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# Colorado Medicaid Rate Review Year 2 Cycle 2

## Service Summary Tables

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**FEBRUARY 1, 2022**

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# Summary

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- Services and Base Data
- Service Summaries
  - Summary Statistics
    - CY 2020 Expenditures
    - Distinct Utilizers
    - Distinct Billing Providers
    - Distinct Rendering Providers
  - Top 10 Code/Modifier Combinations
- NOTE: ALL FIGURES SHOWN ARE DRAFT

# Services and Base Data

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- SERVICE LIST
- VALIDATIONS

# Services and Base Data – Service List

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- Physician Services
  - Cardiology
  - Cognitive Capabilities Assessment
  - Ear, Nose, & Throat
  - Gastroenterology
  - Health Education Services
  - Ophthalmology
  - Primary Care and E&M Services
  - Radiology
  - Respiratory
  - Vaccines & Immunizations
  - Vascular
  - Women's Health & Family Planning Services
  - Other Physician Services
- Dialysis and Nephrology
- Laboratory and Pathology
- Injections/ Misc. J-Codes
- Vision

# Services and Base Data – Validations

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- Received 3 years of FFS data
  - January 1, 2018 – December 31, 2020 Incurred Claims
  - January 1, 2018 – December 31, 2019 used for validation and adjustment purposes only
  - Only CY 2020 will be utilized in the analysis to base results on most recent experience
- Validation steps:
  - Longitudinal paid, utilization, and record count analysis
  - Match against Enrollment file to be completed once data becomes available

# Services and Base Data – CY20 Validations

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Service	Record Count	Allowed Units	Paid Dollars
Dialysis-Facility	59,770	60,152	\$12,013,282
Dialysis-Non Facility	10,157	13,057	\$1,107,528
Lab-Path	5,238,763	5,560,225	\$112,812,411
Injections	11,830	23,293	\$1,926,989
Vision	910,841	1,273,426	\$48,654,219
Ophthalmology	380,961	389,249	\$25,022,837
Cardiology	481,002	490,794	\$15,476,617
Cognitive	243,068	288,147	\$7,825,312
Vascular	155,360	155,589	\$3,899,861
Radiology	1,204,047	1,316,313	\$56,873,799
Primary	3,695,288	3,901,657	\$342,332,923
Womens Health	2,203,211	2,233,254	\$193,945,603
Respiratory	92,855	93,074	\$900,790
ENT	348,084	350,583	\$19,553,197
Gastro	1,984	1,984	\$166,710
Vaccines	418,091	592,884	\$13,665,719
Health Ed	19,747	30,576	\$667,510
Other	4,024,920	4,719,774	\$352,528,438

# Service Summary Statistics

- CY 2020 EXPENDITURES
- DISTINCT UTILIZERS
- DISTINCT BILLING PROVIDERS
- DISTINCT RENDERING PROVIDERS

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## Top 10 Code/Modifier Combinations

- TOP 10 CODES & MODIFIER COMBINATIONS BY TOTAL PAID AMOUNT

# Service Summary Statistics – Cardiology

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Metric	CY20
Total Paid Dollars	\$15,476,617
Distinct Utilizers	94,372
Distinct Billing Providers	903
Distinct Rendering Providers	4,382



# Top 10 Codes – Cardiology

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Unique Procedure Codes	% of Total Service Paid
145	57.7%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
93306	TTE W/DOPPLER COMPLETE	26				18,353	40,901	\$2,188,850
93010	ELECTROCARDIOGRAM REPORT					67,698	232,111	\$1,962,256
93306	TTE W/DOPPLER COMPLETE					2,990	6,136	\$1,204,746
93229	REMOTE 30 DAY ECG TECH SUPP					645	1,583	\$852,369
93000	ELECTROCARDIOGRAM COMPLETE					15,694	36,678	\$776,881
93458	L HRT ARTERY/VENTRICLE ANGIO	26				703	2,836	\$690,247
93303	ECHO TRANSTHORACIC	26				2,024	6,894	\$421,019
93303	ECHO TRANSTHORACIC					808	1,997	\$328,280
93325	DOPPLER COLOR FLOW ADD-ON					1,666	3,713	\$258,698
93308	TTE F-UP OR LMTD	26				3,652	8,763	\$240,651

