

Outpatient and Professional Services Eligible for Telemedicine

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category

Adults	\$168,109,579
Children	\$139,513,099
Members with Disabilities	\$91,173,570
Children in Foster Care	\$18,516,534
Pregnant Adults	\$5,436,379
Adults Over 65	\$1,810,509
Retroactively Eligible	\$1,790,203
Partial Dual Eligibles	\$492,870
Non-Citizens - Emergency Serv..	\$21,839

Age Group

0-9	\$145,146,371
10-19	\$80,237,988
20-29	\$49,864,328
30-39	\$57,491,987
40-49	\$40,652,149
50-59	\$35,908,778
60-69	\$16,255,760
70-79	\$782,106
80+	\$525,114

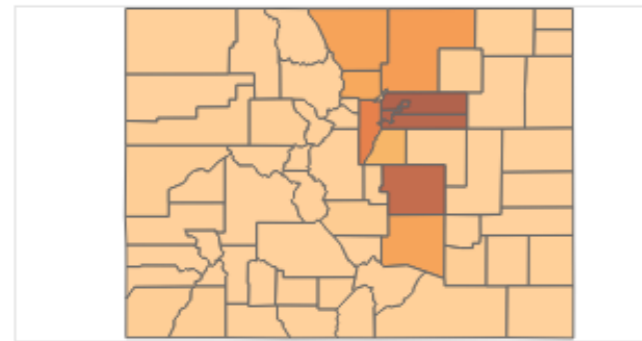
Procedure Codes

99213	OFFICE/OUTPATIENT VISIT EST	\$84,189,151
99214	OFFICE/OUTPATIENT VISIT EST	\$71,009,071
S9128	SPEECH THERAPY, IN THE HOME,	\$43,548,494
99212	OFFICE/OUTPATIENT VISIT EST	\$24,986,880
92507	SPEECH/HEARING THERAPY	\$24,765,084
S9129	OCCUPATIONAL THERAPY, IN THE	\$23,541,490
99215	OFFICE/OUTPATIENT VISIT EST	\$16,310,613
97530	THERAPEUTIC ACTIVITIES	\$15,474,182
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$12,913,894
G0153	HHCP-SVS OF S/L PATH,EA 15MN	\$10,682,157

Primary Diagnosis Codes

AUTISTIC DISORDER	\$31,672,502
DEVELOPMENTAL DISORDER OF SPEEC..	\$21,623,718
UNSP LACK OF EXPECTED NORMAL PH..	\$17,407,224
MIXED RECEPTIVE-EXPRESSIVE LANGU..	\$13,321,261
GENERALIZED ANXIETY DISORDER	\$9,948,380
DELAYED MILESTONE IN CHILDHOOD	\$7,937,982
MAJOR DEPRESSIVE DISORDER, RECU..	\$7,923,800
OPIOID DEPENDENCE, UNCOMPLICATED	\$7,433,806
SPECIFIC DEVELOPMENTAL DISORDER ..	\$7,039,479
ANXIETY DISORDER, UNSPECIFIED	\$5,944,783
ATTENTION-DEFICIT HYPERACTIVITY D..	\$5,758,100
EXPRESSIVE LANGUAGE DISORDER	\$5,724,334
PHONOLOGICAL DISORDER	\$5,128,891
DOWN SYNDROME, UNSPECIFIED	\$5,072,346
POST-TRAUMATIC STRESS DISORDER, ..	\$3,895,505
COVID-19	\$3,682,263
ATTENTION-DEFICIT HYPERACTIVITY D..	\$3,563,850
ATTN-DEFCT HYPERACTIVITY DISORDE..	\$3,536,193
ACUTE UPPER RESPIRATORY INFECTIO..	\$3,303,309
ESSENTIAL (PRIMARY) HYPERTENSION	\$3,302,026

Member County Map



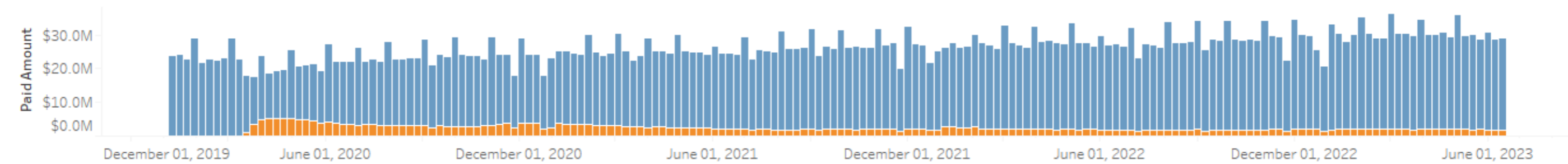
Benefit Category

Professional Services	\$202,253,889
FQHC, RHC, IHS	\$113,518,760
Home Health	\$104,093,347
Outpatient Hospital	\$6,889,864
Imaging	\$63,883
Physician Administered Dru..	\$35,924
Emergency Department	\$8,913

Billing Provider Type

Federally Qualified Health Center	\$112,495,670
PT/OT/ST Home Health	\$105,357,460
Clinic - Practitioner	\$83,753,091
Non-Physician Practitioner - Group	\$72,163,494
Pediatric Behavioral Therapies	\$16,682,717
Rehabilitation Agency	\$16,332,795
Hospital - General	\$7,995,132
Speech Therapist	\$2,437,724

Trend over Time (Actuals)

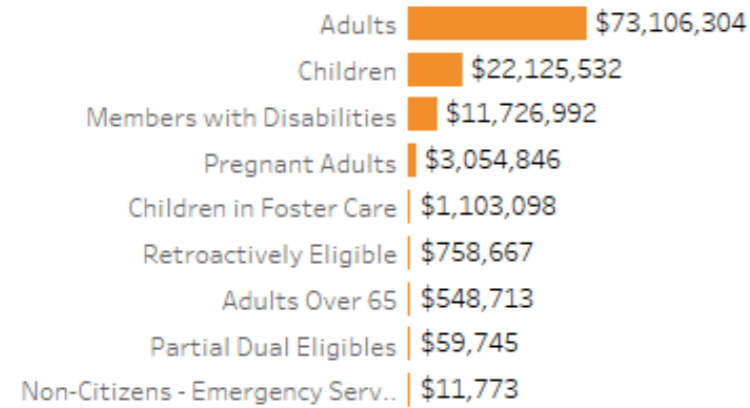


Note: Only includes Fee-For-Service services eligible for telemedicine. HCBS and Case Management Agencies do not indicate which services provided are telemedicine and therefore have been excluded from the above graph. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 6/17/23.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

