

Medicaid Rate Review*

January 2026

Rate Review Model Parameters:

- Medicaid fee-for-service (FFS) and managed care (MCO) paid claims with dates of service July 1, 2024, through June 30, 2025.
- Claims submitted on the CMS-1500 claim form for Medical Services and Dental claim form for dentist services.
- Estimated state share calculated using state fiscal year (SFY) 2026 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 are 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, 2025, 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 dentists was the Medicaid rates for the following surrounding states: Illinois, Kansas, Minnesota, Missouri, and Nebraska, where rates are available online.
- Due to difference in reimbursement methodology, orthodontia services were excluded from the dentist's analysis.
- July 2025 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, 2025, legislative increases were applied to fee schedules for affected provider types.
- Provider types that receive rate updates based on cost reports or scheduled rebase periods are not included in the analysis.

*The rate review document is for informational purposes only.

Provider Reimbursement Rates Not Regularly Adjusted By Iowa Code or Iowa Administrative Code

| Provider Type | Provider Type Description | Total Payment Change at 100% of CY 2025 Modeled Benchmark Payments | Total Payment Change at 95% of CY 2025 Modeled Benchmark Payments | Total Payment Change at 90% of CY 2025 Modeled Benchmark Payments | Total Payment Change at 85% of CY 2025 Modeled Benchmark Payments | State Share of Change at 100% of CY 2025 Modeled Benchmark Payments | State Share of Change at 95% of CY 2025 Modeled Benchmark Payments | State Share of Change at 90% of CY 2025 Modeled Benchmark Payments | State Share of Change at 85% of CY 2025 Modeled Benchmark Payments | SFY 2025 Iowa Medicaid Payments as a Percentage of 100% of CY 2025 Benchmark Rate |
|---------------|---|--|---|---|---|---|--|--|--|---|
| 02 | Physician MD | \$ 40,412,185 | \$ 17,424,285 | \$ (5,559,700) | \$ (28,552,204) | \$ 12,179,227 | \$ 6,084,767 | \$ (8,744) | \$ (6,104,225) | 91% |
| 03 | Physician DO | \$ 1,951,732 | \$ 1,515,727 | \$ 1,080,078 | \$ 643,906 | \$ 542,265 | \$ 423,486 | \$ 304,803 | \$ 185,993 | 78% |
| 04 | Dentist (excludes Orthodontic services) | \$ 19,163,335 | \$ 15,509,880 | \$ 11,859,089 | \$ 8,205,499 | \$ 5,803,969 | \$ 4,729,170 | \$ 3,655,231 | \$ 2,580,403 | 74% |
| 05 | Podiatrist | \$ 1,184,260 | \$ 988,258 | \$ 792,190 | \$ 596,159 | \$ 310,975 | \$ 260,306 | \$ 209,619 | \$ 158,941 | 70% |
| 06 | Optometrist | \$ 8,676,875 | \$ 7,676,761 | \$ 6,675,722 | \$ 5,675,571 | \$ 2,774,749 | \$ 2,469,005 | \$ 2,162,969 | \$ 1,857,215 | 57% |
| 07 | Optician | \$ 1,964,346 | \$ 1,825,047 | \$ 1,685,607 | \$ 1,546,307 | \$ 656,130 | \$ 609,675 | \$ 563,172 | \$ 516,716 | 30% |
| 08 | Pharmacy (medical supplies only) | \$ 1,916,497 | \$ 449,438 | \$ (1,026,095) | \$ (2,493,151) | \$ 535,064 | \$ 99,011 | \$ (339,351) | \$ (775,435) | 93% |
| 10 | Independent Lab | \$ 1,605,815 | \$ 34,659 | \$ (1,538,428) | \$ (3,109,709) | \$ 424,946 | \$ 9,343 | \$ (406,765) | \$ (822,412) | 95% |
| 12 | Medical Supplies | \$ 2,229,690 | \$ (633,056) | \$ (3,498,445) | \$ (6,363,054) | \$ 527,049 | \$ (283,653) | \$ (1,095,399) | \$ (1,906,581) | 96% |
| 14 | Clinic | \$ 1,057,132 | \$ 894,124 | \$ 730,796 | \$ 567,543 | \$ 315,470 | \$ 269,613 | \$ 223,649 | \$ 177,719 | 68% |
| 15 | Physical Therapist | \$ 759,877 | \$ 339,336 | \$ (82,852) | \$ (503,368) | \$ 206,231 | \$ 101,438 | \$ (3,778) | \$ (108,563) | 91% |
| 16 | Chiropractor | \$ 931,676 | \$ 427,019 | \$ (77,762) | \$ (581,917) | \$ 229,004 | \$ 103,433 | \$ (22,167) | \$ (147,597) | 91% |
| 17 | Audiologist | \$ 12,032 | \$ 5,033 | \$ (1,974) | \$ (8,972) | \$ 3,490 | \$ 1,326 | \$ (841) | \$ (3,005) | 91% |
| 19 | Rehab Agency | \$ 12,314 | \$ (1,064,467) | \$ (2,141,359) | \$ (3,218,101) | \$ (20,023) | \$ (402,333) | \$ (784,643) | \$ (1,166,943) | 100% |
| 21 | Community Mental Health Center | \$ (2,479,579) | \$ (3,704,525) | \$ (4,929,665) | \$ (6,155,220) | \$ (649,170) | \$ (988,304) | \$ (1,327,489) | \$ (1,666,813) | 110% |
| 22 | Family Planning | \$ 252,220 | \$ 175,657 | \$ 99,085 | \$ 22,498 | \$ 76,793 | \$ 51,582 | \$ 26,370 | \$ 1,154 | 83% |
| 29 | Psychologist | \$ 404,565 | \$ 169,787 | \$ (65,099) | \$ (299,970) | \$ 95,507 | \$ 31,353 | \$ (32,828) | \$ (97,008) | 91% |
| 30 | Screening Center | \$ 373,111 | \$ 272,674 | \$ 172,137 | \$ 71,713 | \$ 133,418 | \$ 97,023 | \$ 60,590 | \$ 24,199 | 81% |
| 31 | Hearing Aid Dealer | \$ (308,249) | \$ (319,620) | \$ (331,133) | \$ (342,469) | \$ (105,640) | \$ (109,541) | \$ (113,492) | \$ (117,381) | 235% |
| 32 | Occupational Therapist | \$ 147,973 | \$ 87,718 | \$ 27,192 | \$ (33,054) | \$ 50,014 | \$ 32,143 | \$ 14,189 | \$ (3,679) | 88% |
| 35 | Maternal Health Center | \$ 642 | \$ (2,217) | \$ (5,110) | \$ (7,969) | \$ 192 | \$ (750) | \$ (1,703) | \$ (2,644) | 99% |
| 36 | Ambulatory Surgical Center | \$ 6,616,908 | \$ 5,939,853 | \$ 5,262,766 | \$ 4,585,675 | \$ 1,663,723 | \$ 1,498,443 | \$ 1,333,155 | \$ 1,167,867 | 51% |
| 38 | Certified Nurse Midwife | \$ 15,238 | \$ 10,768 | \$ 6,297 | \$ 1,825 | \$ 5,380 | \$ 3,808 | \$ 2,236 | \$ 663 | 83% |
| 44 | CRNA | \$ 420,770 | \$ 247,036 | \$ 71,431 | \$ (102,296) | \$ 73,307 | \$ 43,610 | \$ 13,605 | \$ (16,091) | 88% |
| 48 | Clinical Social Worker | \$ (1,139,675) | \$ (1,411,673) | \$ (1,683,389) | \$ (1,955,391) | \$ (332,644) | \$ (406,643) | \$ (480,553) | \$ (554,553) | 121% |
| 50 | Nurse Practitioner | \$ 3,754,592 | \$ 2,650,652 | \$ 1,546,231 | \$ 441,749 | \$ 981,204 | \$ 695,484 | \$ 409,626 | \$ 123,782 | 83% |
| 62 | Behavioral Health | \$ 4,917,228 | \$ 1,686,761 | \$ (1,520,628) | \$ (4,752,923) | \$ 1,234,314 | \$ 380,206 | \$ (469,381) | \$ (1,324,029) | 92% |
| 68 | Physician Assistant | \$ 881,154 | \$ 622,703 | \$ 364,104 | \$ 105,599 | \$ 235,130 | \$ 167,993 | \$ 100,807 | \$ 33,636 | 83% |
| 69 | Independent Speech | \$ 5,252 | \$ (52,755) | \$ (110,622) | \$ (168,629) | \$ 1,988 | \$ (19,063) | \$ (40,063) | \$ (61,115) | 100% |
| 72 | Public Health Agencies | \$ 23,393 | \$ 12,191 | \$ 977 | \$ (10,174) | \$ 7,192 | \$ 3,556 | \$ (84) | \$ (3,701) | 90% |
| 80 | Crisis Response Services | \$ 15,738 | \$ 12,801 | \$ 9,868 | \$ 6,931 | \$ 2,843 | \$ 2,311 | \$ 1,779 | \$ 1,246 | 73% |
| 82 | Pharmacist | \$ 104 | \$ 38 | \$ (27) | \$ (93) | \$ 31 | \$ 11 | \$ (8) | \$ (27) | 92% |
| | | \$ 95,779,152 | \$ 51,789,894 | \$ 7,811,283 | \$ (36,187,688) | \$ 27,962,130 | \$ 15,957,809 | \$ 3,954,511 | \$ (8,052,267) | |

