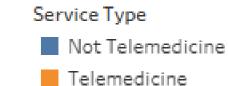
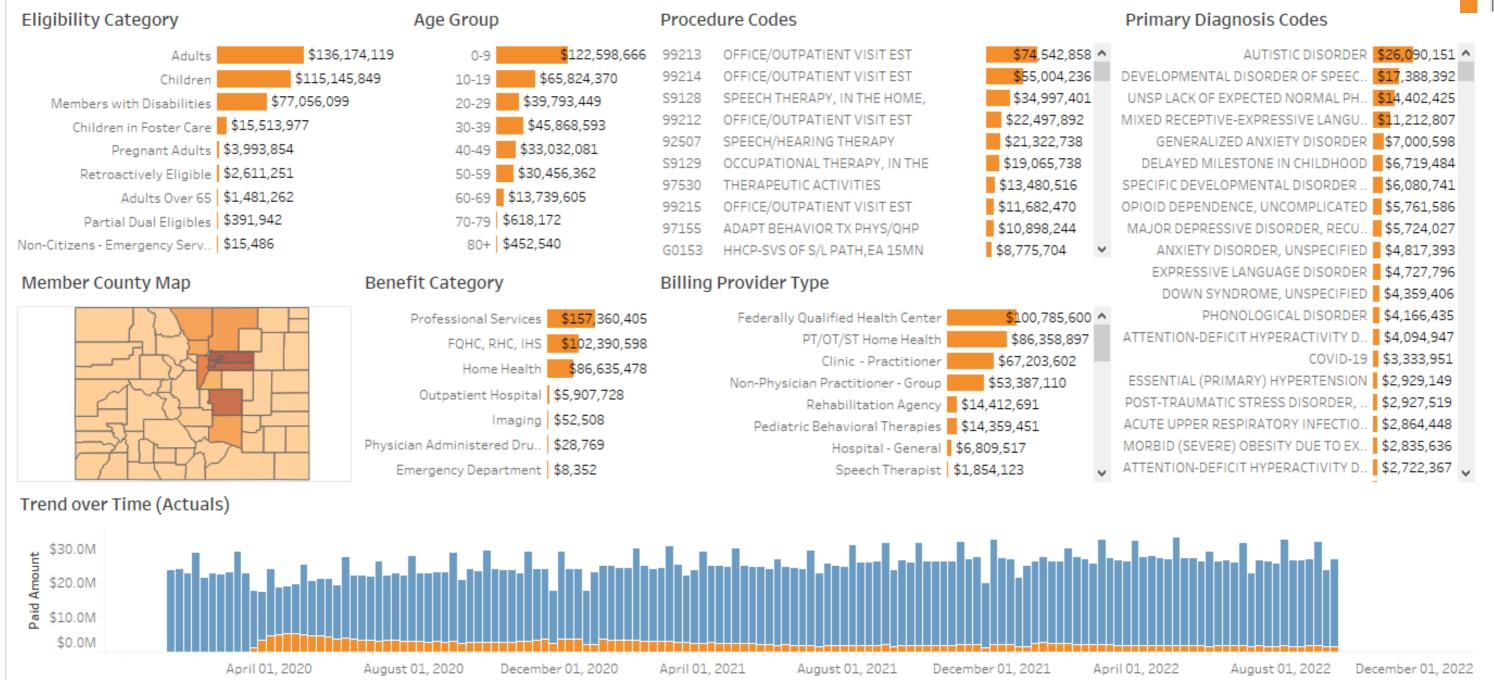
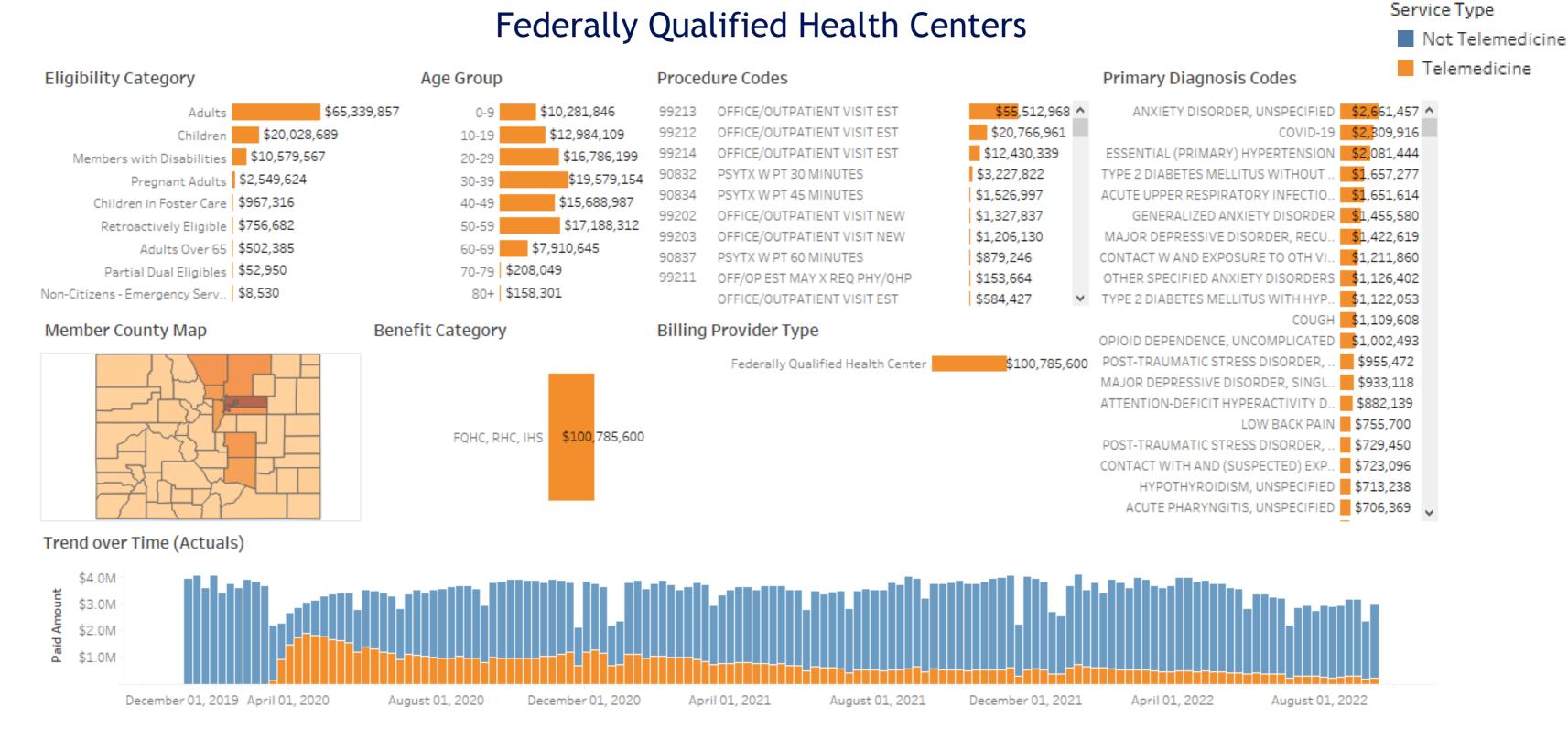
Outpatient and Professional Services Eligible for Telemedicine



