

2025 Medicaid Provider Rate Review Analysis and Recommendation Report

November 1, 2025

Submitted to: The Joint Budget Committee and the Medicaid
Provider Rate Review Advisory Committee

Contents

Executive Summary	11
Introduction	14
Payment Philosophy	15
Format of Report	16
Service Description	16
Rate Comparison Analysis	16
Access to Care Analysis	17
Stakeholder Feedback	17
Additional Research	17
Recommendations	18
Limitations	19
2025 Tariff Survey	20
Dialysis and Dialysis-related Services - Overview	21
Service Description	21
Dialysis and Dialysis-related Services - Facility	22
Service Description	22
Rate Comparison Analysis	22
Access to Care Analysis	23
Stakeholder Engagement	24
Additional Research	24
Utilization Analysis	24
MPRRAC Recommendations	25
HCPF Recommendations	25
Dialysis and Dialysis-related Services - Non-Facility	26
Service Description	26
Benchmark Rationale	26
Rate Comparison Analysis	26
Stakeholder Engagement	28
Utilization Analysis	28
MPRRAC Recommendations	28
HCPF Recommendations	28
Dental for People with Intellectual and Developmental Disabilities (IDD)	30
Service Description	30
Benchmark Rationale	31
Rate Comparison Analysis	31
Regular Colorado (CO) Medicaid Dental State Plan	31
Projected ADA 2025 Rate	32
Benchmark States	33
Conclusions and Indications	34
Access to Care Analysis	34
Stakeholder Engagement	34
Additional Research	36
Utilization Analysis	36
Preventive Codes Analysis	36

Outlier Analysis for Utilized Codes	37
MPRRAC Recommendations	39
HCPF Recommendations	39
Durable Medical Equipment (DME)	40
Service Description	40
Benchmark Rationale	40
Rate Comparison Analysis	40
Access to Care Analysis	41
Stakeholder Engagement	41
Additional Research	42
Utilization Analysis	42
Outlier Analysis for Utilized Codes	42
MPRRAC Recommendations	45
HCPF Recommendations	45
Prosthetics, Orthotics, Enteral Formula, and Disposable Supplies - Overview	46
Service Description	46
Benchmark Rationale	46
Prosthetics, Orthotics, and Disposable Supplies (POS) - Prosthetics	47
Service Description	47
Rate Comparison Analysis	47
Access to Care Analysis	48
Stakeholder Engagement	48
Additional Research	49
Utilization Analysis	49
MPRRAC Recommendations	49
HCPF Recommendations	49
Prosthetics, Orthotics, and Disposable Supplies - Orthotics	51
Service Description	51
Rate Comparison Analysis	51
Access to Care Analysis	52
Stakeholder Engagement	52
Additional Research	53
Utilization Analysis	53
Outlier Analysis for Utilized Codes	53
MPRRAC Recommendations	54
HCPF Recommendations	55
Prosthetics, Orthotics, and Disposable Supplies - Enteral Formula	56
Service Description	56
Rate Comparison Analysis	56
Access to Care Analysis	57
Stakeholder Engagement	57
Additional Research	58
Utilization Analysis	58
Outlier Analysis for Utilized Codes	58
MPRRAC Recommendations	60
HCPF Recommendations	60

Prosthetics, Orthotics, and Disposable Supplies - Other and Disposable Supplies	61
Service Description	61
Rate Comparison Analysis	61
Access to Care Analysis	62
Stakeholder Engagement	62
Additional Research	62
Utilization Analysis	62
Outlier Analysis for Utilized Codes	63
MPRRAC Recommendations	65
HCPF Recommendations	65
Laboratory and Pathology Services	67
Service Description	67
Benchmark Rationale	67
Rate Comparison Analysis	67
Access to Care Analysis	68
Stakeholder Engagement	68
Additional Research	69
Utilization Analysis	69
Outlier Analysis for Utilized Codes	69
MPRRAC Recommendations	70
HCPF Recommendations	71
Outpatient Physical Therapy (PT) Services	73
Service Description	73
Rate Comparison Analysis	73
Access to Care Analysis	74
See Appendix B for full access to care analysis.	74
Stakeholder Engagement	74
Additional Research	74
Potential Preventive Codes Analysis	76
HCPF Recommendations	77
Occupational Therapy (OT) Services	78
Service Description	78
Rate Comparison Analysis	78
Access to Care Analysis	79
Stakeholder Engagement	79
Additional Research	80
Potential Preventive Codes Analysis	80
MPRRAC Recommendations	81
HCPF Recommendations	81
Speech-Language Therapy (ST) Services	82
Service Description	82
Rate Comparison Analysis	82
Access to Care Analysis	83
Stakeholder Engagement	83
Additional Research	84
Potential Preventive Codes Analysis	85

HCPF Recommendations	87
Policy Justification	87
Specialty Care Services	88
Service Description	88
Benchmark Rationale	88
Rate Comparison Analysis	88
Access to Care Analysis	89
Stakeholder Engagement	89
Additional Research	90
Utilization Analysis	90
MPRRAC Recommendations	90
HCPF Recommendations	91
Early Intervention (EI) Targeted Case Management (TCM)	92
Service Description	92
Rate Comparison Analysis	92
Benchmark State Rationale	92
Access to Care Analysis	93
Stakeholder Feedback	93
MPRRAC Recommendations	94
HCPF Recommendations	94
Targeted Case Management (TCM) - Overview	95
Service Description	95
Targeted Case Management - Case Management	96
Case Management Redesign	96
Service Description	96
Rate Comparison Analysis	96
Benchmark State Rationale	97
Access to Care Analysis	97
Stakeholder Feedback	98
MPRRAC Recommendations	98
HCPF Recommendations	99
Policy Justification	99
Targeted Case Management - Transition Coordination	100
Service Description	100
Rate Comparison Analysis	100
Benchmark State Rational	100
Access to Care Analysis	101
Stakeholder Engagement	101
MPRRAC Recommendations	101
HCPF Recommendations	101
Vision Services	102
Service Description	102
Rate Comparison Analysis	102
Access to Care Analysis	103
Stakeholder Engagement	103
Benchmark State List Analysis	103

Additional Research	104
Preventive Codes Analysis	106
HCPF Recommendations	107
Physician Services - Overview	108
Service Description	108
Benchmark Rationale	108
Preventive Codes	109
Physician Services - Allergy and Immunology	110
Service Description	110
Rate Comparison Analysis	110
Access to Care Analysis	111
Stakeholder Engagement	111
Additional Research	111
Utilization Analysis	111
Outlier Analysis for Utilized Codes	112
MPRRAC Recommendations	113
HCPF Recommendations	113
Physician Services - Cardiology	114
Service Description	114
Rate Comparison Analysis	114
Access to Care Analysis	115
Stakeholder Engagement	115
Additional Research	115
Utilization Analysis	115
Outlier Analysis for Utilized Codes	116
MPRRAC Recommendations	117
HCPF Recommendations	117
Physician Services - Dermatology	118
Service Description	118
Rate Comparison Analysis	118
Access to Care Analysis	119
Stakeholder Engagement	119
Additional Research	119
Utilization Analysis	119
MPRRAC Recommendations	120
HCPF Recommendations	120
Physician Services - Emergency Department (ED) and Hospital Evaluation and Management (E&M)	121
Service Description	121
Rate Comparison Analysis	121
Access to Care Analysis	122
Stakeholder Engagement	122
Additional Research	122
Utilization Analysis	122
Preventive Codes Analysis	123
MPRRAC Recommendations	124
HCPF Recommendations	124

Physician Services - Ear, Nose, and Throat (ENT)	125
Service Description	125
Rate Comparison Analysis	125
Access to Care Analysis	126
Stakeholder Engagement	126
Additional Research	126
Utilization Analysis	126
Outlier Analysis for Utilized Codes	127
MPRRAC Recommendations	128
HCPF Recommendations	128
Physician Services - Family Planning	129
Service Description	129
Rate Comparison Analysis	129
Access to Care Analysis	130
Stakeholder Engagement	130
Additional Research	130
Utilization Analysis	130
Outlier Analysis for Utilized Codes	131
MPRRAC Recommendations	132
HCPF Recommendations	133
Physician Services - Gastroenterology	134
Service Description	134
Rate Comparison Analysis	134
Access to Care Analysis	135
Stakeholder Engagement	135
Additional Research	135
Utilization Analysis	135
Utilization and Expenditure Trend Analysis	136
MPRRAC Recommendations	137
HCPF Recommendations	137
Physician Services - Gynecology	138
Service Description	138
Rate Comparison Analysis	138
Access to Care Analysis	139
Stakeholder Engagement	139
Additional Research	139
Utilization Analysis	139
MPRRAC Recommendations	140
HCPF Recommendations	140
Physician Services - Health Education	141
Service Description	141
Rate Comparison Analysis	141
Access to Care Analysis	142
Stakeholder Engagement	142
Additional Research	142
Utilization Analysis	142

Preventive Codes Analysis	142
Utilization and Expenditure Trend Analysis	143
MPRRAC Recommendations	144
HCPF Recommendations	144
Physician Services - Medication Injections and Infusions	145
Service Description	145
Rate Comparison Analysis	145
Access to Care Analysis	146
Stakeholder Engagement	146
Additional Research	146
Utilization Analysis	146
Outlier Analysis for Utilized Codes	147
MPRRAC Recommendations	148
HCPF Recommendations	148
Physician Services - Neuro/Psychological Testing Services	149
Service Description	149
Rate Comparison Analysis	149
Access to Care Analysis	150
Stakeholder Engagement	150
Additional Research	150
Utilization Analysis	150
Preventive Codes Analysis	151
Year-over-Year Reimbursement Rate Trend Analysis	152
Outlier Analysis for Utilized Codes	153
MPRRAC Recommendations	154
HCPF Recommendations	155
Policy Justification	155
Physician Services - Neurology	156
Service Description	156
Rate Comparison Analysis	156
Access to Care Analysis	157
Stakeholder Engagement	157
Additional Research	157
Utilization Analysis	157
Outlier Analysis for Utilized Codes	158
MPRRAC Recommendations	159
HCPF Recommendations	159
Physician Services - Primary Care Evaluation and Management (E&M)	160
Service Description	160
Rate Comparison Analysis	160
Access to Care Analysis	161
Stakeholder Engagement	161
Additional Research	162
Utilization Analysis	162
Preventive Codes Analysis	162
Well-Child Utilization Analysis, Age 0 -17 years	163

Well-Child Utilization Analysis, Age 16 -30 months	165
Well-Child Visit Codes Rate-Only Comparison	166
Outlier Analysis for Utilized Codes	168
MPRRAC Recommendations	169
HCPF Recommendations	170
Policy Justification	170
Physician Services - Radiology	171
Service Description	171
Rate Comparison Analysis	171
Access to Care Analysis	172
Stakeholder Engagement	172
Additional Research	172
Utilization Analysis	172
Outlier Analysis for Utilized Codes	173
MPRRAC Recommendations	174
HCPF Recommendations	175
Physician Services - Respiratory	176
Service Description	176
Rate Comparison Analysis	176
Access to Care Analysis	177
Stakeholder Engagement	177
Additional Research	177
Utilization Analysis	177
Year-over-Year Reimbursement Rate Trend Analysis	178
Outlier Analysis for Utilized Codes	179
MPRRAC Recommendations	180
HCPF Recommendations	180
Physician Services - Sleep Study	181
Service Description	181
Rate Comparison Analysis	181
Access to Care Analysis	182
Stakeholder Engagement	182
Additional Research	182
Utilization Analysis	182
Outlier Analysis for Utilized Codes	183
MPRRAC Recommendations	184
HCPF Recommendations	184
Physician Services - Vaccines Immunizations	185
Service Description	185
Rate Comparison Analysis	185
Access to Care Analysis	186
Stakeholder Engagement	186
Additional Research	186
Utilization Analysis	186
Outlier Analysis for Utilized Codes	187
MPRRAC Recommendations	187

HCPF Recommendations	188
Physician Services - Vascular	189
Service Description	189
Rate Comparison Analysis	189
Access to Care Analysis	190
Stakeholder Engagement	190
Additional Research	190
Utilization Analysis	190
MPRRAC Recommendations	191
HCPF Recommendations	191
Appendices	192
Appendix A - Research Methodology	192
Appendix A1 - Base Data Summary	192
Appendix A2 - Benchmark Ratios	192
Appendix A3 - Duplicate Code List	192
Appendix A4 - Excluded Codes	192
Appendix B - Access to Care Metrics	192
Appendix C - Rate Change Track Document	192
Appendix D - Benchmark State Selection Rationale	192
Appendix D.1 - DIDD Benchmark State Rate Crosswork	192
Appendix D.2 - Specialty Care Skin Substitute Benchmark State Rate Crosswork	193
Appendix D.3 - Early Intervention TCM Benchmark State Rate Crosswork	193
Appendix D.4 - TCM - Case Management Benchmark State Rate Crosswork	193
Appendix D.5 - TCM - Transition Coordination Benchmark State Rate Crosswork	193
Appendix E - CBIZ Optumas Justification of Dialysis Medicare Repriced Methodology	193
Appendix F1 - State Plan Version 08.07.25	193
Appendix F2 - Recommendation G2211 Services eClearance Final	193
Appendix G - 2025 Tariff Survey Analysis Result	194
Appendix H - Cost of Living Index (Q3 2024)	194
Appendix I - Stakeholder Feedback	194
Appendix J - Glossary and County Reference Map	194

Executive Summary

This report contains a service grouping description, rate comparison analysis, access to care analysis, stakeholder feedback, additional research, and recommendations for each service under review this year by the Medicaid Provider Rate Review Advisory Committee (MPRRAC). These services are a subset of services reviewed throughout the entire three-year cycle. For each service grouping, rate benchmark comparisons describe (as a percentage) how Colorado Medicaid payments compare to other payers, as well as anticipated fiscal impacts of recommendations, are listed below. For more information on each recommendation, please refer to the specific service category section of this report.

Benchmark Ratio and Anticipated Fiscal Impact by Service Category					
Service Category	CO as a Percent of the Benchmark	MPRRAC Recommendations - Fiscal Impact		HCPF Recommendations - Fiscal Impact	
		Total Funds	General Fund	Total Funds	General Fund
Dialysis and Dialysis-related Services - FACILITY	81.02%	\$103,994	\$28,515	\$103,994	\$28,515
Dialysis and Dialysis-related Services - NON- FACILITY	85.49%	\$2,588	\$710	\$2,588	\$710
Dental for People with Intellectual and Developmental Disabilities (DIDD)	131.00%	\$1,073,485	\$207,934	-\$51,223	-\$9,922
Durable Medical Equipment	91.71%	\$1,039,849	\$285,127	-\$1,434,889	-\$393,447
Prosthetics, Orthotics and Disposable Supplies - PROSTHETICS	74.07%	\$564,395	\$154,757	\$0	\$0
Prosthetics, Orthotics and Disposable Supplies - ORTHOTICS	82.66%	\$1,067,224	\$292,633	-\$222,925	-\$61,126
Prosthetics, Orthotics and Disposable Supplies - ENTERAL FORMULA	141.52%	\$0	\$0	\$0	\$0
Prosthetics, Orthotics and Disposable Supplies - OTHER AND DISPOSABLE SUPPLIES	95.74%	\$2,894,413	\$793,648	\$0	\$0
Laboratory and Pathology Services	93.34%	\$0	\$0	\$0	\$0
Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy - PHYSICAL THERAPY	100.85%	\$363,088	\$181,544	-\$889,235	-\$444,618

Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy - OCCUPATIONAL THERAPY	96.57%	\$1,150,651	\$575,326	\$257,450	\$128,725
Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy - SPEECH THERAPY	93.63%	\$1,950,074	\$975,037	\$458,191	\$229,096
Specialty Care Services	81.09%	\$295	\$81	\$295	\$81
Early Intervention TCM	73.56%	\$660,902	330,451	\$0	\$0
Targeted Case Management - CASE MANAGEMENT	91.48% ¹	\$5,144,620	\$2,572,310	\$0	\$0
Targeted Case Management - TRANSITION COORDINATION	122.54%	\$0	\$0	\$0	\$0
Vision Services	81.12%	\$3,268,733	\$896,287	\$380,327	\$104,286
Physician Services - ALLERGY AND IMMUNOLOGY	90.03%	\$21,470	\$5,887	\$21,470	\$5,887
Physician Services - CARDIOLOGY	95.03%	\$194,302	\$53,278	-\$90,119	-\$24,711
Physician Services - DERMATOLOGY	76.73%	\$65,597	\$17,987	\$65,597	\$17,987
Physician Services - ED AND HOSPITAL E&M	90.88%	\$278,538	\$76,375	-\$1,203,838	-\$330,092
Physician Services - ENT	86.77%	\$79,398	\$21,771	\$2,538	\$696
Physician Services - FAMILY PLANNING	113.86%	\$229,334	\$62,884	-\$1,143,742	-\$313,614
Physician Services - GASTROENTEROLOGY	91.21%	\$174	\$48	\$174	\$48
Physician Services -GYNECOLOGY	83.32%	\$98	\$27	\$65	\$18
Physician Services - HEALTH EDUCATION	85.31%	\$1,409	\$386	\$0	\$0
Physician Services - MEDICATION INJECTIONS AND INFUSIONS	112.84%	-\$34,143	-\$9,362	-\$34,143	-\$9,362
Physician Services - NEURO/ PSYCHOLOGICAL TESTING SERVICES	122.21%	\$3,818,091	\$1,046,921	-\$1,553,220	-\$425,893

¹ Due to the targeted rate increase for T2023+HI, which is the TCM monthly rate, the MPRRAC requested that the benchmark ratio and fiscal impact numbers be updated to reflect this rate.

Physician Services - NEUROLOGY	93.91%	\$113,980	\$31,253	-\$135,536	-\$37,164
Physician Services - PRIMARY CARE AND EVALUATION AND E&M	87.26%	\$969,652	\$265,879	-\$2,594,476	-\$711,405
Physician Services - RADIOLOGY	98.29%	\$211,008	\$57,859	\$211,005	\$57,858
Physician Services - RESPIRATORY	103.00%	-\$30,130	-\$8,262	-\$30,130	-\$8,262
Physician Services - SLEEP STUDY	123.65%	-\$259,414	-\$71,131	-\$259,414	-\$71,131
Physician Services - VACCINES AND IMMUNIZATIONS	95.12%	\$342,172	\$93,823	-\$169,896	-\$46,585
Physician Services - VASCULAR	99.61%	\$279	\$76	\$279	\$76
Total		\$26,286,126	\$8,940,059	-\$8,308,813	-\$2,313,349

Summary of rate benchmark comparison results and anticipated fiscal impacts by service category

Using the recommendations from the MPRRAC process, the Department of Health Care Policy and Financing (HCPF) staff prepare recommendations in accordance with anticipated budget restrictions for the coming fiscal year, Medicaid trends, and HCPF's budget challenges. HCPF seriously considers the MPRRAC's recommendations when prioritizing HCPF recommendations; however, the budget allowance may not allow HCPF and MPRRAC recommendations to align.

