Outpatient and Professional Services Eligible for Telemedicine

Service Type
- Not Telemedicine
- Telemedicine

Eligibility Category

Adults	$51,953,512
Children	$47,454,690
Retroactively Eligible	$35,746,424
Children in Foster Care	$6,637,228
Members with Disabilities	$4,076,527
Pregnant Adults	$1,588,698
Adults Over 65	$525,061
Partial Dual Eligibles	$115,410
Non-Citizens - Emergency Serv..	$2,575

Age Group

0-9	$56,091,053
10-19	$26,221,104
20-29	$14,905,626
30-39	$17,423,803
40-49	$13,613,038
50-59	$13,555,601
60-69	$5,918,138
70-79	$201,457
80+	$170,306

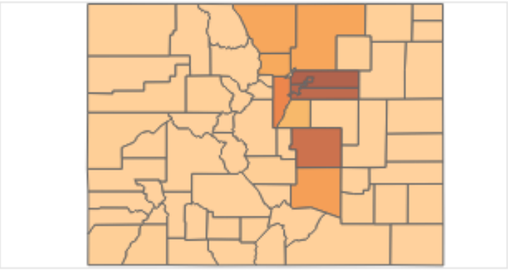
Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	$34,895,858
99214	OFFICE/OUTPATIENT VISIT EST	$18,850,768
S9128	SPEECH THERAPY, IN THE HOME,	$13,838,183
99212	OFFICE/OUTPATIENT VISIT EST	$11,469,225
92507	SPEECH/HEARING THERAPY	$10,507,608
S9129	OCCUPATIONAL THERAPY, IN THE	$7,917,675
97530	THERAPEUTIC ACTIVITIES	$7,219,872
97155	ADAPT BEHAVIOR TX PHYS/QHP	$3,910,084
G0153	HHCP-SVS OF S/L PATH,EA 15MN	$3,582,755
S9131	PT IN THE HOME PER DIEM	$3,414,862

Primary Diagnosis Codes

AUTISTIC DISORDER	$10,543,19
DEVELOPMENTAL DISORDER OF SPEECH ..	$7,205,779
UNSP LACK OF EXPECTED NORMAL PHYSI..	$6,599,375
MIXED RECEPTIVE-EXPRESSIVE LANGUA..	$5,122,251
DELAYED MILESTONE IN CHILDHOOD	$3,276,982
SPECIFIC DEVELOPMENTAL DISORDER O..	$3,039,490
OPIOID DEPENDENCE, UNCOMPLICATED	$2,422,062
EXPRESSIVE LANGUAGE DISORDER	$2,079,920
DOWN SYNDROME, UNSPECIFIED	$1,981,763
PHONOLOGICAL DISORDER	$1,800,919
ANXIETY DISORDER, UNSPECIFIED	$1,786,176
GENERALIZED ANXIETY DISORDER	$1,765,647
MAJOR DEPRESSIVE DISORDER, RECURR..	$1,649,062
CONTACT W AND EXPOSURE TO OTH VIR..	$1,579,979
ESSENTIAL (PRIMARY) HYPERTENSION	$1,518,713
MORBID (SEVERE) OBESITY DUE TO EXCE..	$1,490,104
FEEDING DIFFICULTIES	$1,376,824
OTHER DISORDERS OF PSYCHOLOGICAL ..	$1,125,196
TYPE 2 DIABETES MELLITUS WITHOUT C..	$1,112,286
ATTENTION-DEFICIT HYPERACTIVITY DIS..	$1,093,210

Member County Map



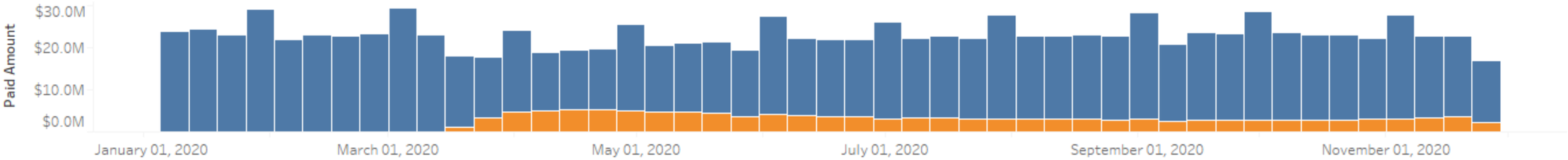
Benefit Category

Professional Services	$59,123,616
FQHC, RHC, IHS	$48,630,783
Home Health	$37,244,255
Outpatient Hospital	$3,074,312
Imaging	$19,908
Physician Administered Dru..	$7,251
Emergency Department	$0

Billing Provider Type

Federally Qualified Health Center	$47,898,989
PT/OT/ST Home Health	$37,165,225
Clinic - Practitioner	$25,919,768
Non-Physician Practitioner - Group	$16,984,333
Rehabilitation Agency	$8,129,155
Pediatric Behavioral Therapies	$5,353,293
Hospital - General	$3,520,678
Rural Health Clinic	$707,365

Trend over Time (Actuals)

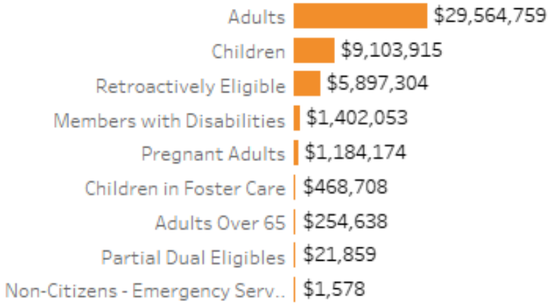


Note: Only includes Fee-For-Service services eligible for telemedicine. HCBS and Case Management Agencies do not indicate which services provided are telemedicine and therefore have been excluded from the above graph. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

