

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

Category of Service	Procedure/Revenue Codes	Other Criteria	Treating Provider Type (see Note 1)	Claim Form/ Claim Type (see Note 1)
101 Access to Appeal	X5610-X5611	Not Applicable	45 County Human Service Agency 13 SCH Provider	CMS-1500/A
056 Ambulatory Surgery	0001T, 0002T, 0003T, 0005T, 0006T, 0007T, 0008T, 0009T, 0012T, 0013T, 0014T, 0016T, 0017T, 0018T, 0019T, 0020T, 0021T, 0024T, 0025T, 0054T, 0055T, 0056T, 0057T, 0060T, 0061T, 0092T 0095T, 0098T, 0099T, 0100T, 0101T, 0102T, 0123T, 0124T, 0137T, 0155T, 0156T, 0157T, 0158T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0173T, 0176T, 0177T, 0190T, 0191T, 0192T, 0200T, 0201T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T, 0232T, 0238T, 0249T, 0253T, 0260T, 0261T, 0263T, 0264T, 0265T, 0269T, 0270T, 0271T, 0274T, 0275T, 0282T, 0283T, 0284T, 0288T, 0289T, 0299T, 0300T, 0302T, 0303T, 0304T, 0307T, 0308T, 0313T, 0314T, 0315T, 0316T, 0319T, 0320T, 0321T, 0322T, 0323T, 0325T, 0326T, 0327T, 0328T, 0334T, 0335T, 0336T, 0337T, 0338T, 0339T, 0340T, 0341T, 0342T, 0343T, 0344T, 0345T, 0446T, 0447T, 0448T, 0449T, 0450T, 0466T, 0467T, 0468T, 0474T, 01968-01969, 10000-69999, 90870, 91010, 91033, 92018-92019, 93510, 93526, 93542-93545, 93555-93556, 93590, 93591, 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93618, 93631, 93650-93652, 95865, 95873, 95900, 95903, 95904, 95938, 95939, 95992, 96530, 96570-96571, C9716, C9724-C9728, C9737, C9739, C9740, C9743, C9745-C9747, C9800, D0120, D0140, D0150, D0160, D0180, D0210-D0350, D0416-D0418, D0421, D0431, D0460, D0470-D0471, D0475-D0479, D0481-D0485, D1110, D1120, D1201, D1203-D1206, D1208, D1351, D1354, D1510, D2110, D2120, D2130-D2131, D2140, D2150, D2160-D2161, D2210, D2330-D2332, D2335-D2337, D2380-D2382, D2385-D2388, D2390-D2394, D2710, D2712, D2750-D2752, D2780-D2783, D2790, D2794, D2910, D2915, D2920, D2930-D2934, D2940, D2950-D2952, D2954-D2955, D2960, D2970-D2971, D2975, D2980, D2999, D3211, D3220, D3222, D3230, D3240, D3310, D3320, D3330, D3346-D3348, D3351-D3353, D3410, D3421, D3425-D3426, D3430, D3470, D3920, D3950, D3999, D4210-D4211, D4220, D4240-D4241, D4245, D4260-D4261, D4265, D4271, D4273, D4275-D4276, D4283, D4285, D4321, D4341-D4342, D4355, D4381, D4910, D4999, D5850-D5851, D5955, D5982, D5986, D5991, D6053-D6054, D6094, D6190, D6194, D6205, D6214, D6240-D6242, D6253, D6624, D6634, D6710, D6750-D6752, D6794, D6930, D6972-D6973, D6975, D6980, D6999, D7110-D7111, D7120, D7130, D7140, D7210, D7220, D7230, D7240-D7241, D7250, D7260-D7261, D7270, D7280-D7283, D7285-D7286, D7288, D7310-D7311, D7321, D7411-D7415, D7472-D7473, D7485, D7510-D7511, D7520-D7521, D7671, D7771, D7880, D7953, D7963, D7972, D7999, D9110, D9223, D9243, D9420, D9910, D9971, G0104, G0105, G0121, G0127, G0166, G0173, G0186, G0242-G0243, G0247, G0259, G0260, G0268, G0269, G0275, G0278, G0288, G0289, G0290, G0338-G0340, G0364-G0365, G0392-G0393, G0412-G0415, G0440, G0441, G0448, G0458, M0050-M0054, Q1001-Q1005, Q3014, S0390, S0630, S0800, S0810, S0812, S2050-S2055, S2060-S2061, S2065, S2070, S2080, S2102-S2103, S2109, S2112, S2115, S2120, S2130, S2140, S2142, S2150, S2180, S2190, S2202, S2204-S2211, S2213, S2220, S2230, S2235, S2250, S2255, S2260, S2300, S2340-S2342, S2344, S2350-S2351, S2360-S2361, S2370-S2371, S2400-S2405, S2409, S2411, S3902, S3904, S3906, S4011, S4013-S4018, S4020-	Bill Type Is 83X	22 Ambulatory Surgery Center 01 Hospital (Not valid after 7/31/2000) 51 Indian Health Facility (Not valid after 7/31/2000)	UB/Q Ambulatory Surgery CMS-1500/V Mcare Part B Crossover

Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

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	S4023, S4025-S4028, S4030-S4031, S4035, S4037, S4981, S5022, S8001, S8030, S9015, S9025, S9034, S9088, S9527-S9528, X5301, V2630-V2632, V2790			
	Same as Above	Same as Above	Same as Above	UB/W Mcare UB-92 Part B Crossover
041 Anesthesia Must determine before: • Nurse Practitioner Svc • Physician Svcs	Not Applicable	Proc Code Modifiers: 47, AA, AB, AC, AD, AE (ends 12/31/2004), QK, QO, QS, QX, QZ, Z2, Z3, Z4 or Proc Code Modifier: QH or QI, (effective from 01/01/91 thru 02/28/1991) or Proc Code Modifier: QJ (ends 12/31/2002) or Proc Code Modifier: QL (ends 12/31/1998) or Proc Code Modifier: QQ (begins 12/31/2000) or Proc Code Modifier: QY (ends 12/31/1997)	67 Certified Registered Nurse Anesthetist 20 Physician	CMS-1500/A
	Same as Above	Same as Above	67 Certified Registered Nurse Anesthetist 20 Physician 69 Physician Assistant	CMS-1500/V Mcare Part B Crossover
058 Audiology Must determine before: • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs ends 09/30/2014	0208T – 0212T, 92550-92596, 92597 (ends 04/30/2004), 92598-92599, 92620-92621, 92625, 92633, 92700 (w/o modifier GN, begins 05/01/2004), S0618, S9476, X4611-X4612, X6000-X6001	Not Applicable	43 Audiologist 58 Community Health Clinic 52* Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51* Indian Health Facility 65 Nurse Practitioner 00 Nursing Facility 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53* Rural Health Clinic 09 School District 12 SCH Clinic 40 Speech Therapist	CMS-1500/A

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	Same as Above	Not Applicable	Same as Above	CMS-1500/V Mcare Part B Crossover
	Same as Above or 470-472, 479	Not Applicable	01 Hospital 11 Rehabilitation Agency 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	470-472, 479	Not Applicable	01 Hospital 05 ICF/MR 00 Nursing Facility 11 Rehabilitation Agency	UB/W Mcare UB-92 Part B Crossover
035 Behavioral Program Services	H0025, S5135 (w/modifier U9), X5570-X5572, X5582-X5583	Not Applicable	10 Community Mental Health Center 45* County Human Service Agency 18 Home/Community-Based Svcs 60 Home Health Agency 01 Hospital 05 ICF/MR 14 Licensed Independent Clinical Social Worker 68 Mental Health Nurse 00 Nursing Facility 38 Personal Care Provider 20* Physician 69 Physician Assistant 42 Psychologist 57* Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency	CMS-1500/A
025 Birth Center Facility Fee	Not applicable	Provider type = B1 and meets COS 007 criteria assignment.	B1 Birth Center	UB O Outpatient/rehabilitation
142 Buy-In Part A	Not Applicable	Adjust Reason Code: 200 and Claim Type L (See Note 2)	86 Health Care Financing Administration	GA/L Gross Adjustment
	X5620	Not Applicable	45 County Human Service Agency	CMS-1500/A

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<p>097 Care Giver Training</p> <p>Must determine before:</p> <ul style="list-style-type: none"> Nurse Practitioner Svc 	<p>S5109, S5116, X5263, X5502</p>	<p>Not Applicable</p>	<p>10* Community Mental Health Center 45* County Human Service Agency 19* Day Training & Habilitation 18 Home/Community-Based Svcs 60 Home Health Agency 01 Hospital 05* ICF/MR 51* Indian Health Facility 14* Licensed Independent Clinical Social Worker 68* Mental Health Nurse 65 Nurse Practitioner 00 Nursing Facility 38* Personal Care Provider 20* Physician 69 Physician Assistant 64 Private Duty Nurse 42* Psychologist 57* Public Health Clinic 61 Public Health Nursing Clinic 11* Rehabilitation Agency 53* Rural Health Clinic 09* School District</p>	<p>CMS-1500/A</p>
<p>071 Case Management - Mental Health</p>	<p>T1017 (w/modifier HE), T2023 (w/modifier HE), X5231-X5239</p>	<p>Not Applicable</p>	<p>10* Community Mental Health Center 44 County Approved Agency for SPMI/SED 45 County Human Service Agency 52* Fed Qual Health Center 38* Personal Care Provider 09* School District</p>	<p>CMS-1500/A</p>
<p>044 Case Management - Other</p>	<p>T1016 (see also COS 043), DOS Prior to 10/01/15: T1016 when SA is present OR diagnosis is NOT EQUAL to 795.5, 795.51, 010-018.99. Effective for DOS on or after 10/01/15: T1016 when SA is present OR diagnosis is NOT EQUAL to A15-A19.9, Z11.1, Z88.11, Z20.1, R76.11, R76.12 T1017 (with no modifier or modifier NOT EQUAL TO HE, U3, U6), T2022, T2023 (w/modifier NOT HE or U3), T2041 (Begins 10/01/2004), X5401, X5424-X5425, X5455-X5456, X5476-X5477, X5491, X5566-X5567</p> <p>99344 OR 97602 OR 98967 OR T1016 AND Pay To Provider Number = 017195000</p>	<p>FYI - If claim type = 'F' (FQHC) and procedure code = T1017 (with no modifier or modifier NOT EQUAL TO HE, U3), COS assignment = '044' and MSG assignment = '082' (FQHC). If claim type NOT EQUAL TO 'F' and same conditions are met, MSG assignment = '010' (RSC).</p>	<p>10 Community Mental Health Center 44 County Approved Agency for SPMI/SED 45 County Human Service Agency 52* Fed Qual Health Center 18 Home/Community-Bases Svcs 60 Home Health Agency 01* Hospital 05 ICF/MR 00* Nursing Facility 38* Personal Care Provider 20* Physician 69 Physician Assistant 57* Public Health Clinic</p>	<p>CMS-1500/A</p>

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			61 Public Health Nursing Clinic 11* Rehabilitation Agency 09* School District	
062 Chemical Dependency	100 (not valid after 07/14/09) , 120 (Not valid after 06/30/2008), or 240 (Not valid after 06/30/2008), 949 (not valid after 07/14/09) Effective 07/15/09 0101, 0118, 0128, 0138, 0148, 0158, 0944, 0945 2014 – This COS assignment has changed. Please check with Chemical Dependency area for COS assignment information.	DOS prior to 10/01/15: Primary Diag: 303-305.03, 305.2-305.92 Effective for DOS on or after 10/01/15, primary diagnosis = F10.10, F10.14-F10.21, F10.24-F10.29,F10.94-F11.10, F11.14-F11.21,F11.24-F11.90,F11.94-F12.10, F12.150-F12.12, F12.151, F12.159,F12.180,F12.188,F12.19, F12.20,F12.250-F12.90,F12.950-F13.10, F13.14- F13.21,F13.24-F13.90,F13.94-F14.10,F14.14-F14.21,F14.24-F14.90,F14.94-F15.10,F15.14-F15.21, F15.24-F15.90, F15.94-F16.10,F16.14-F16.21,F16.24-F16.90,F16.94-F16.99, F17-F17.299,F18.10,F18.14-F18.21, F18.24-F18.90,F18.94- F19.10,F19.14-F19.21,F19.24-F19.90,F19.94-F19.99 And DOS prior to 10/01/15 Surgical Procs NOT 94.62, 94.65, or 94.68. Effective for DOS on or after 10/01/15, surgical proc NOT H2ZZZZ.	62 Chemical Dependency Provider 17 Regional Treatment Center 45 County Human Service Agency 01 Hospital 51* Indian Health Facility	UB/C Inpatient
	H0005, H0020, H0038 Modifier = SE or Q2, H0047, H0049, H0050, H2035, H2036, X0690, X5627	DOS prior to 10/01/15: Primary Diag: 303-305.03, 305.2-305.92 Effective for DOS on or after 10/01/15, primary diagnosis = F10.10, F10.14-F10.21, F10.24-F10.29,F10.94-F11.10, F11.14-F11.21,F11.24-F11.90,F11.94-F12.10, F12.150-F12.12, F12.151, F12.159,F12.180,F12.188,F12.19, F12.20,F12.250-F12.90,F12.950-F13.10, F13.14- F13.21,F13.24-F13.90,F13.94-F14.10,F14.14-F14.21,F14.24-F14.90,F14.94-F15.10,F15.14-F15.21, F15.24-F15.90, F15.94-F16.10,F16.14-F16.21,F16.24-F16.90,F16.94-F16.99, F17-F17.299,F18.10,F18.14-F18.21, F18.24-F18.90,F18.94- F19.10,F19.14-F19.21,F19.24-F19.90,F19.94-F19.99	Same as Above	UB/O Outpatient/ Rehabilitation CMS-1500/A
	100, 120 (Not valid after 06/30/2008), or 240 (Not valid after 06/30/2008), 949 949 (not valid after 07/14/09) Effective 07/15/09 0101, 0118, 0128, 0138, 0148, 0158, 0944, 0945	DOS prior to 10/01/15: Primary Diag: 303-305.03, 305.2-305.92 Effective for DOS on or after 10/01/15, primary diagnosis = F10.10, F10.14-F10.21, F10.24-F10.29,F10.94-F11.10, F11.14-F11.21,F11.24-F11.90,F11.94-F12.10, F12.150-F12.12, F12.151, F12.159,F12.180,F12.188,F12.19,	Same as Above	UB/U Mcare Part A Crossover