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 |
|--|---|---|---|--|
| \$12,179,227 | \$6,084,767 | \$(8,744) | \$(6,104,225) | 91% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|--------------------------------|--|---|---|---|--|
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$4,137,994 | \$3,662,707 | \$3,186,794 | \$2,711,507 | 56% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$5,768,377 | \$5,171,452 | \$4,574,528 | \$3,977,879 | 52% |
| 99284 | | EMERGENCY DEPT VISIT MOD MDM | \$724,780 | \$512,224 | \$300,056 | \$87,500 | 83% |
| 99285 | | EMERGENCY DEPT VISIT HI MDM | \$257,935 | \$129,533 | \$969 | \$(127,433) | 90% |
| 99204 | | OFFICE O/P NEW MOD 45 MIN | \$533,976 | \$418,392 | \$302,918 | \$187,333 | 77% |
| 59400 | | OBSTETRICAL CARE | \$1,084,354 | \$930,417 | \$776,466 | \$622,529 | 65% |
| J9271 | | INJECTION; PEMBROLIZUMAB; 1 MG | \$79,388 | \$10,982 | \$(57,425) | \$(125,602) | 94% |
| 99203 | | OFFICE O/P NEW LOW 30 MIN | \$390,842 | \$294,481 | \$197,921 | \$101,560 | 80% |
| 99472 | | PED CRITICAL CARE SUBSQ | \$(47,992) | \$(138,321) | \$(228,600) | \$(318,929) | 103% |
| 99232 | | SBSQ HOSP IP/OBS MODERATE 35 | \$475,576 | \$391,294 | \$307,011 | \$222,496 | 72% |

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 |
|--|---|---|---|--|
| \$542,265 | \$423,486 | \$304,803 | \$185,993 | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|------------------------------|--|---|---|---|--|
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$158,101 | \$141,691 | \$125,282 | \$108,872 | 52% |
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$66,596 | \$58,886 | \$51,163 | \$43,454 | 57% |
| 99285 | | EMERGENCY DEPT VISIT HI MDM | \$11,848 | \$5,950 | \$45 | \$(5,854) | 90% |
| 99284 | | EMERGENCY DEPT VISIT MOD MDM | \$23,691 | \$16,743 | \$9,808 | \$2,860 | 83% |
| 59400 | | OBSTETRICAL CARE | \$55,400 | \$47,535 | \$39,670 | \$31,805 | 65% |
| 59510 | | CESAREAN DELIVERY | \$29,108 | \$24,729 | \$20,350 | \$15,972 | 67% |
| 99203 | | OFFICE O/P NEW LOW 30 MIN | \$9,568 | \$7,191 | \$4,808 | \$2,431 | 80% |
| J7307 | | ETONOGESTREL IMPLANT SYS | \$1,802 | \$(58) | \$(1,917) | \$(3,777) | 95% |
| 95165 | | ANTIGEN THERAPY SERVICES | \$16,419 | \$14,129 | \$11,876 | \$9,586 | 64% |
| 99309 | | SBSQ NF CARE MODERATE MDM 30 | \$18,324 | \$15,496 | \$12,669 | \$9,842 | 68% |

Provider Type 04 – Dentist

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 |
|--|---|---|---|--|
| \$5,803,969 | \$4,729,170 | \$3,655,231 | \$2,580,403 | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|------------------------------|--|---|---|---|--|
| D7140 | | EXTRACTION ERUPTED TOOTH/EXR | \$412,444 | \$354,899 | \$297,290 | \$239,681 | 64% |
| D2740 | | CROWN PORCELAIN/CERAMIC | \$(177,298) | \$(207,449) | \$(237,595) | \$(267,740) | 129% |
| D1110 | | DENTAL PROPHYLAXIS ADULT | \$211,141 | \$156,371 | \$101,599 | \$46,828 | 81% |
| D7240 | | IMPACT TOOTH REMOV COMP BONY | \$2,382 | \$(27,738) | \$(57,820) | \$(87,930) | 100% |
| D2930 | | PREFAB STNLSS STEEL CRWN PRI | \$227,879 | \$168,477 | \$109,074 | \$49,672 | 81% |
| D2392 | | POST 2 SRFC RESINBASED CMPST | \$314,925 | \$258,718 | \$202,545 | \$146,372 | 72% |
| D0120 | | PERIODIC ORAL EVALUATION | \$728,335 | \$652,104 | \$576,054 | \$500,005 | 52% |
| D7210 | | REM IMP TOOTH W MUCOPER FLP | \$130,981 | \$97,948 | \$64,954 | \$31,905 | 80% |
| D1120 | | DENTAL PROPHYLAXIS CHILD | \$347,391 | \$285,490 | \$223,920 | \$162,043 | 72% |
| D1206 | | TOPICAL FLUORIDE VARNISH | \$442,069 | \$386,504 | \$331,176 | \$275,453 | 60% |

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 |
|--|---|---|---|--|
| \$310,975 | \$260,306 | \$209,619 | \$158,941 | 70% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$82,871 | \$74,280 | \$65,688 | \$57,098 | 52% |
| 99203 | | OFFICE O/P NEW LOW 30 MIN | \$14,480 | \$10,868 | \$7,249 | \$3,637 | 80% |
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$34,631 | \$30,632 | \$26,626 | \$22,627 | 57% |
| 11721 | | DEBRIDE NAIL 6 OR MORE | \$4,415 | \$1,640 | \$(1,135) | \$(3,910) | 92% |
| L3000 | | FOOT, INSERT, REMOVABLE, MOLDED | \$38,613 | \$34,728 | \$30,842 | \$26,955 | 50% |
| 99204 | | OFFICE O/P NEW MOD 45 MIN | \$10,738 | \$8,403 | \$6,071 | \$3,736 | 77% |
| 11750 | | REMOVAL OF NAIL BED | \$4,241 | \$2,269 | \$295 | \$(1,677) | 89% |
| 11042 | | DEB SUBQ TISSUE 20 SQ CM/< | \$9,635 | \$8,434 | \$7,232 | \$6,032 | 60% |
| L4361 | | WALKING BOOT,PNEUMATIC AND/OR V | \$5,248 | \$4,194 | \$3,141 | \$2,087 | 75% |
| 73630 | | RADIOLOGIC EXAMINATION,FOOT;CO | \$1,859 | \$1,154 | \$454 | \$(250) | 87% |

