

# 2019 Medicaid Provider Rate Review Analysis Report

## **Appendix C – Service Grouping Data Book**

Appendix C contains, for each service grouping, the following information:

- Top 10 procedure or revenue codes by total paid.
- Distinct utilizers over time.
- Active providers over time.
- Population age and gender.
- Rate comparison visuals.

Appendix C does not include any additional data for Psychiatric Residential Treatment Facilities (PRTF), due to protected health information. Appendix C does not include the above information for Special Connections due to the lack of available claims data; Special Connections code descriptions and rate unit definitions are included in Appendix C.

Appendix C does not contain any assertions or conclusions on the sufficiency of Medicaid rates to provide adequate access to care. Refer to Appendix B – Rate Comparison and Access to Care Analysis Methodologies and Data for a complete list of individual procedure codes reviewed in this report.



**COLORADO**  
Department of Health Care  
Policy & Financing

## Data Book Instructions

For each service grouping (except PRTF and Special Connections), Appendix C contains additional, detailed information regarding rate comparison and access to care analyses.

### Top 10 Procedure or Revenue Codes by Total Paid

The Top Procedure or Revenue Codes by Total Paid table displays the top 10 codes, in descending order, by total expenditures (also referred to as total paid). This table includes:

- Procedure or revenue code information
- Procedure description
- Benchmark source
- Paid dollars
- Colorado Medicaid rates
- Rate comparison by total paid units and dollars
- Benchmark rates

### Distinct Utilizers Over Time by Month

The Distinct Utilizers Over Time by Month line graph displays changes in the number of distinct members utilizing services.

### Active Providers Over Time by Month

The Active Providers Over Time by Month line graph displays changes in the number of providers actively providing services.

### Population Age and Gender

The Population Age and Gender Stacked-band bar graph displays the age and gender of members utilizing services.

### Rate Comparison Visuals

Rate Comparison by Total Paid Units and Dollars scatterplots display the rate ratio, utilization, and total paid amount for individual Ambulatory Surgical Center (ASC) code groupings, procedure codes (fee-for-service behavioral health, Residential Child Care Facilities (RCCF), and durable medical equipment (DME)), and dialysis facility wage index regions<sup>1</sup>, specifically:

- Vertical axis (y-axis) – the rate ratio of Colorado Medicaid rates to the benchmark rates. The dark horizontal line represents the rate benchmark comparison percentage for the service grouping.
- Horizontal axis (x-axis) – the total paid amount.
- Circles – The size of the circle indicates the total paid units, which is a proxy for utilization.

Rate comparison bar graphs display Colorado's repriced rates as a percentage of the rate comparison benchmark. This graph is only included for the following services:

- ASC services, broken down by code grouping.
- Dialysis and end-stage renal disease (ESRD) services, broken down by wage index region.
- DME, broken down by other states, Medicare upper pay limit (UPL), and Medicare non-UPL codes.

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<sup>1</sup> For more information on the ASC code grouping and dialysis facility rate comparison methodologies, please see Appendix B.

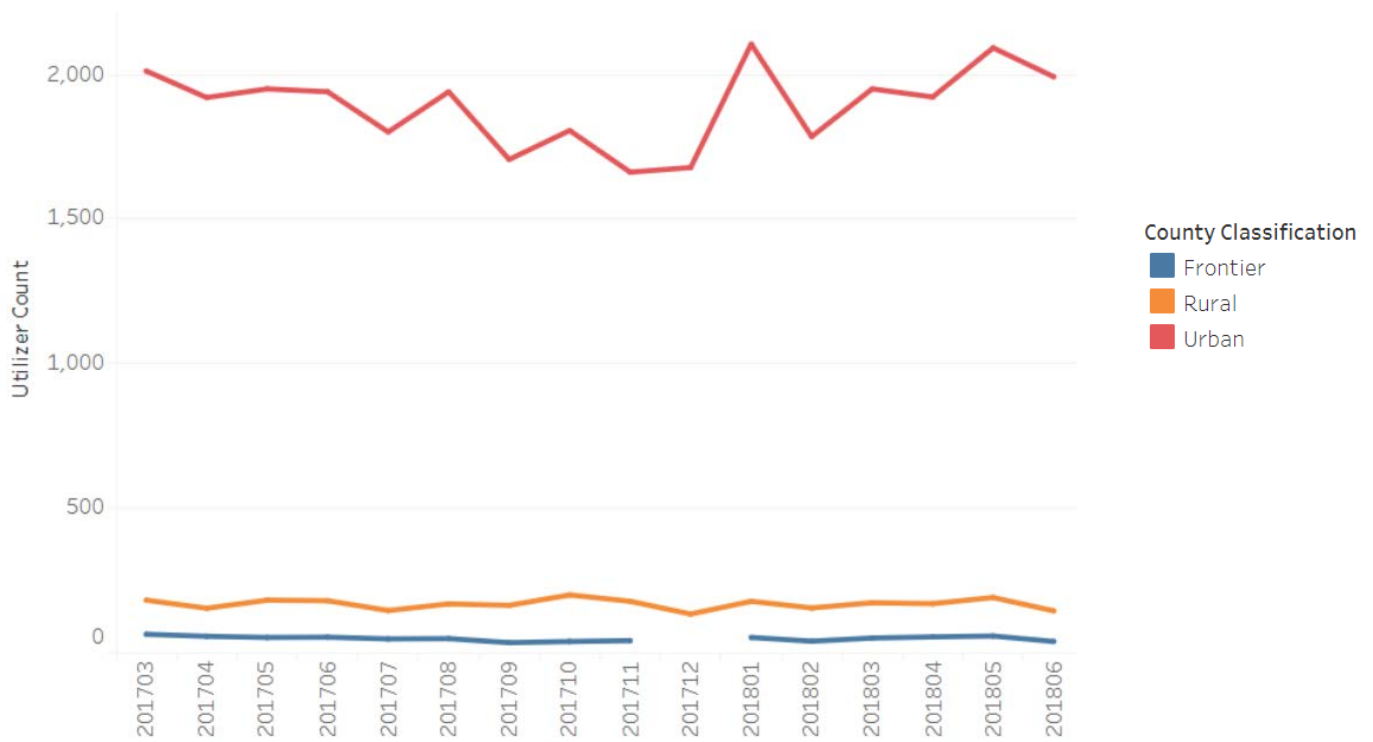
# Ambulatory Surgical Centers

## Top 10 Procedure Codes by Total Paid

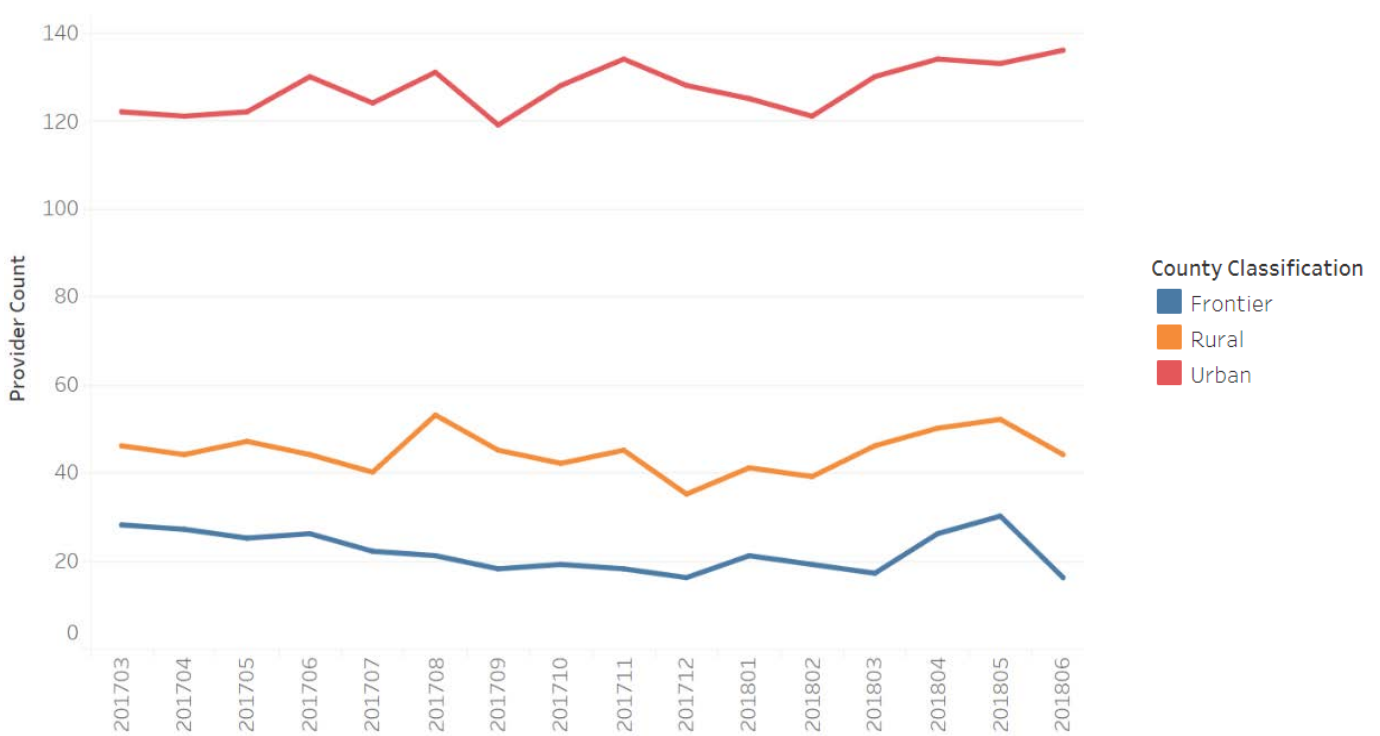
ASC Top 10 Procedure Codes							
Procedure Code	Procedure Description	Wage Index Region	Benchmark Source	Paid Amount*	Colorado Rate	Benchmark Rate	Rate Ratio
41899	DENTAL SURGERY PROCEDURE	All Colorado	Other States	\$2,088,941	\$1,077.13	\$650.61	165.56%
66984	CATARACT SURG W/IOL 1 STAGE	Denver, Aurora, Lakewood	Medicare	\$571,504	\$782.70	\$989.30	79.12%
43239	EGD BIOPSY SINGLE/MULTIPLE	Denver, Aurora, Lakewood	Medicare	\$496,908	\$358.73	\$397.11	90.34%
43239	EGD BIOPSY SINGLE/MULTIPLE	Colorado Springs, CO	Medicare	\$495,295	\$358.73	\$383.28	93.60%
66984	CATARACT SURG W/IOL 1 STAGE	Colorado Springs, CO	Medicare	\$329,852	\$782.70	\$954.85	81.97%
45380	COLONOSCOPY AND BIOPSY	Denver, Aurora, Lakewood	Medicare	\$327,038	\$358.73	\$510.91	70.21%
45380	COLONOSCOPY AND BIOPSY	Colorado Springs, CO	Medicare	\$317,756	\$358.73	\$493.12	72.75%
45378	DIAGNOSTIC COLONOSCOPY	Denver, Aurora, Lakewood	Medicare	\$239,978	\$358.73	\$388.42	92.36%
64483	INJ FORAMEN EPIDURAL L/S	Denver, Aurora, Lakewood	Medicare	\$220,920	\$267.86	\$398.83	67.16%
45385	COLONOSCOPY W/LESION REMOVAL	Denver, Aurora, Lakewood	Medicare	\$211,246	\$358.73	\$510.91	70.21%

\*Adjusted for claims incurred but not reported.

