



Medicaid Rate Review October 2024

Rate Review Model Parameters:

- Medicaid fee-for-service (FFS) and managed care (MCO) paid claims with dates of service July 1, 2023, through June 30, 2024.
- Claims submitted on the CMS-1500 claim form for Medical Services and Dental claim form for dentist services.
- Estimated state share calculated using federal medical assistance percentage (FMAP) by Medicaid eligibility group.
- Provider type assignment algorithm reliability used for MCO encounter data is not always consistent which results in mixed success in the assignment.
- Iowa Medicaid FFS rates used for rate modeling. If no Iowa Medicaid FFS rate, calculated the rate per unit by dividing allowed amount by covered units from claim/encounter data.
- Site of service differential applied where applicable.
- Anesthesia services not included in rate modeling since the rates are updated every January 1 to equal the Iowa Medicare rates converted to a per minute-basis.
- July 1, 2024, Medicare rates from Physician, Clinical Lab, Durable Medical Equipment Prosthetic Orthotic (DMEPOS), Parenteral and Enteral (PEN), and Ambulatory Surgical Center fee schedules used for rate comparison except for Provider Type 04 Dentist.
- The benchmark for dentist was the Medicaid rates for the following surrounding states: Illinois, Kansas, Minnesota, Missouri, and Nebraska, when rates are available online.
- Due to difference in reimbursement methodology, orthodontia services were excluded from the dentist analysis.
- July 2024 RJ Health Care rates used for physician administered drugs.
- Certain Iowa Medicaid-specific modifiers are not used by Medicare for pricing. In these cases, the Medicare rate for the code without modifier was used.
- July 1, 2024, legislative increases were applied to fee schedules for effected provider types.
- Provider types that receive rate updates or changes based on cost reports or scheduled rebase periods are not included in the analysis.

Provider Type	Provider Type Description	Total Payment Change at 100% of CY 2024 Modeled Benchmark Payments	Total Payment Change at 95% of CY 2024 Modeled Benchmark Payments	Total Payment Change at 90% of CY 2024 Modeled Benchmark Payments	Total Payment Change at 85% of CY 2024 Modeled Benchmark Payments	State Share of Change at 100% of CY 2024 Modeled Benchmark Payments	State Share of Change at 95% of CY 2024 Modeled Benchmark Payments	State Share of Change at 90% of CY 2024 Modeled Benchmark Payments	State Share of Change at 85% of CY 2024 Modeled Benchmark Payments	SFY 2024 Iowa Medicaid Payments as a Percentage of 100% of CY 2024 Benchmark Rate
02	Physician MD	\$86,580,467	\$63,775,202	\$40,974,094	\$18,161,573	\$24,579,709	\$18,286,763	\$11,994,418	\$5,699,727	81.02%
03	Physician DO	\$2,564,476	\$2,087,482	\$1,610,457	\$1,133,212	\$715,975	\$582,539	\$449,094	\$315,597	73.13%
04	Dentist (excludes Orthodontic services)	\$20,415,003	\$16,818,780	\$13,224,483	\$9,631,297	\$6,408,984	\$5,305,697	\$4,202,967	\$3,100,694	71.61%
05	Podiatrist	\$1,586,375	\$1,350,592	\$1,114,701	\$878,895	\$430,255	\$366,608	\$302,929	\$239,277	66.37%
06	Optometrist	\$9,346,494	\$8,284,934	\$7,223,165	\$6,161,450	\$3,072,106	\$2,737,517	\$2,402,869	\$2,068,233	55.98%
07	Optician	\$1,554,434	\$1,442,567	\$1,330,679	\$1,218,790	\$534,959	\$496,493	\$458,020	\$419,547	30.53%
08	Pharmacy (medical supplies only)	\$986,345	(\$576,941)	(\$2,127,044)	(\$3,694,081)	\$221,824	(\$243,672)	(\$705,797)	(\$1,172,646)	96.83%
10	Independent Lab	\$1,578,117	(\$22,548)	(\$1,624,805)	(\$3,225,622)	\$428,092	(\$6,171)	(\$440,852)	(\$875,167)	95.07%
12	Medical Supplies	\$7,786,808	\$4,895,619	\$2,002,661	(\$891,686)	\$2,084,200	\$1,255,727	\$426,785	(\$402,700)	86.54%
14	Clinic	\$14,276	\$9,309	\$4,284	(\$687)	\$4,061	\$2,629	\$1,177	(\$256)	85.72%
15	Physical Therapist	\$1,073,696	\$616,325	\$159,417	(\$297,990)	\$299,752	\$180,948	\$62,277	(\$56,536)	88.26%
16	Chiropractor	\$1,331,109	\$759,598	\$187,479	(\$384,005)	\$339,568	\$192,501	\$45,263	(\$101,797)	88.35%
17	Audiologist	\$6,751	\$281	(\$6,181)	(\$12,645)	\$2,307	\$203	(\$1,899)	(\$4,001)	94.78%
19	Rehab Agency	\$736,703	(\$347,600)	(\$1,428,926)	(\$2,513,244)	\$240,903	(\$149,154)	(\$538,118)	(\$928,180)	96.60%
21	Community Mental Health Center	(\$830,860)	(\$2,088,016)	(\$3,344,151)	(\$4,601,801)	(\$255,675)	(\$613,741)	(\$971,497)	(\$1,329,697)	103.31%
22	Family Planning	\$259,668	\$176,283	\$92,888	\$9,466	\$82,732	\$52,992	\$23,248	(\$6,502)	84.41%
29	Psychologist	\$610,201	\$355,844	\$101,635	(\$152,770)	\$147,424	\$78,058	\$8,735	(\$60,643)	88.00%
30	Screening Center	(\$206,723)	(\$219,678)	(\$232,639)	(\$245,610)	(\$76,876)	(\$81,671)	(\$86,468)	(\$91,269)	179.74%
32	Occupational Therapist	\$203,048	\$137,806	\$72,683	\$7,438	\$67,670	\$47,935	\$28,245	\$8,509	84.43%
36	Ambulatory Surgical Center	\$7,959,868	\$7,173,527	\$6,387,194	\$5,600,826	\$2,096,601	\$1,891,945	\$1,687,294	\$1,482,631	49.39%
38	Certified Nurse Midwife	\$20,198	\$15,547	\$10,896	\$6,245	\$7,038	\$5,376	\$3,714	\$2,052	78.29%
44	CRNA	(\$100,856)	(\$218,123)	(\$335,383)	(\$452,657)	(\$18,756)	(\$42,321)	(\$65,885)	(\$89,452)	104.31%
48	Clinical Social Worker	(\$4,001,201)	(\$4,552,695)	(\$5,105,534)	(\$5,657,053)	(\$1,418,010)	(\$1,604,416)	(\$1,791,287)	(\$1,977,701)	136.24%
50	Nurse Practitioner	\$3,795,320	\$2,749,292	\$1,703,078	\$656,882	\$1,044,807	\$759,879	\$474,909	\$189,932	81.86%
62	Behavioral Health	\$3,444,690	\$558,517	(\$2,255,261)	(\$5,141,783)	\$858,458	\$68,386	(\$707,010)	(\$1,497,163)	93.96%
68	Physician Assistant	\$942,122	\$695,712	\$449,226	\$202,748	\$258,110	\$192,137	\$126,148	\$60,152	80.89%
69	Independent Speech	\$42,969	(\$71)	(\$43,026)	(\$86,064)	\$15,859	(\$105)	(\$16,037)	(\$32,001)	95.00%
72	Public Health Agencies	\$60,517	\$49,185	\$37,850	\$26,521	\$22,041	\$18,166	\$14,291	\$10,417	73.30%
80	Crisis Response Services	\$572	\$475	\$378	\$281	\$144	\$120	\$96	\$72	70.47%
		\$147,760,587	\$103,927,203	\$60,184,296	\$16,337,926	\$42,194,260	\$29,781,366	\$17,387,630	\$4,971,128	

