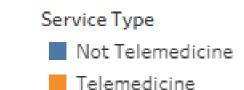
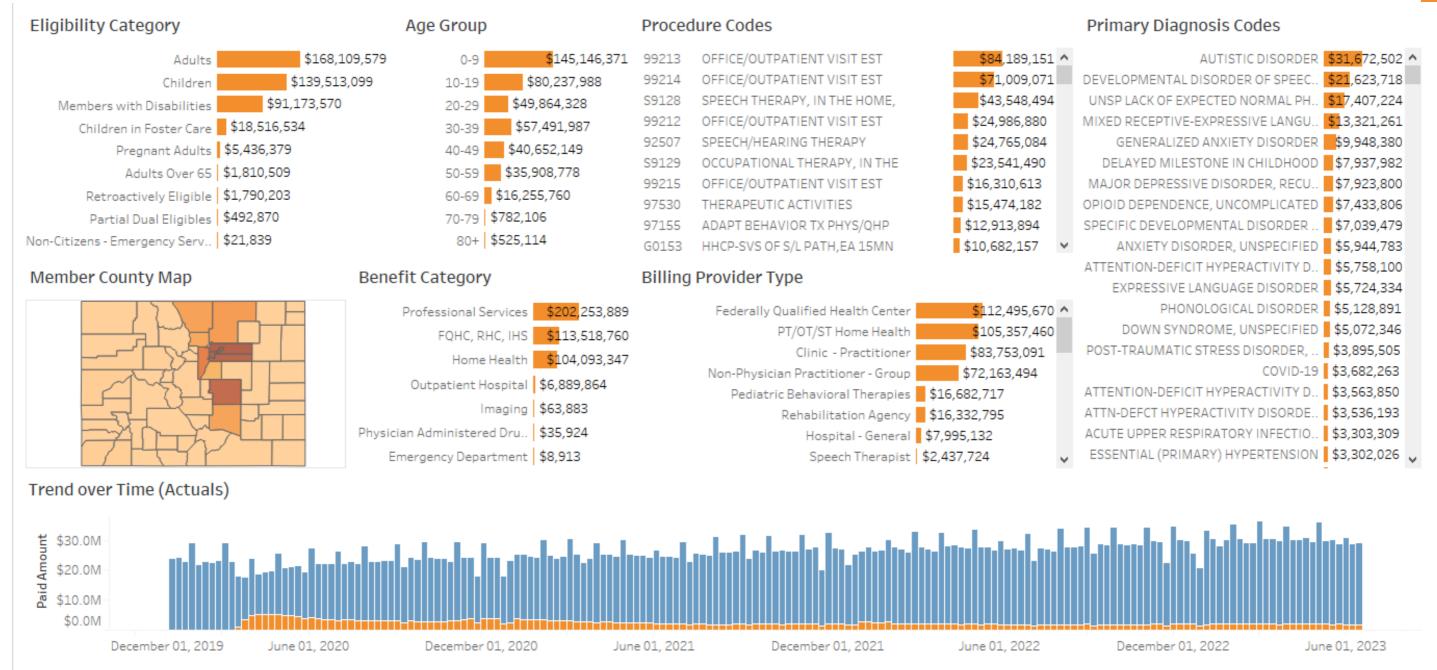
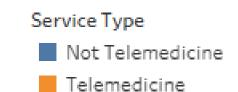
Outpatient and Professional Services Eligible for Telemedicine

