Telehealth Claims Analysis

Claims Service Dates Between 3/1/2020 and 7/22/2020

Claims Paid Thru 7/22/2020

Telehealth Claims by COE

COE	COE Description	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
100	Medicare Crossover	12,728	28,726	$754,451.56	1,129	3,860
120	Hospital Outpatient – Emergency Room	52	54	$14,875.32	7	24
122	Hospital Outpatient – All Other	4,726	9,738	$1,808,200.78	27	792
130	Physician Services – All	117,292	201,524	$15,825,033.66	1,159	6,248
131	Other Practitioner	61,681	278,491	$28,257,062.67	3,439	5,016
145	Home Health Services	104	540	$162,477.69	17	77
150	FQHC – Medical	76,189	142,312	$0.00	19	614
152	FQHC – Mental Health	22,313	130,809	$0.00	18	606
160	Dental	29	30	$717.98	2	5
161	Vision	184	227	$7,971.29	28	44
162	Clinic Services	35,700	200,274	$19,748,682.89	221	846
999	All Other	7,483	64,690	$6,781,102.20	166	334
Total		**269,877**	**1,057,415**	**$73,360,576.04**	**5,189**	**13,941**

Telehealth Claims by Call Type

Call Type	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
Audio Only	126,086	269,619	$6,382,353.76	1,403	6,434
Audio/Video	204,582	792,824	$66,978,222.28	5,099	13,323
Total	**269,877**	**1,057,415**	**$73,360,576.04**	**5,189**	**13,941**

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Telehealth Claims by Billing Provider Setting

Setting	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
FQHC	91,011	285,552	$1,477,160.28	42	1,230
Glide Path Practices	12,795	19,485	$1,494,979.26	72	611
Non-PCMH Practices	120,499	591,239	$58,377,500.46	4,589	8,153
PCMH Practices	97,288	161,139	$12,010,936.04	486	4,718
Total	**269,877**	**1,057,415**	**$73,360,576.04**	**5,189**	**13,941**

Telehealth Claims by Performing Provider Type in Attribution List

Provider Type	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
PCP	225,094	468,479	$23,982,043.00	1,835	8,621
Specialist	92,360	589,027	$49,378,533.04	3,528	5,320
Total	**269,877**	**1,057,415**	**$73,360,576.04**	**5,189**	**13,941**

Telehealth Claims by Performing Provider is a PCP

Provider Type	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
PCP	154,077	262,787	$10,275,279.13	708	2,824
Specialist	169,805	794,628	$63,085,296.91	4,709	11,117
Total	**269,877**	**1,057,415**	**$73,360,576.04**	**5,189**	**13,941**

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Telehealth Claims by Procedure Code

Procedure Code	Procedure Description	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	12,860	14,008	$1,355,026.77	1,734	2,538
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	3,996	4,155	$477,428.72	219	402
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	34,553	105,523	$3,005,191.03	1,138	2,204
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	1,237	2,803	$61,871.60	100	118
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	23,192	74,706	$4,828,655.64	1,649	2,717
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	794	1,527	$73,874.46	83	95
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	32,164	181,035	$21,497,132.92	2,854	3,669
90838	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 60 MIN	327	657	$44,910.96	40	47
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	3,566	6,839	$488,462.85	521	774
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	7,067	20,151	$1,851,493.19	838	1,215
90849	MULTIPLE FAMILY GROUP PSYCHOTHERAPY	7	8	$222.58	3	3
90853	GROUP PSYCHOTHERAPY	4,331	17,262	$424,706.37	257	547
90960	ESRD RELATED SVC MONTHLY 20&/> YR OLD 4/> VISITS	11	12	$1,764.49	2	4
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	2,248	11,578	$777,466.24	110	345
92521	EVALUATION OF SPEECH FLUENCY (STUTTER CLUTTER)	4	4	$651.77	3	3
92522	EVALUATION OF SPEECH SOUND PRODUCTION ARTICULATE	39	57	$3,723.85	5	14
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COMPREHENSION	82	82	$15,502.16	7	59

