

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|-------------|-----------------|--------|---------------|------------------|
| | | | From | To | | |
| EVALUATION AND MANAGEMENT | | | | | | |
| Office or Other Outpatient Services | HCFA 1500 | CPT - E & M | 99201 | 99215 | \$34,763,297 | 1.356% |
| Evaluation and Management | Outpatient | CPT - E & M | 99201 | 99499 | \$1,654,244 | 0.065% |
| Hospital Observation Services | HCFA 1500 | CPT - E & M | 99217 | 99220 | \$756,179 | 0.029% |
| Hospital Inpatient Services | HCFA 1500 | CPT - E & M | | | | |
| Initial Hospital Care | HCFA 1500 | CPT - E & M | 99221 | 99223 | \$1,812,677 | 0.071% |
| Subsequent Hospital Care | HCFA 1500 | CPT - E & M | 99231 | 99239 | \$6,196,831 | 0.242% |
| Consultations | | | | | | |
| Office or Other Outpatient Consultations | HCFA 1500 | CPT - E & M | 99421 | 99245 | \$5,470,872 | 0.213% |
| Inpatient Consultations | HCFA 1500 | CPT - E & M | 99251 | 99255 | \$1,223,301 | 0.048% |
| Emergency Department Services | | | | | | |
| Emergency Dept Service, New/Est Pt, Limited/Minor | HCFA 1500 | CPT - E & M | 99281 | 99281 | \$63,492 | 0.002% |
| Emergency Dept Service, New/Est Pt, Low Severity | HCFA 1500 | CPT - E & M | 99282 | 99282 | \$891,656 | 0.035% |
| Emergency Dept Service, New/Est Pt, Low/Moderate Severity | HCFA 1500 | CPT - E & M | 99283 | 99283 | \$5,322,283 | 0.208% |
| Emergency Dept Service, New/Est Pt, Moderate Severity | HCFA 1500 | CPT - E & M | 99284 | 99284 | \$4,018,179 | 0.157% |
| Emergency Dept Service, New/Est Pt, High Severity | HCFA 1500 | CPT - E & M | 99285 | 99285 | \$1,550,956 | 0.060% |
| Critical Care Services | HCFA 1500 | CPT - E & M | 99291 | 99292 | \$686,352 | 0.027% |
| Nursing Facility Services | HCFA 1500 | CPT - E & M | 99304 | 99318 | \$240,178 | 0.009% |
| Domiciliary, Rest Home, or Custodial Care Services | HCFA 1500 | CPT - E & M | 99324 | 99340 | \$4,224 | 0.000% |
| Home Services | HCFA 1500 | CPT - E & M | 99341 | 993501 | \$45,467 | 0.002% |
| Prolonged Services/Case Management Services/Care Plan Oversight Services | HCFA 1500 | CPT - E & M | 99354 | 99380 | \$25,141 | 0.001% |
| Screening Re: Appropriateness Of Indiv Particip | HCFA 1500 | HCPC | T1023 | T1023 | \$4,448 | 0.000% |
| Preventive Medicine Services | | | | | | |
| Preventive Medicine, New Pt, Initial Evaluation, Infant | HCFA 1500 | CPT - E & M | 99381 | 99381 | \$341,000 | 0.013% |
| Preventive Medicine Service, Est Pt, Infant | HCFA 1500 | CPT - E & M | 99391 | 99391 | \$3,757,843 | 0.147% |
| Preventive Medicine Service, New Pt Evaluat, Early Childhood | HCFA 1500 | CPT - E & M | 99382 | 99382 | \$206,001 | 0.008% |
| Preventive Medicine Service, Est Pt, Early Childhood | HCFA 1500 | CPT - E & M | 99392 | 99392 | \$2,676,678 | 0.104% |
| Preventive Medicine Service, New Pt, Initial, Late Childhood | HCFA 1500 | CPT - E & M | 99383 | 99383 | \$144,843 | 0.006% |
| Preventive Medicine Service, Est Pt, Late Childhood | HCFA 1500 | CPT - E & M | 99393 | 99393 | \$911,324 | 0.036% |
| Preventive Medicine Service, New Pt Evaluat, Adolescent | HCFA 1500 | CPT - E & M | 99384 | 99384 | \$252,057 | 0.010% |
| Preventive Medicine Service, Est Pt, Adolescent | HCFA 1500 | CPT - E & M | 99394 | 99394 | \$873,593 | 0.034% |
| Preventive Medicine Service, New Pt, 18-39 Years Of Age | HCFA 1500 | CPT - E & M | 99385 | 99385 | \$246,110 | 0.010% |
| Preventive Medicine Service, Est Pt, 18-39 Years Of Age | HCFA 1500 | CPT - E & M | 99395 | 99395 | \$1,043,521 | 0.041% |
| Preventive Medicine Service, New Pt, Evaluat, 40-64 Years | HCFA 1500 | CPT - E & M | 99386 | 99386 | \$38,331 | 0.001% |
| Preventive Medicine Service, Est Pt, 40-64 Years Of Age | HCFA 1500 | CPT - E & M | 99396 | 99396 | \$382,459 | 0.015% |

Comprehensive

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| Preventive Medicine New Pt Evaluat, 65 Years And Over | HCFA 1500 | CPT - E & M | 99387 | 99387 | \$2,388 | 0.000% |
| Preventive Medicine Service, Est, Pt, 65 Years Or Over | HCFA 1500 | CPT - E & M | 99397 | 99397 | \$33,468 | 0.001% |
| Administration And Inter Health Risk Assessment Instrument | HCFA 1500 | CPT - E & M | 99420 | 99420 | \$58,757 | 0.002% |
| Home Visit For Individual,Family,Counseling - Per Visit | HCFA 1500 | CPT - Medicine | 99510 | 99510 | \$252,678 | 0.010% |
| Epsdt - Informing | HCFA 1500 | Local | W0052 | W0052 | \$1,704,235 | 0.066% |
| Comprehensive Environmental Lead Investigation, Not Including Lab Analysis | HCFA 1500 | HCPC | T1029 | T1029 | \$39,847 | 0.002% |
| Family Training And Counseling For Child Development Per 15 Min. | HCFA 1500 | HCPC | T1027 | T1027 | \$7,296 | 0.000% |
| Psychosoc. History/Assessment, Child Protect. Center Non-Published Code | Outpatient | Local | W0271 | W0271 | \$25,394 | 0.001% |
| Limited Initial Assessment/Exam, Child Protect. Center Non-Published Code | Outpatient | Local | W0272 | W0272 | \$328 | 0.000% |
| Case Management Service For Children | HCFA 1500 | Local | W0574 | W0574 | \$5,673,691 | 0.221% |
| Case Management | HCFA 1500 | Local | W0578 | W0578 | \$20,022,555 | 0.781% |
| Premium Case Management | HCFA 1500 | Local | W0579 | W0579 | \$310,378 | 0.012% |
| Targeted Case Management For Children On The Children's | HCFA 1500 | Local | W0580 | W0580 | \$1,064,880 | 0.042% |
| Case Management (care Coordination) Per 15 Minutes | HCFA 1500 | HCPC | T1016 | T1016 | \$1,454,950 | 0.057% |
| Targeted Case Management, Each 15 Minutes | HCFA 1500 | HCPC | T1017 | T1017 | \$54,447 | 0.002% |
| Clinic Visit/Encounter/Rural Health Clinic And Fqhc | HCFA 1500 | HCPC | T1015 | T1015 | \$21,689,077 | 0.846% |
| Health and Behavior Assessment/Intervention | HCFA 1500 | CPT - Medicine | 96150 | 96153 | \$8,837,649 | 0.345% |
| Pharmacy Case Management Program | HCFA 1500 | Local | | | | |
| Physicians Services | HCFA 1500 | Local | W3100 | W3400 | \$9,131 | 0.000% |
| Pharmacist Services | HCFA 1500 | Local | W4100 | W4400 | \$88,797 | 0.003% |
| Diabetic Management Program - Nip | Outpatient | HCPC | S9455 | S9455 | \$94,071 | 0.004% |
| Diabetic Management Program - Nip | HCFA 1500 | HCPC | S9455 | S9455 | \$52 | 0.000% |
| Diabetic Management Program, Dietitian Visit | HCFA 1500 | HCPC | S9465 | S9465 | \$104 | 0.000% |
| Pulmonary Rehabilitation Program - Nip | Outpatient | HCPC | S9473 | S9473 | \$4,370 | 0.000% |
| Nutrition Counseling, Dietitian Visit | HCFA 1500 | HCPC | S9470 | S9470 | \$65,967 | 0.003% |

Comprehensive

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| RADIOLOGY | | | | | | |
| Radiology - APG MC 16 | Outpatient | Ancillary Test & Proc | APG 301 | APG 311 | \$33,330,433 | 1.300% |
| Therapeutic and Other Significant Radiological Procedures (APG MC 13) | Outpatient | Significant Proc | APG 251 | APG 255 | \$2,957,551 | 0.115% |
| Radiology | HCFA 1500 | CPT - Radiology | 70010 | 79999 | \$14,029,973 | 0.547% |
| Radiology | HCFA 1500 | HCPC | G0105 | G0229 | \$21,675 | 0.001% |
| Radiology | Outpatient | CPT - Radology | 70010 | 79999 | \$199,366 | 0.008% |
| Set Up Portable X-Ray Equipment | HCFA 1500 | HCPC | Q0092 | Q0092 | \$3,040 | 0.000% |
| Low Osmolar Contrast Material | HCFA 1500 | HCPC | Q9945 | Q9950 | \$1,418 | 0.000% |
| Transportation Of Portable X-Ray Equipment & Personnel To Home Or | HCFA 1500 | HCPC | R0070 | R0070 | \$11,926 | 0.000% |
| Transportation Of Portable X-Ray Equipment & Personnel To Home Or | HCFA 1500 | HCPC | R0075 | R0075 | \$1,451 | 0.000% |
| Supplies for Radiologic Procedures | HCFA 1500 | HCPC | A4641 | A4932 | \$105,081 | 0.004% |
| Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc99m | HCFA 1500 | HCPC | A9500 | A9500 | \$101,623 | 0.004% |
| Tetrofosmin Per Unit Dose | HCFA 1500 | HCPC | A9502 | A9502 | \$11,368 | 0.000% |
| PATHOLOGY AND LABORATORY | | | | | | |
| Pathology and Laboratory | HCFA 1500 | CPT - Laboratory | 80048 | 89356 | \$8,691,868 | 0.339% |
| Pathology and Laboratory | Magellan | CPT - Radolilogy | 80048 | 89356 | \$224,136 | 0.009% |
| Pathology and Laboratory | Outpatient | CPT - Path & Lab | 80048 | 89356 | \$4,662,714 | 0.182% |
| Pathology - APG MC 18 | Outpatient | Ancillary Test & Proc | APG 331 | APG 333 | \$455,237 | 0.018% |
| Laboratory - APG MC 19 | Outpatient | Ancillary Test & Proc | APG 341 | APG 360 | \$9,385,144 | 0.366% |
| Laboratory Handling Fee | HCFA 1500 | HCPC | G0001 | G0001 | \$689 | 0.000% |
| Laboratory Handling Fee | Outpatient | HCPC | G0001 | G0001 | \$3,269 | 0.000% |
| Laboratory Transportation Fee | HCFA 1500 | HCPC | P9604 | P9604 | \$1,286 | 0.000% |
| Handling/Conveyance of Speciman | HCFA 1500 | CPT - Medicine | 99000 | 99001 | \$108,249 | 0.004% |