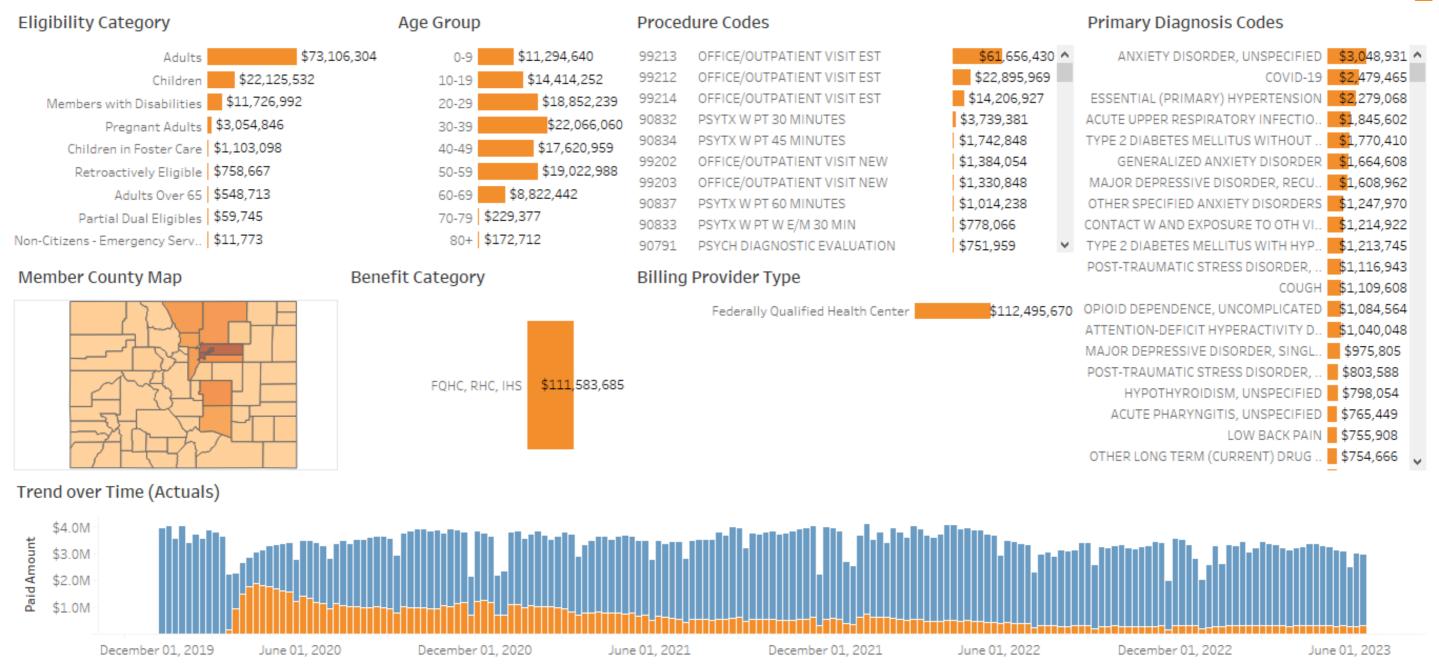




Note: Only includes Fee-For-Service services eligible for telemedicine. HCBS and Case Management Agencies do not indicate which services provided are telemedicine and therefore have been excluded from the above graph. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. 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





Note: Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 8/19/23. 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 Not Telemedicine Telemedicine Primary Diagnosis Codes Eligibility Category **Procedure Codes** Age Group \$146,634 OFFICE/OUTPATIENT VISIT EST \$676,519 ^ OTHER CHRONIC PAIN \$61,434 ^ \$1,120,885 0-9 OFFICE/OUTPATIENT VISIT EST \$349,892 COVID-19 \$57,838 \$270,099 10-19 \$359,230 Children \$225,613 ESSENTIAL (PRIMARY) HYPERTENSION \$57,680 99442 PHONE E/M PHYS/QHP 11-20 MIN \$224,901 Members with Disabilities \$201,510 99441 PHONE E/M PHYS/QHP 5-10 MIN \$141,303 ACUTE UPPER RESPIRATORY INFECTIO.. \$49.234 \$303,742 30-39 Children in Foster Care \$25,285 \$127,407 99212 OFFICE/OUTPATIENT VISIT EST ANXIETY DISORDER, UNSPECIFIED \$46,189 \$302,431 40-49 Adults Over 65 \$23,105 99443 PHONE E/M PHYS/QHP 21-30 MIN \$56,383 OTHER SPECIFIED ANXIETY DISORDERS \$43,942 50-59 \$310,999 PSYTX W PT 45 MINUTES \$49,141 OBSTRUCTIVE SLEEP APNEA (ADULT) (.. \$40,760 90834 Pregnant Adults \$23,097 \$186,879 60-69 \$24,055 PSYTX W PT 60 MINUTES TYPE 2 DIABETES MELLITUS WITHOUT .. \$36,139 Retroactively Eligible \$10,573 70-79 \$5,590 PSYTX W PT 30 MINUTES \$21,315 GENERALIZED ANXIETY DISORDER \$32,388 Partial Dual Eligibles \$1,031 80+ \$13,441 OFFICE/OUTPATIENT VISIT EST \$16,165 ▼ MAJOR DEPRESSIVE DISORDER, SINGL.. ■ \$24,125 ATTENTION-DEFICIT HYPERACTIVITY D.. \$19,490 Member County Map Benefit Category Billing Provider Type ACUTE PHARYNGITIS, UNSPECIFIED \$18,582 POST-TRAUMATIC STRESS DISORDER, .. \$17,760 \$1,764,715 Rural Health Clinic ATTENTION-DEFICIT HYPERACTIVITY D.. \$17,498 COUGH \$17,113 TYPE 2 DIABETES MELLITUS WITH HYP.. \$16,885 \$1,739,358 FQHC, RHC, IHS INSOMNIA, UNSPECIFIED \$16,856 MAJOR DEPRESSIVE DISORDER, RECU. \$15,931 GASTRO-ESOPHAGEAL REFLUX DISEAS.. \$15,027 LOW BACK PAIN \$14,343 Trend over Time (Actuals) \$0.8M \$0.6M \$0.4M

Note: Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 8/19/23. 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.