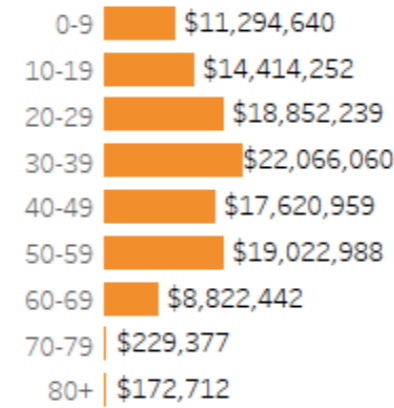
Federally Qualified Health Centers

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category



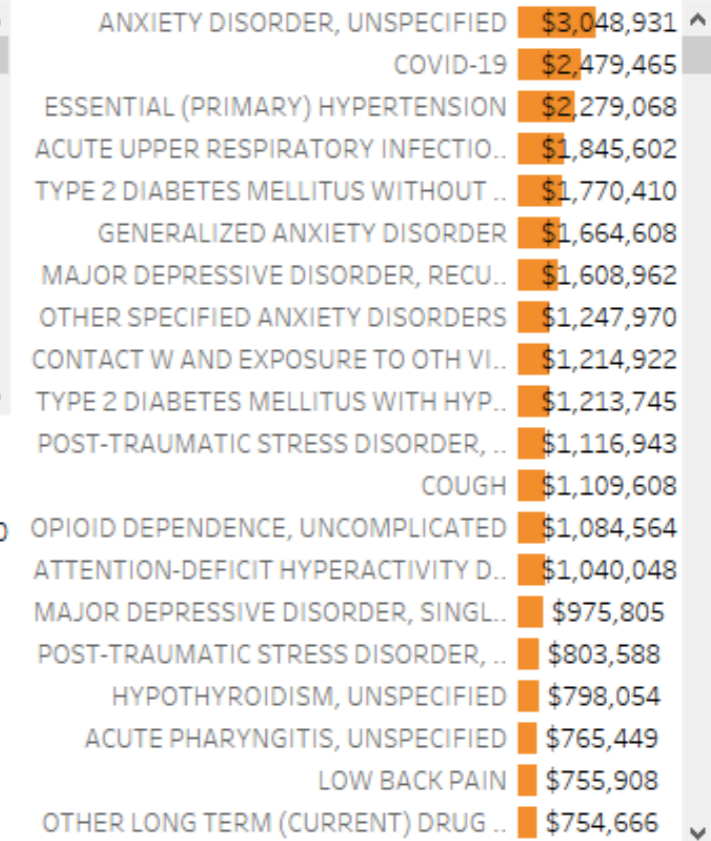
Age Group



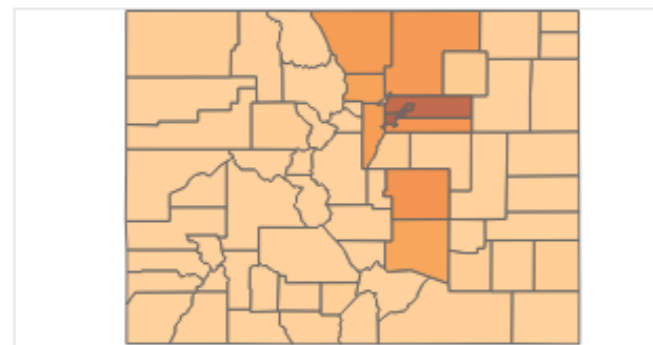
Procedure Codes



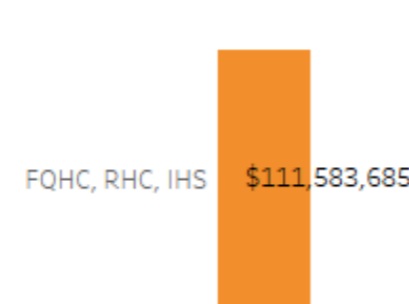
Primary Diagnosis Codes



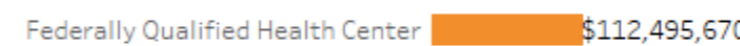
Member County Map



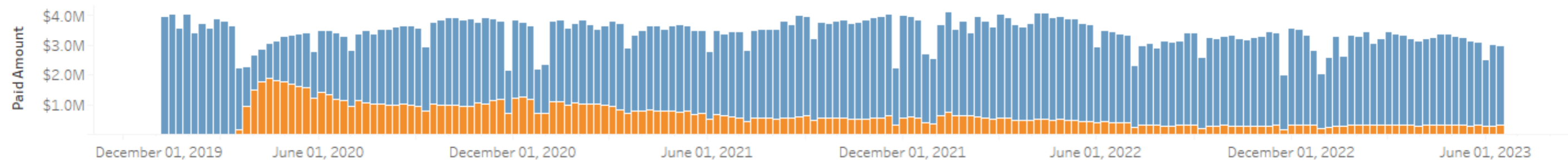
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

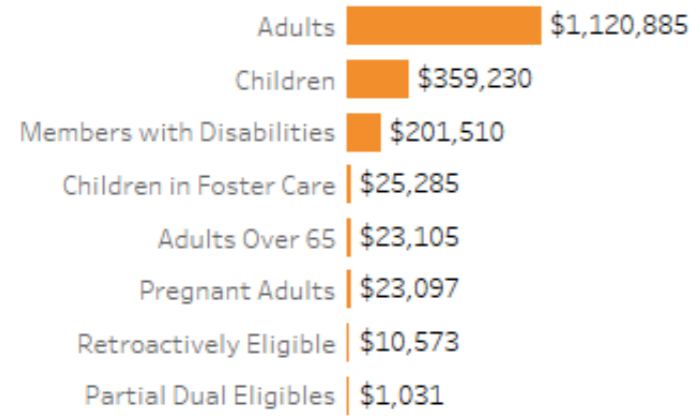


Note: Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. Due to limited claims run-out, paid amounts may change over time. For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