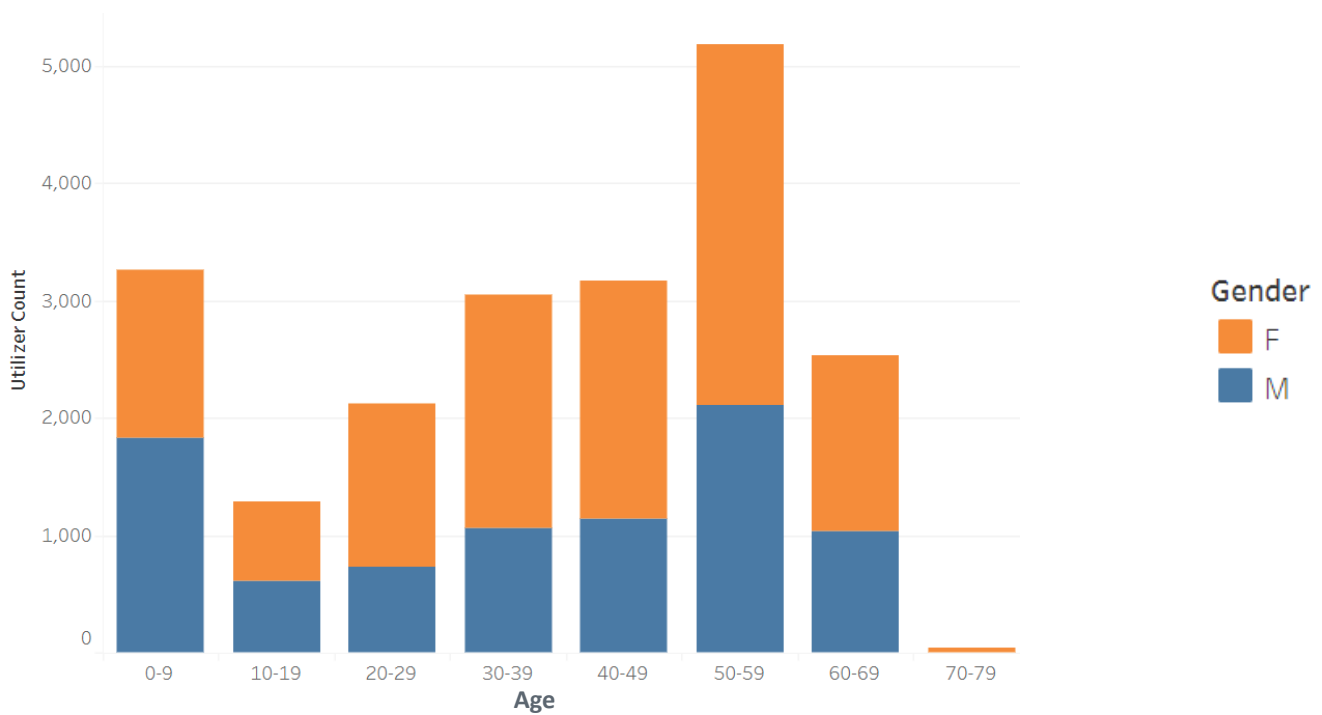
### Distinct Utilizers Over Time by Month



### Active Providers Over Time by Month



## Population Age and Gender



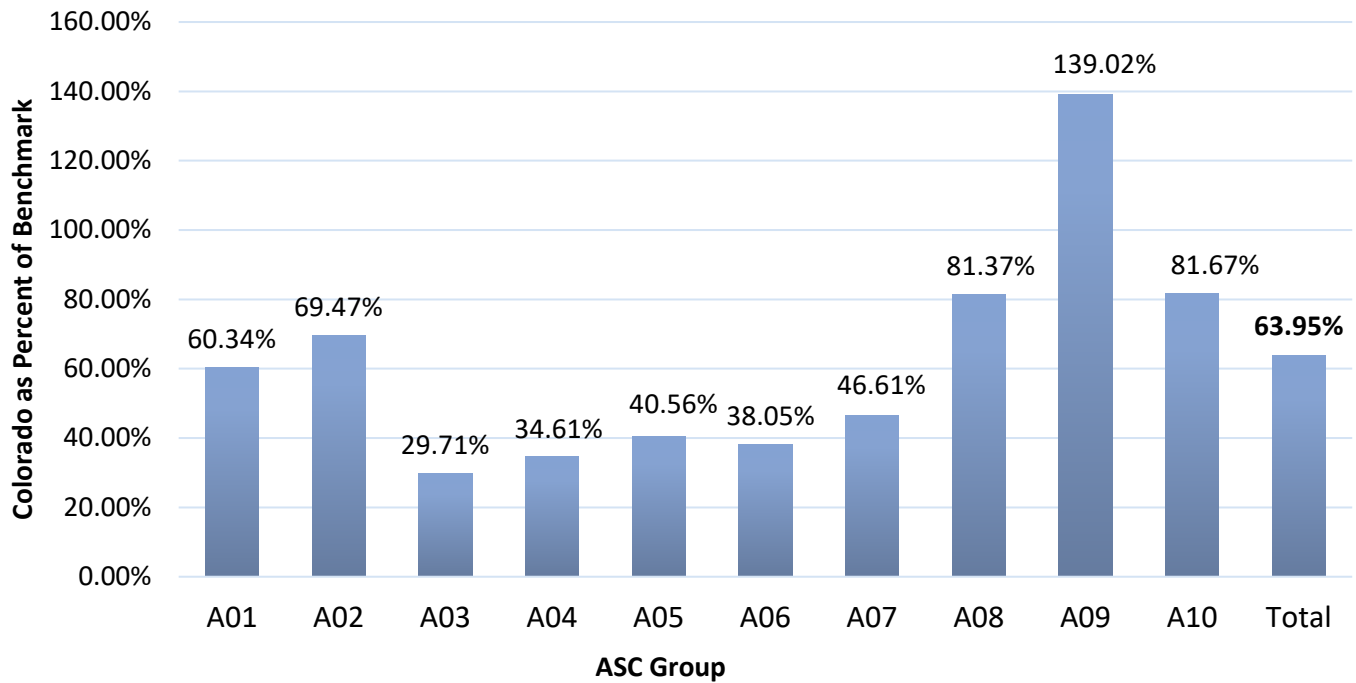
## Rate Comparison by Total Paid Units and Dollars<sup>2</sup>



<sup>2</sup> For the ASC scatterplot, circles represent total paid units for each ASC code grouping.



### Rate Comparisons by Code Grouping<sup>3</sup>



<sup>3</sup> The ASC rate comparison benchmark is broken down to show the percentage of each ASC code grouping compared to the benchmark. For more details regarding the ASC rate comparison methodology, please see Appendix B.



# Fee-for-Service Behavioral Health Services

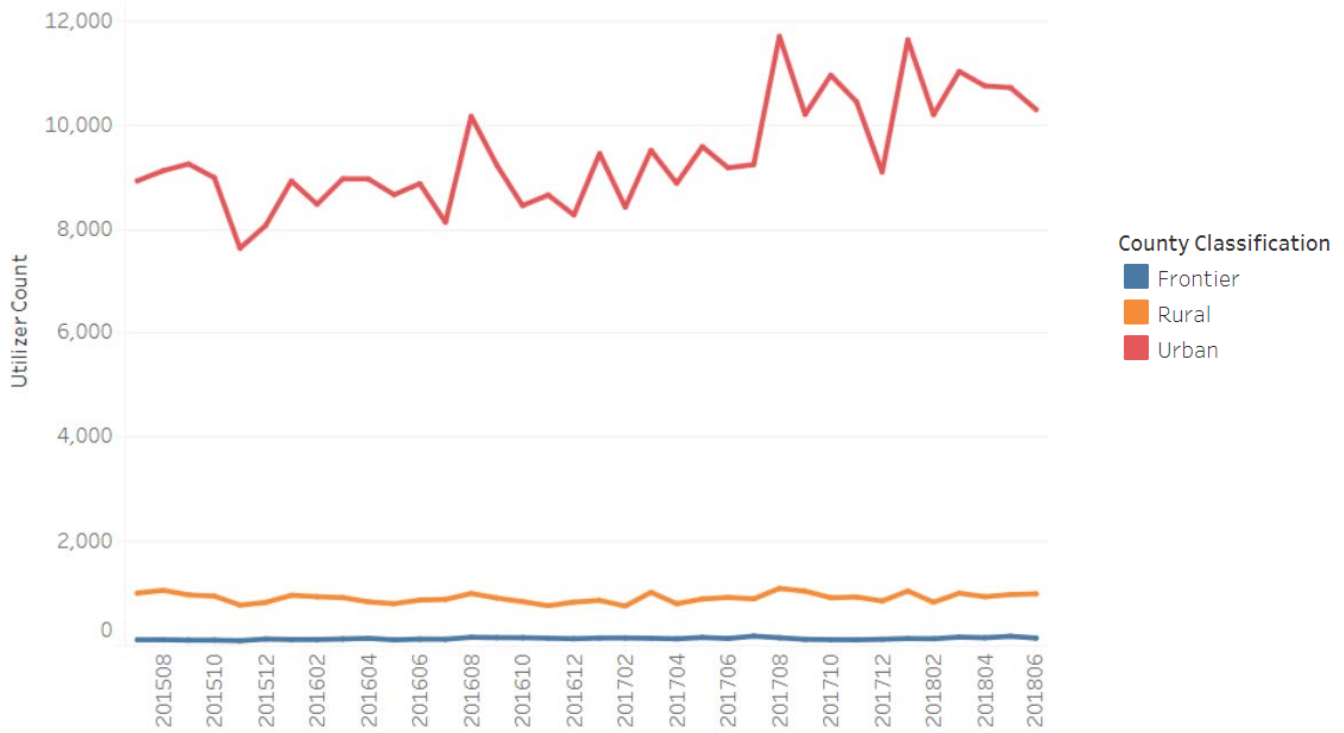
## Top 10 Procedure Codes by Total Paid

FFS Behavioral Health Top 10 Procedure Codes						
Procedure Code	Description	Paid Amount	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
96118	NEUROPSYCH TST BY PSYCH/PHYS	\$1,880,686	Medicare PFS	\$120.56	\$134.53	89.61%
96110	DEVELOPMENTAL SCREEN W/SCORE	\$1,824,386	Other States	\$17.85	\$14.97	119.27%
T1019	PERSONAL CARE SER PER 15 MIN	\$1,191,272	Other States	\$4.87	\$4.98	97.89%
90837	PSYTX W PT 60 MINUTES	\$778,460	Medicare PFS	\$103.23	\$137.56	75.04%
96101	PSYCHO TESTING BY PSYCH/PHYS	\$644,945	Medicare PFS	\$62.01	\$48.46	127.97%
90791	PSYCH DIAGNOSTIC EVALUATION	\$296,868	Medicare PFS	\$108.62	\$140.86	77.11%
H0005	ALCOHOL AND/OR DRUG SERVICES	\$178,747	Other States	\$30.16	\$13.04	231.23%
90792	PSYCH DIAG EVAL W/MED SRVCS	\$151,824	Medicare PFS	\$132.03	\$145.15	90.96%
96111	DEVELOPMENTAL TEST EXTEND	\$151,568	Medicare PFS	\$103.76	\$138.97	74.66%
96110	DEVELOPMENTAL SCREEN W/SCORE	\$98,657	Other States	\$18.21	\$14.97	121.68%

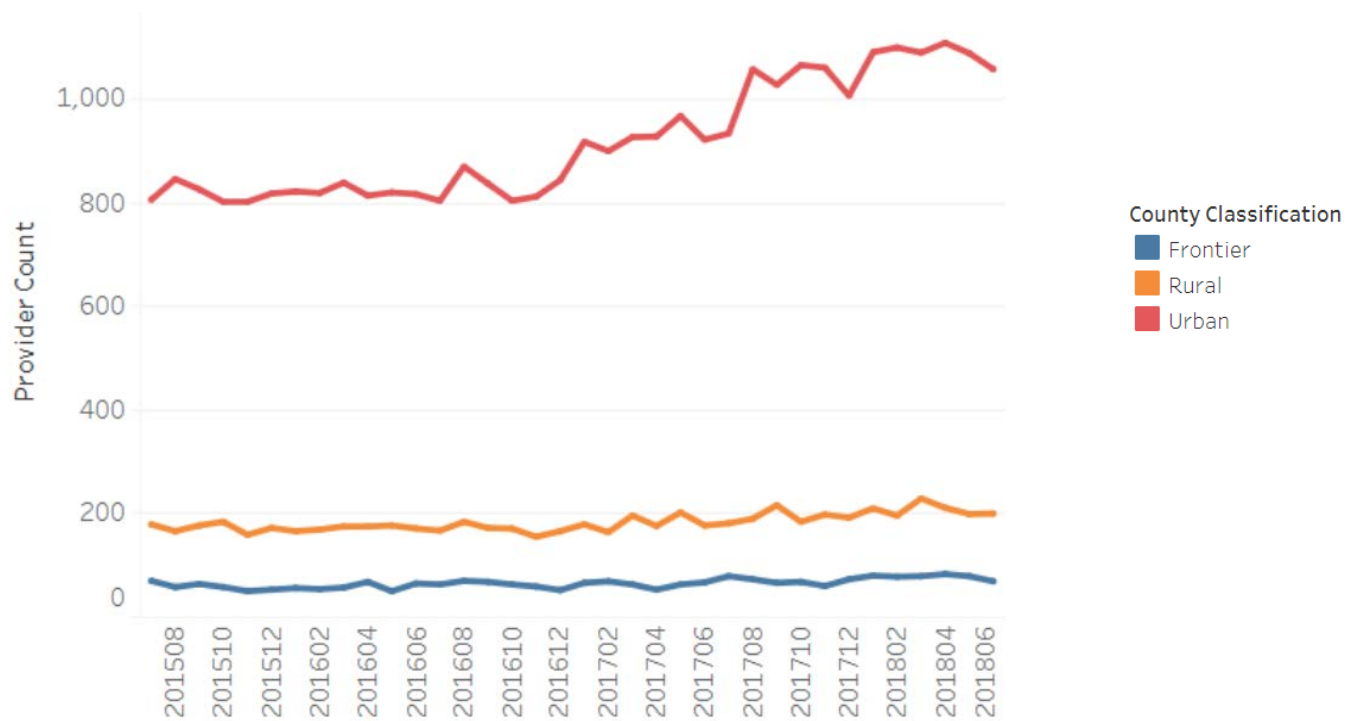
\*Adjusted for claims incurred but not reported