The total anticipated fiscal impact of the MPRRAC's recommendations is estimated to be \$26,286,126 total funds, including \$8,940,059 General Fund.

The total anticipated fiscal impact of HCPF's recommendations is estimated to be -\$8,308,813 total funds, including -\$2,313,349 General Fund.

Introduction

The Colorado Department of Health Care Policy & Financing (HCPF) administers the State's public health insurance programs, including Colorado's Medicaid, Child Health Plan *Plus* (CHP+), and a variety of other programs for Coloradans who qualify. Colorado Medicaid is jointly funded by a federal-state partnership. HCPF's mission is to improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

In 2015, the Colorado General Assembly adopted Senate Bill 15-228, "Medicaid Provider Rate Review," and it was amended by Senate Bill 22-236 in 2022, an act concerning a process for the periodic review of provider rates under the Colorado Medical Assistance Act. In accordance with the Colorado Medical Assistance Act, Section 25.5-4-401, C.R.S. (Colorado Revised Statutes), HCPF established a rate review process that involves three components:

- assess and, if needed, review a three-year schedule of rates;
- conduct analyses of service, utilization, access, quality, and rate comparisons for services under review;
- provide recommendations on all rates reviewed and present them in a report published the first of every November.

The Rate Review Process is advised by the MPRRAC, whose members recommend changes to the three-year schedule, provide input on reports published by HCPF, and conduct public meetings to allow stakeholders the opportunity to participate in the process.

MPRRAC meetings for services under review this year, Year Three of the first three-year rate review cycle, began in March 2025 and included a general discussion of services under review and stakeholder feedback. Summaries from meetings, including presentation materials, meeting minutes, meeting schedule, previous reports, and more can be found on the HCPF [website](#). Members of the public are encouraged to participate in the Rate Review Process; provide insight on access, quality, and provider rates; and attend meetings. Public stakeholders are invited to provide comments during the meetings on the services they represent.

This report contains:

- comparisons of Colorado Medicaid provider rates to those of other payers;
- access to care analyses; and
- assessments of whether payments were sufficient to allow for member access and provider retention and to support appropriate reimbursement of high-value services, including where additional research is necessary to identify potential access issues.

Payment Philosophy

The Rate Review Process is a method to systematically review provider payments in comparison to other payers and evaluate access to care. This process, which includes feedback from the MPRRAC, has helped inform HCPF's payment philosophy for fee-for-service (FFS) rates.

Where Medicare is an appropriate comparator, HCPF believes that, in many circumstances, a reasonable threshold for payments is 80% - 100% of Medicare; however, there are four primary situations where Medicare may not be an appropriate model when comparing a rate, including, but not limited to:

1. Medicare does not cover services covered by Colorado Medicaid or Medicare does not have a publicly available rate (e.g., dental services).
2. Medicare's population is different enough that services rendered do not necessarily translate to similar services covered by Colorado Medicaid.
3. Instances where differences between Colorado Medicaid's and Medicare's payment methodologies prohibit valid rate comparison, even if covered services are similar (e.g., some health education services).
4. There is a known issue with Medicare's rates (e.g., home health services).

When Medicare is not an appropriate comparator, HCPF may use its rate setting methodology to develop rates. This methodology incorporates indirect and direct care requirements, facility expense expectations, administrative expense expectations, and capital overhead expense expectations.

While HCPF has historically viewed payments between 80% - 100% of Medicare and payments determined by the rate setting methodology as reasonable, factors such as those listed below must be considered when setting or changing a rate. These include:

- budget constraints that may prevent payment at a certain amount;
- investigating whether a rate change could have disproportionately negative impacts for individual providers;
- identifying certain services where HCPF may want to adjust rates to incentivize utilization of high value services; and
- developing systems to ensure that payments are associated with high-quality provision of services.

When the Rate Review Process indicates a current rate does not align with HCPF's payment philosophy, HCPF may recommend or implement a rate change. It is also important to note that HCPF may or may not recommend a change, due to the considerations listed above.

Format of Report

Information below explains the sections within each service grouping of the report, including each section's basic structure and content.

Service Description

Service definitions, procedure or revenue codes, and member and provider data are outlined in this section. This section is designed to provide the reader with an understanding of the service grouping under review, as well as the scale of members utilizing and providers delivering this service grouping. Summary statistics are provided for each service grouping. Those statistics and time period they represent are:

- Total Adjusted Expenditures - SFY 2023-24.
- Total Members Utilizing Services - SFY 2023-24.
- Year-over-year Change in Members Utilizing Services - SFY 2023-24 - SFY 2022-23
- Total Active Providers - SFY 2023-24.
- Year-over-year Change in Active Providers - SFY 2023-24 - SFY 2022-23

Rate Comparison Analysis

HCPF contracted with the actuarial firm, CBIZ Optumas, to assist in the comparison of Colorado Medicaid provider rates to those of other payers. The resulting rate comparison analysis outlined in this section provides a reference point for how Colorado Medicaid reimbursement rates compare to other payers.

Analysis in this section is based on SFY 2023-24 administrative claims data and contains a rate benchmark comparison, which describes (as a percentage) how Colorado Medicaid payments compare to other payers. This section also lists the number of procedure codes compared to either Medicare or an average of other states' Medicaid rates, and the range of individual rate ratios.

HCPF first examined whether a service had a corresponding Medicare rate to identify comparator rates for analysis. Medicare rates were primarily relied upon for this analysis when available and appropriate. When Medicare rates were unavailable, HCPF relied upon other state Medicaid agency rates when the benchmark states have applicable fee-for-service rates for the service category. HCPF utilizes Medicare rates for comparison for reasons including:

- Medicare is the single largest health insurer in the country and is often recognized by the health insurance industry as a reference for payment policies and rates;
- Medicare's rates, methodologies, and service definitions are generally available to the public;
- Medicare's rates are typically updated on a periodic basis; and
- Most services covered by Colorado Medicaid are also covered by the Medicare program.

Access to Care Analysis

In evaluating access to care, HCPF utilized up to eight metrics for each service category. However, some service categories did not utilize all eight metrics depending on the applicability of each measure. Three of these metrics, provider participation, per utilizer per year/month (PUPY/PUPM) expenditure, and per utilizer per year/month (PUPY/PUPM) utilization, were obtained through HCPF's contract with the Center for Improving Value in Health Care (CIVHC) to assist in evaluating access. HCPF also conducted an internal access to care analysis measuring panel size, penetration rate, special providers, drive times, and telemedicine accessibility. For the purposes of this current report, the current access to care metrics do not fully capture how Colorado Medicaid members' access to services in those regions compared to access for individuals with other insurances, or to the uninsured population.

Stakeholder Feedback

Refer to Appendix I for stakeholder feedback, which was collected from October 2024 through October 1, 2025. Stakeholders are encouraged to sign up to make a public comment during the quarterly MPRRAC meetings, as well as send in their feedback on their service(s) via email. Throughout the rate review cycle, HCPF sends the MPRRAC any stakeholder feedback that has been received so they are kept abreast of the needs of providers. The MPRRAC considers all stakeholder feedback, from public meetings and sent in via email, to inform the recommendations they make. Feedback in Appendix I is verbatim and unaltered from public stakeholders.

Additional Research

For certain service groupings and regions, particularly when HCPF's analysis indicated a potential access issue, HCPF worked to identify other data sources to conduct

additional research during the MPRRAC process. Some of these data sources were created and maintained as part of HCPF's ongoing benefit management and programmatic operations, while others were created by other organizations or State agencies. HCPF utilized these data sources to conduct further research for the 2025 Medicaid Provider Rate Review Analysis Report. Additional research included:

- Examining claims and enrollment data to understand if members are accessing services in settings, or via delivery systems, that are excluded from the rate review analysis.
- Reviewing relevant, regional results on Key Performance Indicators (KPIs), which are tracked as a part of Colorado Medicaid's delivery system, the Accountable Care Collaborative.
- Reviewing relevant, practice-level results on quality metrics, including Health Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers & Systems (CAHPS) measures.
- Working with HCPF's provider relations and customer service teams to understand if there is a documented pattern of provider and member concerns.
- Seeking information from the State Health Care Workforce Work team to determine the general impact of health care workforce burnout, inflation, and health care workforce shortages to understand how Medicaid reimbursement rates might have to be adjusted due to these post-COVID19 induced factors.
- Examining regional and statewide reports and studies published by other agencies, such as the Kaiser Family Foundation (KFF), the Home Care and Hospice Association of Colorado (HHAC), Menges Group, the Center for Improving Value in Health Care (CIVHC), and the Colorado Health Institute (CHI), including the Colorado Health Access Survey (CHAS).

Recommendations

This section lists MPRRAC's recommendations for provider rates for Year Three (Cycle One) services as a result of the Rate Review Process. Additionally, stakeholder feedback during MPRRAC meetings is helpful for identifying additional areas for evaluation. For these reasons, some recommendations focus on further research rather than direct action on rates or policy.

The report includes recommendations from HCPF. The November 1, 2025 budget proposes rate decreases for some services. The proposed budget is not discussed in

this report. Information related to proposed reductions can be found in HCPF's Legislator Resource Center² and complete information on the proposed budget is located on the website for the Office of State Planning and Budgeting.³

Limitations

Results from this report, emerging macro and micro environmental factors (i.e., inflation, health care workforce burnout, and health care workforce shortages) and additional research informed the development of HCPF recommendations. Still, it is important to note limitations inherent to analyses in this report and limitations that exist generally when evaluating payment sufficiency and access to care.

The access to care analyses and resulting conclusions are based on administrative claims data. Claims-based analyses do not provide information regarding appointment wait times, quality of care, or differences in provider availability and service utilization based on insurance type; nor do claims-based analyses allow for HCPF to quantify care that an individual may have needed but did not receive nor the provider enrollment versus providers seeing Medicaid patients. In addition, data analyses use active providers, which includes any billing or rendering provider with at least one Colorado Medicaid paid claim in a given month between July 2023 - June 2024. When HCPF evaluates other data sources, there may be assumptions and extrapolations made due to differences in geographic area designations, differences in population definitions, and differences in service definitions. Additionally, many of the access to care indicators are relative, and without defined standards, cannot indicate if all regions are performing well or if all regions are performing poorly. However, these indicators, when analyzed all together, can help identify regions for focus.

There are complicating factors regarding determining rate sufficiency. Member access and provider retention are influenced by factors beyond rates, such as: provider outreach and recruitment strategies; the administrative burden of program participation; health literacy and healthcare system navigation ability; provider scheduling and operational practices; and member characteristics and behaviors. Additionally, rates may not be at their optimal level, even when there is no indication of member access or provider retention issues. For example, rates that are above optimal may lead to decreases in the provision of high-quality care or increases in the provision of services in a less cost-effective setting.

² <http://colorado.gov/hcpf/legislator-resource-center>

³ <https://www.colorado.gov/governor/office-state-planning-budgeting>

2025 Tariff Survey

In May 2025, the Rates Review and Research Team received feedback from providers on the potential impact of federal tariffs on costs and the ability to provide services to Medicaid. To better understand provider experience, a short survey was sent to Colorado Medicaid providers.

In the survey, providers were asked if they received communication from suppliers regarding increased prices or reduced services. Visual data on the survey, potential flaws of the survey, and the raw data of the survey respondents is provided in Appendix G.

Dialysis and Dialysis-related Services - Overview

Service Description

Dialysis and dialysis-related services provide life-sustaining treatment for individuals with kidney failure or end-stage renal disease (ESRD). These services involve the use of specialized equipment to filter waste products and excess fluid from the blood when the kidneys cannot. These also include non-routine services.

Dialysis and Dialysis-related Services: Facility vs Non-Facility	
Facility	Non-Facility
Routine Services	Non-Routine Services
Services bundled into a composite rate	Services reimbursed through a professional claim according to the FFS rate per procedure code
Composite rate is determined according to the county where the facility is located	Services are separate from the bundled facility services

Table 1. Dialysis and dialysis-related services subcategory comparison.

Dialysis and Dialysis-related Services - Facility

Service Description

Dialysis and dialysis-related services - facility services provide treatment in state-approved freestanding dialysis treatment centers and home settings. Facility dialysis providers receive a composite rate for a variety of treatments based on the county where the facility is located.

Dialysis and Dialysis-related Services - Facility Statistics	
Total Adjusted Expenditures SFY 2023-24	\$10,904,568
Total Members Utilizing Services in SFY 2023-24	600
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-4.91%
Total Active Providers SFY 2023-24	80
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-3.61%

Table 2. Dialysis and dialysis-related services - facility total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The [July 2024 Health First Colorado dialysis fee schedule](#) assigns composite rates for dialysis services by geographic region and prescribes which counties are categorized into the different regions. In addition, the July 2024 Health First Colorado dialysis fee schedule assigns composite rates for in-home continuous cyclic peritoneal dialysis (CCPD) and continuous ambulatory peritoneal dialysis (CAPD) services by geographic region. Each rate, which is based on the county where the service was performed and whether the service was categorized as in-home CCPD and CAPD, was applied to the paid units for these services to obtain the Colorado repriced amount.

Dialysis and dialysis-related services - facility rates were compared to Medicare. The Medicare repriced amount was calculated by applying [Medicare's 2024 Prospective Payment System \(PPS\)](#). The process to determine the Medicare repriced amount is as follows:

1. The 2024 Medicare PPS base rate was \$271.02.
2. The base rate was adjusted by a cost-of-labor factor, based on the following:
 - a. Local hospital wage index
 - b. Whether the facility was located in a rural area
3. Next, adjustments based on patient characteristics were applied.
 - a. Age
 - b. Comorbidities
 - c. Data for some patient characteristics were unavailable.
 - i. Body mass index
 - ii. Body surface area
 - iii. Dialysis onset
 - d. Data on low-volume facilities and high-cost outliers were unavailable.
4. Next, adjustments were applied for the training add-on.

5. Finally, the following adjustments were not applied due to a lack of data.
 - a. Transitional Drug Add-on Payment Adjustment (TDAPA)
 - b. Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES)

For more information on this methodology, see Appendix E.

On average, Colorado Medicaid payments for dialysis and dialysis-related services - facility are estimated to be at 81.02% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Dialysis and Dialysis-related Services - Facility Repriced Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Overall Repriced Benchmark Ratio
\$10,904,568	\$13,459,656	81.02%

Table 3. Comparison of Colorado Medicaid dialysis and dialysis-related services - facility service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$2,555,088 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. There are 8 assigned rate areas, and each rate area has an additional rate for In-Home CCPD and CCPD services, for a total of 16 reviewed rate types. All 16 rate types analyzed in this service grouping were compared to Medicare, and one rate type did not have valid utilization data during SFY 2023-24 so a rate-only comparison was performed. Individual rate ratios for dialysis and dialysis-related services - facility were 75.83%-90.46%.

Access to Care Analysis

As seen in the dialysis and dialysis-related services - facility panel size visual (Appendix B, Figure 1), the average number of utilizers per provider remained stable in urban and rural areas. The in-home services analyses (Appendix B, Figures 4 & 5) show that the percentage of individual members that utilized in-home services increased, while the percentage of total visits that were delivered in members' homes decreased. The drive time analysis (Appendix B, Figure 6) shows that parts of Eastern and Western Colorado had relatively high drive times (over an hour). These findings suggest that access to care is stable, although longer distances may impact accessibility.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

During the March meeting, stakeholders from DaVita communicated their benchmark results, which deviated from the benchmark results obtained by HCPF and CBIZ Optumas. After the meeting, HCPF communicated with DaVita via email to investigate these differences. The following table shows how HCPF's and DaVita's estimated Medicare rates for the Colorado Springs rate region differ.

Colorado Springs Medicare Rate Estimation					
	Base Rate	Wage-Adjusted Rate	PPS Adjustment Factors	Average Medicare Rate (Benchmark)	PPS Adjustment Factor Assumptions
HCPF	\$271.02	\$263.96	+\$3.28	\$267.24	Based on FY 2023-24 Colorado Springs Medicaid claims data. (Member age and comorbidities based on diagnosis codes.)
DaVita	\$271.02	\$263.96	+\$16.51	\$280.47	Based on DaVita's FY 2023-24 national average.

Table 4. A comparison of HCPF's and DaVita's average estimated Medicare benchmarks for the Colorado Springs rate area.

As seen in Table 4, the difference in the estimated Medicare rates arises from differences in the estimated PPS adjustment factors. Since HCPF estimated PPS adjustment factors are based on member data and DaVita's estimated PPS adjustment factors are based on DaVita's nation-wide averages from their FY 2023-24 data, HCPF and CBIZ Optumas agree that HCPF's estimated Medicare rates are accurate and appropriate benchmarks. Please see Appendix A2 for more details.

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for dialysis and dialysis-related services - facility.

Dialysis and Dialysis-related Services - Facility Top 10 Assigned Rate Areas by Utilization					
Rank	Assigned Rate Area	In-Home CAPD and CCPD	Benchmark Ratio	Utilization	% of Total Utilization
1	Denver, Aurora, Lakewood		81.47%	26,751	46.02%
2	Denver, Aurora, Lakewood	In-Home	81.74%	8,166	14.05%
3	Colorado Springs, CO		77.49%	5,098	8.77%

4	Rural Colorado		76.28%	3,258	5.61%
5	Colorado Springs, CO	In-Home	77.80%	3,128	5.38%
6	Pueblo, CO		77.24%	2,904	5.00%
7	Boulder, CO		90.46%	1,956	3.37%
8	Greeley, CO		84.78%	1,555	2.68%
9	Fort Collins, CO	In-Home	82.29%	1,225	2.11%
10	Fort Collins, CO		89.64%	1,177	2.02%

Table 5. Top 10 rate types by utilization

MPRRAC Recommendations

- For dialysis and dialysis-related services - facility, where the rates are based on the rate area, the MPRRAC recommends increasing the rates that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$103,994 total funds, including \$28,515 General Fund.

HCPF Recommendations

- For dialysis and dialysis-related services - facility, where the rates are based on the rate area, HCPF recommends increasing the rates that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$103,994 total funds, including \$28,515 General Fund.

Dialysis and Dialysis-related Services - Non-Facility

Service Description

Dialysis and dialysis-related services - non-facility provide non-routine life-sustaining treatment for patients with kidney failure or End-Stage Renal Disease (ESRD). This service allows patients to receive non-routine dialysis services. Non-facility dialysis providers are reimbursed based on specific treatment provided to the patients.

Dialysis and Dialysis-related Services - Non-Facility Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,359,519
Total Members Utilizing Services in SFY 2023-24	826
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.39%
Total Active Providers SFY 2023-24	171
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.18%

Table 6. Dialysis and dialysis-related services - non-facility total expenditure and utilization data (SFY 2023-24).

Benchmark Rationale

The rates for dialysis and dialysis-related services - non-facility were compared to Medicare and the rates from 8 benchmark states: Arizona, California, Michigan, Minnesota, Nebraska, Nevada, Oklahoma and Oregon. These states were chosen as benchmarks for the rate comparison analysis because they have comparable dialysis benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks.