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		F12.20,F12.250-F12.90,F12.950-F13.10, F13.14- F13.21,F13.24-F13.90,F13.94-F14.10,F14.14-F14.21,F14.24-F14.90,F14.94-F15.10,F15.14-F15.21, F15.24-F15.90, F15.94-F16.10,F16.14-F16.21,F16.24-F16.90,F16.94-F16.99, F17-F17.299,F18.10,F18.14-F18.21, F18.24-F18.90,F18.94- F19.10,F19.14-F19.21,F19.24-F19.90,F19.94-F19.99 And DOS prior to 10/01/15 Surgical Procs NOT 94.62, 94.65, or 94.68. Effective for DOS on or after 10/01/15, surgical proc NOT H2ZZZZZ.		
	H0005, H0020, H0021, H0022, H0047, H0049, H0050, H2035, H2036, X0690, X5627	DOS prior to 10/01/15: Primary Diag: 303-305.03, 305.2-305.92 Effective for DOS on or after 10/01/15, primary diagnosis = F10.10, F10.14-F10.21, F10.24-F10.29,F10.94-F11.10, F11.14-F11.21,F11.24-F11.90,F11.94-F12.10, F12.150-F12.12, F12.151, F12.159,F12.180,F12.188,F12.19, F12.20,F12.250-F12.90,F12.950-F13.10, F13.14- F13.21,F13.24-F13.90,F13.94-F14.10,F14.14-F14.21,F14.24-F14.90,F14.94-F15.10,F15.14-F15.21, F15.24-F15.90, F15.94-F16.10,F16.14-F16.21,F16.24-F16.90,F16.94-F16.99, F17-F17.299,F18.10,F18.14-F18.21, F18.24-F18.90,F18.94- F19.10,F19.14-F19.21,F19.24-F19.90,F19.94-F19.99	Same as Above	UB/W Mcare UB-92 Part B Crossover CMS-1500/V Mcare Part B Crossover
	H0001, H0003, H0005-H0016, H0021-H0022, H0026-H0029, H2034, H2036, H0043 modifier not equal to U5, H0044 modifier not equal to U5, H0047-H0050, H2001, S9475, T1006-T1012, X0690, X5627 (Not valid after 12/31/2000) (Therefore, all entries in this row are likewise not valid after 12/31/2000)	Submitter ID: 650015300 (CCDTF) and Claim Type "O" Outpatient/Rehabilitation	62 Chemical Dependency Provider 10* Community Mental Health Center 44* County Approved Agency for SPMI/SED 45 County Human Service Agency 46* Day Treatment Center 01 Hospital 20* Physician	UB/O Outpatient/ Rehabilitation

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			69 Physician Assistant	
	012 (Not valid after 12/31/2000) (Therefore, all entries in this row are likewise not valid after 12/31/2000)	Submitter ID: 650015300 (CCDTF) and Claim Type "C" Inpatient	01 Hospital	UB/C Inpatient
063 Chemical Dependency- Extended Care, Halfway House	110 (Not valid after 06/30/2008), 150 (Not valid after 06/30/2008), 169 (not valid after 07/14/09) , 241 (Not valid after 06/30/2008), or 243 (Not valid after 06/30/2008) Effective 07/15/09 1002, 1003 2014 – This COS assignment has changed. Please check with Chemical Dependency area for COS assignment information.	DOS prior to 10/01/15: Primary Diag: 303- 305.03, 305.2-305.92 Effective for DOS on or after 10/01/15, primary diagnosis = F10.10, F10.14- F10.21, F10.24-F10.29,F10.94-F11.10, F11.14-F11.21,F11.24-F11.90,F11.94- F12.10, F12.150-F12.12, F12.151, F12.159,F12.180,F12.188,F12.19, F12.20,F12.250-F12.90,F12.950-F13.10, F13.14- F13.21,F13.24-F13.90,F13.94- F14.10,F14.14-F14.21,F14.24- F14.90,F14.94-F15.10,F15.14-F15.21, F15.24-F15.90, F15.94-F16.10,F16.14- F16.21,F16.24-F16.90,F16.94-F16.99, F17- F17.299,F18.10,F18.14-F18.21, F18.24- F18.90,F18.94- F19.10,F19.14- F19.21,F19.24-F19.90,F19.94-F19.99 And DOS prior to 10/01/15 Surgical Procs NOT 94.62, 94.65, or 94.68. Effective for DOS on or after 10/01/15, surgical proc NOT HZ2ZZZZ.	62 Chemical Dependency Provider 17 Regional Treatment Center 45 County Human Service Agency 01 Hospital 51* Indian Health Facility	UB/C Inpatient
	Same as Above	Same as Above	Same as Above	UB/U Mcare Part A Crossover
	X5519 (Not valid after 12/31/2000) (Therefore, all entries in this row are likewise not valid after 12/31/2000)	Submitter ID: 650015300 (CCDTF) and Claim Type "O" Outpatient/Rehabilitation	62 Chemical Dependency Provider 10* Community Mental Health Center 44* County Approved Agency for SPMI/SED 45 County Human Service Agency 46* Day Treatment Center 01 Hospital 20* Physician 69 Physician Assistant	UB/O Outpatient/ Rehabilitation
	013 (Not valid after 12/31/2000) (Therefore, all entries in this row are likewise not valid after 12/31/2000)	Submitter ID: 650015300 (CCDTF) and Claim Type "C" Inpatient	01 Hospital	UB/C Inpatient

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040 Child and Teen Checkup Must determine before: • Nurse Practitioner Svc • Physician Svcs	X5622, V5008, X5686, 96110, 99173, 99178 when PT = 16 All services on a C&TC claim (excluding lab) are assigned this COS.	Claim type is "E" C&TC Thru 12/31/97	16 Child/Teen Checkup Clinic 58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 51 Indian Health Facility 80 Laboratory 65 Nurse Practitioner 20 Physician 69 Physician Assistant 57 Public Health Clinic 61 Public Health Nursing Clinic 53 Rural Health Clinic 09 School District	C&TC/E CMS-1500/A (begins 11/01/97)
	X5324, X5622	Not Applicable	80 Laboratory, Independent	CMS-1500/A
039 Child and Teen Checkup Outreach	X5340, X5623	Not Applicable	45 County Human Service Agency 57 Public Health Clinic	CMS-1500/A
005 Child Welfare Targeted Case Management	T1017 (w/modifier U3), T2023 (w/modifier U3), X5243-X5244	Not Applicable	45 County Human Service Agency	CMS-1500/A
057 Chiropractic	Not Applicable	Prov Type is 37 (Chiropractor)	37 Chiropractor	CMS-1500/A
	Not Applicable	Same as Above	37 Chiropractor	CMS-1500/V Mcare Part B Crossover
135 Co Pay - Medical Supply/DME	Not Applicable	Adj Reason Codes: 283, 288 and Claim Type L	87 Co-Pay Provider 13 SCH Provider	GA/L Gross Adjustment
136 Co Pay - Mental Health	Not Applicable	Adj Reason Codes: 281, 286 and Claim Type L	87 Co-Pay Provider 12 SCH Clinic 13 SCH Provider	GA/L Gross Adjustment
137 Co Pay - Pharmacy	Not Applicable	Adjust Reason Codes: 280, 284, 285, 289 and Claim Type L	87 Co-Pay Provider 60* Home Health Agency 01* Hospital 51* Indian Health Facility 90* Individual 80 Laboratory 00* Nursing Facility 70 Pharmacy 20* Physician 69 Physician Assistant 57* Public Health Clinic	GA/L Gross Adjustment

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			13 SCH Provider	
138 Co Pay - Physician	Not Applicable	Adj Reason Codes: 282, 287 and Claim Type L	87 Co-Pay Provider 20* Physician 69 Physician Assistant 12 SCH Clinic 13 SCH Provider	GA/L Gross Adjustment
050 Cognitive Therapy	X5574, X5584	Not Applicable	10 Community Mental Health Center 19 Day Training & Habilitation 60* Home Health Agency 01 Hospital 00* Nursing Facility 20 Physician 69 Physician Assistant 42* Psychologist 57 Public Health Clinic 11 Rehabilitation Agency	CMS-1500/A
139 Collections, Misc	Not Applicable	Not Applicable This COS is not determined by the system.	All Providers	GA/L Gross Adjustment
134 Cost Effective Health Ins	Not Applicable	Adj Reason Codes: 220-223, 230, 231, 240-243, 260, 261 and Claim Type L	45 County Human Service Agency 91 Employer 90 Individual 97 Insurance Company	GA/L Gross Adjustment
045 Dental	Not Applicable NOTE: procedure code T1013 will NOT be assigned to category of service 045 (Dental) even if it is billed on a dental claim form (claim type 'D'); T1013 will be assigned to category of service 043 (Physician)	Claim Type D	31 Dental Hygienist 56 Dental Lab 30 Dentist 20* Physician 69 Physician Assistant 61* Public Health Nursing Clinic 09 School District 12 SCH Clinic	DENT/D Dental
	D1203	Not Applicable	20* Physician	CMS-1500/A
	D1203	Not Applicable	20* Physician	CMS-1500/V Mcare Part B Crossover

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<p>048 Early Intensive Developmental And Behavioral Intervention (EIDBI)</p>	<p>H0032 with modifier UB, H0046 with modifier UB, T1024 with modifier UB, T1027 with modifier UB, 0359T with modifier UB, 0362T with modifier UB, 0363T with modifier UB, 0364T with modifier UB, 0365T with modifier UB, 0366T with modifier UB, 0367T with modifier UB, 0368T with modifier UB, 0369T with modifier UB</p>	<p>Not Applicable</p>	<p>EI EIDBI 14 Licensed Independent Clinical Social Worker 20 Physician 25 Marriage and Family Therapist 29 Occupational Therapist 39 Physical Therapist 40 Speech Pathologist 42 Psychologist 63 Licensed Professional Clinical Counselor 65 Nurse Practitioner</p>	<p>A CMS-1500 V Mcare Part B Crossover</p>
<p>117 Extended Mental Health</p>	<p>X5594-X5595</p>	<p>Not Applicable</p>	<p>14 Licensed Independent Clinical Social Worker 25 Marriage and Family Therapist 68 Mental Health Nurse 20 Physician 69 Physician Assistant 42 Psychologist</p>	<p>CMS-1500/A</p>
<p>118 Extended Occupational Therapy</p>	<p>S9129 (w/modifier UC), X5429</p>	<p>Not Applicable</p>	<p>58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 00 Nursing Facility 29 Occupational Therapist 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 09 School District</p>	<p>CMS-1500/A</p>
<p>120 Extended Pharmacy</p>	<p>X5431</p>	<p>Not Applicable</p>	<p>58 Community Health Clinic 52* Fed Qual Health Center 60* Home Health Agency 01 Hospital 51* Indian Health Facility 00 Nursing Facility 70 Pharmacy 20 Physician 69 Physician Assistant 57 Public Health Clinic 53 Rural Health Clinic</p>	<p>CMS-1500/A</p>

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

121 Extended Physical Therapy	S9131 (w/modifier UC), X5426, X5453, X5468, X5579-X5580	Not Applicable	58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 00 Nursing Facility 29* Occupational Therapist 39 Physical Therapist 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 09 School District	CMS-1500/A
124 Extended Respiratory Therapy	S5181 (w/modifier UC), X5430	Not Applicable	60 Home Health Agency 01 Hospital 00* Nursing Facility 20 Physician 69 Physician Assistant 57* Public Health Clinic 61 Public Health Nursing Clinic 11* Rehabilitation Agency	CMS-1500/A
125 Extended Speech Therapy	S9128 (w/modifier UC), X5427	Not Applicable	43* Audiologist 58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 00 Nursing Facility 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 09 School District 40 Speech Language Pathologist	CMS-1500/A
075 Eyeglasses/Contact Lenses	92070-92072, 92310-92326, 92340-92371, 92390-92392, 92395-92396, K0162, S0500, S0504, S0506, S0508, S0510, S0512, S0514, S0516, S0518, S0580-S0581, S0590, S0595, V0130-V1599, V2020-V2025, V2030-V2035, V2100-V2615, V2700-V2784, V2786 – V2788, V2797, V2799, X0114, X0120, X0125, X5247, X5670, X5691-X5692	Not Applicable	77* Hearing Aid Dispenser 60* Home Health Agency 76 Medical Supplier 00* Nursing Facility 35 Optometrist 75 Optician 70* Pharmacy 20 Physician	CMS-1500/A

Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

			69 Physician Assistant	
	Same as Above	Not Applicable	Same as Above	CMS-1500/V Mcare Part B Crossover
034 Family Counseling and Training	H0004 (if waiver type = F, G, H, I, L, M, P, Q, R, S), S5108, S5110-S5111, S5115, X5447-X5448, X5460, X5587, X5676-X5677	Not Applicable	45* County Human Service Agency 10* Community Mental Health Center 19* Day Training & Habilitation 18 Home/Community-Bases Svcs 60 Home Health Agency 01* Hospital 05* ICF/MR 51* Indian Health Facility 14* Licensed Independent Clinical Social Worker 68* Mental Health Nurse 65 Nurse Practitioner 00* Nursing Facility 38* Personal Care Provider 20* Physician 69 Physician Assistant 64 Private Duty Nurse 42* Psychologist 57* Public Health Clinic 61 Public Health Nursing Clinic 11* Rehabilitation Agency 53* Rural Health Clinic 09* School District	CMS-1500/A
082 Fed Qualified Health Cntr Svc	00510, 00512, 00521, 00522, 00524, 00525, 00527, 00528, 00780, 00900 Ended 07/15/2009	Bill Type 731 or 737	52 Fed Qual Health Center	UB/F Federally Qualified Health Service
	Same as above No Changes for Crossovers 07/15/2009	Same as above	52 Fed Qual Health Center	UB/W Mcare UB-92 Part B Crossover

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

140 Financial Transaction	Not Applicable	Adj Reason Codes: 501-506, 600, 601, 603-612, 617,628, 644, 648 and Claim Type L	All Providers (Includes Prompt Payment of Interest begins 07/01/1996)	GA/L Gross Adjustment
047 Healthy MN Contribution		Adj Reason Code: 642 And Claim Type L		GA/L Gross Adjustment
077 Hearing Aids Must determine before: <ul style="list-style-type: none"> Outpatient Hosp Emerg Svc Outpatient Hosp Svcs 	L8690 (DOS on or after 01 Dec 08) This logic has been removed and this code has gone back to being assigned to Category of Service '076', L8691 (DOS on or after 01 Dec 08) This logic has been removed and this code has gone back to being assigned to Category of Service '076', V5000-V5020, V5030-V5094, V5096-V5265, V5267-V5275, V5281-V5290, V5298-V5299, X5061, X5091, X5246, X5249-X5251, X5260, X5270-X5271	Not Applicable	43* Audiologist 77 Hearing Aid Dispenser 20* Physician 69 Physician Assistant 12* SCH Clinic	P/MS M Medical Supply
	Same as above	Not Applicable	01 Hospital	UB/O Outpatient/ Rehabilitation
	Same as above	Not Applicable	43* Audiologist 20* Physician 69 Physician Assistant 12* SCH Clinic	CMS-1500/A
020 Home Health Services Must determine before: <ul style="list-style-type: none"> Outpatient Hosp Emerg Svc Outpatient Hosp Svcs 	99503-99512, 99539, 99551-99569, 99600-99602, G0151-G0153, G0154 (IF Maj Prog NOT AC), G0155, G0156 (IF Wvr Type NOT F, G, H, I, J, K, L, M, P, Q, R, or S) G0157 – G0164, Effective for DOS on or after 01/01/16 end G0299 – G0300 in COS 043 and add to COS 020 unless TOB = 81X-82X, then assign 072. G0493 – G0496, S0270 – S0274, S5180-S5181, S9035, S9097-S9098, S9122, S9126-S9129, S9131, S9200, S9208-S9214, S9220, S9225, S9230, S9300, S9308, S9310, S9335, S9395, S9420, S9423, S9425, S9524, S9526, S9529, S9533, S9535, S9539, S9543, S9545-S9546, S9550, S9555, S9800, S9802-S9803, S9810, T1004 (IF Wvr Type NOT F, G, H, I, J, K, L, M, P, Q, R, or S), T1021-T1022, T1030-T1031, X4015, X5280-X5285, X5327, X5660-X5661	Not Applicable	60 Home Health Agency 01 Hospital 00 Nursing Facility 20 Physician 69 Physician Assistant 57* Public Health Clinic 61 Public Health Nursing Clinic 11 Rehabilitation Agency	CMS-1500/A
	G0154 (IF Maj Prog NOT AC) else, Not Applicable G0299 – G0300 unless TOB = 81X-82X, then assign 072	Bill Type 32X-34X	60 Home Health Agency 01 Hospital	UB/O Outpatient/ Rehabilitation
	G0154 (IF Maj Prog NOT AC) else, Not Applicable	Bill Type 32X, 33X	Same as Above	UB/W Mcare UB-92 Part B Crossover
	G0154 (IF Maj Prog NOT AC) else, Not Applicable	Bill Type 33X	Same as Above	UB/U Mcare Part A Crossover

Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

072 Hospice 01-01-16 Must determine before: Home Health	Not Applicable	Bill Type 81X or 82X	60 Home Health Agency 02 Hospice 01 Hospital 00* Nursing Facility 20* Physician 69 Physician Assistant 57* Public Health Clinic 61* Public Health Nursing Clinic 11* Rehabilitation Agency	UB/S Hospice
	Not Applicable	Same as Above	Same as Above	UB/U Mcare Part A Crossover
	G9473-G9479, G9687, G9688, G9690 – G9694, G9702, G9700, G9707, G9709, G9710, G9713 – G9715, G9718, G9720, G9723, G9725, G9740, G9741, G9758, G9760, G9761, G9768, G9802, G9805, G9809, G9819, G9857, G9858, G9860, Q5001-Q5010, X5210-X5228	Not Applicable	02 Hospice	CMS-1500/A
001 Inpatient Hospital General	Not Applicable	Bill Type is 11X and Prov COS is Inpatient Hospital, General	01 Hospital 51 Indian Health Facility	UB/C Inpatient
	Not Applicable	Same as Above	Same as Above	UB/U Mcare Part A Crossover
014 Inpatient Hospital IMD	Not Applicable	Bill Type is 11X and Prov COS is Inpatient, IMD	01 Hospital 03 Institution for Mental Disease	UB/C Inpatient
	Not Applicable	Same as Above	Same as Above	UB/U Mcare Part A Crossover
015 Inpatient Long Term Hospital	Not Applicable	Bill Type is 11X and Prov COS is Inpatient Long Term Hospital	01 Hospital	UB/C Inpatient
	Not Applicable	Same as Above	01 Hospital	UB/U Mcare Part A Crossover

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

<p>073 Inpatient Hosp Neo-natal ICU (see Note 4) This COS ends, effective for DOS on or after 10/01/15. Then will be retro for DOS on or after 11/01/14, once new inpatient payment methodology is in place.</p>	<p>Not Applicable</p>	<p>Bill Type is 11X and Prov COS is Inpatient, Neonatal, ICU and Source of admission is "4 or "A" and Type of Admission is not "4" and DRG equals 386 – 390 or 482 or 541 or 542 and Recipient age < 1 OR Effective 01/01/07 Bill Type is 11X and Prov COS is Inpatient, Neonatal, ICU And Recip date of birth= date of admission And One of the diagnosis codes = V30.1 or V31.1 or V32.1 or V33.1 or V34.1 or V35.1 or V36.1 or V37.1 And One of the revenue codes = 0174 OR Effective 11/01/08 Bill Type is 11X and Prov COS is Inpatient, Neonatal, ICU and Source of admission is "6" and Type of Admission is "4" and DRG equals 386 – 390 or 482 or 541 or 542 and Principal diagnosis code = V30.1 or V31.1 or V32.1 or V33.1 or V34.1 or V35.1 or V36.1 or V37.1 or V39.1 and Recipient age < 1</p>	<p>01 Hospital</p>	<p>UB/C Inpatient</p>
	<p>Not Applicable</p>	<p>Same as above</p>	<p>01 Hospital</p>	<p>UB/U Mcare Part A Crossover</p>

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

003 Inpatient Hosp Psychiatry	Not Applicable	Bill Type is 11X and Prov COS is Inpatient Psych	01 Hospital	UB/C Inpatient
	Not Applicable	Same as Above	01 Hospital	UB/U Mcare Part A Crossover
074 Inpatient Hosp Non-DRG	Not Applicable	Bill Type is 11X and Prov COS is Inpatient RTC Waiting Bed	00* Nursing Facility 01 Hospital	UB/C Inpatient
	Not Applicable	Same as Above	Same as Above	UB/U MCare Part A Crossover
006 Inpatient Hosp Rehabilitation	Not Applicable	Bill Type is 11X and Prov COS is Inpatient Rehabilitation	01 Hospital	UB/C Inpatient
	Not Applicable	Same as Above	01 Hospital	UB/U MCare Part A Crossover
080 Laboratory Must determine before: <ul style="list-style-type: none"> • ASC • End-Stage Renal Dialysis • Nurse Midwife • Nurse Practitioner Svc • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs • Podiatry 	0001M, 0002M, 0003M, 0004M, 0005M, 0006M, 0007M, 0008M, 0009M, 0010M, 0010T, 0023T, 0026T, 0030T, 0043T, 0058T, 0059T, 0085T, 0087T, 0279T, 0280T, 0357T, 0358T, 0423T, 0001U, 0002U, 0003U, 0004U, 0005U, 0006U, 0007U, 0008U, 0009U, 0010U, 0011U, 0012U, 0013U, 0014U, 0015U, 0016U, 0017U, 36415-36416, 80000-89999, 99000-99001, 99195, A9220, C1010-C1018, C1020-C1022, G0001, G0026-G0027, G0050-G0060, G0103 (begins 07/01/2001), G0107 (begins 07/01/2001), G0123-G0124, G0141, G0143-G0145, G0147, G0148, G0265-G0266, G0306-G0307, G0328, G0416 – G0419, G0430 –G0435, G0450, G0466, G0467-G0468, G0475-G0476, G0477-G0483, G0499, G0659, G9143, P2031, P3000-P3001, P7001, P7020, P9010-P9024, P9031-P9040, P9044, P9051-P9060, P9070-P9072, P9600, P9603-P9615, Q0048, Q0060-Q0061, Q0063, Q0091, Q0095-Q0102, Q0111-Q0116, Q0126, Q2022, Q9987-Q9988, S3600-S3601, S3618, S3620, S3625 – S3626, S3628, S3630, S3645, S3650, S3652, S3655, S3700-S3701, S3708, S3711, S3717, S3721-S3722, S3800, S3818-S3820, S3822-S3823, S3828-S3831, S3833-S3835, S3837, S3840-S3854, S3855, S3860 – S3862, S3865 – S3866, S3870, S3890, S4036, S4040, X5328, Y8000, Y8020-Y9001	Not Applicable	22 Ambulatory Surgery Center 58 Community Health Clinic 30* Dentist 54 Family Planning Agency 52* Fed Qual Health Center 60 Home Health Agency 01 Hospital 51 Indian Health Facility 80 Laboratory 66 Nurse Midwife 65 Nurse Practitioner 00* Nursing Facility 20 Physician 69 Physician Assistant 36 Podiatrist 57 Public Health Clinic 61 Public Health Nursing Clinic 11* Rehabilitation Agency 04 Renal Dialysis Center 12 SCH Clinic 84 State Department of Health (if DOH number on line item of lab claim for "stamp")	CMS-1500/A

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	Same as Above	Not Applicable	Same as Above	CMS-1500/V Mcare Part B Crossover
	Same as Above	Not Applicable	01 Hospital	UB/O Outpatient/ Rehabilitation
	Same as Above	Not Applicable	22 Ambulatory Surgery Center 01 Hospital 51 Indian Health Facility	UB/Q Ambulatory Surgery
	Same as Above	Not Applicable	01 Hospital 04 Renal Dialysis Center	UB/I Renal Dialysis
	Same as Above	Not Applicable	01 Hospital	UB/W Mcare UB-92 Part B Crossover
115 LTC Consultation-PAS	99450, T1023	Prov Type is: 45 (County Human Services Agency) OR 61 (Public Health Nursing Clinic)	45 County Human Service Agency 51 Indian Health Facility 61 Public Health Nursing Clinic	CMS-1500/A

