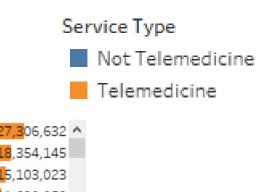
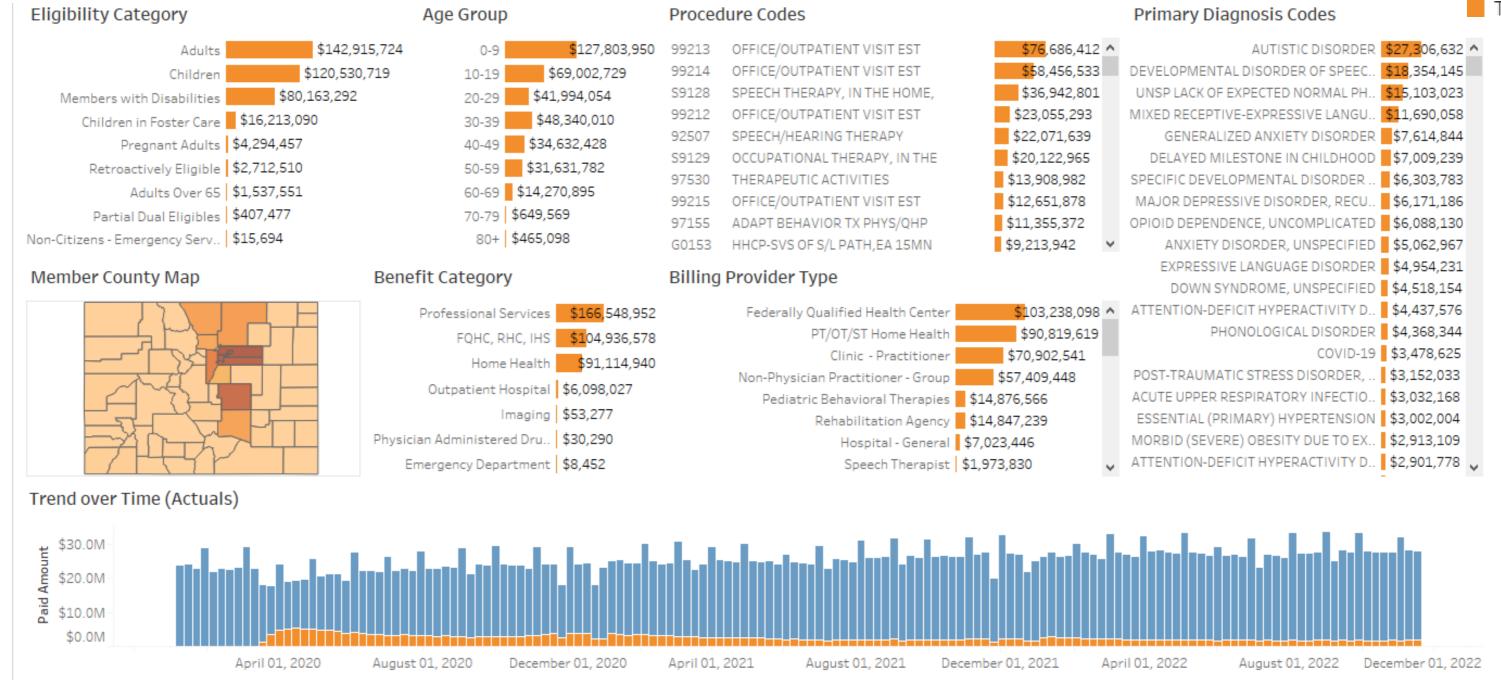
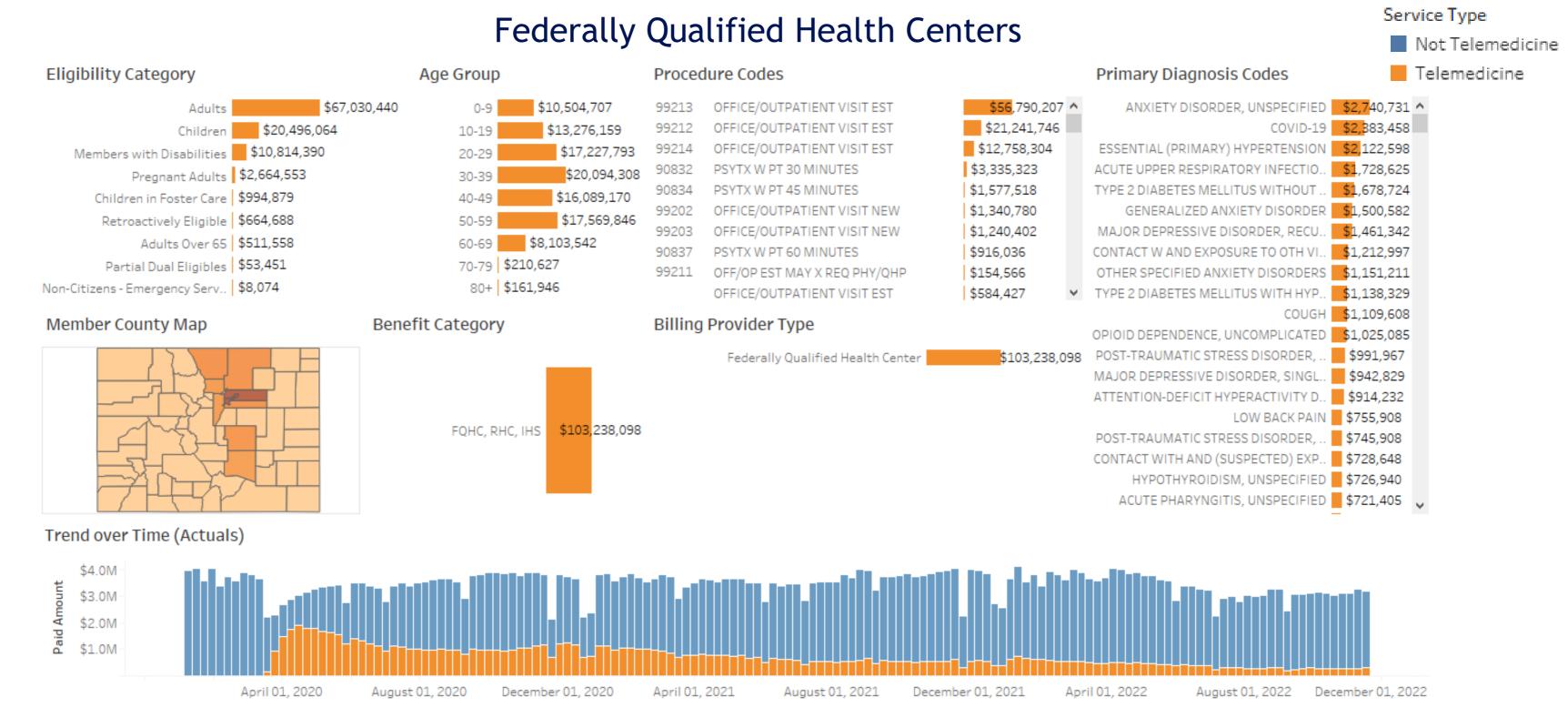
Outpatient and Professional Services Eligible for Telemedicine

