

Attachment IV: Mapping of MA PBP to Medical Utilization and Expenditure Experience

The following chart illustrates the mapping of PBP categories to the service categories

PBP line #	PBP Service Category	Corresponding MA Medical Utilization and Expenditure Experience Category	Corresponding Service Category in Attachment III
1a	Inpatient Hospital - Acute	a1. Inpatient Facility: Acute	a. Inpatient Facility
1b	Inpatient Hospital - Psychiatric	a2. Inpatient Facility: Mental Health	a. Inpatient Facility
2	Skilled Nursing Services	b. Skilled Nursing Facility	b. Skilled Nursing Facility
3	Rehab. Services (CORF)	h5. Outpatient Facility - Other: Other	h. OP Facility - Other
4a	Emergency Care/Post Stabilization Care	f. Outpatient Facility - Emergency	f. OP Facility - Emergency
4b	Urgently Needed Care/Urgent Care Centers	f. Outpatient Facility - Emergency	f. OP Facility - Emergency
5	Partial Hospitalization	h3. OP Facility - Other: Observation; or h5. OP Facility - Other: Other	g. OP Facility - Other
6	Home Health Services	c. Home Health	c. Home Health
7a	Primary Care Physician Services	i1. Professional: PCP	i. Professional
7b	Chiropractic Services	i2. Professional: Specialist excl. MH; or i6. Professional: Other	i. Professional
7c	Independent Occupational Therapy Services	i4. Professional: Therapy (PT/OT/ST)	i. Professional
7d	Physician Specialist Services Except Psych (excl Radiology)	i2. Professional: Specialist excl. MH; or i6. Professional: Other	i. Professional
7d	Physician Specialist Services Except Psych (Radiology)	i5. Professional: Radiology	i. Professional
7e	Mental Health Specialty Services - Non-Physician	i3. Professional: Mental Health	i. Professional
7f	Podiatry Services	i2. Professional: Specialist excl. MH; or i6. Professional: Other	i. Professional
7g	Other Health Care Professional Services	i2. Professional: Specialist excl. MH; or i6. Professional: Other	i. Professional
7h	Psychiatric Services	i3. Professional: Mental Health	i. Professional
7i	Physical/Speech Therapy	i4. Professional: Therapy (PT/OT/ST)	
8a	OP Clinical/Diagnostic /Therapy Radiological Lab Services	h1. OP Facility - Other: Lab	h. OP Facility - Other
8b	Outpatient X-Ray	h2. OP Facility - Other: Radiology	OP Facility - Other
9a	Outpatient Hospital Services	g. OP Facility - Surgery; or h. OP - Facility - Other (all sub-categories)	
9b	Ambulatory Surgical Center Services	g. OP Facility - Surgery	OP Facility - Surgery
9c	Outpatient Substance Abuse Services	h5. OP Facility - Other: Other	OP Facility - Other
9d	Cardiac Rehabilitation Services	h5. OP Facility - Other: Other	OP Facility - Other
10a	Ambulance	d. Ambulance	d. Ambulance
10b	Transportation	l. Transportation (Non-covered)	l. Transportation
11a	Durable Medical Equipment	e1. DME/Prosthetics/Supplies: DME	e. DME/Prosthetics/Supplies
11b	Prosthetics/Medical Supplies	e2. DME/Prosthetics/Supplies: Prosthetics/Supplies	e. DME/Prosthetics/Supplies
11c	Diabetes Monitoring Supplies	e2. DME/Prosthetics/Supplies: Prosthetics/Supplies	e. DME/Prosthetics/Supplies
12	Renal Dialysis	h4. OP Facility - Other: Renal Dialysis	OP Facility - Other
13a	Blood	k. Other Medicare Part B	k. Other Medicare Part B
13b	Acupuncture	r. Other Non-covered	q. Other Non-covered
14a	Health Education/Wellness Programs	q. Health & Education (Non-covered) or k. Other Medicare Part B	p. Health & Education (Non-covered)
14b	Immunizations	i1. Professional: PCP	i. Professional
14c	Routine Physical Exams	i1. Professional: PCP	i. Professional

	Pap Smears and Pelvic Exams		i. Professional
14d	Screening	i1. Professional: PCP; i2. Professional: Specialist excl MH; or i6. Professional: Other	
14e	Prostate Cancer Screening		
14f	Colorectal Screening		
14g	Bone Mass Measurement		
14h	Mammography Screening		
14i	Diabetes Monitoring		
15	Outpatient Drugs and Biologicals/Prescription Drug	j. Part B Rx	j. Part B Rx
16a	Dental: Preventative Services	m. Dental (Non-covered)	m. Dental (Non-covered)
16b	Dental: Comprehensive Services	m. Dental (Non-covered)	m. Dental (Non-covered)
17a	Eye Exams	n1. Vision (Non-covered): Professional	n. Vision (Non-covered): Professional
17b	Eye Wear	n2. Vision (Non-covered): Hardware	n. Vision (Non-covered):
18a	Hearing Exams	o1. Hearing (Non-covered): Professional	o. Hearing (Non-covered): I
18b	Hearing Aids	o2. Hearing (Non-covered): Hardware	o. Hearing (Non-covered):
19	POS	p. POS	i. Professional