Rate Comparison Analysis

The dialysis and dialysis-related services - non-facility service grouping has 28 procedure codes. The rates for 23 codes (82.14%) were compared to Medicare, while the rates for 5 codes (17.86%) were compared to rates from benchmark states. When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes:

Dialysis and Dialysis-related Services - Non-Facility Benchmark States	
Procedure Code	Benchmark States
90940	California, Minnesota, and Nevada
90952, 90953	Michigan, Minnesota, Nebraska, Nevada, Oklahoma, and Oregon
90989	Arizona, California, Michigan, Minnesota, Nevada, and Oregon
90993	Arizona, California, Michigan, Minnesota, and Nevada

Table 7. Dialysis and dialysis-related services - non-facility benchmark states (SFY 2023-24).

Among these 28 codes, 7 codes (25%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for dialysis and dialysis-related services - non-facility were 68.86%-445.98%. While the range for this service is large, there were no benchmark outliers with utilization. Moreover, 99% of the utilization in this category was for codes with benchmark ratios between 80% and 100%.

On average, Colorado Medicaid payments for dialysis and dialysis-related services - non-facility are estimated to be at 85.45% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Dialysis and Dialysis-related Services - Non-Facility Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 8 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$1,359,519	\$1,590,196	85.49%

Table 8. Comparison of Colorado Medicaid dialysis and dialysis-related services non-facility service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$230,677 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the dialysis and dialysis-related services - non-facility panel size visual (Appendix B, Figure 7), the average number of utilizers per provider remained stable in urban and rural regions. The special providers visual (Appendix B, Figure 10) shows that the percent of active providers that serve only one Medicaid member remained stable. The drive time analysis (Appendix B, Figure 11) shows that much of the state had high drive times (over an hour). These findings suggest that longer distances may impact accessibility.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for dialysis and dialysis-related services - non-facility.

Dialysis and Dialysis-related Services - Non-Facility Top 10 Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	90935	HEMODIALYSIS ONE EVALUATION	99.55%	2,533	24.76%
2	90970	ESRD SVC PR DAY PT 20+	82.08%	2304	22.52%
3	90960	ESRD SRV 4 VISITS P MO 20+	83.60%	2,131	20.83%
4	90945	DIALYSIS ONE EVALUATION	83.43%	1168	11.42%
5	90961	ESRD SRV 2-3 VSTS P MO 20+	83.72%	1,013	9.90%
6	90966	ESRD HOME PT SERV P MO 20+	83.60%	495	4.84%
7	90962	ESRD SERV 1 VISIT P MO 20+	83.38%	189	1.85%
8	90947	DIALYSIS REPEATED EVAL	94.56%	124	1.21%
9	90969	ESRD SVC PR DAY PT 12-19	85.18%	93	0.91%
10	90937	HEMODIALYSIS REPEATED EVAL	112.89%	46	0.45%

Table 9. Dialysis and dialysis-related services - non-facility top 10 procedure codes by utilization.

MPRRAC Recommendations

- For dialysis and dialysis-related services - non-facility, the MPRRAC recommends increasing the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$2,588 total funds, including \$710 General Fund.

HCPF Recommendations

- For dialysis and dialysis-related services - non-facility, HCPF recommends increasing the rates for all codes that are under 80% of the benchmark ratio to

80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.

- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$2,588 total funds, including \$710 General Fund.

Dental for People with Intellectual and Developmental Disabilities (IDD)

Service Description

DIDD services is an enhanced dental program for Colorado Medicaid members aged 21 and older who are enrolled in the Home and Community-Based Services (HCBS) Developmental Disabilities (DD) or Supported Living Services (SLS) waivers programs. This dental program recognizes the unique dental challenges faced by these individuals, providing supplementary reimbursement to providers who deliver comprehensive dental care. By offering additional support, dental IDD Services aim to improve oral health outcomes for a population with complex medical and personal care needs.

Health First Colorado contracts with an Administrative Services Organization (ASO) to provide dental coverage for its members. Following a competitive RFP process, DentaQuest was awarded the contract in 2024 to provide services for another 5 years. DentaQuest is responsible for authorizing dental services, processing claims, and developing the provider network, among other responsibilities. DentaQuest began claims administration for the IDD Waiver Programs on July 1, 2015.

For this report, DentaQuest provided DIDD claim data for SFY 2021-22, SFY 2022-23, and SFY 2023-24. Since the SFY 2023-24 data only includes the first eight months, we projected the full year by examining how claims typically trend. Specifically, we compared the first eight months to the full year for SFY 2021-22 and SFY 2022-23 and calculated the average ratio. This average was then applied to the SFY 2023-24 eight-month data to estimate the full 12-month totals. All figures presented in this report for SFY 2023-24 will reflect these projected full-year estimates unless otherwise noted.

A summary of the statistics for DIDD services is provided below:

DIDD Statistics	
Total Adjusted Expenditures SFY 2023-24 (8-month)	\$3,452,312
Total Adjusted Expenditures SFY 2023-24 (12-month)	\$5,075,033
Total Members Utilizing Services in SFY 2023-24	5,296
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.34%
Total Active Providers SFY 2023-24	918
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	8.30%

Table 10. DIDD total expenditure and utilization data (SFY 2023-24)

Benchmark Rationale

The American Dental Association (ADA) survey data provides national commercial average dental fees for over 200 commonly used dental procedure codes. We typically rely on ADA survey data as the benchmark for setting Colorado Medicaid dental IDD rates. However, recent changes have limited access to this data. According to the ADA⁴, “The ADA cannot quote fees for dental procedures and is forbidden by federal law to set or recommend fees. The Council on Dental Practice elected to discontinue the Survey of Dental Fees in 2023 and it has been removed for download, due to a change in law eliminating safe harbor disclosure. Posting such information, therefore, is now legally problematic.”

To ensure legal compliance and promote transparency, three alternative benchmarking strategies were employed. The first relied on the regular Colorado Medicaid dental State Plan, as recommended by the MPRRAC committee. The second utilized the 2022 ADA survey data, with appropriate trend adjustments, to project 2025 rates. The third drew upon benchmarks from other states with established enhanced Medicaid dental programs for individuals with intellectual and developmental disabilities (IDD).

Rate Comparison Analysis

Regular Colorado (CO) Medicaid Dental State Plan

HCPF analyzed the difference between dental IDD rates and regular Medicaid dental rates in the State Plan to assess rate alignment and equity. This comparison helps identify any discrepancies that may affect provider participation or access to care for individuals with IDD.

Category	Number of Codes	Percent
Rate Higher Than CO Medicaid Dental Rate	181	40.77%
Rate Lower Than CO Medicaid Dental Rate	15	3.38%
Rate Not Found in CO Medicaid Dental	221	49.77%
Excluded Codes ⁵	27	6.08%

Table 11. DIDD Medicaid dental comparison analysis

⁴ Please refer to the ADA website for more details:

<https://www.ada.org/resources/research/health-policy-institute/dental-care-market>

⁵ Three DIDD codes were excluded due to having a reimbursement rate of \$0. Twenty-four DIDD codes were excluded due to being manually priced.

This analysis result listed above suggested that dental IDD services are prioritized with higher reimbursement and more coverage but there is an opportunity to evaluate the 3.38% of the codes reimbursed at lower rates. These codes could represent potential inconsistencies or undervaluation of certain procedures within the dental IDD service context. In addition, the 49.77% of dental IDD service codes not covered under regular Colorado Medicaid dental services indicate that there may be a need for benefit alignment and evaluation.

Among the 196 comparable dental IDD procedure codes covered by the State Plan, 89 of them (45.41%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate-only ratios for these 196 DIDD codes were 70.39% - 346.12%.

On average, Colorado Medicaid payments for these 196 dentalIDD codes are estimated at 131.00% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

DIDD Repriced Benchmark Comparison		
Colorado Repriced	Regular CO Medicaid State Plan Repriced	Overall Repriced Benchmark Ratio
\$5,075,033	\$3,874,071	131.00%

Table 12. Comparison of Colorado Medicaid DIDD service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$1,200,962 total funds if Colorado had reimbursed at 100% of the benchmark for the eight months of available data in SFY 2023-24.

Projected ADA 2025 Rate

The projected ADA rates for 2025 were estimated by analyzing historical rate change patterns from 2013 to 2022 and applying these trends to the 2022 ADA survey data.

The dental IDD service grouping has 444 procedure codes. The rates for 191 of them (43.02%) were compared to ADA. Among these 191 codes, 89 of them (46.60%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for these 191 dentalIDD codes were 17.67% - 141.11%.

On average, Colorado Medicaid payments for these 191 dental IDD codes are estimated at 74.65% of the benchmark. DIDD data was provided by DentaQuest, with only eight months of data available at the time of this analysis. A summary of the

estimated total expenditures resulting from using comparable sources is presented below.

DIDD Repriced Benchmark Comparison		
Colorado Repriced	ADA Repriced	Overall Repriced Benchmark Ratio
\$5,087,087	\$6,814,427	74.65%

Table 13. Comparison of Colorado Medicaid DIDD service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$1,727,340 total funds if Colorado had reimbursed at 100% of the benchmark.

Benchmark States

After investigating all 50 states in the US, the following 5 benchmark states were chosen as benchmark states for the rate comparison analysis: Louisiana, Nevada, New York, Oklahoma, and South Carolina. These states either have separate Dental Fee Schedules, or additional coverage, or enhanced reimbursement rates for IDD population.

Among the 444 dental IDD procedure codes, the rates for 100 of them (22.52%) were compared to the rates from these benchmark states. Among these 100 codes, 25 of them (25%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for these 100 DIDD codes were 37.90% - 287.38%.

On average, Colorado Medicaid payments for these 100 dental IDD codes are estimated at 177.25% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below for the eight months of data.

DIDD Repriced Benchmark Comparison		
Colorado Repriced	Benchmark State Repriced	Overall Repriced Benchmark Ratio
\$4,032,356	\$2,274,902	177.25%

Table 14. Comparison of Colorado Medicaid DIDD service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$1,757,454 total funds if Colorado had reimbursed at 100% of the benchmark.

Conclusions and Indications

1. Compared to regular CO Medicaid Dental State Plan, dental IDD reimbursement rates have a 131.00% overall benchmark ratio, indicating the DIDD rates are significantly more supportive of provider reimbursement. But 15 of the 196 comparable codes (7.65%) are under-benchmarked which may create pockets of undercompensation for certain procedures.
2. Compared to predicted ADA 2025 rates, CO's dental IDD reimbursement rates have a 74.65% overall benchmark ratio, indicating that our rates are significantly lower than projected 2025 market rate based on 2022 national commercial dental survey data with trend adjustments.
3. Compared to benchmark states with enhanced IDD dental programs, CO's DIDD rates are at 177.25%, suggesting that Colorado has adopted a much more supportive reimbursement approach for IDD dental care than peer states.

The disparity between the last two benchmarks indicates that while Colorado may be leading among states in investing in dental services for the IDD population, the rates may still fall below what is typically charged in the broader commercial dental market. This finding suggests a need to balance fiscal responsibility with rate adequacy to ensure continued access and sustainability of care for individuals with IDD.

Access to Care Analysis

As seen in the dental IDD panel size visual (Appendix B, Figure 12), the average number of utilizers per provider remained stable in urban and rural regions. The special providers visual (Appendix B, Figure 15) shows that the percent of active providers that serve only one Medicaid member remained stable. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

Extensive engagement with both internal and external stakeholders occurred during the dental IDD rate review process to inform, discuss, and negotiate the selection of the benchmark sources.

1. Internal Stakeholder: Because of the limitations with the ADA survey data, HCPF decided to include additional benchmark options beyond using 2022 ADA data. Policy specialists from HCBS Benefits Team and Policy Innovation & Benefit Team in the Health Policy Office were first consulted to understand what makes dental IDD services unique and what factors to consider when choosing benchmark states.

Based on their inputs, dental programs in all 50 states were reviewed and five states with enhanced IDD dental services were selected. The policy specialists reviewed these programs and agreed they were appropriate benchmarks.

2. External Stakeholder: As part of our rate review process, key external stakeholders are engaged to ensure transparency and inclusivity in our benchmarking approach. Specifically, the Colorado Dental Hygienists' Association (CODHA) and the Colorado Dental Association (DCA) were reached to gather their feedback on appropriate rate comparison methodologies for DIDD dental services.

Both organizations expressed support for using the ADA 2022 survey data (with appropriate trend adjustments) and the selection of benchmark states as reasonable approaches. During these discussions, stakeholders also suggested exploring additional benchmarks, including the Worker's Compensation Dental Fee Schedule and the National Dental Advisory Service (NDAS) fee schedule. Upon further review, we identified important limitations with both alternatives:

- Workers' Compensation Dental Program⁶: This program is funded differently from Medicaid and is subject to open-ended medical liability, which, according to the National Council on Compensation Insurance (NCCI), underscores the need for effective cost control⁷. In addition, the workers' compensation population generally experience acute, injury-based dental needs that are often more costly to treat, while IDD members typically have lifelong disabilities present from birth.
- NDAS Fee Schedule⁸: Access to NDAS fee schedule requires a paid subscription, and its use may involve copyright limitations. Disclosing fee information from NDAS could present legal challenges, potentially compromising compliance. On the other hand, not disclosing those rates would undermine the transparency of our rate-setting methodology, which is essential for accountability in public programs.

Based on these considerations, we proceeded with ADA data and benchmark state comparisons as our primary benchmarks, as they best balance relevance, transparency, and legal compliance.

See Appendix I for Stakeholder Feedback.

⁶ For Colorado Workers' Compensation, please refer to <https://cdle.colorado.gov/dwc> for details.

⁷ Please refer to https://www.ncci.com/Articles/Pages/II_Research-wc-vs-group-health.pdf for more details.

⁸ Please refer to <https://wasserman-medical.com/product-category/dental/ndas/> for NDAS Fee Schedules.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for dental IDD services.

DIDD Top 10 Procedure Codes by Utilization						
Rank	Code	Service Description	Benchmark Ratio (ADA)	Benchmark Ratio (Benchmark States)	Utilization	% of Total Utilization
1	D0120	Periodic Oral Evaluation	75.0%	153.5%	6,513	14.91%
2	D1110	Prophylaxis Adult	81.1%	166.7%	5,479	12.55%
3	D1206	Topical Fluoride Varnish	76.3%	112.0%	3,364	7.70%
4	D0230	Intraoral Periapical-Each Additional	72.3%	215.5%	2,569	5.88%
5	D0274	Bitewings, Four Images	74.1%	187.6%	2,560	5.86%
6	D0220	Intraoral Periapical First	72.3%	143.3%	2,362	5.41%
7	D4910	Periodontal Maintenance	74.9%	225.4%	1,806	4.14%
8	D4342	Periodontal Scaling 1 to 3 Teeth	76.1%	219.1%	1,707	3.91%
9	D7140	Extraction Erupted Tooth/Exposed Root	65.8%	172.2%	1,268	2.90%
10	D2392	Resin Based Composite Two Surfaces Posterior	70.3%	208.5%	1,253	2.87%

Table 15. DIDD top 10 procedure codes ranked by utilization

Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the IDD population. Preventive services play a critical role in reducing the need for more complex procedures, especially for individuals with IDD who may face greater barriers to accessing routine dental care.

This analysis showed that only 69% (Table 16) of the IDD population who used dental services received preventive dental care in SFY 2023-24. Other than potential access barriers, the underutilization of these codes may be due to the following two contributing factors:

1. Dental claims are first processed under the State plan. Services that have been maxed or denied on the State plan are then submitted for adjudication under the IDD plan.
2. The SFY 2023-24 data has some limitations, as DentaQuest provided records only from July 2023 to Feb 2024, leaving a data gap from March to June 2024.

	Number of Codes	Member Count	Utilization	Net Paid Amount
Preventive Codes	17	3,658	9,358	\$504,701
All DIDD Codes	444	5,296	44,100	\$4,552,421
Percentage of Preventative Codes Over All DIDD Codes	4%	69%	21%	11%

Table 16. DIDD preventive codes analysis

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are below 60% or above 140% of the benchmark rate.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Dental for People with Intellectual and Developmental Disabilities Compared to Projected ADA 2025 Rates

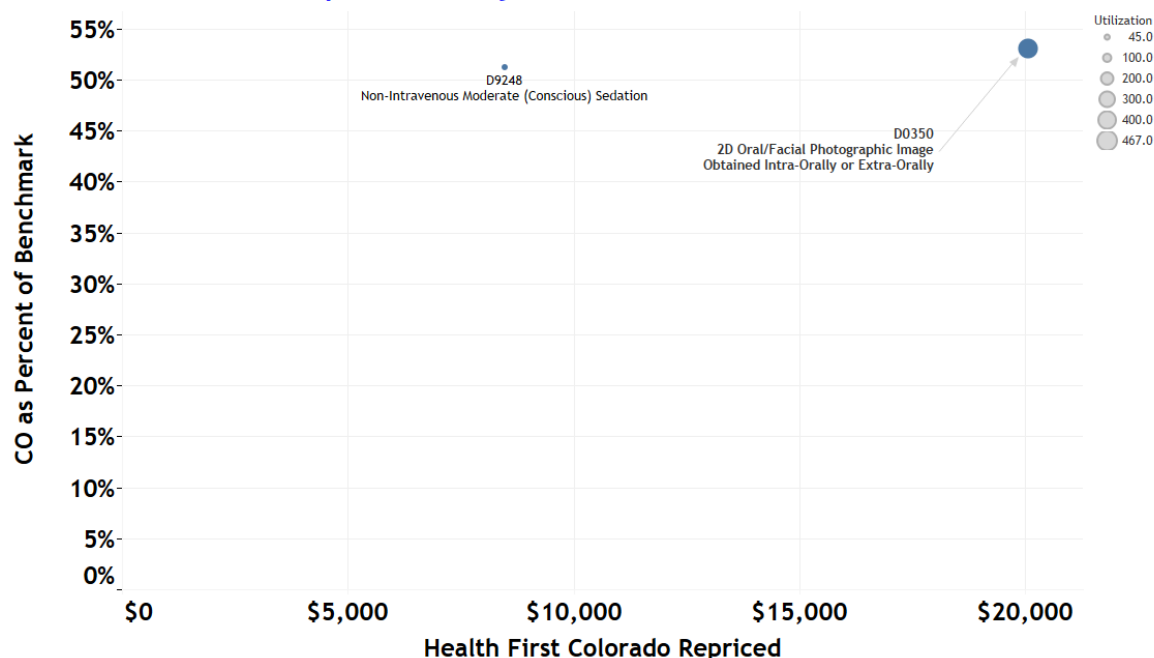


Figure 1. Bubble Chart indicating the outliers under 60% and over 140% found for DIDD compared to Projected ADA 2025 rates

The bubble chart above (Figure 1) indicates that there are two procedure codes with CO rates below 60% of the benchmark using projected ADA 2025 rates for benchmarking for dental IDD services. Code D9248 has a benchmark ratio of 51% with 45 allowed units, accounting for only 0.15% of total utilization in this service group. Code D0350 has a benchmark ratio of 53% with 467 allowed units (15.87% of the total). To protect PHI, seven outliers with low utilization were excluded from the chart, all of them have a benchmark ratio below 60%.