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| BIRTH | | | | | | |
| Maternity Care and Delivery | HCFA 1500 | CPT - Surgery | 59000 | 59899 | \$18,902,548 | 0.737% |
| Pregnancy and Childbirth (MDC 14) | Inpatient | Medical | DRG 372, 373, 376, 378-380, 382-384 | | \$19,856,849 | 0.774% |
| Pregnancy and Childbirth (MDC 14) | Inpatient | Surgical | DRG 370, 371, 374, 375, 377, 381 | | \$16,354,870 | 0.638% |
| Pregnancy - APG MC 28 | Outpatient | Medical | APG 491 | APG 494 | \$142,649 | 0.006% |
| Newborns, Other Neonates w/Conditions Originating in the Perinatal Period (MDC 15) | Inpatient | Medical | DRG 385 | DRG 391 | \$45,663,764 | 1.781% |
| Neonate -APG - MC 27 | Outpatient | Medical | APG 481 | APG 481 | \$6,551 | 0.000% |
| Inpatient Neonatal and Pediatric Critical Care Services | HCFA 1500 | CPT - E & M | 99293 | 99300 | \$5,928,150 | 0.231% |
| Newborn Care | | | | | | |
| History & Physical Exam Of Normal Newborn | HCFA 1500 | CPT - E & M | 99431 | 99431 | \$840,879 | 0.033% |
| Normal Newborn Care, Subsequent Hospital, Eval & Management | HCFA 1500 | CPT - E & M | 99433 | 99433 | \$468,381 | 0.018% |
| Attendance at Delivery (when requested by delivering physician) | HCFA 1500 | CPT - E & M | 99436 | 99436 | \$196,972 | 0.008% |
| Other Newborn Care (Not covered above) | HCFA 1500 | CPT - E & M | 99431 | 99440 | \$77,735 | 0.003% |
| Prenatal Care, At Risk Enhanced Service; Care Coordination | HCFA 1500 | HCPC | H1002 | H1002 | \$333,380 | 0.013% |
| Pre-Natal Care, At Risk Enhanced Service; Education Per 15 Minutes | HCFA 1500 | HCPC | H1003 | H1003 | \$149,340 | 0.006% |
| At Risk Pre-natal Care (Add-On Code); Vaginal Delivery, C Section | HCFA 1500 | HCPC | H1005 | H1005 | \$55,694 | 0.002% |

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| | | | From | To | | |
| PHYSICAL HEALTH | | | | | | |
| Nervous System | | | | | | |
| Nervous System (MDC 1) | Inpatient | Surgical | DRG 1 | DRG 8 | \$6,646,734 | 0.259% |
| Nervous System (MDC 1) | Inpatient | Medical | DRG 9 - 35 and 534 | | \$5,742,057 | 0.224% |
| Nervous System (APG MC 10) | Outpatient | Signifcant Proc | APG 191 | APG 199 | \$5,192,543 | 0.202% |
| Nervous System Diseases - APG MC 30 | Outpatient | Medical | APG 511 | APG 515 | \$129,440 | 0.005% |
| Nervous System | Outpatient | CPT - Surgery | 61000 | 64999 | \$24,972 | 0.001% |
| Nervous System | Outpatient | CPT - Surgical | 61000 | 64999 | \$709 | 0.000% |
| Nervous System | HCFA 1500 | CPT - Surgery | 61000 | 64999 | \$2,764,895 | 0.108% |
| Sleep Tesing | HCFA 1500 | CPT - Medicine | 95805 | 95811 | \$327,941 | 0.013% |
| Routine Electroencephalography | HCFA 1500 | CPT - Medicine | 95812 | 95830 | \$124,717 | 0.005% |
| Muscle and Range of Motion Testing | HCFA 1500 | CPT - Medicine | 95831 | 95857 | \$1,288 | 0.000% |
| Electromyography and Nerve Conduction Tests | HCFA 1500 | CPT - Medicine | 95860 | 95904 | \$398,995 | 0.016% |
| Autonomic Function Testing | HCFA 1500 | CPT - Medicine | 95921 | 95923 | \$2,709 | 0.000% |
| Evoked Potentials and Reflex Tests | HCFA 1500 | CPT - Medicine | 95925 | 95937 | \$18,525 | 0.001% |
| Special EEG Tests | HCFA 1500 | CPT - Medicine | 95950 | 95967 | \$224,075 | 0.009% |
| Other | HCFA 1500 | CPT - Medicine | 95970 | 96020 | \$41,902 | 0.002% |
| Psychological Testing | HCFA 1500 | CPT - Medicine | 96100 | 96103 | \$79,694 | 0.003% |
| Developmental Testing with Interpretation and Report | HCFA 1500 | CPT - Medicine | 96110 | 9611 | \$225,270 | 0.009% |
| Neurobehaviorial Status Exam with Interpretation and Report | HCFA 1500 | CPT - Medicine | 96115 | 96116 | \$3,291 | 0.000% |
| Neuropsychological Testing | HCFA 1500 | CPT - Medicine | 96117 | 96120 | \$17,574 | 0.001% |
| Intraoperative Neurophysiology Testing, Per Hour | HCFA 1500 | CPT - Medicine | 95920 | 95920 | \$7,159 | 0.000% |
| Neurology and Neuromsuarlar Procedures - Medicine | Magellan | CPT - Medicine | 95805 | 96020 | \$1,696 | 0.000% |
| Central Nervous System Assessments - Medicine | Magellan | CPT - Medicine | 96100 | 96120 | \$142,695 | 0.006% |
| Eyes | | | | | | |
| Eye and Ocular Adnexa (APG MC 11) | Outpatient | Signifcant Proc | APG 211 | APG 223 | \$2,055,290 | 0.080% |
| Eye (MDC 2) | Inpatient | Surgical | DRG 36 | DRG 42 | \$102,282 | 0.004% |
| Eye (MDC 2) | Inpatient | Medical | DRG 43 | DRG 48 | \$124,855 | 0.005% |
| Eye and Ocular Adnexa | HCFA 1500 | CPT - Surgery | 65091 | 68899 | \$1,089,042 | 0.042% |
| Eye and Ocular Adnexa | Outpatient | CPT - Surgery | 65091 | 68899 | \$699 | 0.000% |
| General Ophthalmological Services - Examination | HCFA 1500 | CPT - Medicine | 92002 | 92014 | \$4,158,211 | 0.162% |
| Special Ophthalmological Services | HCFA 1500 | CPT - Medicine | 92015 | 92287 | \$540,804 | 0.021% |
| Eye Diseases - APG MC 31 | Outpatient | Medical | APG 531 | APG 534 | \$18,186 | 0.001% |
| Frames, Purchase | HCFA 1500 | HCPC | V2020 | V2020 | \$786,706 | 0.031% |
| Deluxe Frame (code For Wrap Around Frame For Children Up To Age 2 Yrs.) | HCFA 1500 | HCPC | | | \$271 | 0.000% |
| Safety Eyeglass Frames | HCFA 1500 | HCPC | S0516 | S0516 | \$75 | 0.000% |

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| | | | From | To | | |
| Spectacle Lens | | | | | | |
| Single Vision Glass or Plastic | HCFA 1500 | HCPC | V2100 | V2199 | \$671,691 | 0.026% |
| Bifocal, Glass or Plastic | HCFA 1500 | HCPC | V2200 | V2299 | \$356,287 | 0.014% |
| Trifocal, Glass or Plastic | HCFA 1500 | HCPC | V2300 | V2399 | \$43,386 | 0.002% |
| Other | HCFA 1500 | HCPC | V2410 | V2499 | \$653 | 0.000% |
| Spectacle Services | HCFA 1500 | CPT - Medicine | 92340 | 92371 | \$0 | 0.000% |
| Polycarbonate Lens (list Code In Addition To The Basic Code For The Lens | HCFA 1500 | HCPC | S0580 | S0580 | \$6,566 | 0.000% |
| Repair/Replacement Of Lens,Parts,And Or Labor, | HCFA 1500 | Local | W2005 | W2005 | \$49,882 | 0.002% |
| Repair/Replacement Of Frames,Parts, And/Or Labor | HCFA 1500 | Local | W2006 | W2006 | \$67,947 | 0.003% |
| Dispense/Fit New Lenses | HCFA 1500 | Local | W2021 | W2021 | \$509,356 | 0.020% |
| Dispense/Fit New Frames | HCFA 1500 | Local | W2022 | W2022 | \$573,257 | 0.022% |
| Contact Lens | HCFA 1500 | HCPC | V2500 | V2599 | \$4,198 | 0.000% |
| Contact Lens Services | HCFA 1500 | CPT - Medicine | 92310 | 92326 | \$7,449 | 0.000% |
| Dispense/Fit Contact Lenses | HCFA 1500 | Local | W2023 | W2023 | \$1,294 | 0.000% |
| Prosthetic Eye | HCFA 1500 | HCPC | V2623 | V2629 | \$32,327 | 0.001% |
| Case For Glasses | HCFA 1500 | Local | W0013 | W0013 | \$55,401 | 0.002% |
| Other | HCFA 1500 | HCPC | V2630 | V2799 | \$1,230 | 0.000% |
| Optimetric Services Not Otherwise Classi | HCFA 1500 | HCPC | V9991 | V9991 | \$16 | 0.000% |
| Other Procedures | HCFA 1500 | CPT - Medicine | 92499 | 92499 | \$4,048 | 0.000% |
| Dental | | | | | | |
| Diagnostic | | | | | | |
| Clinical Oral Evaluation | Dental | HCPC | D0120 | D0180 | \$3,006,062 | 0.117% |
| Periodic Oral Evaluation | HCFA 1500 | HCPC | D0120 | D0120 | \$2,000,819 | 0.078% |
| Comprehensive Oral Examination | HCFA 1500 | HCPC | D0150 | D0150 | \$131,381 | 0.005% |
| Radiographs | Dental | HCPC | D0210 | D0363 | \$2,934,331 | 0.114% |
| Bitewing-Single Film | HCFA 1500 | HCPC | D0270 | D0270 | \$9 | 0.000% |
| Bitewings-Two Films | HCFA 1500 | HCPC | D0272 | D0272 | \$212 | 0.000% |
| Test and Laboratory Examinations | Dental | HCPC | D0415 | D0999 | \$72,844 | 0.003% |
| Preventive | | | | | | |
| Dental Prophylaxis | Dental | HCPC | | | | |
| Adult Prophylaxis | Dental | HCPC | D1110 | D1110 | \$1,673,547 | 0.065% |
| Child Prophylaxis | Dental | HCPC | D1120 | D1120 | \$1,090,198 | 0.043% |
| Child Prophylaxis | HCFA 1500 | HCPC | D1120 | D1120 | \$48 | 0.000% |
| Topical Fluoride Treatment | | | | | | |
| Topical Application Fluoride W/Prophy - Child | Dental | HCPC | D1201 | D1201 | \$697,665 | 0.027% |
| Topical Application Fluoride W/Prophy - Child | HCFA 1500 | HCPC | D1201 | D1201 | \$1,138 | 0.000% |
| Topical Application Of Fluoride, Child | Dental | HCPC | D1203 | D1203 | \$527,082 | 0.021% |
| Topical Application Of Fluoride, Child | HCFA 1500 | HCPC | D1203 | D1203 | \$119,639 | 0.005% |
| Topical Application Of Fluoride, Adult | Dental | HCPC | D1204 | D1204 | \$217,446 | 0.008% |
| Topical Application Of Fluoride, Adult | HCFA 1500 | HCPC | D1204 | D1204 | \$4,427 | 0.000% |
| Topical Application Fluoride W/Prophy - Adult | Dental | HCPC | D1205 | D1205 | \$917,071 | 0.036% |
| Topical Application Fluoride W/Prophy - Adult | HCFA 1500 | HCPC | D1205 | D1205 | \$749 | 0.000% |