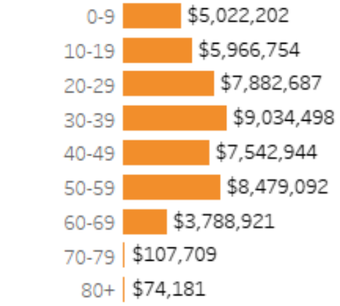
Federally Qualified Health Centers

Service Type
- Not Telemedicine
- Telemedicine

Eligibility Category



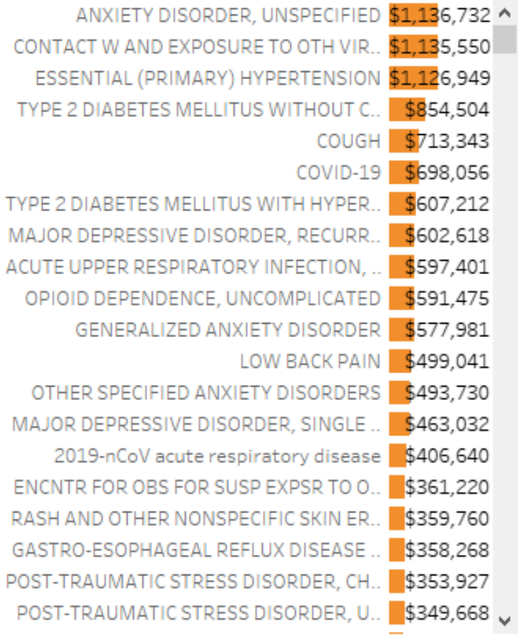
Age Group



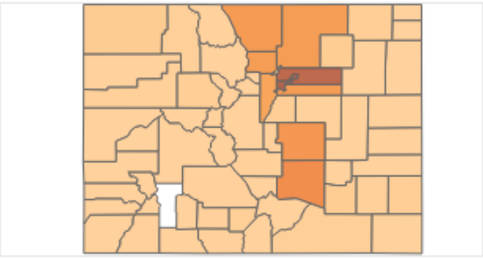
Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	$26,683,909
99212	OFFICE/OUTPATIENT VISIT EST	$10,694,460
99214	OFFICE/OUTPATIENT VISIT EST	$5,270,686
90832	PSYTX W PT 30 MINUTES	$1,343,105
99202	OFFICE/OUTPATIENT VISIT NEW	$689,031
90834	PSYTX W PT 45 MINUTES	$639,798
99203	OFFICE/OUTPATIENT VISIT NEW	$576,653
99211	OFFICE/OUTPATIENT VISIT EST	$543,898
90837	PSYTX W PT 60 MINUTES	$301,969
90791	PSYCH DIAGNOSTIC EVALUATION	$257,376

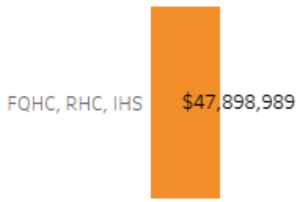
Primary Diagnosis Codes



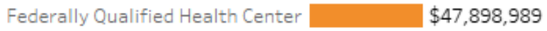
Member County Map



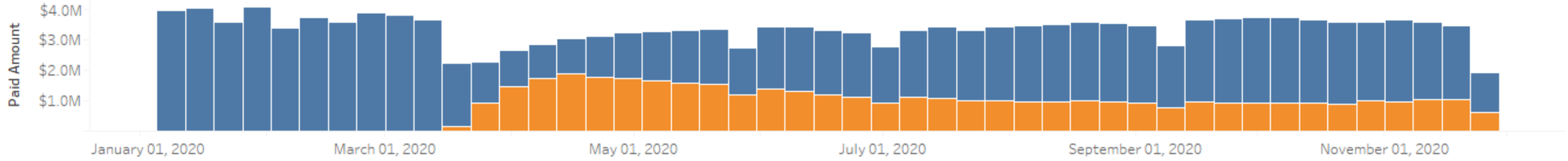
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

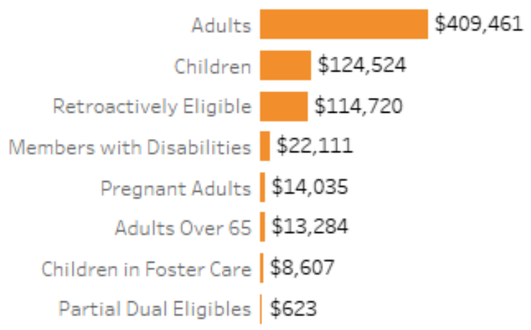


Note: Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

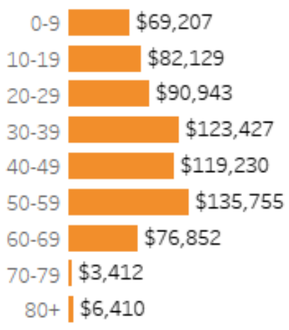
Rural Health Clinics

Service Type
- Not Telemedicine
- Telemedicine

Eligibility Category



Age Group



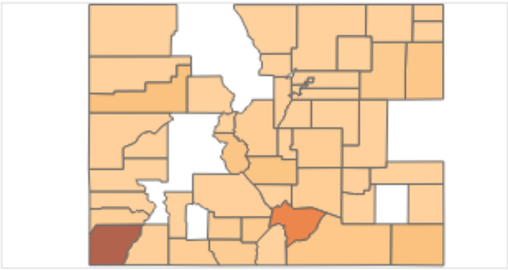
Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	$311,088
99214	OFFICE/OUTPATIENT VISIT EST	$159,575
99442	PHONE E/M PHYS/QHP 11-20 MIN	$85,901
99441	PHONE E/M PHYS/QHP 5-10 MIN	$39,240
99212	OFFICE/OUTPATIENT VISIT EST	$38,762
99443	PHONE E/M PHYS/QHP 21-30 MIN	$21,847
90834	PSYTX W PT 45 MINUTES	$13,793
99202	OFFICE/OUTPATIENT VISIT NEW	$6,729
G2025	DIS SITE TELE SVCS RHC/FQHC	$5,689
99203	OFFICE/OUTPATIENT VISIT NEW	$4,093

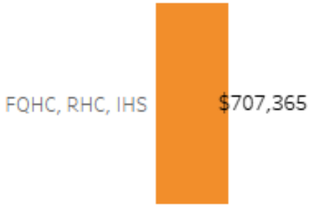
Primary Diagnosis Codes

ESSENTIAL (PRIMARY) HYPERTENSION	$30,519
ACUTE UPPER RESPIRATORY INFECTION, ..	$20,053
TYPE 2 DIABETES MELLITUS WITHOUT C..	$18,011
OTHER SPECIFIED ANXIETY DISORDERS	$14,099
COUGH	$11,478
ANXIETY DISORDER, UNSPECIFIED	$10,444
LOW BACK PAIN	$10,035
GASTRO-ESOPHAGEAL REFLUX DISEASE ..	$9,695
OTHER CHRONIC PAIN	$9,303
UNSPECIFIED ASTHMA, UNCOMPLICATED	$8,368
ACUTE PHARYNGITIS, UNSPECIFIED	$7,876
TYPE 2 DIABETES MELLITUS WITH HYPER..	$7,875
COVID-19	$7,687
HYPOTHYROIDISM, UNSPECIFIED	$6,563
INSOMNIA, UNSPECIFIED	$6,414
CHRONIC PAIN SYNDROME	$6,322
OTHER SEASONAL ALLERGIC RHINITIS	$6,216
CHRONIC OBSTRUCTIVE PULMONARY DI..	$5,911
ENCNTR FOR OBS FOR SUSP EXPSR TO O..	$5,557
MAJOR DEPRESSIVE DISORDER, SINGLE ..	$5,311