The bubble chart below (Figure 2) indicates that there is one procedure code (D4346), with CO rates under 60% of the benchmark using other states for benchmarking for DIDD. And there are 47 codes (see Appendix A2 for more details), with rates above 140% of the benchmark rate. To protect PHI, 24 outliers with low utilization were excluded from the chart, all of them have a benchmark ratio above 140%.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Dental for People with Intellectual and Developmental Disabilities Compared to Benchmark States Rates

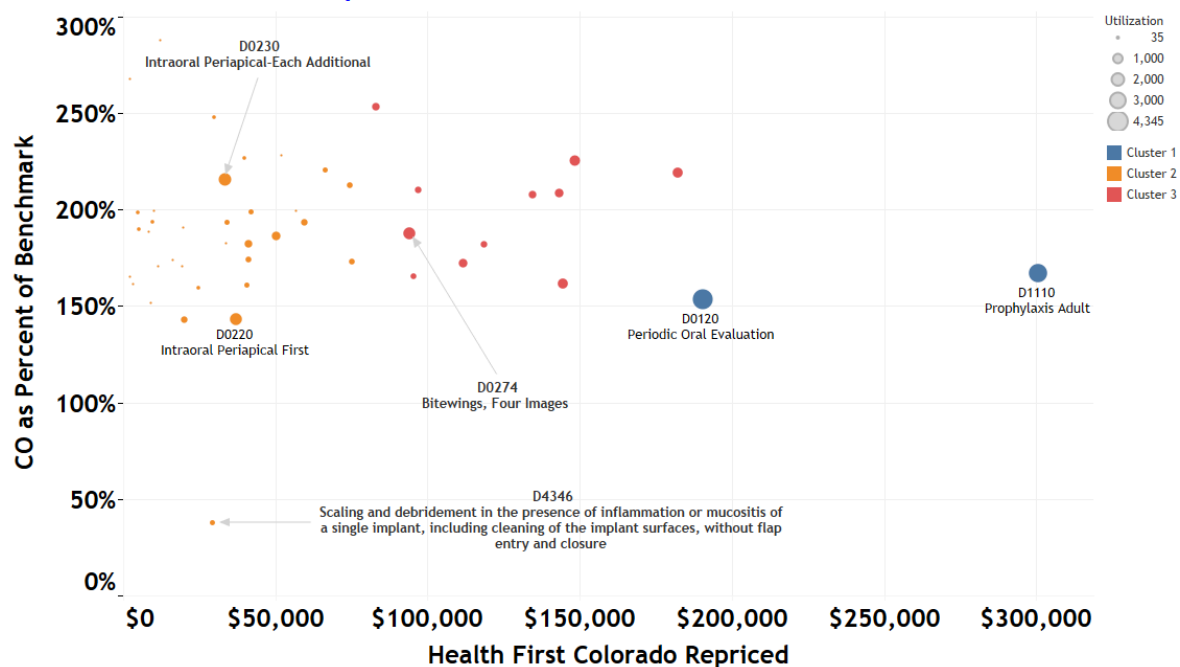


Figure 2. Bubble Chart indicating the outliers under 60% and over 140% found for DIDD compared to Benchmark States

These 48 outliers are grouped into 3 clusters:

- Cluster 1 includes 2 codes with utilization amounts between 3,655 and 4,345 allowed units, and repriced amounts between \$190,318 and \$300,726. The benchmark ratio for these codes ranges between 153.43% and 166.74%. Cluster 1 contains outliers with the highest utilization and high Colorado repriced amounts.
- Cluster 2 includes 35 codes with utilization amounts between 35 and 1,714 allowed units, and repriced amounts between \$2,241K and \$75,298K. The benchmark ratio for these codes ranges between 37.90% and 287.38%. Overall, cluster 2 contains outliers with low Colorado repriced amounts and low to moderate utilization.
- Cluster 3 includes 11 codes with utilization amounts between 423 and 1,708 allowed units, and repriced amounts between \$83,055 and \$182,343. The benchmark ratio for these codes ranges between 161.75% and 253.01%. Overall, cluster 3 contains outliers with moderate utilization as well as moderate Colorado repriced amount.

MPRRAC Recommendations

- The MPRRAC recommends increasing rates that are below 100% of the regular Medicaid dental rates in the State Plan to 150% of those rates, and keeping any rates that are at or above 100% of the State Plan levels the same.
- The MPRRAC recommends adjusting the rates for the three highly used codes (D00120, D7140, and D2392) to 150% of the standard Medicaid dental rates in the State Plan, acknowledging that the current rates are set higher than the State Plan rates.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$1,073,485 total funds, including \$207,934 General Fund, when extrapolated to a full year.

HCPF Recommendations

- HCPF recommends adjusting all rates for codes covered in the Colorado Medicaid Dental State Plan to 125% of the State Plan rates.
- HCPF recommends no changes for codes not covered in the Colorado Medicaid Dental State Plan.
- HCPF recommends no changes for codes with a \$0 rate or those that are manually priced.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$51,223 total funds, including -\$9,922 General Fund, when extrapolated to a full year.

Durable Medical Equipment (DME)

Service Description

DME includes items that are primarily and customarily used to serve a medical purpose. Generally, they are not useful to an individual in the absence of a disability, illness or injury; can withstand repeated use; and can be reusable or removable.

DME Statistics	
Total Adjusted Expenditures SFY 2023-24	\$73,936,431
Total Members Utilizing Services in SFY 2023-24	85,192
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-14.77%
Total Active Providers SFY 2023-24	3,723
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.70%

Table 17. DME total expenditure and utilization data (SFY 2023-24).

Benchmark Rationale

The rates for DME were compared to Medicare and the rates from 6 benchmark states: Arizona, California, Nebraska, Oklahoma, Oregon, and Wyoming. These states were chosen as benchmarks for the rate comparison analysis collectively because they cover many of the same DME services. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. The ability to review rate differentials between geographics is beneficial for reviewing DME rates. Hence, some of the states have higher amounts of covered populations in rural areas, providing a rural and urban split for reimbursement that is similar to the rural and urban split in Colorado. When comparing procedure code/modifier/region combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes. For more information on the benchmark states used for a particular code, please see Appendix D.

Rate Comparison Analysis

The DME service grouping has a total of 1,141 procedure code/modifier/region combinations. The benchmarks for 511 combinations were calculated using the Colorado and benchmark repriced amounts because those combinations had valid SFY 2023-24 utilization data. The benchmarks for 422 combinations were calculated using rate-only comparisons because there was no valid SFY 2023-24 utilization data. In total, 933 of these combinations have a benchmark. The rates for 599 combinations (52.5%) were compared to Medicare, and the rates for 334 combinations (29.3%) were compared to rates from benchmark states. Moreover, 208 combinations (18.2%) were excluded; these exclusions include 89 combinations that do not have a Colorado rate, either because the code is closed (1) or because the code is manually priced (88), and 119 combinations that do not have a valid benchmark.

On average, Colorado Medicaid payments for DME are estimated to be at 91.71% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

DME Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$73,936,431	\$80,619,213	91.71%

Table 18. Comparison of Colorado Medicaid DME service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$6,682,782 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for DME were 3.39%-486.84%.

Access to Care Analysis

As seen in the DME panel size visual (Appendix B, Figure 16), the average number of utilizers per provider in urban regions increased before decreasing. The penetration rate visual (Appendix B, Figure 18) shows that much of South-Eastern Colorado had considerably high or otherwise moderate penetration rates. The percentage of active providers serving Medicaid members was 28% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 19) shows that the percent of active providers that served only one Medicaid member had an increasing trend, which was a result of more DME online retailers that enable delivery to members' homes. These findings suggest that access to care is relatively stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

Through various engagement with stakeholders, two key issues were brought to light. Stakeholders were interested in the manually priced codes, and the MPRRAC was interested in key codes with benchmark ratios above 100% of the benchmark. These issues were addressed through the following processes.

In response to comments during the March 2025 meeting, which highlighted stakeholder interest in manually priced codes, all manually priced codes were added to Appendix A2. Moreover, HCPF met with the stakeholders and learned that most of the manually priced codes of interest fall under the orthotics subcategory.

Through discussions with internal policy specialists, K0739 (repair/service for DME non-oxygen equipment) was highlighted as a critical code in the DME benefit. This code reimburses for the labor involved in a repair. It is priced to encourage suppliers to repair equipment when appropriate rather than purchasing new equipment. While this code is at 225% of the benchmark, its rate is important for cost savings.

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure code/modifier/region combinations with the highest utilization for DME.

DME Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Region	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	E1390+RR	Urban	OXYGEN CONCENTRATOR	99.04%	146,679	28.55%
2	E0431+RR	Urban	PORTABLE GASEOUS O2	85.51%	67,642	13.17%
3	E1390+RR	Rural	OXYGEN CONCENTRATOR	82.21%	34,494	6.71%
4	K0738+RR	Urban	PORTABLE GAS OXYGEN SYSTEM	80.80%	31,241	6.08%
5	E0431+RR	Rural	PORTABLE GASEOUS O2	82.09%	18,704	3.64%
6	K0739	Statewide	REPAIR/SVC DME NON-OXYGEN EQ	225.42%	17,158	3.34%
7	E0601+RR	Urban	CONT AIRWAY PRESSURE DEVICE	98.04%	13,107	2.55%
8	A4627	Statewide	SPACER BAG/RESERVOIR	148.25%	12,616	2.46%
9	E1392+RR	Urban	PORTABLE OXYGEN CONCENTRATOR	81.05%	10,568	2.06%
10	E0424+RR	Urban	STATIONARY COMPRESSED GAS O2	99.05%	10,488	2.04%

Table 19. DME top 10 procedure codes by utilization.

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. The below bubble charts indicate the outliers under 60%

and above 140% found for DME. To protect PHI, 24 outliers with low utilization were excluded from the charts; 14 of these were outliers with benchmark ratios below 60%, and 10 of these were outliers with benchmark ratios above 140%.

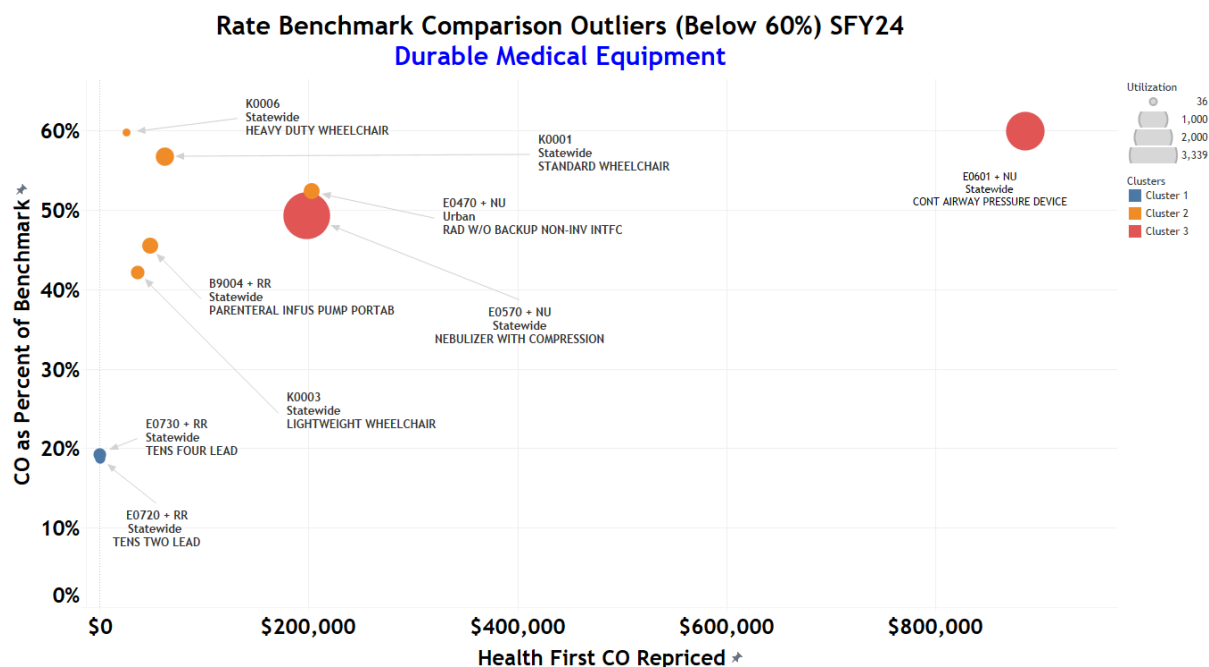


Figure 3. Bubble Chart indicating the outliers under 60% for DME.

In Figure 3, there are 9 outliers with Colorado repriced amounts and benchmark ratios under 60% of the benchmark. These outliers are grouped into three clusters.

- Cluster 1 includes two procedure code/modifier/region combinations, E0720 + RR and E0730 + RR, and they are both around 19% of the benchmark. Their Colorado repriced amounts are \$262 and \$480, and their utilization amounts are 47 and 84 allowed units, respectively. Overall, cluster 1 contains outliers with low utilization, low Colorado repriced amounts, and low benchmark ratios.
- Cluster 2 includes five procedure code/modifier/region combinations, K0001, K0003, K0006, B9004 + RR, and E0470 + NU + Urban. Their benchmark ratios range from 42% to 60%, their Colorado repriced amounts range from \$25,446 to \$202,790, and their utilization ranges from 36 to 270 allowed units. Overall, cluster 2 contains outliers with low utilization, low Colorado repriced amounts, and relatively moderate benchmark ratios.
- Cluster 3 includes two procedure code/modifier/region combinations, E0570 + NU and E0601 + NU. Their benchmark ratios are 49% and 60%, their Colorado repriced amounts are \$198,550 and \$886,110, and their utilization amounts are

3,339 and 2,089, respectively. Overall, cluster 3 contains outliers with relatively high utilization and relatively moderate benchmark ratios.

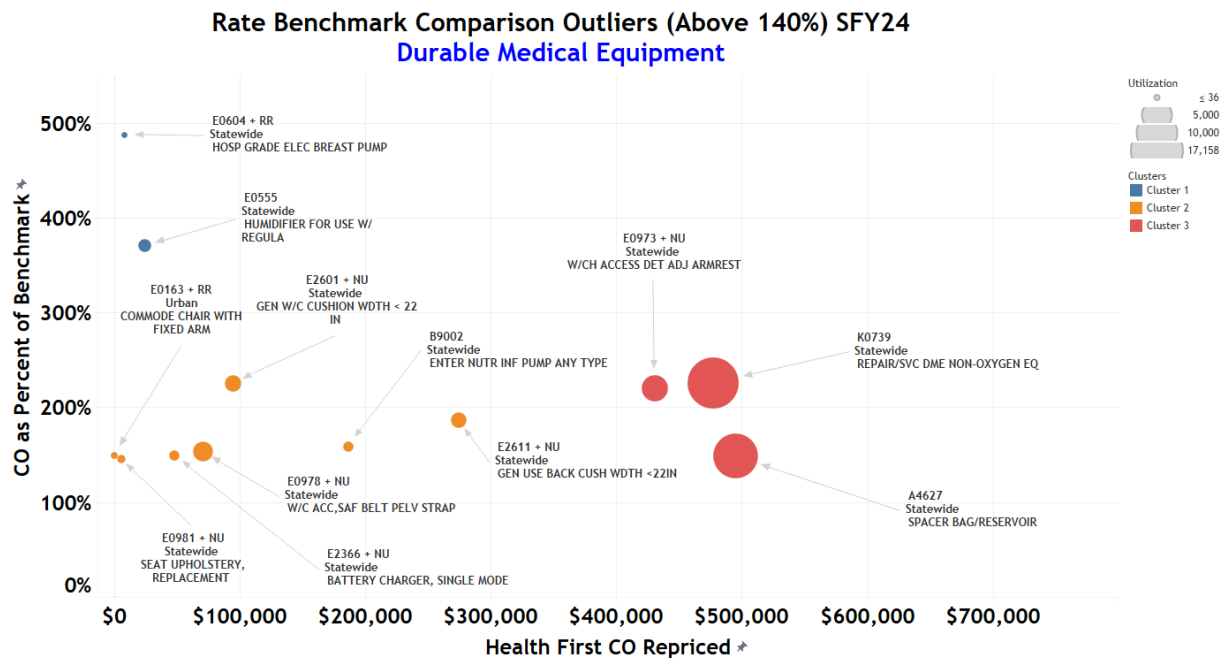


Figure 4. Bubble Chart indicating the outliers over 140% for DME.

In Figure 4, there are 12 outliers with Colorado repriced amounts and benchmark ratios above 140% of the benchmark. These outliers are grouped into three clusters.

- Cluster 1 includes two procedure code/modifier/region combinations, E0555 and E0604 + RR. Their benchmark ratios are 371% and 487%, their Colorado repriced amounts are \$24,420 and \$8,078, and their utilization amounts are 430 and 35 allowed units, respectively. Overall, cluster 1 contains outliers with high benchmark ratios, low utilization, and low Colorado repriced amounts.
- Cluster 2 includes seven procedure code/modifier/region combinations. Their benchmark ratios range from 145% to 225%, their Colorado repriced amounts range from \$432 to \$274,380, and their utilization ranges from 44 to 1,634 allowed units. Overall, cluster 2 contains outliers that have relatively moderate benchmark ratios, low utilization, and relatively low Colorado repriced amounts.
- Cluster 3 includes three procedure code/modifier/region combinations, A4627, E0973 + NU, and K0739. Their benchmark ratios range from 148% to 225%, their Colorado repriced amounts range from \$430,444 to \$494,918, and their utilization ranges from 3,487 to 17,158 allowed units. Overall, cluster 3

contains outliers with relatively moderate benchmark ratios, high utilization, and high Colorado repriced amounts.

MPRRAC Recommendations

- For DME services, the MPRRAC recommends increasing the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.
- For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$1,039,849 total funds, including \$285,127 General Fund.

HCPF Recommendations

- For DME services, HCPF recommends increasing the rates for all codes that are under 70% of the benchmark ratio to 70% of the benchmark and decreasing the rates for all codes that are above 100% of the benchmark to 100% of the benchmark due to budget constraints. However, HCPF recommends keeping the rate for code K0739⁹, non-oxygen equipment repair, the same. This rebalancing of rates is recommended due to many codes being significantly below their respective benchmarks. However, due to budget constraints and the current uncertainties about the impact of tariffs on this category the codes that are currently above 100% of their respective benchmarks need to be lowered in order to make up for the extra expenditure.
- For codes with valid Colorado rates but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be -\$1,434,889 total funds, including -\$393,447 General Fund.

⁹ Repair code K0739 is a critical code in the DME benefit, as it facilitates cost savings, aligning with the Medicaid Sustainability Framework.