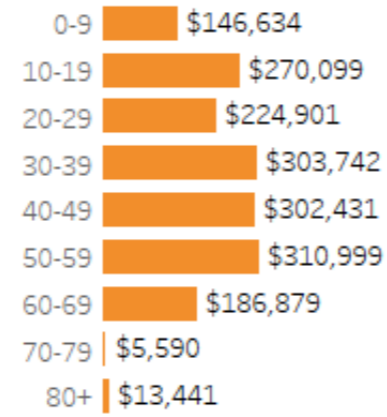
Rural Health Clinics

Service Type
■ Not Telemedicine
■ Telemedicine

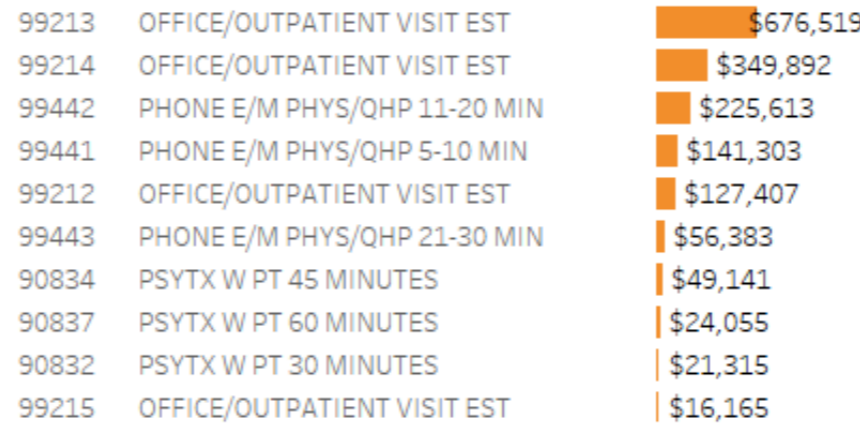
Eligibility Category



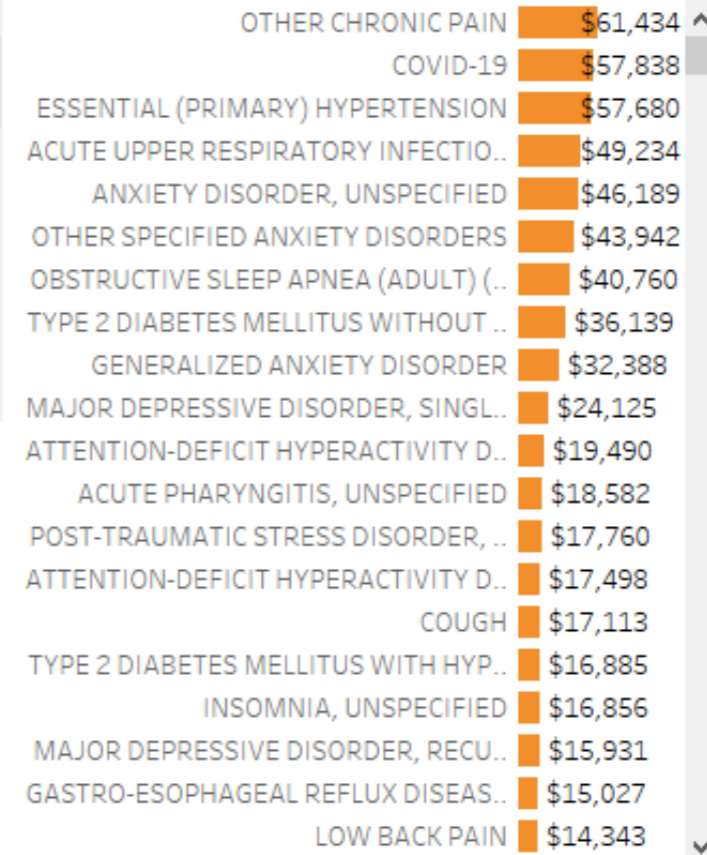
Age Group



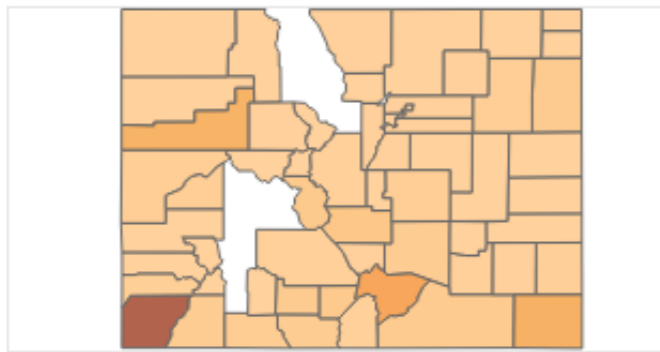
Procedure Codes



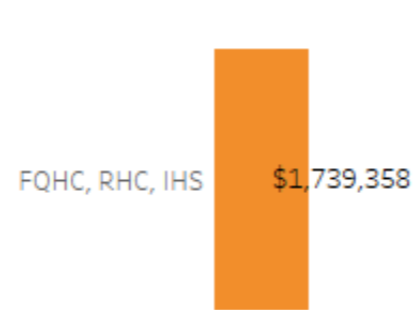
Primary Diagnosis Codes



Member County Map



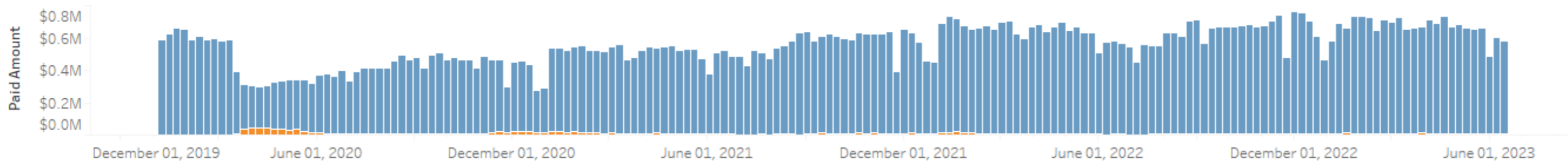
Benefit Category



Billing Provider Type



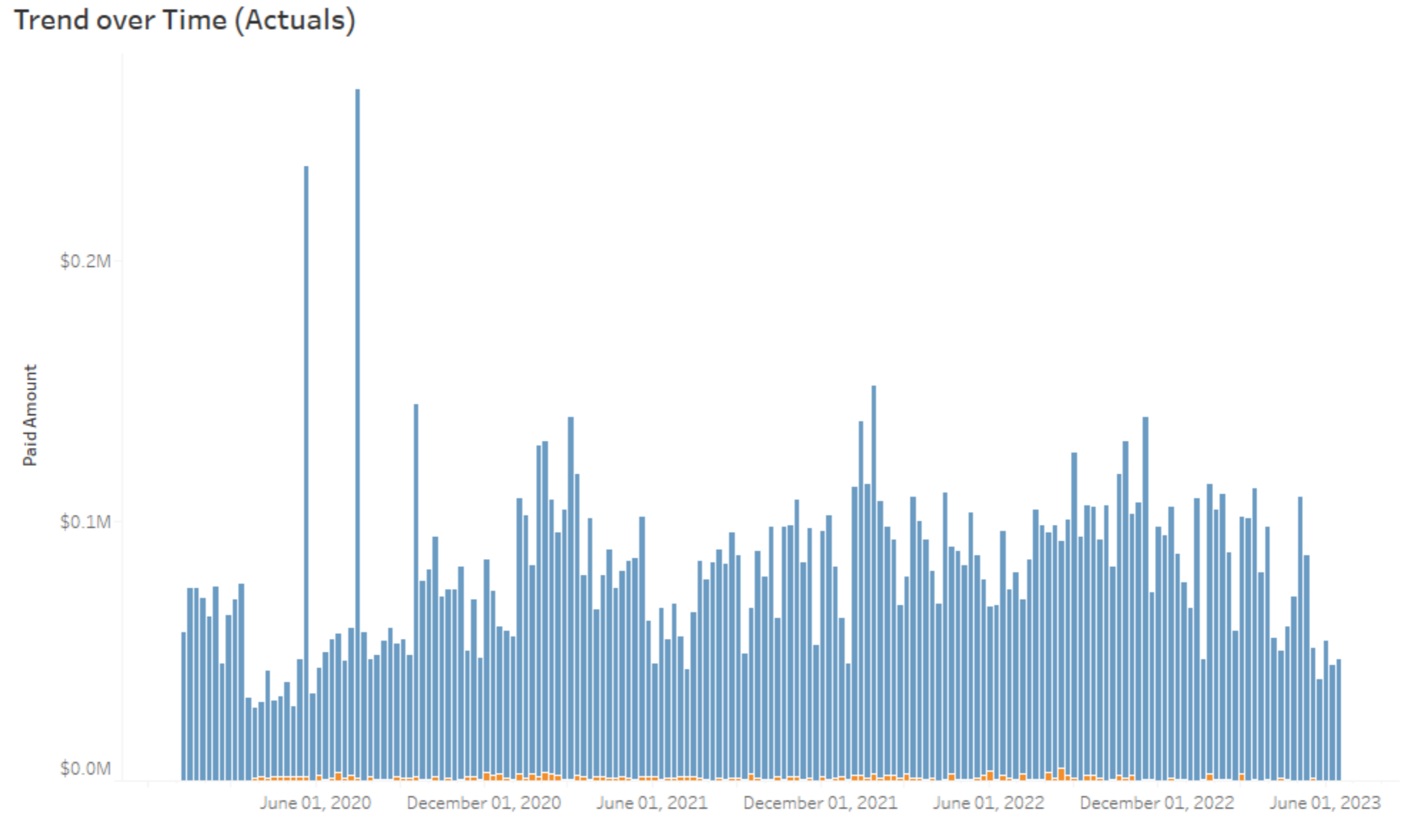
Trend over Time (Actuals)



Note: Only includes Fee-For-Service services eligible for telemedicine. 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.

Indian Health Services

Service Type
■ Not Telemedicine
■ Telemedicine

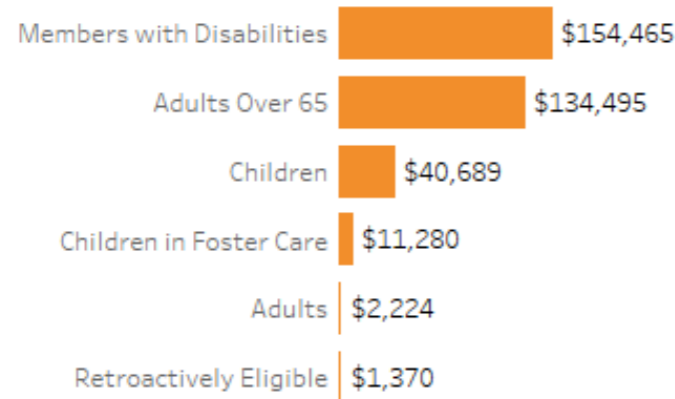


Note: Due to data issues, this graph does not accurately capture all telemedicine services provided by IHS. Only includes Fee-For-Service services eligible for telemedicine. Dental services are excluded. Data shows service dates from 1/5/20 through 6/17/23. Due to limited claims run-out, paid amounts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

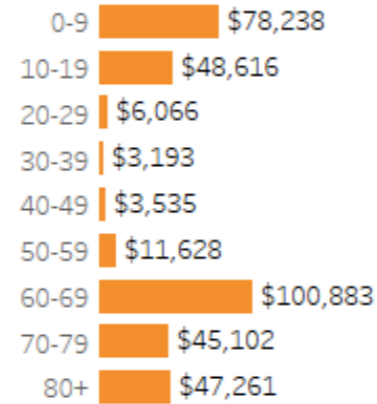
Certified Nursing Assistant/Registered Nurse Home Health