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| Other Preventive Services | | | | | | |
| Sealant, Per Tooth | Dental | HCPC | D1351 | D1351 | \$619,500 | 0.024% |
| Sealant, Per Tooth | HCFA 1500 | HCPC | D1351 | D1351 | \$48,517 | 0.002% |
| Space Maintenance (Passive Appliances) | Dental | HCPC | D1510 | D2161 | \$4,195,857 | 0.164% |
| Resin Restorations | Dental | HCPC | D2330 | D2394 | \$5,062,352 | 0.197% |
| Crowns - Single Restoration Only | Dental | HCPC | D2710 | D2799 | \$1,063,698 | 0.041% |
| Other Restorative Services | Dental | HCPC | D2910 | D2999 | \$1,309,954 | 0.051% |
| Endodontics | | | | | | |
| Pulpotomy | Dental | HCPC | D3220 | D3221 | \$350,879 | 0.014% |
| Root Canal Therapy | Dental | HCPC | D3310 | D3353 | \$988,420 | 0.039% |
| Other Endodontic Services | Dental | HCPC | D3410 | D3999 | \$7,651 | 0.000% |
| Periodontics | Dental | HCPC | D4210 | D4999 | \$59,481 | 0.002% |
| Prosthodontics (Removable) | | | | | | |
| Complete Dentures | Dental | HCPC | D5110 | D5140 | \$2,895,387 | 0.113% |
| Partial Dentures | Dental | HCPC | D5211 | D5281 | \$1,422,824 | 0.055% |
| All other | Dental | HCPC | D5410 | D5999 | \$491,986 | 0.019% |
| Maxiofacial Prosthetics | Dental | HCPC | D5911 | D5999 | \$4,389 | 0.000% |
| Implant Services | Dental | HCPC | D6010 | D6205 | \$0 | 0.000% |
| Prosthodontics (Fixed) | Dental | HCPC | D6210 | D6999 | \$28,265 | 0.001% |
| Surgical Extractions and Other Surgical Procedures | | | | | | |
| Surgical Extractions | Dental | HCPC | D7110 | D7294 | \$6,470,688 | 0.252% |
| Other Surgical Procedures | Dental | HCPC | D7260 | D7294 | \$60,516 | 0.002% |
| Aveoloplasty | Dental | HCPC | D7310 | D7321 | \$264,261 | 0.010% |
| Vestibuloplasty | Dental | HCPC | D7340 | D7350 | \$10,104 | 0.000% |
| Other Procedures | Dental | HCPC | D7410 | D7999 | \$276,598 | 0.011% |
| Orthodontics | | | | | | |
| Comprehensive Orthodontic Treatment Of The Adolescent Dentition | Dental | HCPC | D8080 | D8080 | \$5,103,217 | 0.199% |
| Other Orthodontic Services | Dental | HCPC | D8660 | D8999 | \$249,590 | 0.010% |
| Adjunctive Services | | | | | | |
| Anesthesia | Dental | HCPC | D9210 | D9248 | \$1,040,778 | 0.041% |
| Professional Consultation | Dental | HCPC | D9310 | D9310 | \$33,388 | 0.001% |
| Professional Visits | Dental | HCPC | D9410 | D9450 | \$70,430 | 0.003% |
| Drugs | Dental | HCPC | D9610 | D9630 | \$19,206 | 0.001% |
| Miscellaneous Services | Dental | HCPC | D9910 | D9999 | \$1,245 | 0.000% |
| Ear Nose and Throat | | | | | | |
| Facial, Ear, Nose and Throat (APG MC 12) | Outpatient | Significant Proc | APG 231 | APG 237 | \$11,816,698 | 0.461% |
| Ear, Nose and Throat (MDC 3) | Inpatient | Surgical | DRG 49 - 62, 482, 483 | | \$10,209,677 | 0.398% |
| Auditory System | HCFA 1500 | CPT - Surgery | 69000 | 69990 | \$1,451,480 | 0.057% |
| Ear, Nose and Throat (MDC 3) | Inpatient | Medical | DRG 63 - 74, 185-187 | | \$1,079,834 | 0.042% |
| Ear, Nose, Mouth and Throat Diseases - APG MC 33 | Outpatient | Medical | APG 541 | APG 545 | \$188,378 | 0.007% |
| Special Otorhinlaryngologic Services | | | | | | |

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| Evaluation of speech, language, voice, comm and/or auditory processing | Outpatient | CPT - Medical | 92506 | 92506 | \$45,462 | 0.002% |
| Treatment: individual | HCFA 1500 | CPT - Medicine | 92507 | 92507 | \$1,881,404 | 0.073% |
| Treatment: individual | Outpatient | CPT - Medical | 92507 | 92507 | \$2,219,998 | 0.087% |
| Treatment: group | HCFA 1500 | CPT - Medicine | 92508 | 92508 | \$1,333,720 | 0.052% |
| Treatment: group | Outpatient | CPT - Medical | 92508 | 92508 | \$73,887 | 0.003% |
| Treatment Of Swallowing Disfunction And/Or Oral Function For Feeding | Outpatient | CPT - Medical | 92526 | 92526 | \$303,910 | 0.012% |
| Other | HCFA 1500 | CPT - Medicine | 92502 | 92526 | \$90,079 | 0.004% |
| Other | Outpatient | CPT - Medical | 92502 | 92700 | \$5,927 | 0.000% |
| Speech Screening (per Encounter) | HCFA 1500 | HCPC | V5362 | V5362 | \$1,039 | 0.000% |
| Vestibular Function Tests | HCFA 1500 | CPT - Medicine | 92531 | 92548 | \$11,910 | 0.000% |
| Audiologic Function Tests with Medical Diagnostic Evaluation | HCFA 1500 | CPT - Medicine | 92551 | 92597 | \$470,084 | 0.018% |
| Evaluative and Therapeutic Services | HCFA 1500 | CPT - Medicine | 92601 | 92633 | \$666 | 0.000% |
| Hearing Screening (per Encounter) | HCFA 1500 | HCPC | V5008 | V5008 | \$133 | 0.000% |
| Hearing Aids | HCFA 1500 | HCPC & Local | V5014 - V5299, W0121-W0134 | | \$2,007,671 | 0.078% |
| Clinical Evaluation Of Swallowing Function | Outpatient | HCPC | G0195 | G0195 | \$2,102 | 0.000% |
| Respiratory | | | | | | |
| Respiratory | Pharmacy | Pharmacy | Physical Health | | \$21,655,916 | 0.845% |
| Respiratory System (APG MC 3) | Outpatient | Significant Proc | APG 51 | APG 57 | \$5,508,370 | 0.215% |
| Respiratory (MDC 4) | Inpatient | Surgical | DRG 75 | DRG 77 | \$2,840,720 | 0.111% |
| Respiratory System | HCFA 1500 | CPT - Surgery | 30000 | 32999 | \$857,688 | 0.033% |
| Respiratory System | Outpatient | CPT - Surgery | 30000 | 32999 | \$1,303 | 0.000% |
| Respiratory Diseases - APG MC 33 | Outpatient | Medical | APG 561 | APG 564 | \$71,385 | 0.003% |
| Respiratory (MDC 4) | Inpatient | Medical | DRG 78-102, 475 | | \$18,102,361 | 0.706% |
| Pulmonary Medicine | HCFA 1500 | CPT - Medicine | 94002 | 94799 | \$378,330 | 0.015% |
| Oxygen and Related Respiratory Equipment | HCFA 1500 | HCPC | E0424 | E0486 | \$2,048,977 | 0.080% |
| IPPB Machines | HCFA 1500 | HCPC | E0500 | E0500 | \$336 | 0.000% |
| Humidifiers/Compressors/Nebulizers for Use with Oxygen IPPB Equipment | HCFA 1500 | HCPC | E0550 | E0585 | \$1,039,240 | 0.041% |
| Suction Pump/Room Vaporizers | HCFA 1500 | HCPC | E0600 | E0606 | \$549,191 | 0.021% |
| Oxygen Concentrator, single delivery port, | HCFA 1500 | HCPC | E1390 | E1390 | \$4,579,263 | 0.179% |
| Other Oxygen Related Equipment | HCFA 1500 | HCPC | E1353 | E1406 | \$65,951 | 0.003% |
| Supplies for Oxygen and Related Respiratory Equipment | HCFA 1500 | HCPC | A4611 | A4629 | \$123,549 | 0.005% |
| Antihistamines | Pharmacy | Pharmacy | Physical Health | | \$1,678,752 | 0.065% |
| Digestive System | | | | | | |
| Gastrointestinal | Pharmacy | Pharmacy | Pharmacy | | \$11,967,524 | 0.467% |
| Digestive System (APG MC 6) | Outpatient | Significant Proc | APG 111 | APG 124 | \$13,017,074 | 0.508% |
| Digestive (MDC 6) | Inpatient | Surgical | DRG 146 | DRG 167 | \$7,692,440 | 0.300% |
| Digestive System | HCFA 1500 | CPT - Surgery | 40490 | 49999 | \$5,310,206 | 0.207% |
| Digestive System | Outpatient | CPT - Surgery | 40490 | 49606 | \$31,397 | 0.001% |

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| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|------------------|--|---------|---------------|------------------|
| | | | From | To | | |
| Digestive (MDC 6) | Inpatient | Medical | DRG 168 | DRG 190 | \$5,681,315 | 0.222% |
| Digestive System Diseases - APG MC 35 | Outpatient | Medical | APG 591 | APG 597 | \$353,661 | 0.014% |
| Gastroenterology | Outpatient | CPT - Medical | 91000 | 91299 | \$22,362 | 0.001% |
| Gastroenterology | HCFA 1500 | CPT - Medicine | 91000 | 91299 | \$28,996 | 0.001% |
| Enteral and Parenteral Therapy | HCFA 1500 | HCPC | B4000 | B9999 | \$3,116,306 | 0.122% |
| Medical Foods For Inborn Error Of Metabolism | HCFA 1500 | HCPC | S9435 | S9435 | \$40,205 | 0.002% |
| Medical Nutrition Therapy | Outpatient | CPT - Medical | 97802 | 97804 | \$11,790 | 0.000% |
| Medical Nutrition Therapy | HCFA 1500 | CPT - Medicine | 97802 | 97804 | \$4,768 | 0.000% |
| Hepatobiliary System & Pancreas | | | | | | |
| Hepatobiliary System & Pancreas (MDC 7) | Inpatient | Medical | DRG 202 | DRG 208 | \$3,952,138 | 0.154% |
| Hepatobiliary System & Pancreas (MDC 7) | Inpatient | Surgical | DRG 191 - 201, 480, 493-4 | | \$2,858,894 | 0.111% |
| Musculoskeletal System and Connective Tissue | | | | | | |
| Musculoskeletal System and Connective Tissue (MDC 8) | Inpatient | Surgical | DRG 209-234, 471, 481, 491, 496-503, 520 | | \$12,091,685 | 0.472% |
| Musculoskeletal System and Connective Tissue (MDC 8) | Inpatient | Medical | DRG 235 | DRG 256 | \$1,973,705 | 0.077% |
| Musculoskeletal System (APG MC 2) | Outpatient | Significant Proc | APG 21 | APG 35 | \$7,404,567 | 0.289% |
| Musculoskeletal System (Also Q Codes, S8450,S8451 and S0395) | HCFA 1500 | CPT - Surgery | 20000 | 29999 | \$4,823,035 | 0.188% |
| Musculoskeletal Diseases - APG MC 37 | Outpatient | Medical | APG 621 | APG 623 | \$59,180 | 0.002% |
| Musculoskeletal System | Outpatient | CPT - Surgery | 20000 | 29999 | \$41,963 | 0.002% |
| Musculoskeletal System | Outpatient | CPT - Surgical | 20000 | 29999 | \$18,949 | 0.001% |
| Physical Medicine and Rehabilitation (APG MC 14) | Outpatient | Significant Proc | APG 271 | APG 273 | \$7,487,113 | 0.292% |
| Therapeutic Procedures | Outpatient | CPT - Medical | 97110 | 97546 | \$6,162,149 | 0.240% |
| Chiropractic Manipulative Treatment | HCFA 1500 | CPT - Medicine | 98940 | 98943 | \$4,375,525 | 0.171% |
| Osteopathic Manipulative Treatment | HCFA 1500 | CPT - Medicine | 98925 | 98929 | \$118,288 | 0.005% |
| Orthotic Devices - Spinal | HCFA 1500 | HCPC | L0112 | L0999 | \$111,216 | 0.004% |
| Orthotic Devices - Scoliosis Procedures | HCFA 1500 | HCPC | L1000 | L1520 | \$26,049 | 0.001% |
| Orthotic Devices - Lower Limb | HCFA 1500 | HCPC | L1600 | L2999 | \$1,448,154 | 0.056% |
| Orthopedic Shoes | HCFA 1500 | HCPC | L3000 | L3649 | \$1,199,055 | 0.047% |
| Impression Casting Of The Foot | HCFA 1500 | HCPC | S0395 | S0395 | \$32,140 | 0.001% |
| Orthotic Devices - Upper Limb | HCFA 1500 | HCPC | L3650 | L3956 | \$158,847 | 0.006% |
| Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO) | HCFA 1500 | HCPC | L3960 | L4398 | \$162,972 | 0.006% |
| Prosthetics - Lower Limb | HCFA 1500 | HCPC | L5000 | L5999 | \$916,639 | 0.036% |
| Prosthetics - Upper Limb | HCFA 1500 | HCPC | L6000 | L6698 | \$4,580 | 0.000% |
| Prosthetics - Terminal Devices | HCFA 1500 | HCPC | L6703 | L6915 | \$1,854 | 0.000% |
| ProstheticsExternal Power | HCFA 1500 | HCPC | L6920 | L7600 | \$6,073 | 0.000% |
| Prosthesis | HCFA 1500 | HCPC | L8000 | L8049 | \$24,812 | 0.001% |
| Gradient Compression Stocking | HCFA 1500 | HCPC | L8100 | L8239 | \$79,386 | 0.003% |
| Trusses | HCFA 1500 | HCPC | L8300 | L8330 | \$276 | 0.000% |
| Prosthetic Socks | HCFA 1500 | HCPC | L8400 | L8499 | \$14,826 | 0.001% |
| Artificial Larynx, Any Type | HCFA 1500 | HCPC | L8500 | L8500 | \$620 | 0.000% |
| Tacheostomy Speaking Valve | HCFA 1500 | HCPC | L8501 | L8501 | \$7,086 | 0.000% |
| Artificial Larynx Replacement Battery/Accessory, Any Type | HCFA 1500 | HCPC | L8505 | L8505 | \$92 | 0.000% |