Prosthetics, Orthotics, Enteral Formula, and Disposable Supplies - Overview

Service Description

Prosthetic and orthotic devices are defined as replacement, corrective, or supportive devices that artificially replace a missing portion of the body, prevent or correct physical deformity or malfunction, or support a weak or deformed portion of the body. They often come with disposable supplies that are related to these treatments.

Services included under this category are:

- Prosthetics
- Orthotics
- Enteral Formula
- Other and Disposable Supplies

Benchmark Rationale

The rates for prosthetics, orthotics and disposable supplies were compared to Medicare and the rates from 10 benchmark states: Arizona, California, Louisiana, Nebraska, Nevada, Ohio, Oklahoma, Oregon, Texas and Wyoming. These states were chosen as benchmarks for the rate comparison analysis because they collectively cover many of the same prosthetics, orthotics, and disposable supplies services. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. The ability to review rate differentials between geographics is beneficial for reviewing prosthetics, orthotics, and disposable supplies rates. Hence, some of the states have higher amounts of covered populations in rural areas, providing a rural and urban split for reimbursement that is similar to the rural and urban split in Colorado. This service category contains over one hundred unique procedure codes not covered by Medicare; hence, ten states are used for benchmarking to allow for a more complete analysis of the category. When comparing procedure code/modifier/region combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes. For more information on the benchmark states used for a particular code, please see Appendix D.

Prosthetics, Orthotics, and Disposable Supplies (POS) - Prosthetics

Service Description

Prosthetics services provide specialized healthcare solutions for individuals who have lost limbs or body parts due to amputation, injury, or congenital conditions. These services focus on the design, fabrication, fitting, and maintenance of artificial limbs and body parts called prostheses.

POS - Prosthetics Statistics	
Total Adjusted Expenditures SFY 2023-24	\$7,009,735
Total Members Utilizing Services in SFY 2023-24	870
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.64%
Total Active Providers SFY 2023-24	64
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-4.48%

Table 20. Prosthetics total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The prosthetics service grouping has a total of 419 procedure code/modifier/region combinations. The benchmarks for 202 combinations were calculated using the Colorado and benchmark repriced amounts because those combinations had valid SFY 2023-24 utilization data. The benchmarks for 201 combinations were calculated using rate-only comparisons because there was no valid SFY 2023-24 utilization data. In total, 403 of these combinations have a benchmark. The rates for 397 combinations (94.8%) are compared to Medicare, and the rates for six combinations (1.4%) are compared to rates from benchmark states. Moreover, 16 combinations (3.8%) are excluded because the codes are manually priced and do not have a Colorado rate.

When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes:

POS - Prosthetics Benchmark States	
Procedure Code	Benchmark States
L7510	Louisiana, Nevada, Ohio, Oklahoma, Oregon, Texas, and Wyoming
L7520	Arizona, California, Louisiana, Nebraska, Nevada, Ohio, Oklahoma, Oregon, Texas, and Wyoming
L8010	Arizona, California, Louisiana, Nebraska, Nevada, Ohio, Oklahoma, Texas, and Wyoming
L8049	Arizona, Nebraska, Oregon, and Wyoming
L8505	Louisiana, Nebraska, and Oregon
L8692	Ohio, Oklahoma, Oregon, Texas, and Wyoming

Table 21. Prosthetics benchmark states (SFY 2023-24).

On average, Colorado Medicaid payments for prosthetics are estimated at 74.07% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

POS - Prosthetics Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 10 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$7,009,735	\$9,463,047	74.07%

Table 22. Comparison of Colorado Medicaid prosthetics service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$2,453,312 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for prosthetics were 6.87%-246.28%.

Access to Care Analysis

As seen in the prosthetics panel size visual (Appendix B, Figure 21), the average number of utilizers per provider in urban and rural areas was stable. The percentage of active providers that served Medicaid members was 29% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 24) shows that the percent of active providers that served only one Medicaid member increased before decreasing. The drive time analysis (Appendix B, Figure 25) shows that much of the state had relatively high drive times (over an hour). These findings indicate that access to care could be impacted by relatively low provider participation and longer distances to providers.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure code/modifier/region combinations with the highest utilization for prosthetics.

POS - Prosthetics Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	L8420	PROSTHETIC SOCK MULTI PLY BK	Statewide	71.01%	2,628	19.44%
2	L8470	PROS SOCK SINGLE PLY BK	Statewide	71.25%	1,919	14.19%
3	L5673	SOCKET INSERT W LOCK MECH	Statewide	79.08%	712	5.27%
4	L5620	TEST SOCKET BELOW KNEE	Statewide	71.11%	520	3.85%
5	L8400	SHEATH BELOW KNEE	Statewide	71.41%	511	3.78%
6	L5679	SOCKET INSERT W/O LOCK MECH	Statewide	78.90%	432	3.20%
7	L5685	BELOW KNEE SUS/SEAL SLEEVE	Statewide	71.18%	373	2.76%
8	L8430	PROSTHETIC SOCK MULTI PLY AK	Statewide	71.40%	373	2.76%
9	L5637	BELOW KNEE TOTAL CONTACT	Statewide	71.10%	360	2.66%
10	L5940	ENDO BK ULTRA-LIGHT MATERIAL	Statewide	71.13%	329	2.43%

Table 23. Prosthetics top 10 procedure codes by utilization.

MPRRAC Recommendations

- For POS - prosthetics services, the MPRRAC recommends increasing the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$564,395 total funds, including \$154,757 General Fund.

HCPF Recommendations

- For POS - prosthetics services, HCPF recommends no changes to the rates due to current uncertainties about the impact of tariffs on this category.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

Prosthetics, Orthotics, and Disposable Supplies - Orthotics

Service Description

Orthotics services focus on the design, fabrication, and application of external devices, which are called orthoses, to support, align, or correct various parts of the body.

POS - Orthotics Statistics	
Total Adjusted Expenditures SFY 2023-24	\$13,302,280
Total Members Utilizing Services in SFY 2023-24	27,142
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-1.64%
Total Active Providers SFY 2023-24	241
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.00%

Table 24. Orthotics total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The orthotics service grouping has a total of 500 procedure code/modifier/region combinations. The benchmarks for 291 combinations were calculated using the Colorado and benchmark repriced amounts because those combinations had valid SFY 2023-24 utilization data. The benchmarks for 192 combinations were calculated using rate-only comparisons because there was no valid SFY 2023-24 utilization data. In total, 483 of these combinations have a benchmark. The rates for 432 combinations (86.4%) are compared to Medicare, and the rates for 51 combinations (10.2%) are compared to rates from benchmark states. Moreover, 17 combinations (3.4%) are excluded; these exclusions include 11 combinations that do not have a Colorado rate, either because the code is closed (1) or because the code is manually priced (10), and 6 combinations that do not have a valid benchmark.

On average, Colorado Medicaid payments for orthotics are estimated at 82.66% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

POS - Orthotics Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 10 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$13,302,280	\$16,091,959	82.66%

Table 25. Comparison of Colorado Medicaid orthotics service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$2,789,679 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for orthotics were 26.85%-307.43%.

Access to Care Analysis

As seen in the orthotics panel size visual (Appendix B, Figure 27), the average number of utilizers per provider in urban areas experienced an increasing trend with noted fluctuations throughout SFY 2021-22 and SFY 2022-23. It then decreased notably into the middle of SFY 2023-24, before increasing again and experiencing similar fluctuations as the previous years. The percentage of active providers that served Medicaid members was 39% in SFY 2023-24. The special providers visual (Appendix B, Figure 30) shows that the percent of active providers that served only one Medicaid member remained stable. The drive time analysis (Appendix B, Figure 31) shows that drive times were relatively low statewide, with the exception of some parts of Western Colorado. However, the context provided by the panel size map (Appendix B, Figure 28) and penetration rate visual (Appendix B, Figure 29) indicates that access to care is relatively stable, even for most of the Western Colorado counties affected by higher drive times.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

Extensive engagement with both internal and external stakeholders occurred during the orthotics rate review process. There were two main stakeholder groups with feedback regarding the orthotics category.

First, stakeholders from the American Orthotic and Prosthetic Association (AOPA) made the following requests:

- Normal FFS fee schedule reimbursement methodology for codes L5973 and L6880, which are manually priced on the Health First Colorado fee schedule.
- Miscellaneous 99 codes (i.e., L2999) to be priced at cost + 70% rather than the current cost + 24.06%. This request would require a budget increase.
- Health First Colorado covers L2006 MP-KAFO (not currently a Health First Colorado benefit)

Since these requests are for procedure codes that are not currently reimbursed through the normal FFS fee schedule methodology, stakeholders from AOPA were connected with the DMEPOS policy specialists to formally request these changes. The policy specialists have met with and communicated via email with stakeholders from AOPA. The requests must go through the Benefit Determination Process.

Second, HCPF reached out to stakeholders from Cranial Kids and Cranial Tech regarding procedure code S1040, as this code was identified as a critical code by the DMEPOS policy team. Many stakeholders were able to attend the July meeting to present their feedback on this procedure code.

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the code/modifier/region combinations with the highest utilization for orthotics.

POS - Orthotics Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	L2275	PLASTIC MOD LOW EXT PAD/LINE	Statewide	70.12%	4,290	6.75%
2	L4361	PNEUMA/VAC WALK BOOT PRE OTS	Statewide	71.18%	3,714	5.84%
3	L2840	TIBIAL LENGTH SOCK FX OR EQU	Statewide	70.02%	3,617	5.69%
4	L3908	WHO COCK-UP NONMOLDE PRE OTS	Statewide	71.31%	3,239	5.10%
5	L2820	SOFT INTERFACE BELOW KNEE SE	Statewide	70.43%	2,785	4.38%
6	L2280	MOLDED INNER BOOT	Statewide	69.98%	2,725	4.29%
7	L0621	SIO FLEX PELVIC/SACR PRE OTS	Statewide	123.47%	2,157	3.39%
8	L3202	OXFORD W/ SUPINAT/PRONATOR C	Statewide	107.63%	2,035	3.20%
9	L3670	SO ACRO/CLAV CAN WEB PRE OTS	Statewide	47.96%	2,013	3.17%
10	L3809	WHFO W/O JOINTS PRE OTS	Statewide	71.15%	1,991	3.13%

Table 26. Orthotics top 10 procedure codes by utilization.

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category. The below bubble chart (Figure 5) indicates the outliers under 60% or above 140% found for orthotics. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, 15 outliers with low utilization were excluded from the chart. Out of these low-utilized outliers, 12 were below 60% of the benchmark and 3 were above 140% of the benchmark.

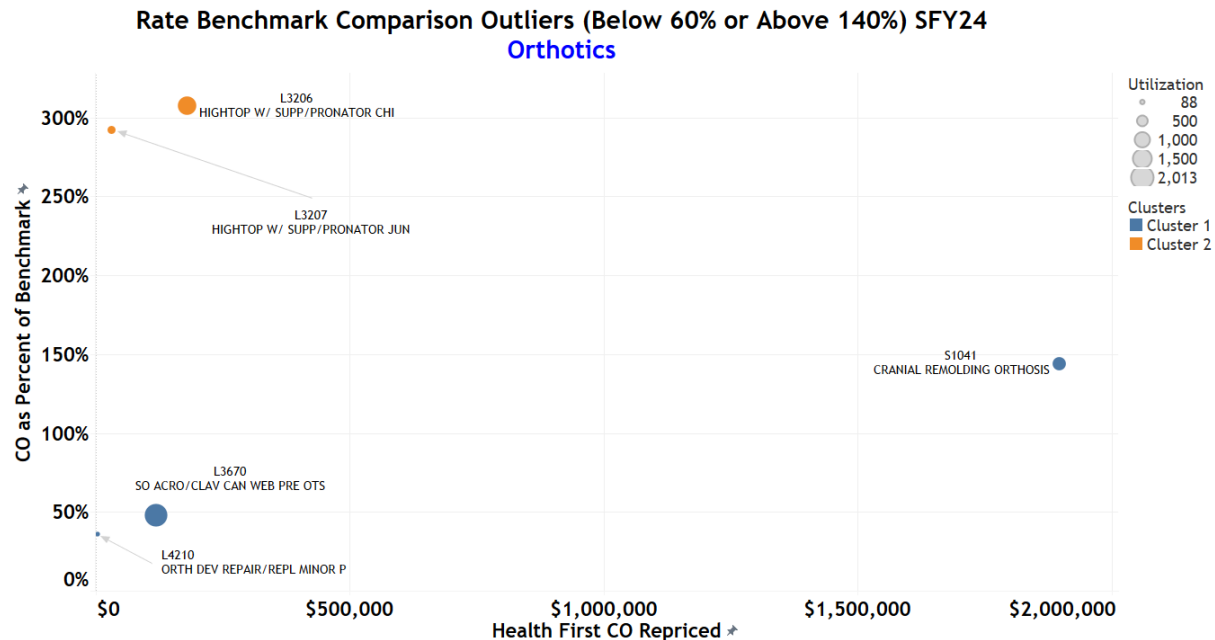


Figure 5. Bubble chart indicating the outliers below 60% and over 140% for orthotics.

In Figure 5, there are 5 outliers with Colorado repriced amounts and benchmark ratios under 60% of the benchmark. These outliers are grouped into two clusters.

- Cluster 1 is composed of three outliers. Within this cluster, there are two outliers, L3670 and L4210, with valid SFY 2023-24 utilization that are under 60% of the benchmark. Moreover, there is one outlier, S1041, with valid SFY 2023-24 utilization that is at 144% of the benchmark. Among the outliers, S1040 had the highest Health First Colorado repriced amount of \$1,897,719 (14% of the total Health First Colorado repriced amount in the orthotics category). In addition, L3670 had the highest utilization at just over 2000 allowed units (3% of the overall utilization in the orthotics category), and L4210 had the lowest utilization at 88 allowed units (0.1% of the overall utilization in the orthotics category).
- Cluster 2 contains two outliers with benchmark ratios above 290%. These outliers all had Health First Colorado repriced amounts ranging from around \$10,000-\$60,000. Their utilization amounts range between 256 and 1,337 allowed units.

MPRRAC Recommendations

- For POS - orthotics services, the MPRRAC recommends increasing the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark

and to keep the rates for all codes that are above 80% of the benchmark the same.

- For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$1,067,224 total funds, including \$292,633 General Fund.

HCPF Recommendations

- For POS - orthotics services, HCPF recommends increasing the rates for all codes that are under 70% of the benchmark ratio to 70% of the benchmark and decreasing the rates for all codes that are above 100% of the benchmark to 100% of the benchmark due to budget constraints. However, HCPF recommends keeping the rate for code S1040¹⁰, cranial molding orthosis, the same.
- For codes with valid Colorado rates but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be -\$222,925 total funds, including -\$61,126 General Fund.

¹⁰ The rate for code S1040 covers the entire process, including the creation of the orthosis, fitting it to the infant, and making necessary adjustments. This rate was set in a way to ensure access to care and properly reimburse providers for this service.

Prosthetics, Orthotics, and Disposable Supplies - Enteral Formula

Service Description

Enteral formula is a liquid, nutrient-rich food or supplement designed to be delivered directly into the gastrointestinal (GI) tract either orally or through a feeding tube. It is designed to meet nutritional needs when someone cannot consume enough food or nutrients orally due to medical conditions that impair normal digestion or absorption. These formulas may be nutritionally complete or specialized for specific medical conditions. Enteral formula is ordered by a physician, physician assistant, or nurse practitioner and provided according to standards of practice. Under appropriate circumstances, enteral formula may be covered under Medicare Part B when medical necessity criteria are met.

POS - Enteral Formula Statistics	
Total Adjusted Expenditures SFY 2023-24	\$28,938,450
Total Members Utilizing Services in SFY 2023-24	10,243
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	4.03%
Total Active Providers SFY 2023-24	119
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	12.26%

Table 27. Enteral formula total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The enteral formula service grouping has a total of 32 procedure code/modifier/region combinations. The rates for 19 combinations (59.4%) are compared to Medicare, and the rates for 8 combinations (25%) are compared to rates from benchmark states. Moreover, 5 combinations (15.6%) are excluded because they are manually priced, which means they do not have a Colorado rate.

When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes:

POS - Enteral Formula Benchmark States	
Procedure Code	Benchmark States
B4102	Louisiana and Ohio
B4157	Nevada, Oregon, and Texas
B4158, B4159, B4160, B4161	Louisiana, Nebraska, Nevada, Oregon, and Texas
B4172	Nebraska, Oklahoma, Oregon, and Texas
B5200	Oregon and Texas

Table 28. Enteral formula benchmark states (SFY 2023-24).

On average, Colorado Medicaid payments for enteral formula are estimated at 141.52% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

POS - Enteral Formula Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 10 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$28,938,451	\$20,448,060	141.52%

Table 29. Comparison of Colorado Medicaid enteral formula service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$8,490,391 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for the enteral formula category were 15.03%-329.31%.

Access to Care Analysis

As seen in the enteral formula panel size visual (Appendix B, Figure 33), the average number of utilizers per provider in urban areas decreased then increased. The special providers visual (Appendix B, Figure 201) shows that the percent of active providers that served only one Medicaid member increased. These findings indicate that access to care is relatively stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

Extensive engagement with both internal and external stakeholders occurred during the enteral formula rate review process. Policy specialists were consulted to determine why Health First Colorado rates differ from Medicare rates, as 12 codes above 100% of the benchmark account for 99% of the utilization. There are 100-474 formula products assigned to each procedure code, and these products have different pricing structures. Medicare covers the standard (low-cost) adult formulas, while Health First Colorado covers many specialty pediatric formulas that have higher costs. More than two-thirds of the Health First Colorado expenditure for enteral formula is for pediatric patients. Hence, over 12 years ago, HCPF set rates for these codes to meet the needs of Health First Colorado members.

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the code/modifier/region combinations with the highest utilization for enteral formula.

POS - Enteral Formula Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	B4160	EF PED CALORIC DENSE> /=0.7KC	178.69%	5,346,838	31.45%
2	B4161	EF PED HYDROLYZED/AMINO ACID	120.72%	2,890,897	17.00%
3	B4149	EF BLENDERIZED FOODS	109.38%	2,672,575	15.72%
4	B4152	EF CALORIE DENSE> /=1.5KCAL	142.43%	1,852,887	10.90%
5	B4150	EF COMPLET W/INTACT NUTRIENT	134.61%	1,738,593	10.23%
6	B4153	EF HYDROLYZED/AMINO ACIDS	117.78%	954,791	5.62%
7	B4154	EF SPEC METABOLIC NONINHERIT	210.97%	644,858	3.79%
8	B4158	EF PED COMPLETE INTACT NUT	123.32%	448,721	2.64%
9	B4155	EF INCOMPLETE/MODULAR	329.31%	398,895	2.35%
10	B4102	EF ADULT FLUIDS AND ELECTRO	82.71%	36,047	0.21%

Table 30. Enteral formula top 10 procedure codes by utilization.

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category. The below bubble charts (Figure 6 and Figure 7) indicate the outliers under 60% and above 140% found for enteral formula. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, one outlier with low utilization was excluded from the below 60% chart.