# Service Summary Statistics – Cognitive Capabilities

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Metric	CY20
Total Paid Dollars	\$7,825,312
Distinct Utilizers	123,332
Distinct Billing Providers	591
Distinct Rendering Providers	2,155

# Top 10 Codes – Cognitive Capabilities

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Unique Procedure Codes	% of Total Service Paid
14	71.5%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
96133	NRPSYC TST EVAL PHYS/QHP EA	HE				1,477	8,573	\$810,329
96137	PSYCL/NRPSYC TST PHY/QHP EA	HE				1,417	16,342	\$737,108
96133	NRPSYC TST EVAL PHYS/QHP EA					1,564	6,823	\$655,288
96137	PSYCL/NRPSYC TST PHY/QHP EA					1,579	11,854	\$540,504
96127	BRIEF EMOTIONAL/BEHAV ASSMT					29,376	42,079	\$531,668
96110	DEVELOPMENTAL SCREEN W/SCORE	EP				19,592	28,840	\$522,688
96132	NRPSYC TST EVAL PHYS/QHP 1ST	HE				1,486	4,155	\$498,005
96110	DEVELOPMENTAL SCREEN W/SCORE					29,120	44,406	\$481,821
G8510	SCR DEP NEG, NO PLAN REQD					33,425	41,594	\$450,726
G8431	POS CLIN DEPRES SCR N F/U DOC					11,071	13,255	\$366,357

# Service Summary Statistics – Ear, Nose, & Throat

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Metric	CY20
Total Paid Dollars	\$19,553,197
Distinct Utilizers	43,458
Distinct Billing Providers	522
Distinct Rendering Providers	1,553

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# Top 10 Codes – Ear, Nose, & Throat

Unique Procedure Codes	% of Total Service Paid
63	65.3%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
92507	SPEECH/HEARING THERAPY	GN	96			3,967	82,122	\$4,961,318
92507	SPEECH/HEARING THERAPY	GN	97			1,852	28,703	\$1,746,017
92507	SPEECH/HEARING THERAPY	GN	96	GT		1,390	22,259	\$1,428,503
92507	SPEECH/HEARING THERAPY	GN	96	59		1,479	16,826	\$1,020,401
92507	SPEECH/HEARING THERAPY	GN	GT	97		1,041	12,215	\$805,969
92609	USE OF SPEECH DEVICE SERVICE	GN	96	59		313	8,153	\$631,624
92609	USE OF SPEECH DEVICE SERVICE	GN	96			346	8,042	\$587,526
92507	SPEECH/HEARING THERAPY	GN	TL			1,137	8,999	\$554,450
92523	SPEECH SOUND LANG COMPREHEN	GN	96			2,244	3,566	\$539,978
92507	SPEECH/HEARING THERAPY	GN	TL	GT		771	7,284	\$484,481



# Service Summary Statistics – Gastroenterology

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Metric	CY20
Total Paid Dollars	\$166,710
Distinct Utilizers	1,696
Distinct Billing Providers	43
Distinct Rendering Providers	165



# Top 10 Codes – Gastroenterology

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Unique Procedure Codes	% of Total Service Paid
14	77.8%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
91110	GI TRACT CAPSULE ENDOSCOPY					85	88	\$54,820
91112	GI WIRELESS CAPSULE MEASURE					17	17	\$16,295
91120	RECTAL SENSATION TEST					40	41	\$13,380
91110	GI TRACT CAPSULE ENDOSCOPY	GA				14	14	\$8,722
91110	GI TRACT CAPSULE ENDOSCOPY	26				64	65	\$7,960
91200	LIVER ELASTOGRAPHY					299	301	\$7,695
91035	G-ESOPH REFLX TST W/ELECTROD					18	18	\$6,104
91299	GASTROENTEROLOGY PROCEDURE	26				36	36	\$5,286
91038	ESOPH IMPED FUNCT TEST > 1HR	26				122	124	\$5,158
91037	ESOPH IMPED FUNCTION TEST					39	39	\$4,219

# Service Summary Statistics – Health Education Services

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Metric	CY20
Total Paid Dollars	\$667,510
Distinct Utilizers	3,486
Distinct Billing Providers	240
Distinct Rendering Providers	539