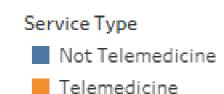


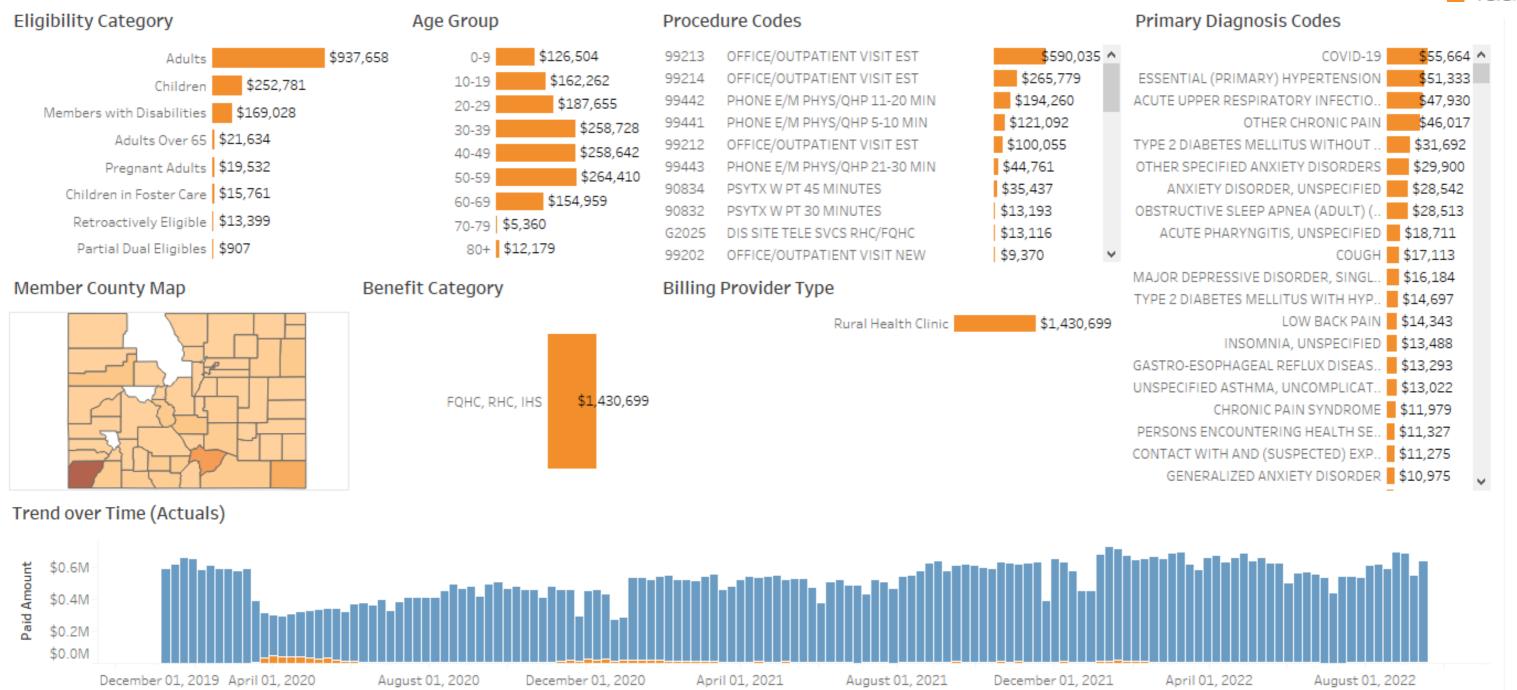
Note: Only includes Fee-For-Service services eligible for telemedicine. HCBS and Case Management Agencies do not indicate which services provided are telemedicine and therefore have been excluded from the above graph. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 9/17/22. All other graphs include service dates from 1/5/20 through 11/13/22. 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.