Service Type
■ Not Telemedicine
■ Telemedicine

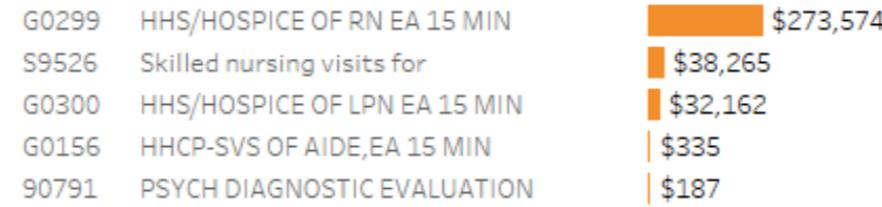
Eligibility Category



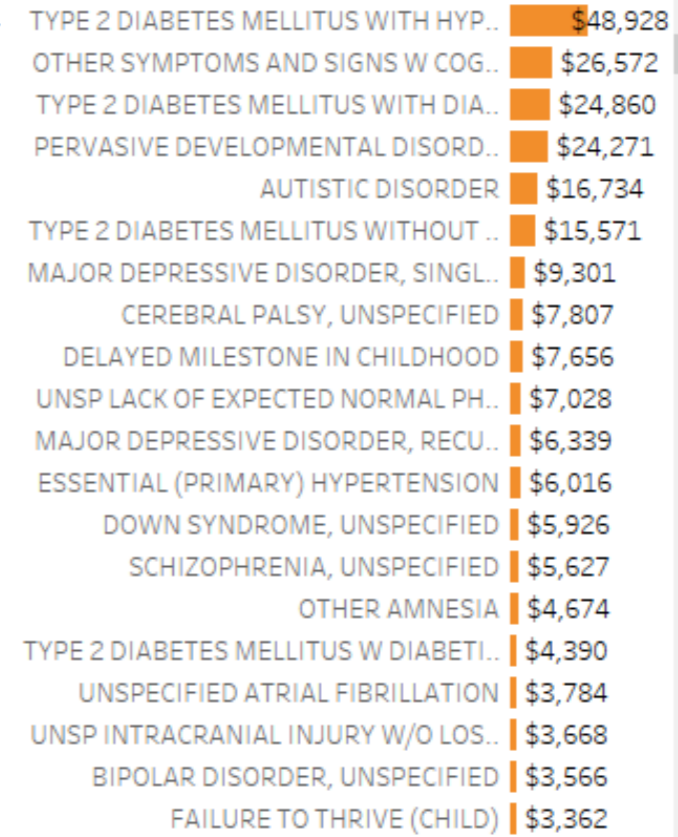
Age Group



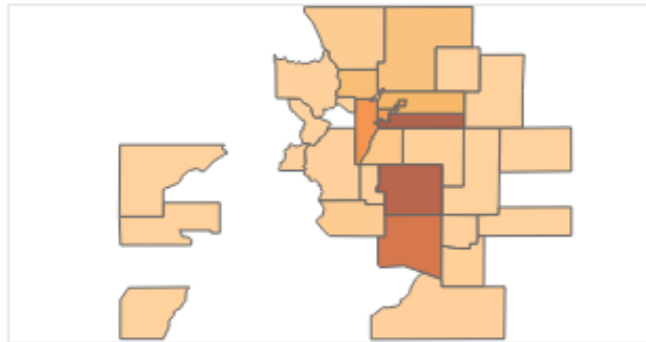
Procedure Codes



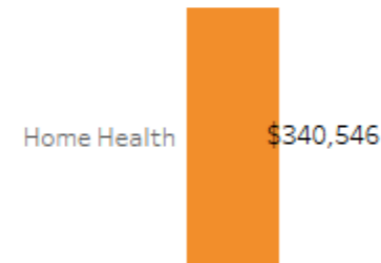
Primary Diagnosis Codes



Member County Map



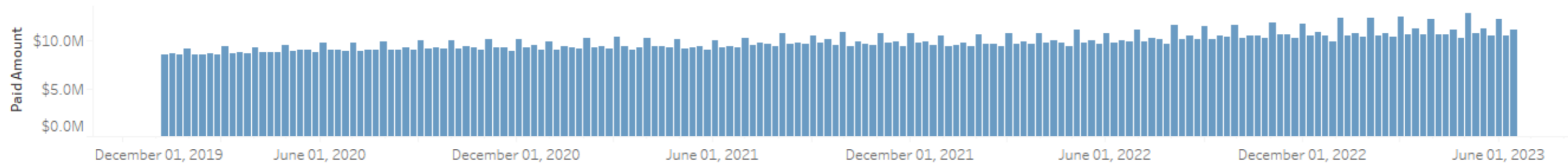
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

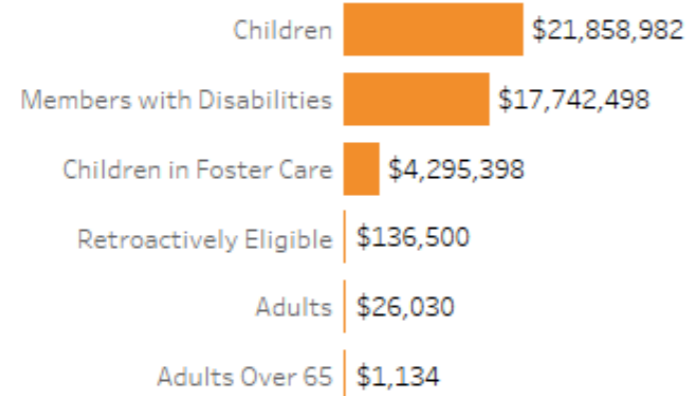


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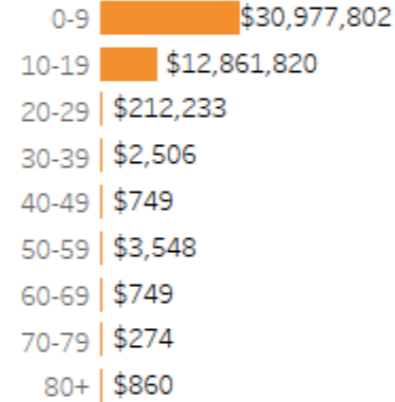
Physical Therapy/Occupational Therapy Home Health

Service Type
■ Not Telemedicine
■ Telemedicine

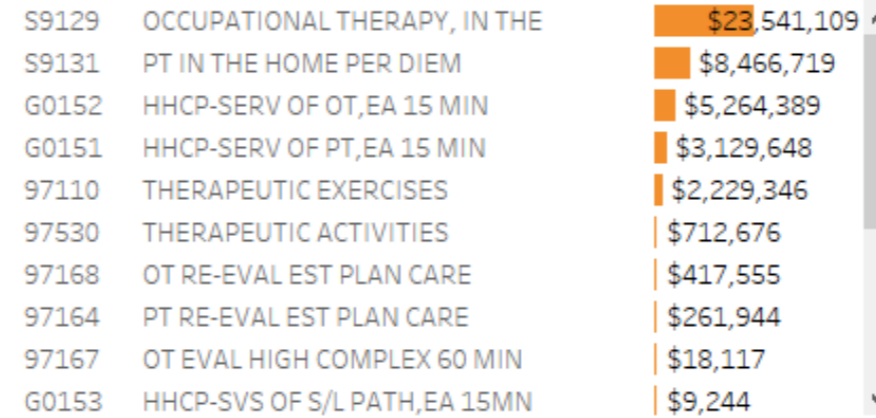
Eligibility Category



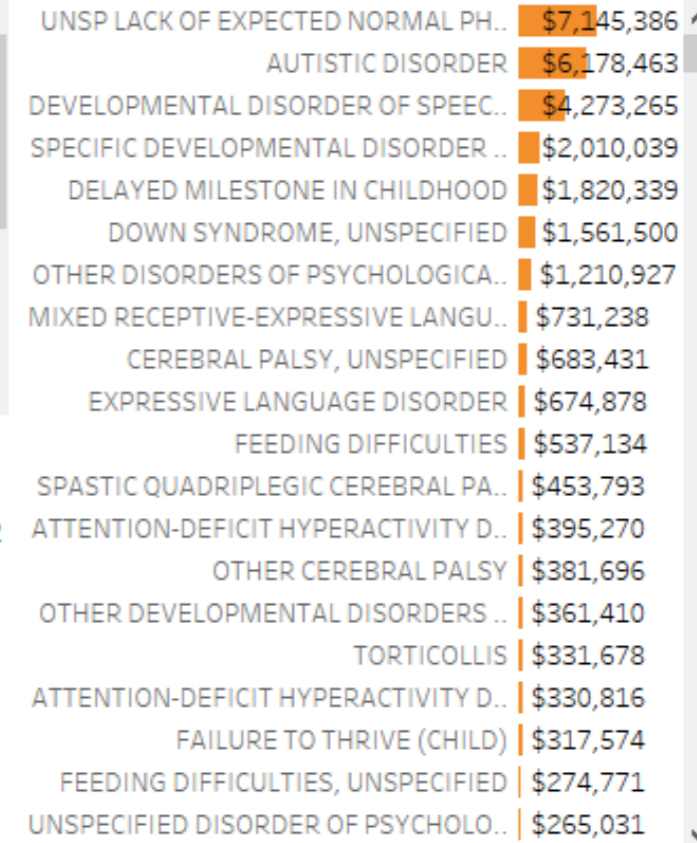
Age Group



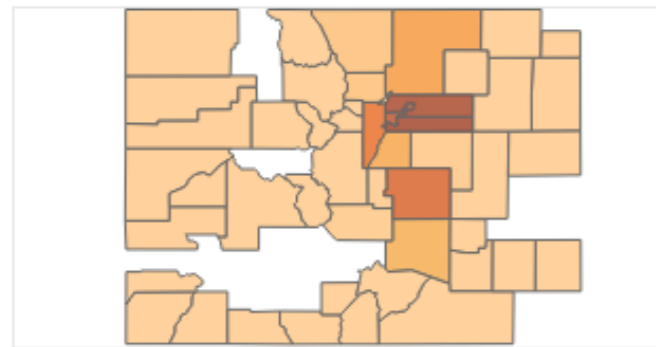
Procedure Codes



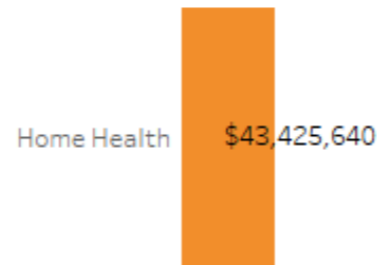
Primary Diagnosis Codes



Member County Map



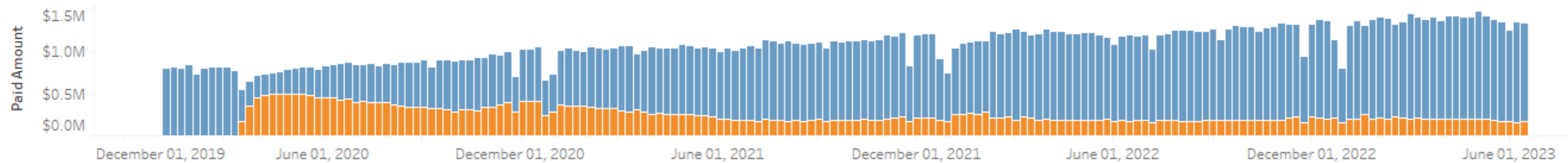
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