December 01, 2021

June 01, 2022

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June 01, 2021



\$0.2M \$0.0M

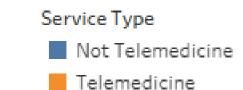
December 01, 2019

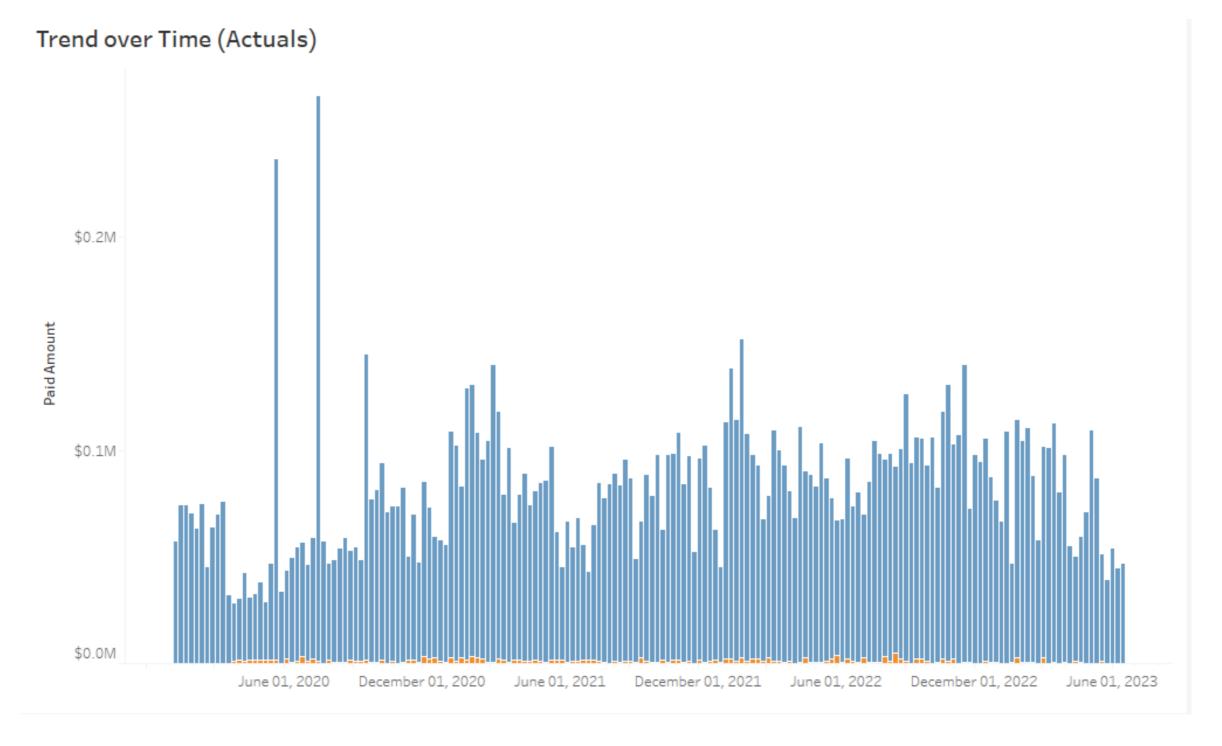
June 01, 2020

December 01, 2020

Service Type

Indian Health Services

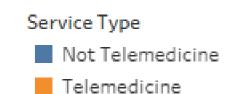


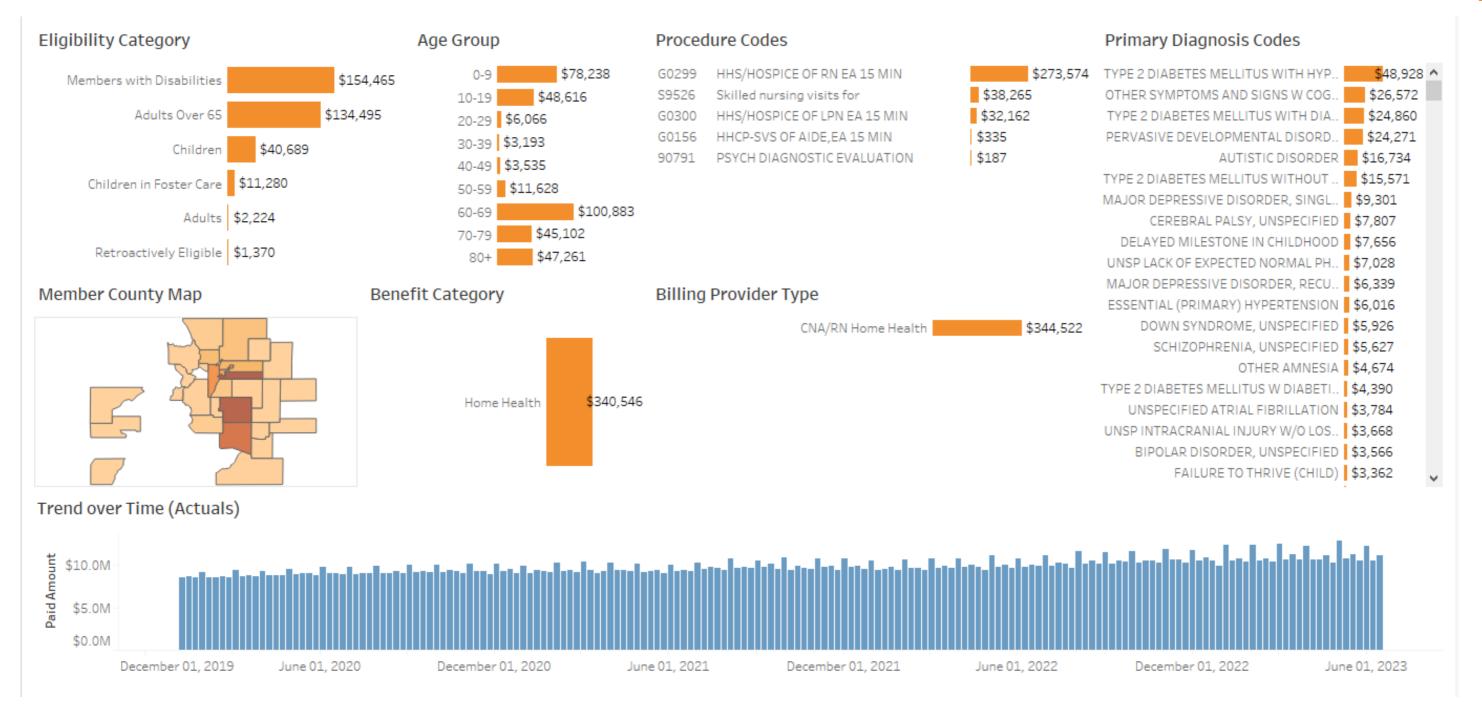


Note: Due to data issues, this graph does not accurately capture all telemedicine services provided by IHS. Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Data shows service dates from 1/5/20 through 6/17/23. Due to limited claims run-out, paid amounts 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