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96110	DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	681	684	$11,330.07	46	107
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR	7	7	$574.30	4	5
96113	DEVELOPMENTAL TST ADMIN PHYS/QHP EA ADDL 30 MIN	2	2	$69.25	2	2
96116	NEUROBEHAVIORAL STATUS XM PHYS/QHP 1ST HOUR	20	20	$1,124.93	8	10
96121	NEUROBEHAVIORAL STATUS XM PHYS/QHP EA ADDL HOUR	3	4	$309.36	1	1
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	4,429	5,662	$49,994.65	96	314
96130	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP FIRST HOUR	23	47	$3,186.01	7	8
96131	PSYCHOLOGICAL TST EVAL SVC PHYS/QHP EA ADDL HOUR	10	14	$6,436.56	3	3
96132	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP 1ST HOUR	115	155	$14,327.90	8	19
96133	NEUROPSYCHOLOGICAL TST EVAL PHYS/QHP EA ADDL HR	119	162	$37,482.18	9	19
96136	PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 30 MIN	79	89	$3,945.90	12	20
96137	PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA ADDL 30 MIN	65	79	$13,852.25	9	17
96138	PSYCL/NRPSYCL TST TECH 2+ TST 1ST 30 MIN	3	3	$17.18	1	2
96139	PSYCL/NRPSYCL TST TECH 2+ TST EA ADDL 30 MIN	2	2	$103.13	1	1
96156	HEALTH BEHAVIOR ASSESSMENT/RE-ASSESSMENT	18	19	$208.59	5	7
96158	HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30 MIN	12	32	$746.13	2	4

Telehealth Claims Analysis

Claims Service Dates Between 3/1/2020 and 7/22/2020

Claims Paid Thru 7/22/2020

96159	HEALTH BEHAVIOR IVNTJ INDIV F2F EA ADDL 15 MIN	10	29	$339.30	2	3
96160	PT-FOCUSED HLTH RISK ASSMT SCORE DOC STND INSTRM	468	501	$6,354.32	33	69
96161	CAREGIVER HLTH RISK ASSMT SCORE DOC STND INSTRM	43	44	$714.33	11	25
96167	HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1ST 30 MIN	4	4	$88.88	1	2
96170	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F 1ST 30 MIN	8	17	$399.16	1	5
96171	HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F EA ADDL 15	6	10	$164.36	1	3
97010	APPLICATION MODALITY 1/> AREAS HOT/COLD PACKS	10	11	$103.68	4	7
97014	APPL MODALITY 1/> AREAS ELEC STIMJ UNATTENDED	6	6	$101.10	3	4
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	1,522	8,045	$410,555.98	111	459
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC REEDUCA	463	2,471	$77,484.68	30	160
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES	173	1,026	$19,985.30	11	26
97130	THER IVNTJ COG FUNCJ CNTCT EA ADDL 15 MINUTES	107	541	$8,694.24	8	21
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN	330	3,589	$656,613.89	38	116
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	2	2	$0.00	2	2
97533	SENSORY INTEGRATIVE TECHNIQUES EACH 15 MINUTES	101	323	$14,522.85	3	42
97542	WHEELCHAIR MGMT EA 15 MIN	2	2	$167.96	1	2

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Claims Paid Thru 7/22/2020

98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN	22,196	45,216	$1,208,497.00	547	1,439
98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN	22,723	51,184	$1,823,137.29	548	1,479
99201	OFFICE OUTPATIENT NEW 10 MINUTES	464	467	$10,014.84	102	188
99202	OFFICE OUTPATIENT NEW 20 MINUTES	2,078	2,089	$96,206.03	283	732
99203	OFFICE OUTPATIENT NEW 30 MINUTES	6,189	6,328	$449,811.96	498	1,649
99204	OFFICE OUTPATIENT NEW 45 MINUTES	3,657	3,745	$470,901.07	408	1,161
99205	OFFICE OUTPATIENT NEW 60 MINUTES	1,164	1,179	$188,371.25	196	342
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	1,383	1,678	$16,004.79	179	404
99212	OFFICE OUTPATIENT VISIT 10 MINUTES	15,308	18,130	$480,653.31	771	2,383
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	86,145	127,906	$6,796,021.10	1,443	5,830
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	53,184	85,857	$7,329,474.79	1,291	4,811
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	4,638	6,188	$670,473.48	479	1,176
99217	OBSERVATION CARE DISCHARGE MANAGEMENT	27	27	$1,085.58	6	17
99218	INITIAL OBSERVATION CARE/DAY 30 MINUTES	1	1	$38.25	1	1
99219	INITIAL OBSERVATION CARE/DAY 50 MINUTES	16	16	$1,004.03	8	13
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	42	42	$3,576.54	8	24
99231	SBSQ HOSPITAL CARE/DAY 15 MINUTES	58	78	$1,813.32	20	35
99232	SBSQ HOSPITAL CARE/DAY 25 MINUTES	302	947	$40,824.55	36	130
99233	SBSQ HOSPITAL CARE/DAY 35 MINUTES	135	358	$25,044.92	22	62
99238	HOSPITAL DISCHARGE DAY MANAGEMENT 30 MIN/<	80	82	$3,221.49	6	22
99239	HOSPITAL DISCHARGE DAY MANAGEMENT > 30 MIN	152	159	$9,260.56	8	33
99241	OFFICE CONSULTATION NEW/ESTAB PATIENT 15 MIN	1,163	1,184	$39,696.02	96	273