Provider Type detail is in Appendix 2

Nursing Facility Rebase

- Nursing facilities are rebased every two years using more current cost report data.
- The next rebase is schedule for July 1, 2025.
- The estimated cost to fully fund the rebase is approximately \$60.3M state dollars. (Appendix 1)
- Based on discussion with the Iowa Health Care Association, they are requesting a rate increase of \$25.3M state dollars. They feel this amount is sufficient to align the actual cost of care with reimbursement rates.

Appendix 1 – Nursing Facility Rebase

Nursing Facility Rebase Analysis			
Estimated SFY 2026 Rebase Amount			
Calculation of Estimated Medicaid Payments			
	SFY 2025 Estimate (Rates Effective 7/1/2024)	SFY 2026 Estimate (Rates Effective 7/1/2025)	Notes
Weighted Average Payment Rate	\$282.43	\$331.30	SFY 2026 includes change to PDPM
Less: Estimated Client Participation	(\$39.66)	(\$41.29)	SFY 2026 - SFY 2025 amount inflated by CPI-U of 4.1%
Net Weighted Average Payment Rates	\$242.77	\$290.01	
CY 2023 Medicaid Days	3,437,757	3,437,757	Medicaid days from Nursing Facility compilation
Estimated Total Medicaid Payments	\$834,584,266.89	\$996,983,907.57	
Direct Median	\$111.50	\$107.92	
Non-Direct Care Median	\$122.62	\$144.84	
Wage Index	9.99%	8.49%	
Calculation of Estimated SFY 2026 Fiscal Impact			
	Estimated Amount	Notes	
Estimated SFY 2026 Medicaid Payments	\$996,983,907.57		
Estimated SFY 2025 Medicaid Payments	\$834,584,266.89		
Estimated Total Dollar Change	\$162,399,640.68		
Federal Medical Assistance Percentage	62.85%	Used SFY 2026 Title XIX Eligibility percentage	
Estimated Federal Share of Total Dollar Change	\$102,068,174.17		
Estimated State Share of Total Dollar Change	\$60,331,466.51		

Appendix 2 – Rate Review Provider Type Detail

Provider Type 02 – Physician MD

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$24,579,709	\$18,286,763	\$11,994,418	\$5,699,727	81.02%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
99213		OFFICE O/P EST LOW 20 MIN	\$7,524,129	\$6,763,210	\$6,002,292	\$5,241,373
99214		OFFICE O/P EST MOD 30 MIN	\$4,940,834	\$4,390,571	\$3,840,067	\$3,289,072
99284		EMERGENCY DEPT VISIT MOD MDM	\$908,701	\$682,101	\$455,501	\$228,498
99285		EMERGENCY DEPT VISIT HI MDM	\$406,750	\$268,253	\$129,757	(\$8,910)
99204		OFFICE O/P NEW MOD 45 MIN	\$668,406	\$533,962	\$399,573	\$265,002
59400		OBSTETRICAL CARE	\$1,502,575	\$1,309,190	\$1,115,788	\$922,403
99203		OFFICE O/P NEW LOW 30 MIN	\$521,847	\$403,652	\$285,457	\$167,304
99232		SBSQ HOSP IP/OBS MODERATE 35	\$498,047	\$402,439	\$306,571	\$210,963
99472		PED CRITICAL CARE SUBSQ	\$8,005	(\$78,147)	(\$164,253)	(\$250,405)
J9271		INJ PEMBROLIZUMAB	\$19,266	(\$26,832)	(\$72,930)	(\$119,028)

Provider Type 03 – Physician DO

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$715,975	\$582,539	\$449,094	\$315,597	73.13%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
99213		OFFICE O/P EST LOW 20 MIN	\$208,949	\$187,754	\$166,560	\$145,365
99214		OFFICE O/P EST MOD 30 MIN	\$109,757	\$97,449	\$85,140	\$72,812
59400		OBSTETRICAL CARE	\$63,614	\$55,309	\$47,003	\$38,698
99284		EMERGENCY DEPT VISIT MOD MDM	\$19,783	\$16,170	\$12,557	\$8,938
99285		EMERGENCY DEPT VISIT HI MDM	\$14,357	\$11,444	\$8,531	\$5,615
59510		CESAREAN DELIVERY	\$29,999	\$25,722	\$21,446	\$17,170
J7307		ETONOGESTREL IMPLANT SYSTEM	\$0	(\$2,329)	(\$4,658)	(\$6,987)
90832		PSYTX W PT 30 MINUTES	\$16,350	\$14,468	\$12,585	\$10,703
99203		OFFICE O/P NEW LOW 30 MIN	\$21,681	\$19,146	\$16,612	\$14,078
99204		OFFICE O/P NEW MOD 45 MIN	\$7,295	\$5,821	\$4,346	\$2,870