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| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|-----------------|-----------------|---------|---------------|------------------|
| | | | From | To | | |
| Tracheo-Esophageal Voice Prosthesis, Patient Insert, Any Type Each | HCFA 1500 | HCPC | L8507 | L8507 | \$203 | 0.000% |
| Tracheo-Esophageal Voice Prosthesis, Inserted By A Liscensed Health Care | HCFA 1500 | HCPC | L8509 | L8509 | \$439 | 0.000% |
| Voice Amplifier | HCFA 1500 | HCPC | L8510 | L8510 | \$207 | 0.000% |
| Evaluation Of Patient For Prescription Of Speech Generating Devices | Outpatient | HCPC | G0197 | G0197 | \$233 | 0.000% |
| Patient Adaptation & Training For Use Of Speech Generating Device | Outpatient | HCPC | G0198 | G0198 | \$81,177 | 0.003% |
| Fitting Charge (prosthetic/Orthotic) | HCFA 1500 | Local | W0388 | W0388 | \$26,779 | 0.001% |
| Physical Therapy Examination | HCFA 1500 | CPT - Medicine | 97001 | 97001 | \$94,926 | 0.004% |
| Physical Therapy Examination | Outpatient | CPT - Medical | 97001 | 97001 | \$127,117 | 0.005% |
| Physical Therapy Examination | Outpatient | CPT - Medical | 97001 | 97001 | \$185 | 0.000% |
| Physical Therapy Re-Evaluation | HCFA 1500 | CPT - Medicine | 97002 | 97002 | \$6,468 | 0.000% |
| Physical Therapy Re-Evaluation | Outpatient | CPT - Medical | 97002 | 97002 | \$10,181 | 0.000% |
| Occupational Therapy Evaluation | Outpatient | CPT - Medical | 97003 | 97003 | \$50,057 | 0.002% |
| Occupational Therapy Evaluation | HCFA 1500 | CPT - Medicine | 97003 | 97003 | \$5,239 | 0.000% |
| Occupational Therapy Re-Evaluation | Outpatient | CPT - Medical | 97004 | 97004 | \$17,034 | 0.001% |
| Occupational Therapy Re-Evaluation | HCFA 1500 | CPT - Medicine | 97004 | 97004 | \$401 | 0.000% |
| Therapeutic Procedures | HCFA 1500 | CPT - Medicine | 97110 | 97546 | \$1,064,160 | 0.041% |
| Physical Medicine and Rehabilitation - Modalities | HCFA 1500 | CPT - Medicine | 97010 | 97039 | \$94,985 | 0.004% |
| Modalities | Outpatient | CPT - Medical | 97010 | 97039 | \$62,108 | 0.002% |
| Tests and MeasUREMENTS | Outpatient | CPT - Medical | 97750 | 97755 | \$39,932 | 0.002% |
| Other Orthopedic Devices | HCFA 1500 | HCPC | E1800 | E8002 | \$837,962 | 0.033% |
| Traction | HCFA 1500 | HCPC | E0830 | E0900 | \$8,428 | 0.000% |
| Trapeze Equipment, Fracture Frame and Other Orthopedic Devices | HCFA 1500 | HCPC | E0910 | E1030 | \$322,906 | 0.013% |
| Rollabout Chairs and Wheelchairs | HCFA 1500 | HCPC | E1031 | E1298 | \$143,591 | 0.006% |
| Skill Of A Technician, Labor Component Per 15 Minutes | HCFA 1500 | HCPC | E1340 | E1340 | \$59,881 | 0.002% |
| Active Wound Care Management | HCFA 1500 | CPT - Medicine | 97597 | 97606 | \$1,191 | 0.000% |
| Other | HCFA 1500 | CPT - Medicine | 97750 | 97799 | \$862 | 0.000% |
| Electrical Stimulation Other Than Wound Care | Outpatient | HCPC | G0283 | G0283 | \$11,355 | 0.000% |
| Skin and Subcutaneous Tissue and Breast | | | | | | |
| Integumentary System (APG MC 1) | Outpatient | Signifcant Proc | APG 1 | APG 12 | \$4,204,671 | 0.164% |
| Skin, Subcutaneous Tissue and Breast (MDC 9) | Inpatient | Surgical | DRG 257 | DRG 270 | \$1,041,538 | 0.041% |
| Integumentary System | HCFA 1500 | CPT - Surgery | 10040 | 19499 | \$3,442,722 | 0.134% |
| Integumentary System | Outpatient | CPT - Surgery | 10040 | 19499 | \$3,354 | 0.000% |
| Skin, Subcutaneous Tissue and Breast (MDC 9) | Inpatient | Medical | DRG 271 | DRG 284 | \$1,903,571 | 0.074% |
| Skin and Breast Diseases - APG MC 38 | Outpatient | Medical | APG 631 | APG 635 | \$59,652 | 0.002% |
| Special Dermatological Procedures | HCFA 1500 | CPT - Medicine | 96900 | 96999 | \$8,263 | 0.000% |

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| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|---|------------|------------------|-----------------------------------|-----------------|---------------|------------------|
| | | | From | To | | |
| Endocrine, Hematologic and Lymph | | | | | | |
| Endocrine, Nutritional and Metabolic (MDC 10) | Inpatient | Medical | DRG 294 | DRG 301 | \$3,389,083 | 0.132% |
| Endocrine, Nutritional and Metabolic Diseases - APG MC 39 | Outpatient | Medical | APG 651 | APG 654 | \$41,050 | 0.002% |
| Endocrine, Nutritional and Metabolic (MDC 10) | Inpatient | Surgical | DRG 285 | DRG 293 | \$1,424,385 | 0.056% |
| Hematologic, Lymphatic and Endocrine (APG MC 5) | Outpatient | Significant Proc | APG 91 | APG 97 | \$1,675,603 | 0.065% |
| Endocrine System | HCFA 1500 | CPT - Surgery | 60001 | 60650 | \$61,201 | 0.002% |
| Hemic and Lymphatic Systems | HCFA 1500 | CPT - Surgery | 38100 | 38999 | \$154,163 | 0.006% |
| Endocrinology | HCFA 1500 | CPT - Medicine | 95250 | 95251 | \$1,285 | 0.000% |
| Kidney and Urinary | | | | | | |
| Kidney and Urinary Tract (MDC 11) | Inpatient | Surgical | DRG 302 | DRG 315 | \$1,508,781 | 0.059% |
| Urinary System (APG MC 7) | Outpatient | Significant Proc | APG 131 | APG 140 | \$2,806,853 | 0.109% |
| Urinary System | HCFA 1500 | CPT - Surgery | 50010 | 53899 | \$896,575 | 0.035% |
| Kidney and Urinary Tract (MDC 11) | Inpatient | Medical | DRG 316 | DRG 333 | \$3,521,612 | 0.137% |
| Kidney and Urinary Tract Diseases - APG MC 40 | Outpatient | Medical | APG 661 | APG 664 | \$59,960 | 0.002% |
| Incontinence Products, Brief., Diaper, Pad | HCFA 1500 | HCPD | T4521 | T4537 | \$4,551,332 | 0.177% |
| Incontinence Appliances and Supplies | HCFA 1500 | HCPD | A4310 | A4355 | \$403,715 | 0.016% |
| Additional Incontinence Appliances/Supplies | HCFA 1500 | HCPD | A5102 | A5114 | \$1,880 | 0.000% |
| External Urinary Supplies | HCFA 1500 | HCPD | A4356 | A4358 | \$23,620 | 0.001% |
| Ostomy Supplies | HCFA 1500 | HCPD | A4361 | A4434 | \$157,567 | 0.006% |
| Additional Ostomy Supplies | HCFA 1500 | HCPD | A5051 | A5093 | \$52,597 | 0.002% |
| Supplies for Either Incontinence or Ostomy Supplies | HCFA 1500 | HCPD | A5119 | A5200 | \$5,933 | 0.000% |
| Disposable Underpads, All Sizes, (e.G., Chux's)(1) | HCFA 1500 | HCPD | A4554 | A4554 | \$247,869 | 0.010% |
| Dialysis | HCFA 1500 | CPT - Medicine | 90918 | 90999 | \$850,503 | 0.033% |
| Epoetin Alpha Injection Per 1000 Units | HCFA 1500 | HCPD | Q0136 | Q0136 | \$70,947 | 0.003% |
| Injection Darbepoetin Alfa, 1MCG (non-Esrd) | HCFA 1500 | HCPD | Q0137 | Q0137 | \$1,913 | 0.000% |
| Injection, Darbepoetin, 1MCG (for Esrd On Dialysis) | HCFA 1500 | HCPD | Q4054 | Q4054 | \$5,557 | 0.000% |
| Injection Epoetin Alfa, 1000 Units For Esrd On Dialysis | HCFA 1500 | HCPD | Q4055 | Q4055 | \$182,904 | 0.007% |
| Cardiovascular System (APG MC 4) | | | | | | |
| Circulatory (MDC 5) | Inpatient | Surgical | DRG 103-120, 478-9, 514-18, 525-7 | | \$17,343,376 | 0.676% |
| Cardiovascular System (APG MC 4) | Outpatient | Significant Proc | APG 71 | APG 84 | \$9,708,588 | 0.379% |
| Cardiovascular | Outpatient | CPT - Surgical | 36561 | 36561 | \$1,454 | 0.000% |
| Cardiovascular System | Outpatient | CPT - Surgery | 33010 | 39599 | \$62,410 | 0.002% |
| Cardiovascular System | HCFA 1500 | CPT - Surgery | 33010 | 37799 | \$1,919,269 | 0.075% |
| Circulatory (MDC 5) | Inpatient | Medical | DRG 121 | DRG 145 | \$9,967,905 | 0.389% |
| Cardiovascular Diseases - APG MC 34 | Outpatient | Medical | APG 571 | APG 576 | \$67,160 | 0.003% |
| Cardiovascular | Outpatient | CPT - Medical | 93010 | 93010 | \$49 | 0.000% |
| Cardiovascular | HCFA 1500 | CPT - Medicine | 92950 | 93799 | \$2,840,105 | 0.111% |
| Cardiovascular - Medicine | Magellan | CPT - Medicine | 92950 | 93797 | \$4,414 | 0.000% |
| Noninvasive Vascular Studies | HCFA 1500 | CPT - Medicine | 93875 | 93990 | \$231,096 | 0.009% |
| Cardiac | Pharmacy | Pharmacy | | Physical Health | \$6,468,085 | 0.252% |
| Anticholesteral | Pharmacy | Pharmacy | | Physical Health | \$5,639,059 | 0.220% |
| Cardiac Rehabilitation Program; Per Day - Nip | Outpatient | HCPD | S9472 | S9472 | \$53,232 | 0.002% |