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

<p>032 Medical Supplies/DME</p> <p>Must determine before:</p> <ul style="list-style-type: none"> • End-Stage Renal Dialysis • Nurse Midwife • Nurse Practitioner Svc • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs • Podiatry 	<p>99070-99071, A0070, A0215, A0382-A0384, A0392-A0398, A0422, A4190-A4259, A4261-A4929, A4641 and A4642 in this range, end 08/31/15. new range is A4261- A4640, A4643-A4929, A4930-A4932, A5051-A5149, A5200, A5500-A5513, A6000, A6010-A6011, A6020-A6025, A6154, A6196-A6199, A6200-A6266, A6402-A6407, A6410-A6413, A6421-A6422, A6424, A6426, A6428, A6430, A6432, A6434, A6436, A6438, A6441-A6457, A6501-A6513, A6530 – A6551, A7000-A7020, A7025-A7029, A7030-A7039, A7040, A7041, A7042-A7048, A7501-A7509, A7520-A7527, A8000-A8004, A9155, A9180, A9190, A9270, A9272 – A9286, A9300, A9500-A9505, (ends 08/31/15) A9507-A9509, (ends 08/31/15) A9510-A9534,(ends 08/31/15) A9536 – A9572,(ends 08/31/15) A9575-A9586, (ends 08/3115) A9599, (ends 08/31/15) A9600, (ends 08/31/15) A9603 - A9606, (ends 08/31/15) A9698-A9700, (ends 09/30/15) A9900-A9901, A9999, B4034-B4036, B4081-B4088, B4099-B4159, B4160 - B4162, B4164-B5200, B9000-B9006, B9998-B9999, C1000-C1001, C1003-C1009, C1019, C1024-C1031, C1033-C1040, C1042-C1045, C1047-C1048, C1050-1051, C1053-C1058, C1059-C1061, C1063-C1069, C1071-C1079, C1080-C1084, C1086-C1092, C1093-C1099, C1100-C1108, C1109-C1137, C1143-C1149, C1151-C1164, C1166-C1167, C1170-C1184, C1188, C1200-C1203, C1205, C1207, C1300, C1302-C1306, C1311-C1326, C1328-C1329, C1333-C1337, C1348, C1350-C1372, C1375-C1379, C1420-C1421, C1450-C1451, C1500, C1700-C1722, C1724-C1733, C1749-C1760, C1762-C1764, C1766-C1806, C1810-C1819, C1830, C1840, C1841, C1850-C1888, C1891-C1900, C1929-C1949, C1979-C1981, C2000-C2023, C2100-C2104, C2151-C2153, C2200, C2300, C2597-C2617, C2619-C2643, C2676, C2698 -C2704, C2801-C2808, C2985, C3001-C3004, C3400-C3401, C3500, C3510, C3551-C3557, C3800-C3801, C3851, C4000-C4009, C4300-C4317, C4600-C4607, C5000-C5048, C5130-C5134, C5279-C5284, C5600-C5601, C6001-C6006, C6012-C6041, C6050-C6058, C6080, C6200-C6210, C6300, C6500-C6502, C6525, C6600, C6650-C6652, C6700, C8099-C8100, C8102-C8103, C8500-C8514, C8516, C8518-C8526, C8528-C8536, C8539-C8543, C8550-C8552, C8597-C8600, C8650, C8724-C8725, C8748-C8750, C8775-C8777, C8800-C8802, C8830, C8890-C8891, C9000-C9011, C9013, C9100, C9102-C9103, C9108-C9109, C9123, C9200-C9201, C9206, C9221-C9222, C9250, C9268-C9269, C9285-C9287, C9350-C9356, C9358 – C9369, C9400-C9406, C9408, C9434, C9500-C9505, C9700-C9703, C9708. C9711, C9732, C9898 – C9899, E0100-E1702, E1800-E1831, E1840-E1841, E1900, E1902, E2000, E2100-E2101, E2120, E2201-E2228, E2230 – E2231, E2291-E2295, E2300-E2301, E2310-E2313, E2320-E2331, E2340-E2343, E2351, E2358-E2378, E2381-E2397, E2399, E2402, E2500, E2502, E2504, E2506, E2508, E2510-E2512, E2599, E2601-E2631, E2633, E8000-E8002, G0025, G0442-G0449, G0450-G0451, G0908-G0922, G8694-G8718, G8720-G8728, G8730-G8803, G8805-G8906, G9156, J7030, J7051, J7297-J7298, J7301, K0001-K0114, K0118, K0126-K0139, K0147-K0154, K0163-K0165, K0168-K0284, K0400, K0402-K0414, K0417, K0419-K0439, K0450-K0452, K0454-K0462, K0501, K0529, K0531-K0547, K0549-K0555, K0560-K0580, K0600-K0617, K0620-K0627, K0650-K0669 K0671, K0730-K0746, K0800-K0802, K0806-K0808, K0812-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890-K0891, K0898-K0900, Q0036-Q0043, Q0046, Q0049, Q0078-Q0080, Q0105-Q0107, Q0135, Q0142-Q0143, Q0188, Q0478-Q0509, Q2052, Q3000-Q3012, Q3015-Q3016, Q3031, Q4001-Q4016, Q4017-Q4024 (ends 04/30/2004), Q4017-Q4024 (w/o modifier GO or GP, begins 05/01/2004), Q4025-Q4040, Q4041-Q4049 (ends 04/30/2004), Q4041-Q4049 (w/o modifier GO or GP, begins 05/01/2004), Q4050, Q4051 (ends 04/30/2004), Q4051 (w/o modifier GO or GP, begins</p>	<p>Not Applicable</p>	<p>22 Ambulatory Surgery Center</p> <p>43 Audiologist</p> <p>16* Child/Teen Checkup Clinic</p> <p>58 Community Health Clinic</p> <p>10 Community Mental Health Center</p> <p>45 County Human Service Agency</p> <p>54 Family Planning Agency</p> <p>52 Fed Qual Health Center</p> <p>77* Hearing Aid Dispenser</p> <p>18 Home/Community-Based Svcs</p> <p>60 Home Health Agency</p> <p>01 Hospital</p> <p>05 ICF/MR</p> <p>51 Indian Health Facility</p> <p>66 Nurse Midwife</p> <p>65 Nurse Practitioner</p> <p>00 Nursing Facility</p> <p>76 Medical Supplier</p> <p>82 Medical Transportation Provider</p> <p>75* Optician</p> <p>35 Optometrist</p> <p>38* Personal Care Provider</p> <p>70 Pharmacy</p> <p>20 Physician</p> <p>69 Physician Assistant</p> <p>36 Podiatrist</p> <p>57 Public Health Clinic</p> <p>61* Public Health Nursing Clinic</p> <p>11* Rehabilitation Agency</p> <p>04* Renal Dialysis Center</p> <p>53 Rural Health Clinic</p> <p>12 SCH Clinic</p>	<p>P/MS M Medical Supply</p>
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Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	<p>05/01/2004), Q4074, Q4078 - Q4080, Q4093, Q4094, Q4099, Q4100-Q4143, Q4146-Q4175, Q9945-Q9954, Q9958-Q9967, Q9982, Q9983, S0142 – S0143, S0155, S0515, S0596, S1001-S1002, S1015-S1016, S1030-S1031, S1034 – S1037, S4980, S4990-S4991, S4995, S5002-S5003, S5010-S5014, S5016-S5021, S5025, S5035-S5036, S5497-S5498, S5501 - S5503, S5517 - S5518, S5520 – S5523, S5560, S5561, S8002-S8003, S8060, S8095-S8097, S8100-S8101, S8105, S8110 (Ends 06/30/2001), S8120-S8121, S8180-S8183, S8185-S8186, S8189-S8190, S8200, S8205, S8210, S8260, S8265, S8270, S8300, S8400, S8401-S8404, S8405, S8415, S8420-S8431, S8433, S8450-S8452, S8460, S8470, S8490, S8999, S9001, S9007, S9061, S9109, S9325 – S9331, S9336, S9338-S9343, S9345 – S9349, S9351, S9353, S9355, S9357, S9359, S9361, S9363 – S9368, S9370, S9372-S9377, S9379, S9433-S9435, S9490, S9494, S9497, S9500 – S9504, S9537-S9538, S9542, S9558 – S9560, S9562, S9590, S9999, T1500-T1501, T1505, T1999, T4521-T4522, T4543, T4544, T5001, T5999, V5266, X5245, X5316, X5492, X5521-X5525, X5543-X5545, X5550-X5565, X5689-X5690, XX001-XX076, Y0071-Y0074, Y0220, Y0230, Y0232-Y0233, Y4351-Y4640, Y4645-Y4646, Y4655, Y4919, Y4950-Y4963, Y5260-Y5274, Y5370, YY001-YY006, Z0001, Z0010, Z0169, Z0182, Z0231-Z0232, Z0245-Z0265, Z0401-Z0407, Z0421-Z0424, Z0430-Z0438, Z0456-Z0476, Z0500-Z0504, Z0588, Z0590, Z0600-Z0602, Z0612-Z0613, Z0616-Z0619, Z0901, Z0950, Z0999, ZZ001-ZZ011</p>			
	<p>Pharmacy claims for products with GCN sequence numbers found in system list parm 170.</p>	<p>Claim Type P</p>	<p>58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 51 Indian Health Facility 76 Medical Supplier 00 Nursing Facility 70 Pharmacy 20 Physician 69 Physician Assistant 57 Public Health Clinic 53 Rural Health Clinic 12 SCH Clinic</p>	<p>P/MS P Pharmacy</p>

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	Same as above	Not Applicable	22 Ambulatory Surgery Center 43 Audiologist 16* Child/Teen Checkup Clinic 58 Community Health Clinic 10 Community Mental Health Center 45 County Human Service Agency 54 Family Planning Agency 52 Fed Qual Health Center 77* Hearing Aid Dispenser 18 Home/Community-Based Svcs 60 Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 66 Nurse Midwife 65 Nurse Practitioner 00 Nursing Facility 76 Medical Supplier 82 Medical Transportation Provider 75* Optician 35 Optometrist 38* Personal Care Provider 70 Pharmacy 20 Physician 69 Physician Assistant 36 Podiatrist 57 Public Health Clinic 61* Public Health Nursing Clinic 11* Rehabilitation Agency 04* Renal Dialysis Center 53 Rural Health Clinic 12 SCH Clinic	CMS-1500/V Mcare Part B Crossover
	Same as above or 270-273, 275-279, 290-293, 299	Not Applicable	01 Hospital 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	Same as above	Not Applicable	22 Ambulatory Surgery Center 01 Hospital 51 Indian Health Facility	UB/Q Ambulatory Surgery
	Same as above	Not Applicable	04 Renal Dialysis Center	UB/I Renal Dialysis

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	Same procedure codes as above or X5651	Not Applicable	22 Ambulatory Surgery Center 43 Audiologist 16* Child/Teen Checkup Clinic 58 Community Health Clinic 10 Community Mental Health Center 45 County Human Service Agency 54 Family Planning Agency 52 Fed Qual Health Center 77* Hearing Aid Dispenser 18 Home/Community-Based Svcs 60 Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 66 Nurse Midwife 65 Nurse Practitioner 00 Nursing Facility 76 Medical Supplier 82 Medical Transportation Provider 75* Optician 35 Optometrist 38* Personal Care Provider 70 Pharmacy 20 Physician 69 Physician Assistant 36 Podiatrist 57 Public Health Clinic 61* Public Health Nursing Clinic 11* Rehabilitation Agency 04* Renal Dialysis Center 53 Rural Health Clinic 12 SCH Clinic	CMS-1500/A
	270-273, 275-279, 290-293, 299	Not Applicable	01 Hospital 82 Medical Transportation Provider	UB/W Mcare UB-92 Part B Crossover
046 Mental Health Must determine before: • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs • Physician Svcs	0359T when modifier NOT equal to UB, 0360T, 0361T, 0362T when modifier NOT equal to UB, 0363T when modifier NOT equal to UB, 0364T when modifier NOT equal to UB, 0365T when modifier NOT equal to UB, 0366T when modifier NOT equal to UB, 0367T when modifier NOT equal to UB, 0368T when modifier NOT equal to UB, 0369T when modifier NOT equal to UB, 0370T, 0371T, 0372T, 0373T, 0374T, 90785, 90791, 90792, 90800-90899, 90915, 95883, 96100 - 96103, 96116 - 96120, 96127, 97535 (w/modifier HE), 99354 if same day as 90837 AND treating provider type = 14,25,41,42,63,20 AND treating provider specialty = 21,23	Not Applicable	16 Child/Teen Checkup Clinic 06 Children's Residential Services 44* County Approved Agency for SPMI/SED 45 County Human Service Agency 46 Day Treatment Facility 01 Hospital	CMS-1500/A

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Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	<p>99354 if same day as 90837 AND treating provider type = 65,68 AND treating provider specialty = 82, 99356 if same day as 90837 AND treating provider type = 14,25,41,42,63,20 AND treating provider specialty = 21,23, 99356 if same day as 90837 AND treating provider type = 65,68 AND treating provider specialty = 82, G0071-G0094, G0172, G0176-G0177, G0469, G0470, G0502 – G0504, G0507, G8959, G8960, G9212 – G9213, G9232, H0002, H0004 (if waiver type not equal to F, G, H, I, L, M, P, Q, R, S), H0017-H0019, H0023-H0024, H0030-H0031, H0032 when modifier NOT equal to UB, H0034-H0037, H0038 Modifier NOT equal SE or Q2, H0039-H0040, H0046 when modifier NOT equal to UB, H1011, H2000, H2010, H2011 (if waiver type not equal to F, G, L, M, P, Q, R, S), H2012-H2014, H2015 (when SA Type not equal F-S, Y, Z), H2016 (if Prov Type NOT 05 or when SA Type not equal to J, K, N, O), H2017-H2022, H2027-H2033, H2037, H5010-H5030, M0064, M0601, Q0044, S0201, S3005, Eff. for DOS on or after 5/1/17: S5145 when mod = HE, S5185, S9480, S9482, S9484-S9485, T1040, T1041, T2048, X0630-X0681, X0691-X0693, X5240-X5242, X5248, X5252-X5257, X5317-X5318, X5330-X5331, X5367-X5379, X5380-X5387 (ends 06/30/2000), X5388-X5397, X5398-X5399 (ends 01/31/2000), X5528-X5532, X5535-X5541</p> <p>or</p> <p>99401-99404, 99411-99412 <u>ONLY IF</u> Prov Pkg Svc Ind = 12 (Ends 12/31/2003)</p>		<p>14 Licensed Independent Clinical Social Worker 25 Marriage and Family Therapist 68 Mental Health Nurse 20 Physician 69 Physician Assistant 42 Psychologist 61* Public Health Nursing Clinic 12 SCH Clinic 09 School District</p>	
	<p>Same as above</p>	<p>Not Applicable</p>	<p>16 Child/Teen Checkup Clinic 44* County Approved Agency for SPMI/SED 45 County Human Service Agency 46 Day Treatment Facility 01 Hospital 14 Licensed Independent Clinical Social Worker 25 Marriage and Family Therapist 68 Mental Health Nurse 20 Physician 69 Physician Assistant 42 Psychologist 61* Public Health Nursing Clinic 12 SCH Clinic 09 School District</p>	<p>CMS-1500/V Mcare Part B Crossover</p>
	<p>Same as above (Ends 07/31/2000) [X0691, X5330, X5331] (begins 08/01/2000) or 900-903, 909-919</p>	<p>Not Applicable</p>	<p>01 Hospital 11 Rehabilitation Agency 51 Indian Health Facility</p>	<p>UB/O Outpatient/ Rehabilitation</p>
		<p>Not Applicable</p>	<p>01 Hospital 11 Rehabilitation Agency</p>	<p>UB/W Mcare UB-92 Part B Crossover</p>

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Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