Provider Type 04 – Dentist (excludes Orthodontic Services)

Comparison to Benchmark

Note – Negative amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$6,408,984	\$5,305,697	\$4,202,967	\$3,100,694	71.61%

By Service Category

Category	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
ADJUNCTIVE GENERAL SERVICES	\$345,440	\$291,212	\$236,941	\$182,658
DIAGNOSTIC	\$1,456,059	\$1,235,198	\$1,015,350	\$794,762
ENDODONTICS	\$150,536	\$115,420	\$80,310	\$45,199
IMPLANT SERVICES	(\$710)	(\$753)	(\$796)	(\$839)
MAXILLOFACIAL PROSTHETICS	\$0	\$0	\$0	\$0
ORAL AND MAXILLOFACIAL SURGERY	\$20,489	(\$101,039)	(\$222,548)	(\$344,092)
PERIODONTICS	\$54,520	\$33,819	\$13,126	(\$7,566)
PREVENTIVE	\$1,888,750	\$1,633,862	\$1,378,598	\$1,124,410
PROSTHODONTICS, FIXED	\$10,419	\$9,560	\$8,700	\$7,841
PROSTHODONTICS, REMOVABLE	\$640,742	\$561,245	\$481,743	\$402,246
RESTORATIVE	\$1,842,739	\$1,527,173	\$1,211,543	\$896,075

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
D2930		PREFAB STNLSS STEEL CRWN PRI	\$364,390.73	\$301,118.05	\$237,757.24	\$174,484.56
D1120		DENTAL PROPHYLAXIS CHILD	\$461,245.01	\$398,220.58	\$335,000.62	\$272,106.53
D1110		DENTAL PROPHYLAXIS ADULT	\$311,220.50	\$257,760.61	\$204,131.14	\$150,713.65
D0120		PERIODIC ORAL EVALUATION	\$595,178.53	\$527,692.56	\$460,756.76	\$393,362.49
D2392		POST 2 SRFC RESINBASED CMPST	\$276,746.54	\$226,489.22	\$176,292.14	\$126,095.06
D7140		EXTRACTION ERUPTED TOOTH/EXR	\$191,416.39	\$150,991.26	\$110,590.24	\$70,189.23
D7240		IMPACT TOOTH REMOV COMP BONY	(\$120,147.57)	(\$143,858.50)	(\$167,558.37)	(\$191,285.90)
D2740		CROWN PORCELAIN/CERAMIC	\$141,978.11	\$105,571.60	\$69,168.56	\$32,779.34
D1206		TOPICAL FLUORIDE VARNISH	\$425,568.83	\$375,525.46	\$325,482.09	\$275,839.07
D2740		CROWN PORCELAIN/CERAMIC	\$33,762.41	\$25,104.94	\$16,448.29	\$7,794.93

Provider Type 05 – Podiatrist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$430,255	\$366,608	\$302,929	\$239,277	66.37%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
99213		OFFICE O/P EST LOW 20 MIN	\$98,903	\$88,885	\$78,867	\$68,848
99203		OFFICE O/P NEW LOW 30 MIN	\$20,112	\$15,507	\$10,901	\$6,296
99214		OFFICE O/P EST MOD 30 MIN	\$44,506	\$39,535	\$34,562	\$29,583
11721		DEBRIDE NAIL 6 OR MORE	\$7,009	\$3,476	(\$74)	(\$3,607)
L3000		FT INSERT UCB BERKELEY SHELL	\$50,824	\$45,583	\$40,341	\$35,099
11750		REMOVAL OF NAIL BED	\$6,607	\$4,241	\$1,873	(\$492)
99204		OFFICE O/P NEW MOD 45 MIN	\$11,812	\$9,425	\$7,039	\$4,649
11042		DBRDMT SUBQ TIS 1ST 20SQCM/<	\$14,357	\$12,658	\$10,957	\$9,260
L4361		PNEUMA/VAC WALK BOOT PRE OTS	\$5,466	\$4,283	\$3,101	\$1,918
73630		X-RAY EXAM OF FOOT	\$3,259	\$2,273	\$1,281	\$295

Provider Type 06 – Optometrist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$3,072,106	\$2,737,517	\$2,402,869	\$2,068,233	55.98%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
92014		COMPRE OPH EXAM EST PT 1/>	\$639,260	\$559,732	\$480,070	\$400,542
92004		COMPRE OPH EXAM NEW PT 1/>	\$389,405	\$326,281	\$263,067	\$199,943
V2020		VISION SVCS FRAMES PURCHASES	\$738,794	\$684,199	\$629,604	\$575,009
92015		DETERMINE REFRACTIVE STATE	\$36,094	\$25,395	\$14,814	\$4,115
66984		XCAPSL CTRC RMVL W/O ECP	(\$32,506)	(\$37,076)	(\$41,648)	(\$46,218)
99213		OFFICE O/P EST LOW 20 MIN	\$140,462	\$126,212	\$111,962	\$97,712
92012		INTRM OPH EXAM EST PATIENT	\$86,646	\$76,221	\$65,821	\$55,396
V2103		SPHEROCYLINDR 4.00D/12-2.00D	\$259,613	\$240,549	\$221,390	\$202,326
92250		FUNDUS PHOTOGRAPHY W/I&R	(\$32,736)	(\$35,580)	(\$38,425)	(\$41,269)
V2100		LENS SPHER SINGLE PLANO 4.00	\$302,719	\$281,722	\$260,816	\$239,820