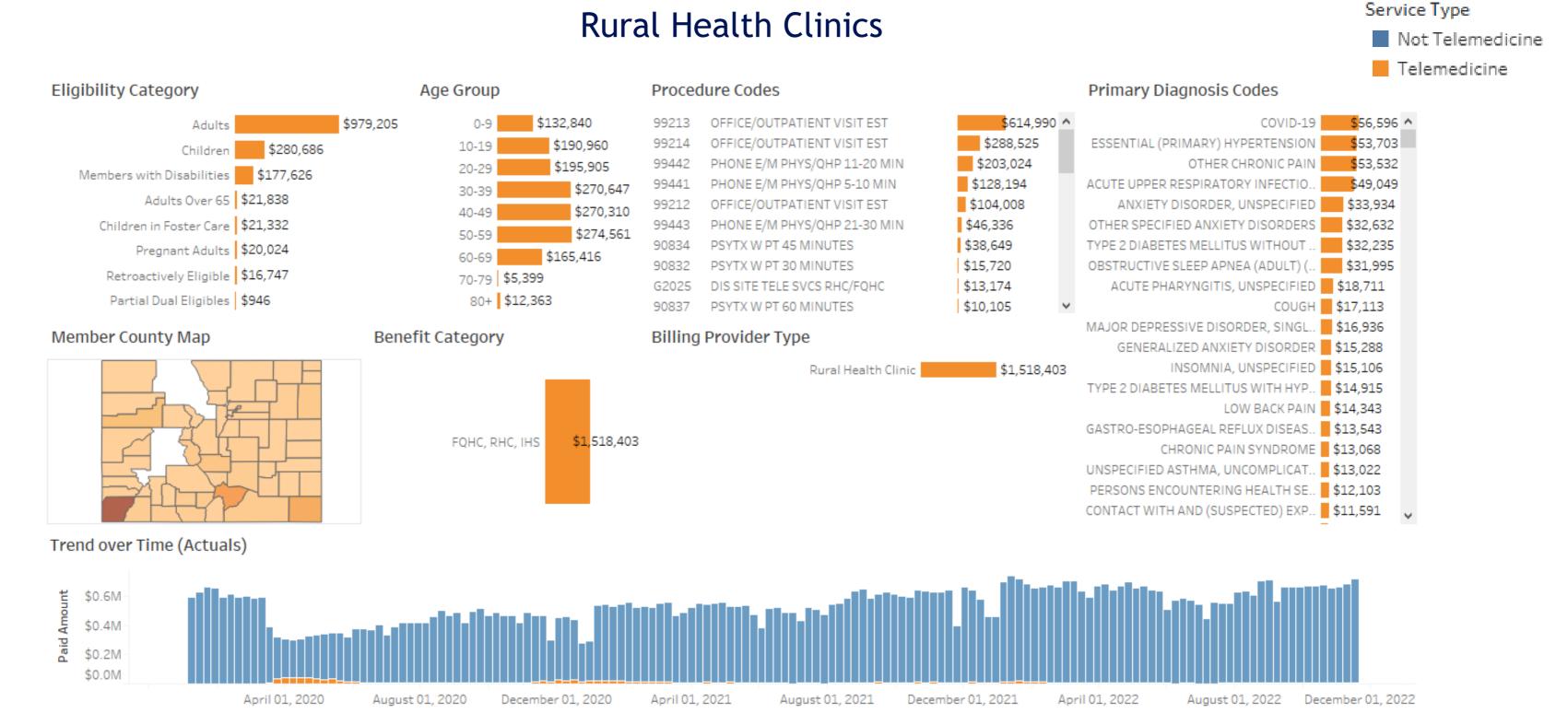




Note: Only includes Fee-For-Service services eligible for telemedicine. HCBS and Case Management Agencies do not indicate which services provided are telemedicine and therefore have been excluded from the above graph. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 11/19/22. All other graphs include service dates from 1/5/20 through 1/21/23. 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.