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 |
|--|---|---|---|--|
| \$2,774,749 | \$2,469,005 | \$2,162,969 | \$1,857,215 | 57% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------------|--|---|---|---|--|
| 92014 | | EYE EXAM&TX ESTAB PT 1/>VST | \$553,882 | \$480,940 | \$407,870 | \$334,928 | 62% |
| 92004 | | EYE EXAM NEW PATIENT | \$303,838 | \$250,117 | \$196,317 | \$142,595 | 72% |
| V2020 | | FRAMES, PURCHASE | \$745,800 | \$691,340 | \$636,742 | \$582,282 | 32% |
| 92015 | | DETERMINE REFRACTIVE STATE | \$29,932 | \$19,643 | \$9,354 | \$(936) | 85% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$84,931 | \$76,117 | \$67,302 | \$58,489 | 52% |
| 92012 | | EYE EXAM ESTABLISH PATIENT | \$65,567 | \$57,199 | \$48,851 | \$40,482 | 61% |
| 92250 | | FUNDUS PHOTOGRAPHY W/INTERPRE | \$(39,483) | \$(42,596) | \$(45,690) | \$(48,803) | 164% |
| V2103 | | SPHEROCYLINDER, SINGLE VISION, PL | \$249,809 | \$231,647 | \$213,486 | \$195,324 | 31% |
| V2100 | | SPHERE, SINGLE VISION, PLANO TO P | \$298,573 | \$278,093 | \$257,613 | \$237,133 | 27% |
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$47,838 | \$42,303 | \$36,759 | \$31,224 | 57% |

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 |
|--|---|---|---|--|
| \$656,130 | \$609,675 | \$563,172 | \$516,716 | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------------|--|---|---|---|--|
| V2020 | | FRAMES, PURCHASE | \$268,674 | \$249,055 | \$229,386 | \$209,767 | 32% |
| V2103 | | SPHEROCYLINDER, SINGLE VISION, PL | \$129,863 | \$120,422 | \$110,981 | \$101,539 | 31% |
| V2100 | | SPHERE, SINGLE VISION, PLANO TO P | \$52,148 | \$48,571 | \$44,994 | \$41,417 | 27% |
| V2203 | | SPHEROCYLINDER, BIFOCAL, PLANO T | \$32,257 | \$29,971 | \$27,692 | \$25,406 | 29% |
| V2104 | | SPHEROCYLINDER, SINGLE VISION, PL | \$33,800 | \$31,446 | \$29,092 | \$26,738 | 28% |
| V2784 | | LENS POLYCARBONATE ANY INDEX PE | \$58,751 | \$55,286 | \$51,809 | \$48,343 | 15% |
| V2107 | | SPHEROCYLINDER, SINGLE VISION, PL | \$24,547 | \$22,918 | \$21,296 | \$19,667 | 25% |
| V2200 | | SPHERE, BIFOCAL, PLANO TO PLUS | \$9,469 | \$8,802 | \$8,135 | \$7,468 | 29% |
| V2108 | | SPHEROCYLINDER, SINGLE VISION, PL | \$8,774 | \$8,199 | \$7,624 | \$7,048 | 24% |
| V2105 | | SPHEROCYLINDER, SINGLE VISION, PL | \$7,043 | \$6,568 | \$6,093 | \$5,618 | 26% |

Provider Type 08 – Pharmacy

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 |
|--|---|---|---|--|
| \$535,064 | \$99,011 | \$(339,351) | \$(775,435) | 93% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------------|--|---|---|---|--|
| J1429 | | INJECTION, GOLODIRSEN, 10 MG | \$572 | \$(65,737) | \$(131,965) | \$(198,274) | 100% |
| S0013 | | ESKETAMINE, NASAL SPRAY, 1 MG | \$33,940 | \$11,414 | \$(11,414) | \$(33,940) | 93% |
| J1428 | | INJECTION, ETEPLIRSEN, 10 MG | \$301 | \$(34,616) | \$(69,489) | \$(104,406) | 100% |
| J1458 | | GALSULFASE INJECTION | \$69,767 | \$35,056 | \$344 | \$(34,367) | 90% |
| J1427 | | INJECTION, VILTOLARSEN, 10 MG | \$204 | \$(19,256) | \$(38,649) | \$(58,109) | 100% |
| J3380 | | INJ VEDOLIZUMAB IV 1 MG | \$27,870 | \$16,889 | \$5,908 | \$(5,074) | 87% |
| J0584 | | INJECTION, BUROSUMAB-TWZA 1 MG | \$21,255 | \$7,224 | \$(6,807) | \$(20,838) | 92% |
| A4253 | NU | BLOOD GLUCOSE STRIPS/50 | \$(139,070) | \$(143,743) | \$(148,304) | \$(152,977) | 250% |
| J0741 | | INJECTION, CABOTEGRAVIR AND RILPI | \$7,034 | \$404 | \$(6,169) | \$(12,800) | 95% |
| A4222 | | SUPPLIES FOR EXTERNAL DRUG PUM | \$39,551 | \$28,388 | \$17,181 | \$6,018 | 82% |

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 |
|--|---|---|---|--|
| \$424,946 | \$9,343 | \$(406,765) | \$(822,412) | 95% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|------------------------------------|--|---|---|---|--|
| 81420 | | TEST FOR DETECTING GENES ASSOCI | \$76,108 | \$- | \$(76,108) | \$(152,237) | 95% |
| 81416 | | TEST FOR DETECTING GENES ASSOCI | \$42,299 | \$- | \$(42,299) | \$(84,597) | 95% |
| G0480 | | DRUG TEST(S); UTILIZING DRUG IDENT | \$28,441 | \$- | \$(28,441) | \$(56,882) | 95% |
| 80307 | | TESTING FOR PRESENCE OF DRUG | \$23,599 | \$- | \$(23,523) | \$(47,122) | 95% |
| 81220 | | CFTR GENE ANALYSIS; COMMON VARI | \$22,337 | \$- | \$(22,337) | \$(44,674) | 95% |
| 81528 | | GENE ANALYSIS (COLORECTAL CANC | \$8,803 | \$- | \$(8,806) | \$(17,609) | 95% |
| 87798 | | INFECTIOUS AGENT DETECTION;NOS; | \$21,040 | \$- | \$(21,160) | \$(42,201) | 95% |
| 87491 | | CHLMYD TRACH DNA AMP PROBE | \$9,872 | \$- | \$(9,929) | \$(19,801) | 95% |
| 87591 | | INFECTIOUS AGENT DETECTION; NEIS | \$9,849 | \$- | \$(9,905) | \$(19,754) | 95% |
| 81415 | | TEST FOR DETECTING GENES ASSOCI | \$15,893 | \$- | \$(15,893) | \$(31,787) | 95% |