# Top 10 Codes – Health Education Services

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Unique Procedure Codes	% of Total Service Paid
11	81.0%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
92065	ORTHOPTIC/PLEOPTIC TRAINING					195	2,505	\$152,578
97535	SELF CARE MNGMENT TRAINING	GO	96			280	6,975	\$120,257
97535	SELF CARE MNGMENT TRAINING	GO	GT	96		116	5,461	\$94,461
97535	SELF CARE MNGMENT TRAINING	GO	96	59		272	4,098	\$69,471
97535	SELF CARE MNGMENT TRAINING	GP				965	1,484	\$25,658
99409	AUDIT/DAST OVER 30 MIN	59				305	389	\$25,555
97535	SELF CARE MNGMENT TRAINING	59	GO	96		93	1,195	\$20,626
97535	SELF CARE MNGMENT TRAINING	GO	96	GT	59	38	820	\$12,777
97535	SELF CARE MNGMENT TRAINING	GO				154	581	\$9,941
97535	SELF CARE MNGMENT TRAINING	GO	TL	GT	59	38	547	\$9,337

# Service Summary Statistics – Ophthalmology

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Metric	CY20
Total Paid Dollars	\$25,022,837
Distinct Utilizers	188,243
Distinct Billing Providers	529
Distinct Rendering Providers	1,119

# Top 10 Codes – Ophthalmology

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Unique Procedure Codes	% of Total Service Paid
50	93.6%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
92014	EYE EXAM&TX ESTAB PT 1/>VST					96,185	100,258	\$10,240,369
92004	EYE EXAM NEW PATIENT					68,968	70,281	\$8,408,783
92340	FIT SPECTACLES MONOFOCAL					76,857	119,251	\$2,006,924
92012	EYE EXAM ESTABLISH PATIENT					8,105	11,779	\$836,529
92250	EYE EXAM WITH PHOTOS					13,028	14,592	\$827,105
92134	CPTR OPHTH DX IMG POST SEGMENT					6,244	9,972	\$350,718
92060	SPECIAL EYE EVALUATION					2,879	4,669	\$251,059
92310	CONTACT LENS FITTING					2,095	2,174	\$192,015
92340	FIT SPECTACLES MONOFOCAL	LT	RT			2,730	9,211	\$155,686
92065	ORTHOPTIC/PLEOPTIC TRAINING					195	2,505	\$152,578

# Service Summary Statistics – Primary Care/E&M

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Metric	CY20
Total Paid Dollars	\$342,332,923
Distinct Utilizers	681,554
Distinct Billing Providers	3,330
Distinct Rendering Providers	19,338

# Top 10 Codes – Primary Care/E&M

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Unique Procedure Codes	% of Total Service Paid
117	50.7%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
99214	OFFICE/OUTPATIENT VISIT EST					205,698	443,257	\$42,282,381
99213	OFFICE/OUTPATIENT VISIT EST					217,242	398,727	\$25,647,195
99285	EMERGENCY DEPT VISIT					86,508	133,215	\$18,904,209
99204	OFFICE/OUTPATIENT VISIT NEW					80,640	93,918	\$13,853,664
99214	OFFICE/OUTPATIENT VISIT EST	25				83,611	145,045	\$13,827,130
99233	SUBSEQUENT HOSPITAL CARE					24,353	167,209	\$13,336,908
99284	EMERGENCY DEPT VISIT					102,693	138,370	\$13,175,975
99291	CRITICAL CARE FIRST HOUR					17,176	53,798	\$11,849,863
99203	OFFICE/OUTPATIENT VISIT NEW					107,272	121,858	\$11,677,290
99232	SUBSEQUENT HOSPITAL CARE					27,484	163,755	\$9,118,478

# Service Summary Statistics – Radiology

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Metric	CY20
Total Paid Dollars	\$56,873,799
Distinct Utilizers	311,382
Distinct Billing Providers	1,363
Distinct Rendering Providers	7,261

# Top 10 Codes – Radiology

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Unique Procedure Codes	% of Total Service Paid
504	24.6%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
74177	CT ABD & PELV W/CONTRAST	26				31,296	41,431	\$2,898,337
72148	MRI LUMBAR SPINE W/O DYE					5,106	5,220	\$2,053,628
70450	CT HEAD/BRAIN W/O DYE	26				25,866	34,839	\$1,426,704
72141	MRI NECK SPINE W/O DYE					3,274	3,345	\$1,334,570
71045	X-RAY EXAM CHEST 1 VIEW	26				58,497	117,534	\$1,213,475
76811	OB US DETAILED SNGL FETUS					5,767	6,089	\$1,198,000
70553	MRI BRAIN STEM W/O & W/DYE					1,887	1,978	\$1,196,269
93975	VASCULAR STUDY	26				6,340	7,220	\$959,353
76830	TRANSVAGINAL US NON-OB					9,384	10,805	\$855,366
76816	OB US FOLLOW-UP PER FETUS					7,626	13,475	\$833,562