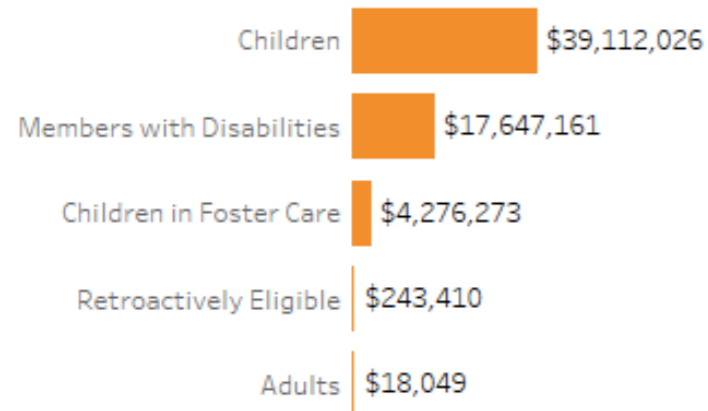


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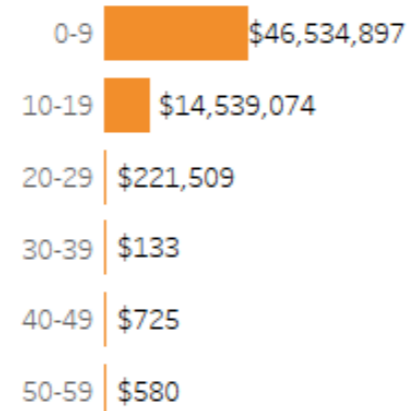
Speech Therapy Home Health

Service Type
■ Not Telemedicine
■ Telemedicine

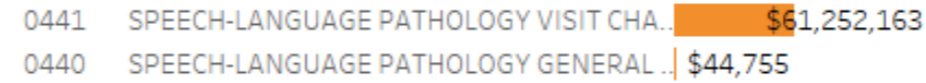
Eligibility Category



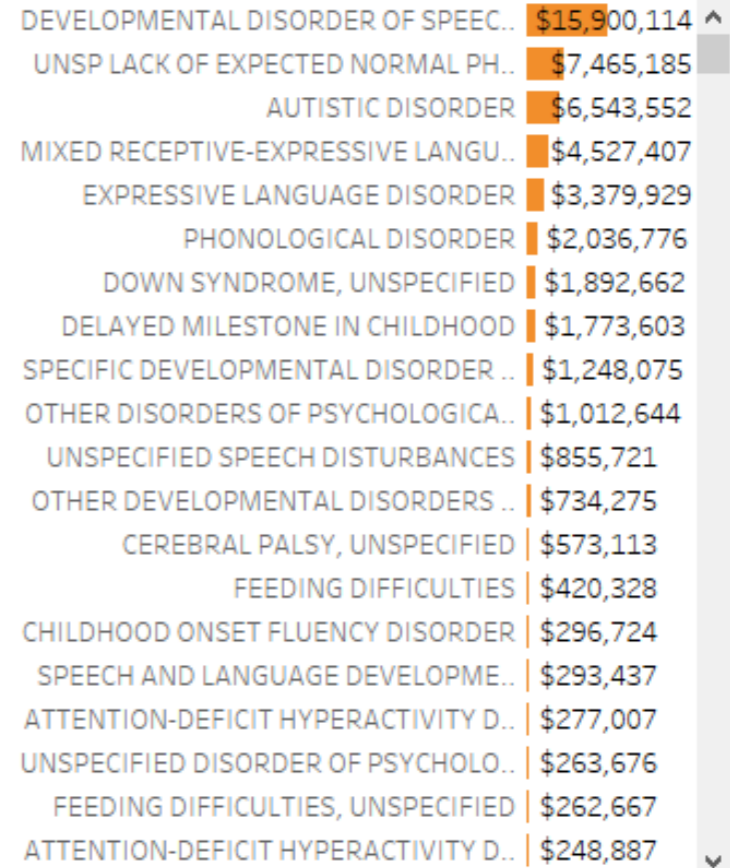
Age Group



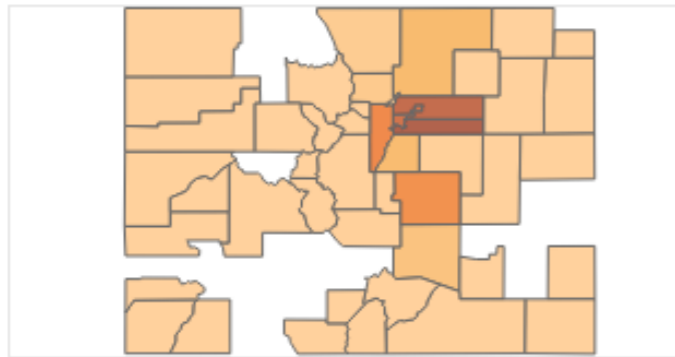
Revenue Codes



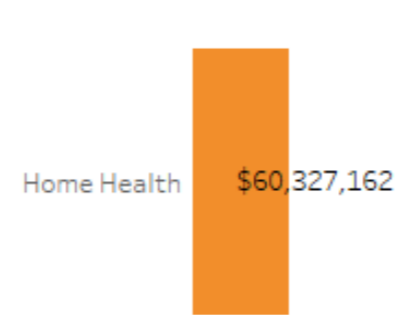
Primary Diagnosis Codes



Member County Map



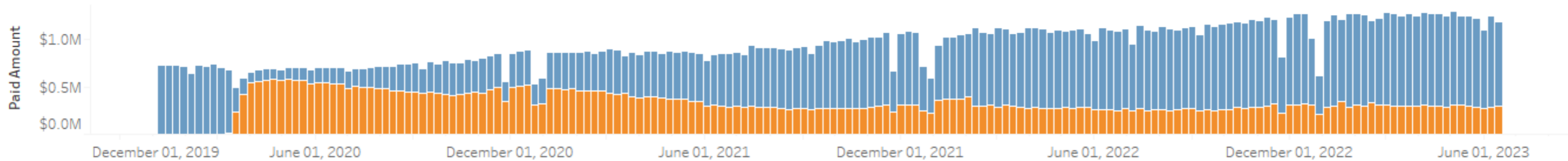
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

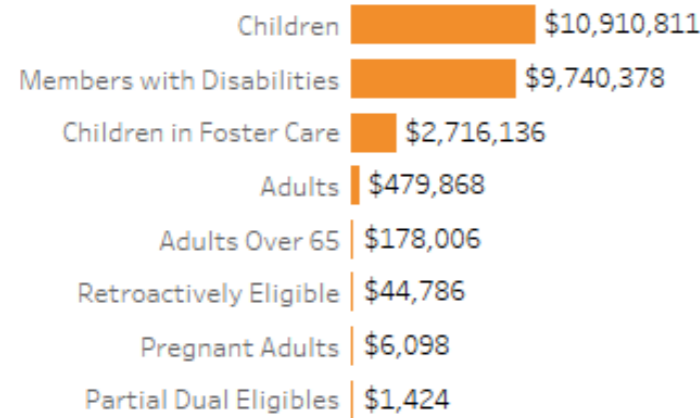


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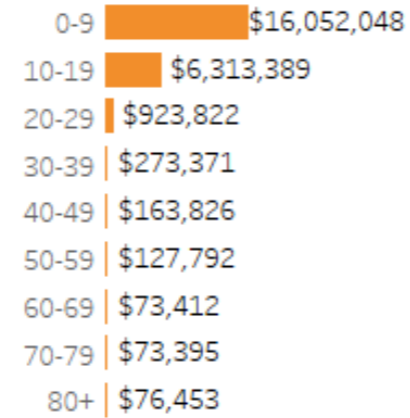
Physical Therapy/Occupational Therapy