Member County Map

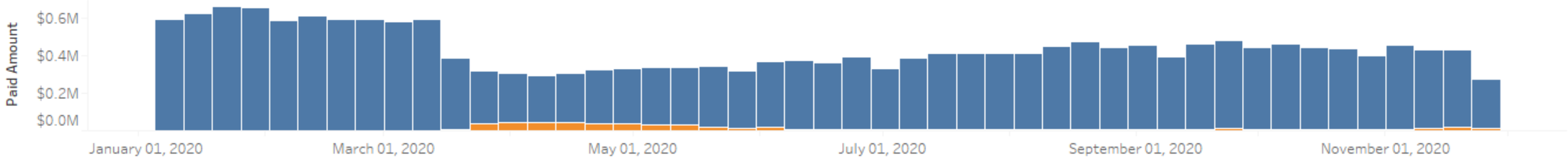


Benefit Category



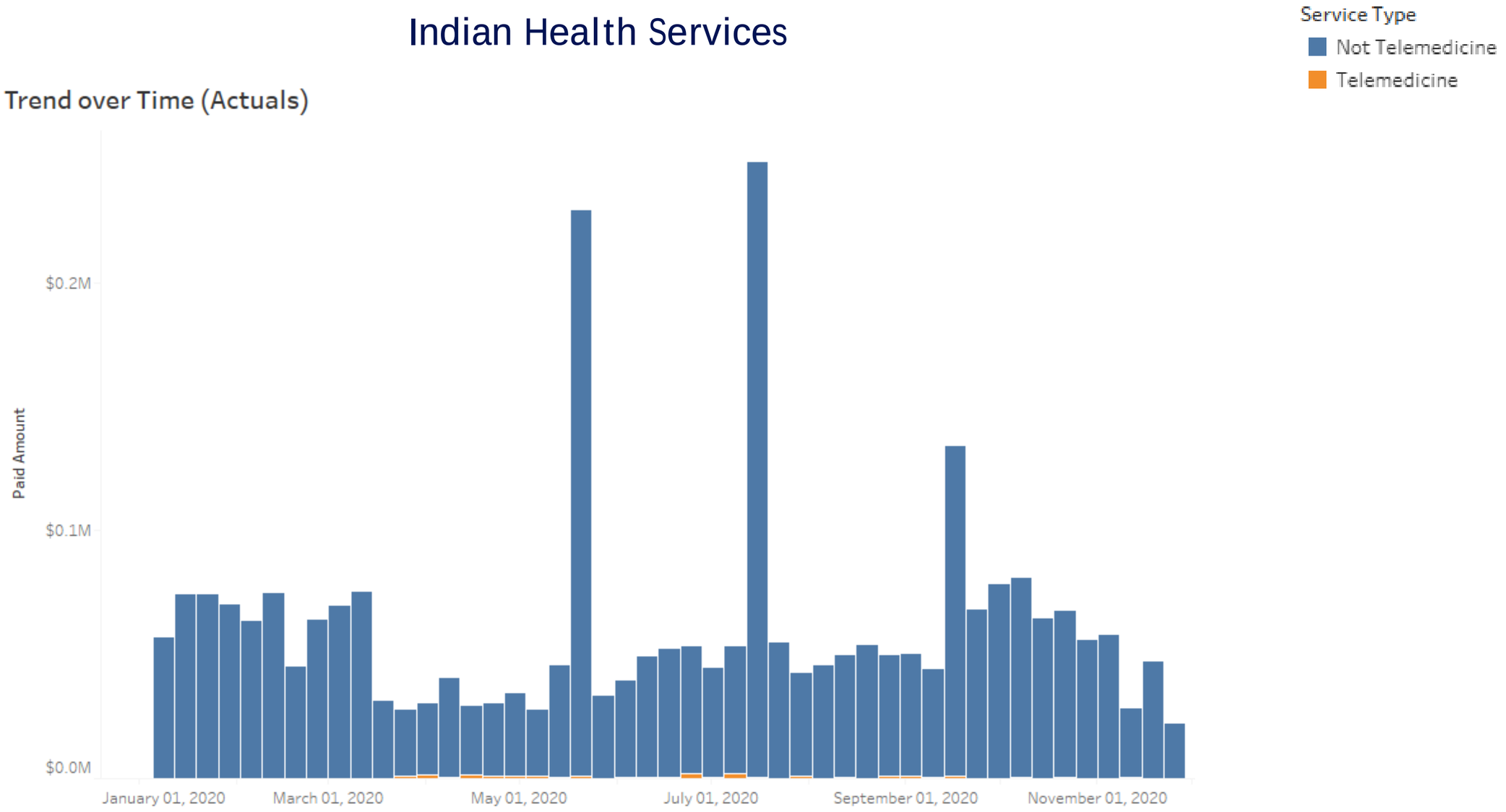
Billing Provider Type

Trend over Time (Actuals)



Note: Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

Indian Health Services

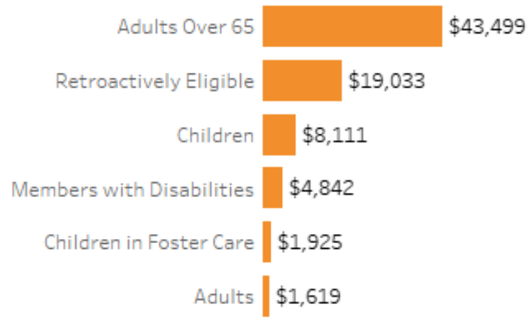


Note: Due to data issues, this graph does not accurately capture all telemedicine services provided by IHS. Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Data shows service dates from 1/5/20 through 11/28/20. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

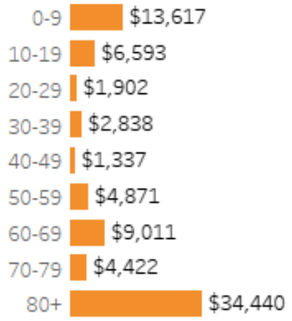
Certified Nursing Assistant/Registered Nurse Home Health