### Distinct Utilizers Over Time by Month

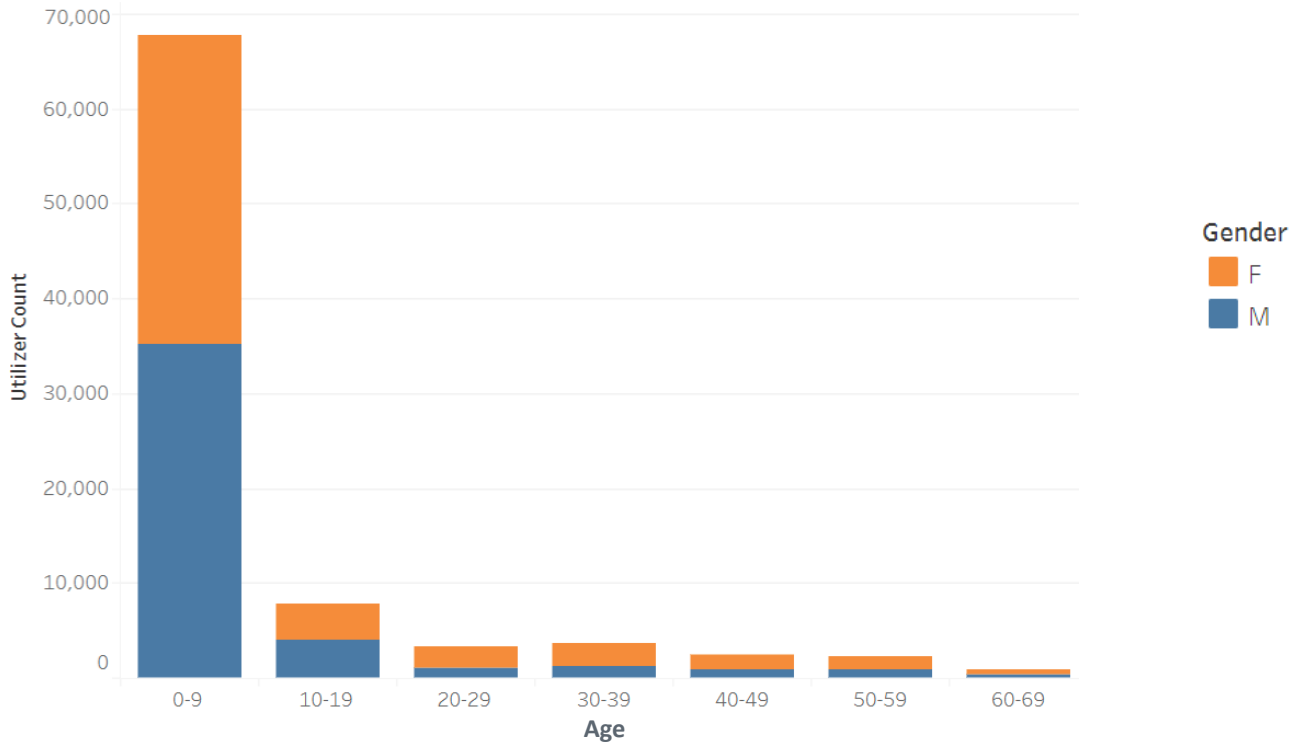


### Active Providers Over Time by Month

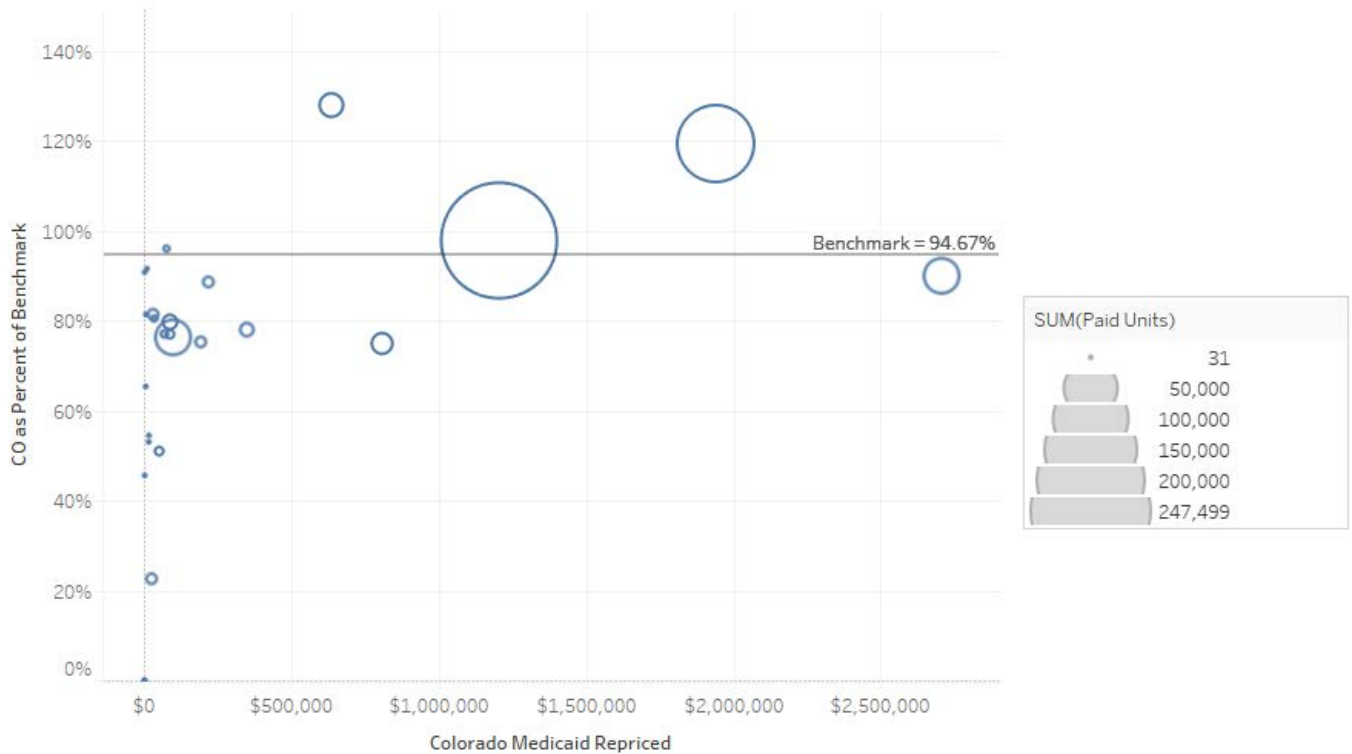




## Population Age and Gender



## Rate Comparison by Total Paid Units and Dollars



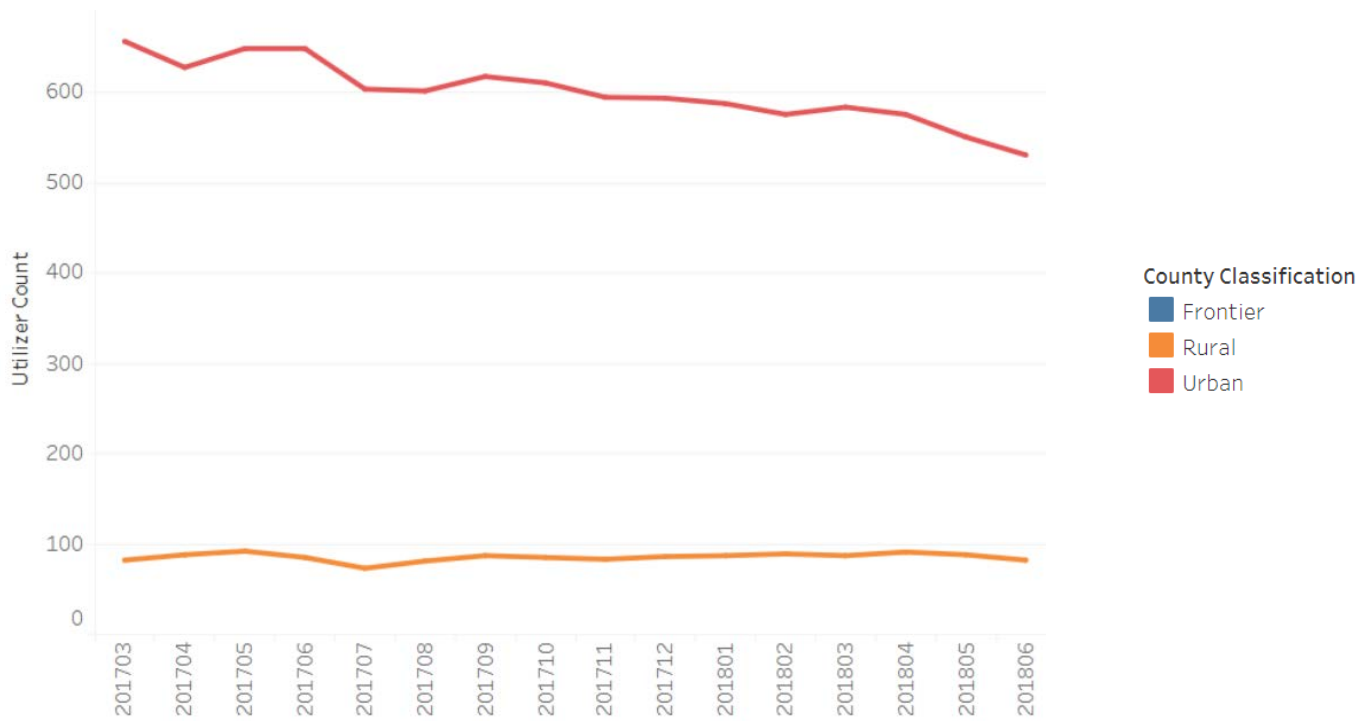
## Residential Child Care Facilities

### Top 10 Procedure Codes by Total Paid

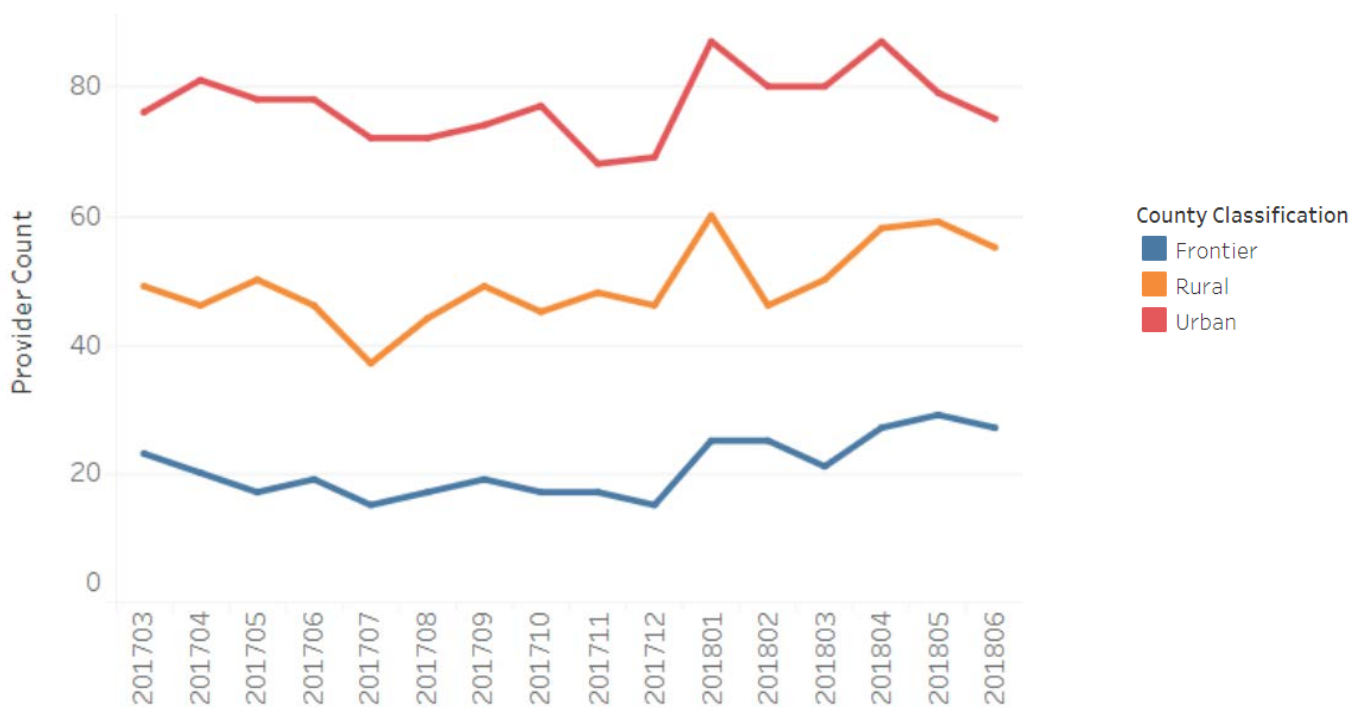
RCCF Top 10 Procedure Codes						
Procedure Code	Description	Paid Amount*	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
90837	PSYTX W PT 60 MINUTES	\$2,654,404	Other States	\$103.23	\$107.41	96.11%
90853	GROUP PSYCHOTHERAPY	\$1,780,570	Other States	\$12.12	\$25.79	47.00%
90832	PSYTX W PT 30 MINUTES	\$722,518	Other States	\$54.80	\$54.54	100.47%
90834	PSYTX W PT 45 MINUTES	\$709,289	Other States	\$70.54	\$77.52	91.00%
90847	FAMILY PSYTX W/PT 50 MIN	\$586,422	Other States	\$61.44	\$95.18	64.55%
90791	PSYCH DIAGNOSTIC EVALUATION	\$96,465	Other States	\$108.62	\$122.25	88.85%
90863	PHARMACOLOGIC MGMT W/PSYTX	\$77,229	Other States	\$33.20	\$40.68	81.62%
90846	FAMILY PSYTX W/O PT 50 MIN	\$62,966	Other States	\$58.57	\$82.89	70.66%
90792	PSYCH DIAG EVAL W/MED SRVCS	\$54,258	Other States	\$132.03	\$132.90	99.35%
90832	PSYTX W PT 30 MINUTES	\$39,171	Other States	\$54.80	\$52.79	103.81%

\*Adjusted for claims incurred but not reported

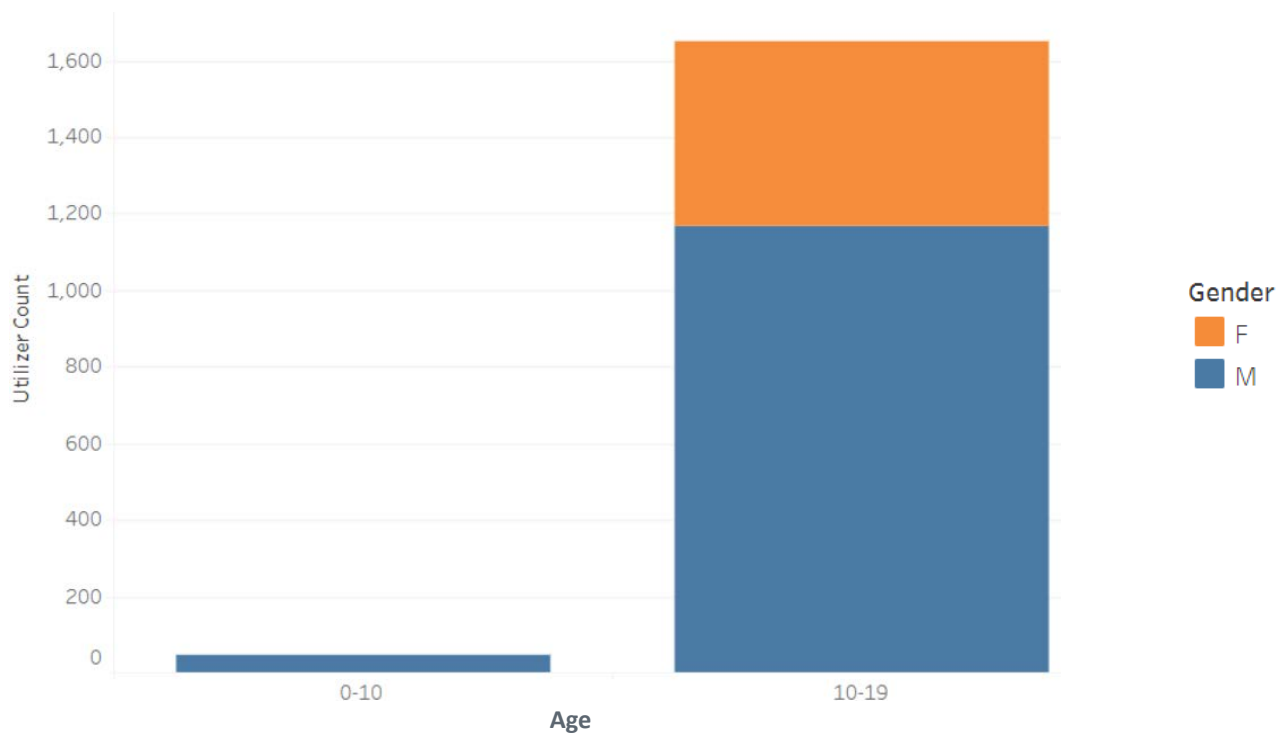
### Distinct Utilizers Over Time by Month



### Active Providers Over Time by Month



## Population Age and Gender



## Rate Comparison by Total Paid Units and Dollars



## Special Connections

### Top Procedure Codes

Special Connections Procedure Codes						
Procedure Code	Modifiers <sup>4</sup>	Service Description	Unit	Colorado Rate	Benchmark Rate	Rate Ratio
H0004	HD	Behavioral health counseling and therapy	15 Minutes	\$14.04	\$28.31	<b>49.59%</b>
H0004	HD, HQ	Behavioral health counseling and therapy	15 Minutes	\$7.50	\$28.31	<b>26.51%</b>