059 MH-SUD Integrated	H0014	Not Applicable		CMS-1500/A
090 Nurse Midwife Services Must determine before: • Physician Svcs	Not Applicable	Prov type is 66 (Nurse Midwife)	66 Nurse Midwife	CMS-1500/A
	Not Applicable	Same as Above	66 Nurse Midwife	CMS-1500/V Mcare Part B Crossover
091 Nurse Practitioner Services Must determine before: • Physician Svcs	Not Applicable	Prov type is 65 (Nurse Practitioner)	65 Nurse Practitioner	CMS-1500/A CMS-1500
	Not Applicable	Same as Above	65 Nurse Practitioner	CMS-1500/V Mcare Part B Crossover
054 Occupational Therapy Must determine before: • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs Except for procedure codes: 97597, 97598, 97605, 97606, 97607, 97608	29065 (w/modifier GO, begins 05/01/2004), 29075 (w/modifier GO, begins 05/01/2004), 29085-29086 (w/modifier GO, begins 05/01/2004), 29105 (w/modifier GO, begins 05/01/2004), 29125-29126 (w/modifier GO, begins 05/01/2004), 29130-29131 (w/modifier GO, begins 05/01/2004), 29200 (w/modifier GO, begins 05/01/2004), 29220 (w/modifier GO, begins 05/01/2004), 29240 (w/modifier GO, begins 05/01/2004), 29060 (w/modifier GO, begins 05/01/2004), 29080 (w/modifier GO, begins 05/01/2004), 29345 (w/modifier GO, begins 05/01/2004), 29355 (w/modifier GO, begins 05/01/2004), 29365 (w/modifier GO, begins 05/01/2004), 29405 (w/modifier GO, begins 05/01/2004), 29425 (w/modifier GO, begins 05/01/2004), 29445 (w/modifier GO, begins 05/01/2004), 29505 (w/modifier GO, begins 05/01/2004), 29515 (w/modifier GO, begins 05/01/2004), 29520 (w/modifier GO, begins 05/01/2004), 29530 (w/modifier GO, begins 05/01/2004), 29540 (w/modifier GO, begins 05/01/2004), 29550 (w/modifier GO, begins 05/01/2004), 29580 (w/modifier GO, begins 05/01/2004), 29581 (w/modifier GO), 29590 (w/modifier GO, begins 05/01/2004), 90901(ends 04/30/2004), 90901 (w/modifier GO, begins 05/01/2004), 90911 (w/modifier GO), 92526 (w/modifier GO), 92610 (w/modifier GO, begins 05/01/2004), 92611 (w/modifier GO, begins 05/01/2004), 92626 – 92627 (w/modifier ‘GO’), 92630 (w/modifier ‘GO’) 92633 (w/modifier ‘GO’), 95831 (w/modifier GO, begins 05/01/2004), 95832 (w/modifier GO, begins 05/01/2004), 95833 (w/modifier GO, begins 05/01/2004), 95834 (w/modifier GO, begins 05/01/2004), 95851 (w/modifier GO, begins 05/01/2004), 95852 (w/modifier GO, begins	Not Applicable	58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 00 Nursing Facility 29 Occupational Therapist 39 Physical Therapist 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 12 SCH Clinic 09 School District	CMS-1500/A

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Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	<p>05/01/2004), 95992 w/mod GO, 96110 (with modifier GO, begins 01/01/2010), 96111 (with modifier GO, begins 01/01/2010), 96125 without mod GN, 97003-97004, 97010 (ends 04/30/2004), 97010 (w/modifier GO, begins 05/01/2004), 97012-97014 (ends 04/30/2004), 97012-97014 (w/modifier GO, begins 05/01/2004), 97016 (ends 04/30/2004), 97016 (w/modifier GO, begins 05/01/2004), 97018 (ends 04/30/2004), 97018 (w/modifier GO, begins 05/01/2004), 97020 (ends 04/30/2004), 97020 (w/modifier GO, begins 05/01/2004), 97022 (ends 04/30/2004), 97022 (w/modifier GO, begins 05/01/2004), 97024 (ends 04/30/2004), 97024 (w/modifier GO, begins 05/01/2004), 97026 (ends 04/30/2004), 97026 (w/modifier GO, begins 05/01/2004), 97028 (ends 04/30/2004), 97028 (w/modifier GO, begins 05/01/2004), 97032 (ends 04/30/2004), 97032 (w/modifier GO, begins 05/01/2004), 97033 (ends 04/30/2004), 97033 (w/modifier GO, begins 05/01/2004), 97034 (ends 04/30/2004), 97034 (w/modifier GO, begins 05/01/2004), 97035 (ends 04/30/2004), 97035 (w/modifier GO, begins 05/01/2004), 97036 (ends 04/30/2004), 97036 (w/modifier GO, begins 05/01/2004), 97039 (w/modifier GO, begins 05/01/2004), 97110 (ends 04/30/2004), 97110 (w/modifier GO, begins 05/01/2004), 97112-97113 (ends 04/30/2004), 97112-97113 (w/modifier GO, begins 05/01/2004), 97116 (ends 04/30/2004), 97116 (w/modifier GO, begins 05/01/2004), 97124 (ends 04/30/2004), 97124 (w/modifier GO, begins 05/01/2004), 97139 (w/modifier GO, begins 05/01/2004), 97140(ends 04/30/2004), 97140 (w/modifier GO, begins 05/01/2004), 97150 (w/modifier GO, begins 05/01/2004), 97165 – 97168, 97504 (ends 04/30/2004), 97504 (w/modifier GO, begins 05/01/2004), 97520 (ends 04/30/2004), 97520 (w/modifier GO, begins 05/01/2004), 97530 (ends 04/30/2004), 97530 (w/modifier GO, begins 05/01/2004), 97532-97533 (modifier not equal to GP or GN), 97535 (w/o GP mod), 97537(w/o GP mod), 97540-97541, 97542 (ends 04/30/2004), 97542 (w/modifier GO, begins 05/01/2004), 97545-97546 (w/modifier GO, begins 05/01/2004), 97597-97598 (w/modifier GO) 97605-97608 (w/modifier GO), 97610 w/mod GO, 97703(ends 04/30/2004), 97703 (w/modifier GO, begins 05/01/2004), 97755 (modifier EQUAL TO 'GO'), 97760 (w/modifier 'GO'), 97761 (w/modifier 'GO'), 97762 (w/modifier 'GO'), 97750 (w/modifier GO, begins 05/01/2004), 97770, 97799 (w/modifier GO, begins 05/01/2004), G0129, G0281 (modifier = 'GO'), G0282 (modifier = 'GO'), G0283 (modifier = 'GO'), G0456 (w/modifier GO), G0457 (w/modifier GO), G8990-G8995 (w/modifier GO), H5300, H5510, H5511, Q0082, Q0109-Q0110, Q4017-Q4024 (w/modifier GO, begins 05/01/2004), Q4041-Q4049 (w/modifier GO, begins 05/01/2004), Q4051 (w/modifier GO, begins 05/01/2004), X4510-X4513, X4515-X4520, X4522-X4526, X5510-X5511, X6004-X6005</p>			
	<p>Procedure codes associated with CMS-1500 claim form or 430-434, 439</p>	<p>Not Applicable</p>	<p>01 Hospital 11 Rehabilitation Agency</p>	<p>UB/O Outpatient/ Rehabilitation</p>

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	Procedure codes associated with CMS-1500 claim form	Not Applicable	58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 00 Nursing Facility 29 Occupational Therapist 39 Physical Therapist 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 12 SCH Clinic 09 School District	CMS-1500/V Mcare Part B Crossover
	430-434, 439	Not Applicable	01 Hospital 05 ICF/MR 00 Nursing Facility 11 Rehabilitation Agency	UB/W Mcare UB-92 Part B Crossover
086 Outpatient Hosp Emergency Svc (ONLY for Service Dates prior to 08/01/2000) Must determine before: • Outpatient Hosp Svcs	Not Applicable	Bill type is 13X or 14X and Type of Admission is Emergency	01 Hospital 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	Not Applicable	Bill Type is 730, 732-739 and Type of Admission is Emergency	51 Indian Health Facility	UB/G Indian Health Encounter
	X5350 or 519	Bill Type is 731	51 Indian Health Facility	UB/G Indian Health Encounter
	Not Applicable	Bill Type is 730, 732-739 and Type of Admission is Emergency	51 Indian Health Facility	UB/W Mcare UB-92 Part B Crossover
	X5350 or 519	Bill Type is 731 and Type of Admission is Emergency	51 Indian Health Facility	UB/W Mcare UB-92 Part B Crossover

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Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

007 Outpatient Hospital Services	Not Applicable or 762	Bill Type is 13X or 14X	01 Hospital 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	Not Applicable	Bill Type is 730, 732-739	51 Indian Health Facility	UB/G Indian Health Encounter
	X5350 or 519	Bill Type is 731	51 Indian Health Facility	UB/G Indian Health Encounter
	762	Bill Type is 13X or 14X	01 Hospital 51 Indian Health Facility	UB/W MCare UB-92 Part B Crossover
	Not Applicable	Bill Type is 730, 732-739	51 Indian Health Facility	UB/W MCare UB-92 Part B Crossover
	X5350 or 519	Bill Type is 731	51 Indian Health Facility	UB/W MCare UB-92 Part B Crossover
112 PASARR - DD	X5630-X5631	Not Applicable	45 County Human Service Agency	CMS-1500/A
113 PASARR - Mental Health	T2010-T2011, X5632-X5633, X5639-X5640	Not Applicable	45 County Human Service Agency	CMS-1500/A
030 Pharmacy Services	Not Applicable Pharmacy claims, for products with GCN sequence numbers found in system list parm 170, will assign COS 032, Medical supplies/DME.	Claim type P	58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 51 Indian Health Facility 76 Medical Supplier 00 Nursing Facility 70 Pharmacy 20 Physician 69 Physician Assistant 57 Public Health Clinic 53 Rural Health Clinic 12 SCH Clinic	P/MS P Pharmacy
	Not Applicable	Adj Reason Codes: 270-273 and Claim Type L	93 Manufacturer--Pharmacy/ Medical Supply	GA/L Gross Adjustment