Service Type
- Not Telemedicine
- Telemedicine

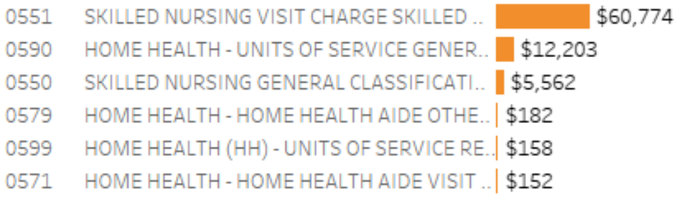
Eligibility Category



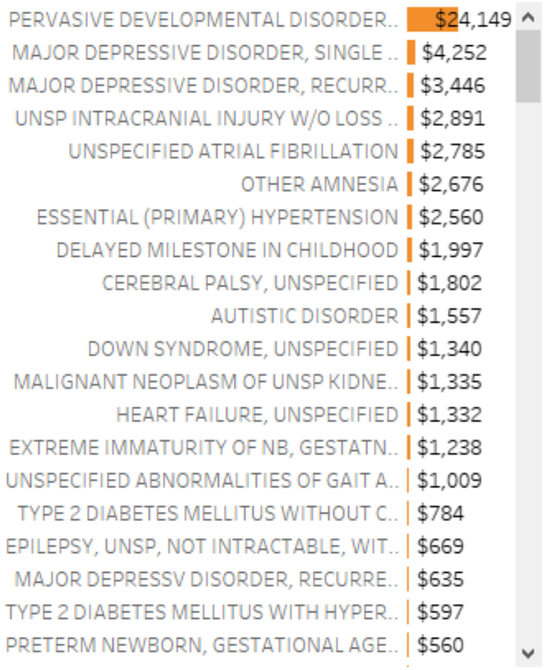
Age Group



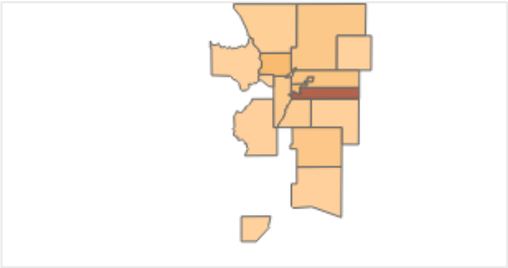
Revenue Codes



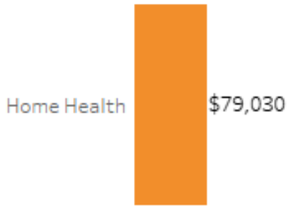
Primary Diagnosis Codes



Member County Map

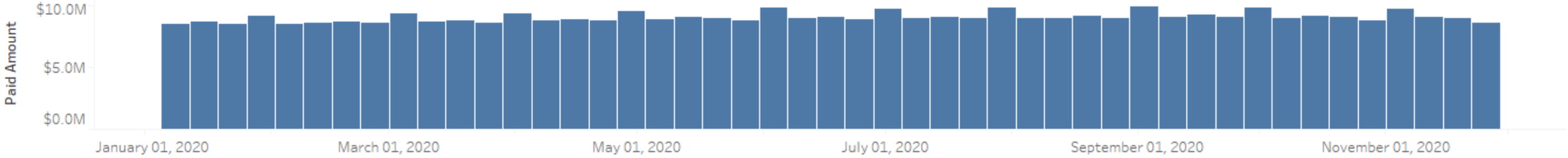


Benefit Category



Billing Provider Type

Trend over Time (Actuals)

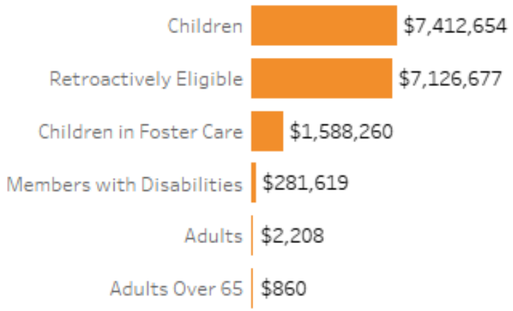


Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

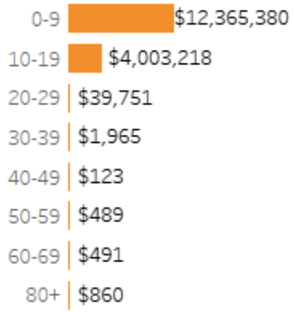
Physical Therapy/Occupational Therapy Home Health