# Service Summary Statistics – Respiratory

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Metric	CY20
Total Paid Dollars	\$900,790
Distinct Utilizers	45,286
Distinct Billing Providers	614
Distinct Rendering Providers	2,153



# Top 10 Codes – Respiratory

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Unique Procedure Codes	% of Total Service Paid
31	75.6%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
94010	BREATHING CAPACITY TEST					4,652	7,302	\$225,613
94060	EVALUATION OF WHEEZING					2,112	2,258	\$88,897
94760	MEASURE BLOOD OXYGEN LEVEL					17,881	33,253	\$82,912
94640	AIRWAY INHALATION TREATMENT					4,234	4,726	\$60,426
94375	RESPIRATORY FLOW VOLUME LOOP					1,365	1,616	\$55,712
94760	MEASURE BLOOD OXYGEN LEVEL	59				9,756	19,178	\$47,757
94375	RESPIRATORY FLOW VOLUME LOOP	26				1,770	2,326	\$31,612
94729	CO/MEMBANE DIFFUSE CAPACITY					712	727	\$31,239
94060	EVALUATION OF WHEEZING	26				2,507	2,716	\$30,517
94762	MEASURE BLOOD OXYGEN LEVEL					721	995	\$26,516

# Service Summary Statistics – Vaccines/Immunizations

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Metric	CY20
Total Paid Dollars	\$13,665,719
Distinct Utilizers	200,219
Distinct Billing Providers	1,508
Distinct Rendering Providers	5,861

# Top 10 Codes – Vaccines/Immunizations

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Unique Procedure Codes	% of Total Service Paid
46	87.4%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
90460	IM ADMIN 1ST/ONLY COMPONENT					72,373	248,042	\$4,788,469
90471	IMMUNIZATION ADMIN					124,218	149,532	\$2,877,369
90750	HZV VACC RECOMBINANT IM					4,495	6,009	\$873,329
90686	IIV4 VACC NO PRSV 0.5 ML IM					41,626	42,894	\$765,515
90715	TDAP VACCINE 7 YRS/> IM					15,997	16,075	\$715,937
90472	IMMUNIZATION ADMIN EACH ADD					24,422	50,748	\$567,089
90651	9VHPV VACCINE 2/3 DOSE IM					1,442	1,862	\$399,379
90682	RIV4 VACC RECOMBINANT DNA IM					7,676	7,708	\$396,757
90732	PPSV23 VACC 2 YRS+ SUBQ/IM					3,686	3,721	\$379,649
90460	IM ADMIN 1ST/ONLY COMPONENT	SL				2,569	9,526	\$184,228

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# Service Summary Statistics – Vascular

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Metric	CY20
Total Paid Dollars	\$3,899,861
Distinct Utilizers	98,530
Distinct Billing Providers	1,013
Distinct Rendering Providers	3,758

# Top 10 Codes – Vascular

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Unique Procedure Codes	% of Total Service Paid
25	68.7%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
93975	VASCULAR STUDY	26				6,335	7,215	\$958,812
93970	EXTREMITY STUDY	26				5,213	6,151	\$478,549
93970	EXTREMITY STUDY					1,425	1,783	\$284,796
36415	ROUTINE VENIPUNCTURE					50,877	79,911	\$238,489
93976	VASCULAR STUDY	26				2,860	3,139	\$154,574
93971	EXTREMITY STUDY					932	1,470	\$150,504
93975	VASCULAR STUDY					479	492	\$149,434
93976	VASCULAR STUDY	26	59			1,900	2,059	\$101,969
93976	VASCULAR STUDY					456	469	\$81,813
93971	EXTREMITY STUDY	LT				684	785	\$80,497

# Service Summary Statistics – Women’s Health/Family Planning Services

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Metric	CY20
Total Paid Dollars	\$193,945,603
Distinct Utilizers	549,376
Distinct Billing Providers	3,056
Distinct Rendering Providers	15,404