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| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|-----------------------|--------------------------------|---------|---------------|------------------|
| | | | From | To | | |
| Male Reproductive System (MDC 12) | | | | | | |
| Male Genital (APG MC 8) | Outpatient | Signifcant Proc | APG 151 | APG 155 | \$489,690 | 0.019% |
| Male Reproductive System (MDC 12) | Inpatient | Surgical | DRG 334 | DRG 344 | \$64,828 | 0.003% |
| Male Genital System | HCFA 1500 | CPT - Surgery | 54000 | 55899 | \$1,160,726 | 0.045% |
| Male Genital System Diseases - APG MC 41 | Outpatient | Medical | APG 671 | APG 672 | \$1,923 | 0.000% |
| Male Reproductive System (MDC 12) | Inpatient | Medical | DRG 346 | DRG 352 | \$73,413 | 0.003% |
| Female Reproductive System | | | | | | |
| Female Reproductive System (MDC 13) | Inpatient | Surgical | DRG 353 | DRG 365 | \$3,045,186 | 0.119% |
| Female Genital System (APG MC 9) | Outpatient | Signifcant Proc | APG 171 | APG 180 | \$3,580,694 | 0.140% |
| Female Genital System | HCFA 1500 | CPT - Surgery | 56405 | 58999 | \$2,222,360 | 0.087% |
| Female Genital System | Outpatient | CPT - Surgery | 56405 | 59899 | \$81,392 | 0.003% |
| Female Reproductive System (MDC 13) | Inpatient | Medical | DRG 366 | DRG 369 | \$334,270 | 0.013% |
| Female Genital System Diseases - APG MC 42 | Outpatient | Medical | APG 681 | APG 681 | \$23,550 | 0.001% |
| Contraceptive Pills For Birth Control/Per Pill | HCFA 1500 | HPCP | S4993 | S4993 | \$1,011,727 | 0.039% |
| Blood & Blood Forming Organs & Immune Disorders | | | | | | |
| Antihemophilic | Pharmacy | Pharmacy | Physical Health | | \$6,799,410 | 0.265% |
| Blood & Blood Forming Organs & Immune Disorders (MDC 16) | Inpatient | Medical | DRG 395 | DRG 399 | \$1,725,523 | 0.067% |
| Human Immunodeficiency Virus Infections | Inpatient | Medical | DRG 489 | DRG 490 | \$438,157 | 0.017% |
| Immunologic and Hematologic Diseases - APG MC 43 | Outpatient | Medical | APG 691 | APG 694 | \$17,185 | 0.001% |
| Blood & Blood Forming Organs & Immune Disorders (MDC 16) | Inpatient | Surgical | DRG 392 | DRG 394 | \$353,304 | 0.014% |
| Allergy and Clinical Immunology | HCFA 1500 | CPT - Medicine | 95004 | 95199 | \$507,708 | 0.020% |
| Cancer | | | | | | |
| Chemotherapy and Other Drugs - APG MC 21 | Outpatient | Ancillary Test & Proc | APG 391 | APG 405 | \$7,168,470 | 0.280% |
| Chemotherapy Drugs | HCFA 1500 | HPCP | J9000 | J9999 | \$3,092,194 | 0.121% |
| Chemotherapy Administration | HCFA 1500 | CPT - Medicine | 96401 | 96549 | \$302,300 | 0.012% |
| Chemotherapy Administration | Outpatient | CPT - Medical | 96401 | 96549 | \$25,611 | 0.001% |
| Myleproliferative & Poorly Differentiated Neoplasms (MDC 17) | Inpatient | Medical | DRG 403-405, 409-414, 473, 492 | | \$3,289,411 | 0.128% |
| Myleproliferative & Poorly Differentiated Neoplasms (MDC 17) | Inpatient | Surgical | DRG 400-402, 406, 408 | | \$767,081 | 0.030% |
| Malignancy - APG MC 24 | Outpatient | Medical | APG 431 | APG 437 | \$74,446 | 0.003% |
| Staging/Restaging Of Local Regional Recurrence Of Metastases | HCFA 1500 | HPCP | G0253 | G0253 | \$1,874 | 0.000% |
| Infectious Disease | | | | | | |
| Antibiotic | Pharmacy | Pharmacy | Physical Health | | \$18,700,302 | 0.729% |
| Infectious and Parastic Diseases (MDC 19) | Inpatient | Surgical | DRG 415 | DRG 415 | \$1,841,170 | 0.072% |
| Infectious and Parastic Diseases (MDC 19) | Inpatient | Medical | DRG 416 | DRG 423 | \$3,790,329 | 0.148% |
| Infectious Diseases - APG MC 29 | Outpatient | Medical | APG 501 | APG 503 | \$65,332 | 0.003% |

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| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|-----------------------|------------------------|---------|---------------|------------------|
| | | | From | To | | |
| Injuries, Poisoning, Multiple Significant Traumas | | | | | | |
| Injuries, Poisoning and Toxic Effects of Drugs (MDC 21) | Inpatient | Medical | DRG 444-455, 508-511 | | \$2,585,551 | 0.101% |
| Poisoning - APG MC 25 | Outpatient | Medical | APG 451 | APG 451 | \$25,373 | 0.001% |
| Injuries, Poisoning and Toxic Effects of Drugs (MDC 21) | Inpatient | Surgical | DRG 439-443, 506, 507 | | \$1,945,070 | 0.076% |
| Multiple Significant Traumas (MDC 24) | Inpatient | Surgical | DRG 484 | DRG 486 | \$2,361,376 | 0.092% |
| Multiple Significant Traumas (MDC 24) | Inpatient | Medical | DRG 487 | DRG 487 | \$496,732 | 0.019% |
| Trauma - APG MC 26 | Outpatient | Medical | APG 461 | APG 466 | \$166,535 | 0.006% |
| Anesthesia | | | | | | |
| Anesthesia | HCFA 1500 | CPT - Anesthesia | 00100 | 019999 | \$9,084,570 | 0.354% |
| Qualifying Circumstances for Anesthesia | HCFA 1500 | CPT - Medicine | 99100 | 99410 | \$6,573 | 0.000% |
| Moderate (Conscious Sedation) | HCFA 1500 | CPT - Medicine | 99143 | 99150 | \$0 | 0.000% |
| Anesthesia - APG MC 17 | Outpatient | Ancillary Test & Proc | APG 321 | APG 321 | \$0 | 0.000% |
| Other Pharmacy | | | | | | |
| Analgesics | Pharmacy | Pharmacy | Physical Health | | \$14,341,435 | 0.559% |
| Vaccines, Toxids | HCFA 1500 | CPT - Medicine | 90476 | 90479 | \$367,074 | 0.014% |
| Vaccines, Toxoids | Outpatient | CPT - Medical | 90476 | 90749 | \$101 | 0.000% |
| Vaccines, Toxoids | Outpatient | CPT - Medical | 90476 | 90749 | \$1,122 | 0.000% |
| Immune Globlins | HCFA 1500 | CPT - Medicine | 90281 | 90399 | \$1,033,696 | 0.040% |
| Immunization Administration | HCFA 1500 | CPT - Medicine | 90465 | 90474 | \$874,905 | 0.034% |
| Immunization Administration | Outpatient | CPT - Medical | 90471 | 90472 | \$84,894 | 0.003% |
| Other | | | | | | |
| Drugs Administered Other than by Oral Method | Pharmacy | Pharmacy | Physical Health | | \$42,264,440 | 1.648% |
| Miscellaneous Drugs and Solutions | HCFA 1500 | HCPC | J0120 | J3590 | \$4,691,275 | 0.183% |
| | HCFA 1500 | HCPC | J7030 | J7599 | \$579,424 | 0.023% |
| Inhalation Solutions | HCFA 1500 | HCPC | J7607 | J8999 | \$32,015 | 0.001% |
| Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions | Outpatient | CPT - Medical | 90760 | 90779 | \$165,212 | 0.006% |
| Hydration, Therapeutic, Prophylactic, and Diagnostic Injections and Infusions | HCFA 1500 | CPT - Medicine | 90760 | 90779 | \$236,376 | 0.009% |
| Steroid And/Or Other Therapeutic Agent | HCFA 1500 | HCPC | G0260 | G0260 | \$3,958 | 0.000% |
| Other | | | | | | |
| Factors Influencing Health Status & Other Contacts w/ Health Services (MDC 23) | Inpatient | Surgical | DRG 461 | DRG 461 | \$158,120 | 0.006% |
| Factors Influencing Health Status & Other Contacts w/ Health Services (MDC 23) | Inpatient | Medical | DRG 462 | DRG 467 | \$587,879 | 0.023% |
| Other | Inpatient | Surgical | DRG 468, 469, 470, 477 | | \$2,816,438 | 0.110% |
| General Hospital | Inpatient | Inpatient | Unclassified | | \$3,670,257 | 0.143% |
| Other Ancillary Tests and Procedures - APG MC 20 | Outpatient | Ancillary Test & Proc | APG 371 | APG 386 | \$1,536,989 | 0.060% |
| Incidental Procedures and Services - APG - MC 23 | Outpatient | Ancillary Test & Proc | APG 421 | APG 422 | \$191,375 | 0.007% |
| Major Signs, Symptoms and Findings - APG 36 | Outpatient | Medical | APG 611 | APG 611 | \$23,110 | 0.001% |
| Well Care, Administrative - APG MC 44 | Outpatient | Medical | APG 701 | APG 705 | \$53,442 | 0.002% |
| Unknown Cause of Mortality - APG MC 45 | Outpatient | Medical | APG 721 | APG 721 | \$12 | 0.000% |
| Ungroupable | Outpatient | Other | APG 999 | APG 999 | \$495,457 | 0.019% |
| Error APGs | Outpatient | Other | APG 993 | APG 998 | \$292 | 0.000% |
| General | HCFA 1500 | CPT - Surgery | 10021 | 10022 | \$16,689 | 0.001% |
| Mediastinum and Diaphragm | HCFA 1500 | CPT - Surgery | 39000 | 39599 | \$26,027 | 0.001% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|---|------------|--------------------------|--|-------|---------------|------------------|
| | Type | | From | To | | |
| SKILLED NURSING CARE AND HOSPICE CARE | | | | | | |
| SKILLED NURSING CARE | | | | | | |
| Skilled Nursing Facility | Inpatient | Inpatient | Nursing Care | | \$18,037,483 | 0.703% |
| Skilled Nursing Facility | Outpatient | Skilled Nursing Facility | | | \$133,044 | 0.005% |
| Home Health Agency Services by Home Health Agency Provider Type | Outpatient | | | | \$63,829,785 | 2.489% |
| Nursing Care In The Home By Lpn; Per Hr. | Outpatient | HCPC | S9124 | S9124 | \$8,951,916 | 0.349% |
| Nursing Care In The Home By Rn; Per Hour | Outpatient | HCPC | S9123 | S9123 | \$516,414 | 0.020% |
| Nursing Care In The Home By Rn; Per Hour | Outpatient | HCPC | S9123 | S9123 | \$19,341 | 0.001% |
| Nursing Care In The Home By Rn; Per Hour | HCFA 1500 | HCPC | S9123 | S9123 | \$51,574 | 0.002% |
| Nursing Care In The Home By Lpn; Per Hr. | Outpatient | HCPC | S9124 | S9124 | \$37,643 | 0.001% |
| Interim Medical Monitoring and Treatment Nursing Care | Waiver | Local | W1518,2513,2515, 2518-2520 | | \$2,695,374 | 0.105% |
| | Waiver | HCPC & Local | 9123, S9124, T1030, W2514, W2506, W15C | | \$1,608,083 | 0.063% |
| Nursing Assessment/Evaluation (per 15 Min.) | HCFA 1500 | HCPC | T1001 | T1001 | \$50,931 | 0.002% |
| Home Health Aide, Hourly Rate | Outpatient | HCPC | S9122 | S9122 | \$27,856 | 0.001% |
| RN and LPN Services up to 15 minutes | HCFA 1500 | HCPC | T1002 | T1003 | \$1,193,317 | 0.047% |
| Home Health Aide | Waiver | HCPC | S9122, T1021 | | \$636,773 | 0.025% |
| Coordinated Care Fee, Home Monitoring (per 15 Minutes) | HCFA 1500 | HCPC | G9006 | G9006 | \$1,807 | 0.000% |
| HOSPICE CARE | | | | | | |
| Hospice Care | Outpatient | Hospice | | | \$31,407,110 | 1.225% |