H1000	HD	Prenatal care, at-risk assessment	Per Assessment	\$105.39	\$16.71	<b>630.72%</b>
H1002	HD	Prenatal care, at-risk enhanced service; care coordination	Per Encounter	\$8.79	\$48.79	<b>18.01%</b>
H1003	HD	Prenatal at-risk education	Per Encounter	\$3.62	\$36.96	<b>9.78%</b>
H2036	HD	A/d tx program	Per Day	\$192.10	\$167.72	<b>114.54%</b>

<sup>4</sup> Other states did not tend to use the same modifiers as Colorado, so the Department applied the same comparison rate for H0004-HD and H0004-HQ.

# Dialysis and End-Stage Renal Disease Services

## Top Revenue and Procedure Codes by Total Paid

Dialysis and ESRD Top 10 Revenue Codes - Facility							
Wage Index Region	Revenue Code	Condition Code	Age Band	Paid Amount*	Colorado Rate	Benchmark Rate	Rate Ratio
Denver, Aurora, Lakewood	821		45 - 59	\$1,825,640	\$203.23	\$254.49	79.86%
Denver, Aurora, Lakewood	821		18 - 44	\$1,486,348	\$203.23	\$299.52	67.85%
Denver, Aurora, Lakewood	821		60 - 69	\$939,323	\$203.23	\$254.96	79.71%
Denver, Aurora, Lakewood	851	74	18 - 44	\$287,672	\$203.23	\$128.37	158.32%
Colorado Springs, CO	821		45 - 59	\$280,484	\$188.54	\$245.22	76.89%
Denver, Aurora, Lakewood	851	74	45 - 59	\$259,705	\$203.23	\$109.07	186.34%
Rural Colorado	821		45 - 59	\$211,113	\$196.01	\$253.56	77.30%
Denver, Aurora, Lakewood	851	74	60 - 69	\$194,931	\$203.23	\$109.27	185.99%
Colorado Springs, CO	821		18 - 44	\$163,129	\$188.54	\$288.62	65.32%
Greeley, CO	821		45 - 59	\$158,703	\$192.30	\$238.89	80.50%

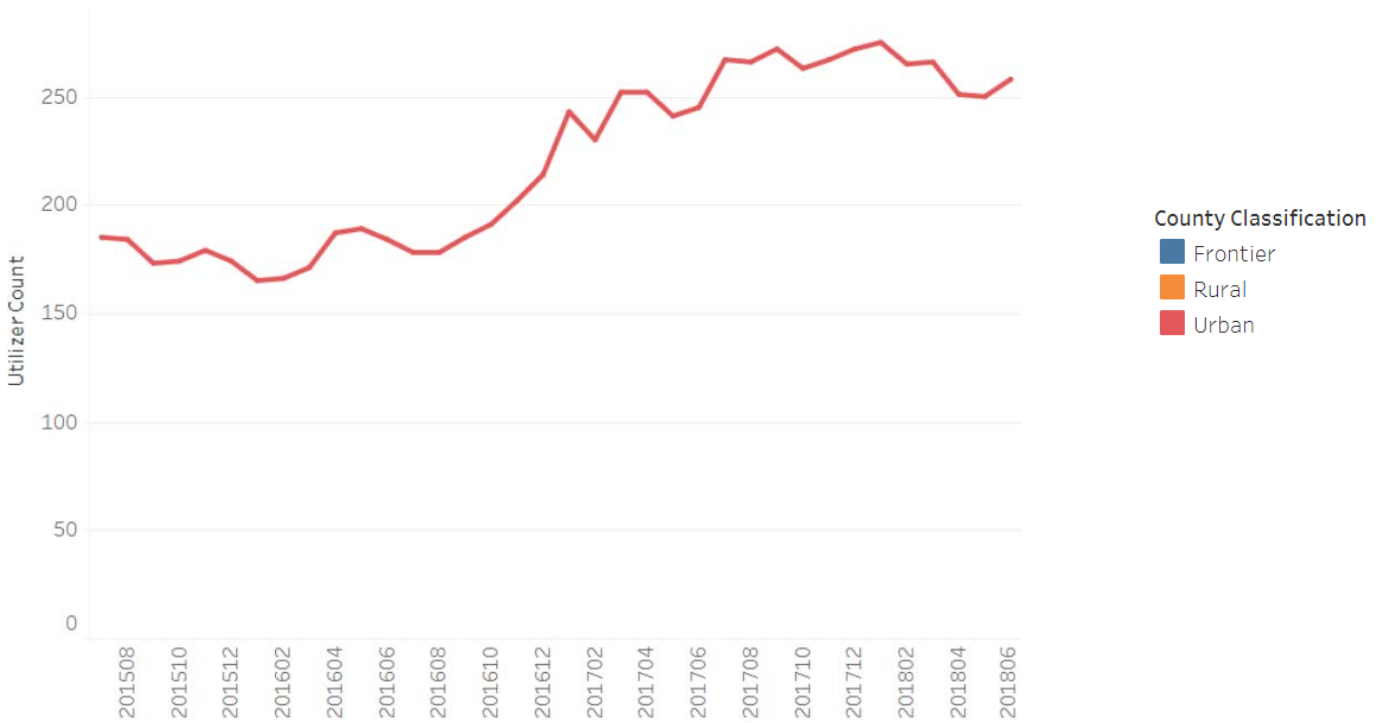
\*Adjusted for claims incurred but not reported

Dialysis and ESRD Top Procedure Codes – Professional						
Procedure Code	Description	Paid Amount*	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
90966	ESRD HOME PT SERV P MO 20+	\$37,659	Medicare PFS	\$166.78	\$243.99	68.36%
90937	HEMODIALYSIS REPEATED EVAL	\$7,767	Medicare PFS	\$102.29	\$106.96	95.63%
90989	DIALYSIS TRAINING COMPLETE	PHI	Other States	\$500.05	\$457.30	109.35%
90963	ESRD HOME PT SERV P MO <2YRS	PHI	Medicare PFS	\$403.01	\$559.79	71.99%