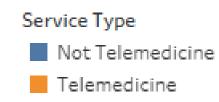


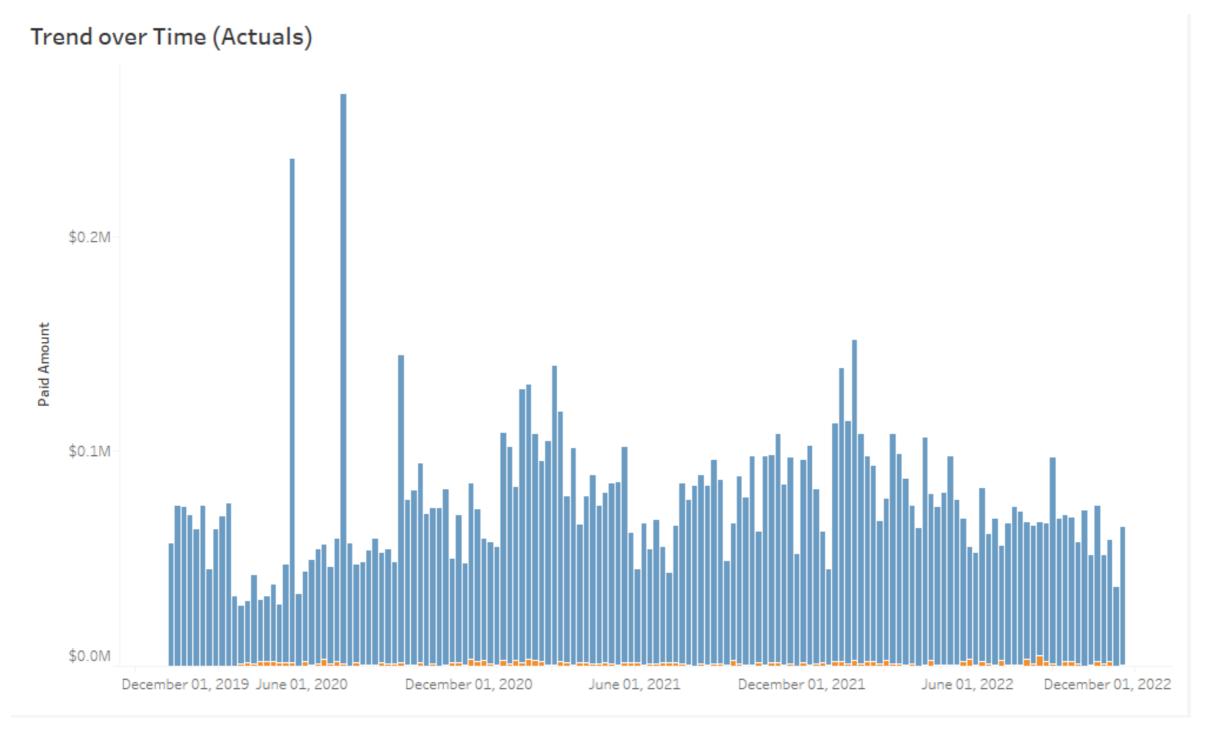






Indian Health Services

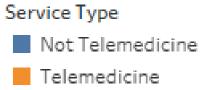


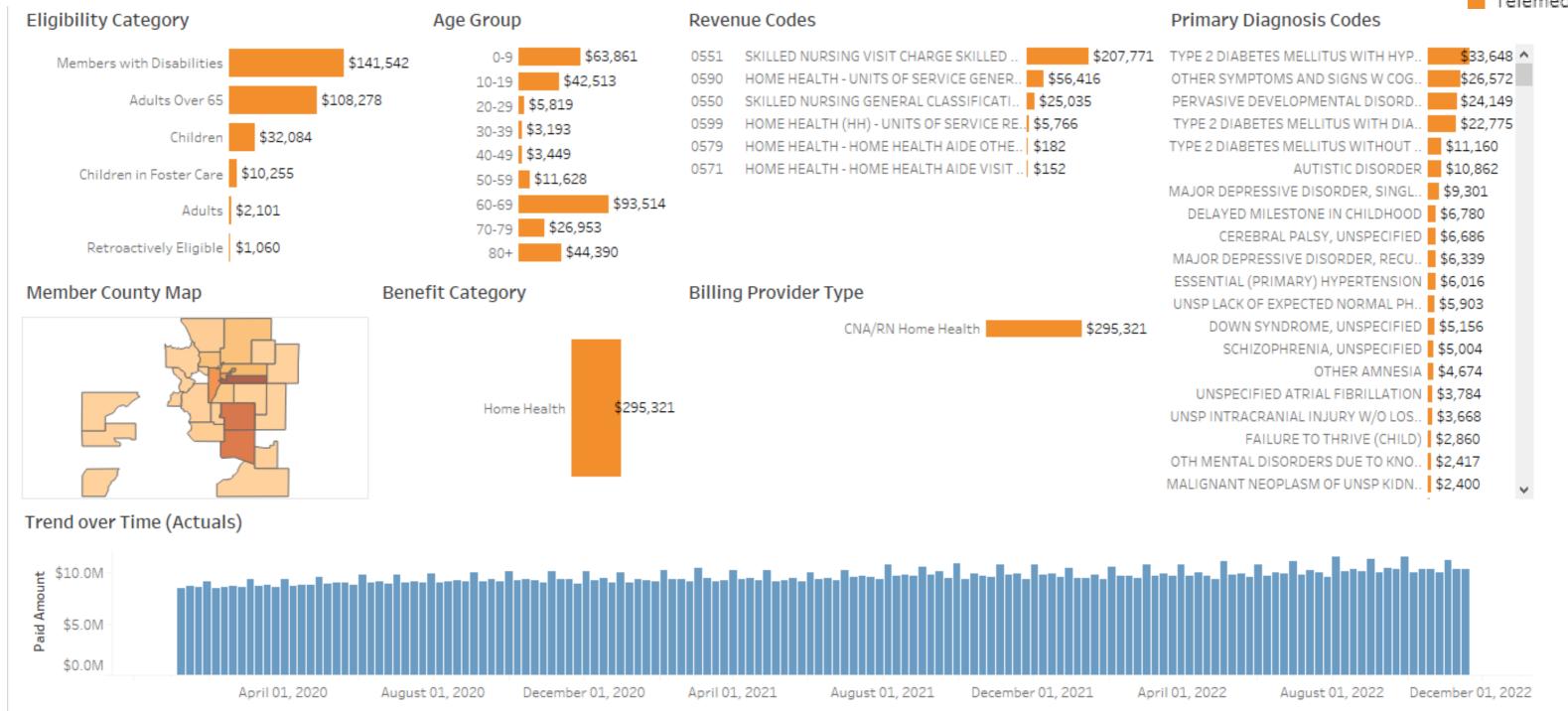


Note: Due to data issues, this graph does not accurately capture all telemedicine services provided by IHS. Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Data shows service dates from 1/5/20 through 11/19/22. Due to limited claims run-out, paid amounts 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.



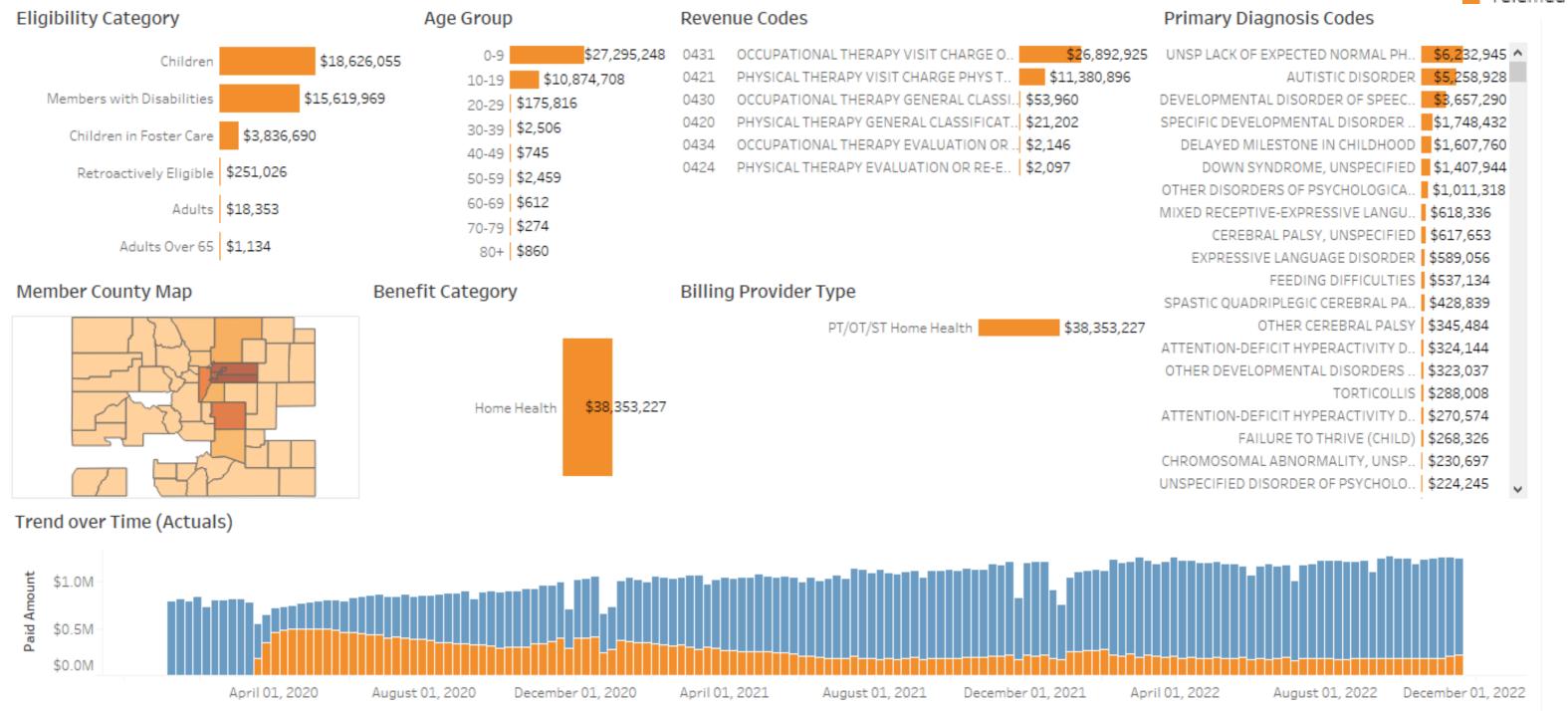
Certified Nursing Assistant/Registered Nurse Home Health