IOWA MEDICAID - 2006

| Health Care Type | Claim | | Codes Reference | | Medicaid Paid | Percent of Total |
|--|-----------|-----------|-----------------|--------|---------------|------------------|
| | Type | Code Type | From | To | | |
| MEDICAL SUPPLIES AND EQUIPMENT | | | | | | |
| MEDICAL SUPPLIES | | | | | | |
| Syringe and Needle Free Injection Device | HCFA 1500 | HCPC | A4206 | A4210 | \$179,810 | 0.007% |
| Supplies For Maintenance Of Drug Infusion Catheter, Per Week (list Drug | HCFA 1500 | HCPC | A4221 | A4221 | \$108,352 | 0.004% |
| Supplies For External Drug Infusion Pump, Per Cassette Or Bag | HCFA 1500 | HCPC | A4222 | A4222 | \$520,565 | 0.020% |
| Blood Glucose Test Or Reagent Strips Per 50 | HCFA 1500 | HCPC | A4253 | A4253 | \$1,845,746 | 0.072% |
| Lancets, (each) | HCFA 1500 | HCPC | A4259 | A4259 | \$80,450 | 0.003% |
| All Other Miscellaneous | HCFA 1500 | HCPC | A4206 | A4290 | \$108,275 | 0.004% |
| Other | HCFA 1500 | HCPC | A4450 | A4608 | \$93,198 | 0.004% |
| Supplies for Other Durable Medical Equipment | HCFA 1500 | HCPC | A4630 | A43640 | \$498 | 0.000% |
| Dressings | HCFA 1500 | HCPC | A6000 | A6550 | \$317,777 | 0.012% |
| Miscellaneous Supplies | HCFA 1500 | HCPC | A7000 | A8004 | \$178,023 | 0.007% |
| Mask | HCFA 1500 | HCPC | S8100 | S8100 | \$19,772 | 0.001% |
| Holding Chamber Or Spacer For Use With An Inhaler Or Nebulizer With Mask | HCFA 1500 | HCPC | S8101 | S8101 | \$14,752 | 0.001% |
| Splint, Prefabricated, Digit | HCFA 1500 | HCPC | S8450 | S8450 | \$67 | 0.000% |
| Splint, Prefabricated, Wrist Of Ankle | HCFA 1500 | HCPC | S8451 | S8451 | \$174 | 0.000% |
| Insulin Syringe (100 Syringes,Any Size) | HCFA 1500 | HCPC | S8490 | S8490 | \$550,279 | 0.021% |
| Resuscitation Bag (for Use By Patient On Artificial Respiration During | HCFA 1500 | HCPC | S8999 | S8999 | \$351 | 0.000% |
| Miscellaneous Therapeutic Items And Supplies Not Otherwise Identified | HCFA 1500 | HCPC | T1999 | T1999 | \$20,819 | 0.001% |
| MEDICAL EQUIPMENT | | | | | | |
| Canes | HCFA 1500 | HCPC | E0100 | E0105 | \$6,435 | 0.000% |
| Crutches | HCFA 1500 | HCPC | E0110 | E0155 | \$126,974 | 0.005% |
| Attachments | HCFA 1500 | HCPC | E0156 | E0159 | \$1,044 | 0.000% |
| Commodes | HCFA 1500 | HCPC | E0160 | E0175 | \$10,555 | 0.000% |
| Decubitus Care Equipment | HCFA 1500 | HCPC | E0176 | E0199 | \$14,777 | 0.001% |
| Heat/Cold Application | HCFA 1500 | HCPC | E0200 | E0239 | \$232,506 | 0.009% |
| Bath and Toilet Aids | HCFA 1500 | HCPC | E0240 | E0249 | \$142 | 0.000% |
| Hospital Beds and Accessories | HCFA 1500 | HCPC | E0250 | E0373 | \$310,803 | 0.012% |
| Home Blood Glucose Monitor (purchase Only) | HCFA 1500 | HCPC | E0607 | E0607 | \$48,471 | 0.002% |
| Pacemaker Monitor | HCFA 1500 | HCPC | E0610 | E0620 | \$453,408 | 0.018% |
| Patient Lifts | HCFA 1500 | HCPC | E0621 | E0642 | \$54,368 | 0.002% |
| Seat Lift Chair Without Mechanism (3rd Party Pd Mechanism) | HCFA 1500 | Local | W0359 | W0359 | \$56,486 | 0.002% |
| Pneumatic Compressor and Appliances | HCFA 1500 | HCPC | E0650 | E0694 | \$19,232 | 0.001% |
| Safety Equipment | HCFA 1500 | HCPC | E0705 | E0705 | \$2,138 | 0.000% |
| Transcutaneous &/or Neuromuscular Electrical Nerve Stimulators | HCFA 1500 | HCPC | E0720 | E0769 | \$182,747 | 0.007% |
| Infusion Supplies | HCFA 1500 | HCPC | E0776 | E0791 | \$160,113 | 0.006% |
| Wheelchair and Wheelchair Accessories | HCFA 1500 | HCPC | K0001 | K0899 | \$1,139,610 | 0.044% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|-------------|----------------------|-------|---------------|------------------|
| | | | From | To | | |
| TRANSPORTATION | | | | | | |
| Nonemergency Transport; Per Mile Vehicle Provided By Individual | HCFA 1500 | HCPC | A0090 | A0090 | \$30,858 | 0.001% |
| Nonemergency Transport Taxi | HCFA 1500 | HCPC | A0100 | A0100 | \$264,624 | 0.010% |
| Nonemergency Transport And Bus, Intra Or Inter State Carrier | HCFA 1500 | HCPC | A0110 | A0110 | \$961,280 | 0.037% |
| Nonemergency Transportation:: minibus, other transportation systems | HCFA 1500 | HCPC | A0120 | A0120 | \$176,448 | 0.007% |
| Nonemergency Transport; Wheel-Chair Van | HCFA 1500 | HCPC | A0130 | A0130 | \$983,513 | 0.038% |
| Ambulance Service - Non-Emergency | HCFA 1500 | HCPC | A0426, A0428 | | \$180,417 | 0.007% |
| Non-emergency Transportation | HCFA 1500 | HCPC | T2001 | T2002 | \$801,962 | 0.031% |
| Ambulance Service - Emergency Transport | HCFA 1500 | HCPC | A0225, A0427, A 0429 | | \$1,062,575 | 0.041% |
| Air Ambulance Service | HCFA 1500 | HCPC | A0430 | A0436 | \$218,025 | 0.009% |
| Ground Mileage, Per Statute Mile | HCFA 1500 | HCPC | A0425 | A0425 | \$392,991 | 0.015% |
| All Other Transportation | HCFA 1500 | HCPC | A0000 | A0999 | \$22,052 | 0.001% |
| MENTAL HEALTH | | | | | | |
| Case Management | | | | | | |
| Case Management;per month | Magellan | HCPC | T2022 | T2022 | \$9,132,787 | 0.356% |
| Case Management Services | Magellan | CPT - E & M | 99361 | 99373 | \$15,147 | 0.001% |
| Targeted case management; per month | Magellan | HCPC | T2023 | T2023 | \$30,145 | 0.001% |
| Evaluation and Management | | | | | | |
| Mental assessment, by nonphysician | Magellan | HCPC | H0031 | H0031 | \$201,852 | 0.008% |
| Mental Health Assessment By Non-Physician Per 15 Minutes | HCFA 1500 | HCPC | H0031 | H0031 | \$8,452 | 0.000% |
| Behavioral health screening to determine eligibility for admission to treatment program Office or Other Outpatient Services | Magellan | HCPC | H0002 | H0002 | \$1,660 | 0.000% |
| | Magellan | CPT - E & M | 99201 | 99205 | \$148 | 0.000% |
| Preadmission screening and resident review (PASRR) level II evaluation, per evaluation Pasarr Screening | Magellan | HCPC | T2011 | T2011 | \$65 | 0.000% |
| | HCFA 1500 | HCPC | T2011 | T2011 | \$56 | 0.000% |
| Pharmacy | | | | | | |
| Antipsychotics | Pharmacy | Pharmacy | Behaviorial Health | | \$36,261,834 | 1.414% |
| Antidepressants | Pharmacy | Pharmacy | Behaviorial Health | | \$18,852,168 | 0.735% |
| Anticonvulsants | Pharmacy | Pharmacy | Behaviorial Health | | \$16,459,615 | 0.642% |
| Psychostimulants | Pharmacy | Pharmacy | Behaviorial Health | | \$2,314,959 | 0.090% |
| Sedative/Hypnotics | Pharmacy | Pharmacy | Behaviorial Health | | \$2,333,933 | 0.091% |
| Anti-anxiety | Pharmacy | Pharmacy | Behaviorial Health | | \$19,976,930 | 0.779% |
| Oral Medication Administration; Direct Observation/Psychotropic Drugs | HCFA 1500 | HCPC | H0033 | H0033 | \$322,999 | 0.013% |
| Comprehensive Medication Services, Per 15 minutes | HCFA 1500 | HCPC | H2010 | H2010 | \$24,519 | 0.001% |
| Medication training and support, per 15 minutes | Magellan | HCPC | H0034 | H0034 | \$110 | 0.000% |
| Emergency Department Services | | | | | | |
| Straightforward | Magellan | CPT - E & M | 99281 | 99281 | \$5,109 | 0.000% |
| Low to moderate severity | Magellan | CPT - E & M | 99282 | 99282 | \$10,710 | 0.000% |
| Moderate severity | Magellan | CPT - E & M | 99283 | 99283 | \$107,119 | 0.004% |
| High severity but without threat to life | Magellan | CPT - E & M | 99284 | 99284 | \$99,295 | 0.004% |
| High severity and threat to life | Magellan | CPT - E & M | 99285 | 99285 | \$60,063 | 0.002% |
| Other | Magellan | CPT - E & M | 99288 | 99288 | \$104 | 0.000% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|---|------------|----------------|-----------------|------------------|---------------|------------------|
| | | | From | To | | |
| Psychiatry | | | | | | |
| Psychiatric diagnostic or evaluate interview | Magellan | CPT - Medicine | 90801 | 90802 | \$2,919,681 | 0.114% |
| Psychiatric Diagnostic or Evaluative Interview | HCFA 1500 | CPT - Medicine | 90801 | 90802 | \$59,183 | 0.002% |
| Psychiatry | Outpatient | CPT - Medical | 90801 | 90911 | \$11,666 | 0.000% |
| Psychiatric Therapeutic Procedures | | | | | | |
| Office or Other Outpatient Facility | | | | | | |
| Individual Psychotherapy | Magellan | CPT - Medicine | 90804 | 90815 | \$12,148,897 | 0.474% |
| Individual Psychotherapy | HCFA 1500 | CPT - Medicine | 90804 | 90815 | \$190,585 | 0.007% |
| Inpatient Hospital, Partial Hospital or Residential Care Facility | | | | | | |
| Individual Psychotherapy | Magellan | CPT - Medicine | 90816 | 90819 | \$80,783 | 0.003% |