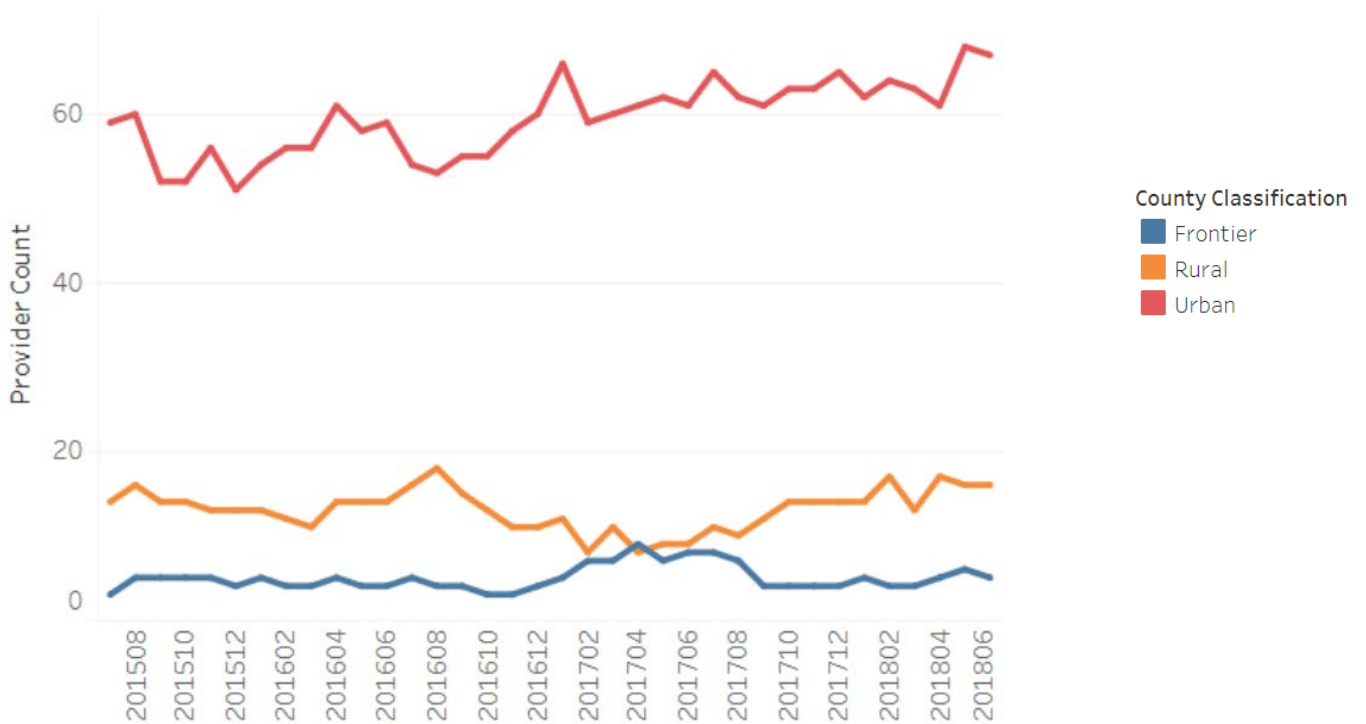
\*Adjusted for claims incurred but not reported



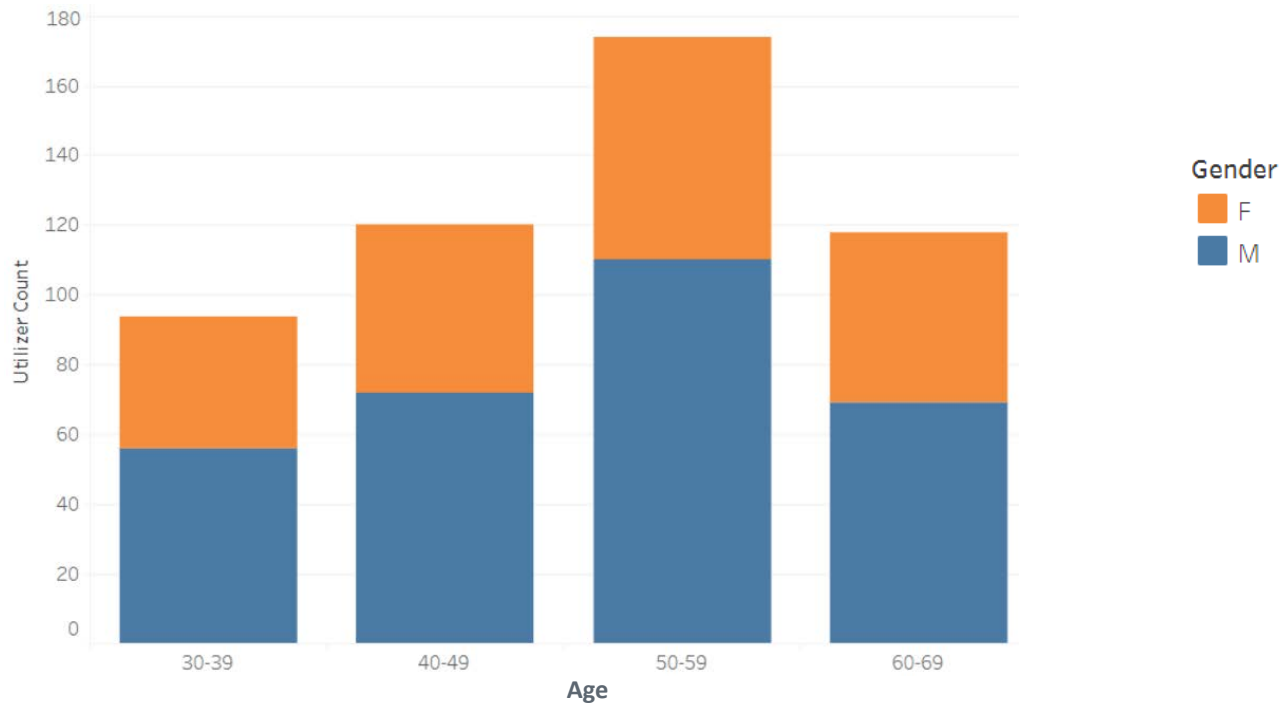
### Distinct Utilizers Over Time by Month



### Active Providers Over Time by Month



## Population Age and Gender



## Rate Comparison by Total Paid Units and Dollars - Facility<sup>5</sup>

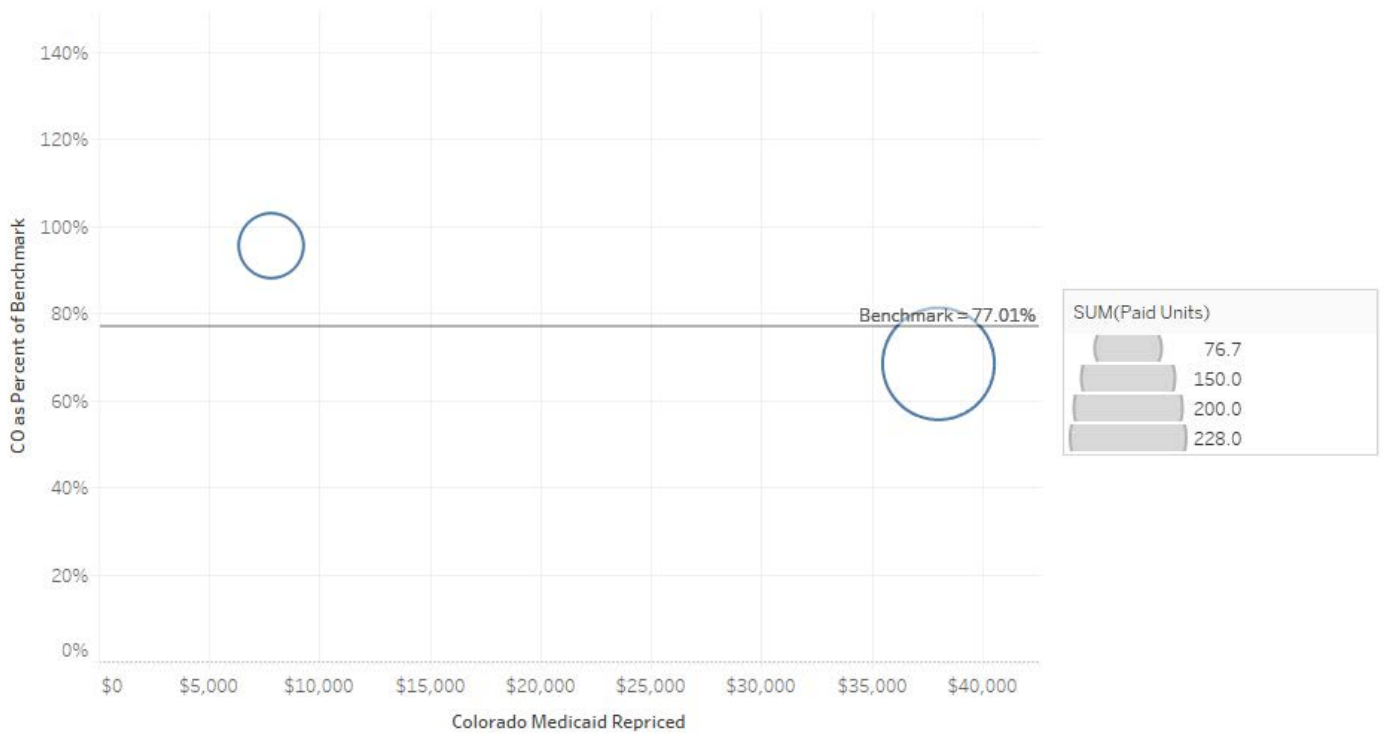


<sup>5</sup> For the dialysis and ESRD facility scatterplot, circles represent Total Paid Units for each Wage Index Region.