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 |
|--|---|---|---|--|
| \$527,049 | \$(283,653) | \$(1,095,399) | \$(1,906,581) | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|----------------------------------|--|---|---|---|--|
| A4239 | | NON-ADJU CGM SUPPLY ALLOW | \$94,926 | \$30,390 | \$(34,098) | \$(98,634) | 93% |
| E2510 | NU | SPEECH DEVICE MULT. METHODS SPE | \$357,015 | \$242,695 | \$128,375 | \$14,057 | 84% |
| E1390 | RR | OXYGEN CONCENTRATOR | \$(318,043) | \$(361,253) | \$(404,463) | \$(447,673) | 137% |
| A4239 | NU | NON-ADJU CGM SUPPLY ALLOW | \$38,854 | \$12,439 | \$(13,957) | \$(40,372) | 93% |
| E0601 | RR | NASAL CONTINOUS AIRWAY PRESSUR | \$(140,971) | \$(155,433) | \$(169,854) | \$(184,316) | 149% |
| A7030 | NU | FULL MASK USED WITH POSITIVE AIR | \$(73,355) | \$(86,274) | \$(99,192) | \$(112,110) | 128% |
| B4035 | | ENTERAL FEEDING SUPPLY KIT; PUMP | \$(60,790) | \$(80,613) | \$(99,995) | \$(119,818) | 115% |
| K0606 | RR | AUTOMATED EXTERNAL DIFIBRILLATO | \$97,783 | \$82,024 | \$66,267 | \$50,509 | 69% |
| A7031 | NU | FACE MASK INTERFACE REPLACEMEN | \$(45,236) | \$(53,829) | \$(62,455) | \$(71,048) | 126% |
| E0466 | RR | HOME VENTILATOR; ANY TYPE; USED | \$96,077 | \$75,848 | \$55,619 | \$35,394 | 76% |

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 |
|--|---|---|---|--|
| \$315,470 | \$269,613 | \$223,649 | \$177,719 | 68% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------------|--|---|---|---|--|
| 90945 | | DIALYSIS ONE EVALUATION | \$40,716 | \$34,152 | \$27,589 | \$21,025 | 69% |
| J1644 | | INJ HEPARIN SODIUM PER 1000U | \$53 | \$26 | \$(13) | \$(40) | 91% |
| 90935 | | HEMODIALYSIS ONE EVALUATION | \$(14,099) | \$(14,840) | \$(15,580) | \$(16,320) | 195% |
| J0604 | | CINACALCET, ORAL, 1 MG, (FOR ESRD | \$(240) | \$(240) | \$(240) | \$(240) | 150% |
| Q4081 | | EPOETIN ALFA, 100 UNITS ESRD | \$4,106 | \$3,194 | \$2,167 | \$1,255 | 79% |
| J0606 | | INJECTION, ETELCALCETIDE, 0.1 MG | \$492 | \$227 | \$(38) | \$(303) | 91% |
| J1756 | | INJECTION IRON SUCROSE 1MG | \$109 | \$(55) | \$(218) | \$(437) | 97% |
| J2405 | | ONDANSETRON HCL INJECTION, PER 1 | \$- | \$(1) | \$(2) | \$(3) | 100% |
| J2501 | | INJECTION PARICALCITROL 1MCG | \$- | \$(8) | \$(16) | \$(24) | 100% |
| J1270 | | DOXERCALICIFEROL 1 MCG. | \$- | \$(2) | \$(5) | \$(7) | 100% |

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 |
|--|---|---|---|--|
| \$206,231 | \$101,438 | \$(3,778) | \$(108,563) | 91% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------|--|---|---|---|--|
| 97110 | | THERAPEUTIC EXERCISES | \$28,492 | \$6,439 | \$(15,614) | \$(37,668) | 94% |
| 97530 | | THERAPEUTIC ACTIVITIES | \$138,962 | \$108,599 | \$78,050 | \$47,687 | 77% |
| 97112 | | NEUROMUSCULAR REEDUCATION | \$57,230 | \$33,846 | \$10,308 | \$(13,077) | 88% |
| 97140 | | MANUAL THERAPY 1/> REGIONS | \$(31,961) | \$(45,133) | \$(58,407) | \$(71,580) | 112% |
| 97162 | | PT EVAL MOD COMPLEX 30 MIN | \$6,256 | \$1,798 | \$(2,659) | \$(7,116) | 93% |
| 97161 | | PT EVAL LOW COMPLEX 20 MIN | \$5,015 | \$1,442 | \$(2,132) | \$(5,705) | 93% |
| 97164 | | PT RE-EVAL EST PLAN CARE | \$2,938 | \$1,217 | \$(499) | \$(2,219) | 91% |
| 97535 | | SELF CARE MNGMENT TRAINING | \$1,920 | \$885 | \$(150) | \$(1,178) | 91% |
| 97113 | | AQUATIC THERAPY/EXERCISES | \$3,534 | \$2,565 | \$1,596 | \$627 | 82% |
| 97163 | | PT EVAL HIGH COMPLEX 45 MIN | \$1,063 | \$306 | \$(452) | \$(1,210) | 93% |

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 |
|--|---|---|---|--|
| \$229,003 | \$103,433 | \$(22,167) | \$(147,597) | 91% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|----------------------------------|--|---|---|---|--|
| 98941 | | CHIROPRACT MANJ 3-4 REGIONS | \$210,614 | \$116,042 | \$21,470 | \$(73,101) | 89% |
| 98940 | | CHIROPRACTIC MANIPULATIVE TREAT | \$5,213 | \$(12,681) | \$(30,574) | \$(48,327) | 99% |
| 98943 | | CHIROPRACT MANJ XTRSPINL 1/> | \$(767) | \$(4,880) | \$(8,994) | \$(13,107) | 101% |
| 72100 | | X-RAY EXAM L-S SPINE 2/3 VWS | \$2,732 | \$338 | \$(2,069) | \$(4,463) | 94% |
| 98942 | | CHIROPRACTIC MANIPULATIVE TREAT | \$7,033 | \$4,341 | \$1,649 | \$(1,043) | 87% |
| 72040 | | X-RAY EXAM NECK SPINE 2-3 VW | \$4,679 | \$2,749 | \$807 | \$(1,123) | 88% |
| 72070 | | RADIOLOGIC EXAMINATION, SPINE;TH | \$(2,113) | \$(3,055) | \$(4,002) | \$(4,944) | 111% |
| 72082 | | X-RAY EXAM ENTIRE SPI 2/3 VW | \$1,191 | \$734 | \$278 | \$(179) | 87% |
| 72083 | | X-RAY EXAM ENTIRE SPI 4/5 VW | \$117 | \$(47) | \$(211) | \$(376) | 96% |
| 72084 | | X-RAY EXAM ENTIRE SPI 6/> VW | \$77 | \$(51) | \$(179) | \$(308) | 97% |

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 |
|--|---|---|---|--|
| \$3,490 | \$1,326 | \$(841) | \$(3,005) | 91% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 92557 | | COMPREHENSIVE HEARING TEST | \$(1,553) | \$(1,876) | \$(2,199) | \$(2,522) | 124% |
| 92567 | | TYMPANOMETRY | \$(1,884) | \$(2,260) | \$(2,636) | \$(3,012) | 125% |
| 92587 | | EVOKED OTOACOUSTIC EMISSIONS, | \$(3,831) | \$(3,947) | \$(4,064) | \$(4,179) | 265% |
| L7368 | | LITHIUM ION BATTERY CHARGER,REP | \$2,091 | \$1,757 | \$1,423 | \$1,090 | 69% |
| 92579 | | VISUAL AUDIOMETRY (VRA) | \$1,595 | \$1,388 | \$1,180 | \$973 | 62% |
| 92552 | | PURE TONE AUDIOMETRY AIR | \$2,548 | \$2,321 | \$2,093 | \$1,866 | 44% |
| 92555 | | SPEECH THRESHOLD AUDIOMETRY | \$1,746 | \$1,572 | \$1,400 | \$1,226 | 50% |
| 92553 | | AUDIOMETRY AIR & BONE | \$1,230 | \$1,098 | \$966 | \$835 | 53% |
| 92556 | | SPEECH AUDIOMETRY COMPLETE | \$711 | \$643 | \$575 | \$507 | 48% |
| 92652 | | AUDITORY EVOKED POTENTIALS; FOR | \$(76) | \$(121) | \$(167) | \$(213) | 108% |