| Individual Psychotherapy | HCFA 1500 | CPT - Medicine | 90816 | 90819 | \$4,889 | 0.000% |
| Other | Magellan | CPT - Medicine | 90823 | 90826 | \$397 | 0.000% |
| Other | HCFA 1500 | CPT - Medicine | 90821 | 90829 | \$134 | 0.000% |
| Other Psychotherapy | | | | | | |
| Family Psychotherapy | Magellan | CPT - Medicine | 90845 | 90849 | \$845,417 | 0.033% |
| Family Psychotherapy | HCFA 1500 | CPT - Medicine | 90845 | 90849 | \$714 | 0.000% |
| Group Psychotherapy | Magellan | CPT - Medicine | 90853 | 90857 | \$3,410,221 | 0.133% |
| Group Psychotherapy | HCFA 1500 | CPT - Medicine | 90853 | 90857 | \$28,324 | 0.001% |
| Other Psychiatric Services or Procedures | | | | | | |
| Pharmacologic management, incl prescription, use, and review of medication | Magellan | CPT - Medicine | 90862 | 90862 | \$3,903,631 | 0.152% |
| Pharmacological Management Inc Prescrip Use & Review Medicat | HCFA 1500 | CPT - Medicine | 90862 | 90862 | \$52,709 | 0.002% |
| Other Psychiatric Services or Procedures (Except 90862) | Magellan | CPT - Medicine | 90860 | 90899 | \$273,732 | 0.011% |
| Other (Except 90862) | HCFA 1500 | CPT - Medicine | 90860 | 90911 | \$5,852 | 0.000% |
| Social Work, Per Encounter | HCFA 1500 | HCPC | S9127 | S9127 | \$9,883 | 0.000% |
| Cost of first of 2 no-shows per client per year at \$25 for first | Magellan | Local | W3500 | W3500 | \$490,757 | 0.019% |
| Cost of second of 2 no-shows per client per year at \$25 for second | Magellan | Local | W3501 | W3501 | \$218,166 | 0.009% |
| Inpatient Care | | | | | | |
| Inpatient | | | | | | |
| Mental Hospital | Magellan | Mental Health | | Facility | \$15,297,953 | 0.597% |
| Mental Diseases and Disorders (MDC 19) | Inpatient | Inpatient | | Mental Health | \$10,611,072 | 0.414% |
| Mental Diseases and Disorders (MDC 19) | Inpatient | Medical | DRG 425 | DRG 432 | \$1,820,704 | 0.071% |
| Mental Diseases and Disorders (MDC 19) | Inpatient | Surgical | DRG 424 | DRG 424 | \$22,424 | 0.001% |
| Alcohol/Drug Use & Alcohol Induced Organic Mental Disorders (MDC 20) | Inpatient | Medical | | DRG 433, 521-523 | \$239,597 | 0.009% |
| Cherokee MHI | DSH | DSH | DSH | DSH | \$4,544,260 | 0.177% |
| Independence MHI | DSH | DSH | DSH | DSH | \$3,903,745 | 0.152% |
| Mt Pleasant MHI | DSH | DSH | DSH | DSH | \$4,600,058 | 0.179% |
| Clarinda MHI | DSH | DSH | DSH | DSH | \$988,190 | 0.039% |
| Psychiatric Mental Institution for Children | Inpatient | Inpatient | | Behavioral | \$24,873,249 | 0.970% |
| PMIC | Magellan | Mental Health | | Facility | \$2,054 | 0.000% |
| Nursing Facility for the Mentally Ill | | | | | | |
| Behavioral health, long-term care residential (nonacute care in res treatment for >30 days) | Magellan | Inpatient | | Mental Health | \$3,647,395 | 0.142% |
| Behavioral health; short-term residential (nonhospital res treatment), with room & board | Magellan | HCPC | T2048 | T2048 | \$2,239,064 | 0.087% |
| Behavioral health; residential (nonhospital res treatment), with room & board, per diem | Magellan | HCPC | H0018 | H0018 | \$3,953,533 | 0.154% |
| | Magellan | HCPC | H0017 | H0017 | \$1,110,613 | 0.043% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|----------------|-----------------|----------|---------------|------------------|
| | | | From | To | | |
| Medically Monitored Residential | Magellan | Mental Health | | Facility | \$39,768 | 0.002% |
| Primary/Extended Residential | Magellan | Mental Health | | Facility | \$6,717 | 0.000% |
| Residential | Magellan | Mental Health | | Facility | \$42,576 | 0.002% |
| Hospital Inpatient Services | | | | | | |
| Initial Hospital Care | Magellan | CPT - E & M | 99221 | 99223 | \$454,563 | 0.018% |
| Subsequent Hospital Care | Magellan | CPT - E & M | 99231 | 99233 | \$860,559 | 0.034% |
| Hospital Observation Services | Magellan | CPT - E & M | 99217 | 99220 | \$8,813 | 0.000% |
| Inpatient Consultations | Magellan | CPT - E & M | 99251 | 99255 | \$53,867 | 0.002% |
| Outpatient Services | | | | | | |
| ARO Services | HCFA 1500 | Local | W0719 | W0726 | \$37,262,290 | 1.453% |
| RTSS (Rehabilitation Treatment Services for Children - Old Program) | HCFA 1500 | Local | D160 | D711 | \$28,898,236 | 1.127% |
| RTSS Billing Codes | HCFA 1500 | Local | A110 | A357 | \$13,128,567 | 0.512% |
| RTSS Services | HCFA 1500 | Local | C110 | C357 | \$2,653,006 | 0.103% |
| Mental health partial hospitalization, treatment, less than 24 hours | Magellan | HCPC | H0035 | H0035 | \$1,034,006 | 0.040% |
| Mental Health Partial Hospitalization - Less Than 24 Hours | HCFA 1500 | HCPC | H0035 | H0035 | \$413,287 | 0.016% |
| Partial Hospitalization | Magellan | Mental Health | | Facility | \$21,371 | 0.001% |
| Behavioral health day treatment, per hour | Magellan | HCPC | H2012 | H2012 | \$585,946 | 0.023% |
| Behavioral Health Day Treatment Per Hour | HCFA 1500 | HCPC | H2012 | H2012 | \$3,742 | 0.000% |
| Intensive outpatient psychiatric services, per diem | Magellan | HCPC | S9480 | S9480 | \$717,483 | 0.028% |
| Intensive Outpatient | Magellan | Mental Health | | | \$44,817 | 0.002% |
| Outpatient | Magellan | Mental Health | | | \$38,884 | 0.002% |
| Psychosocial rehabilitation services, per 15 minutes | Magellan | HCPC | H2017 | H2017 | \$1,864,002 | 0.073% |
| Assertive community treatment program, per diem | Magellan | HCPC | H0040 | H0040 | \$2,215,635 | 0.086% |
| Community psychiatric supportive treatment program per diem | Magellan | HCPC | H0037 | H0037 | \$2,752,318 | 0.107% |
| Community psychiatric supportive treatment program, face-to-face, per 15 minutes | Magellan | HCPC | H0036 | H0036 | \$16,650 | 0.001% |
| Community-based wrap around services per diem | Magellan | HCPC | H2022 | H2022 | \$3,712 | 0.000% |
| Subacute | Magellan | Mental Health | | Facility | \$157,109 | 0.006% |
| 23 Hour Observation | Magellan | Mental Health | | Facility | \$75,389 | 0.003% |
| Day Treatment | Magellan | Mental Health | | Facility | \$9,628 | 0.000% |
| Halfway House | Magellan | Mental Health | | Facility | \$2,400 | 0.000% |
| Mobile Crisis | Magellan | Mental Health | | Facility | \$473 | 0.000% |
| Crisis intervention, mental health services, per diem | Magellan | HCPC | S9485 | S9485 | \$47,273 | 0.002% |
| Mental health clubhouse services, per diem | Magellan | HCPC | H2031 | H2031 | \$134,637 | 0.005% |
| Self-help/peer services, per 15 minutes | Magellan | HCPC | H0038 | H0038 | \$208,194 | 0.008% |
| Respite care services, not in home, per diem | Magellan | HCPC | H0045 | H0045 | \$35,836 | 0.001% |
| O.P. Psychiatric Service - Nip | Outpatient | HCPC | S9480 | S9480 | \$26,612 | 0.001% |
| Home Health Procedures/Services (99510 - for counseling) | Magellan | CPT - Medicine | 99500 | 99602 | \$56,700 | 0.002% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference From | To | Medicaid Paid | Percent of Total |
|--|------------|----------------|----------------------|-------|---------------|------------------|
| Substance Abuse | | | | | | |
| Alcohol and/or drug services; crisis intervention (outpatient) | Magellan | HCPC | H0007 | H0007 | \$125 | 0.000% |
| Alcohol and/or drug services, medical/somatic (medical intervention in ambulatory setting) | Magellan | HCPC | H0015 | H0015 | \$2,116,517 | 0.083% |
| Alcohol and/or drug abuse halfway house services, per diem | Magellan | HCPC | H2034 | H2034 | \$1,241,944 | 0.048% |
| Alcohol &/Or Other Drug Testing: Collection And Handling Only | HCFA 1500 | HCPC | H0048 | H0048 | \$523 | 0.000% |
| Home health aide or CAN, providing care in the home; per hour | Magellan | HCPC | S9122 | S9122 | \$2,932 | 0.000% |
| Nursing care, in home; by RN, per hour | Magellan | HCPC | S9123 | S9123 | \$885,145 | 0.035% |
| Other | | | | | | |
| Pediatric Critical Care and Patient Transport | Magellan | CPT - E & M | 99289 | 99291 | \$75 | 0.000% |
| Prolonged Services | Magellan | CPT - E & M | 99354 | 99357 | \$1,200 | 0.000% |
| Special Services, Procedures and reports | Magellan | CPT - Medicine | 99058 | 99058 | \$13,369 | 0.001% |
| Sign Language or oral interpretative services | Magellan | HCPC | T1013 | T1013 | \$595 | 0.000% |
| Transportation | | | | | | |
| Non-emergency transportation; mileage, per mile | Magellan | HCPC | A0000 | A0999 | \$699,589 | 0.027% |
| | Magellan | HCPC | S0215 | S0215 | \$5,115 | 0.000% |