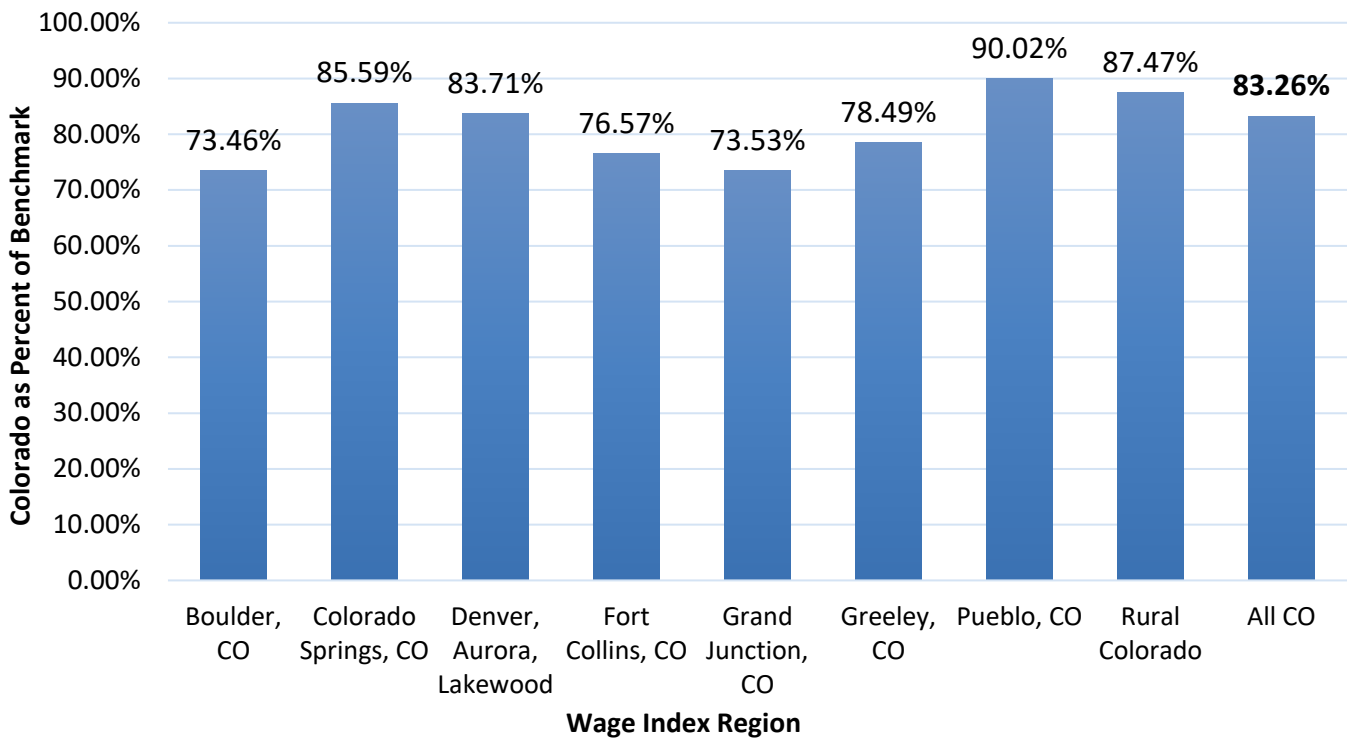




## Rate Comparison by Total Paid Units and Dollars – Professional



## Rate Comparison by Wage Index Region



# Durable Medical Equipment

## Top 10 Procedure Codes by Total Paid

DME Top 10 Procedure Codes – Medicare Upper Payment Limit (UPL)							
Procedure Code	Procedure Description	Paid Amount*	UPL Status	Benchmark Fee Schedule	Colorado Rate	Benchmark Rate	Rate Ratio
E1390	OXYGEN CONCENTRATOR	\$7,405,338	UPL	Medicare CBA Denver	\$73.88	\$73.88	100.00%
E1390	OXYGEN CONCENTRATOR	\$4,499,180	UPL	Medicare DMEPOS	\$73.80	\$73.80	100.00%
E0466	HOME VENT NON-INVASIVE INTER	\$4,417,282	UPL	Medicare DMEPOS	\$934.17	\$934.17	100.00%
E1390	OXYGEN CONCENTRATOR	\$4,267,260	UPL	Medicare DMEPOS	\$134.71	\$134.71	100.00%
E1390	OXYGEN CONCENTRATOR	\$3,406,858	UPL	Medicare CBA CO Springs	\$75.31	\$75.31	100.00%
E0465	HOME VENT INVASIVE INTERFACE	\$2,582,769	UPL	Medicare DMEPOS	\$934.17	\$934.17	100.00%
E0748	ELEC OSTEOGEN STIM SPINAL	\$1,635,732	UPL	Medicare DMEPOS	\$4,479.68	\$4,479.68	100.00%
E0784	EXT AMB INFUSN PUMP INSULIN	\$1,354,893	UPL	CO DME UPL	\$4,370.50	\$4,370.50	100.00%
E0441	STATIONARY O2 CONTENTS, GAS	\$1,188,688	UPL	Medicare DMEPOS	\$51.30	\$51.30	100.00%
E0441	STATIONARY O2 CONTENTS, GAS	\$1,149,562	UPL	Medicare CBA Denver	\$50.81	\$50.81	100.00%

\*Adjusted for claims incurred but not reported

DME Top 10 Procedure Codes – Medicare Non-UPL							
Procedure Code	Procedure Description	Paid Amount*	UPL Status	Benchmark Fee Schedule	Colorado Rate	Benchmark Rate	Rate Ratio
K0606	AED GARMENT W ELEC ANALYSIS	\$429,414	Non-UPL	Medicare DMEPOS	\$1,591.43	\$2,899.50	54.89%
E0562	HUMIDIFIER HEATED USED W PAP	\$372,157	Non-UPL	Medicare CBA Denver	\$239.70	\$136.56	175.53%
E0562	HUMIDIFIER HEATED USED W PAP	\$266,024	Non-UPL	Medicare DMEPOS	\$239.70	\$133.55	179.48%
E0562	HUMIDIFIER HEATED USED W PAP	\$139,309	Non-UPL	Medicare DMEPOS	\$239.70	\$223.90	107.06%
E0973	W/CH ACCESS DET ADJ ARMREST	\$109,517	Non-UPL	Medicare CBA Denver	\$128.12	\$47.97	267.08%



E0562	HUMIDIFIER HEATED USED W PAP	\$108,282	Non-UPL	Medicare CBA CO Springs	\$239.70	\$137.95	173.76%
E2622	ADJ SKIN PRO W/C CUS WD<22IN	\$49,623	Non-UPL	Medicare DMEPOS	\$365.40	\$303.58	120.36%
E2620	WC PLANAR BACK CUSH WD <22IN	\$48,767	Non-UPL	Medicare CBA Denver	\$605.11	\$389.90	155.20%
E0667	SEG PNEUMATIC APPL FULL LEG	\$47,277	Non-UPL	Medicare DMEPOS	\$281.43	\$316.86	88.82%
E2607	SKIN PRO/POS WC CUS WD <22IN	\$42,427	Non-UPL	Medicare CBA Denver	\$334.52	\$210.13	159.20%

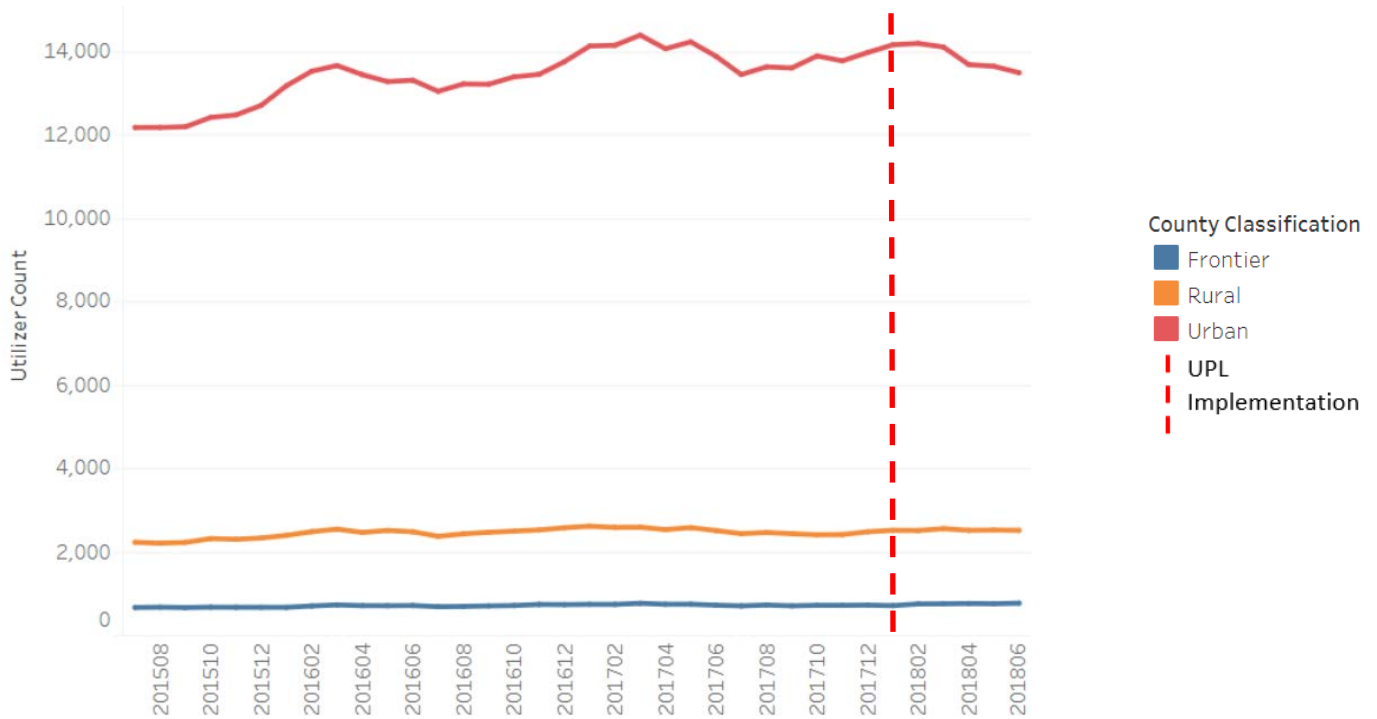
\*Adjusted for claims incurred but not reported

DME Top 10 Procedure Codes – Other States Non-UPL							
Procedure Code	Procedure Description	Paid Amount*	UPL Status	Benchmark Fee Schedule	Colorado Rate	Benchmark Rate	Rate Ratio
E1007	PWR SEAT COMBO W/SHEAR	\$617,822	Non-UPL	Other States	\$8,323.83	\$8,394.56	99.16%
E0445	OXIMETER NON-INVASIVE	\$484,167	Non-UPL	Other States	\$367.17	\$455.44	80.62%
K0739	REPAIR/SVC DME NON-OXYGEN EQ	\$373,737	Non-UPL	Other States	\$26.57	\$13.77	192.98%
E1028	W/C MANUAL SWINGAWAY	\$344,512	Non-UPL	Other States	\$228.19	\$182.46	125.06%
E1002	PWR SEAT TILT	\$261,392	Non-UPL	Other States	\$4,298.60	\$3,913.48	109.84%
E0986	MAN W/C PUSH-RIM POWR SYSTEM	\$225,511	Non-UPL	Other States	\$5,374.10	\$4,568.07	117.64%
E2311	ELECTRO CONNECT BTW 2 SYS	\$198,049	Non-UPL	Other States	\$2,034.90	\$2,275.23	89.44%
E0218	WATER CIRC COLD PAD W PUMP	\$168,634	Non-UPL	Other States	\$354.75	\$431.30	82.25%
E0202	PHOTOTHERAPY LIGHT W/ PHOTOM	\$142,801	Non-UPL	Other States	\$51.99	\$112.35	46.28%
E1012	CTR MOUNT PWR ELEV LEG REST	\$85,087	Non-UPL	Other States	\$1,089.16	\$1,054.70	103.27%

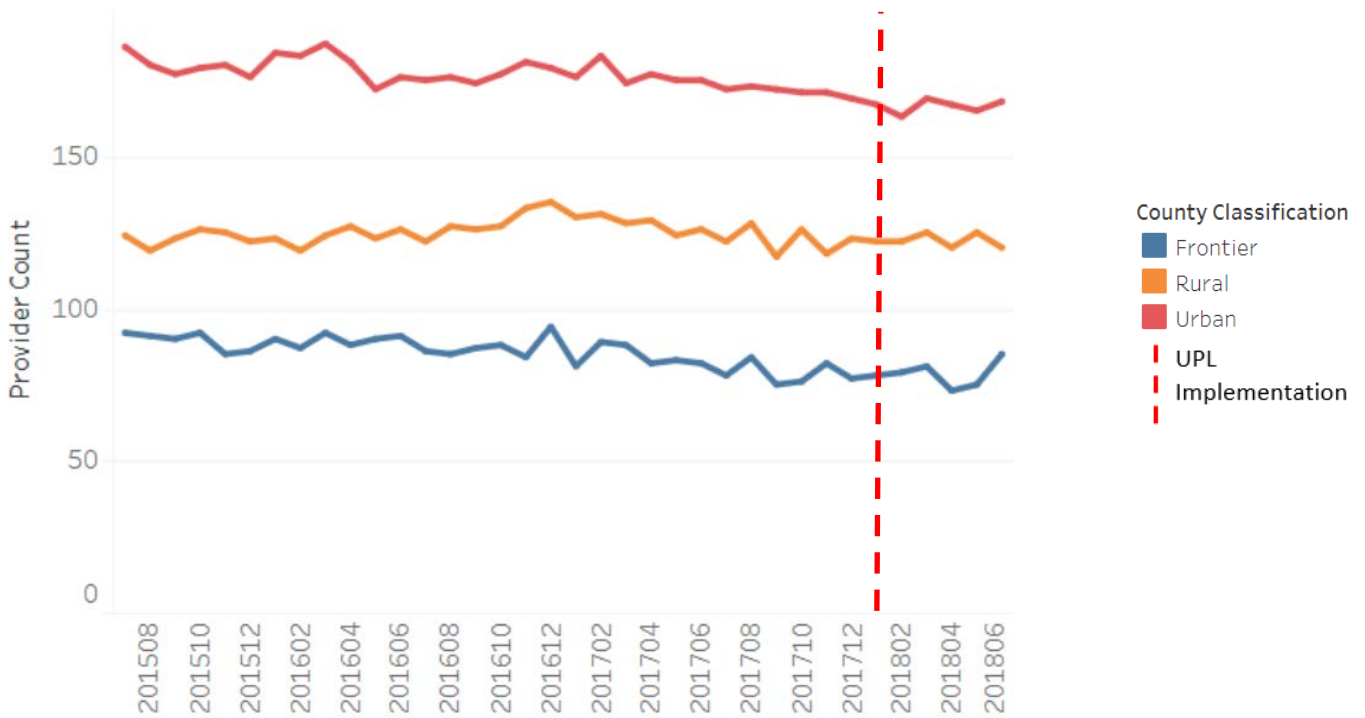
\*Adjusted for claims incurred but not reported