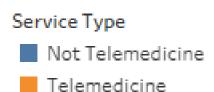


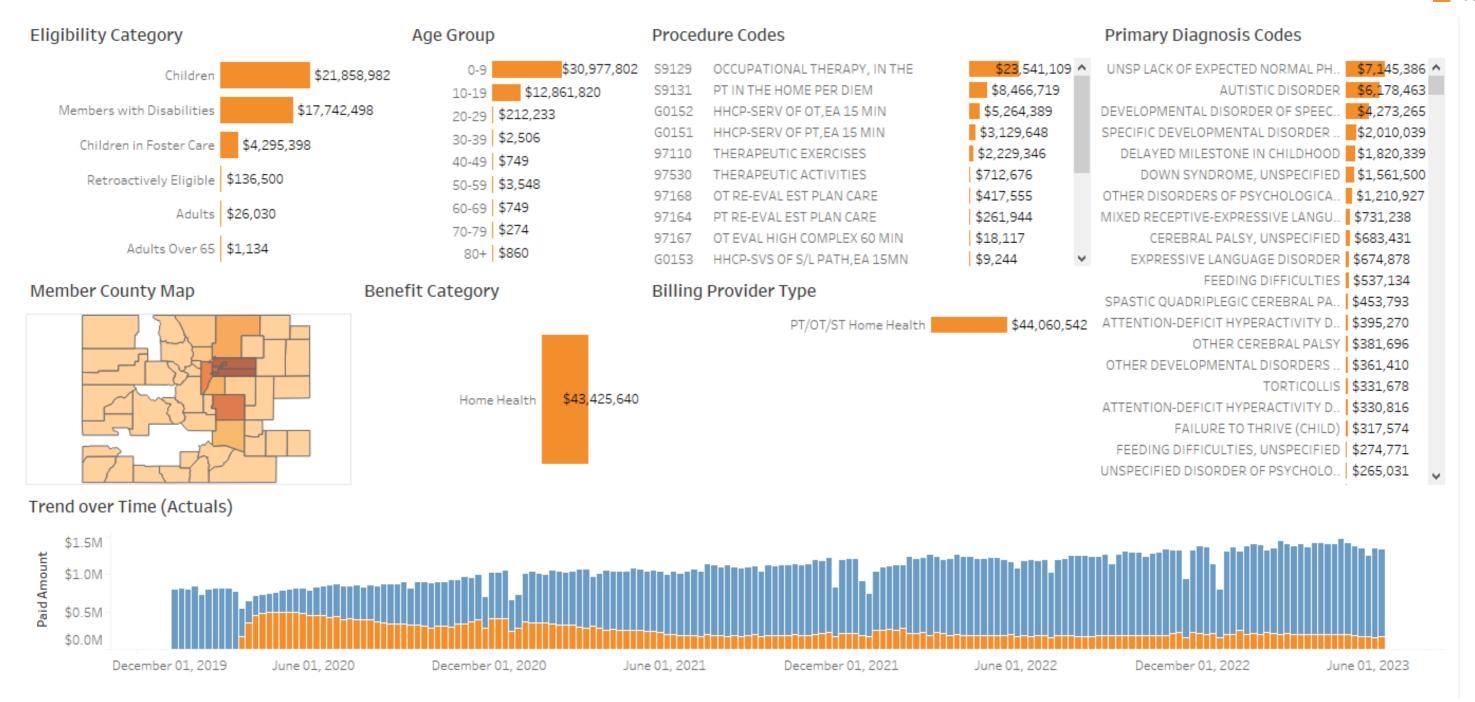


Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient 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

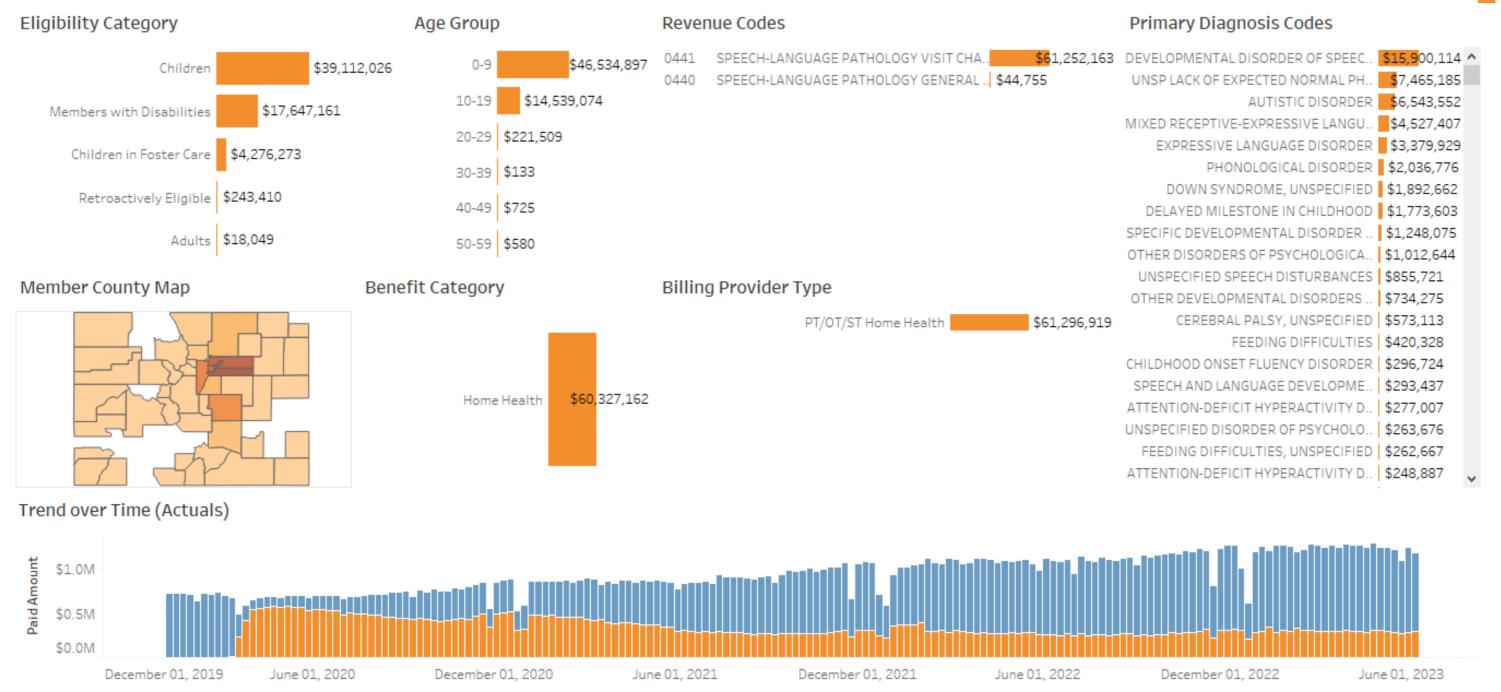




Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. Due to limited claims run-out, paid amounts may change over time. For outpatient services, only outpatient 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





Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. 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 Not Telemedicine Telemedicine Eligibility Category **Procedure Codes** Primary Diagnosis Codes Age Group \$16,052,048 \$14,761,398 ^ SPECIFIC DEVELOPMENTAL DISORDER. 97530 THERAPEUTIC ACTIVITIES Children \$10,910,811 \$3,591,040 DELAYED MILESTONE IN CHILDHOOD \$2,945,509 NEUROMUSCULAR REEDUCATION \$6,313,389 10-19 Members with Disabilities \$9,740,378 THERAPEUTIC EXERCISES \$3,311,354 UNSP LACK OF EXPECTED NORMAL PH.. \$2,349,391 20-29 \$923,822 Children in Foster Care \$2,716,136 SENSORY INTEGRATION \$686,182 MUSCLE WEAKNESS (GENERALIZED) \$1,978,239 97533 30-39 \$273,371 Adults \$479,868 SELF CARE MNGMENT TRAINING \$616,989 AUTISTIC DISORDER \$1,386,883 40-49 \$163,826 Adults Over 65 \$178,006 DEVELTST PHYS/QHP 1ST HR \$129,922 UNSPECIFIED LACK OF COORDINATION \$1,259,663 50-59 \$127,792 OT EVAL MOD COMPLEX 45 MIN \$123,225 FEEDING DIFFICULTIES \$855,234 Retroactively Eligible \$44,786 60-69 \$73,412 THER IVNTJ EA ADDL 15 MIN \$120,903 OTHER LACK OF COORDINATION \$810,426 Pregnant Adults \$6,098 70-79 \$73,395 OT RE-EVAL EST PLAN CARE \$114,445 OTHER DISORDERS OF PSYCHOLOGICA.. \$596,467 Partial Dual Eligibles \$1,424 80+ \$76,453 THER IVNTJ 1ST 15 MIN \$114,141 DOWN SYNDROME, UNSPECIFIED \$495,274 ATTENTION AND CONCENTRATION DEF.. \$339,937 Benefit Category Member County Map Billing Provider Type OTHER SYMPTOMS AND SIGNS INVOLV.. \$331,433 CEREBRAL PALSY, UNSPECIFIED \$309,378 Non-Physician Practitioner - Group \$11,329,377 UNSPECIFIED ABNORMALITIES OF GAI.. \$258,702 \$9,038,341 Rehabilitation Agency Professional Services \$24,001,495 UNSP BEHAV/EMOTN DISORD W ONST .. \$257,111 Occupational Therapist \$1,200,791 FEEDING DIFFICULTIES, UNSPECIFIED \$135,468 Hospital - General \$1,013,582 LACK OF EXPECTED NORMAL PHYSIOL .. \$131,820 Physical Therapist \$896,321 DISORDER OF MUSCLE, UNSPECIFIED \$127.511 Clinic - Practitioner \$399,251 Outpatient Hospital \$76,013 ATTENTION-DEFICIT HYPERACTIVITY D.. \$113,684 Nursing Facility \$199,845 ATTENTION-DEFICIT HYPERACTIVITY D.. \$105,010 Trend over Time (Actuals) \$1.5M \$1.0M

Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. 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.