Provider Type 07 – Optician

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$534,959	\$496,493	\$458,020	\$419,547	30.53%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
V2020		VISION SVCS FRAMES PURCHASES	\$220,391	\$204,105	\$187,819	\$171,532
V2103		SPHEROCYLINDR 4.00D/12-2.00D	\$106,069	\$98,280	\$90,452	\$82,663
V2100		LENS SPHER SINGLE PLANO 4.00	\$52,293	\$48,666	\$45,054	\$41,427
V2203		LENS SPHCYL BIFOCAL 4.00D/.1	\$28,622	\$26,578	\$24,534	\$22,482
V2104		SPHEROCYLINDR 4.00D/2.12-4D	\$25,562	\$23,762	\$21,970	\$20,171
V2107		SPHEROCYLINDER 4.25D/12-2D	\$19,420	\$18,121	\$16,827	\$15,528
V2784		LENS POLYCARB OR EQUAL	\$36,471	\$34,306	\$32,140	\$29,974
V2200		LENS SPHER BIFOC PLANO 4.00D	\$9,223	\$8,566	\$7,911	\$7,253
V2111		SPHEROCYLINDR 7.25D/.25-2.25	\$2,611	\$2,383	\$2,155	\$1,927
V2108		SPHEROCYLINDER 4.25D/2.12-4D	\$6,096	\$5,693	\$5,291	\$4,888

Provider Type 08 – Pharmacy (enrolled to provide medical supplies/equipment)

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$221,824	(\$243,672)	(\$705,797)	(\$1,172,646)	96.83%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
J1429		INJ GOLODIRSEN 10 MG	\$0	(\$58,137)	(\$116,274)	(\$174,482)
J1428		INJ, ETEPLIRSEN, 10 MG	\$0	(\$55,796)	(\$111,591)	(\$167,456)
S0013		ESKETAMINE, NASAL SPRAY	\$30,429	\$17,199	\$3,969	(\$9,261)
J1458		GALSULFASE INJECTION	\$24,060	(\$2,067)	(\$28,195)	(\$54,322)
J3380		INJ VEDOLIZUMAB IV 1 MG	\$17,994	\$2,168	(\$13,766)	(\$29,592)
B4224		PARENTERAL ADMINISTRATION KI	(\$346,584)	(\$347,593)	(\$348,603)	(\$349,613)
A4239		NON-ADJU CGM SUPPLY ALLOW	\$13,307	\$347	(\$12,613)	(\$25,583)
J0584		INJECTION, BUROSUMAB-TWZA 1M	\$16,662	(\$839)	(\$18,339)	(\$35,848)
J0585		INJECTION,ONABOTULINUMTOXINA	\$0	(\$10,302)	(\$20,604)	(\$30,906)
A4222		INFUSION SUPPLIES WITH PUMP	\$38,576	\$26,053	\$13,479	\$956

Provider Type 10 – Independent Lab

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$428,092	(\$6,171)	(\$440,852)	(\$875,167)	95.07%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
81420		FETAL CHROMOML ANEUPLOIDY	\$77,985	\$0	(\$77,985)	(\$155,991)
G0480		DRUG TEST DEF 1-7 CLASSES	\$25,313	\$0	(\$25,313)	(\$50,626)
81416		EXOME SEQUENCE ANALYSIS	\$42,874	\$0	(\$42,874)	(\$85,748)
80307		DRUG TEST PRSMV CHEM ANLYZR	\$20,279	\$0	(\$20,214)	(\$40,493)
81220		CFTR GENE COM VARIANTS	\$15,577	(\$3,656)	(\$22,888)	(\$42,120)
87798		DETECT AGENT NOS DNA AMP	\$14,168	\$0	(\$14,249)	(\$28,418)
81528		ONCOLOGY COLORECTAL SCR	\$9,474	\$0	(\$9,478)	(\$18,952)
87591		N.GONORRHOEAE DNA AMP PROB	\$9,492	(\$2,206)	(\$13,970)	(\$25,668)
87491		CHLMYD TRACH DNA AMP PROBE	\$9,488	(\$2,205)	(\$13,965)	(\$25,658)
81415		EXOME SEQUENCE ANALYSIS	\$14,705	\$0	(\$14,705)	(\$29,409)

Provider Type 12 – Medical Supplies

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$2,084,200	\$1,255,727	\$426,785	(\$402,700)	86.54%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
E1390	RR	OXYGEN CONCENTRATOR	(\$366,173)	(\$411,328)	(\$456,483)	(\$501,638)
E2510	NU	SGD W MULTI METHODS MSG/ACCS	\$222,300	\$140,508	\$58,718	(\$23,073)
A4239		NON-ADJU CGM SUPPLY ALLOW	\$46,731	\$1,218	(\$44,295)	(\$89,843)
E0601	RR	CONT AIRWAY PRESSURE DEVICE	(\$142,086)	(\$155,528)	(\$168,971)	(\$182,452)
A4222		INFUSION SUPPLIES WITH PUMP	\$74,295	\$50,175	\$25,959	\$1,840
A4230		INFUS INSULIN PUMP NON NEEDL	(\$279,239)	(\$284,442)	(\$289,690)	(\$294,894)
A7030	NU	CPAP FULL FACE MASK	(\$77,057)	(\$89,121)	(\$101,186)	(\$113,250)
A4239	NU	NON-ADJU CGM SUPPLY ALLOW	\$19,504	\$508	(\$18,487)	(\$37,497)
B4035		ENTERAL FEED SUPP PUMP PER D	(\$68,445)	(\$86,613)	(\$105,203)	(\$123,371)
A7031	NU	REPLACEMENT FACEMASK INTERFA	(\$46,338)	(\$54,116)	(\$61,924)	(\$69,703)

Provider Type 14 – Clinic

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$4,061	\$2,629	\$1,177	(\$256)	85.72%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
90935		HEMODIALYSIS ONE EVALUATION	(\$4,387)	(\$4,630)	(\$4,873)	(\$5,117)
99213		OFFICE O/P EST LOW 20 MIN	\$4,467	\$4,014	\$3,560	\$3,107
Q4081		EPOETIN ALFA, 100 UNITS ESRD	\$855	\$665	\$451	\$261
99214		OFFICE O/P EST MOD 30 MIN	\$1,794	\$1,593	\$1,391	\$1,190
J1756		IRON SUCROSE INJECTION	\$0	(\$41)	(\$82)	(\$124)
J0887		EPOETIN BETA ESRD USE	\$0	(\$58)	(\$111)	(\$169)
99391		PER PM REEVAL EST PAT INFANT	\$198	\$151	\$105	\$59
90945		DIALYSIS ONE EVALUATION	\$65	\$55	\$45	\$34
J7307		ETONOGESTREL IMPLANT SYSTEM	\$0	(\$22)	(\$44)	(\$65)
99392		PREV VISIT EST AGE 1-4	\$85	\$63	\$41	\$19