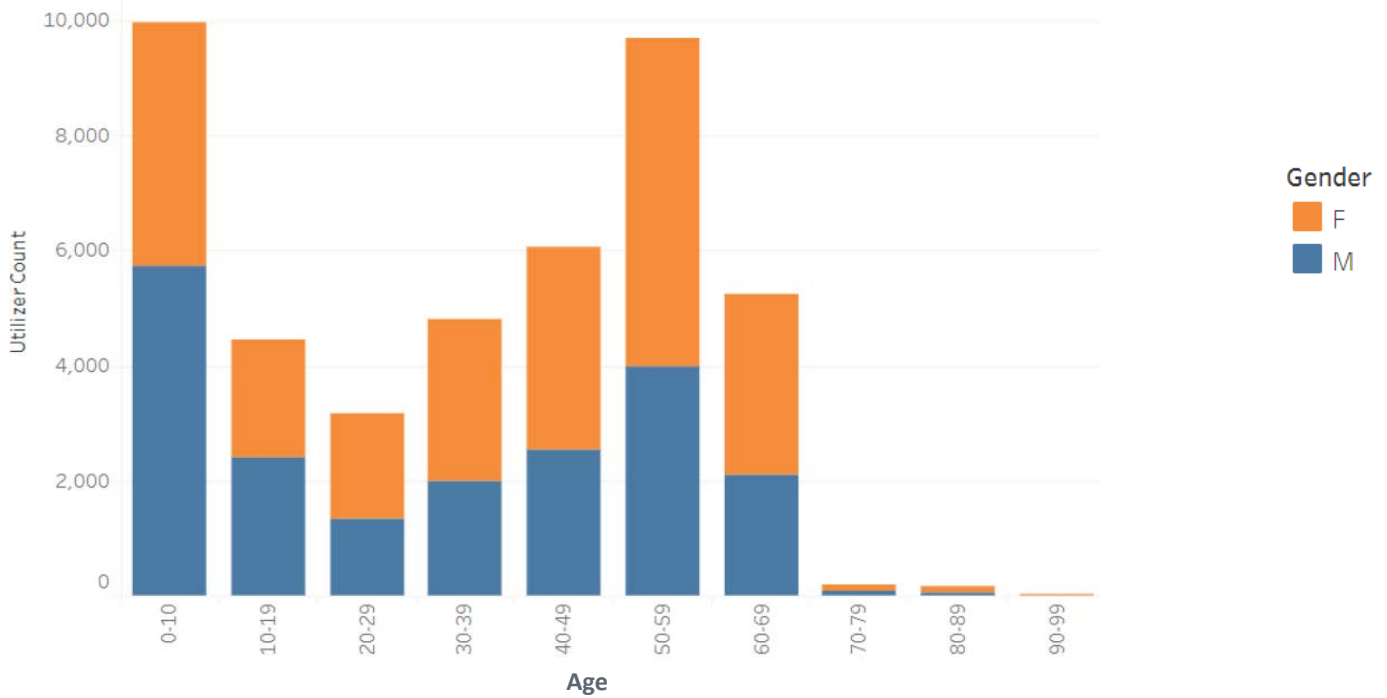
### Distinct Utilizers Over Time by Month



### Active Providers Over Time by Month



## Population Age and Gender



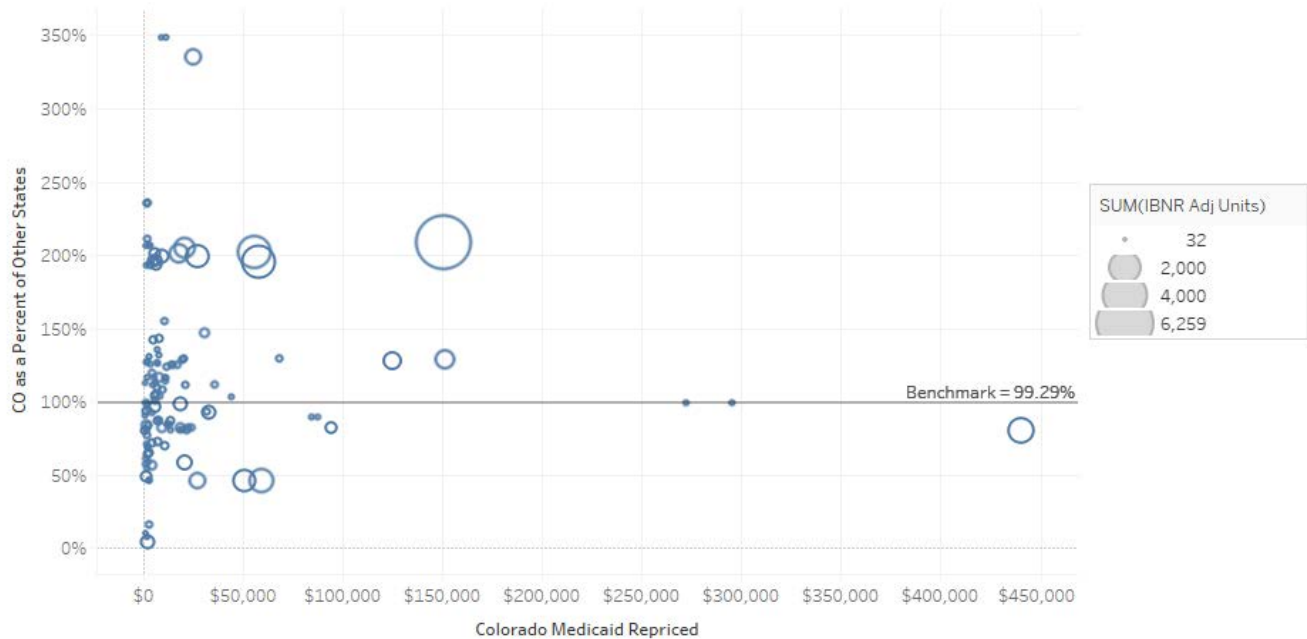
## Rate Comparison by Total Paid Units and Dollars – Medicare UPL



## Rate Comparison by Total Paid Units and Dollars – Medicare Non-UPL<sup>6</sup>

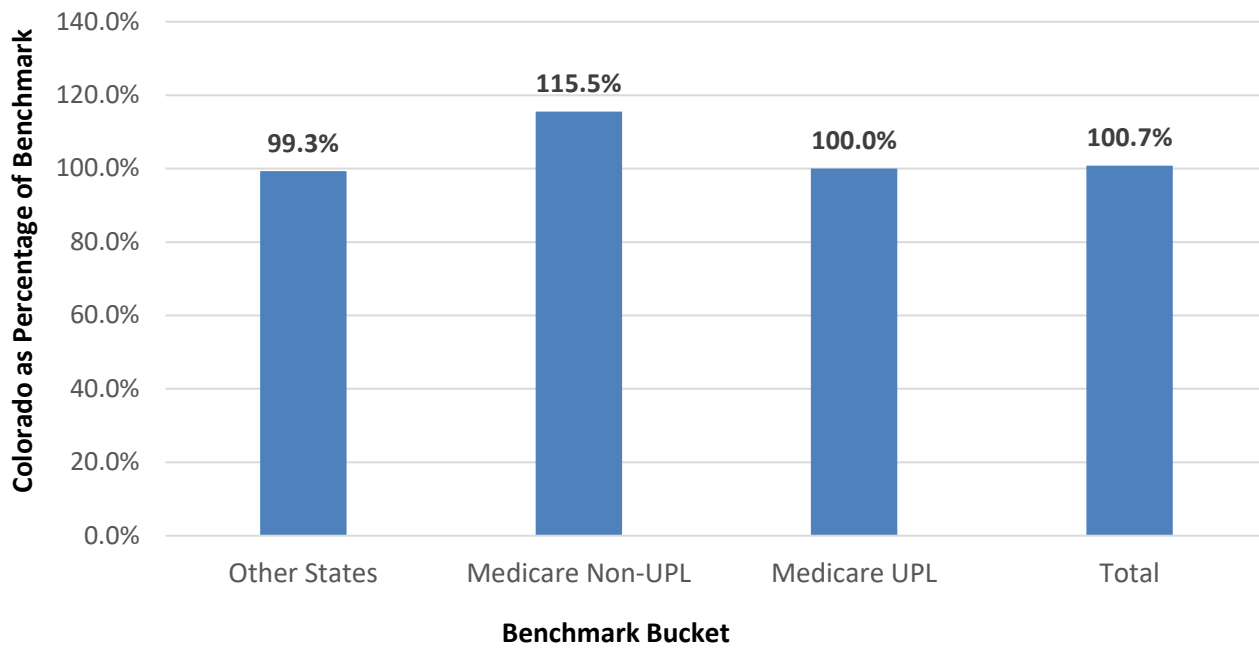


## Rate Comparison by Total Paid Units and Dollars – Other States Non-UPL

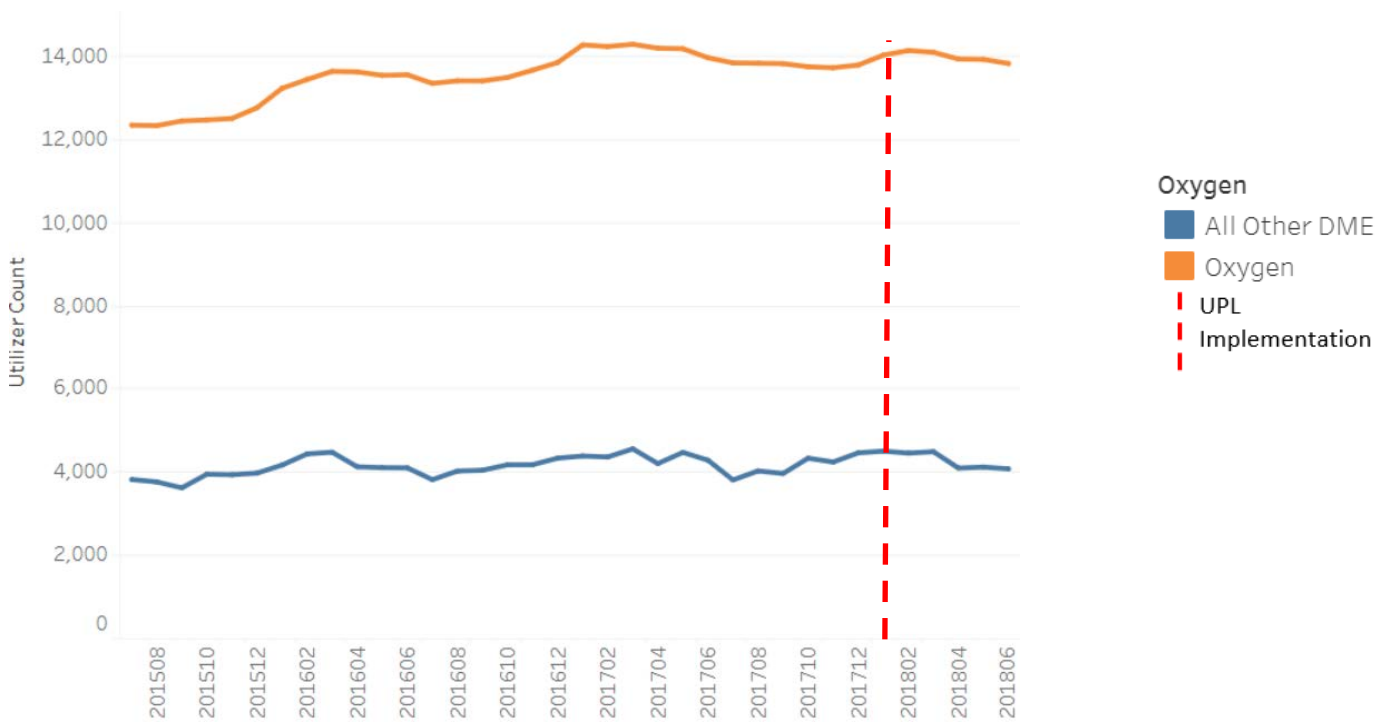


<sup>6</sup> On average, Colorado Medicaid payments for DME not subject to the UPL are 104.83% of the benchmark for both Medicare and other states' comparisons. Please see page 46 of the 2019 Analysis Report for the weighted average benchmark comparison.