December 01, 2021

June 01, 2022

December 01, 2022

June 01, 2023

June 01, 2021



\$0.5M \$0.0M

December 01, 2019

June 01, 2020

December 01, 2020

Service Type

Speech Therapy Not Telemedicine Telemedicine Primary Diagnosis Codes Eligibility Category Age Group Procedure Codes \$14,529,826 \$17,548,524 92507 SPEECH/HEARING THERAPY \$18,730,726 ^ MIXED RECEPTIVE-EXPRESSIVE LANGU.. \$7,941,529 ^ PHONOLOGICAL DISORDER \$2,901,785 USE OF SPEECH DEVICE SERVICE \$2,582,308 92609 10-19 \$6,216,287 \$9,175,526 Members with Disabilities EXPRESSIVE LANGUAGE DISORDER \$1,621,120 SPEECH SOUND LANG COMPREHEN \$1,657,964 92523 20-29 \$938,825 Children in Foster Care \$1,570,982 ORAL FUNCTION THERAPY \$683,432 AUTISTIC DISORDER \$1,461,455 92526 30-39 \$491,516 Adults \$370,458 BEHAVRAL QUALIT ANALYS VOICE OTHER SYMBOLIC DYSFUNCTIONS \$1,289,284 92524 \$494,039 40-49 \$223,384 OTHER SPEECH DISTURBANCES \$1,253,487 Retroactively Eligible \$29,209 92610 EVALUATE SWALLOWING FUNCTION \$237,862 50-59 \$214,047 SPEECH/HEARING THERAPY \$232,223 DEVELOPMENTAL DISORDER OF SPEEC.. \$1,096,442 92508 Adults Over 65 \$17,473 60-69 \$50,736 97130 THER IVNTJ EA ADDL 15 MIN \$215,769 UNSPECIFIED SPEECH DISTURBANCES \$744,947 Pregnant Adults \$1,670 70-79 \$5,221 APRAXIA \$743,762 THER IVNTJ 1ST 15 MIN \$144,065 Partial Dual Eligibles \$795 80+ \$7,399 AUD REHAB POSTLING HEAR LOSS DOWN SYNDROME, UNSPECIFIED \$720,808 92633 \$130,295 DELAYED MILESTONE IN CHILDHOOD \$681,592 Member County Map Benefit Category Billing Provider Type CHILDHOOD ONSET FLUENCY DISORDER \$444,142 FEEDING DIFFICULTIES \$368,002 Non-Physician Practitioner - Group \$10,041,589 SPEECH AND LANGUAGE DEVELOPME.. \$345,045 \$7,236,504 Rehabilitation Agency Professional Services \$20,809,658 SPECIFIC DEVELOPMENTAL DISORDER.. | \$255,816 \$4,959,009 Hospital - General Speech Therapist \$2,437,724 CEREBRAL PALSY, UNSPECIFIED \$229,243 DYSARTHRIA AND ANARTHRIA \$193,374 Clinic - Practitioner \$1,002,101 SOCIAL PRAGMATIC COMMUNICATION .. \$122,313 Nursing Facility \$16,374 Outpatient Hospital \$4,886,280 COGNITIVE COMMUNICATION DEFICIT \$120,899 Behavioral Therapy Clinic \$2,638 TRISOMY 21, NONMOSAICISM (MEIOTI.. \$112,455 Trend over Time (Actuals) \$0.6M Paid Amount \$0.4M

Note: Only includes Fee-For-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. 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.