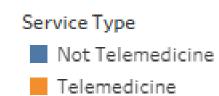
Rural Health Clinics



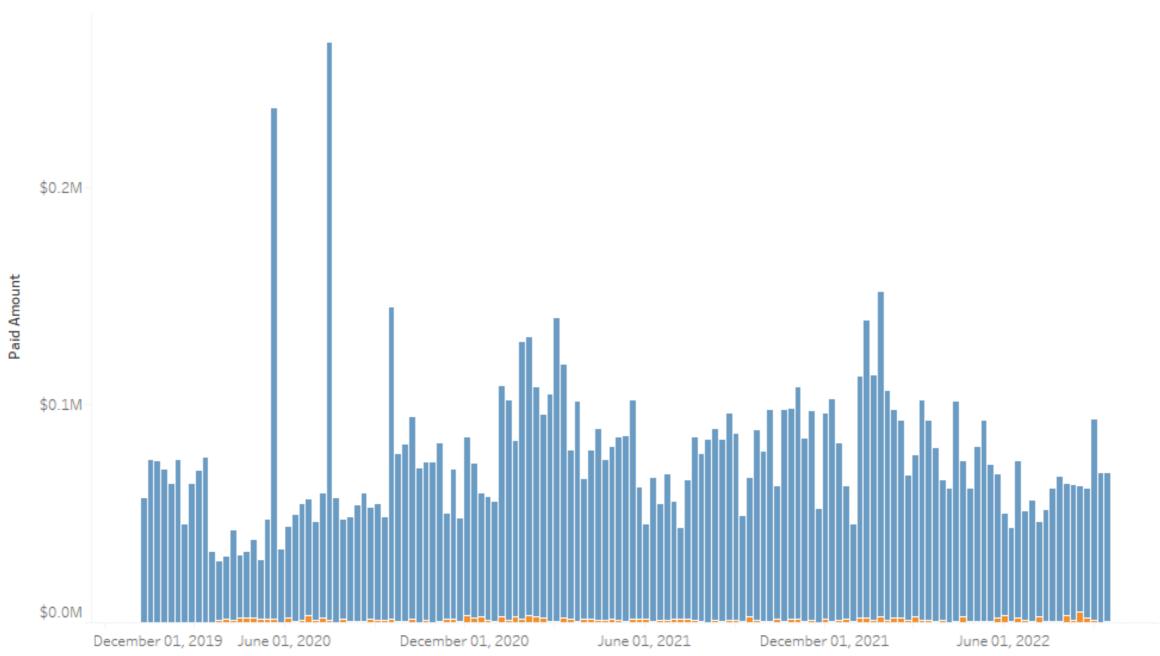




Indian Health Services

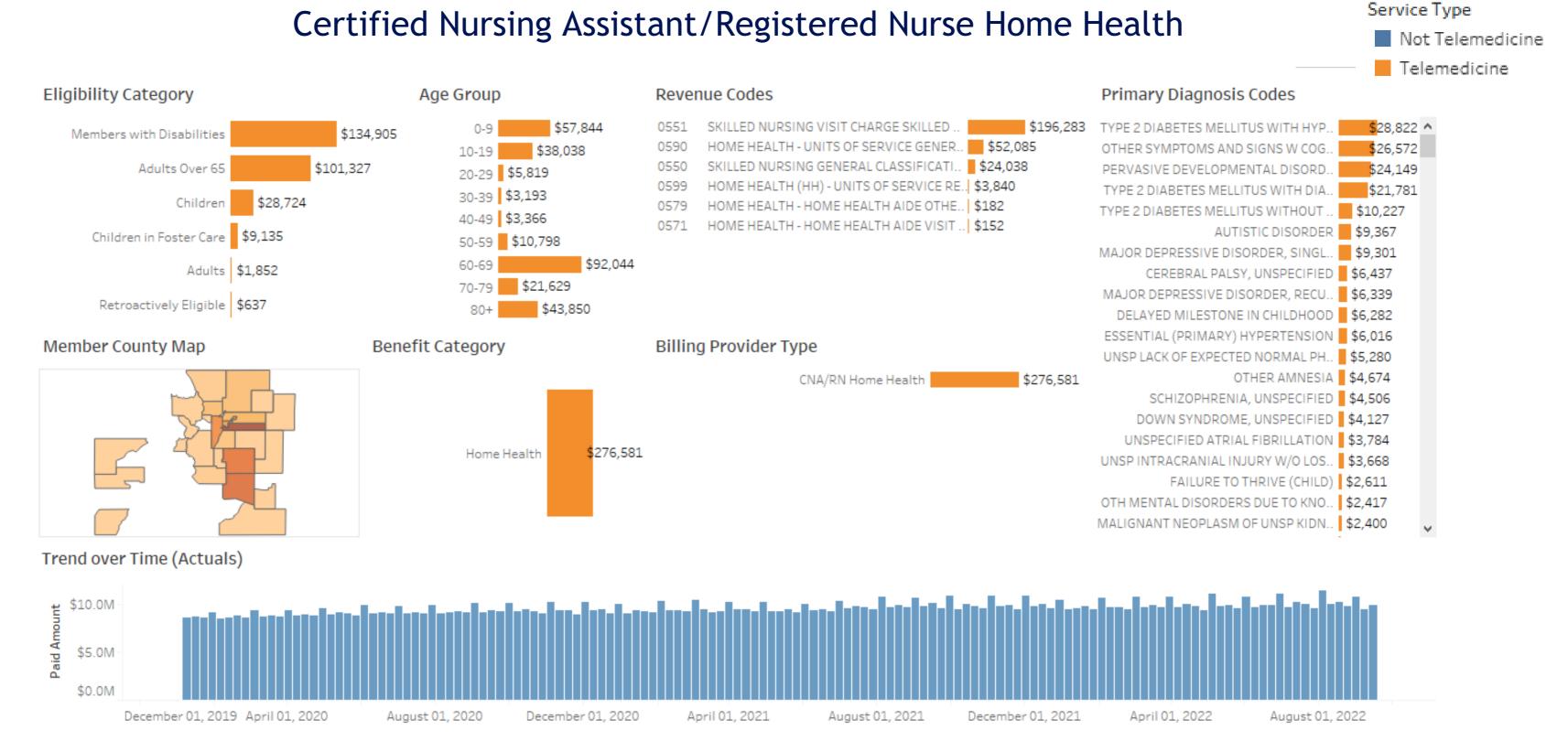




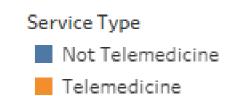


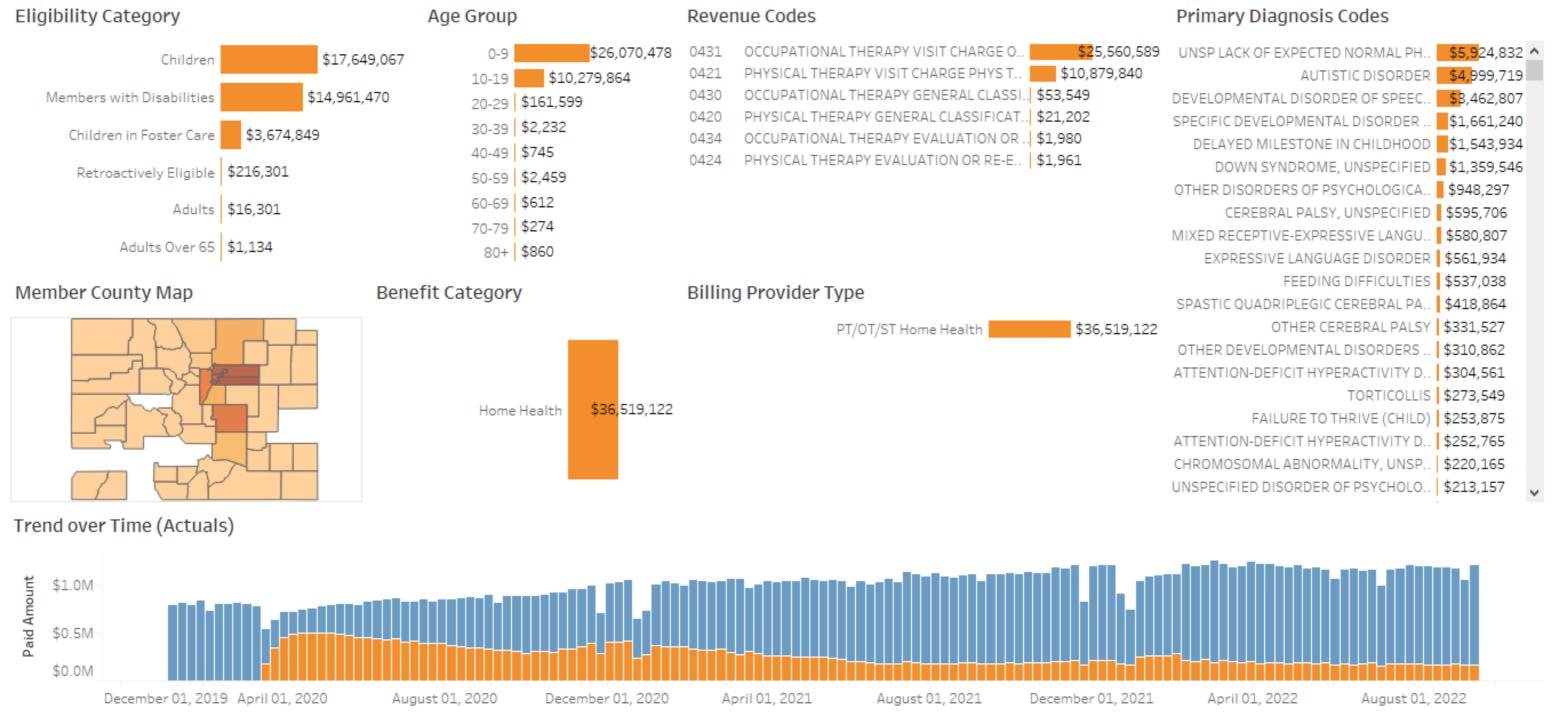
Note: Due to data issues, this graph does not accurately capture all telemedicine services provided by IHS. Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Data shows service dates from 1/5/20 through 9/17/22. Due to limited claims run-out, paid amounts 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.