Provider Type 15 – Physical Therapist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$299,752	\$180,948	\$62,277	(\$56,536)	88.26%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
97110		THERAPEUTIC EXERCISES	\$42,581	\$16,513	(\$9,743)	(\$35,811)
97530		THERAPEUTIC ACTIVITIES	\$186,588	\$151,954	\$117,520	\$82,886
97112		NEUROMUSCULAR REEDUCATION	\$84,882	\$58,815	\$32,748	\$6,682
97140		MANUAL THERAPY 1/> REGIONS	(\$35,823)	(\$49,868)	(\$63,805)	(\$77,851)
97162		PT EVAL MOD COMPLEX 30 MIN	\$9,397	\$4,211	(\$964)	(\$6,150)
97161		PT EVAL LOW COMPLEX 20 MIN	\$7,094	\$3,180	(\$725)	(\$4,639)
97164		PT RE-EVAL EST PLAN CARE	\$4,245	\$2,303	\$360	(\$1,588)
97163		PT EVAL HIGH COMPLEX 45 MIN	\$1,747	\$783	(\$178)	(\$1,142)
97113		AQUATIC THERAPY/EXERCISES	\$3,985	\$2,910	\$1,828	\$752
97535		SELF CARE MNGMENT TRAINING	\$2,401	\$1,306	\$219	(\$876)

Provider Type 16 – Chiropractor

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$339,568	\$192,501	\$45,263	(\$101,797)	88.35%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
98941		CHIROPRACT MANJ 3-4 REGIONS	\$299,428	\$183,934	\$68,441	(\$47,053)
98940		CHIROPRACT MANJ 1-2 REGIONS	\$17,243	(\$2,951)	(\$23,301)	(\$43,495)
72100		X-RAY EXAM L-S SPINE 2/3 VWS	\$5,473	\$2,467	(\$539)	(\$3,545)
98942		CHIROPRACTIC MANJ 5 REGIONS	\$9,302	\$6,087	\$2,872	(\$343)
72040		X-RAY EXAM NECK SPINE 2-3 VW	\$6,776	\$4,458	\$2,127	(\$191)
72070		X-RAY EXAM THORAC SPINE 2VWS	(\$1,727)	(\$2,802)	(\$3,878)	(\$4,947)
72082		X-RAY EXAM ENTIRE SPI 2/3 VW	\$2,122	\$1,437	\$753	\$68
98943		CHIROPRACT MANJ XTRSPINL 1/>	\$162	(\$256)	(\$677)	(\$1,095)
72083		X-RAY EXAM ENTIRE SPI 4/5 VW	\$137	\$17	(\$103)	(\$224)
72084		X-RAY EXAM ENTIRE SPI 6/> VW	\$175	\$31	(\$113)	(\$257)

Provider Type 17 – Audiologist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$2,307	\$203	(\$1,899)	(\$4,001)	94.78%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
92567		TYMPANOMETRY	(\$1,766)	(\$2,230)	(\$2,688)	(\$3,152)
92557		COMPREHENSIVE HEARING TEST	(\$1,334)	(\$1,659)	(\$1,984)	(\$2,307)
92587		EVOKED AUDITORY TEST LIMITED	(\$4,961)	(\$5,115)	(\$5,269)	(\$5,422)
92579		VISUAL AUDIOMETRY (VRA)	\$2,051	\$1,796	\$1,541	\$1,286
92552		PURE TONE AUDIOMETRY AIR	\$2,658	\$2,417	\$2,175	\$1,934
92555		SPEECH THRESHOLD AUDIOMETRY	\$2,243	\$2,017	\$1,790	\$1,564
92553		AUDIOMETRY AIR & BONE	\$1,244	\$1,108	\$971	\$835
L7368		LITHIUM ION BATTERY CHARGER	\$462	\$384	\$306	\$228
92556		SPEECH AUDIOMETRY COMPLETE	\$768	\$693	\$618	\$544
92652		AEP THRSILD EST MLT FREQ I&R	(\$9)	(\$30)	(\$52)	(\$73)

Provider Type 19 – Rehabilitation Agency

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$240,903	(\$149,154)	(\$538,118)	(\$928,180)	96.60%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
92507	GN	SPEECH/HEARING THERAPY	(\$210,421)	(\$431,758)	(\$652,488)	(\$873,825)
97530		THERAPEUTIC ACTIVITIES	\$206,921	\$110,692	\$15,018	(\$81,211)
97112		NEUROMUSCULAR REEDUCATION	\$74,189	\$54,504	\$34,818	\$15,133
97110		THERAPEUTIC EXERCISES	\$23,486	\$12,676	\$1,789	(\$9,021)
92523	GN	SPEECH SOUND LANG COMPREHEN	\$31,034	\$23,078	\$15,114	\$7,158
92526	GN	ORAL FUNCTION THERAPY	\$16,043	\$9,591	\$3,138	(\$3,314)
92508	GN	SPEECH/HEARING THERAPY	\$717	(\$4,437)	(\$9,592)	(\$14,746)
92526		ORAL FUNCTION THERAPY	\$10,702	\$6,398	\$2,093	(\$2,211)
97140		MANUAL THERAPY 1/> REGIONS	\$4,351	\$2,041	(\$251)	(\$2,560)
92609	GN	USE OF SPEECH DEVICE SERVICE	\$31,761	\$28,622	\$25,491	\$22,352

Provider Type 21 – Community Mental Health Center

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
(\$255,675)	(\$613,741)	(\$971,497)	(\$1,329,697)	103.31%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
90834	HO	PSYTX W PT 45 MINUTES	(\$355,519)	(\$489,022)	(\$622,263)	(\$755,766)
99214	SA	OFFICE O/P EST MOD 30 MIN	\$225,602	\$178,739	\$131,875	\$84,933
90837	HO	PSYTX W PT 60 MINUTES	\$57,619	\$24,212	(\$9,195)	(\$42,605)
90791	HO	PSYCH DIAGNOSTIC EVALUATION	\$36,966	\$11,154	(\$14,628)	(\$40,441)
99214	AF	OFFICE O/P EST MOD 30 MIN	(\$24,197)	(\$42,801)	(\$61,405)	(\$80,039)
90832	HO	PSYTX W PT 30 MINUTES	\$30,355	\$11,056	(\$8,244)	(\$27,542)
90792	SA	PSYCH DIAG EVAL W/MED SRVCS	(\$41,313)	(\$50,043)	(\$58,763)	(\$67,493)
96127		BRIEF EMOTIONAL/BEHAV ASSMT	(\$148,264)	(\$148,762)	(\$149,286)	(\$149,785)
99213	SA	OFFICE O/P EST LOW 20 MIN	\$28,431	\$19,311	\$10,191	\$1,070
99213	AF	OFFICE O/P EST LOW 20 MIN	(\$20,827)	(\$26,492)	(\$32,158)	(\$37,823)