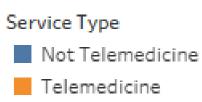
Physical Therapy/Occupational Therapy Home Health

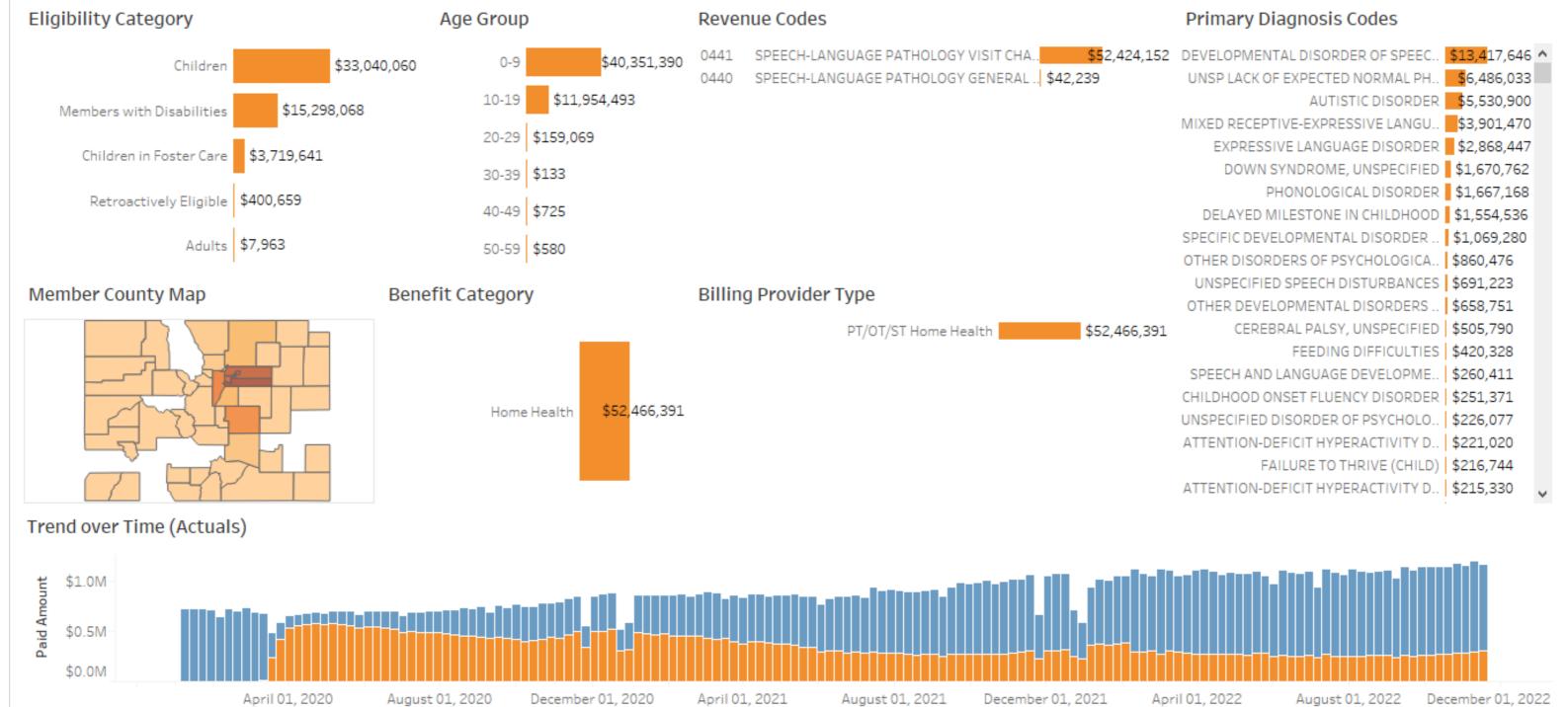




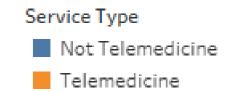


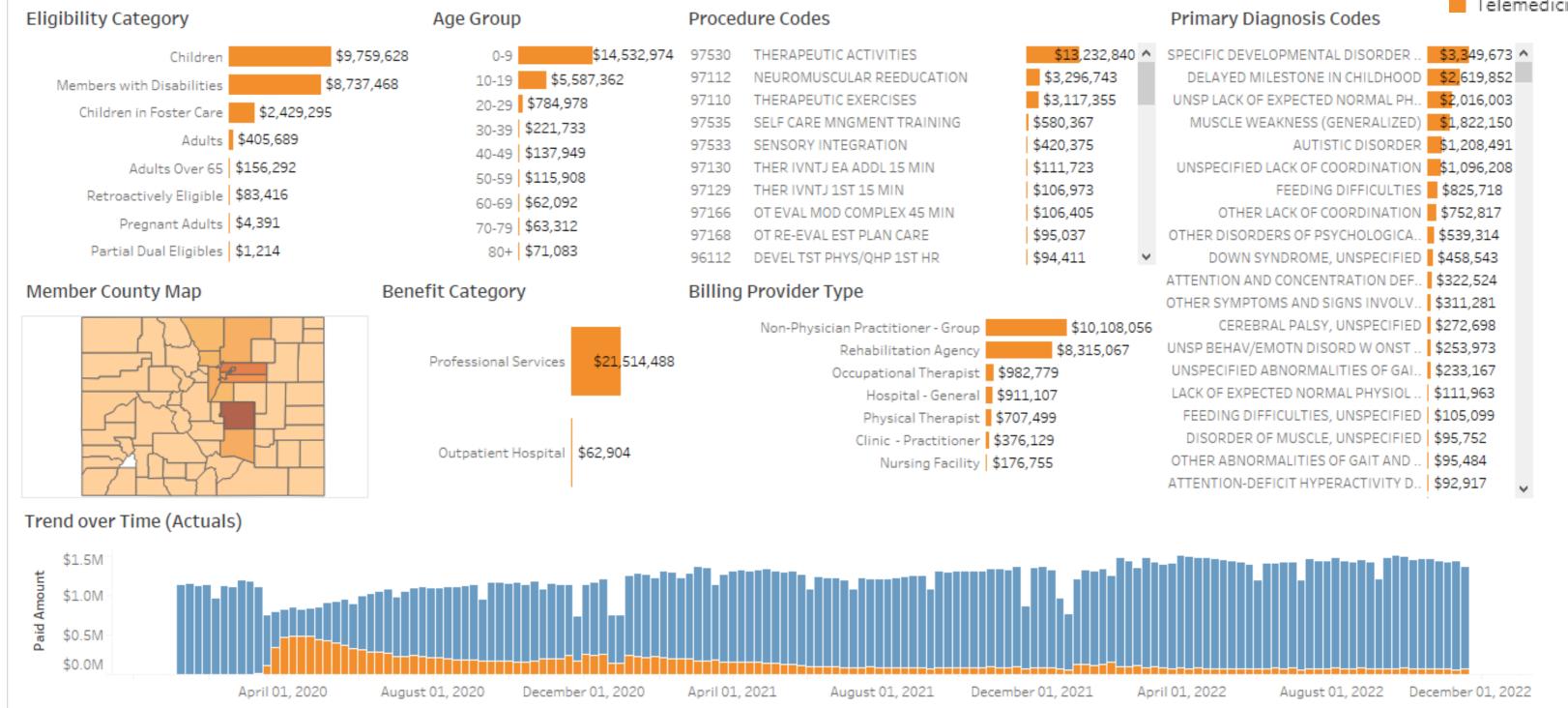
Speech Therapy Home Health

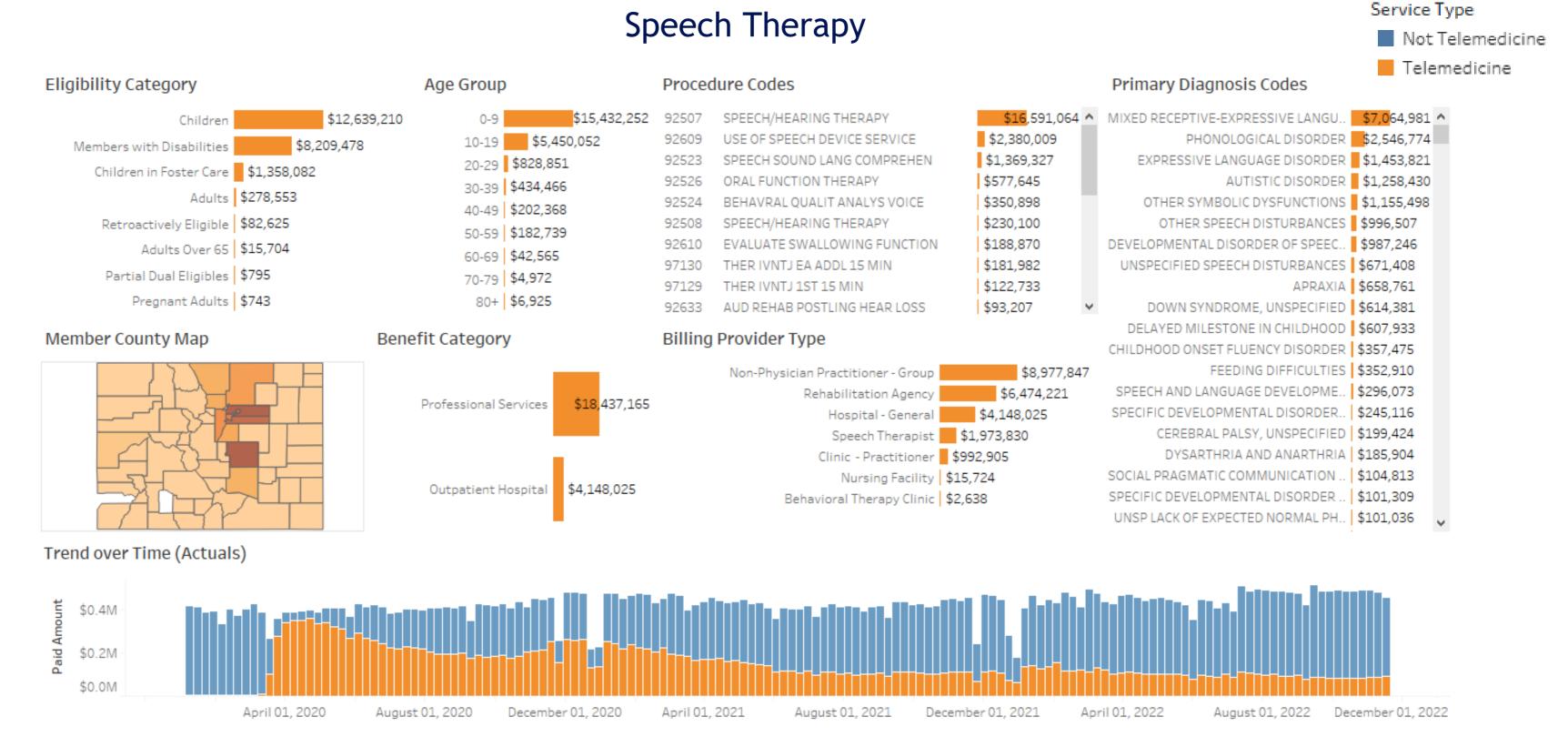




Physical Therapy/Occupational Therapy

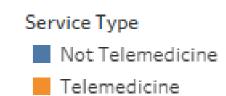


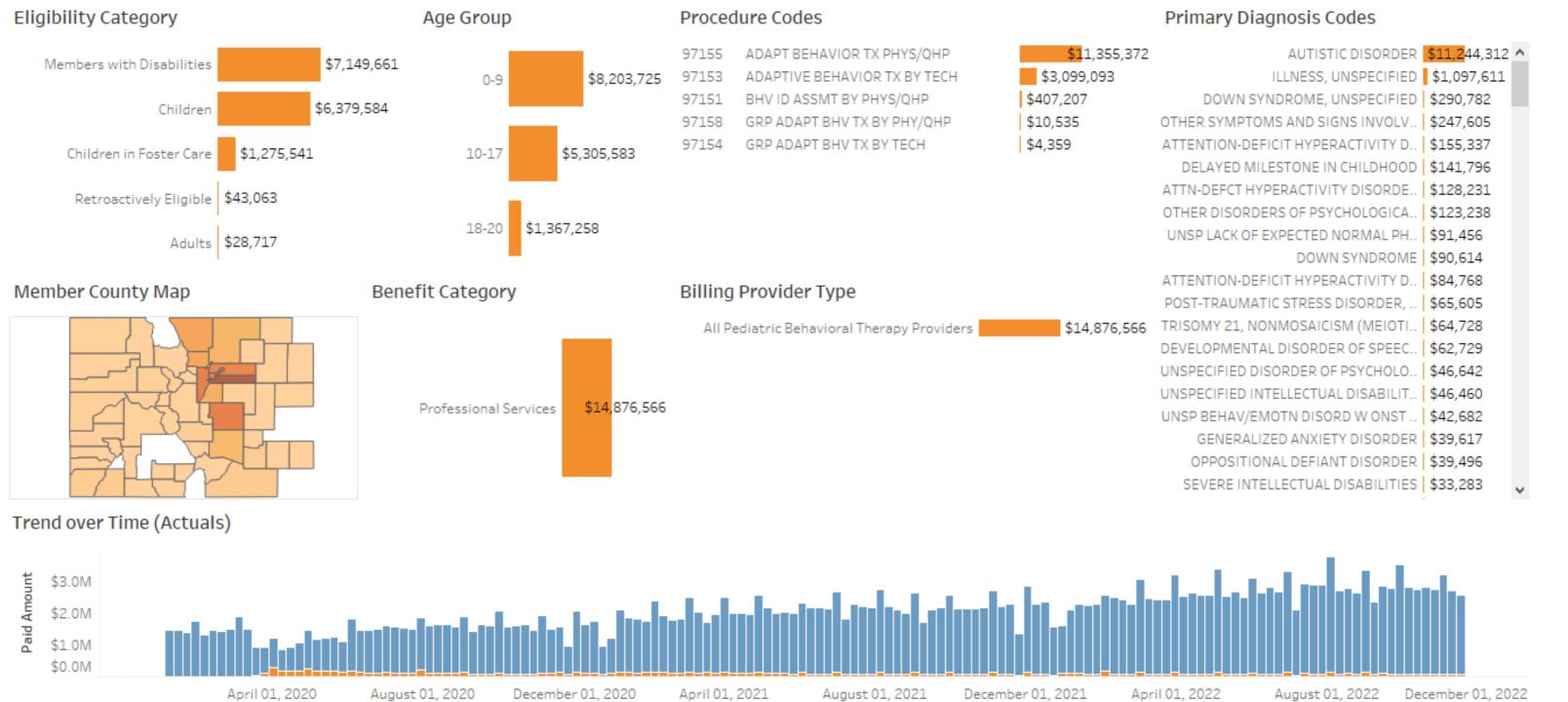






Pediatric Behavioral Therapy





Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/19/22. All other graphs include service dates from 1/5/20 through 1/21/23. 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.



Service Type Fee Schedule Medical Providers and Other Professional Services Not Telemedicine Telemedicine Eligibility Category Age Group Procedure Codes Primary Diagnosis Codes \$10,360,323 GENERALIZED