Figure 6 shows that there are four outliers, B4152, B4154, B4155, and B4160, above 140% of the benchmark. Their benchmark ratios range from 142%-329%. B4160 has the highest utilization and repriced amount; its utilization is over 5.3 million allowed units (31% of the total utilization for enteral formula), and its repriced amount is more than \$9.7 million (34% or the total repriced amount for enteral formula). The other outliers have utilization ranging from 1.8 million to 6.4 million allowed units and repriced amounts ranging from \$1.1 million to \$1.2 million.

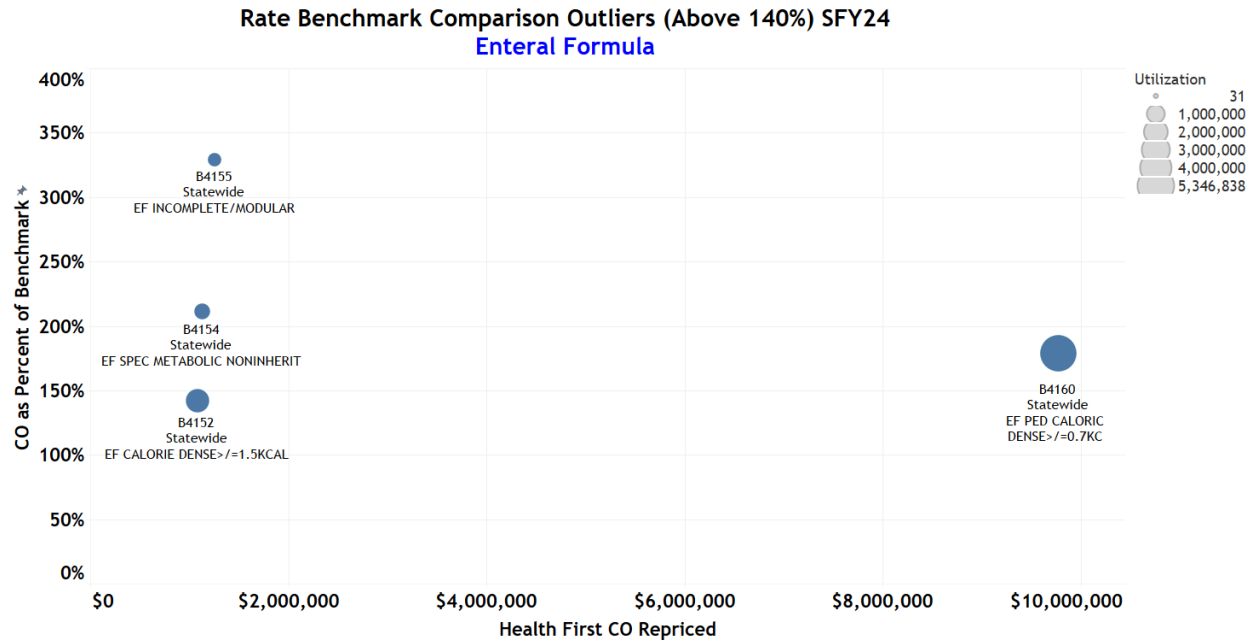


Figure 6. Bubble chart indicating the outliers over 140% for enteral formula.

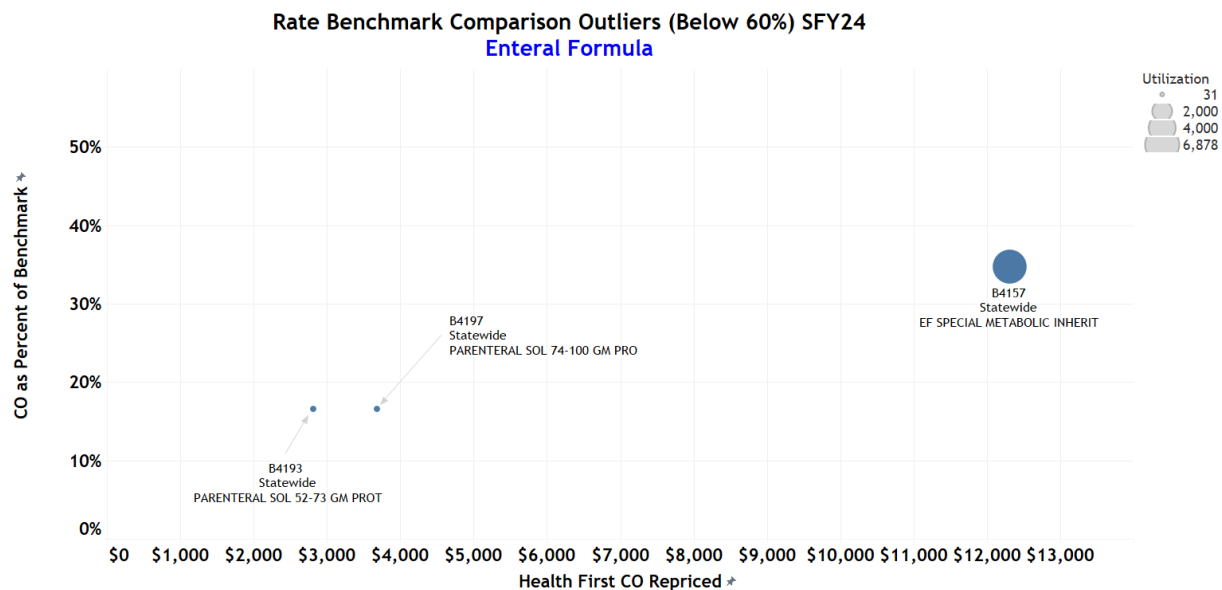


Figure 7. Bubble chart indicating the outliers below 60% for enteral formula.

Figure 7 shows that there are three outliers, B4157, B4193, and B4197, below 60% of the benchmark. Their benchmark ratios range from 16%-34%, their utilization amounts range from 51-6878 allowed units, and their repriced amounts range from \$2,809-\$12,312. B4157 has the highest utilization in this group of outliers, 6878, which accounts for 0.004% of the utilization in this category.

MPRRAC Recommendations

- For the POS - enteral formula category, the MPRRAC recommends no change to the rates. This is because there are many formula products assigned to each code, and while Medicare covers the cost of the standard (low-cost) adult formulas, two-thirds of the Health First Colorado expenditure in this category is for pediatric members who typically require higher cost formulas.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

HCPF Recommendations

- For the POS - enteral formula category, HCPF recommends no change to the rates. This is because there are many formula products assigned to each code, and while Medicare covers the cost of the standard (low-cost) adult formulas, two-thirds of the Health First Colorado expenditure in this category is for pediatric members who typically require higher cost formulas.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

Prosthetics, Orthotics, and Disposable Supplies - Other and Disposable Supplies

Service Description

Disposable supplies are healthcare related items that are consumable, disposable, or single-use items for one individual. Supplies are required to address an individual medical disability, illness or injury.

POS - Other and Disposable Supplies Statistics	
Total Adjusted Expenditures SFY 2023-24	\$67,302,598
Total Members Utilizing Services in SFY 2023-24	63,399
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	2.44%
Total Active Providers SFY 2023-24	4,322
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-0.53%

Table 31. Other and disposable supplies total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The other and disposable supplies service grouping has a total of 700 procedure code/modifier/region combinations. The benchmarks for 369 combinations were calculated using the Colorado and benchmark repriced amounts because those combinations had valid SFY 2023-24 utilization data. The benchmarks for 251 combinations were calculated using rate-only comparisons because there was no valid SFY 2023-24 utilization data. In total, 620 of these combinations have a benchmark. The rates for 493 combinations (70.4%) are compared to Medicare, and the rates for 127 combinations (18.2%) are compared to rates from benchmark states. Moreover, 80 combinations (11.4%) are excluded; these exclusions include 36 combinations that do not have a Colorado rate, either because the code is closed (3) or because the code is manually priced (33), and 44 combinations that do not have a valid benchmark.

On average, Colorado Medicaid payments for other and disposable supplies are estimated at 95.74% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

POS - Other and Disposable Supplies Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 10 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$67,302,598	\$70,294,558	95.74%

Table 32. Comparison of Colorado Medicaid other and disposable supplies service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$2,991,960 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate

ratios for other and disposable supplies were 1.33%-320.00%.

Access to Care Analysis

As seen in the other and disposable supplies panel size visual (Appendix B, Figure 37), the average number of utilizers per provider in urban and rural areas was stable. The penetration rate visual (Appendix B, Figure 39) shows that utilization per 1000 members was moderate in much of the state. Finally, the special providers visual (Appendix B, Figure 40) shows that the percent of active providers that served only one Medicaid member remained stable. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the code/modifier/region combinations with the highest utilization for other and disposable supplies.

POS - Other and Disposable Supplies Top 10 Procedure Codes by Utilization						
Rank	Code + Modifier	Service Description	Region	Benchmark Ratio	Utilization	% of Total Utilization
1	A4215	STERILE NEEDLE	Statewide	119.70%	4,058,236	13.39%
2	T4534	YOUTH SIZE PULL-ON	Statewide	134.03%	3,535,036	11.66%
3	T4535	DISPOSABLE LINER/SHIELD/PAD	Statewide	92.13%	3,529,298	11.64%
4	A5120	SKIN BARRIER, WIPE OR SWAB	Statewide	85.31%	1,818,749	6.00%
5	T4526	ADULT SIZE PULL-ON MED	Statewide	104.42%	1,697,834	5.60%
6	T4527	ADULT SIZE PULL-ON LG	Statewide	110.77%	1,676,169	5.53%
7	T4522	ADULT SIZE BRIEF/DIAPER MED	Statewide	109.51%	1,170,971	3.86%
8	T4530	PED SIZE BRIEF/DIAPER LG	Statewide	82.44%	1,035,257	3.42%
9	T4532	PED SIZE PULL-ON LG	Statewide	87.51%	1,010,579	3.33%

10	A6402	STERILE GAUZE <= 16 SQ IN	Statewide	86.14%	756,433	2.50%

Table 33. Other and disposable supplies top 10 procedure codes by utilization.

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category. The below bubble charts (Figures 8 and 9) indicate the outliers under 60% and above 140% found for other and disposable supplies. Outliers are defined as Colorado Medicaid reimbursement rates that are below 60% or above 140% of the benchmark rate. To protect PHI, 16 outliers with low utilization were excluded from the charts. 14 of these outliers had benchmark ratios below 60% of the benchmark, and two had benchmark ratios above 140%.

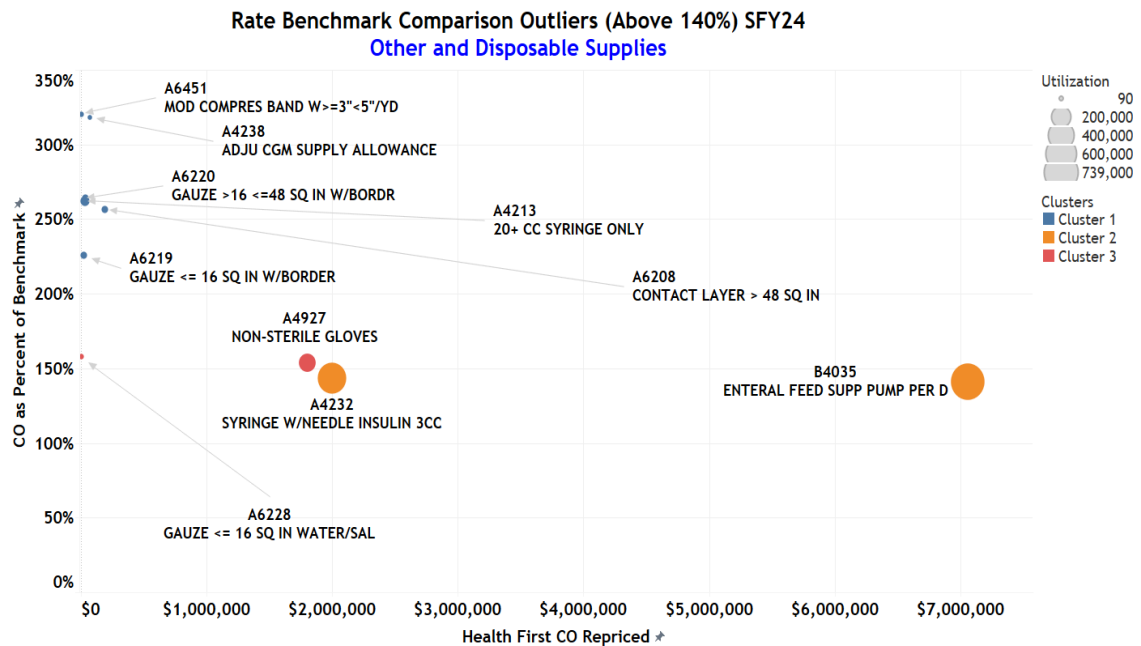


Figure 8. Bubble chart indicating the outliers over 140% for other and disposable supplies.

Figure 8 shows that there are 10 outliers above 140% that are grouped into 3 clusters. The value ranges for each cluster are as follows:

- Cluster 1 contains 6 outliers. Their benchmark ratios range from 226% to 320%, their utilization ranges from 90 to 18,232, and their Colorado repriced amounts range from \$2,524 to \$192,885. This cluster can be characterized as containing outliers with low utilization and Colorado repriced amounts, but high benchmark ratios.

- Cluster 2 contains 2 outliers. Their benchmark ratios range from 141% to 143%, their utilization ranges from 503,688 to 739,000, and their Colorado repriced amounts range from \$2 million to 7.4 million. This cluster can be characterized as containing outliers with high utilization and relatively high Colorado repriced amounts.
- Cluster 3 contains 2 outliers. Their benchmark ratios range from 153% to 158%, their utilization ranges from 512 to 131,552, and their Colorado repriced amounts range from \$1,038 to \$1.8 million. This cluster can be characterized as containing outliers with moderate utilization and Colorado repriced amounts.

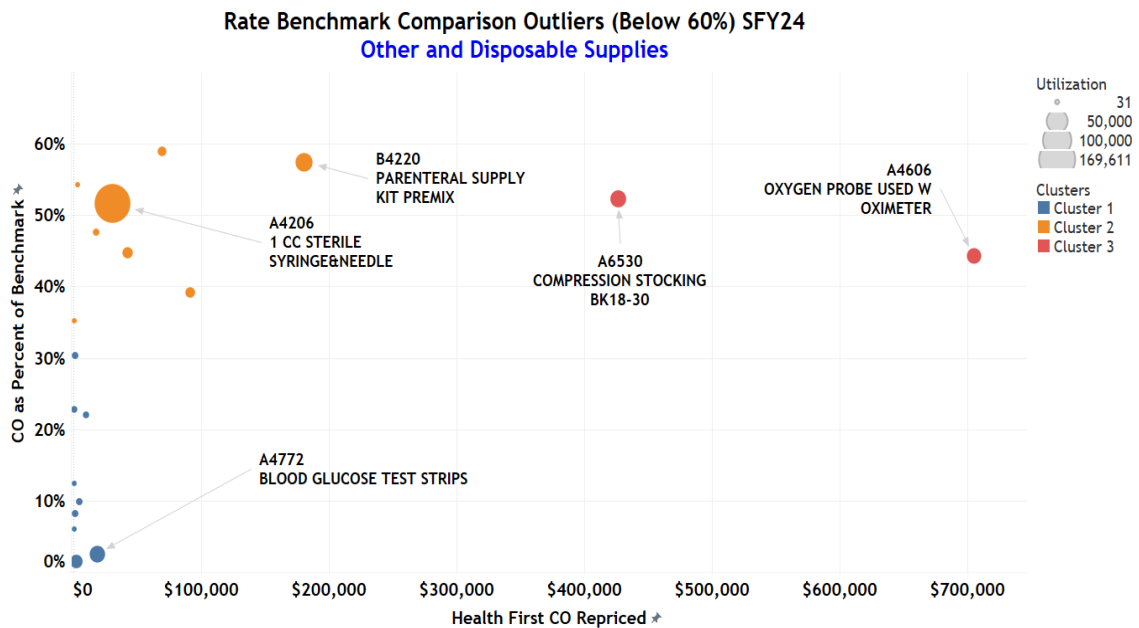


Figure 9. Bubble chart indicating the outliers below 60% for other and disposable supplies

Figure 9 shows that there are 19 outliers below 60% that are grouped into 3 clusters. The value ranges for each cluster are as follows:

- Cluster 1 contains 9 outliers. Their benchmark ratios range from 1% to 30%, their utilization ranges from 46 to 20,180, and their Colorado repriced amounts range from \$39 to \$18,556. This cluster can be characterized as containing outliers with low utilization, low Colorado repriced amounts, and low benchmark ratios.
- Cluster 2 contains XX outliers. Their benchmark ratios range from 35% to 59%, their utilization ranges from 41 to 169,611, and their Colorado repriced amounts range from \$375 to \$180,216. This cluster can be characterized as containing outliers with relatively moderate Colorado repriced amounts and benchmark ratios above 35%.

- Cluster 3 contains 2 outliers. Their benchmark ratios range from 44% to 52%, their utilization ranges from 16,437 to 21,417, and their Colorado repriced amounts range from \$426,232 to \$742,624. This cluster can be characterized as containing outliers with high Colorado repriced amounts and relatively moderate utilization.

MPRRAC Recommendations

- For the POS - other and disposable supplies category, the MPRRAC recommends increasing the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes that are above 80% of the benchmark the same.
- For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$2,894,413 total funds, including \$793,648 General Fund.

HCPF Recommendations

- For POS - Other and Disposable Supplies, HCPF recommends no rate changes at this time due to ongoing federal tariff uncertainty affecting medical supply costs. The Department's 2025 Tariff Survey (Appendix G) found that 53% of respondents reported increased costs for equipment and disposable medical supplies—such as gloves, cotton swabs, and needles—linked to federal tariffs. However, with national trade policies still under review and change, including pending Section 232 investigations into medical products, maintaining current rates is the most prudent approach until federal guidance and market impacts become clearer¹¹.
- For codes with valid Colorado rates but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

¹¹ MedTech Dive. (2025, October 9). *Section 232 investigation creates uncertainty for medtech tariffs*. Retrieved from <https://www.medtechdive.com/news/section-232-tariff-uncertainty-medtech/761224/>

Laboratory and Pathology Services

Service Description

Laboratory and pathology services involve microbiological, serological, chemical, hematological, radiobioassay, cytological, immuno-hematological, pathological or other examinations of fluids derived from the body. The purpose of these examinations is to provide information for the diagnosis, prevention or treatment of a disease or to assess a medical condition.

Laboratory and Pathology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$159,181,669
Total Members Utilizing Services in SFY 2023-24	431,313
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.89%
Total Active Providers SFY 2023-24	7,263
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.82%

Table 34. Laboratory and pathology total expenditure and utilization data (SFY 2023-24).

Benchmark Rationale

The rates for laboratory and pathology services were compared to Medicare and the rates from 7 benchmark states: Arizona, California, Nebraska, Nevada, Oklahoma, Oregon, and Utah. These states were chosen as benchmarks for the rate comparison analysis because they collectively cover many of the same laboratory and pathology services and have comparable covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. These states were also identified as appropriate benchmarks in previous years of the rate review process and have not significantly altered their payment levels or Medicaid program reimbursement policies. When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes. For more information on the benchmark states used for a particular code, please see Appendix D.