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Claims Paid Thru 7/22/2020

99242	OFFICE CONSULTATION NEW/ESTAB PATIENT 30 MIN	2,384	2,464	$152,204.47	238	754
99243	OFFICE CONSULTATION NEW/ESTAB PATIENT 40 MIN	7,709	7,947	$674,796.71	390	1,606
99244	OFFICE CONSULTATION NEW/ESTAB PATIENT 60 MIN	8,034	8,402	$1,049,656.62	387	1,538
99245	OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	1,795	1,856	$286,219.50	164	534
99251	INITIAL INPATIENT CONSULT NEW/ESTAB PT 20 MIN	21	21	$528.08	8	10
99252	INITIAL INPATIENT CONSULT NEW/ESTAB PT 40 MIN	45	45	$1,898.16	14	20
99253	INITIAL INPATIENT CONSULT NEW/ESTAB PT 55 MIN	52	54	$3,453.60	12	27
99254	INITIAL INPATIENT CONSULT NEW/ESTAB PT 80 MIN	86	90	$8,494.64	13	42
99255	INITIAL INPATIENT CONSULT NEW/ESTAB PT 110 MIN	19	22	$2,629.53	2	6
99281	EMERGENCY DEPARTMENT VISIT LIMITED/MINOR PROB	1	1	$76.67	1	1
99282	EMERGENCY DEPARTMENT VISIT LOW/MODER SEVERITY	16	20	$1,741.39	3	8
99283	EMERGENCY DEPARTMENT VISIT MODERATE SEVERITY	101	116	$8,544.33	10	54
99284	EMERGENCY DEPARTMENT VISIT HIGH/URGENT SEVERITY	213	228	$17,267.88	9	56
99285	EMERGENCY DEPT VISIT HIGH SEVERITY&THREAT FUNCJ	323	342	$36,692.02	5	49
99291	CRITICAL CARE ILL/INJURED PATIENT INIT 30-74 MIN	295	341	$44,350.28	7	48
99292	CRITICAL CARE ILL/INJURED PATIENT ADDL 30 MIN	47	47	$3,738.74	3	24

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99304	INITIAL NURSING FACILITY CARE/DAY 25 MINUTES	13	13	$537.48	4	7
99305	INITIAL NURSING FACILITY CARE/DAY 35 MINUTES	39	42	$2,885.04	13	14
99306	INITIAL NURSING FACILITY CARE/DAY 45 MINUTES	51	51	$3,726.25	17	19
99307	SBSQ NURSING FACILITY CARE/DAY E/M STABLE 10 MIN	208	283	$5,120.57	22	30
99308	SBSQ NURSING FACIL CARE/DAY MINOR COMPLJ 15 MIN	747	1,627	$44,622.44	51	93
99309	SBSQ NURSING FACIL CARE/DAY NEW PROBLEM 25 MIN	782	1,244	$42,780.88	47	92
99310	SBSQ NURS FACIL CARE/DAY UNSTABL/NEW PROB 35 MIN	140	167	$7,924.73	18	29
99315	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	3	3	$147.89	3	3
99316	NURSING FACILITY DISCHARGE MANAGEMENT 30 MINUTES	12	12	$682.18	2	3
99335	DOM/R-HOME E/M EST PT LW MOD SEVERITY 25 MINUTES	5	9	$180.56	2	2
99336	DOM/R-HOME E/M EST PT MOD HI SEVERITY 40 MINUTES	4	7	$330.19	4	5
99337	DOM/R-HOME E/M EST PT SIGNIF NEW PROB 60 MINUTES	1	1	$34.62	1	1
99354	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON 1ST HR	55	82	$4,342.81	16	26
99355	PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CON ADDL 30	4	4	$160.96	2	2
99381	INITIAL PREVENTIVE MEDICINE NEW PATIENT <1YEAR	32	32	$2,369.18	14	16
99382	INITIAL PREVENTIVE MEDICINE NEW PT AGE 1-4 YRS	12	12	$483.41	5	7