ANXIETY DISORDER \$6.014.395 ^ \$73,891,905 OFFICE/OUTPATIENT VISIT EST \$45,408,085 ^ 99214 99213 OFFICE/OUTPATIENT VISIT EST \$19,245,627 OPIOID DEPENDENCE, UNCOMPLICATED \$5,056,158 \$18,232,439 \$14,625,609 Children 10-19 \$12,091,083 MAJOR DEPRESSIVE DISORDER, RECU.. \$4,683,204 Members with Disabilities \$13,373,469 99215 OFFICE/OUTPATIENT VISIT EST \$22,141,550 20-29 90833 PSYTX W PT W E/M 30 MIN \$6,124,137 ATTENTION-DEFICIT HYPERACTIVITY D... \$2,767,835 \$27,215,445 Children in Foster Care \$2,445,809 30-39 OFFICE/OUTPATIENT VISIT NEW \$5,151,835 99204 MORBID (SEVERE) OBESITY DUE TO EX.. \$2,483,454 Pregnant Adults \$1,591,424 \$17,839,371 40-49 99205 OFFICE/OUTPATIENT VISIT NEW \$4,035,884 AUTISTIC DISORDER \$2,400,637 Retroactively Eligible \$1,154,877 \$13,341,192 90837 PSYTX W PT 60 MINUTES \$3,127,410 ANXIETY