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

<p>051 Physical Therapy</p> <p>Must determine before:</p> <ul style="list-style-type: none"> • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs <p>Except for procedure codes: 97597, 97598, 97605, 97606, 97607, 97608</p>	<p>29065 (w/modifier GP, begins 05/01/2004), 29075 (w/modifier GP, begins 05/01/2004), 29085-29086 (w/modifier GP, begins 05/01/2004), 29105 (w/modifier GP, begins 05/01/2004), 29125-29126 (w/modifier GP, begins 05/01/2004), 29130-29131 (w/modifier GP, begins 05/01/2004), 29200 (w/modifier GP, begins 05/01/2004), 29220 (w/modifier GP, begins 05/01/2004), 29240 (w/modifier GP, begins 05/01/2004), 29060 (w/modifier GP, begins 05/01/2004), 29080 (w/modifier GP, begins 05/01/2004), 29345 (w/modifier GP, begins 05/01/2004), 29355 (w/modifier GP, begins 05/01/2004), 29365 (w/modifier GP, begins 05/01/2004), 29405 (w/modifier GP, begins 05/01/2004), 29425 (w/modifier GP, begins 05/01/2004), 29445 (w/modifier GP, begins 05/01/2004), 29505 (w/modifier GP, begins 05/01/2004), 29515 (w/modifier GP, begins 05/01/2004), 29520 (w/modifier GP, begins 05/01/2004), 29530 (w/modifier GP, begins 05/01/2004), 29540 (w/modifier GP, begins 05/01/2004), 29550 (w/modifier GP, begins 05/01/2004), 29580 (w/modifier GP, begins 05/01/2004), 29581 (w/modifier GP), 29590 (w/modifier GP, begins 05/01/2004), 90900, 90901 (ends 04/30/2004), 90901 (w/o modifier GO, begins 05/01/2004), 90911 (w/modifier GP), 95831 (ends 04/30/2004), 95831 (w/o modifier GO, begins 05/01/2004), 95832 (ends 04/30/2004), 95832 (w/o modifier GO, begins 05/01/2004), 95833 (ends 04/30/2004), 95833 (w/o modifier GO, begins 05/01/2004), 95834 (ends 04/30/2004), 95834 (w/o modifier GO, begins 05/01/2004), 95835-95850, 95851 (ends 04/30/2004), 95851 (w/o modifier GO, begins 05/01/2004), 95852 (ends 04/30/2004), 95852 (w/o modifier GO, begins 05/01/2004), 95992 (w/mod GP, 96110 (with modifier GP, begins 01/01/2010), 96111 (with modifier GP, begins 01/01/2010), 97000-97002, 97005-97006, 97010 (ends 04/30/2004), 97010 (w/o modifier GO, begins 05/01/2004), 97011, 97012-97013 (ends 04/30/2004), 97012-97013 (w/o modifier GO, begins 05/01/2004), 97014-97015, 97016 (ends 04/30/2004), 97016 (w/o modifier GO, begins 05/01/2004), 97017, 97018 (ends 04/30/2004), 97018 (w/o modifier GO, begins 05/01/2004), 97019, 97020 (ends 04/30/2004), 97020 (w/o modifier GO, begins 05/01/2004), 97021, 97022 (ends 04/30/2004), 97022 (w/o modifier GO, begins 05/01/2004), 97023, 97024 (ends 04/30/2004), 97024 (w/o modifier GO, begins 05/01/2004), 97025, 97026 (ends 04/30/2004), 97026 (w/o modifier GO, begins 05/01/2004), 97027, 97028 (ends 04/30/2004), 97028 (w/o modifier GO, begins 05/01/2004), 97029-97031, 97032 (ends 04/30/2004), 97032 (w/o modifier GO, begins 05/01/2004), 97033 (ends 04/30/2004), 97033 (w/o modifier GO, begins 05/01/2004), 97034 (ends 04/30/2004), 97034 (w/o modifier GO, begins 05/01/2004), 97035 (ends 04/30/2004), 97035 (w/o modifier GO, begins 05/01/2004), 97036 (ends 04/30/2004), 97036 (w/o modifier GO, begins 05/01/2004), 97037-97038, 97039 (ends 04/30/2004), 97039 (w/o modifier GO, begins 05/01/2004), 97110 (ends 04/30/2004), 97110 (w/o modifier GO, begins 05/01/2004), 97111, 97112-97113 (ends 04/30/2004), 97112-97113 (w/o modifier GO, begins 05/01/2004), 97114-97115, 97116 (ends 04/30/2004), 97116 (w/o modifier GO, begins 05/01/2004), 97117-97123, 97124 (ends 04/30/2004), 97124 (w/o modifier GO, begins 05/01/2004), 97125-97138, 97139 (ends 04/30/2004), 97139 (w/o modifier GO, begins 05/01/2004), 97140 (ends 04/30/2004), 97140 (w/o modifier GO, begins 05/01/2004), 97141-97145, 97150 (ends 04/30/2004), 97150 (w/o modifier GO, begins 05/01/2004), 97161 – 97164, 97169 – 97172, 97200-97241, 97250, 97260-97261, 97265, 97500-97503, 97504 (ends 04/30/2004), 97504 (w/o modifier GO, begins 05/01/2004),</p>	<p>Not Applicable</p>	<p>58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 00 Nursing Facility 29* Occupational Therapist 39 Physical Therapist 20 Physician 69 Physician Assistant 36 Podiatrist 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 12 SCH Clinic 09 School District</p>	<p>CMS-1500/A</p>
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	97505-97519, 97520 (ends 04/30/2004), 97520 (w/o modifier GO, begins 05/01/2004), 97521-97529, 97530 (ends 04/30/2004), 97530 (w/o modifier GO, begins 05/01/2004), 97531, 97532-97533 (w GP mod), 97535 (w GP mod), 97537 (w GP mod), 97542 (ends 04/30/2004), 97542 (w/o modifier GO, begins 05/01/2004), 97545-97546 (ends 04/30/2004), 97545-97546 (w/o modifier GO, begins 05/01/2004), 97597-97598 (w/o modifier GO) 97605-97608 (w/o modifier GO), 97610 w/mod GP, 97700-97701, 97703(ends 04/30/2004), 97703 (w/o modifier GO, begins 05/01/2004), 97720-97721, 97750 (ends 04/30/2004), 97750 (w/o modifier GO, begins 05/01/2004), 97752, 97755 (modifier NOT EQUAL TO 'GO'), 97760 (w/o modifier OR modifier NOT EQUAL TO 'GO'), 97761 (w/o modifier OR modifier NOT EQUAL TO 'GO'), 97762 (w/o modifier OR modifier NOT EQUAL TO 'GO'), 97799 (ends 04/30/2004), 97799 (w/o modifier GO, begins 05/01/2004), G0281 (modifier = 'GP'), G0282 (modifier = 'GP'), G0283 (modifier = 'GP'), G0456 (w/o modifier GO), G0457 (w/o modifier GO), G8990-G8995 (w/modifier GP), H5220-H5299, M0005-M0008, Q0086, Q0103-Q0104, Q4017-Q4024 (w/modifier GP, begins 05/01/2004), Q4041-Q4049 (w/modifier GP, begins 05/01/2004), Q4051 (w/modifier GP, begins 05/01/2004), S8940, S8945, S8948, S8990, S9033, X0715, X4521, X4600-X4601, X5515-X5516, X6006-X6008			
	Procedure codes listed above	Not Applicable	Same as Above	CMS-1500/V Mcare Part B Crossover
	Procedure codes listed above or 420-424, 429	Not Applicable	01 Hospital 11 Rehabilitation Agency 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	420-424, 429	Not Applicable	01 Hospital 05 ICF/MR 00 Nursing Facility 11 Rehabilitation Agency	UB/W MCare UB-92 Part B Crossover
043 Physician Services	0001F, 0001T, 0002F, 0002T, 0003F, 0003T, 0004F, 0005F, 0005T, 0006F, 0006T, 0007F, 0007T, 0008F, 0008T, 0009F, 0009T, 0010F, 0011F, 0012F, 0012T, 0013T, 0014F, 0014T, 0015F, 0016T, 0017T, 0018T, 0019T, 0020T, 0021T, 0024T, 0025T, 0027T, 0028T, 0029T, 0031T, 0032T, 0033T, 0034T, 0035T, 0036T, 0037T, 0038T, 0039T, 0040T, 0041T, 0042T, 0044T, 0045T, 0046T, 0047T, 0048T, 0049T, 0050T, 0051T, 0052T, 0053T, 0054T, 0055T, 0056T, 0057T, 0060T, 0061T, 0062T, 0063T, 0064T, 0065T, 0068T, 0069T, 0070T, 0073T, 0074T-0084T, 0086T, 0088T, 0115T - 0117T, 0120T, 0123T, 0124T, 0126T, 0130T, 0133T, 0135T, 0137T, 0140T, 0141T, 0142T, 0143T, 0153T, 0154T, 0155T, 0156T, 0157T, 0158T, 0160T, 0161T, 0162T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0173T,	For claim types O (outpatient) and W* (Medicare Part B UB-92 Xover), If the type of bill is 85x, And the pay-to provider number is a Critical Access Hospital Provider, And the line item revenue code is any of the following: 096x, 097x, 098x	43 Audiologist 67 Certified Registered Nurse Anesthetist 30 Dentist 60* Home Health Agency 01 Hospital 82 Medical Transportation Provider 66 Nurse Midwife 65 Nurse Practitioner 35 Optometrist	CMS-1500/A