Service Type
- Not Telemedicine
- Telemedicine

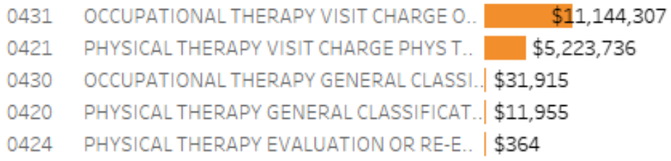
Eligibility Category



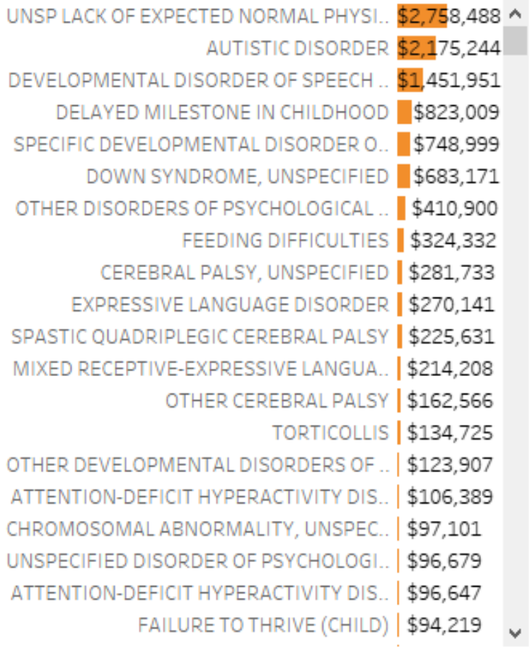
Age Group



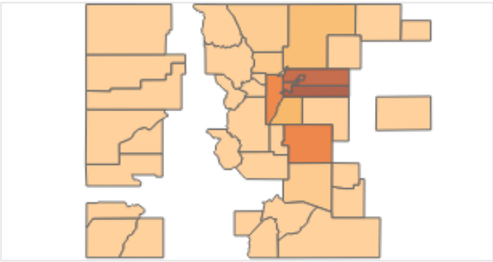
Revenue Codes



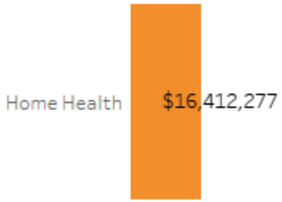
Primary Diagnosis Codes



Member County Map

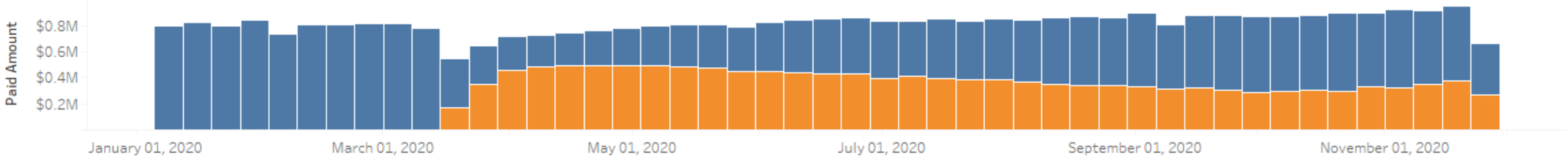


Benefit Category



Billing Provider Type

Trend over Time (Actuals)

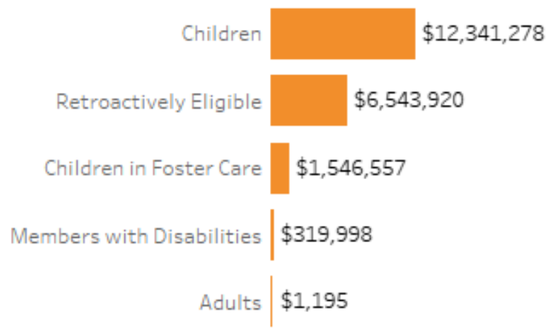


Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

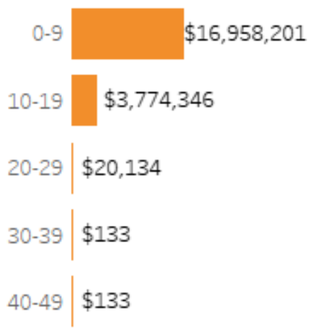
Speech Therapy Home Health

Service Type
- Not Telemedicine
- Telemedicine

Eligibility Category

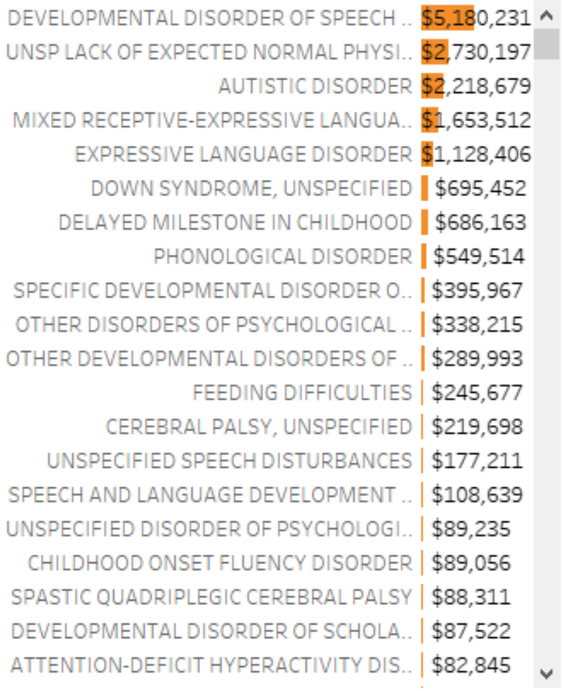


Age Group

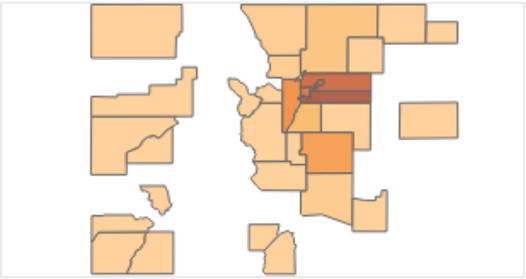


Revenue Codes

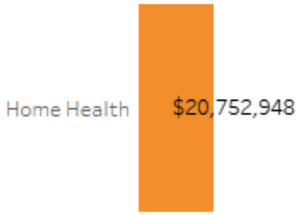
Primary Diagnosis Codes



Member County Map

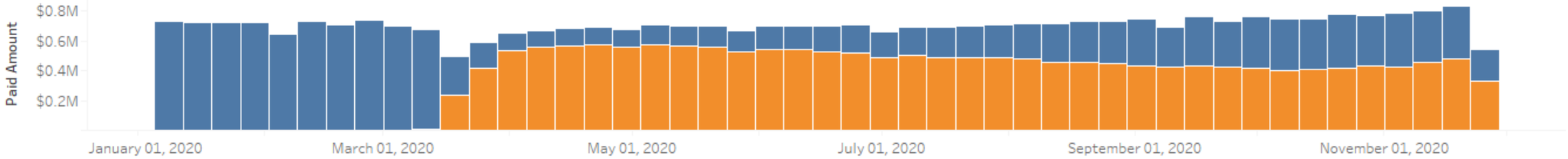


Benefit Category



Billing Provider Type

Trend over Time (Actuals)