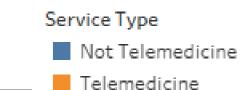


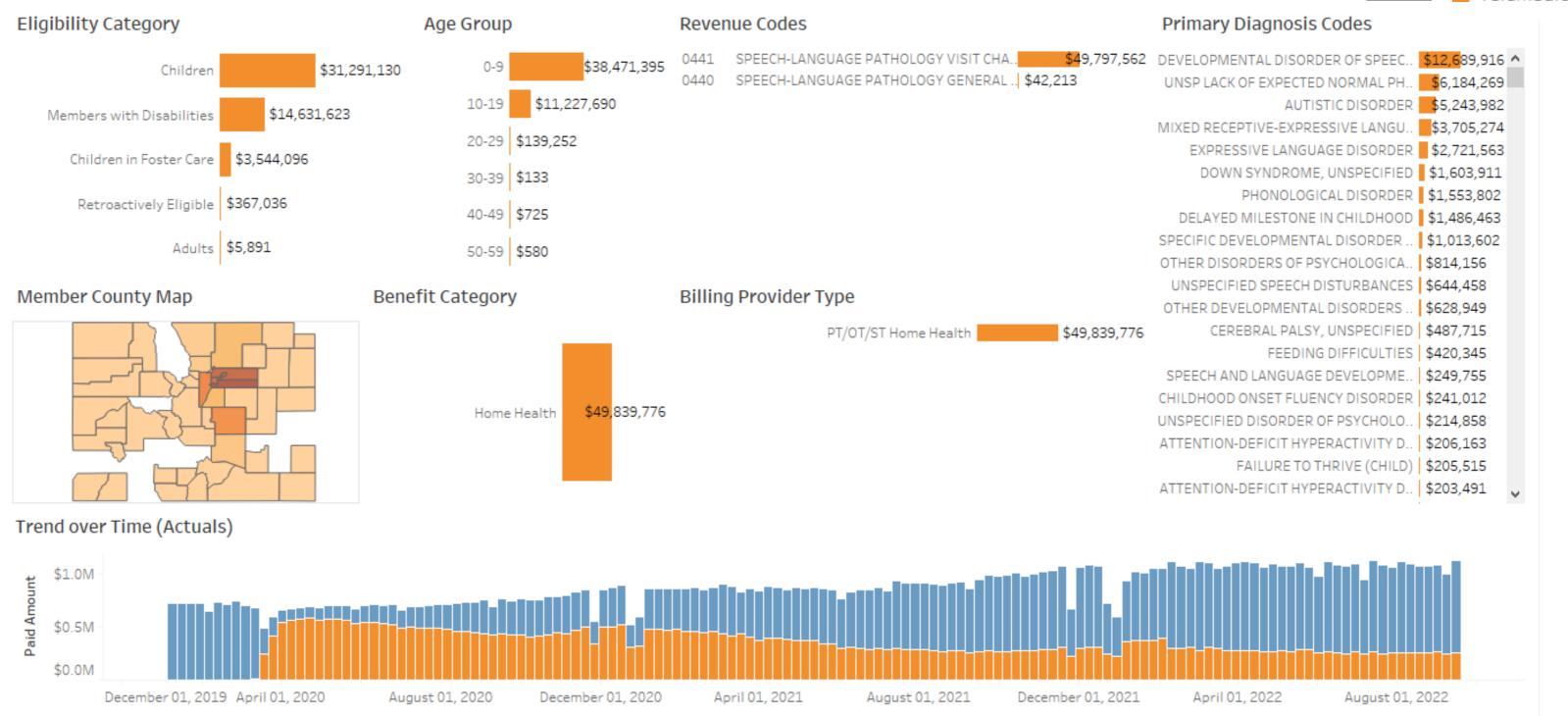
Physical Therapy/Occupational Therapy Home Health