# Top 10 Codes – Women’s Health/Family Planning Services

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Unique Procedure Codes	% of Total Service Paid
90	71.5%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
99214	OFFICE/OUTPATIENT VISIT EST					205,741	443,395	\$42,264,019
99213	OFFICE/OUTPATIENT VISIT EST					217,349	398,942	\$25,633,831
99204	OFFICE/OUTPATIENT VISIT NEW					80,679	93,966	\$13,856,206
99214	OFFICE/OUTPATIENT VISIT EST	25				83,705	145,272	\$13,846,427
99203	OFFICE/OUTPATIENT VISIT NEW					107,345	121,947	\$11,684,858
99215	OFFICE/OUTPATIENT VISIT EST					38,658	69,711	\$8,925,618
99213	OFFICE/OUTPATIENT VISIT EST	25				84,631	124,946	\$8,033,340
99214	OFFICE/OUTPATIENT VISIT EST	GT				31,151	63,790	\$6,423,896
99205	OFFICE/OUTPATIENT VISIT NEW					22,003	24,885	\$4,581,015
99213	OFFICE/OUTPATIENT VISIT EST	GT				31,122	48,774	\$3,401,845

# Service Summary Statistics – Other Physician Services

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Metric	CY20
Total Paid Dollars	\$352,528,438
Distinct Utilizers	684,067
Distinct Billing Providers	3,407
Distinct Rendering Providers	19,674



# Top 10 Codes – Other Physician Services

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Unique Procedure Codes	% of Total Service Paid
273	49.3%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
99214	OFFICE/OUTPATIENT VISIT EST					205,770	443,443	\$42,299,203
99213	OFFICE/OUTPATIENT VISIT EST					217,350	398,940	\$25,659,931
99285	EMERGENCY DEPT VISIT					86,546	133,268	\$18,911,693
99204	OFFICE/OUTPATIENT VISIT NEW					80,680	93,965	\$13,860,393
99214	OFFICE/OUTPATIENT VISIT EST	25				83,681	145,230	\$13,844,425
99233	SUBSEQUENT HOSPITAL CARE					24,392	167,442	\$13,355,034
99284	EMERGENCY DEPT VISIT					102,736	138,418	\$13,180,615
99291	CRITICAL CARE FIRST HOUR					17,189	53,839	\$11,858,867
99203	OFFICE/OUTPATIENT VISIT NEW					107,327	121,925	\$11,683,514
99232	SUBSEQUENT HOSPITAL CARE					27,510	163,930	\$9,128,174

# Service Summary Statistics – Dialysis/ Nephrology (Facility)

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Metric	CY20
Total Paid Dollars	\$12,013,282
Distinct Utilizers	675
Distinct Billing Providers	82
Distinct Rendering Providers	1

# Top 10 Codes – Dialysis/Nephrology (Facility)

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Unique Revenue Codes	% of Total Service Paid
6	100.0%

Rev Code	Revenue Code Description	Distinct Utilizers	Allowed Units	Paid Dollars
821	Hemodialysis, composite or other rate	618	46,646	\$9,309,351
851	Continuous cycling peritoneal dialysis	79	12,866	\$2,574,429
841	CAPD - Composite	21	540	\$109,187
881	Ultrafiltration	30	86	\$17,445
829	Hemodialysis, other	3	12	\$2,463
831	Peritoneal dialysis	1	2	\$406

# Service Summary Statistics – Dialysis/Nephrology (Non-Facility)

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Metric	CY20
Total Paid Dollars	\$1,107,528
Distinct Utilizers	1,071
Distinct Billing Providers	24
Distinct Rendering Providers	160

# Top 10 Codes – Dialysis/Nephrology (Non-Facility)

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Unique Procedure Codes	% of Total Service Paid
20	95.4%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
90960	ESRD SRV 4 VISITS P MO 20+					451	2,177	\$457,205
90961	ESRD SRV 2-3 VSTS P MO 20+					406	1,237	\$209,501
90935	HEMODIALYSIS ONE EVALUATION					552	3,287	\$205,834
90966	ESRD HOME PT SERV P MO 20+					55	254	\$42,549
90962	ESRD SERV 1 VISIT P MO 20+					169	294	\$35,988
90945	DIALYSIS ONE EVALUATION					252	1,525	\$35,172
90947	DIALYSIS REPEATED EVAL					102	339	\$34,866
90970	ESRD SVC PR DAY PT 20+					119	2,679	\$15,699
90963	ESRD HOME PT SERV P MO <2YRS					5	32	\$12,952
90989	DIALYSIS TRAINING COMPLETE					14	14	\$7,035