Provider Type 22 – Family Planning Clinic

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$82,732	\$52,992	\$23,248	(\$6,502)	84.41%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
J7307		ETONOGESTREL IMPLANT SYSTEM	\$0	(\$7,773)	(\$15,547)	(\$23,320)
S4993		CONTRACEPTIVE PILLS FOR BC	\$11,902	\$9,156	\$6,409	\$3,662
99214		OFFICE O/P EST MOD 30 MIN	\$22,397	\$19,707	\$17,018	\$14,324
J7298		MIRENA, 52 MG	\$1,489	(\$74)	(\$1,638)	(\$3,201)
99213		OFFICE O/P EST LOW 20 MIN	\$20,676	\$18,458	\$16,240	\$14,022
J7295		ETH ESTR AND ETON MONTHLY	(\$2,884)	(\$4,024)	(\$5,166)	(\$6,306)
J7300		INTRAUT COPPER CONTRACEPTIVE	\$0	(\$859)	(\$1,718)	(\$2,576)
99204		OFFICE O/P NEW MOD 45 MIN	\$3,102	\$2,354	\$1,606	\$857
99203		OFFICE O/P NEW LOW 30 MIN	\$3,201	\$2,295	\$1,389	\$483
J7296		KYLEENA, 19.5 MG	\$724	(\$36)	(\$796)	(\$1,556)

Provider Type 29 – Psychologist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$147,424	\$78,058	\$8,735	(\$60,643)	88.00%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
90837	HO	PSYTX W PT 60 MINUTES	\$61,263	\$45,452	\$29,641	\$13,830
90834	HO	PSYTX W PT 45 MINUTES	(\$15,084)	(\$24,472)	(\$33,840)	(\$43,228)
90837	HP	PSYTX W PT 60 MINUTES	\$12,933	\$5,787	(\$1,359)	(\$8,505)
90834	HP	PSYTX W PT 45 MINUTES	(\$17,752)	(\$21,834)	(\$25,907)	(\$29,989)
90791	HP	PSYCH DIAGNOSTIC EVALUATION	(\$6,053)	(\$10,090)	(\$14,123)	(\$18,160)
99214		OFFICE O/P EST MOD 30 MIN	\$29,671	\$26,342	\$23,013	\$19,678
90791	HO	PSYCH DIAGNOSTIC EVALUATION	\$1,826	(\$166)	(\$2,156)	(\$4,148)
90837		PSYTX W PT 60 MINUTES	\$6,173	\$4,021	\$1,868	(\$284)
90832	HO	PSYTX W PT 30 MINUTES	\$2,513	\$692	(\$1,129)	(\$2,950)
96137	HP	PSYCL/NRPSYC TST PHY/QHP EA	(\$6,388)	(\$7,277)	(\$8,162)	(\$9,052)

Provider Type 30 – Screening Center

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
(\$76,876)	(\$81,671)	(\$86,468)	(\$91,269)	179.74%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
96127		BRIEF EMOTIONAL/BEHAV ASSMT	(\$52,083)	(\$52,264)	(\$52,454)	(\$52,636)
G0451		DEVLOPMENT TEST INTERPT&REP	(\$24,697)	(\$24,949)	(\$25,205)	(\$25,457)
83655		ASSAY OF LEAD	(\$11,811)	(\$12,683)	(\$13,541)	(\$14,413)
99211		OFF/OP EST MAY X REQ PHY/QHP	\$10,623	\$8,791	\$6,958	\$5,108
90460		IM ADMIN 1ST/ONLY COMPONENT	\$1,900	\$690	(\$520)	(\$1,719)
90461		IM ADMIN EACH ADDL COMPONENT	(\$836)	(\$989)	(\$1,146)	(\$1,299)
90619		MENACWY-TT VACCINE IM	\$196	\$46	(\$105)	(\$256)
96161		CAREGIVER HEALTH RISK ASSMT	(\$632)	(\$648)	(\$663)	(\$679)
99174		OCULAR INSTRUMNT SCREEN BIL	(\$229)	(\$237)	(\$245)	(\$254)
99211	TD	OFF/OP EST MAY X REQ PHY/QHP	\$158	\$140	\$122	\$104

Provider Type 32 – Occupational Therapist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$67,670	\$47,935	\$28,245	\$8,509	84.43%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
97530		THERAPEUTIC ACTIVITIES	\$51,169	\$40,982	\$30,854	\$20,668
97112		NEUROMUSCULAR REEDUCATION	\$11,170	\$7,233	\$3,297	(\$640)
97110		THERAPEUTIC EXERCISES	\$2,772	\$394	(\$2,002)	(\$4,381)
97140		MANUAL THERAPY 1/> REGIONS	(\$2,703)	(\$3,570)	(\$4,431)	(\$5,298)
97113		AQUATIC THERAPY/EXERCISES	\$1,684	\$1,172	\$657	\$145
97150		GROUP THERAPEUTIC PROCEDURES	(\$1,455)	(\$1,772)	(\$2,093)	(\$2,410)
97535		SELF CARE MNGMENT TRAINING	\$583	\$248	(\$84)	(\$419)
97168		OT RE-EVAL EST PLAN CARE	\$805	\$516	\$229	(\$59)
97166		OT EVAL MOD COMPLEX 45 MIN	\$279	\$144	\$10	(\$125)
92526	GN	ORAL FUNCTION THERAPY	\$1,298	\$1,080	\$861	\$643