Rate Comparison Analysis

The laboratory and pathology service grouping has a total of 1,566 procedure code/modifier combinations. The benchmarks for 1072 combinations were calculated using the Colorado and benchmark repriced amounts because those combinations had valid SFY 2023-24 utilization data. The benchmarks for 484 combinations were

calculated using rate-only comparisons because there was no valid SFY 2023-24 utilization data. In total, 1556 of these combinations have a benchmark. The rates for 1,521 combinations (97.1%) were compared to Medicare, and the rates for 35 combinations (2.2%) were compared to rates from benchmark states. Moreover, 10 combinations (0.6%) were excluded; these exclusions included 2 combinations that do not have Colorado rates because the codes were closed prior to the 2025 MPRRAC review and 8 combinations without valid benchmarks.

On average, Colorado Medicaid payments for laboratory and pathology services are estimated at 93.34% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Laboratory and Pathology Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 7 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$159,181,669	\$170,536,743	93.34%

Table 35. Comparison of Colorado Medicaid laboratory and pathology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$11,355,074 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for laboratory and pathology were 8.67%-274.60%.

Access to Care Analysis

As seen in the laboratory and pathology panel size visual (Appendix B, Figure 41), the average number of utilizers in urban regions had a downward trend. The special providers visual (Appendix B, Figure 44) shows that the percentage of active providers that served only one Medicaid member remained stable. Finally, the drive time analysis (Appendix B, Figure 45) shows that drive times were relatively low statewide. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

A stakeholder from GeneDx reached out to inquire about Whole Exome Sequencing (81415/81416) and Whole Genome Testing (81425/81426) codes. Our team was able to connect this stakeholder with the policy specialist to begin the benefit determination process for codes 81415 and 81416. Codes 81425 and 81426 are already on the Clinical Diagnostic Laboratory fee schedule and are under review this year.

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure codes with the highest utilization for laboratory and pathology.

Laboratory and Pathology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	87798	DETECT AGENT NOS DNA AMP	100.00%	239,251	5.78%
2	80307	DRUG TEST PRSMV CHEM ANALYZR	81.59%	177,346	4.28%
3	G0483	DRUG TEST DEF 22+ CLASSES	85.90%	151,248	3.65%
4	83036	HEMOGLOBIN GLYCOSYLATED A1C	100.00%	137,330	3.32%
5	80061	LIPID PANEL	100.00%	127,472	3.08%
6	85025	COMPLETE CBC W/AUTO DIFF WBC	100.00%	14,570	2.77%
7	80053	COMPREHEN METABOLIC PANEL	100.00%	107,242	2.59%
8	87591	N.GONORRHOEAE DNA AMP PROB	100.00%	89,975	2.17%
9	87491	CHLMYD TRACH DNA AMP PROBE	100.00%	89,724	2.17%
10	80305	DRUG TEST PRSMV DIR OPT OBS	100.00%	81,402	1.97%

Table 36. Laboratory and pathology top 10 procedure codes by utilization.

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category. The below bubble chart indicates the outliers under 60% or above 140% found for laboratory and pathology. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, nine outliers with low utilization were excluded from the chart. Seven of these exclusions were outliers with benchmark ratios below 60% and two were outliers with benchmark ratios above 140% of the benchmark. There were no other outliers with valid utilization and benchmark ratios above 140% in this service category.

In Figure 10, there are four outliers with repriced amounts and benchmark ratios that are under 60% of the benchmark. Procedure code 36415 has the highest repriced amount at \$182,834 and the highest utilization at 61,139 allowed units. Its benchmark ratio is 43%. The other three outliers, 81194, 85097, and P9612, have benchmark ratios that range from 34%-58%, repriced amounts that range from \$91-\$28,482, and utilization amounts that range from 30-717 allowed units.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Laboratory and Pathology Services

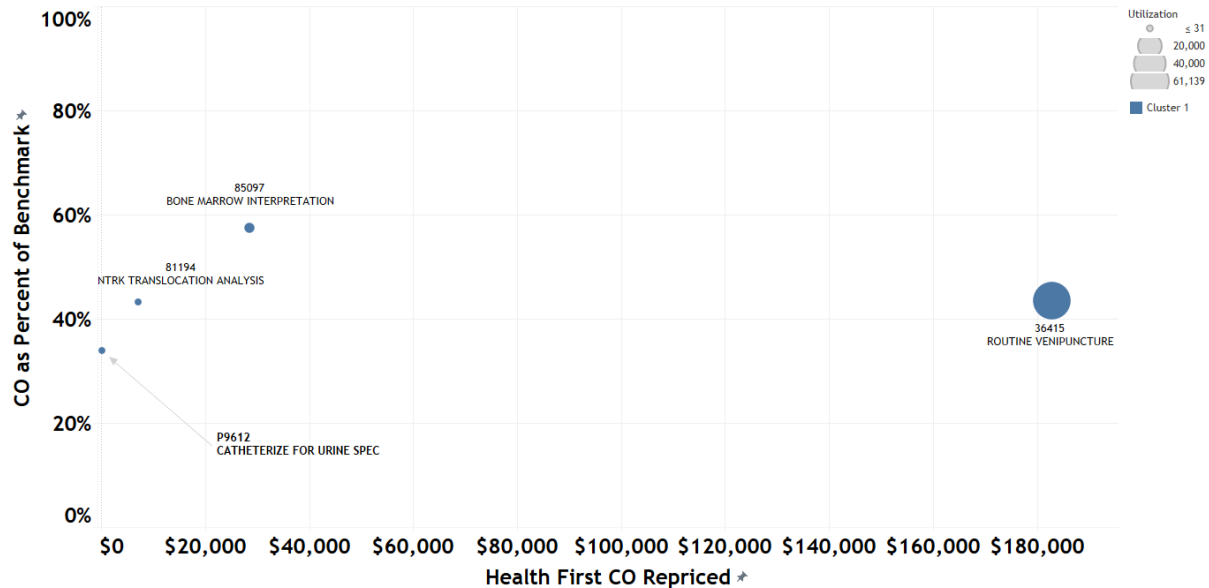


Figure 10. Bubble chart indicating the outliers below 60% and over 140% for laboratory and pathology.

MPRRAC Recommendations

- For laboratory and pathology services, the MPRRAC recommends increasing the rates for codes with valid Colorado rates but without benchmark ratios by 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$0 total funds, including \$0 General Fund, because there was no valid SFY 2023-24 utilization for the codes with valid Colorado rates but without benchmark ratios.
- Moreover, the MPRRAC recommends that HCPF adds coverage for exome sequencing codes 81415 and 81416 and to set their rates at 80% of the Medicare benchmark. To understand the fiscal impact of adding coverage of these codes, they would need to undergo HCPF's Benefit Determination Process.

Procedure Code	Description	January 2025 Medicare Rate	MPRRAC Recommended Rate
81415	Exome sequence analysis	\$4,780	\$3,824
81416	Exome sequence analysis	\$12,000	\$9,600

Table 37. MPRRAC proposed rates for exome sequencing codes 81415 and 81416.

HCPF Recommendations

- For laboratory and pathology services, HCPF recommends no change to the rates¹² due to budget constraints.
- For codes with valid Colorado rates but without benchmark ratios, HCPF recommends no change due to budget constraints.
- HCPF does not recommend conducting the Benefit Determination Process for codes 81415 and 81416. Supported by [89% of HCPF's annual webinar attendees](#), the department is making strategic decisions guided by the [Medicaid Sustainability Framework](#). As part of this approach, adding coverage for new codes does not align with a focus on controlling cost trends and exercising caution when allocating resources. This caution allows the state to protect core services and avoid more severe cuts in the future.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

¹² In the Laboratory and Pathology service category, currently 1309 codes are subject to the [CDL-UPL adjustment](#).

Outpatient Physical Therapy (PT), Occupational Therapy (OT), & Speech Therapy (ST) Services - Overview

Service Description

Physical Therapy (PT), Occupational Therapy (OT), and Speech-Language Therapy (ST) are rehabilitative services that focus on different aspects of a patient's functionality and well-being. These therapies are provided by licensed professionals. Treatment plans typically include specific, functionally-based goals, proposed interventions, and the estimated duration and frequency of services.

Benchmark Rationale

The rates for Outpatient PT, OT & ST Services were compared to Medicare and the rates from 8 benchmark states: Arizona, California, Maine, Michigan, Minnesota, North Dakota, Oregon, and South Carolina. These states were chosen as benchmarks for the rate comparison analysis because they have comparable benefit packages and covered populations to Colorado.

When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes.

For more information on the benchmark states used for a particular code, please see Appendix D.

Outpatient Physical Therapy (PT) Services

Service Description

Outpatient Physical Therapy (PT) is a healthcare service provided by licensed professionals called physical therapists. Physical therapists diagnose and treat patients with medical problems or injuries that limit their mobility and daily functioning. PT aims to improve a patient's ability to move, function, and manage pain through various techniques and interventions.

A summary of the statistics for Outpatient Physical Therapy (PT) is provided below:

Outpatient Physical Therapy (PT) Statistics	
Total Adjusted Expenditures SFY 2023-24	\$40,795,510
Total Members Utilizing Services in SFY 2023-24	30,183
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	5.48%
Total Active Providers SFY 2023-24	1,761
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	7.84%

Table 38. Outpatient Physical Therapy (PT) total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

Outpatient Physical Therapy (PT) has 51 procedure code/modifier combinations. The rates for 41 of them (80.39%) were compared to Medicare, while the rates for 8 codes (15.69%) were compared to rates from other states:

Outpatient Physical Therapy (PT) Benchmark States	
Procedure Code	Benchmark State
95120	California, Minnesota and North Dakota
95130	Arizona, California, Maine, Michigan and Minnesota

Table 39. Outpatient Physical Therapy (PT) Benchmark States (SFY 2023-24).

Among these 51 codes, 13 of them (16.59%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. There are two codes being excluded due to no benchmark rates. Individual rate ratios for Physical Therapy (PT) were 75.03% - 121.83%.

On average, Colorado Medicaid payments for Physical Therapy (PT) are estimated at 100.85% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Outpatient Physical Therapy (PT) Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 8 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$40,795,510	\$40,450,673	100.85%

Table 40. Comparison of Colorado Medicaid Outpatient Physical Therapy (PT) payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$344,837 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the Physical Therapy (PT) panel size visual (Appendix B, Figure 46), the average number of utilizers per provider in urban areas increased before decreasing. The percentage of active providers that served Medicaid members was 37% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 49) shows that the percent of active providers that served only one Medicaid member remained relatively stable. The telemedicine analysis (Appendix B, Figures 50 & 51) shows that the percentage of individual members that utilized telemedicine services and the percentage of total visits that were delivered through telemedicine decreased. The drive time analysis (Appendix B, Figure 52) shows that drive times were relatively low statewide, with some higher drive times (over an hour) in parts of Eastern and Western Colorado. Finally, Colorado Medicaid had higher per utilizer per month (PUPM) expenditures than most payers and higher per utilizer per year (PUPY) utilization than all payers (Appendix B, Figures 53 & 54). These findings indicate that access to care is stable.

See Appendix B for full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure code/modifier/region combinations for Physical Therapy (PT).

Outpatient Physical Therapy (PT) Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97530	THERAPEUTIC ACTIVITIES	97.83%	369,777	30.26%
2	97110	THERAPEUTIC EXERCISES	108.78%	277,910	22.75%
3	97112	NEUROMUSCULAR REEDUCATION	101.95%	271,412	22.21%
4	97140	MANUAL THERAPY 1/> REGIONS	107.47%	166,254	13.61%
5	97150	GROUP THERAPEUTIC PROCEDURES	85.86%	30,786	2.52%
6	97113	AQUATIC THERAPY/EXERCISES	107.27%	18,751	1.53%
7	97533	SENSORY INTEGRATION	91.13%	14,757	1.21%
8	97164	PT RE-EVAL EST PLAN CARE	86.78%	13,552	1.11%
9	97014	ELECTRIC STIMULATION THERAPY	119.82%	11,618	0.95%
10	97162	PT EVAL MOD COMPLEX 30 MIN	86.83%	10,050	0.82%

Table 41. Outpatient Physical Therapy (PT) top 10 procedure codes ranked by utilization

Year-over-Year Reimbursement Rate Trend Analysis

The Physical Therapy (PT) services subcategory has an overall benchmark ratio of 100.85%, indicating that Colorado Medicaid reimbursement exceeds Medicare benchmarks on average. To better understand this high benchmark ratio, HCPF conducted a year-over-year reimbursement rate percentage changes analysis across 41 procedure code and modifier combinations using Medicare for benchmarking. 10 of these 41 codes have a benchmark ratio above 100%, with eight of them showing utilization in SFY 2023-24.

As shown in Figure 11:

- Analysis for these 41 codes shows the biggest impact in the previous four years came from SFY 2021-22, when CO Medicaid rates on average rose 63.93%, then 35.52% the following year. Meanwhile the average Medicare rate has been steadily decreasing at a slight pace (<0.5%), with the exception of 2023-2024, when the rate dropped 3.21%.
- The significant increase in Colorado Medicaid rates from SFY 2021-22 was primarily driven by two codes, likely due to targeted rate adjustments:
 - o 97110: therapeutic exercises (197% increase, current benchmark ratio: 108.8%)
 - o 97112: neuromuscular reeducation (210% increase current benchmark ratio: 102.0%)

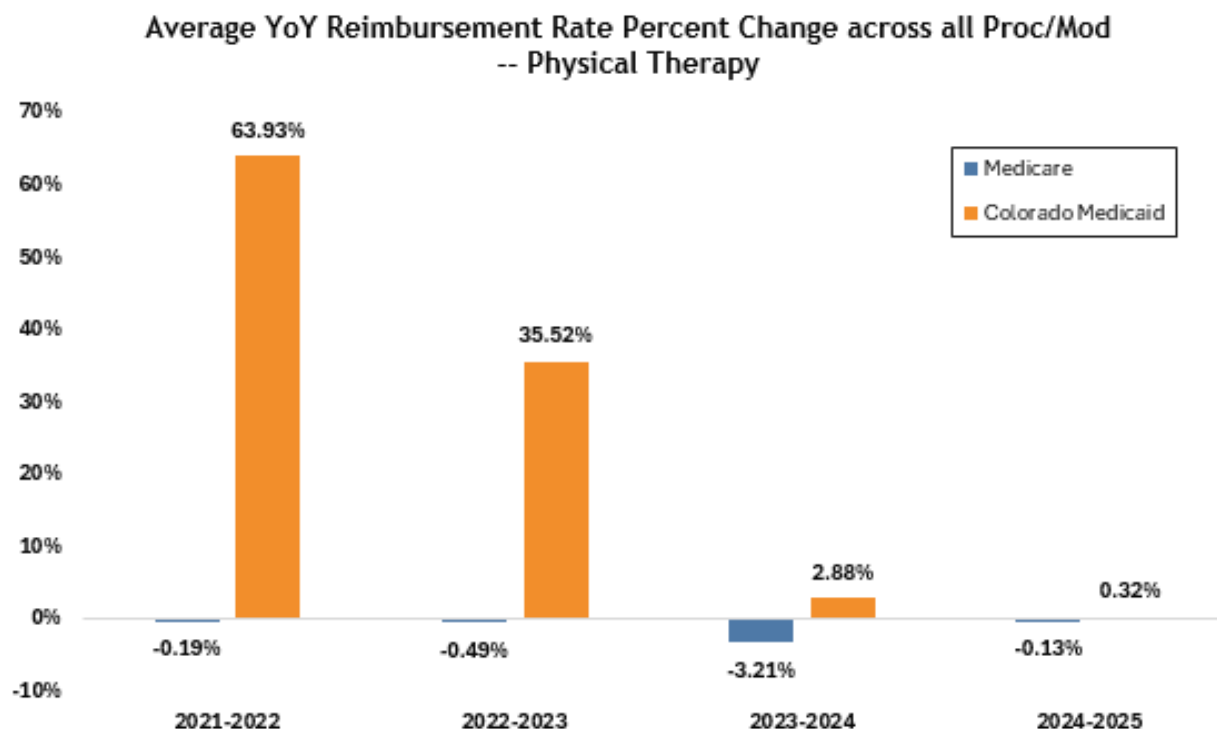


Figure 11. Bar chart indicating the average year-over-year Outpatient Physical Therapy (PT) reimbursement rate percentage changes for Medicare and Colorado Medicaid

Potential Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the Physical Therapy (PT) services subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

We received a list of potential preventive code recommendations from Chris Edmundson, PT, DPT, Co-Chair of Colorado Chapter American Physical Therapy Association (APTA). Initially, the provider recommendation suggested that all physical therapy services be considered preventive, based on their role in reducing downstream medical utilization and associated costs. However, according to the [Centers for Medicare & Medicaid Services \(CMS\)](#), outpatient physical and occupational therapy services are categorized as rehabilitative rather than preventive. Additionally, a review of the [U.S. Preventive Services Task Force \(USPSTF\) A and B ratings](#) found no PT, OT, or ST-related codes listed. As a result, the provider revised the recommendation, narrowing it from all physical therapy codes to a focused list of 12. Given the differing interpretations of what qualifies as “preventive” between the provider and HCPF, we are currently referring to these as “potential preventive codes.”

There are 12 potential preventive codes (23.5% of Outpatient Physical Therapy (PT) codes) in this service grouping. All these 12 potential preventive codes use Medicare for benchmarking. The benchmark ratio range is 85.9% - 108.8%.

As shown in table below, Outpatient Physical Therapy (PT)'s potential preventive codes have a high utilization percentage (over 80%) and account for a large portion of total expenditures (over 80%).

Service SubCategory	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall benchmark Ratio
Outpatient Physical Therapy (PT)	12	81.16%	82.59%	100.27%

Table 42. Outpatient Physical Therapy (PT) preventive codes analysis

MPRRAC Recommendations

- The MPRRAC recommends adjusting the rates for the two highly used codes (97530 and 97533) to 100% of the benchmark rate.
- The MPRRAC recommends for codes with valid Colorado rate but without benchmark rates, a rate increase of 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$363,088 total funds, including \$181,544 General Fund.

HCPF Recommendations

- HCPF recommends increasing the rates for all codes under 95% of the benchmark to 95% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark rates, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$889,235 Total Funds, including -\$444,618 General Fund.

Occupational Therapy (OT) Services

Service Description

Occupational Therapy (OT) is a healthcare service provided by licensed professionals that aims to improve a person's ability to perform daily activities and participate in meaningful occupations. OT supports individuals whose physical, mental, or developmental conditions impact their ability to engage in everyday tasks.