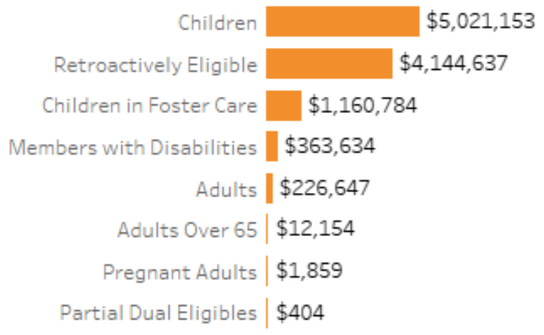


Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

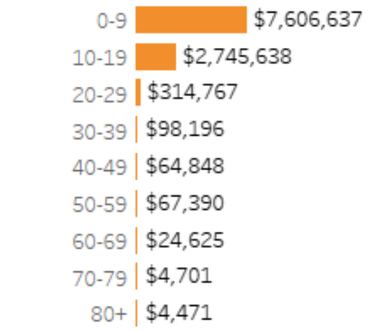
Physical Therapy/Occupational Therapy

Service Type
- Not Telemedicine
- Telemedicine

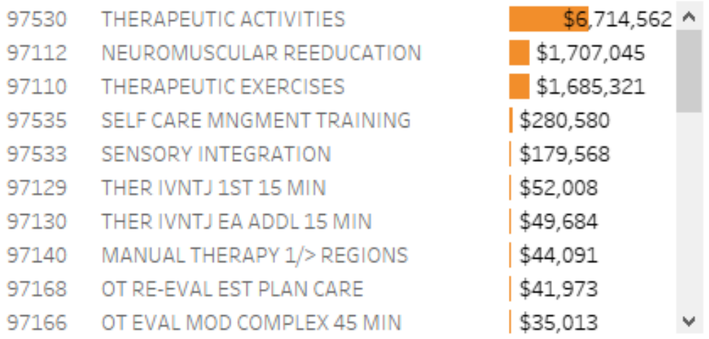
Eligibility Category



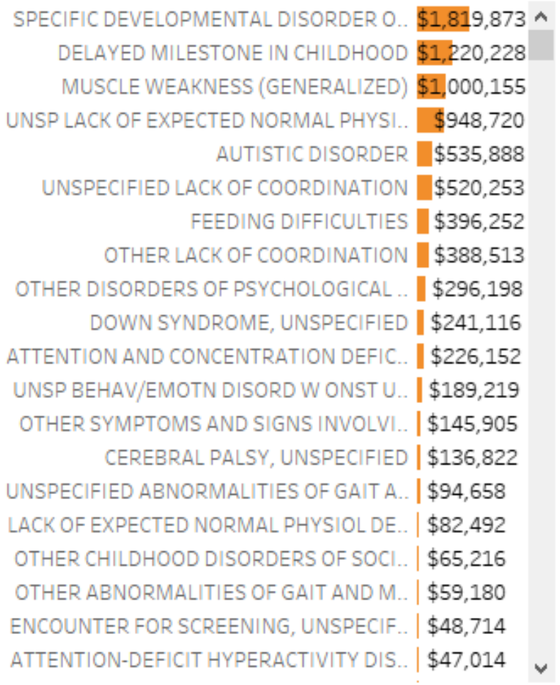
Age Group



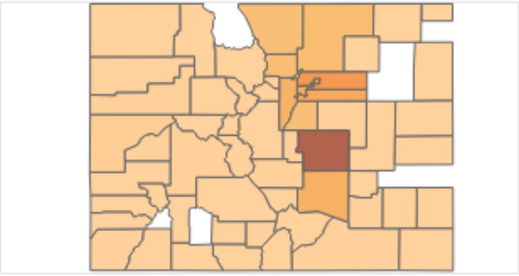
Procedure Codes



Primary Diagnosis Codes

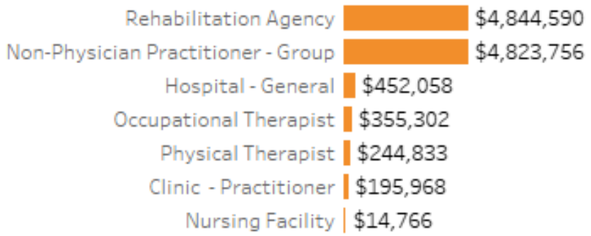


Member County Map

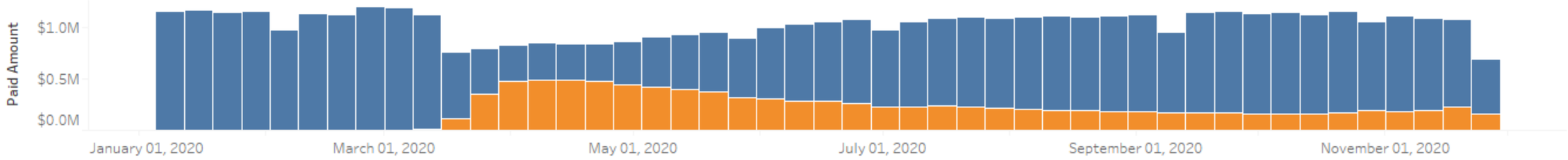


Benefit Category

Billing Provider Type



Trend over Time (Actuals)