Provider Type 36 – Ambulatory Surgical Center

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$2,096,601	\$1,891,945	\$1,687,294	\$1,482,631	49.39%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
69436		CREATE EARDRUM OPENING	(\$21,171)	(\$39,371)	(\$57,564)	(\$75,764)
43239		EGD BIOPSY SINGLE/MULTIPLE	\$23,914	\$14,244	\$4,574	(\$5,100)
66984		XCAPSL CTRC RMVL W/O ECP	\$20,645	\$13,815	\$6,984	\$153
45380		COLONOSCOPY AND BIOPSY	\$40,301	\$33,551	\$26,801	\$20,053
42820		REMOVE TONSILS AND ADENOIDS	\$471,760	\$439,775	\$407,790	\$375,803
45385		COLONOSCOPY W/LESION REMOVAL	\$28,212	\$23,129	\$18,045	\$12,963
45378		DIAGNOSTIC COLONOSCOPY	\$3,404	\$492	(\$2,420)	(\$5,334)
64721		CARPAL TUNNEL SURGERY	\$32,157	\$28,933	\$25,710	\$22,486
52356		CYSTO/URETERO W/LITHOTRIPSY	\$17,295	\$15,281	\$13,268	\$11,254
30140		RESECT INFERIOR TURBINATE	\$37,704	\$34,567	\$31,430	\$28,293

Provider Type 38 – Certified Nurse Midwife

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$7,038	\$5,376	\$3,714	\$2,052	78.29%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
59400		OBSTETRICAL CARE	\$2,449	\$2,038	\$1,626	\$1,215
59400	UC	OBSTETRICAL CARE	\$1,334	\$1,110	\$886	\$662
59426		ANTEPARTUM CARE ONLY	\$1,051	\$905	\$759	\$613
99214		OFFICE O/P EST MOD 30 MIN	\$933	\$811	\$688	\$565
99213		OFFICE O/P EST LOW 20 MIN	\$883	\$781	\$679	\$577
J7298		MIRENA, 52 MG	(\$164)	(\$233)	(\$301)	(\$369)
J7300		INTRAUT COPPER CONTRACEPTIVE	(\$122)	(\$157)	(\$192)	(\$227)
99203		OFFICE O/P NEW LOW 30 MIN	\$87	\$52	\$18	(\$17)
59410		OBSTETRICAL CARE	\$13	(\$18)	(\$48)	(\$79)
99349		HOME/RES VST EST MOD MDM 40	\$46	\$16	(\$14)	(\$45)

Provider Type 44 – Certified Registered Nurse Anesthetist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
(\$18,756)	(\$42,321)	(\$65,885)	(\$89,452)	104.31%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
S0013		ESKETAMINE, NASAL SPRAY	(\$36,708)	(\$54,128)	(\$71,549)	(\$88,969)
99215		OFFICE O/P EST HI 40 MIN	\$6,811	\$5,518	\$4,225	\$2,932
99213		OFFICE O/P EST LOW 20 MIN	\$12,946	\$11,189	\$9,432	\$7,674
99214		OFFICE O/P EST MOD 30 MIN	\$5,761	\$4,829	\$3,899	\$2,968
64488		TAP BLOCK BI INJECTION	(\$2,545)	(\$2,842)	(\$3,140)	(\$3,437)
64415		NJX AA&/STRD BRCH PLXS IMG	(\$477)	(\$748)	(\$1,018)	(\$1,288)
99204		OFFICE O/P NEW MOD 45 MIN	\$315	\$57	(\$200)	(\$458)
62323		NJX INTERLAMINAR LMBR/SAC	(\$19)	(\$175)	(\$330)	(\$485)
64447		NJX AA&/STRD FEMORAL NRV IMG	\$563	\$411	\$260	\$108
27096		INJECT SACROILIAC JOINT	(\$1,707)	(\$1,747)	(\$1,788)	(\$1,828)

Provider Type 48 – Clinical Social Worker

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
(\$1,418,010)	(\$1,604,416)	(\$1,791,287)	(\$1,977,701)	136.24%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
90834	HO	PSYTX W PT 45 MINUTES	(\$1,308,808)	(\$1,457,176)	(\$1,605,940)	(\$1,754,309)
90837	HO	PSYTX W PT 60 MINUTES	(\$35,936)	(\$59,907)	(\$83,922)	(\$107,894)
90791	HO	PSYCH DIAGNOSTIC EVALUATION	(\$19,941)	(\$23,611)	(\$27,280)	(\$30,955)
90832	HO	PSYTX W PT 30 MINUTES	(\$17,531)	(\$21,155)	(\$24,792)	(\$28,416)
90837		PSYTX W PT 60 MINUTES	(\$7,442)	(\$10,286)	(\$13,136)	(\$15,980)
90847	HO	FAMILY PSYTX W/PT 50 MIN	(\$13,292)	(\$14,486)	(\$15,683)	(\$16,877)
90834		PSYTX W PT 45 MINUTES	(\$1,887)	(\$2,569)	(\$3,253)	(\$3,936)
90791		PSYCH DIAGNOSTIC EVALUATION	(\$4,000)	(\$4,237)	(\$4,475)	(\$4,713)
90853	HO	GROUP PSYCHOTHERAPY	(\$4,659)	(\$4,760)	(\$4,860)	(\$4,962)
90846	HO	FAMILY PSYTX W/O PT 50 MIN	(\$2,778)	(\$2,998)	(\$3,218)	(\$3,439)

Provider Type 50 – Nurse Practitioner

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$1,044,807	\$759,879	\$474,909	\$189,932	81.86%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
99214		OFFICE O/P EST MOD 30 MIN	\$313,220	\$278,317	\$243,414	\$208,511
99213		OFFICE O/P EST LOW 20 MIN	\$317,817	\$285,707	\$253,620	\$221,510
99232		SBSQ HOSP IP/OBS MODERATE 35	\$44,351	\$32,163	\$19,975	\$7,787
96127		BRIEF EMOTIONAL/BEHAV ASSMT	(\$199,940)	(\$200,637)	(\$201,374)	(\$202,071)
59400		OBSTETRICAL CARE	\$81,504	\$67,753	\$54,001	\$40,250
99223		1ST HOSP IP/OBS HIGH 75	\$3,057	(\$3,411)	(\$9,878)	(\$16,354)
99233		SBSQ HOSP IP/OBS HIGH 50	\$30,113	\$23,777	\$17,455	\$11,120
99203		OFFICE O/P NEW LOW 30 MIN	\$31,012	\$23,962	\$16,914	\$9,863
99204		OFFICE O/P NEW MOD 45 MIN	\$29,906	\$23,874	\$17,841	\$11,809
99284		EMERGENCY DEPT VISIT MOD MDM	\$9,277	\$4,219	(\$828)	(\$5,885)