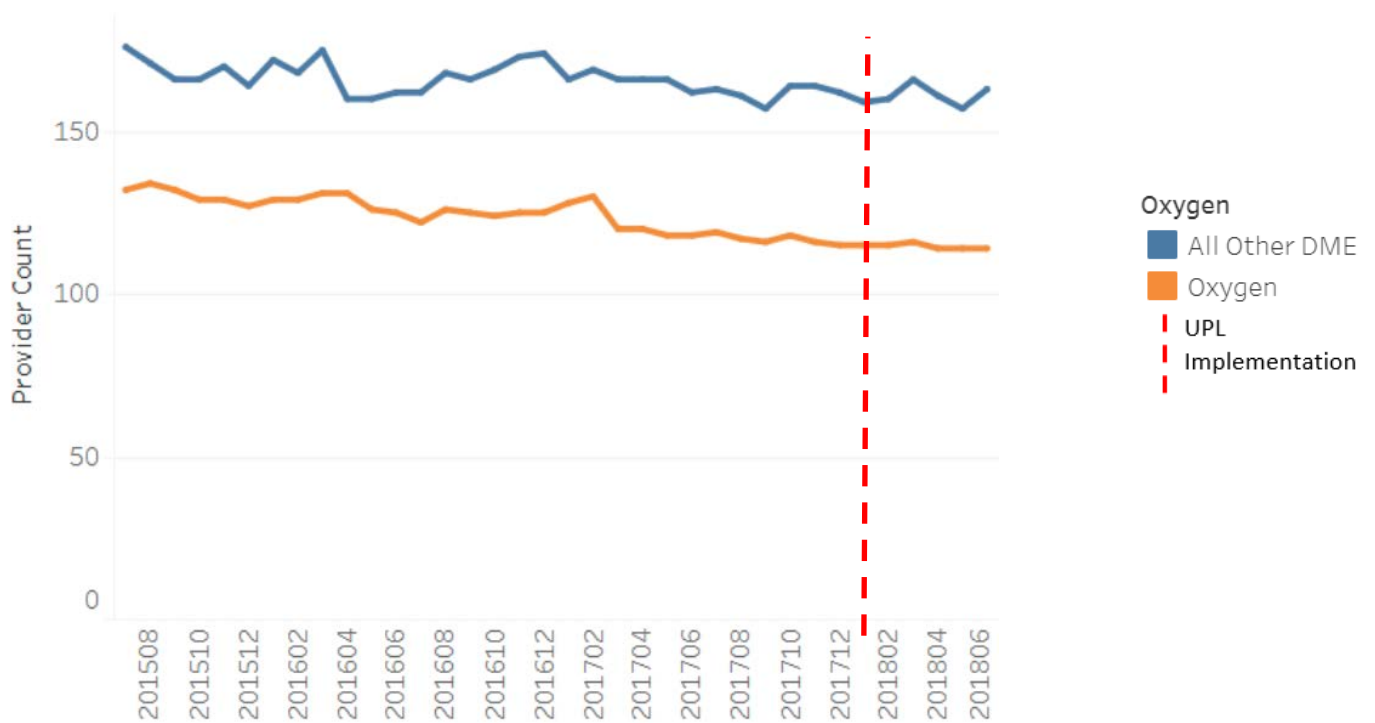
## Rate Comparison by Benchmark Bucket



### Oxygen Services – Utilizers Over Time by Month

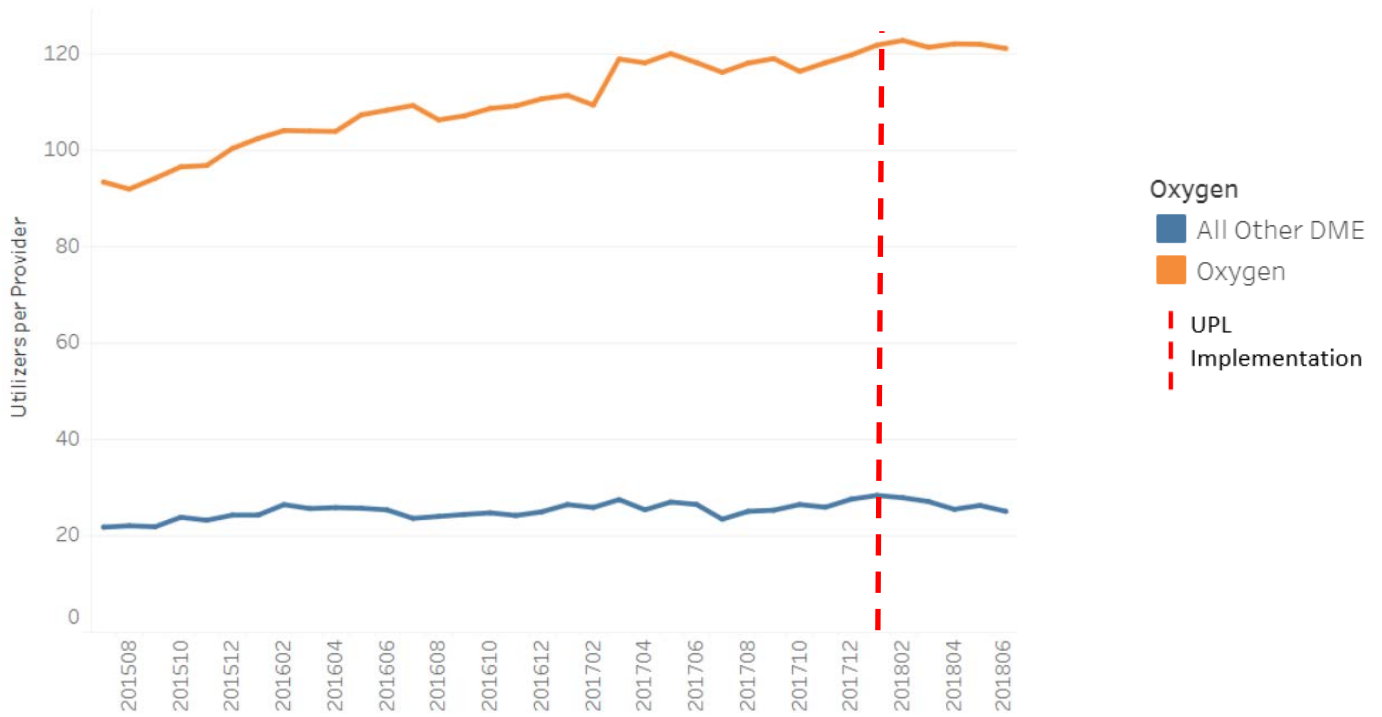


### Oxygen Services – Active Providers Over Time by Month

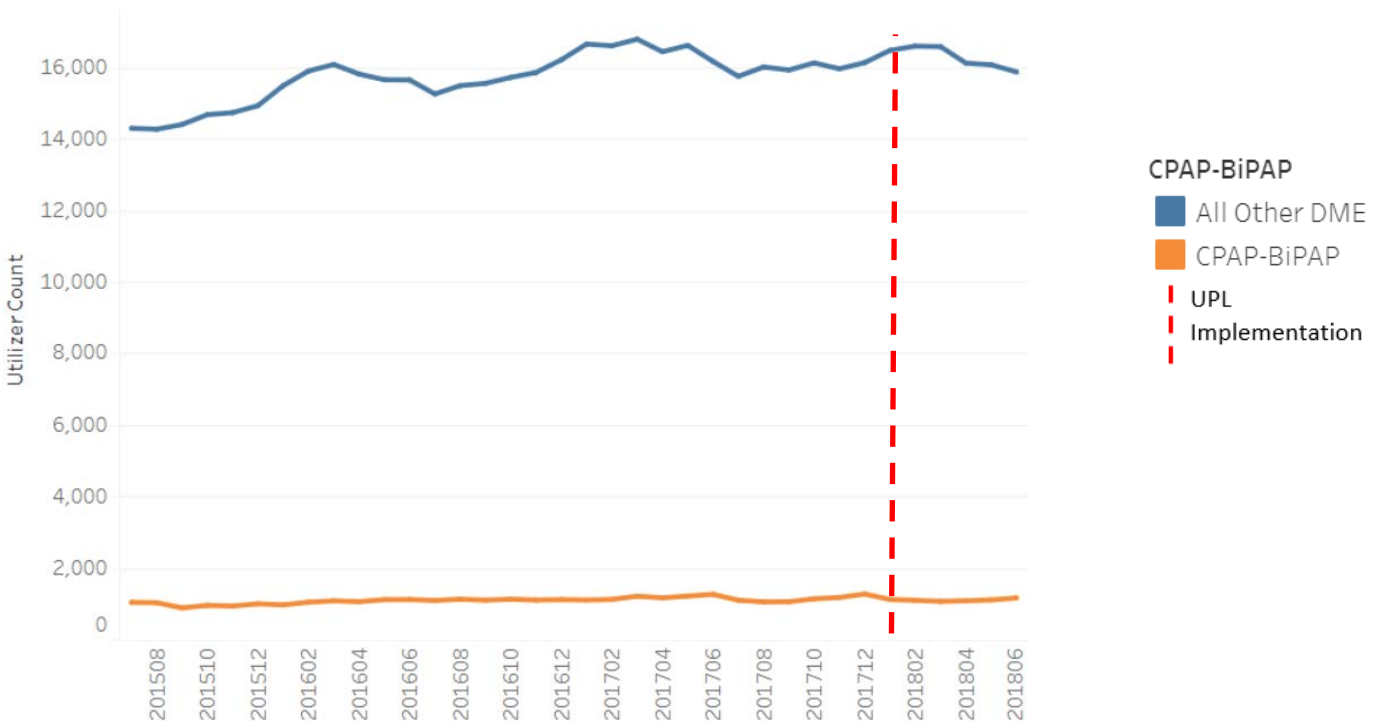




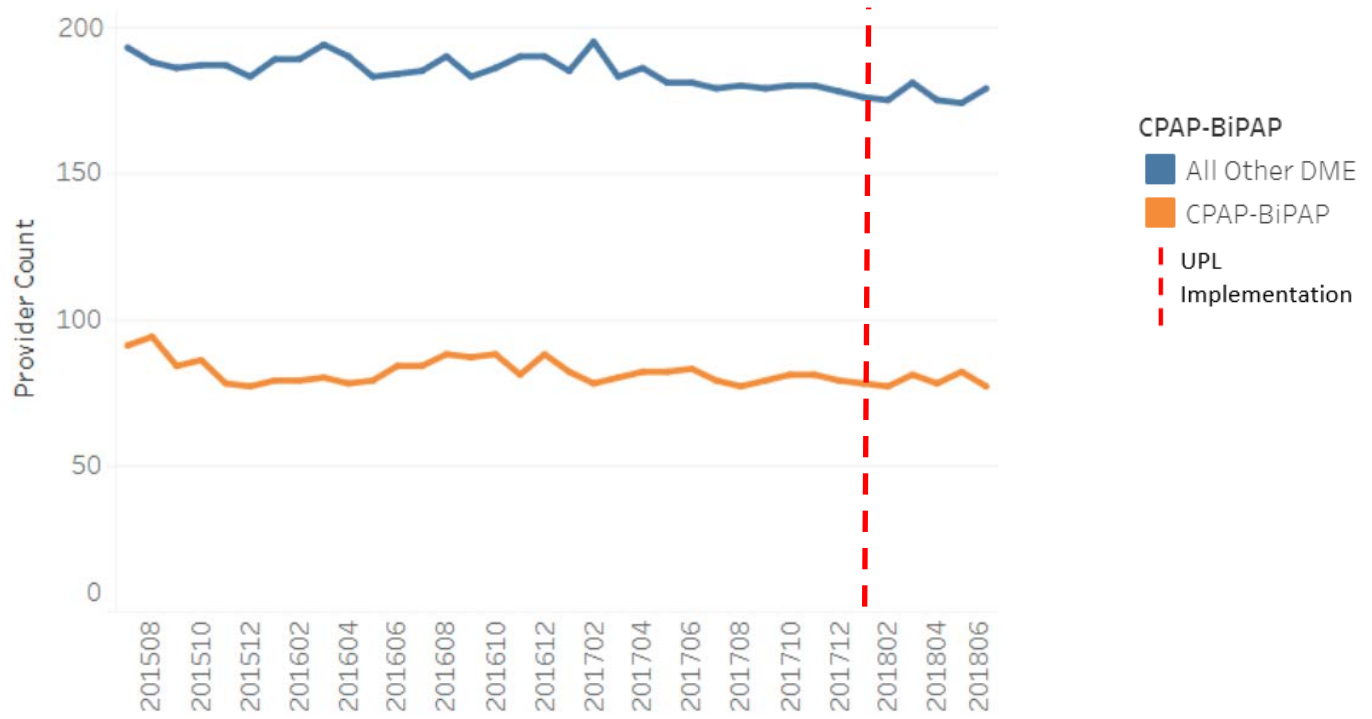
### Oxygen Services – Utilizers per Provider (Panel Size)



### CPAP/BiPAP Services – Distinct Utilizers Over Time by Month



### CPAP/BiPAP Services – Active Providers Over Time by Month



### CPAP/BiPAP Services – Utilizers per Provider (Panel Size)