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 |
|--|---|---|---|--|
| \$(20,023) | \$(402,333) | \$(784,643) | \$(1,166,943) | 100% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|--------------------------------|--|---|---|---|--|
| 92507 | GN | TREATMENT OF SPEECH, LANGUAGE, | \$(295,474) | \$(523,592) | \$(751,075) | \$(979,193) | 106% |
| 97530 | | THERAPEUTIC ACTIVITIES | \$107,184 | \$13,254 | \$(81,252) | \$(175,183) | 94% |
| 97112 | | NEUROMUSCULAR REEDUCATION | \$47,265 | \$31,440 | \$15,512 | \$(312) | 85% |
| 97110 | | THERAPEUTIC EXERCISES | \$14,624 | \$6,674 | \$(1,277) | \$(9,227) | 91% |
| 92526 | GN | ORAL FUNCTION THERAPY | \$13,856 | \$7,285 | \$732 | \$(5,838) | 89% |
| 97535 | | SELF CARE MNGMENT TRAINING | \$2,910 | \$1,105 | \$(701) | \$(2,495) | 92% |
| 92526 | | ORAL FUNCTION THERAPY | \$8,704 | \$4,577 | \$460 | \$(3,668) | 89% |
| 97140 | | MANUAL THERAPY 1/> REGIONS | \$4,159 | \$2,087 | \$- | \$(2,071) | 90% |
| 97116 | | GAIT TRAINING THERAPY | \$3,285 | \$2,513 | \$1,741 | \$969 | 79% |
| 92523 | GN | EVAL OF SPEECH SOUND PROD W/EV | \$25,618 | \$18,485 | \$11,352 | \$4,218 | 82% |

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 |
|--|---|---|---|--|
| \$(649,170) | \$(988,304) | \$(1,327,489) | \$(1,666,813) | 110% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 90834 | HO | PSYCHOTHERAPY, 45 MINUTES WITH | \$(397,712) | \$(531,245) | \$(664,694) | \$(798,416) | 115% |
| 99214 | SA | OFFICE O/P EST MOD 30 MIN | \$196,320 | \$153,457 | \$110,545 | \$67,682 | 77% |
| 90837 | HO | PSYTX W PT 60 MINUTES | \$58,612 | \$20,105 | \$(18,456) | \$(56,963) | 93% |
| 90791 | HO | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$8,127 | \$(13,779) | \$(35,676) | \$(57,583) | 98% |
| 96127 | | BRIEF EMOTIONAL/BEHAV ASSMT | \$(329,294) | \$(330,400) | \$(331,506) | \$(332,612) | 1592% |
| 99214 | AF | OFFICE O/P EST MOD 30 MIN | \$(29,472) | \$(46,270) | \$(63,092) | \$(79,890) | 109% |
| 90832 | HO | PSYCHOTHERAPY, 30 MINUTES WITH | \$23,857 | \$6,016 | \$(11,844) | \$(29,685) | 93% |
| 90792 | SA | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$(48,701) | \$(56,339) | \$(63,972) | \$(71,609) | 132% |
| 90834 | U1 | PSYCHOTHERAPY, 45 MINUTES WITH | \$(11,886) | \$(16,117) | \$(20,343) | \$(24,578) | 115% |
| 99214 | U2 | OFFICE O/P EST MOD 30 MIN | \$32,759 | \$25,591 | \$18,415 | \$11,248 | 77% |

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 |
|--|---|---|---|--|
| \$76,793 | \$51,582 | \$26,370 | \$1,154 | 84% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|----------------------------------|--|---|---|---|--|
| J7307 | | ETONOGESTREL IMPLANT SYS,IMPLA | \$6,218 | \$(199) | \$(6,615) | \$(13,031.76) | 95% |
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$16,557 | \$14,497 | \$12,433 | \$10,372.42 | 60% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$19,866 | \$17,679 | \$15,493 | \$13,306.69 | 55% |
| J7298 | | LEVONORGESTREL-RELEASING INTRA | \$3,027 | \$1,406 | \$(215) | \$(1,836.04) | 91% |
| S4993 | | CONTRACEPTIVE PILLS FOR BIRTH CO | \$9,437 | \$7,172 | \$4,907 | \$2,642.46 | 79% |
| 99204 | | OFFICE O/P NEW MOD 45 MIN | \$2,676 | \$1,967 | \$1,260 | \$551.78 | 81% |
| 99203 | | OFFICE O/P NEW LOW 30 MIN | \$2,221 | \$1,517 | \$811 | \$106.76 | 84% |
| 99395 | | PREV VISIT EST AGE 18-39 | \$2,757 | \$1,750 | \$745 | \$(261.02) | 86% |
| 87806 | | HIV AG W/HIV1&2 ANTB W/OPTIC | \$3,395 | \$2,923 | \$2,450 | \$1,977.20 | 64% |
| J7295 | | ETHINYL ESTRADIOL AND ETONOGES | \$(2,153) | \$(3,008) | \$(3,862) | \$(4,716.98) | 113% |

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 |
|--|---|---|---|--|
| \$95,507 | \$31,353 | \$(32,828) | \$(97,008) | 91% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 90837 | HO | PSYTX W PT 60 MINUTES | \$67,041 | \$50,806 | \$34,550 | \$18,315 | 79% |
| 90834 | HO | PSYCHOTHERAPY, 45 MINUTES WITH | \$(11,694) | \$(20,255) | \$(28,815) | \$(37,393) | 107% |
| 90837 | HP | PSYTX W PT 60 MINUTES | \$15,346 | \$8,029 | \$701 | \$(6,616) | 90% |
| 90791 | HP | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$(9,799) | \$(14,356) | \$(18,908) | \$(23,465) | 111% |
| 90834 | HP | PSYCHOTHERAPY, 45 MINUTES WITH | \$(14,465) | \$(18,024) | \$(21,583) | \$(25,149) | 120% |
| 90837 | | PSYTX W PT 60 MINUTES | \$8,807 | \$5,998 | \$3,184 | \$375 | 84% |
| 90791 | HO | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$701 | \$(1,397) | \$(3,491) | \$(5,588) | 98% |
| 90832 | HO | PSYCHOTHERAPY, 30 MINUTES WITH | \$3,773 | \$1,405 | \$(969) | \$(3,337) | 92% |
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$20,085 | \$17,760 | \$15,430 | \$13,104 | 57% |
| 96137 | HP | PSYCL/NRPSYC TST PHY/QHP EA | \$(7,118) | \$(7,990) | \$(8,857) | \$(9,729) | 141% |

