 47 | Select by provider type or AHCCCS COS with HCPCS codes equal to: H0001, H0002, H0003, H0004, H0017, H0018, H0019, H0025, H0031, H0034, H0038, H2000, H2011, H2012, H2014, H2015, H2016, H2017, H2019, H2020, H2025, H2027, S5110, S9484, S9485, T1002, T1016, T1019, T1020, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823 AQ, AV, 90824, 90826, 90827, 90828, 90829, 90833, 90834, 90837, 90837 QG, GA, 90838-59, 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, H0020 with modifier equal to HG, H2010 with modifier equal to HG |

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| | | | | | | Select by HCPCS codes: 99201-99499 (if not previously selected by Service Matrix Category 41- Primary Care Service) |
| 53 | Dental | Units | D,A | N/A | 11 | Any form type D and select form type A and COS 11 Exclude if prior section in Matrix Service Category (43- FQHC/RHC Visit/Enc) |