Provider Type 62 – Behavioral Health

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$858,458	\$68,386	(\$707,010)	(\$1,497,163)	93.96%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
90834	HO	PSYTX W PT 45 MINUTES	(\$430,572)	(\$697,074)	(\$963,049)	(\$1,229,550)
90837	HO	PSYTX W PT 60 MINUTES	\$961,084	\$713,034	\$464,983	\$216,933
90791	HO	PSYCH DIAGNOSTIC EVALUATION	\$46,505	(\$4,397)	(\$55,238)	(\$106,140)
S0109		METHADONE ORAL 5MG	(\$27,892)	(\$55,784)	(\$69,730)	(\$97,623)
90853	U1	GROUP PSYCHOTHERAPY	(\$183,062)	(\$189,272)	(\$195,436)	(\$201,646)
90832	HO	PSYTX W PT 30 MINUTES	\$37,098	\$10,031	(\$17,036)	(\$44,102)
90847	HO	FAMILY PSYTX W/PT 50 MIN	(\$66,928)	(\$86,949)	(\$106,970)	(\$126,990)
90834	U1	PSYTX W PT 45 MINUTES	(\$15,496)	(\$25,128)	(\$34,741)	(\$44,374)
90837	U1	PSYTX W PT 60 MINUTES	\$47,305	\$35,095	\$22,885	\$10,675
90791	U1	PSYCH DIAGNOSTIC EVALUATION	\$6,917	(\$1,202)	(\$9,312)	(\$17,432)

Provider Type 68 – Physician Assistant

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$258,110	\$192,137	\$126,148	\$60,152	80.89%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
99213		OFFICE O/P EST LOW 20 MIN	\$138,290	\$123,955	\$109,622	\$95,287
99214		OFFICE O/P EST MOD 30 MIN	\$82,136	\$72,742	\$63,349	\$53,955
99204		OFFICE O/P NEW MOD 45 MIN	\$10,701	\$8,420	\$6,136	\$3,855
87637		SARSCOV2&INF A&B&RSV AMP PRB	(\$8,458)	(\$10,555)	(\$12,652)	(\$14,753)
90460		IM ADMIN 1ST/ONLY COMPONENT	(\$4,337)	(\$6,371)	(\$8,405)	(\$10,417)
99392		PREV VISIT EST AGE 1-4	\$7,770	\$5,456	\$3,141	\$827
93306	26	TTE W/DOPPLER COMPLETE	(\$3,791)	(\$4,708)	(\$5,622)	(\$6,540)
93306		TTE W/DOPPLER COMPLETE	(\$3,843)	(\$4,594)	(\$5,344)	(\$6,095)
99232		SBSQ HOSP IP/OBS MODERATE 35	\$2,405	\$1,409	\$413	(\$583)
99391		PER PM REEVAL EST PAT INFANT	\$7,662	\$5,795	\$3,924	\$2,057

Provider Type 69 – Independent Speech Pathologist

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$15,859	(\$105)	(\$16,037)	(\$32,001)	95.00%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
92507	GN	SPEECH/HEARING THERAPY	(\$7,242)	(\$14,860)	(\$22,458)	(\$30,076)
92507		SPEECH/HEARING THERAPY	(\$3,829)	(\$7,856)	(\$11,872)	(\$15,899)
92523	GN	SPEECH SOUND LANG COMPREHEN	\$4,131	\$3,072	\$2,012	\$953
92526	GN	ORAL FUNCTION THERAPY	\$10,946	\$9,644	\$8,342	\$7,039
92523		SPEECH SOUND LANG COMPREHEN	\$1,685	\$1,253	\$821	\$389
92526		ORAL FUNCTION THERAPY	\$4,215	\$3,714	\$3,212	\$2,711
92609		USE OF SPEECH DEVICE SERVICE	\$3,427	\$3,089	\$2,751	\$2,412
92610	GN	EVALUATE SWALLOWING FUNCTION	(\$682)	(\$792)	(\$902)	(\$1,012)
92609	GN	USE OF SPEECH DEVICE SERVICE	\$2,451	\$2,209	\$1,967	\$1,725
92610		EVALUATE SWALLOWING FUNCTION	(\$391)	(\$454)	(\$517)	(\$580)

Provider Type 72 – Public Health Agency

Comparison to Benchmark

Note – **Negative** amounts represent procedure codes where the Iowa Medicaid rate is greater than the benchmark.

Aggregate Total

100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars	Modeled Medicaid Payments as a % of Modeled Benchmark Payments
\$22,041	\$18,166	\$14,291	\$10,417	73.30%

Top 10 Paid Services

Proc Code	Mod	Procedure Code Description	100% of Benchmark Payments – State Dollars	95% of Benchmark Payments – State Dollars	90% of Benchmark Payments – State Dollars	85% of Benchmark Payments – State Dollars
90460		IM ADMIN 1ST/ONLY COMPONENT	\$606	(\$804)	(\$2,214)	(\$3,612)
90472		IMMUNIZATION ADMIN EACH ADD	\$9,892	\$9,106	\$8,320	\$7,523
91322		SARSCOV2 VAC 50 MCG/0.5ML IM	(\$407)	(\$569)	(\$732)	(\$894)
90471		IMMUNIZATION ADMIN	\$11,838	\$11,031	\$10,225	\$9,418
91320		SARSCV2 VAC 30MCG TRS-SUC IM	(\$267)	(\$373)	(\$480)	(\$586)
90671		PCV15 VACCINE IM	\$0	(\$142)	(\$285)	(\$427)
90651		9VHPV VACCINE 2/3 DOSE IM	\$0	(\$62)	(\$124)	(\$185)
90686		IIV4 VACC NO PRSV 0.5 ML IM	\$0	(\$56)	(\$113)	(\$170)
90750		HZV VACC RECOMBINANT IM	\$58	\$18	(\$21)	(\$61)
90619		MENACWY-TT VACCINE IM	\$58	\$14	(\$31)	(\$76)