December 01, 2021

June 01, 2022

December 01, 2022

June 01, 2023

June 01, 2021



\$0.2M

\$0.0M

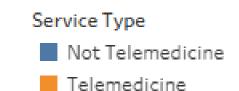
December 01, 2019

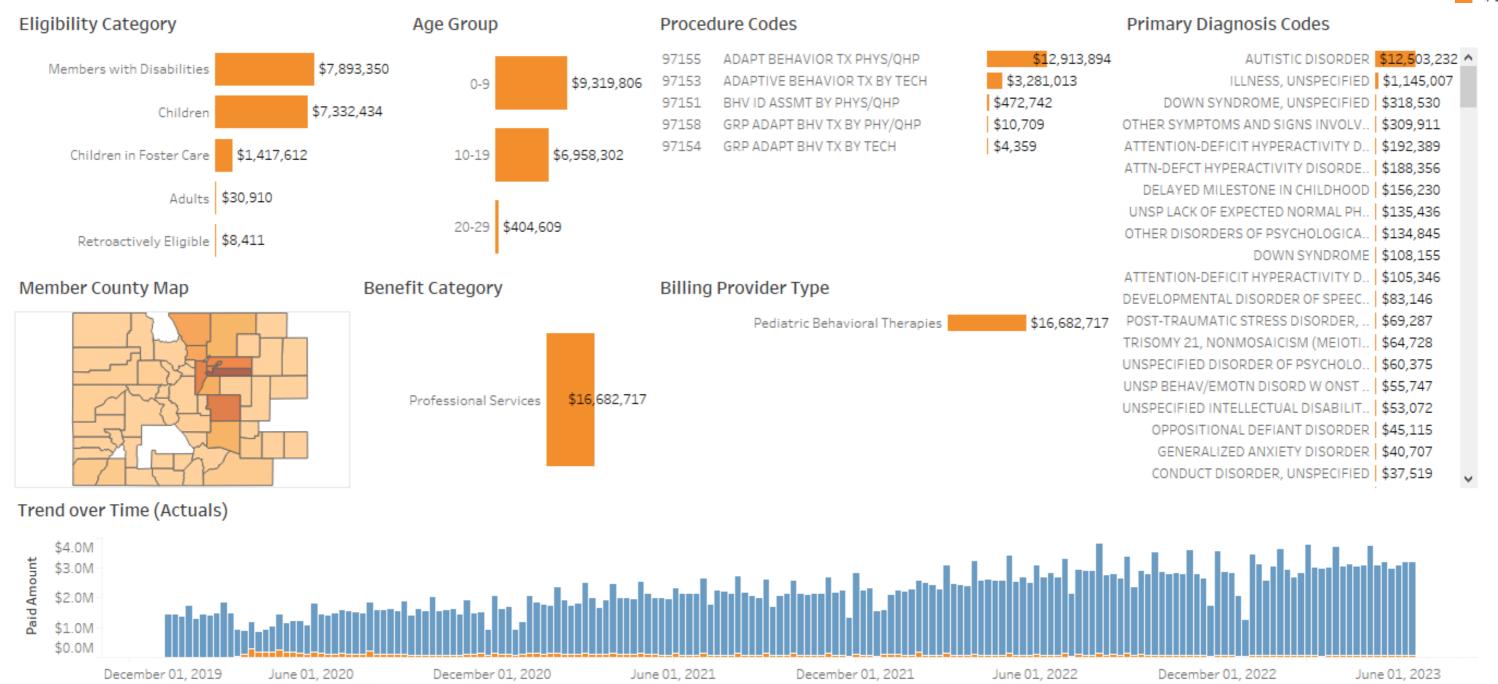
June 01, 2020

December 01, 2020

Service Type

Pediatric Behavioral Therapy

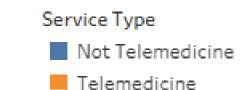


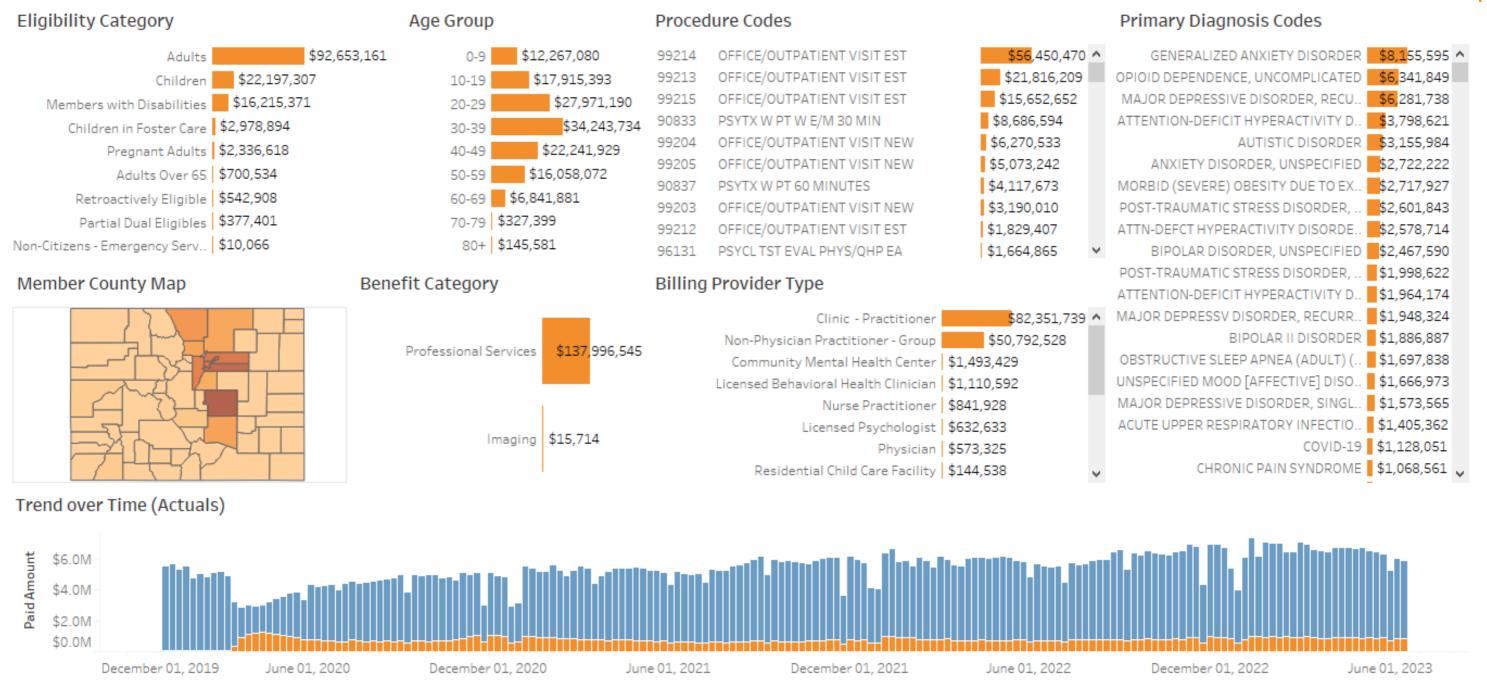


Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. Due to limited claims run-out, paid amounts may change over time. HCBS and Case Management Agencies 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





Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. 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.