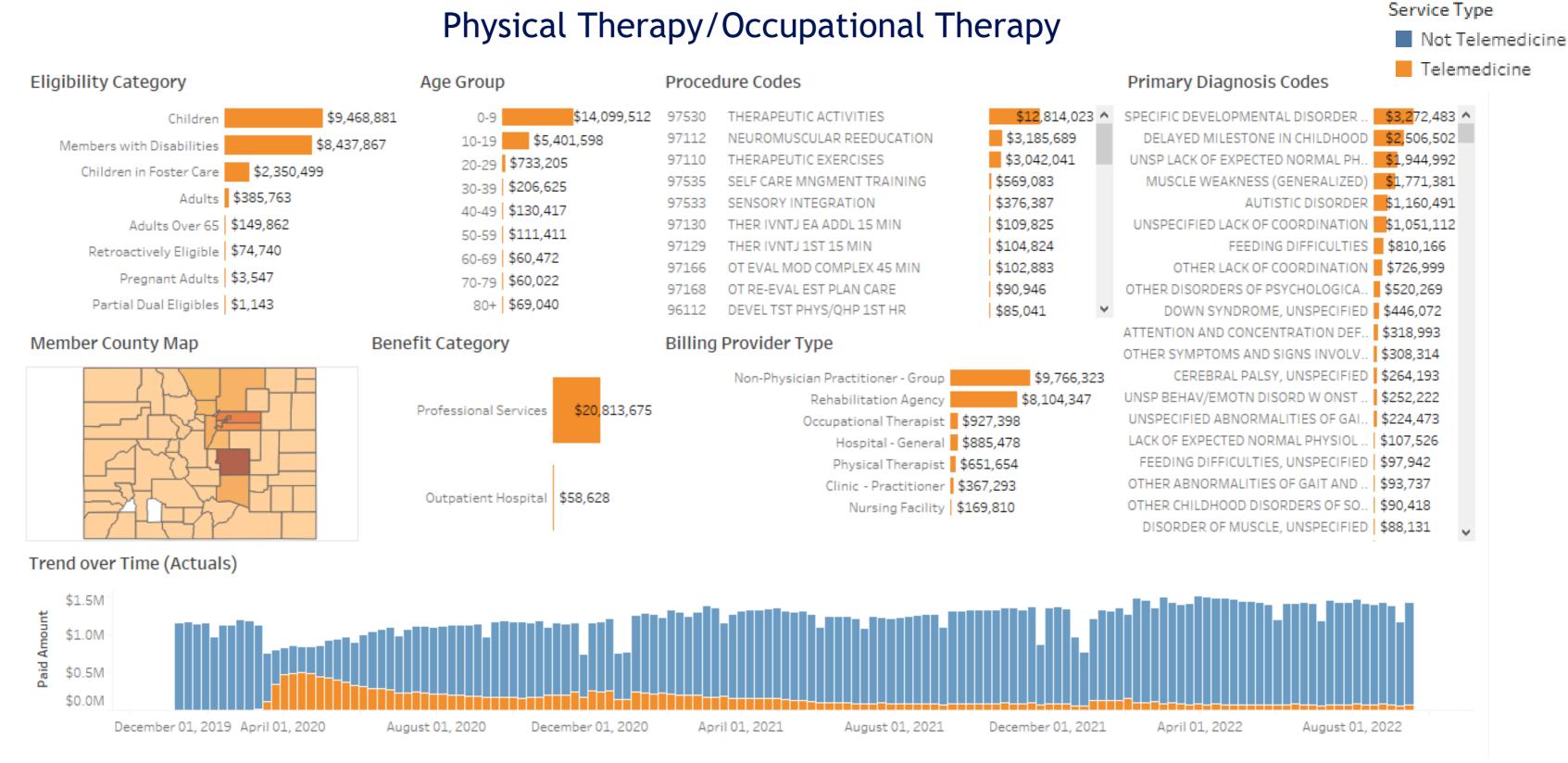




Speech Therapy Home Health

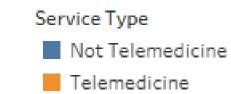


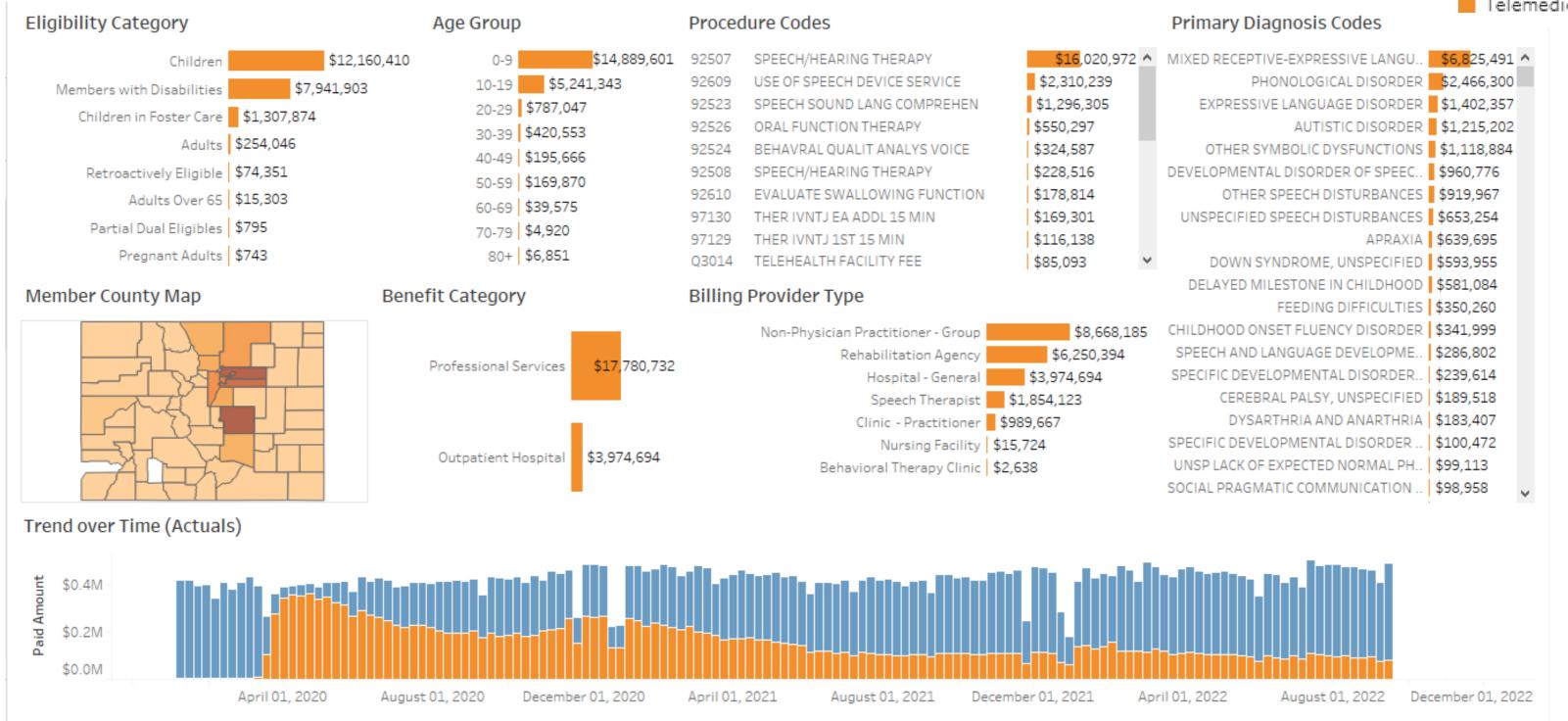




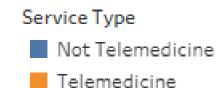


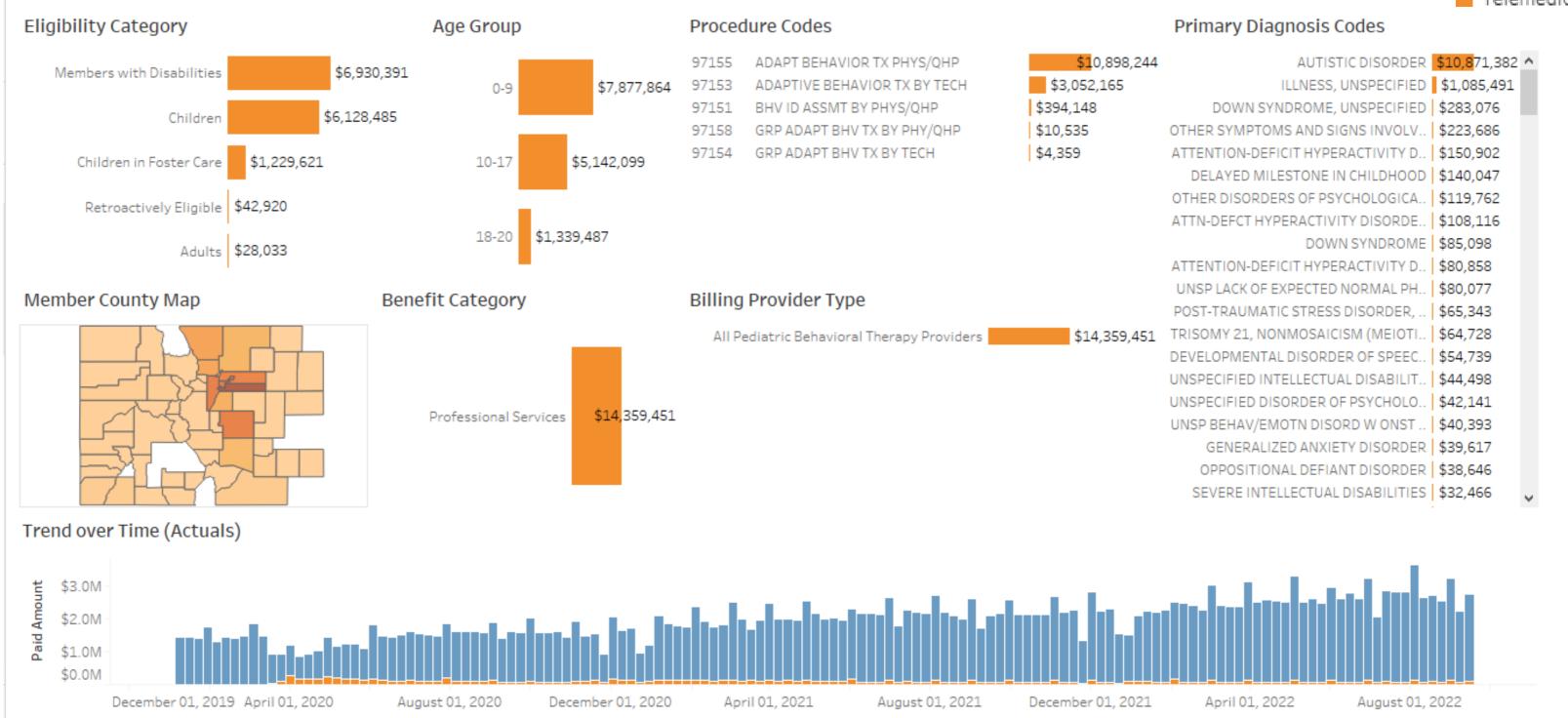
Speech Therapy





Pediatric Behavioral Therapy





Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 9/17/22. All other graphs include service dates from 1/5/20 through 11/13/22. 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 Not Telemedicine Telemedicine Primary Diagnosis Codes Eligibility Category Age Group Procedure Codes \$9,797,049 OFFICE/OUTPATIENT VISIT EST \$42,306,538 ^ GENERALIZED ANXIETY DISORDER \$5,452,076 ^ \$68,940,639 99214 Adults \$18,406,199 OPIOID DEPENDENCE, UNCOMPLICATED \$4,752,402 99213 OFFICE/OUTPATIENT VISIT EST \$17,092,831 \$13,668,162 \$11,154,817 99215 MAJOR DEPRESSIVE DISORDER, RECU.. \$4,276,749 OFFICE/OUTPATIENT VISIT EST Members with Disabilities \$12,638,435 \$20,531,754 20-29 90833 PSYTX W PT W E/M 30 MIN \$5,469,502 ATTENTION-DEFICIT HYPERACTIVITY D.. \$2,499,316 Children in Foster Care \$2,293,261 \$25,303,117 30-39 MORBID (SEVERE) OBESITY DUE TO EX.. \$2,423,993 99204 OFFICE/OUTPATIENT VISIT NEW \$4,839,151 Pregnant Adults \$1,407,113 \$16,667,957 \$3,763,868 AUTISTIC DISORDER \$2,201,367 99205 OFFICE/OUTPATIENT VISIT NEW Retroactively Eligible \$1,050,891 \$12,582,452 PSYTX W PT 60 MINUTES \$2,863,997 ANXIETY DISORDER, UNSPECIFIED \$2,051,179 90837 60-69 \$5,354,022 Adults Over 65 \$549,948 99203 OFFICE/OUTPATIENT VISIT NEW \$2,749,535 POST-TRAUMATIC STRESS DISORDER, .. \$1,819,129 Partial Dual Eligibles \$296,297 70-79 \$253,099 PSYCL TST EVAL PHYS/QHP EA \$1,554,770 BIPOLAR DISORDER, UNSPECIFIED \$1,703,339 96131 Non-Citizens - Emergency Serv.. \$6,956 80+ \$118,759 99212 OFFICE/OUTPATIENT VISIT EST \$1,511,896 ✓ ATTN-DEFCT HYPERACTIVITY DISORDE.. #\$1,678,907 ATTENTION-DEFICIT HYPERACTIVITY D.: \$1,434,051 Member County Map Benefit Category Billing Provider Type MAJOR DEPRESSV DISORDER, RECURR.. \$1,397,523 POST-TRAUMATIC STRESS DISORDER, .. \$1,368,567 Clinic - Practitioner \$65.846.642 ^ OBSTRUCTIVE SLEEP APNEA (ADULT) (.. \$1,268,972 \$34,952,601 Non-Physician Practitioner - Group Professional Services \$104,261,413 MAJOR DEPRESSIVE DISORDER, SINGL.. \$1,237,100 Community Mental Health Center \$1,148,009 BIPOLAR II DISORDER \$1,228,965 Nurse Practitioner \$636,339 UNSPECIFIED MOOD [AFFECTIVE] DISO.. \$1,166,260 Licensed Behavioral Health Clinician \$627,711 ACUTE UPPER RESPIRATORY INFECTIO.. \$1,161,867 Physician \$469,118 Imaging \$14,957 COVID-19 \$951,819 Licensed Psychologist \$384,475 CHRONIC PAIN SYNDROME \$907,681 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 9/17/22. All other graphs include service dates from 1/5/20 through 11/13/22. 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

Service Type