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Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	<p>0176T, 0177T, 0178T, 0179T, 0180T, 0181T, 0184T, 0185T, 0186T, 0188T, 0189T, 0190T, 0191T, 0192T, 0193T, 0194T, 0195T, 0196T, 0197T, 0198T, 0199T, 0200T, 0201T, 0202T, 0203T, 0204T, 0205T, 0206T, 0207T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, 0223T, 0224T, 0225T, 0226T, 0227T, 0228T, 0229T, 0230T, 0231T, 0232T, 0233T, 0234T, 0235T, 0236T, 0237T, 0238T, 0243T, 0244T, 0245T, 0246T, 0247T, 0248T, 0249T, 0250T, 0251T, 0252T, 0253T, 0254T, 0255T, 0256T, 0257T, 0258T, 0259T, 0260T, 0261T, 0262T, 0263T, 0264T, 0265T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T, 0272T, 0273T, 0274T, 0275T, 0276T, 0277T, 0278T, 0281T, 0282T, 0283T, 0284T, 0285T, 0286T, 0287T, 0288T, 0289T, 0290T, 0291T, 0292T, 0293T, 0294T, 0295T, 0296T, 0297T, 0298T, 0299T, 0300T, 0301T, 0302T, 0303T, 0304T, 0305T, 0306T, 0307T, 0308T, 0309T, 0310T, 0311T, 0312T, 0313T, 0314T, 0315T, 0316T, 0317T, 0318T, 0319T, 0320T, 0321T, 0322T, 0323T, 0324T, 0325T, 0326T, 0327T, 0328T, 0329T, 0333T, 0334T, 0335T, 0336T, 0337T, 0338T, 0339T, 0340T, 0341T, 0342T, 0343T, 0344T, 0345T, 0356T, 0375T, 0376T, 0377T, 0378T, 0379T, 0380T, 0381T, 0382T, 0383T, 0384T, 0385T, 0386T, 0387T, 0388T, 0389T, 0390T, 0391T, 0392T, 0393T, 0396T, 0397T, 0398T, 0399T, 0400T, 0401T, 0402T, 0403T, 0404T, 0405T, 0406T, 0407T, 0408T, 0409T, 0410T, 0411T, 0412T, 0413T, 0414T, 0415T, 0416T, 0417T, 0418T, 0419T, 0420T, 0421T, 0424T, 0425T, 0426T, 0427T, 0428T, 0429T, 0430T, 0431T, 0432T, 0433T, 0434T, 0435T, 0436T, 0437T, 0438T, 0439T, 0440T, 0441T, 0442T, 0443T, 0444T, 0445T, 0446T, 0447T, 0448T, 0449T, 0450T, 0451T, 0452T, 0453T, 0454T, 0455T, 0456T, 0457T, 0458T, 0459T, 0460T, 0461T, 0462T, 0463T, 0464T, 0465T, 0466T, 0467T, 0468T, 0469T, 0470T, 0471T, 0472T, 0473T, 0474T, 0475T, 0476T, 0477T, 0478T, 0500F, 0501F, 0502F, 0503F, 0509F, 0513F, 0514F, 0516F, 0517F, 0518F, 0519F, 0520F, 0521F, 0525F, 0526F, 0528F, 0529F, 0535F, 0540F, 0545F, 0550F, 0551F, 0555F, 0556F, 0557F, 0575F, 0580F, 0581F, 0582F, 0583F, 0584F, 1000F, 1001F, 1002F, 2000F, 4000F, 4001F, 4002F, 4006F, 4009F, 4011F, 7010F, 01953, 01967-01969, 01995-01996, 10000-29064, 29065 (ends 04/30/2004), 29065 (w/o modifier GO or GP, begins 05/01/2004), 29066-29074, 29075 (ends 04/30/2004), 29075 (w/o modifier GO or GP, begins 05/01/2004), 29076-29084, 29085-29086 (ends 04/30/2004), 29085-29086 (w/o modifier GO or GP, begins 05/01/2004), 29087-29104, 29105 (ends 04/30/2004), 29105 (w/o modifier GO or GP, begins 05/01/2004), 29106-29124, 29125-29126 (ends 04/30/2004), 29125-29126 (w/o modifier GO or GP, begins 05/01/2004), 29127-29129, 29130-29131 (ends 04/30/2004), 29130-29131 (w/o modifier GO or GP, begins 05/01/2004), 29132-29199, 29200 (ends 04/30/2004), 29200 (w/o modifier GO or GP, begins 05/01/2004), 29201-29219, 29220 (ends 04/30/2004), 29220 (w/o modifier GO or GP, begins 05/01/2004), 29221-29239, 29240 (ends 04/30/2004), 29240 (w/o modifier GO or GP, begins 05/01/2004), 29241-29259, 29060 (ends 04/30/2004), 29060 (w/o modifier GO or GP, begins 05/01/2004), 29061-29079, 29080 (ends 04/30/2004), 29080 (w/o modifier GO or GP, begins 05/01/2004), 29081-29344, 29345 (ends 04/30/2004), 29345 (w/o modifier GO or GP, begins 05/01/2004), 29346-29354, 29355 (ends 04/30/2004), 29355 (w/o modifier GO or GP, begins 05/01/2004), 29356-29364, 29365 (ends 04/30/2004), 29365 (w/o modifier GO or GP, begins 05/01/2004), 29366-29404, 29405 (ends 04/30/2004), 29405 (w/o modifier GO or GP, begins 05/01/2004), 29406-29424, 29425 (ends 04/30/2004), 29425 (w/o modifier GO or GP, begins 05/01/2004), 29426-29444, 29445 (ends 04/30/2004), 29445 (w/o modifier GO or GP, begins 05/01/2004), 29446-29504, 29505 (ends 04/30/2004), 29505</p>	<p>And the line item category of service would be</p> <p>043, Physician Services if the line item was being processed on claim type A (CMS-1500),</p> <p>Then change the line item category of service to what would be determined if processed on claim type A.</p> <p>* Claim type W when the service is denied by Medicare and is being processed as a Medicaid service.</p>	<p>70 Pharmacy 20 Physician 69 Physician Assistant 36 Podiatrist 61 Public Health Nursing Clinic 04 Renal Dialysis Center 12 SCH Clinic 09* School District 84 State Department of Health</p>	
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Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	<p>(w/o modifier GO or GP, begins 05/01/2004), 29506-29514, 29515 (ends 04/30/2004), 29515 (w/o modifier GO or GP, begins 05/01/2004), 29516-29519, 29520 (ends 04/30/2004), 29520 (w/o modifier GO or GP, begins 05/01/2004), 29521-29529, 29530 (ends 04/30/2004), 29530 (w/o modifier GO or GP, begins 05/01/2004), 29531-29539, 29540 (ends 04/30/2004), 29540 (w/o modifier GO or GP, begins 05/01/2004), 29541-29549, 29550 (ends 04/30/2004), 29550 (w/o modifier GO or GP, begins 05/01/2004), 29551-29579, 29580 (ends 04/30/2004), 29580 (w/o modifier GO or GP, begins 05/01/2004), 29581 (without modifier GO or GP), 29582-29589, 29590 (ends 04/30/2004), 29590 (w/o modifier GO or GP, begins 05/01/2004), 29591-36410, 36420-69999, 90000-90699, 90700-90799, 90902-90910, 90911 (ends 04/30/2004), 90911 (w/o modifier GO or GP, begins 05/01/2004), 90918-90925, 90935-90950, 90971- 91299, 92500-92504, 92511-92520, 92531-92548, 92601-92604, 92611 (ends 04/30/2004), 92611 (w/o modifier GO or GN, begins 05/01/2004), 92612 (ends 04/30/2004), 92612 (w/o modifier GN, begins 05/01/2004), 92613, 92614 (ends 04/30/2004), 92614 (w/o modifier GN, begins 05/01/2004), 92615, 92616 (ends 04/30/2004), 92616 (w/o modifier GN, begins 05/01/2004), 92617, 92640, 92700 (ends 04/30/2004), 92920, 92921, 92924, 92925, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944, 92950-93921, 93922-93926 (ends effect. DOS 9/30/15), 93927-93929, 93930-93931 (ends effect. DOS 9/30/15), 93932-93964, 93965 (ends effect. DOS 9/30/15), 93966-93969, 93970-93971 (ends effect. DOS 9/30/15), 93972-93974, 93975-93976 (ends effect. DOS 9/30/15), 93977, 93978-93981 (ends effect. DOS 9/30/15), 93982, 93990, 93998, 94002-94005, 94010-94799, 94800-94899, 95000-95300, 95411,95782, 95783, 95800 – 95801, 95803, 95805-95830, 95857-95882, 95885-95887, 95900-95991, 95992 if mod <> GP or GO, 95993 - 95999, 96000-96004, 96020, 96040, 96110 (modifier NOT EQUAL GN, GO, GP) 96111 (modifier NOT EQUAL GN GO GP), 96115, 96150-96155, 96160, 96161, 96360 – 96361, 96365 – 96377, 96379, 96400-96549, 96567, 96570-96571, 96900-96999, 97601-97602 (ends 04/30/2004), 97601-97602 (w/o modifier GO or GP, begins 05/01/2004), 97610 mod NOT EQUAL GP, GO), 97780-97781, 97802-97804, 97810-97811, 97813-97814, 98900-98929, 98960-98962, 98966-98969, 99002-99065, 99075-99091, 99100-99145, 99148-99192, 99199-99429, 99431-99444, 99446 – 99499, 99450-99455, 99471 – 99472, 99475 - 99480, 99481 – 99482, 99485-99490, 99495-99499, 99605-99607, 99990, A4260, A4641 effective for DOS on or after 09/01/15, A4642 effective for DOS on or after 09/01/15, A9150, A9152-A9153, A9200, A9500-A9700 effective for DOS on or after 09/01/15, A9535, C1204, C2644, C5271 – C5278, C8921-C8930, C8950-C8955, C8957, C9019-C9023, C9025-C9027, C9104-C9116, C9119-C9121, C9124-C9140, C9202-C9204, C9207- C9220, C9223-C9230, C9232-C9235, C9237-C9240, C9245 – C9248, C9251 – C9267, C9270 – C9284, C9288 – C9298, C9349, C9399, C9410-C9433, C9435-C9457, C9458, C9459, C9460, C9461, C9470-C9483, C9489-C9490, C9497, C9600-C9608, C9704, C9712-C9721, C9724 – C9731, C9733-C9734, C9736, C9737, C9739, C9740, C9741, C9742, C9743, C9745-C9747, C9800 – C9802, G0002-G0010, G0015-G0016, G0030-G0047, G0051-G0053, G0062-G0066, G0101-G102, G0103 (ends 06/30/2001), G0104-G0106, G0107 (ends 06/30/2001), G0108-G0116, G0121, G0125-G0128, G0159-G0161, G0163-G0171, G0173-G0175, G0178-G0187, G0190-G0194, G0237-G0243, G0245-G0251, G0255-G0261, G0263-G0264, G0267-G0277, G0278-G0280, G0281 (modifier NOT EQUAL 'GO', 'GP'), G0282 (modifier NOT EQUAL 'GO', 'GP'), G0283 (modifier NOT EQUAL 'GO', 'GP'), G0288-G0295, G0296 End assigning COS 079,</p>			
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Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	<p>Radiology, 12/31/15. Effective for DOS on or after 01/01/16 assign to COS 043, Physician Services, G0297 End assigning COS 043, Physician Services, 12/31/15. Effective for DOS on or after 01/01/16 assign to COS 079, Radiology, G0298, Effective for DOS on or after 01/01/16 end G0299 – G0300 and add to COS020, G0302-G0305, G0308-G0327, G0329, G0332-G0333, G0337-G0351, G0353-G0368, G0372, G0375 - G0377, G0392-G0393, G0396-G0400, G0402 – G0415, G0420 – G0429, G0436 – G0449, G0452 – G0455, G0458, G0459 – G0463, G0464, G0471 – G0473, G0490, G0498, G0500, G0501, G0505, G0506, G0508, G0509, G0908-G0922, G3001, G6001 – G6058, G8006-G8041, G8051-G8062, G8075-G8080, G8093-G8094, G8099-G8100, G8103-G8104, G8106-G8117, G8126-G8131, G8152-G8167, G8170-G8172, G8182-G8186, G8191-G8243, G8245-G8347, G8351, G8354, G8357, G8360, G8362, G8365, G8367, G8370-G8386, G8389-G8391, G8385-G8410, G8415-G8443, G8445-G8544, G8545 – G8553, G8556 – G8718, G8720-G8728, G8730-G8803, G8805-G8958, G8961-G8989, G8990-G8995 (w/o modifiers GP and GO), G9001-G9012, G9016 -G9036, G9050-G9142, G9147-G9153, G9156, G9157, G9165-G9170, G9187 – G9211, G9214 – G9231, G9233 – G9329, G9340 – G9360, G9362 – G9370, G9376 – G9386, G9389 – G9396, G9399 – G9443, G9448 – G9460, G9463 – G9472, G9480-G9490, G9496-G9526, G9529-G9544, G9547-G9563, G9572-G9574, G9577-G9585, G9593-G9686, G9689, G9695 – G9699, G9701, G9703 – G9706, G9708, G9711, G9712, G9716, G9717, G9719, G9721, G9722, G9724, G9726 – G9739, G9742 – G9746, G9748, G9750 – G9757, G9759, G9762 – G9767, G9769 – G9801, G9803 – G9804, G9806 – G9808, G9810 – G9818, G9820 – G9856, G9859, G9861, G9862, H0033, H1000-H1005, H1010, H2000 (mod not equal U6), J0100-J7020, J7040-J7042, J7050, J7052-J7131, J7140-J7170, J7175, J7178 - J7199, J7200 – J7202, J7205, J7207, J7209, J7300, J7302-J7304, J7306 – J7312, J7313, J7315-J7317, J7319 - J7327, J7328, J7330, J7335, J7336, J7340 - J7350, J7500-J7511, J7512, J7513, J7515-J7518, J7520, J7525, J7527, J7599, J7602 – J7606-J7609, J7610-J7799, J7999, J8498-J8499, J8501, J8510, J8515, J8520-J8521, J8530-J9999, K0119-K0125, K0140-K0146, K0166-K0167, K0415-K0416, K0418, K0453, K0503-K0528, K0548, M0070, M0075, M0100-M0101, M0300-M0585, M0592, M0702-M0799, M0910, M0945, M0974-M0982, P9001, P9041-P9043, P9045-P9048, P9050, Q0019-Q0032, Q0034-Q0035, Q0044, Q0059, Q0062, Q0066, Q0068, Q0081, Q0083-Q0085, Q0090, Q0093-Q0094, Q0108, Q0124-Q0132, Q0134, Q0136-Q0141, Q0144, Q0156-Q0185, Q0187, Q0510-Q0515, Q1003, Q2001-Q2021, Q2023 - Q2027, Q2028, Q2033-Q2051, Q3013-Q3014, Q3021-Q3026, Q3027 – Q3028, Q3030, Q4052-Q4055, Q4075-Q4077, Q4079, Q4081-Q4092, Q4095 – Q4098, Q4145, Q5101, Q5102, Q9920-Q9944, Q9955-Q9957, Q9968-Q9970, Q9974, Q9975, Q9976, Q9977, Q9978, Q9981, Q9984-Q9989, S0009-S0040, S0071-S0098, S0104, S0106-S0109, S0112, S0114-S0119, S0122, S0124, S0126, S0128, S0130, S0132-S0133, S0135-S0141, S0144-S0148, S0156-S0167, S0169 - S0183, S0187, S0189-S0191, S0193-S0199, S0206, S0220-S0221, S0250, S0255, S0257, S0260, S2068, S0270-S0274, S0280 , S0281, S0285, S0302, S0310, S0311, S0315-S0317, S0320, S0340-S0342, S0345-S0347, S0353-S0354, S0390, S0592, S0601-S0622, S0625, S0630, S0800, S0810, S0812, S1025, S1090, S2050-S2055, S2060-S2061, S2065 – S2067, S2070, S2075-S2077- S2080, S2082-S2083, S2085, S2090-S2091, S2095, S2102-S2103, S2107, S2109, S2112- S2115, S2117 – S2118, S2120, S2130-S2131, S2135, S2140, S2142, S2150, S2152, S2180, S2190, S2202, S2204-S2211, S2213, S2215, S2220, S2225, S2230, S2235, S2250, S2255, S2260, S2262, S2265-S2267, S2270, S2300, S2325, S2340-S2342, S2344, S2348, S2350-S2351, S2360-S2363, S2370-S2371, S2400-S2405, S2409, S2411, S2900, S3854, S3900,</p>			
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Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

	S3902, S3904 - S3906, S4011, S4013-S4018, S4020-S4023, S4025-S4028, S4030-S4031, S4035, S4037, S4042, S4981, S4989, S4993, S5000-S5001, S5022, S5550-S5553, S5565-S5566, S5570-S5571, S8001, S8004, S8030, S8130-S8131, S9034, S8040, S8048-S8049, S8075, S8110 (begins 07/01/2001), S8301, S8930, S8950, S9015, S9023, S9025, S9055-S9056, S9075, S9083, S9085, S9088, S9090, S9092, S9105, S9117, S9140-S9141, S9145, S9150, S9381, S9401, S9430, S9436-S9439, S9441-S9445, S9447, S9449, S9451-S9455, S9460, S9465, S9472-S9474, S9527-S9528, S9806, S9900, S9901, S9910, S9970 (when mod NOT equal to U6 U5), S9981-S9982, S9986, S9988-S9991, T1013-T1014, T1016 (AND DOS prior to 10/1/15 Primary Diag = 010-018.99, 795.5, 795.51 DOS on or after 10/1/15 primary diagnosis = A15.A19.9, Z11.1, Z88.11, Z20.1, R76.11, R76.12 AND No approved service agreement), T1024 when modifier NOT equal to UB, T1025 - T1026, T1027 when modifier NOT equal to UB, T1028 (ends 12/31/2013), T1029, T1502, T1503, T2042-T2047, T2050-T4520, T4545-T5000, T5002-T5998, T6000-T6515, V2630-V2632, V2785, V2790, W0100-W9999, X0995, X1000-X1018, X1030-X1031, X1050-X1395, X1410, X1420, X1520, X1672, X2300, X2390-X2393, X2395-X2396, X3100-X3102, X3120-X3121, X5355-X5356, X5493-X5501, X5509, X5659, X5698-X5699, X9001, Y0069, Y9300-Y9324			
	Procedure codes listed above	Not Applicable	Same as Above	CMS-1500/V MCare Part B Crossover
	J0001-J9999, 90281-90799, 95115-95180 (begins 08/01/2000)	Not Applicable	01 Hospital 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
055 Podiatry Must determine before: • Physician Svcs	Not Applicable	Prov Type is 36 (Podiatrist)	36 Podiatrist	CMS-1500/A
	Not Applicable	Same as Above	36 Podiatrist	CMS-1500/V MCare Part B Crossover

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

<p>127 Pre-Paid Health Plan (PPHP)--DPA (see Note 5)</p>	<p>Not Applicable</p>	<p>Claim type is "C" (inpatient) and Recipient participates in a PPHP which includes Inpatient Hospital Care and the PPHP provider does not include DPA in rate of that contract.</p>	<p>01 Hospital</p>	<p>UB/C Inpatient</p>
<p>128 Pre-Paid Health Plan (PPHP)--GA</p>	<p>X5654</p>	<p>Eligibility Specific Product ID (ESP ID) is one of: GM01--GAMC GM03 MinnesotaCare Basic Plus One GM21--GAMC-State Dental GM23 MC Basic Plus One-State Dental NM01--MA NM12--MA NM20-Minnesota Senior Care-State Dental NM22-MA-State Dental NM25-Minnesota Senior Care w/Elderly Waiver-State Dental NM30-Minnesota Senior Care NM35-Minnesota Senior Care w/Elderly Waiver NM21--MA-State Dental BB01--MinnesotaCare Basic Plus One BB02 --MinnesotaCare Limited Benefit BB21--MC Basic Plus One-State Dental BB22-MC Limited Benefit -- State Dental JJ01--MinnesotaCare Basic Plus Two JJ21--MC Basic Plus Two-State Dental JJ02--MinnesotaCare Basic Plus JJ22--MC Basic Plus-State Dental KK01--MinnesotaCare Expanded KK21--MC Expanded-State Dental XX01--MinnesotaCare Basic XX21--MC Basic-State Dental</p>	<p>24 Pre-Paid Health Plan Provider</p>	<p>3 Capitation (PPHP, PCUR)</p>
<p>129 Pre-Paid Health Plan (PPHP)--Mandatory</p>	<p>X5654</p>	<p>ESP ID is one of: DM01-DMIE Demonstration to Maintain Independence and Employment FF01--MinnesotaCare Basic Plus Two FF21--MC Basic Plus Two-State Dental FF02--MinnesotaCare Basic Plus FF22--MC Basic Plus-State Dental LL01--MinnesotaCare Expanded LL21--MC Expanded-State Dental MA01--MA MA12-MA MA17 -- [MA] Special Needs Basic Care MA20-Minnesota Senior Care-State Dental</p>	<p>24 Pre-Paid Health Plan Provider</p>	<p>3 Capitation (PPHP, PCUR)</p>

Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

		MA21–MA-State Dental MA22–MA State Dental MA25–Minnesota Senior Care with Elderly Waiver – State Dental MA30–Minnesota Senior Care MA35 – Minnesota Senior Care with Elderly Waiver MA06–PMAP/MA HealthPartners* (ends 12/31/1994)		
133 Pre-Paid Health Plan (PPHP)--Minneosta Senior Health Option (MSHO)	X5654	ESP ID is one of: MA02–MN Senior Health Options-MSHO MA15–MN Disability Health Options-MnDHO MA16 – MN Disability Health Options for Recipients with Developmental Disabilities	24 Pre-Paid Health Plan Provider	3 Capitation (PPHP, PCUR)
130 Pre-Paid Health Plan (PPHP)--Social HMO	X5654	ESP ID is one of: MA03–Senior Plus SCHMO* (ends 12/31/1994) MA08–Senior Plus SCHMO–Voluntary* (ends 10/31/1994)	24 Pre-Paid Health Plan Provider	3 Capitation (PPHP, PCUR)
131 Pre-Paid Health Plan (PPHP)--Supplemental HMO	X5654	ESP ID is one of a list to be determined. This category is not currently in use.	24 Pre-Paid Health Plan Provider	3 Capitation (PPHP, PCUR)
132 Pre-Paid Health Plan (PPHP)--Voluntary AFDC	X5654	ESP ID is one of: MA04–HealthPartners Voluntary* (ends 10/31/1994) MA05–First Plan Voluntary* (ends 12/31/1995) MA07–UCare Voluntary* (ends 06/30/1993)	24 Pre-Paid Health Plan Provider	3 Capitation (PPHP, PCUR)
144 Premium Payments and Collections	Not Applicable	Adjust Reason Code: 210, 211, 256 and Claim Type L.	91 Employer 92 Group Payer 90 Individual	GA/L Gross Adjustment
042 Primary Care Utilization Review (PCUR)	X5634	Not Applicable	20 Physician	3 Capitation (PPHP, PCUR)
089 Private Duty Nursing	G0154 (IF Maj Prog = AC), S9216-S9218, T1000, T1002-T1003, X4020-X4021, X4029, X4031, X4033, X4035, X5641-X5642, X5646-X5649, X5662-X5663	Not Applicable	60 Home Health Agency 01 Hospital 05 ICF/MR 65 Nurse Practitioner 00 Nursing Facility 20* Physician 69 Physician Assistant 64 Private Duty Nurse 57* Public Health Clinic 61 Public Health Nursing Clinic	CMS-1500/A

Categories of Service Table Source Updated August 22nd, 2017

IHP Categorization Updated January 19th, 2018

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

Integrated Health Partnerships Contract

			11* Rehabilitation Agency	
076 Prosthetics and Orthotics Must determine before: <ul style="list-style-type: none"> • Nurse Midwife • Nurse Practitioner Svc • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs • Podiatry 	92330-92335, 92393, G0020-G0021, K0115-K0117, K0285, K0401, K0440-K0449, K0556-K0559, K0581-K0597, K0618-K0619, K0628-K0649, K0670, K0672, K0901-K0902, L0100-L4399, L4631, L5000-L8032, L8039-L8049, L8100-L8330, L8400-L8689, L8690, L8691, L8695-L9999, Q0117-Q0123, S0395, S1040, S8262, S8434, V2620-V2629, V5095, Y0231, Y0380, Y3035-Y3342, Y3371, Y3913, Y4650, Y6881-Y6883	Not Applicable	22 Ambulatory Surgery Center 58 Community Health Clinic 10* Community Mental Health Center 52 Federally Qualified Health Center 60 Home Health Agency 01 Hospital 51* Indian Health Facility 66 Nurse Midwife 65 Nurse Practitioner 00* Nursing Facility 76 Medical Supplier 82* Medical Transportation Provider 75 Optician 35 Optometrist 38* Personal Care Provider 70 Pharmacy 20 Physician 69 Physician Assistant 36 Podiatrist 57 Public Health Clinic 61* Public Health Nursing Clinic 11* Rehabilitation Agency 53 Rural Health Center	P/MS M Medical Supply
	Procedure codes listed above	Not Applicable	Same as Above	CMS-1500/A
	Procedure codes listed above	Not Applicable	Same as Above	CMS-1500/V MCare Part B Crossover
	Procedure codes listed above or 274	Not Applicable	01 Hospital 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	274	Not Applicable	60 Home Health Agency 01 Hospital	UB/W MCare UB-92 Part B Crossover

Appendix 2: CATEGORY OF SERVICE DETERMINATION TABLE

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088 Public Health Nursing	99500-99502, S5190, S9123, S9446, T1015, X4010, X5286-X5288, X5546-X5549	Not Applicable	60 Home Health Agency 01 Hospital 00* Nursing Facility 57* Public Health Clinic 61 Public Health Nursing Clinic 11* Rehabilitation Agency	CMS-1500/A
079 Radiology, Technical Component Must determine before: <ul style="list-style-type: none"> • Chiropractor • End Stage Renal Dialysis • Nurse Midwife • Nurse Practitioner Svc • Outpatient Hosp Emerg Svc • Outpatient Hosp Svcs • Podiatry 	0066T, 0067T, 0071T, 0072T, 0082T, 0144T, 0145T, 0146T, 0147T, 0148T, 0149T, 0150T, 0151T, 0151T, 0152T, 0159T, 0174T, 0175T, 0182T, 0183T, 0187T, 0239T, 0240T, 0241T, 0242T, 0330T, 0331T, 0332T, 0346T, 0347T, 0348T, 0349T, 0350T, 0351T, 0352T, 0353T, 0354T, 0355T, 0394T, 0395T, 0422T, 70000-79999 (EXCEPT 7010F, which was moved to Physician, '043'), 93922-93926 (Effective for DOS on or after 10/1/15), 93930-93931 (Effective for DOS on or after 10/1/15), 93965 (Effective for DOS on or after 10/1/15), 93970-93971 (Effective for DOS on or after 10/1/15), 93975-93976 (Effective for DOS on or after 10/1/15), 93978-93981 (Effective for DOS on or after 10/1/15), C2645, C8900-C8914, C8918-C8920, C8931 – C8936, C9722-C9723, C9744, G0120, G0122, G0130-G0133, G0188, G0202-G0207, G0210-G0236, G0252-G0254, G0262, G0296 End assigning COS 079, Radiology 12/31/15. Effective for DOS on or after 1/1/16 assign to COS 043 Physician Services, G0297 End assigning COS 043, Physician Services, 12/31/15. Effective for DOS on or after 01/01/16 assign to COS 079, Radiology. G0330 – G0331, G0336, G0389, M0080, Q0064-Q0065, Q0067, Q0069-Q0072, Q0076, Q0092, R0065, R0070-R0076, R6129, S0820, S0830, S8032, S8035, S8037, S8042, S8055, S8080, S8085, S8092-S8093, S9022, S9024, Y1000, Y7000-Y7603	Not Applicable	22* Ambulatory Surgery Center 37 Chiropractor 58 Community Health Clinic 54 Family Planning Agency 52* Fed Qual Health Center 01 Hospital 32 Independent Diagnosis Testing Facility 51 Indian Health Facility 80 Laboratory 66 Nurse Midwife 65 Nurse Practitioner 20 Physician 69 Physician Assistant 36 Podiatrist 57 Public Health Clinic 11* Rehabilitation Agency 04 Renal Dialysis Center 53* Rural Health Clinic 12 SCH Clinic 81 X-ray	CMS-1500/A
	Procedure codes listed above	Not Applicable	Same as Above	CMS-1500/V MCare Part B Crossover

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	Procedure codes listed above	Not Applicable	01 Hospital	UB/O Outpatient/ Rehabilitation
	Procedure codes listed above	Not Applicable	22 Ambulatory Surgery Center 01 Hospital 51 Indian Health Facility	UB/Q Ambulatory Surgery
	Procedure codes listed above	Not Applicable	01 Hospital 04 Renal Dialysis Center	UB/I Renal Dialysis
	Procedure codes listed above	Not Applicable	01 Hospital	UB/W MCare UB-92 Part B Crossover
028 RTC - Dev Disabilities	010 (Ends 12/31/2003), 0101 (begins 01/01/2004)	Claim Type J and Submitter ID 923823900	17 Regional Treatment Center	UB/J RTC Claims
029 RTC, Mental Health	011 (Ends 12/31/2003), 0100 (begins 01/01/2004)	Claim Type J and Submitter ID 923823900	17 Regional Treatment Center	UB/J RTC Claims
083 Rural Health Clinic Services	00521, 00522, 00524, 00525, 00527, 00528, 00529, 00780, 00900 or X5325-X5326 <i>Ended 07/15/2009</i>	Bill Type is 71X	53 Rural Health Clinic	UB/R Rural Health
	00521, 00522, 00524, 00525, 00527, 00528, 00529, 00780, 00900 <i>No Changes for Crossovers 07/15/2009</i>	Same as Above	53 Rural Health Clinic	UB/W MCare UB-92 Part B Crossover
053 Speech Therapy	92506-92508, 92510, 92521 – 92524, 92525, 92526 (if modifier NOT EQUAL to 'GO'), 92597 (begins 05/01/2004), 92605-92609, 92610 (ends 04/30/2004), 92610 (w/o modifier GO, begins 05/01/2004), 92611 (w/modifier GN, begins 05/01/2004), 92612 (w/modifier GN, begins 05/01/2004), 92614 (w/modifier GN, begins 05/01/2004), 92616 (w/modifier GN, begins 05/01/2004), 92618, 92626 – 92627 (if modifier NOT EQUAL to 'GO'), 92630 (if modifier NOT EQUAL to 'GO'), 92633 (if modifier NOT EQUAL to 'GO'), 92700 (w/modifier GN, begins 05/01/2004), 96105, 96110 (with modifier GN, begins 01/01/2010), 96111 (with modifier GN, begins 01/01/2010), 96125 w Mod GN. 97532-97533 w mod GN, G0195-G0201, G8996-G8999, G9158-G9164, G9171-G9176, G9186, S9152, V5301-V5364, X4610, X4613-X4614, X5517, X6002-X6003	Not Applicable	43* Audiologist 58 Community Health Clinic 52 Fed Qual Health Center 60* Home Health Agency 01 Hospital 05 ICF/MR 51 Indian Health Facility 76 Medical Supplier 00 Nursing Facility 20 Physician 69 Physician Assistant 57 Public Health Clinic 61* Public Health Nursing Clinic 11 Rehabilitation Agency 53 Rural Health Clinic 12 SCH Clinic 09 School District 40 Speech Language Pathologist	CMS-1500/A

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	Procedure codes listed above	Not Applicable	Same as Above	CMS-1500/V MCare Part B Crossover
	Procedure codes listed above or 440-444, 449	Not Applicable	01 Hospital 11 Rehabilitation Agency 51 Indian Health Facility	UB/O Outpatient/ Rehabilitation
	440-444, 449	Not Applicable	01 Hospital 05 ICF/MR 00 Nursing Facility 11 Rehabilitation Agency	UB/W MCare UB-92 Part B Crossover
141 Spendedown Collections	Not Applicable	Adj Reason Codes: 250, 251 and Claim Type L	45 County 90 Individual	GA/L Gross Adjustment
078 Vision Must be determined before: • Physician Services.	0065T, 0378T, 0379T, 0380T, 0464T when PT = 35 or 75, 90000-90080, 99056, 99172, 99201-99205, 99211-99215, S0592, S0625	Prov Type 35 Optometrist or 75 Optician	22 Ambulatory Surgery Center 75 Optician 35 Optometrist 70* Pharmacy 20 Physician 69 Physician Assistant 61 Public Health Nursing Clinic	CMS-1500/A
	92000-92065, 92081-92287, 92499, G0117-G0118, G9041 – G9044, S3000, X0101-X0103, X0106-X0113, X5686		Same as Above	CMS-1500/A
	92000-92065, 92081-92287, 92499, G0117-G0118, G9041 – G9044, S3000, X0101-X0103, X0106-X0113, X5686		Same as Above	CMS-1500/V Mcare Part B Crossover
	0065T, 90000-90080, 99056, 99172, 99201-99205, 99211-99215, S0592, S0625	Prov Type 35 Optometrist or 75 Optician	Same as Above	CMS-1500/V MCare Part B Crossover
	92000-92065, 92081-92287, 92499, G0117-G0118, G9041 – G9044, S3000		Same as Above	UB/O Outpatient/ Rehabilitation

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	92000-92065, 92081-92287, 92499, G0117-G0118, G9041 – G9044, S3000		Same as Above	UB/W MCare UB-92 Part B Crossover
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NOTE: * In Column 4 indicates provider types added to a category of service after bundling. Revision Date 02/26/2018

1. The columns entitled "Treating Provider Type" and "Claim Form/Claim Type" are informational. These columns are not used to determine the category of service. This information is useful when discussing category of service determination.
2. When "same as above" appears in one of the table's cells, it is referring to a cell immediately preceding that cell.
3. When processing a gross adjustment transaction, the Claims Processing Subsystem determines the category of service based on information maintained in the COS determination table. If the system cannot determine the claim's category of service, then a category of service must either be entered on-line, or provided by the subsystem generating the gross adjustment transaction. If the claim's category of service is equal to spaces, then the system posts an exception to the gross adjustment transaction indicating that the category of service cannot be determined. The system does not determine the category of service 139 (Collections, Miscellaneous); therefore, this category of service is not included in the determination table. The category of service is, however, included in the ADD System valid value table.
4. Inpatient claims are reevaluated during pricing in order to finalize category of service determination processing. During this final evaluation, the system evaluates whether the category of service of 073 (Inpatient Hosp Neo-Natal ICU) should be assigned to the claim.
5. Inpatient claims are reevaluated during recipient eligibility in order to finalize category of service determination processing. During this final evaluation, the system evaluates whether the category of service of 127 (PPHP DPA) should be assigned to the claim.

February 26, 2018