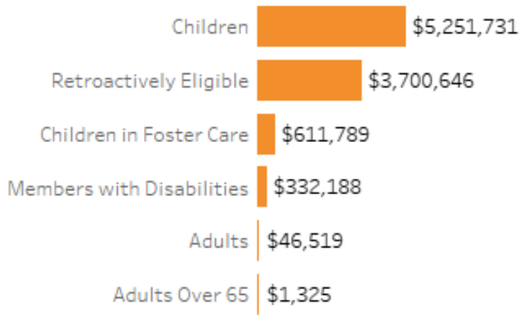


Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

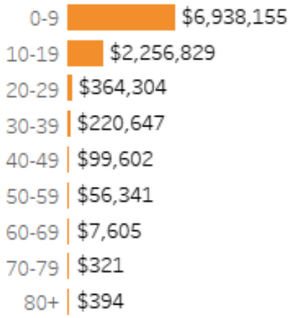
Speech Therapy

Service Type
- Not Telemedicine
- Telemedicine

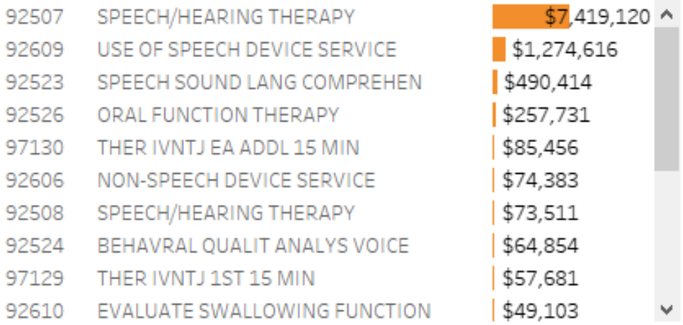
Eligibility Category



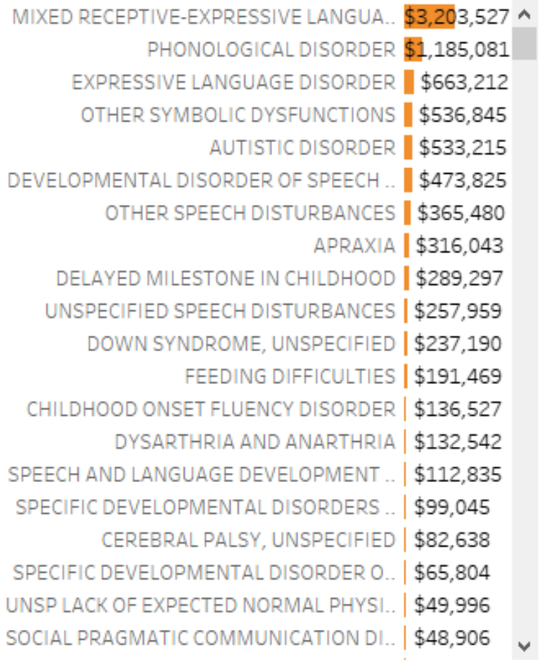
Age Group



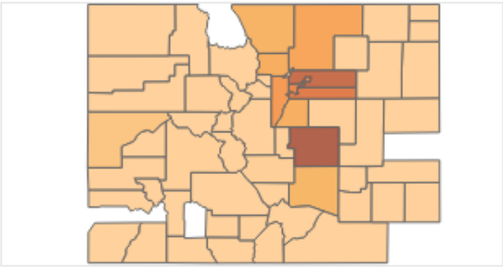
Procedure Codes



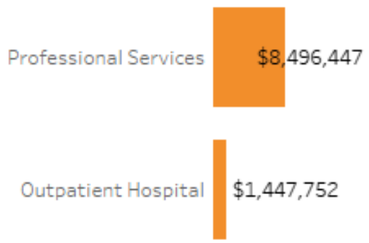
Primary Diagnosis Codes



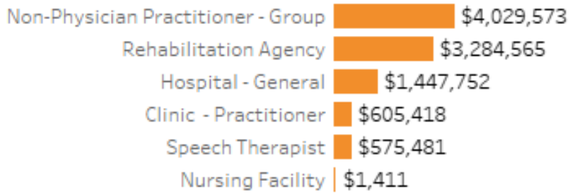
Member County Map



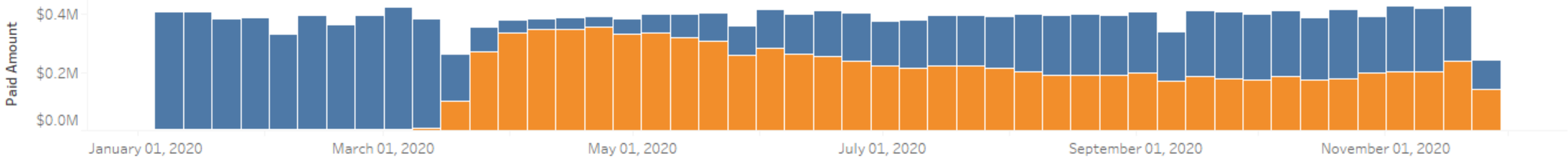
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

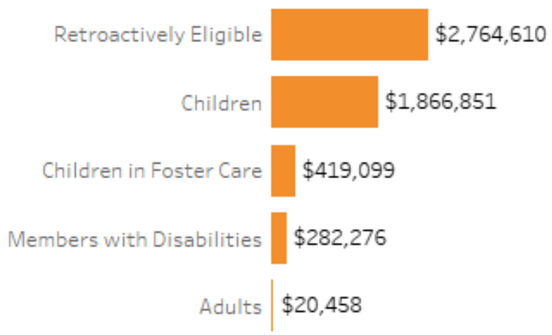


Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient claim lines with the 'GT' modifier or with a telemedicine-specific procedure code were identified as telemedicine. Due to the fact that outpatient crossover paid amounts are only available at the claim header level, the header level paid amount has been distributed evenly among each claim line for the purposes of reporting paid amounts at the line level. This methodology may not be an accurate reflection of the actual distribution of costs among outpatient crossover claim lines.

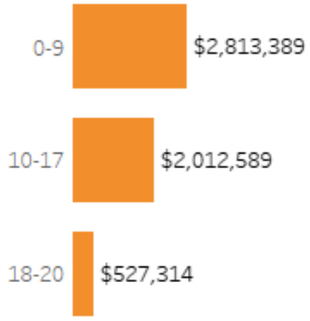
Pediatric Behavioral Therapy

Service Type
- Not Telemedicine
- Telemedicine

Eligibility Category

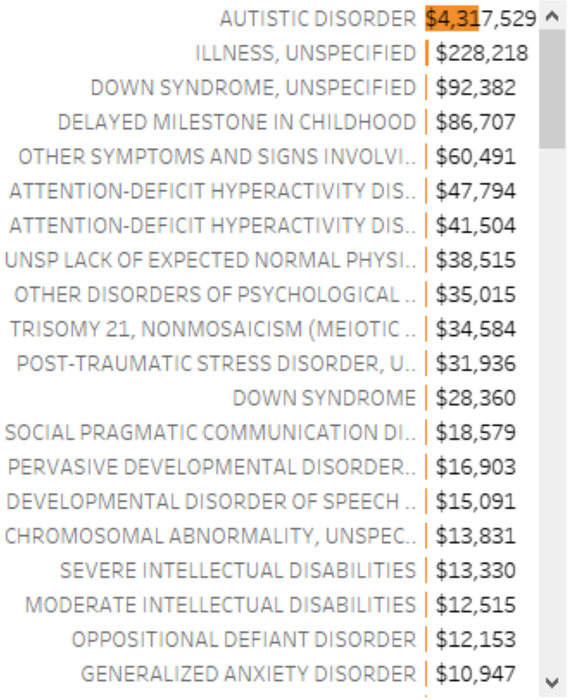


Age Group

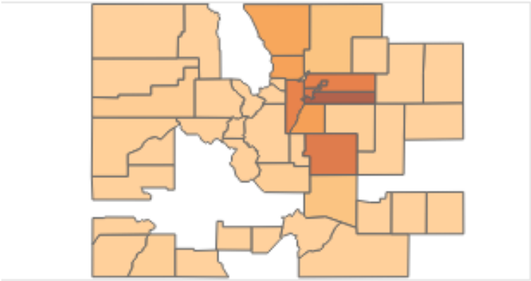


Procedure Codes

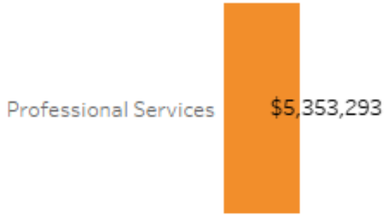
Primary Diagnosis Codes



Member County Map

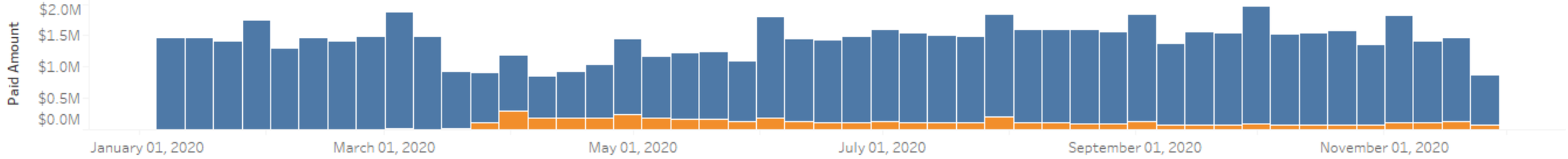


Benefit Category



Billing Provider Type

Trend over Time (Actuals)