# Service Summary Statistics – Injections/Misc. J Codes

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Metric	CY20
Total Paid Dollars	\$1,926,989
Distinct Utilizers	4,571
Distinct Billing Providers	255
Distinct Rendering Providers	629

# Top 10 Codes – Injections/Misc. J Codes

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Unique Procedure Codes	% of Total Service Paid
16	96.7%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
64615	CHEMODENERV MUSC MIGRAINE					1,649	4,383	\$498,572
Q5103	INJECTION, INFLECTRA					35	10,083	\$453,557
67028	INJECTION EYE DRUG	50				421	1,402	\$408,080
67028	INJECTION EYE DRUG	RT				445	1,162	\$186,661
67028	INJECTION EYE DRUG	LT				425	1,166	\$185,568
Q5104	INJECTION, RENFLEXIS					6	1,000	\$47,751
11900	INJECT SKIN LESIONS </W 7					1,379	2,187	\$37,500
64612	DESTROY NERVE FACE MUSCLE	50				82	224	\$25,805
67028	INJECTION EYE DRUG					44	85	\$13,070
64612	DESTROY NERVE FACE MUSCLE					43	80	\$7,107

# Service Summary Statistics – Laboratory/Pathology

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Metric	CY20
Total Paid Dollars	\$112,812,411
Distinct Utilizers	373,185
Distinct Billing Providers	1,461
Distinct Rendering Providers	6,303



# Top 10 Codes – Laboratory/Pathology

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Unique Procedure Codes	% of Total Service Paid
1039	18.9%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
87633	RESP VIRUS 12-25 TARGETS					6,139	7,203	\$2,850,767
80050	GENERAL HEALTH PANEL					55,905	60,608	\$2,766,627
87491	CHYLM D TRACH DNA AMP PROBE					51,049	63,284	\$2,205,449
87591	N.GONORRHOEAE DNA AMP PROB					50,989	63,193	\$2,201,822
80358	DRUG SCREENING METHADONE					21,417	114,882	\$1,963,642
88305	TISSUE EXAM BY PATHOLOGIST	26				25,142	55,634	\$1,942,804
87798	DETECT AGENT NOS DNA AMP					8,640	53,930	\$1,871,092
81443	GENETIC TSTG SEVERE INH COND					830	835	\$1,847,714
80354	DRUG SCREENING FENTANYL					21,084	107,707	\$1,840,665
80353	DRUG SCREENING COCAINE					21,550	107,624	\$1,839,016

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# Service Summary Statistics – Vision

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Metric	CY20
Total Paid Dollars	\$48,654,219
Distinct Utilizers	185,190
Distinct Billing Providers	551
Distinct Rendering Providers	1,207



# Top 10 Codes – Vision

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Unique Procedure Codes	% of Total Service Paid
104	85.6%

Proc Code	Procedure Code Description	Mod 1	Mod 2	Mod 3	Mod 4	Distinct Utilizers	Allowed Units	Paid Dollars
92014	EYE EXAM&TX ESTAB PT 1/>VST					96,132	100,198	\$10,234,236
V2410	LENS VARIAB ASPHERICITY SING					49,404	146,056	\$9,777,823
92004	EYE EXAM NEW PATIENT					68,899	70,210	\$8,400,267
V2020	VISION SVCS FRAMES PURCHASES					85,963	128,854	\$4,602,134
V2103	SPHEROCYLINDR 4.00D/12-2.00D					41,198	101,275	\$2,365,646
92340	FIT SPECTACLES MONOFOCAL					76,807	119,162	\$2,005,428
V2784	LENS POLYCARB OR EQUAL					77,836	229,460	\$1,611,324
V2100	LENS SPHER SINGLE PLANO 4.00					21,242	45,928	\$943,121
V2104	SPHEROCYLINDR 4.00D/2.12-4D					12,398	29,624	\$865,716
V2750	ANTI-REFLECTIVE COATING					26,456	71,778	\$849,439