Service Type
■ Not Telemedicine
■ Telemedicine

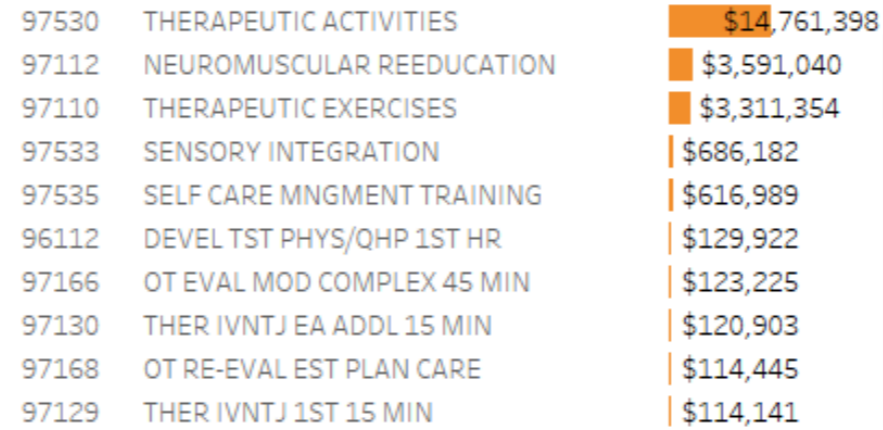
Eligibility Category



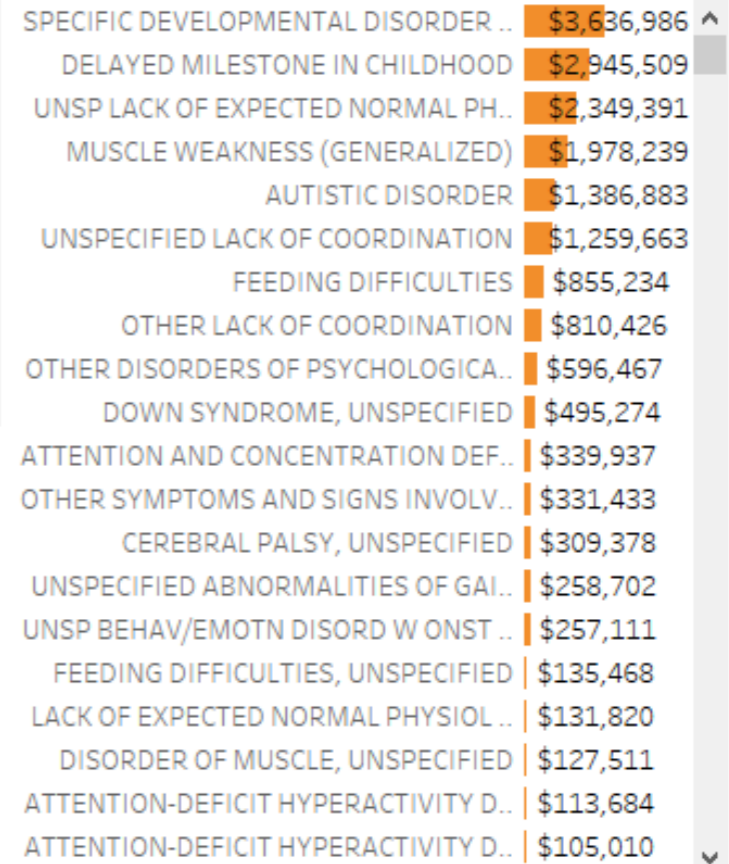
Age Group



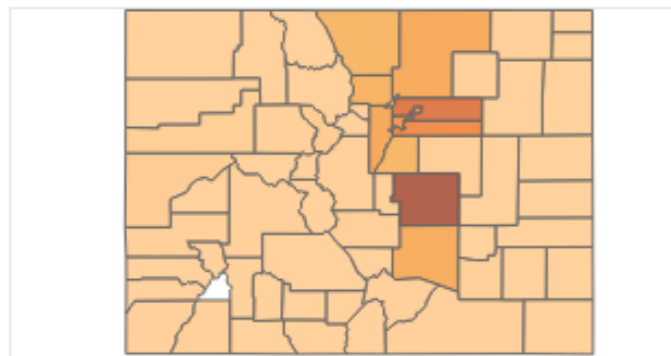
Procedure Codes



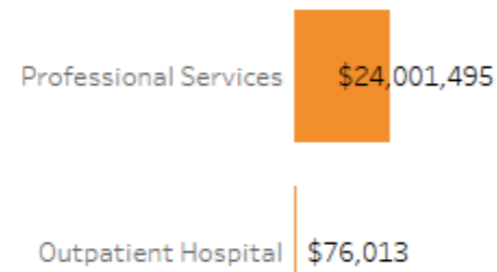
Primary Diagnosis Codes



Member County Map



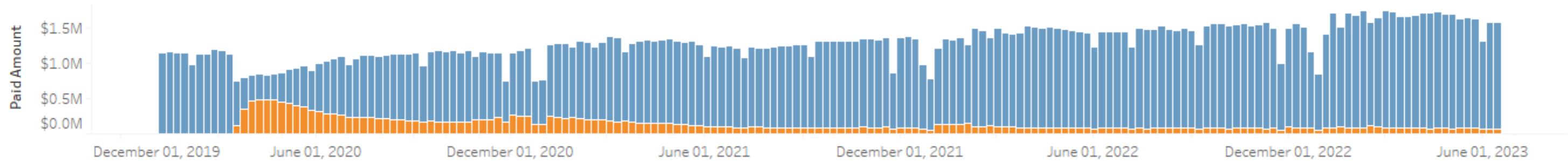
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

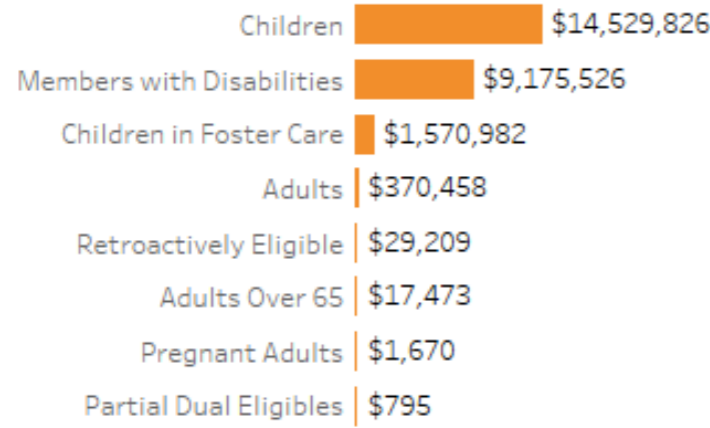


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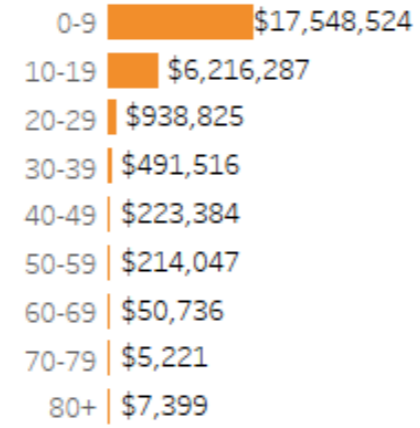
Speech Therapy