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 |
|---|--|--|--|---|
| \$133,418 | \$97,023 | \$60,590 | \$24,199 | 81% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|------------------|------------|-----------------------------------|---|--|--|--|---|
| D0190 | | SCREENING OF A PATIENT | \$7,433 | \$(772) | \$(8,978) | \$(17,183) | 95% |
| D1206 | | FLUORIDE VARNISH | \$134,411 | \$121,113 | \$107,719 | \$94,420 | 50% |
| D1351 | | SEALANT, PER TOOTH | \$72,323 | \$63,666 | \$55,060 | \$46,403 | 58% |
| 96127 | | BRIEF EMOTIONAL/BEHAV ASSMT | \$(68,617) | \$(68,856) | \$(69,094) | \$(69,333) | 1542% |
| 83655 | | LEAD | \$(14,410) | \$(15,475) | \$(16,521) | \$(17,586) | 168% |
| 99211 | | OFF/OP EST MAY X REQ PHY/QHP | \$10,079 | \$8,206 | \$6,333 | \$4,460 | 73% |
| G0451 | | DEVELOPMENT TESTING, WITH I & R | \$(22,634) | \$(22,859) | \$(23,084) | \$(23,309) | 604% |
| 90460 | | IM ADMIN 1ST/ONLY COMPONENT | \$(125) | \$(1,053) | \$(1,982) | \$(2,901) | 101% |
| D1353 | | SEALANT REPAIR - PER TOOTH | \$6,273 | \$5,685 | \$5,095 | \$4,507 | 47% |
| 90461 | | IM ADMIN EACH ADDL COMPONENT | \$(833) | \$(968) | \$(1,103) | \$(1,242) | 131% |

Provider Type 31 – Hearing Aid Dealer

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 |
|--|---|---|---|--|
| \$(105,640) | \$(109,541) | \$(113,492) | \$(117,381) | 235% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|------------------------------|--|---|---|---|--|
| V5261 | | HEARING AID, DIGIT, BIN, BTE | \$(64,508) | \$(66,251) | \$(67,993) | \$(69,735) | 285% |
| V5257 | | HEARING AID, DIGIT, MON, BTE | \$(31,043) | \$(31,486) | \$(31,929) | \$(32,372) | 450% |
| V5160 | | DISPENSING FEE BINAURAL | \$(779) | \$(1,561) | \$(2,342) | \$(3,124) | 105% |
| V5266 | | BATTERY FOR HEARING DEVICE | \$(1,984) | \$(2,433) | \$(2,932) | \$(3,369) | 122% |
| V5241 | | DISPENSING FEE, MONAURAL | \$(348) | \$(577) | \$(806) | \$(1,035) | 108% |
| V5258 | | HEARING AID, DIGIT, BIN, CIC | \$(3,739) | \$(3,817) | \$(3,895) | \$(3,973) | 339% |
| V5260 | | HEARING AID, DIGIT, BIN, ITE | \$(1,861) | \$(1,926) | \$(1,991) | \$(2,056) | 243% |
| V5259 | | HEARING AID, DIGIT, BIN, ITC | \$(1,461) | \$(1,513) | \$(1,565) | \$(1,618) | 240% |
| V5264 | | EAR MOLD/INSERT | \$151 | \$118 | \$84 | \$50 | 78% |
| V5275 | | EAR IMPRESSION | \$(56) | \$(63) | \$(70) | \$(77) | 139% |

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 |
|--|---|---|---|--|
| \$50,014 | \$32,143 | \$14,189 | \$(3,679) | 88% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|------------------------------|--|---|---|---|--|
| 97530 | | THERAPEUTIC ACTIVITIES | \$38,498 | \$29,310 | \$20,066 | \$10,879 | 79% |
| 97112 | | NEUROMUSCULAR REEDUCATION | \$6,922 | \$3,472 | \$- | \$(3,450) | 90% |
| 97110 | | THERAPEUTIC EXERCISES | \$1,613 | \$(360) | \$(2,333) | \$(4,305) | 96% |
| 97140 | | MANUAL THERAPY 1/> REGIONS | \$(2,391) | \$(3,191) | \$(3,996) | \$(4,795) | 115% |
| 97150 | | GROUP THERAPEUTIC PROCEDURES | \$(1,446) | \$(1,720) | \$(1,994) | \$(2,268) | 126% |
| 97113 | | AQUATIC THERAPY/EXERCISES | \$1,458 | \$1,007 | \$556 | \$104 | 84% |
| 97535 | | SELF CARE MNGMENT TRAINING | \$642 | \$182 | \$(279) | \$(736) | 93% |
| 97168 | | OT RE-EVAL EST PLAN CARE | \$635 | \$399 | \$163 | \$(73) | 87% |
| 92526 | GN | ORAL FUNCTION THERAPY | \$1,534 | \$1,262 | \$990 | \$718 | 72% |
| 97166 | | OT EVAL MOD COMPLEX 45 MIN | \$320 | \$156 | \$(8) | \$(172) | 90% |

Provider Type 35 – Maternal 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 |
|--|---|---|---|--|
| \$192 | \$(750) | \$(1,703) | \$(2,644) | 99% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|----------------------------------|--|---|---|---|--|
| D0190 | | SCREENING OF A PATIENT | \$316 | \$(33) | \$(382) | \$(731) | 95% |
| 96160 | | ADMIN & INTERPRETATION OF PATIEN | \$(4,656) | \$(4,765) | \$(4,883) | \$(4,993) | 308% |
| D1206 | | FLUORIDE VARNISH | \$4,512 | \$4,065 | \$3,616 | \$3,169 | 50% |
| G0444 | | DEPRESSION SCREEN ANNUAL | \$13 | \$(1) | \$(16) | \$(31) | 96% |
| G0396 | | ALCOHOL &/OR SUB MISUSE ASSES 15 | \$(14) | \$(25) | \$(36) | \$(47) | 106% |
| G0397 | | ALCOHOL &/OR SUB MISUSE ASSES >3 | \$(7) | \$(11) | \$(14) | \$(18) | 110% |
| D1110 | | ADULT PROPHYLAXIS | \$26 | \$22 | \$18 | \$14 | 67% |
| 99408 | | ALCOHL/SUB ABUSE SCRNM&INTERV,15 | \$(3) | \$(4) | \$(6) | \$(8) | 108% |
| 81025 | | URINE PREGNANCY TEST, BY VISUAL | \$(1) | \$(2) | \$(3) | \$(5) | 104% |
| D1354 | | INT CARIES MED APP PER TOOTH | \$5 | \$5 | \$5 | \$4 | 20% |

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 |
|--|---|---|---|--|
| \$1,663,723 | \$1,498,443 | \$1,333,155 | \$1,167,867 | 51% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|------------------------------|--|---|---|---|--|
| 69436 | | CREATE EARDRUM OPENING | \$57,356 | \$43,088 | \$28,820 | \$14,552 | 80% |
| 43239 | | EGD BIOPSY SINGLE/MULTIPLE | \$16,480 | \$6,950 | \$(2,584) | \$(12,114) | 91% |
| 66984 | | XCAPSL CTRC RMVL W/O ECP | \$18,779 | \$13,164 | \$7,549 | \$1,934 | 83% |
| 45385 | | COLONOSCOPY W/LESION REMOVAL | \$31,710 | \$25,912 | \$20,115 | \$14,315 | 73% |
| 45380 | | COLONOSCOPY AND BIOPSY | \$32,219 | \$26,329 | \$20,438 | \$14,545 | 73% |
| 42820 | | REMOVE TONSILS AND ADENOIDS | \$328,417 | \$306,427 | \$284,437 | \$262,448 | 25% |
| 45378 | | DIAGNOSTIC COLONOSCOPY | \$3,181 | \$551 | \$(2,079) | \$(4,708) | 94% |
| 64721 | | CARPAL TUNNEL SURGERY | \$24,828 | \$22,359 | \$19,890 | \$17,421 | 50% |
| 64635 | | DESTROY LUMB/SAC FACET JNT | \$18,234 | \$16,124 | \$14,014 | \$11,904 | 57% |
| 52356 | | CYSTO/URETERO W/LITHOTRIPSY | \$18,862 | \$16,776 | \$14,689 | \$12,603 | 55% |