ACTIVE TREATMENT OF INDIVIDUALS WITH MENTAL RETARDATION

| | | | | | | |
|--|-----------|-------|-------------------------------------|--|---------------|--------|
| Supported Community Living | Waiver | Local | W1300, 1311, 1320, 1321, 1401, 1421 | | \$192,559,969 | 7.509% |
| Day Habilitation | Waiver | Local | W1204 - 1206 | | \$8,695,432 | 0.339% |
| Prevocational Services & Activities to Obtain a Job | Waiver | Local | W1425, 1426, 1430, 4425 | | \$19,024,059 | 0.742% |
| Employment Supports | Waiver | Local | W1431, 1432, 1433 | | \$3,845,882 | 0.150% |
| Intermediate Care Facility for Individuals with Mental Retardation | | | | | | |
| Glenwood | Long Term | | | | \$61,387,771 | 2.394% |
| Woodward | Long Term | | | | \$41,990,055 | 1.637% |
| Community Based ICF/MR - More than 21 Consumers | Long Term | | | | \$73,430,765 | 2.864% |
| Community Based ICF/MR - 1 to 17 Consumers | Long Term | | | | \$73,897,707 | 2.882% |

ASSISTANCE TO INDIVIDUALS WITH ADL (ACTIVITIES OF DAILY LIVING) DEFICITS

| | | | | | | |
|--|--------|--------------|---|--|--------------|--------|
| Adult Day Care | Waiver | Local | W1002, 4021 | | \$2,627,887 | 0.102% |
| Consumer Direct Attendent Care Services | Waiver | Local | W1265-1268, 2517 | | \$33,749,489 | 1.316% |
| Homemaker, Senior Companion and Chore Services | Waiver | Local | W1003, 1025, 1040, 1029 | | \$8,861,635 | 0.346% |
| Home-Delivered Meals | Waiver | Local | W1030, 1258 | | \$9,393,547 | 0.366% |
| Transportation | Waiver | Local | W4414, 1414, 1033, 1035 | | \$5,721,376 | 0.223% |
| Personal Emergency Response, Installation and Monthly Fee | Waiver | Local | W1022, 1023, 1303, 1304 | | \$1,653,757 | 0.064% |
| Respite Care | Waiver | Local | W2500-2512, 2516 | | \$17,943,896 | 0.700% |
| Home/Vehicle/Environmental Mods, Specialized Medical Equipment, Assistive Services | Waiver | HCPC & Local | 1399, W 1031, 1048, 1302, 1417, 1418, 324 | | \$2,268,494 | 0.088% |
| Individual Counseling and Mental Health Outreach | Waiver | Local | W1060, 1250 | | \$218,782 | 0.009% |
| Family Counseling, Therapy and Support Services | Waiver | Local | W1420, 3246, 3247 | | \$481,918 | 0.019% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|--|------------|-----------|-----------------|-------|---------------|------------------|
| | | | From | To | | |
| Adult Day Care - Extended Day | Waiver | Local | W1203 | W1203 | \$42,762 | 0.002% |
| Nutritional Counseling | Waiver | Local | W1049 | W1049 | \$5,379 | 0.000% |
| Adult Day Care - Half Day | Waiver | Local | W1021 | W1021 | \$224,089 | 0.009% |
| Personal Emergency Response - Monthly | Waiver | Local | W1407 | W1407 | \$222,700 | 0.009% |
| Personal Emergency Response - Initial Installation | Waiver | Local | W1408 | W1408 | \$8,902 | 0.000% |
| Case Management, Per Month - Brain Injury Waiver | Waiver | Local | W1409 | W1409 | \$987,129 | 0.038% |
| Nursng Facility | Long Term | | | | \$417,605,285 | 16.285% |
| Personal Care Services | HCFA 1500 | HCPC | T1019 | T1020 | \$11,156,575 | 0.435% |

MEDICARE SUPPLEMENTAL PAYMENTS

| | | | | | | |
|-----------------------------|--|--|--|--|--------------|--------|
| Crossovers | | | | | \$77,506,942 | 3.023% |
| Part A Premiums w/FFP | | | | | \$1,678,669 | 0.065% |
| Part B Premiums w/FFP | | | | | \$24,211,441 | 0.944% |
| Part B Premiums No FFP | | | | | \$2,642,328 | 0.103% |
| Clawback Payments - CY 2006 | | | | | | |
| May | | | | | \$14,092,450 | 0.550% |
| June | | | | | \$4,691,193 | 0.183% |
| July | | | | | \$5,011,836 | 0.195% |
| August | | | | | \$4,874,772 | 0.190% |
| Septemeber | | | | | \$4,865,115 | 0.190% |
| October | | | | | \$4,897,719 | 0.191% |
| November | | | | | \$4,917,566 | 0.192% |
| December | | | | | \$5,145,536 | 0.201% |

PAYMENTS FOR HEALTH INSURANCE

| | | | | | | |
|-------------------------------------|--|--|--------------|--|--------------|--------|
| Magellan | | | | | | |
| Total Capitation Payments | | | \$96,684,227 | | | |
| Total Payments Recorded Above | | | \$73,387,986 | | | |
| Net Additional Payments to Magellan | | | \$23,296,241 | | \$23,296,241 | 0.908% |
| Coventry | | | | | \$9,558,154 | 0.373% |
| Payments to PCCMs | | | | | \$3,047,652 | 0.119% |
| Health Insurance Premium Payments | | | | | \$7,322,928 | 0.286% |

DISPROPORTIONATE SHARE HOSPITAL PAYMENTS & PROVIDER PAYMENT ADJUSTMENTS

| | | | | | | |
|---|-----|-----|-----|-----|--------------|--------|
| DSH Payments to Hospitals from GME?DSH Fund | DSH | DSH | DSH | DSH | \$6,972,644 | 0.272% |
| Enhanced DSH Payments (Related to lowcare) | | | | | | |
| Broadlawns | DSH | DSH | DSH | DSH | \$23,372,477 | 0.911% |
| Adjustments to Provider Payments | | | | | \$29,545,344 | 1.152% |

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|---|----------------|-------------------------|-----------------|------|---------------|------------------|
| | | | From | To | | |
| IOWA MEDICAID ENTERPRISE | | | | | | |
| ITE Mainframe Usage Charges | State Org Code | Sub - Cost Allocation | 2861 | 2861 | \$2,760,411 | 0.108% |
| IME - Facilities, Supplies (Medicaid and Contractor Staff) | State Org Code | Sub-Cost Allocation | 2888 | 2888 | \$2,785,274 | 0.109% |
| IME - Facilities, Supplies (Medicaid and Contractor Staff) | State Org Code | Sub -Hardware, Software | 2888 | 2888 | \$46,741 | 0.002% |
| IME - Facilities, Supplies (Medicaid and Contractor Staff) | State Org Code | Sub-Programming | 2888 | 2888 | \$164,348 | 0.006% |
| IME - Facilities, Supplies (Medicaid and Contractor Staff) | State Org Code | Sub-Postage | 2888 | 2888 | \$45,426 | 0.002% |
| CORE (MMIS Operations) | State Org Code | Sub - Cost Allocation | 2889 | 2889 | \$5,715,275 | 0.223% |
| CORE (MMIS Operations) | State Org Code | Sub -Hardware, Software | 2889 | 2889 | \$54,847 | 0.002% |
| CORE (MMIS Operations) | State Org Code | Sub-Postage/General | 2889 | 2889 | \$1,204 | 0.000% |
| CORE (MMIS Operations) | State Org Code | Sub-Postage | 2889 | 2889 | \$150,680 | 0.006% |
| CORE (MMIS Operations) | State Org Code | Checkwrite | 2889 | 2889 | \$251,770 | 0.010% |
| Pharmacy Point of Sale (RX Claims Adjudication) | State Org Code | Sub-Cost Allocation | 2891 | 2891 | \$2,514,310 | 0.098% |
| Pharmacy Point of Sale (RX Claims Adjudication) | State Org Code | Sub -Hardware, Software | 2891 | 2891 | \$293 | 0.000% |
| Pharmacy Prior Authorization, Drug Utilization Review Committee Expenses | State Org Code | Sub-Cost Allocation | 2892 | 2892 | \$1,372,298 | 0.054% |
| Pharmacy Prior Authorization, Drug Utilization Review Committee Expenses | State Org Code | Sub -Hardware, Software | 2892 | 2892 | \$1,900 | 0.000% |
| Pharmacy Prior Authorization, Drug Utilization Review Committee Expenses | State Org Code | Sub-Postage | 2892 | 2892 | \$1,291 | 0.000% |
| Medical Services Management | State Org Code | Sub-Cost Allocation | 2893 | 2893 | \$5,809,321 | 0.227% |
| Medical Services Management | State Org Code | Sub -Hardware, Software | 2893 | 2893 | \$45,162 | 0.002% |
| Medical Services Management | State Org Code | Sub-Postage | 2893 | 2893 | \$4,239 | 0.000% |
| Provider Services | State Org Code | Sub-Cost Allocation | 2894 | 2894 | \$2,056,904 | 0.080% |
| Provider Services | State Org Code | Sub -Hardware, Software | 2894 | 2894 | \$51,130 | 0.002% |
| Provider Services | State Org Code | Sub-Postage | 2894 | 2894 | \$1,039 | 0.000% |
| Revenue Services (TPL, Estate and Lien) | State Org Code | Sub-Cost Allocation | 2895 | 2895 | \$1,739,104 | 0.068% |
| Revenue Services (TPL, Estate and Lien) | State Org Code | Sub -Hardware, Software | 2895 | 2895 | \$11,158 | 0.000% |
| Revenue Services (TPL, Estate and Lien) | State Org Code | Sub-Postage | 2895 | 2895 | \$15,322 | 0.001% |
| Member Services | State Org Code | Sub-Cost Allocation | 2896 | 2896 | \$885,593 | 0.035% |
| Member Services | State Org Code | Sub -Hardware, Software | 2896 | 2896 | \$38,996 | 0.002% |
| Member Services | State Org Code | Sub-Postage | 2896 | 2896 | \$16,398 | 0.001% |
| Surveillance and Utilization Review | State Org Code | Sub-Cost Allocation | 2897 | 2897 | \$1,495,468 | 0.058% |
| Surveillance and Utilization Review | State Org Code | Sub -Hardware, Software | 2897 | 2897 | \$5,684 | 0.000% |
| Surveillance and Utilization Review | State Org Code | Sub-Postage | 2897 | 2897 | \$543 | 0.000% |
| Provider Audits and Rate Setting | State Org Code | Sub-Cost Allocation | 2898 | 2898 | \$2,203,444 | 0.086% |
| Provider Audits and Rate Setting | State Org Code | Sub -Hardware, Software | 2898 | 2898 | \$14,058 | 0.001% |
| Data Warehouse | State Org Code | Sub-Programming | 2899 | 2899 | \$675,523 | 0.026% |
| Data Warehouse | State Org Code | Sub -Hardware, Software | 2898 | 2898 | \$14,764 | 0.001% |
| Medicaid Staff (Director, Deputy Director, Long Term Care and Acute Care) | | | | | \$2,039,712 | 0.080% |

Comprehensive

IOWA MEDICAID - 2006

| Health Care Type | Claim Type | Code Type | Codes Reference | | Medicaid Paid | Percent of Total |
|---------------------------------|------------|-----------|-----------------|----|------------------------|------------------|
| | | | From | To | | |
| Other Contracts | | | | | | |
| DIA | | | | | | |
| Nursing Facility Certifications | | | | | | |
| ICF/MR Certifications | | | | | | |
| Medicaid Fraud Control Unit | | | | | | |
| Outside Legal Counsel | | | | | | |
| Attorney General's Office | | | | | | |
| TOTAL EXPENDITURES | | | | | \$2,564,320,277 | 100.000% |