Service Type
■ Not Telemedicine
■ Telemedicine

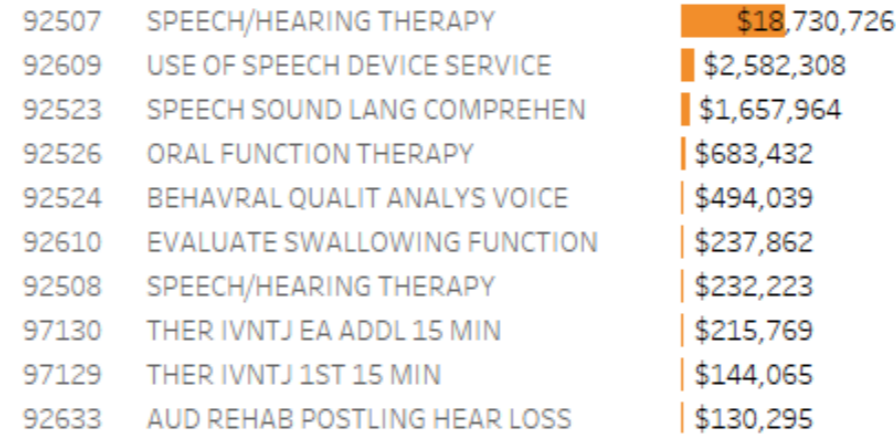
Eligibility Category



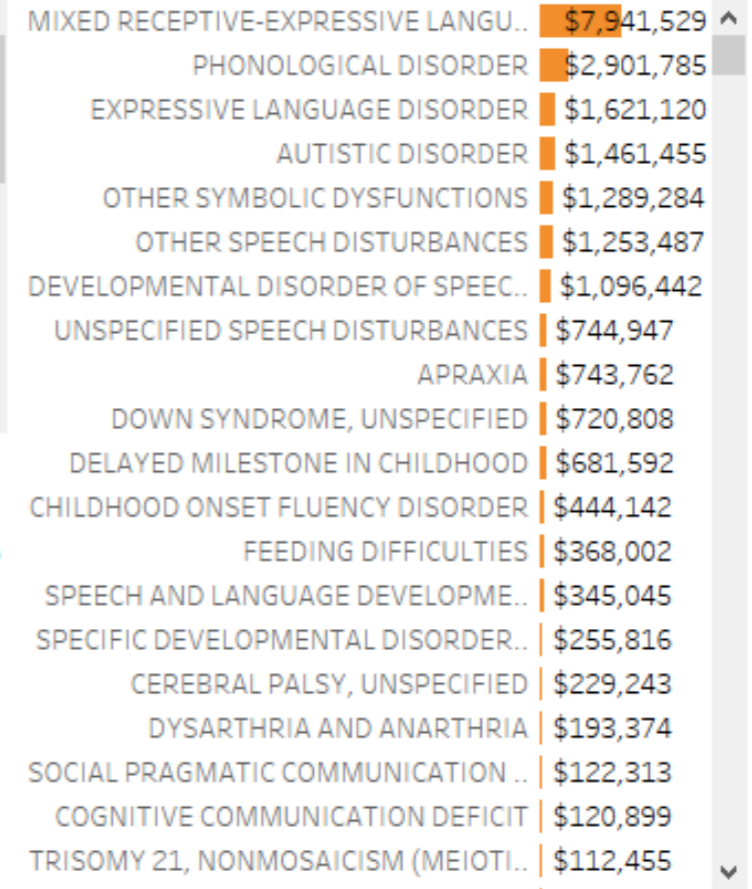
Age Group



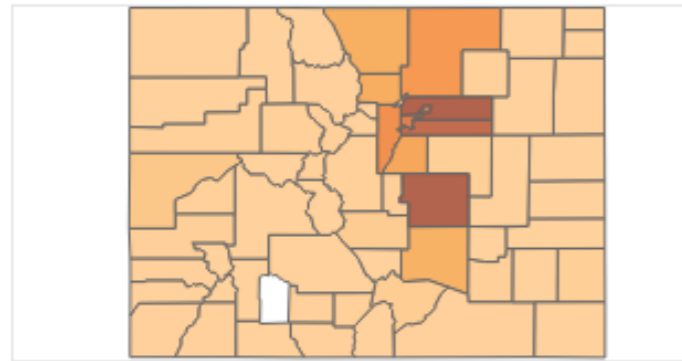
Procedure Codes



Primary Diagnosis Codes



Member County Map



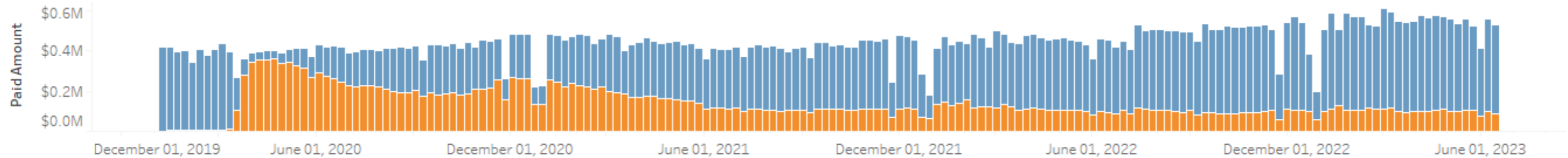
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

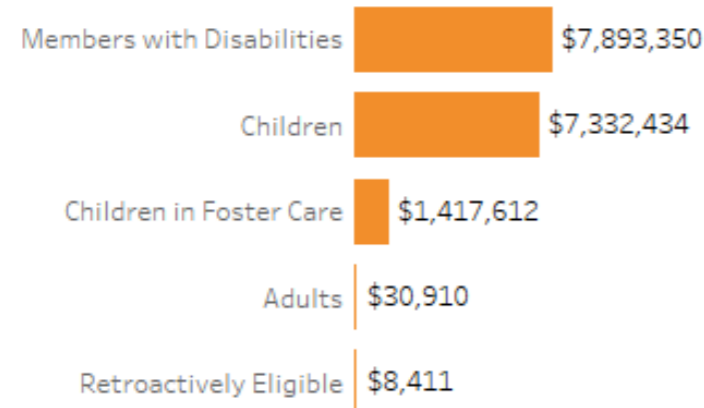


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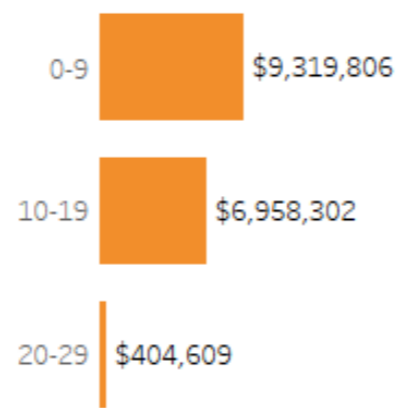
Pediatric Behavioral Therapy

Service Type
■ Not Telemedicine
■ Telemedicine

Eligibility Category



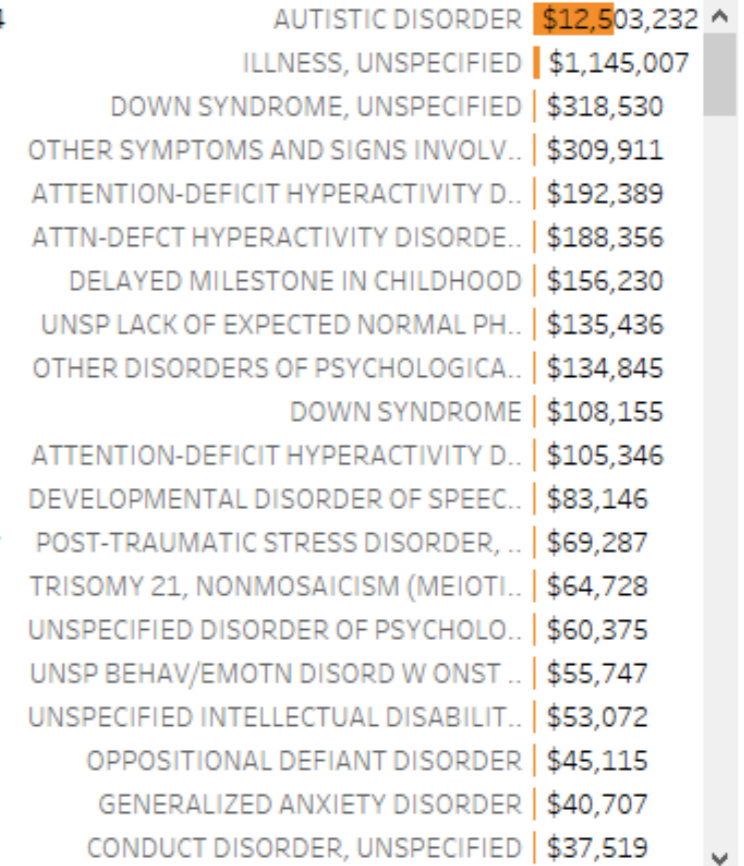
Age Group



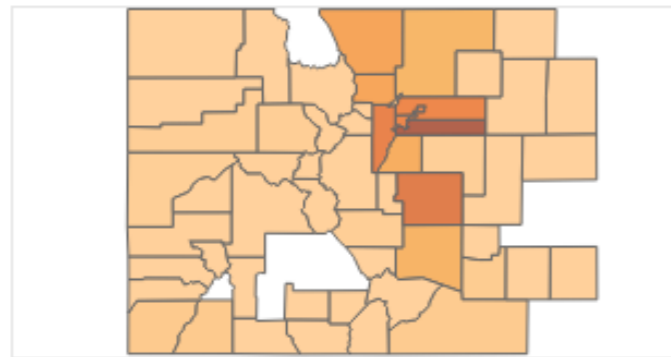
Procedure Codes



Primary Diagnosis Codes



Member County Map



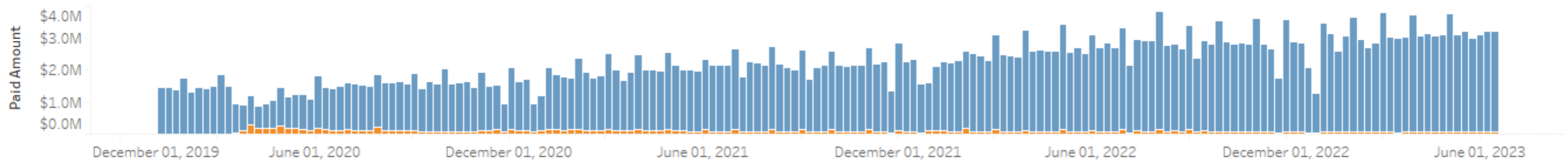
Benefit Category



Billing Provider Type



Trend over Time (Actuals)