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 |
|--|---|---|---|--|
| \$5,380 | \$3,808 | \$2,236 | \$663 | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 59400 | | OBSTETRICAL CARE | \$3,095 | \$2,535 | \$1,974 | \$1,414 | 72% |
| 59410 | | OBSTETRICAL CARE | \$(18) | \$(135) | \$(253) | \$(370) | 101% |
| 59426 | | ANTEPARTUM CARE ONLY | \$956 | \$816 | \$675 | \$534 | 66% |
| 76805 | TC | OB US >= 14 WKS SNGL FETUS | \$(41) | \$(97) | \$(153) | \$(208) | 104% |
| 76816 | TC | OB US FOLLOW-UP PER FETUS | \$479 | \$398 | \$319 | \$238 | 70% |
| 76817 | TC | U/S, PREGNANT UTERUS, TRANSVAGI | \$(79) | \$(130) | \$(181) | \$(231) | 108% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$580 | \$511 | \$442 | \$373 | 58% |
| 99215 | | OFFICE O/P EST HI 40 MIN | \$293 | \$248 | \$202 | \$157 | 68% |
| J7298 | | LEVONORGESTREL-RELEASING INTRA | \$(51) | \$(90) | \$(128) | \$(167) | 107% |
| J7300 | | INTRAUTERINE CONTRACEPTIVE DEVI | \$(87) | \$(123) | \$(160) | \$(196) | 112% |

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 |
|--|---|---|---|--|
| \$73,307 | \$43,610 | \$13,605 | \$(16,091) | 88% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-------------------------------|--|---|---|---|--|
| S0013 | | ESKETAMINE, NASAL SPRAY, 1 MG | \$34,827 | \$11,712 | \$(11,712) | \$(34,827) | 93% |
| 99215 | | OFFICE O/P EST HI 40 MIN | \$13,306 | \$11,621 | \$9,938 | \$8,253 | 60% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$16,397 | \$14,706 | \$13,014 | \$11,325 | 52% |
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$6,424 | \$5,687 | \$4,949 | \$4,211 | 56% |
| 64488 | | TAP BLOCK BI INJECTION | \$(2,137) | \$(2,459) | \$(2,781) | \$(3,103) | 133% |
| 99204 | | OFFICE O/P NEW MOD 45 MIN | \$1,572 | \$1,234 | \$896 | \$557 | 77% |
| 99212 | | OFFICE O/P EST SF 10 MIN | \$1,631 | \$1,423 | \$1,216 | \$1,008 | 61% |
| 27096 | | INJECT SACROILIAC JOINT | \$(1,529) | \$(1,579) | \$(1,629) | \$(1,679) | 253% |
| 62323 | | NJX INTERLAMINAR LMBR/SAC | \$503 | \$355 | \$207 | \$59 | 83% |
| 64415 | | NJX AA&/STRD BRCH PLXS IMG | \$287 | \$159 | \$32 | \$(96) | 89% |

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 |
|---|--|--|--|---|
| \$(332,644) | \$(406,643) | \$(480,553) | \$(554,553) | 121% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|------------------|------------|-----------------------------------|---|--|--|--|---|
| 90837 | HO | PSYTX W PT 60 MINUTES | \$(38,514) | \$(71,600) | \$(104,687) | \$(137,773) | 106% |
| 90834 | HO | PSYCHOTHERAPY, 45 MINUTES WITH | \$(200,663) | \$(224,327) | \$(247,929) | \$(271,593) | 142% |
| 90791 | HO | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$(26,514) | \$(30,772) | \$(35,038) | \$(39,296) | 131% |
| 90837 | | PSYTX W PT 60 MINUTES | \$(8,009) | \$(11,547) | \$(15,086) | \$(18,624) | 111% |
| 90832 | HO | PSYCHOTHERAPY, 30 MINUTES WITH | \$(18,446) | \$(22,512) | \$(26,564) | \$(30,630) | 123% |
| 90847 | HO | FAMILY PSYTX W/PT 50 MIN | \$(18,222) | \$(19,903) | \$(21,580) | \$(23,261) | 154% |
| 90834 | | PSYCHOTHERAPY, 45 MINUTES WITH | \$(2,481) | \$(3,473) | \$(4,462) | \$(5,453) | 113% |
| 90791 | | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$(6,639) | \$(7,008) | \$(7,377) | \$(7,746) | 190% |
| 90846 | HO | FAMILY PSYTX W/O PT 50 MIN | \$(5,616) | \$(6,077) | \$(6,538) | \$(7,001) | 161% |
| 90837 | GT | PSYTX W PT 60 MINUTES | \$(360) | \$(670) | \$(979) | \$(1,289) | 106% |

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 |
|---|--|--|--|---|
| \$981,204 | \$695,484 | \$409,626 | \$123,782 | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|------------------|------------|-----------------------------------|---|--|--|--|---|
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$297,944 | \$263,634 | \$229,281 | \$194,971 | 57% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$308,665 | \$276,765 | \$244,810 | \$212,910 | 52% |
| 99232 | | SBSQ HOSP IP/OBS MODERATE 35 | \$65,562 | \$53,948 | \$42,333 | \$30,719 | 72% |
| 96127 | | BRIEF EMOTIONAL/BEHAV ASSMT | \$(204,011) | \$(204,720) | \$(205,430) | \$(206,139) | 1542% |
| 99204 | | OFFICE O/P NEW MOD 45 MIN | \$39,828 | \$31,172 | \$22,516 | \$13,860 | 77% |
| J3241 | | INJECTION, TEPROTUMUMAB-TRBW, 1 | \$(3,545) | \$(6,108) | \$(8,672) | \$(11,235) | 107% |
| 99203 | | OFFICE O/P NEW LOW 30 MIN | \$32,365 | \$24,335 | \$16,308 | \$8,278 | 80% |
| 90837 | HO | PSYTX W PT 60 MINUTES | \$8,556 | \$1,968 | \$(4,620) | \$(11,208) | 94% |
| 59400 | | OBSTETRICAL CARE | \$76,970 | \$66,043 | \$55,116 | \$44,188 | 65% |
| 99223 | | 1ST HOSP IP/OBS HIGH 75 | \$8,662 | \$4,036 | \$(591) | \$(5,225) | 91% |

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 |
|--|---|---|---|--|
| \$1,234,314 | \$380,206 | \$(469,381) | \$(1,324,029) | 92% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 90837 | HO | PSYTX W PT 60 MINUTES | \$1,298,850 | \$984,113 | \$668,956 | \$354,220 | 79% |
| 90834 | HO | PSYCHOTHERAPY, 45 MINUTES WITH | \$(348,990) | \$(602,775) | \$(856,557) | \$(1,110,840) | 107% |
| 90853 | U1 | GROUP MEDICAL PSYCHOTHERAPY (O | \$(289,828) | \$(299,937) | \$(310,046) | \$(320,156) | 243% |
| 90791 | HO | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$17,077 | \$(35,896) | \$(88,806) | \$(141,779) | 98% |
| 90832 | HO | PSYCHOTHERAPY, 30 MINUTES WITH | \$52,262 | \$19,251 | \$(13,845) | \$(46,856) | 92% |
| 90834 | U1 | PSYCHOTHERAPY, 45 MINUTES WITH | \$(18,051) | \$(31,268) | \$(44,485) | \$(57,729) | 107% |
| 90837 | U1 | PSYTX W PT 60 MINUTES | \$73,610 | \$55,785 | \$37,935 | \$20,110 | 79% |
| 90847 | HO | FAMILY PSYTX W/PT 50 MIN | \$(64,698) | \$(85,394) | \$(106,050) | \$(126,746) | 116% |
| 90791 | U1 | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$3,766 | \$(8,838) | \$(21,427) | \$(34,030) | 99% |
| 99214 | SA | OFFICE O/P EST MOD 30 MIN | \$263,317 | \$244,128 | \$224,906 | \$205,717 | 31% |