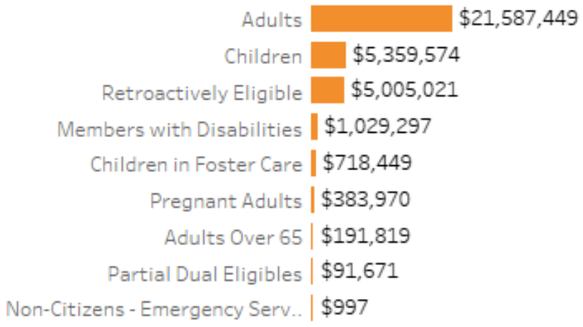


Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. HCBS and Case Management Agencies do provide telemedicine services but do not indicate them as such on the claim, and therefore have been excluded in the above graphs.

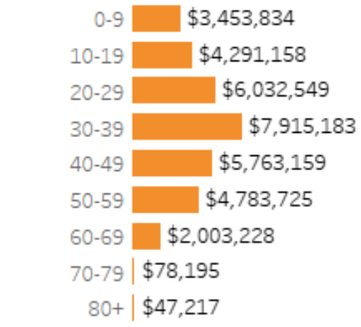
Fee Schedule Medical Providers and Other Professional Services

Service Type
- Not Telemedicine
- Telemedicine

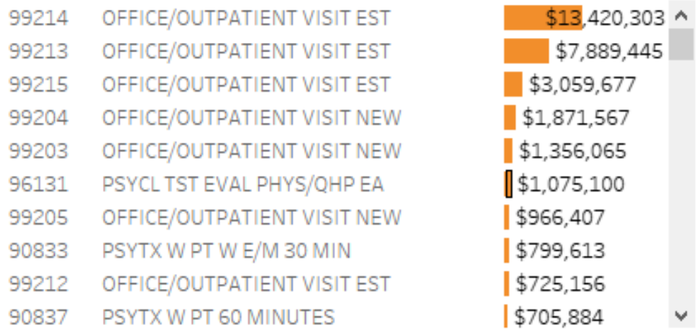
Eligibility Category



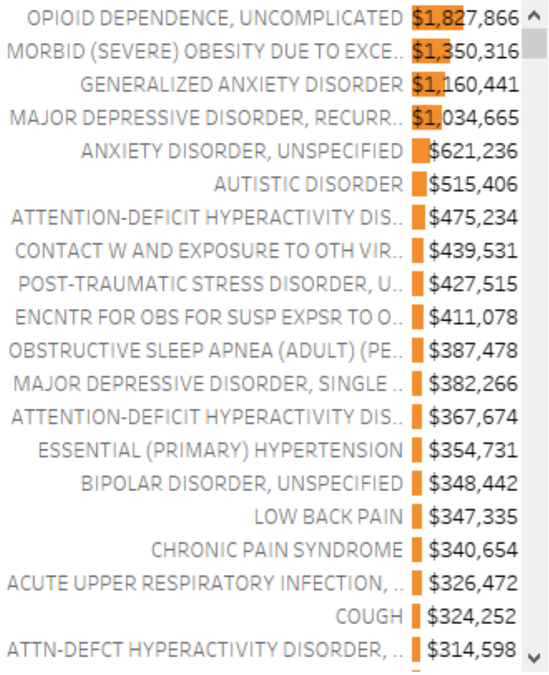
Age Group



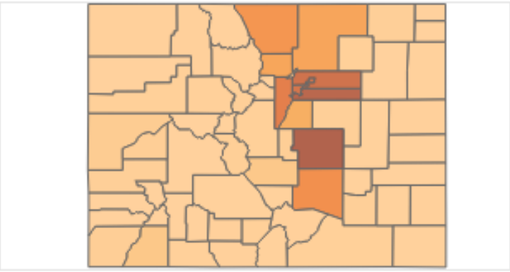
Procedure Codes



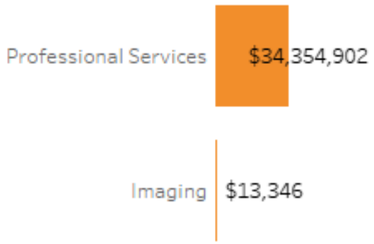
Primary Diagnosis Codes



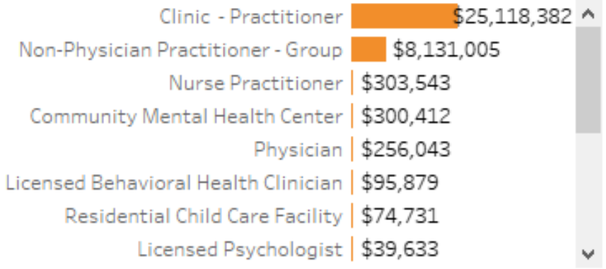
Member County Map



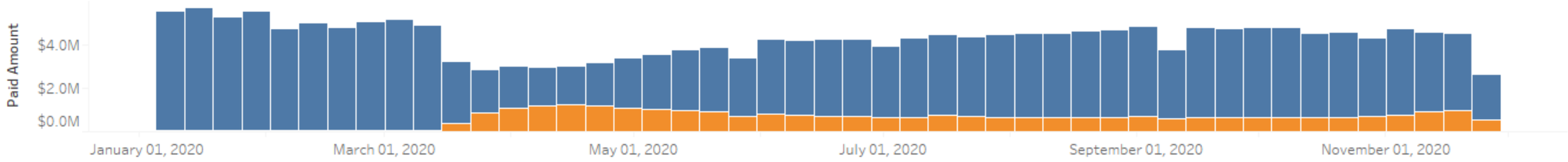
Benefit Category



Billing Provider Type



Trend over Time (Actuals)



Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/28/20. All other graphs include service dates from 1/5/20 through 1/23/21. Due to limited claims run-out, paid amounts may change over time. HCBS and Case Management Agencies do provide telemedicine services but do not indicate them as such on the claim, and therefore have been excluded in the above graphs.