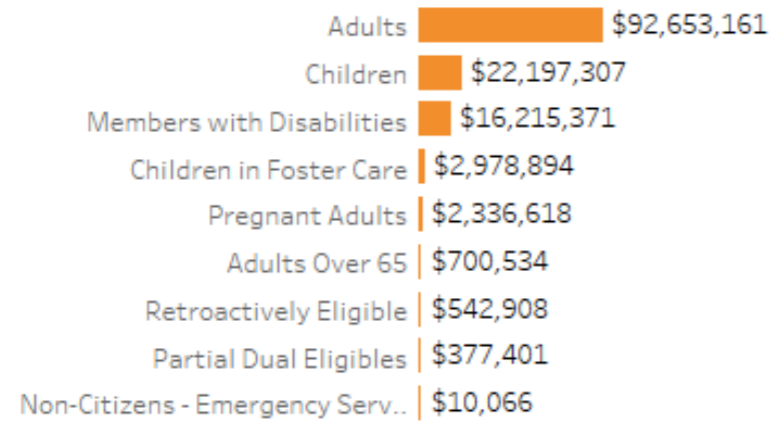


Note: Only includes Fee-for-Service services eligible for telemedicine. Trend graph shows service dates from 1/5/20 through 6/17/23. All other graphs include service dates from 1/5/20 through 8/19/23. Due to limited claims run-out, paid amounts may change over time. HCBS and Case Management Agencies do provide telemedicine services but do not indicate them as such on the claim, and therefore have been excluded in the above graphs.

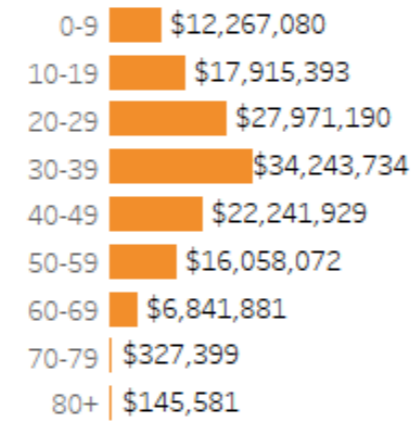
Fee Schedule Medical Providers and Other Professional Services

Service Type
■ Not Telemedicine
■ Telemedicine

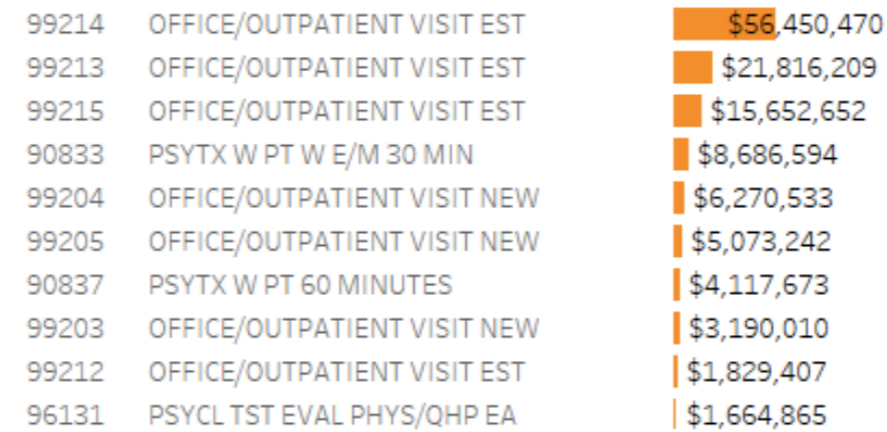
Eligibility Category



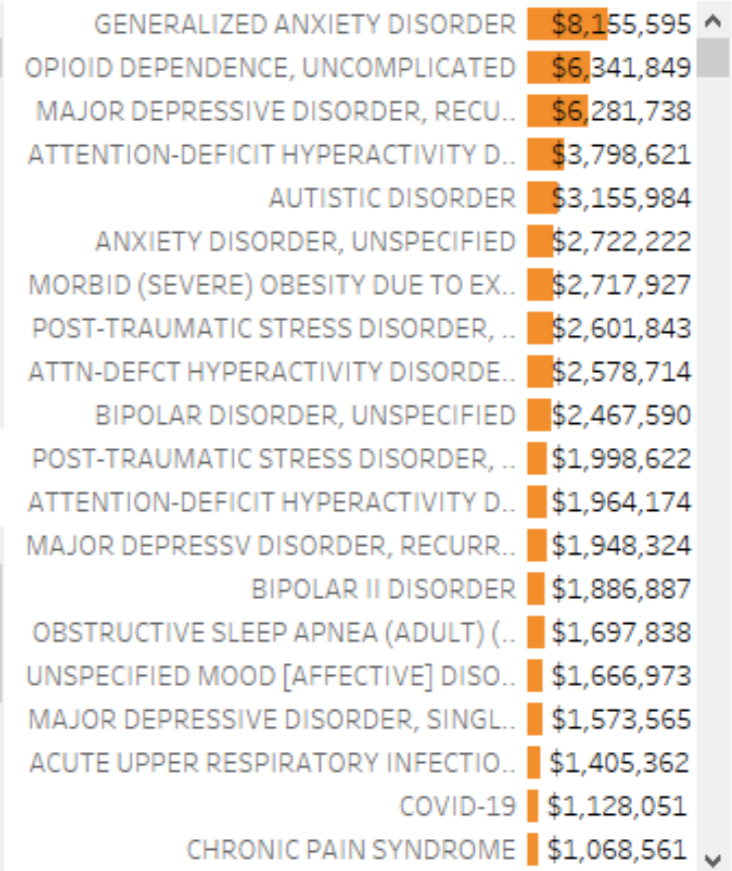
Age Group



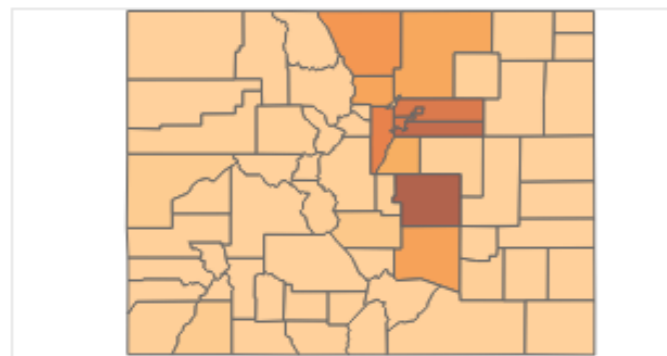
Procedure Codes



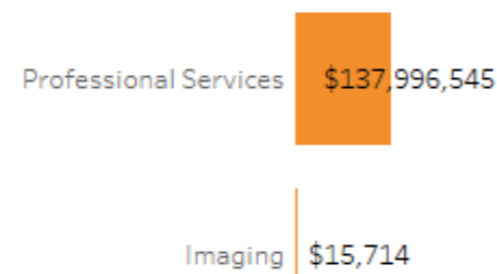
Primary Diagnosis Codes



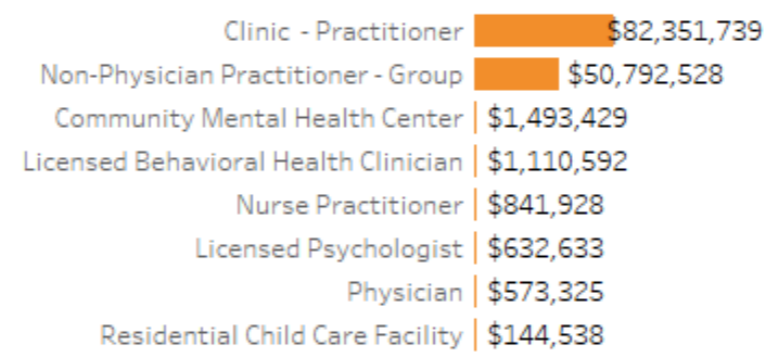
Member County Map



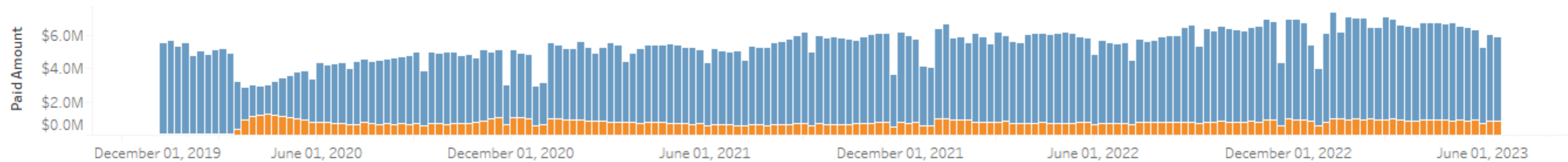
Benefit Category



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 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.