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 |
|---|--|--|--|---|
| \$235,130 | \$167,993 | \$100,807 | \$33,636 | 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|------------------|------------|-----------------------------------|---|--|--|--|---|
| 99214 | | OFFICE O/P EST MOD 30 MIN | \$89,652 | \$79,028 | \$68,390 | \$57,766 | 58% |
| 99213 | | OFFICE O/P EST LOW 20 MIN | \$128,480 | \$114,853 | \$101,191 | \$87,565 | 53% |
| 99204 | | OFFICE O/P NEW MOD 45 MIN | \$8,422 | \$6,469 | \$4,516 | \$2,563 | 78% |
| 90460 | | IM ADMIN 1ST/ONLY COMPONENT | \$(1,317) | \$(3,589) | \$(5,860) | \$(8,158) | 103% |
| 99392 | | PREV VISIT EST AGE 1-4 | \$6,575 | \$4,307 | \$2,039 | \$(223) | 85% |
| 99391 | | PER PM REEVAL EST PAT INFANT | \$6,999 | \$5,000 | \$3,001 | \$1,002 | 82% |
| 87637 | | SARSCOV2&INF A&B&RSV AMP PRB | \$(6,107) | \$(7,622) | \$(9,136) | \$(10,653) | 120% |
| 93306 | 26 | TTE W/DOPPLER COMPLETE | \$(857) | \$(1,664) | \$(2,473) | \$(3,279) | 105% |
| 99393 | | PREV VISIT EST AGE 5-11 | \$5,188 | \$3,439 | \$1,689 | \$(56) | 85% |
| 87651 | | INFECTIOUS AGENT DETECT; STREPT | \$(7,863) | \$(8,734) | \$(9,605) | \$(10,476) | 145% |

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 |
|--|---|---|---|--|
| \$1,988 | \$(19,063) | \$(40,063) | \$(61,115) | 100% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 92507 | GN | TREATMENT OF SPEECH, LANGUAGE, | \$(15,552) | \$(27,559) | \$(39,533) | \$(51,539) | 106% |
| 92507 | | TREATMENT OF SPEECH, LANGUAGE, | \$(6,153) | \$(10,903) | \$(15,640) | \$(20,390) | 106% |
| 92523 | GN | EVAL OF SPEECH SOUND PROD W/EV | \$4,768 | \$3,441 | \$2,113 | \$785 | 82% |
| 92526 | GN | ORAL FUNCTION THERAPY | \$10,964 | \$9,618 | \$8,276 | \$6,930 | 59% |
| 92523 | | EVAL OF SPEECH SOUND PROD W/EV | \$1,824 | \$1,316 | \$808 | \$300 | 82% |
| 92526 | | ORAL FUNCTION THERAPY | \$3,347 | \$2,936 | \$2,526 | \$2,116 | 59% |
| 92610 | GN | EVALUATION OF ORAL & PHARYNGEAL | \$(771) | \$(885) | \$(1,000) | \$(1,114) | 134% |
| 92522 | GN | EVAL OF SPEECH SOUND PROD(ARTIC | \$530 | \$387 | \$244 | \$101 | 81% |
| 92609 | | USE OF SPEECH DEVICE SERVICE | \$1,451 | \$1,305 | \$1,158 | \$1,012 | 50% |
| 92610 | | EVALUATION OF ORAL & PHARYNGEAL | \$(322) | \$(370) | \$(418) | \$(465) | 134% |

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 |
|--|---|---|---|--|
| \$7,192 | \$3,556 | \$(84) | \$(3,701) | 90% |

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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------------|--|---|---|---|--|
| 90460 | | IM ADMIN 1ST/ONLY COMPONENT | \$(299) | \$(2,517) | \$(4,736) | \$(6,933) | 101% |
| 91322 | | SARS-COV-2 COVID-19 VACCINE, 50 M | \$(74) | \$(312) | \$(550) | \$(788) | 102% |
| 90677 | | PCV20 VACCINE IM | \$303 | \$102 | \$(98) | \$(298) | 92% |
| 90716 | | VAR VACCINE LIVE SUBQ | \$66 | \$(3) | \$(72) | \$(141) | 95% |
| 90472 | | IMMUNIZATION ADMIN EACH ADD | \$2,477 | \$2,277 | \$2,074 | \$1,874 | 38% |
| 90471 | | IMMUNIZATION ADMIN | \$3,999 | \$3,725 | \$3,450 | \$3,173 | 27% |
| 90750 | | HZV VACC RECOMBINANT IM | \$65 | \$26 | \$(14) | \$(54) | 92% |
| 90656 | | IIV3 VACC NO PRSV 0.5 ML IM | \$0 | \$(34) | \$(69) | \$(104) | 100% |
| 90707 | | MMR VACCINE SC | \$31 | \$4 | \$(24) | \$(51) | 94% |
| 90715 | | TDAP VACCINE 7 YRS/> IM | \$25 | \$3 | \$(20) | \$(42) | 94% |

Provider Type 80 – Crisis Response 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 |
|--|---|---|---|--|
| \$2,843 | \$2,311 | \$1,779 | \$1,246 | 73% |

Top 7 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|---------------------------------|--|---|---|---|--|
| 90791 | U1 | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$2,268 | \$1,848 | \$1,429 | \$1,009 | 73% |
| 90791 | HO | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$356 | \$290 | \$225 | \$158 | 73% |
| 90791 | SA | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$155 | \$121 | \$86 | \$52 | 78% |
| 90791 | U2 | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$29 | \$24 | \$18 | \$13 | 73% |
| 90791 | 95 | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$20 | \$17 | \$13 | \$9 | 73% |
| 90791 | | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$9 | \$7 | \$6 | \$4 | 73% |
| 90791 | GT | PSYCHIATRIC DIAGNOSTIC EVALUATI | \$4 | \$4 | \$3 | \$2 | 73% |

Provider Type 82 – Pharmacist

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 |
|--|---|---|---|--|
| \$31 | \$11 | \$(8) | \$(27) | 92% |

Top 6 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 | Modeled Medicaid Payments as a % of Modeled Benchmark Payments |
|-----------|-----|-----------------------------------|--|---|---|---|--|
| 90471 | | IMMUNIZATION ADMIN | \$11 | \$11 | \$10 | \$9 | 27% |
| 90656 | | IIV3 VACC NO PRSV 0.5 ML IM | \$0 | \$(1) | \$(1) | \$(2) | 100% |
| 90661 | | CCIIV3 VAC NO PRSV 0.5 ML IM | \$0 | \$(1) | \$(2) | \$(2) | 100% |
| 91322 | | SARS-COV-2 COVID-19 VACCINE, 50 M | \$(1) | \$(3) | \$(6) | \$(9) | 102% |
| 90750 | | HZV VACC RECOMBINANT IM | \$13 | \$5 | \$(3) | \$(11) | 92% |
| 91320 | | SARS-COV-2 COVID-19 VACCINE, 30 M | \$7 | \$0 | \$(6) | \$(12) | 95% |