DISORDER, UNSPECIFIED \$2,201,392 Adults Over 65 \$570,857 60-69 \$5,666,421 \$2,863,305 99203 OFFICE/OUTPATIENT VISIT NEW POST-TRAUMATIC STRESS DISORDER, .. \$2,000,076 Partial Dual Eligibles \$308,538 70-79 \$264,863 99212 OFFICE/OUTPATIENT VISIT EST \$1,587,896 ATTN-DEFCT HYPERACTIVITY DISORDE.. \$1,867,480 Non-Citizens - Emergency Serv.. | \$7,620 80+ \$122,165 96131 PSYCL TST EVAL PHYS/OHP EA \$1,568,012 BIPOLAR DISORDER, UNSPECIFIED \$1,861,922 ATTENTION-DEFICIT HYPERACTIVITY D.: \$1,550,593 Member County Map Benefit Category Billing Provider Type MAJOR DEPRESSV DISORDER, RECURR.. \$1,511,538 POST-TRAUMATIC STRESS DISORDER, .. \$1,498,522 \$69,533,507 ^ Clinic - Practitioner BIPOLAR II DISORDER \$1,364,736 \$38,323,545 Non-Physician Practitioner - Group Professional Services \$111,561,869 OBSTRUCTIVE SLEEP APNEA (ADULT) (.. \$1,360,075 Community Mental Health Center \$1,191,838 MAJOR DEPRESSIVE DISORDER, SINGL.. \$1,311,127 Licensed Behavioral Health Clinician \$719,248 UNSPECIFIED MOOD [AFFECTIVE] DISO.. \$1,269,873 Nurse Practitioner \$682.150 ACUTE UPPER RESPIRATORY INFECTIO.. \$1,251,434 Physician \$486,207 Imaging \$15,070 COVID-19 \$1,021,838 Licensed Psychologist \$428,617 CHRONIC PAIN SYNDROME \$948,442 Residential Child Care Facility \$144,538 Trend over Time (Actuals) \$6.0M Paid Amount \$4.0M

Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 11/19/22. All other graphs include service dates from 1/5/20 through 1/21/23. 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.

August 01, 2021

December 01, 2021

April 01, 2022

August 01, 2022

December 01, 2022

April 01, 2021



\$2.0M \$0.0M

April 01, 2020

August 01, 2020

December 01, 2020