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99383	INITIAL PREVENTIVE MEDICINE NEW PT AGE 5-11 YRS	16	16	$521.11	7	9
99384	INITIAL PREVENTIVE MEDICINE NEW PT AGE 12-17 YR	7	7	$486.99	5	6
99385	INITIAL PREVENTIVE MEDICINE NEW PT AGE 18-39YRS	68	68	$1,410.45	12	17
99386	INITIAL PREVENTIVE MEDICINE NEW PATIENT 40-64YRS	34	34	$610.31	6	13
99387	INITIAL PREVENTIVE MEDICINE NEW PATIENT 65YRS&>	1	1	$0.00	1	1
99391	PERIODIC PREVENTIVE MED ESTABLISHED PATIENT <1Y	363	385	$33,806.75	45	106
99392	PERIODIC PREVENTIVE MED EST PATIENT 1-4YRS	558	560	$52,592.66	47	132
99393	PERIODIC PREVENTIVE MED EST PATIENT 5-11YRS	740	741	$50,960.05	39	127
99394	PERIODIC PREVENTIVE MED EST PATIENT 12-17YRS	427	429	$30,359.42	29	97
99395	PERIODIC PREVENTIVE MED EST PATIENT 18-39 YRS	251	253	$12,887.60	37	89
99396	PERIODIC PREVENTIVE MED EST PATIENT 40-64YRS	107	107	$4,783.98	26	40
99397	PERIODIC PREVENTIVE MED EST PATIENT 65YRS& OLDER	3	3	$0.00	2	2
99406	TOBACCO USE CESSATION INTERMEDIATE 3-10 MINUTES	1,003	1,830	$19,286.71	96	196
99407	TOBACCO USE CESSATION INTENSIVE >10 MINUTES	113	201	$4,046.04	18	26
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	211	283	$1,452.12	15	33
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	296	580	$23,702.41	4	6

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99442	PHYS/QHP TELEPHONE EVALUATION 11-20 MIN	89,516	147,643	$1,742,898.80	884	4,506
99443	PHYS/QHP TELEPHONE EVALUATION 21-30 MIN	29,364	38,659	$1,607,820.67	665	3,292
99468	1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/<	1	1	$707.83	1	1
99477	INITIAL HOSP NEONATE 28 D/< NOT CRITICALLY ILL	5	5	$1,175.90	2	4
G0151	SERVICE PHYS THERAP HOME HLTH/HOSPICE EA 15 MIN	28	39	$1,237.60	10	27
G0152	SERVICE OCCUP THERAP HOME HLTH/HOSPICE EA 15 MIN	11	13	$1,023.40	5	11
G0153	SRVC SPCH&LANG PATH HOME HLTH/HOSPICE EA 15 MIN	2	2	$119.00	2	2
G0162	SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS	5	5	$499.80	2	5
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NEC	2	7	$261.14	1	1
H0015	ALCOHL&/RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX	626	2,736	$592,947.60	33	62
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN	83	180	$24,404.05	24	45
H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	31	52	$47,173.56	3	4
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED	432	2,558	$461,050.95	39	124
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR	135	1,357	$144,289.46	7	9
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM	5	6	$1,852.10	2	2
H2014	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES	3,413	35,904	$4,517,205.39	62	165

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H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES	1,508	17,320	$4,530,645.29	25	57
S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	24	57	$5,902.40	2	21
S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	4	4	$465.45	1	4
S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM	403	1,257	$396,434.11	31	78
S9484	CRISIS INTERVEN MENTAL HEALTH SERVICES PER HOUR	22	38	$3,638.48	5	6
S9485	CRISIS INTERVENT MENTAL HEALTH SERV	102	103	$17,855.00	5	10
T1016	CASE MANAGEMENT EACH 15 MINS	1,843	3,163	$70,024.69	147	204
T1017	TARGETED CASE MANAGEMENT EACH 15 MINS	836	5,112	$478,968.73	20	44
T1502	ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT	35	423	$153,230.04	4	14
Total		**269,877**	**1,057,415**	**$73,360,576.04**	**5,189**	**13,941**

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