A summary of the statistics for the Outpatient Occupational Therapy (OT) subcategory is provided below:

Outpatient Occupational Therapy (OT) Statistics	
Total Adjusted Expenditures SFY 2023-24	\$34,539,705
Total Members Utilizing Services in SFY 2023-24	12,788
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	6.32%
Total Active Providers SFY 2023-24	754
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.59%

Table 43. Outpatient Occupational Therapy (OT) total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

Outpatient Occupational Therapy (OT) has 49 procedure code/modifier combinations. The rates for 40 of them (81.63%) were compared to Medicare, while the rates for 8 codes (16.33%) were compared to rates from other states:

Outpatient Occupational Therapy (OT) Benchmark States	
Procedure Code	Benchmark State
97014	Arizona, California, Maine, Michigan and Minnesota
97602	Maine and Minnesota
L3764	Arizona, California, Minnesota, North Dakota and Oregon
L3900	Arizona, California, Minnesota and Oregon
L3919	Arizona, California, Maine, Minnesota and Oregon
Q4040	Arizona, Michigan, Minnesota, North Dakota and Oregon
Q4048	Arizona, Michigan, Minnesota, North Dakota and Oregon
97010	California, Minnesota and North Dakota

Table 44. Outpatient Occupational Therapy (OT) Benchmark States (SFY 2023-24).

Among these 49 codes, 14 of them (28.57%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. There is one code

being excluded due to no benchmark rates. Individual rate ratios for Outpatient Occupational Therapy (OT) were 75.03% - 121.85%.

On average, Colorado Medicaid payments for Outpatient Occupational Therapy (OT) are estimated at 96.57% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below:

Outpatient Occupational Therapy (OT) Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 8 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$34,539,705	\$35,766,928	96.57%

Table 45. Comparison of Colorado Medicaid Outpatient Occupational Therapy (OT) payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$1,227,223 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the Outpatient OT panel size visual (Appendix B, Figure 55), the average number of utilizers per provider in urban and rural areas remained stable. The percentage of active providers that served Medicaid members was 51% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 58) shows that the percent of active providers that served only one Medicaid member remained relatively stable. The telemedicine analysis (Appendix B, Figures 59 & 60) shows that the percentage of individual members that utilized telemedicine services and the percentage of total visits that were delivered through telemedicine decreased. The drive time analysis (Appendix B, Figure 61) shows that drive times were relatively low statewide, although higher drive times (over an hour) were noted in parts of Eastern and Western Colorado. Finally, Colorado Medicaid had higher per utilizer per month (PUPM) expenditures and per utilizer per year (PUPY) utilization than other payers (Appendix B, Figures 62 & 63). These findings indicate that access to care is relatively stable, although longer distances to providers in some counties may impact access.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure code/modifier/region combinations for Outpatient Occupational Therapy (OT).

Outpatient Occupational Therapy (OT) Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97530	THERAPEUTIC ACTIVITIES	97.80%	712,744	76.05%
2	97533	SENSORY INTEGRATION	91.10%	109,526	11.69%
3	97110	THERAPEUTIC EXERCISES	108.79%	41,565	4.43%
4	97112	NEUROMUSCULAR REEDUCATION	101.94%	28,183	3.01%
5	97535	SELF CARE MNGMENT TRAINING	86.94%	13,311	1.42%
6	97113	AQUATIC THERAPY/EXERCISES	107.38%	8,017	0.86%
7	97166	OT EVAL MOD COMPLEX 45 MIN	85.13%	6,390	0.68%
8	97140	MANUAL THERAPY 1/> REGIONS	107.61%	5,599	0.60%
9	97168	OT RE-EVAL EST PLAN CARE	84.62%	2,834	0.30%
10	97165	OT EVAL LOW COMPLEX 30 MIN	84.95%	1,289	0.14%

Table 46. Outpatient Occupational Therapy (OT) top 10 procedure codes ranked by utilization

Potential Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the Outpatient Occupational Therapy (OT) services subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

We received a set of potential preventive code recommendations from Molly Hahn-Floyd, OTD, OTR/L, President of Occupational Therapy Association of Colorado (OTAC). However, HCPF believes that the majority of these codes are more appropriately categorized as treatment rather than preventive services. According to the [Centers for Medicare & Medicaid Services \(CMS\)](#), outpatient physical and occupational therapy services are categorized as rehabilitative rather than preventive. Additionally, a review of the [U.S. Preventive Services Task Force \(USPSTF\) A and B ratings](#) found no PT, OT, or ST-related codes listed. Due to differing interpretations between the provider and HCPF regarding the definition of

"preventive," we are currently referring to these as potential preventive codes pending further review and clarification.

There are 14 potential preventive codes (29.2% of total OT codes) in this service grouping, all 14 potential preventive codes use Medicare for benchmarking. The benchmark ratio range is 84.6% - 121.9%.

As shown in table below, Outpatient Occupational Therapy (OT)'s potential preventive codes have a high utilization percentage (over 90%), and account for a large portion of total expenditure (over 90%).

Service SubCategory	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall benchmark Ratio
Occupational Therapy (OT)	14	90.56%	91.61%	95.87%

Table 47. Outpatient Occupational Therapy (OT) potential preventive codes analysis

MPRRAC Recommendations

- The MPRRAC recommends adjusting the rates for the two highly used codes (97530 and 97533) to 100% of the benchmark rate.
- The MPRRAC recommends for codes with valid Colorado rate but without benchmark rates, a rate increase of 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$1,150,651 total funds, including \$575,326 General Fund, when extrapolated to a full year.

HCPF Recommendations

- HCPF recommends increasing the rates for all codes under 95% of the benchmark to 95% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark rates, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$257,450 Total Funds, including \$128,725 General Fund.

Speech-Language Therapy (ST) Services

Service Description

Speech-Language Therapy (ST) is a specialized healthcare service provided by licensed speech-language pathologists (SLPs) to assess, diagnose, and treat communication and swallowing disorders in individuals of all ages. ST aims to improve a person's ability to communicate effectively and address challenges related to speech, language, voice, fluency, and swallowing.

A summary of the statistics for the Outpatient Speech-Language Therapy (ST) subcategory is provided below:

Outpatient Speech-Language Therapy (ST) Statistics	
Total Adjusted Expenditures SFY 2023-24	\$27,150,581
Total Members Utilizing Services in SFY 2023-24	12,937
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	7.52%
Total Active Providers SFY 2023-24	752
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	7.74%

Table 48. Outpatient Speech-Language Therapy (ST) total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

Outpatient Speech-Language Therapy (ST) has 26 procedure code/modifier combinations. The rates for 21 of them (80.77%) were compared to Medicare, while the rates for 5 codes (19.23%) were compared to rates from other states:

Outpatient Speech-Language Therapy (ST) Benchmark States	
Procedure Code	Benchmark State
92507+GT	Arizona, California, Michigan, Minnesota, North Dakota, Oregon and South Carolina
92605	Arizona, California, Minnesota and North Dakota
92606	Arizona, California, Minnesota, North Dakota and South Carolina
V5011	California, Minnesota and Oregon
Q3014	California, North Dakota and Oregon

Table 49. Outpatient Speech-Language Therapy (ST) Benchmark States (SFY 2023-24).

Among these 26 codes, 2 of them (7.69%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for Speech-Language Therapy (ST) were 34.24% - 235.53%.

On average, Colorado Medicaid payments for Speech-Language Therapy (ST) are estimated at 93.63% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below:

Outpatient Speech-Language Therapy (ST) Repriced Benchmark Comparison		
Colorado Repriced	Medicare and 8 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$27,150,581	\$28,996,298	93.63%

Table 50. Comparison of Colorado Medicaid Outpatient Speech-Language Therapy (ST) payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$1,845,717 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the Speech-Language Therapy (ST) panel size visual (Appendix B, Figure 64), the average number of utilizers per provider in urban areas increased and then decreased. The percentage of active providers that served Medicaid members was 61% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 67) shows that the percent of active providers that served only one Medicaid member remained relatively stable. The telemedicine analysis (Appendix B, Figures 68 & 69) shows that the percentage of individual members that utilized telemedicine services and the percentage of total visits that were delivered through telemedicine decreased. The drive time analysis (Appendix B, Figure 70) shows that drive times were higher (over an hour) in parts of Eastern and Western Colorado. Finally, Colorado Medicaid had higher per utilizer per month (PUPM) expenditures and per utilizer per year (PUPY) utilization than other payers (Appendix B, Figures 71 & 72). These findings indicate that longer distances to providers may impact access for residents of some counties if in-person services are required.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure code/modifier/region combinations for Speech-Language Therapy (ST).

Outpatient Speech-Language Therapy (ST) Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92507	SPEECH/HEARING THERAPY	93.40%	262,621	70.02%
2	92609	USE OF SPEECH DEVICE SERVICE	86.91%	37,689	10.05%
3	92507+GT	SPEECH/HEARING THERAPY	150.25%	19,318	5.15%
4	92508	SPEECH/HEARING THERAPY	85.46%	12,981	3.46%
5	92526	ORAL FUNCTION THERAPY	86.76%	12,422	3.31%
6	92523	SPEECH SOUND LANG COMPREHEN	86.12%	11,249	3.00%
7	97130	THER IVNTJ EA ADDL 15 MIN	121.83%	7,432	1.98%
8	97129	THER IVNTJ 1ST 15 MIN	121.93%	4,405	1.17%
9	96112	DEVEL TST PHYS/QHP 1ST HR	86.55%	2,088	0.56%
10	92524	BEHAVRAL QUALIT ANALYS VOICE	87.28%	957	0.26%

Table 51. Outpatient Speech-Language Therapy (ST) top 10 procedure codes ranked by utilization

Outlier Analysis

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as rates in CO that are below 60% or above 140% of the benchmark. The bubble chart below indicates that there are two procedure code/modifier combinations with rates above 140% of the benchmark rate. To protect PHI, 2 outliers with low utilization were excluded from the chart. Additionally, no outliers with a benchmark ratio below 60% were identified.

Figure 12 shows that there are two procedure code/modifier combinations, 92507+GT and V5011, with valid SFY 2023-24 utilization that are above 140% of the benchmark. 92507+GT had a utilization of 19,318 (5.15% of the total utilization in the category) with a Health First Colorado repriced amount of \$1,455,799 (5.36% of the total Health First Colorado repriced amount in the category). V5011 had a small utilization of 196 with a Health First Colorado repriced amount of \$232.

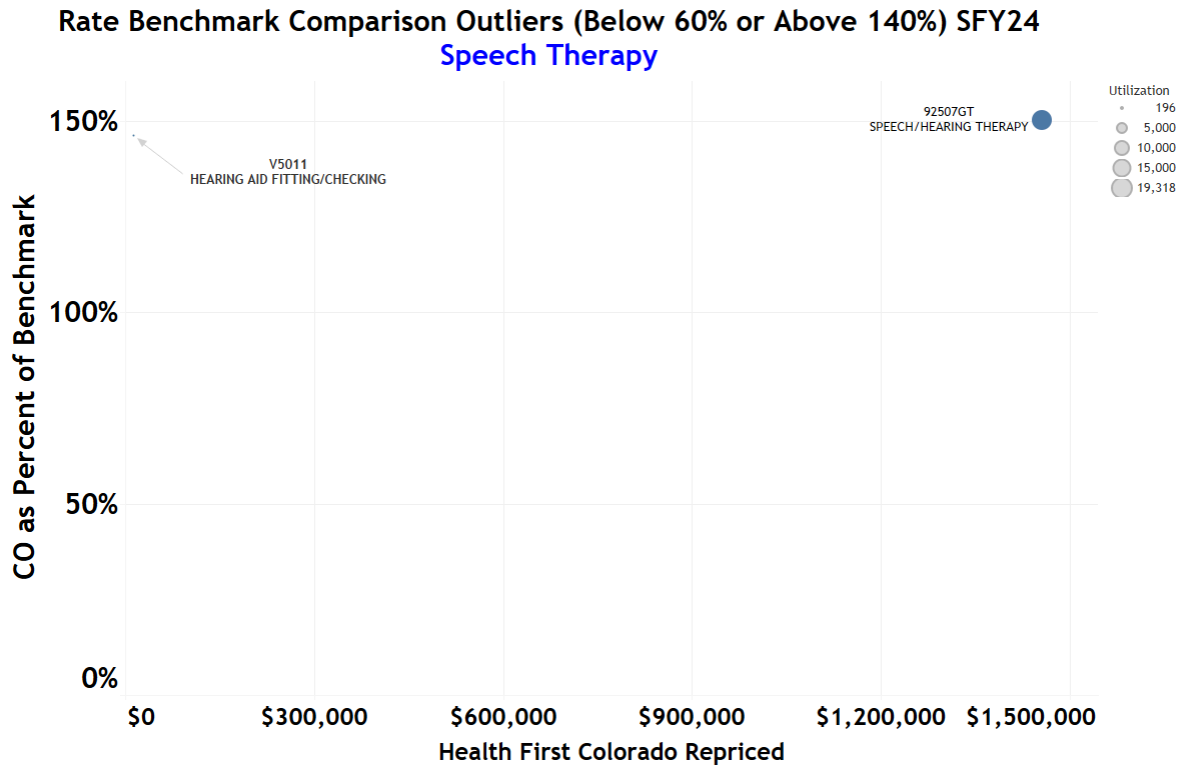


Figure 12. Bubble Chart indicating the outliers below 60% and over 140% found for Outpatient Speech-Language Therapy (ST)

Potential Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the Speech-Language Therapy (ST) subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

We received a set of potential preventive code recommendations from Jessi Hogan, M.S., CCC-SLP, President of Colorado Speech-Language-Hearing Association (CSHA). HCPF, however, believe that the majority of these codes are more appropriately categorized as early intervention, rehabilitation, and treatment, rather than preventive services. Additionally, a review of the [U.S. Preventive Services Task Force \(USPSTF\) A and B ratings](#) found no PT, OT, or ST-related codes listed. Due to differing interpretations between the provider and HCPF regarding the definition of "preventive," we are currently referring to these as potential preventive codes pending further review and clarification.

There are 7 potential preventive codes (29.2% of total ST codes) in this service grouping. All 7 potential preventive codes use Medicare for benchmarking. The benchmark ratio range is 85.5% - 93.4%.

As shown in table below, Speech-Language Therapy (ST)'s potential preventive codes have a high utilization percentage (over 90%), and account for a large portion of total expenditure (over 90%).

Service SubCategory	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall benchmark Ratio
Speech-Language Therapy (ST)	7	90.30%	91.82%	91.45%

Table 52. Outpatient Speech-Language Therapy (ST) preventive codes analysis

Rate Alignment Issue Analysis

At the March 2025 public meeting, two rate alignment issues were brought up for MPRRAC committee's attention.

The first issue was regarding 92507 (speech/hearing therapy) about different reimbursement rates for outpatient ST (\$72.01) and home health ST (\$155.48). We believe that because outpatient and home health services serve different populations and are subject to different regulations and requirements, their rates cannot be compared directly without introducing confounding factors.

The second issue was mentioned for codes with a GT modifier which were \$5 more than the same codes without GT modifier. We are open to discuss this with the provider community and see if any adjustments need to be made.

MPRRAC Recommendations

- The MPRRAC recommends adjusting the rates for the four highly used codes (92507, 92609, 92508 and 92526) to 100% of the benchmark rate.
- The MPRRAC recommends no premium for GT telehealth modifiers, meaning the rate will be the same with code without GT telehealth modifiers.
- The MPRRAC recommends HCPF to look into and evaluate rates between Home Health and outpatient Speech Therapy, acknowledging that home health rates account for drive time and mileage to and from, but should determine whether magnitude of difference exceeds what would be appropriate reflecting on rate difference.

- The MPRRAC recommends HCPF to review the reimbursement rate structures for PT/OT and ST to ensure parity. For example, some PT/OT service codes are billed in 15-minute increments, while equivalent ST service codes are limited to a single unit per session, which can result in higher reimbursement for PT/OT if the session runs long.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$1,950,074 total funds, including \$975,037 General Fund, when extrapolated to a full year.

HCPF Recommendations

- HCPF recommends increasing the rates for all codes under 95% of the benchmark to 95% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark.
- HCPF agrees to evaluate Home Health and outpatient Speech Therapy rates, accounting for drive time and mileage in Home Health, to determine whether the rate differences are appropriate.
- HCPF agrees to evaluate PT/OT and ST rate structures, specifically considering that PT/OT codes are billed in 15-minute increments while ST codes are limited to a single unit per session, to determine whether reimbursement levels are equitable.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$458,191 Total Funds, including \$229,096 General Fund.

Policy Justification

The Department acknowledges the MPRRAC committee's recommendation to re-evaluate telehealth premiums for parity. Currently, the GT modifier provides an additional \$5 reimbursement for codes listed in the Telemedicine Billing Manual, and the telehealth transmission fee is outlined in the State Plan Amendment (SPA, Appendix F1). While the Department does not object to the removal of this add-on, any change would require a collaborative process with stakeholders and formal amendments to the SPA. Given these considerations, the Department recommends further stakeholder engagement prior to implementing changes to ensure alignment with policy requirements and provider needs.

The Department acknowledges MPRRAC's two policy-related recommendations and has agreed to investigate Home Health and outpatient Speech Therapy rates, as well as evaluate the structural differences between PT/OT and ST reimbursement.

Specialty Care Services

Service Description

Specialty care services include skin substitutes and eConsult codes. Skin substitutes are advanced wound care products designed to replace or regenerate damaged skin. Skin substitute products are categorized and reimbursed based on their composition: allogenic acellular, allogenic cellular, xenogenic and injections. eConsult is defined as an asynchronous dialogue initiated by a treating practitioner seeking a consulting practitioner's expert opinion without a face-to-face member encounter with the consulting practitioner. Providers can utilize HCPF's eConsult platform, [Colorado Medicaid eConsult](#), or a third-party eConsult platform that meets HCPF's criteria.

Specialty Care Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$45,409
Total Members Utilizing Services in SFY 2023-24	*13
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-22.22%
Total Active Providers SFY 2023-24	12
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-7.69%

Table 53. Specialty care services total expenditure and utilization data (SFY 2023-24).

Benchmark Rationale

In the specialty care services category, rates for eConsult codes were compared to Medicare and the rates for skin substitutes were compared to the rates from 9 benchmark states: Arkansas, Georgia, Illinois, Maine, Nevada, New Mexico, Oklahoma, Oregon, and Washington. These states were chosen because they use a FFS model to cover skin substitutes. The service definitions and program requirements for these skin substitute codes are comparable to those covered by Health First Colorado.

Rate Comparison Analysis

There were two eConsult codes in this category. These codes were a new benefit as of February 1, 2024; hence, there was not sufficient utilization data, so a rate-only comparison, with Medicare as the benchmark, was performed.

Health First Colorado reimburses for skin substitutes based on their composition. There are four skin substitute types: allogenic acellular, allogenic cellular, xenogenic, and injections. Medicare is not a valid comparator for these services, so benchmark states were used. Due to the different coverage methods used in different states, HCPF mapped the other state rates into the four defined categories to obtain benchmark rates. The process is as follows:

1. Obtain the benchmark state rates
2. Include codes with more than 1 benchmark state rate

¹³ To protect PHI, the number of members that utilized this service in SFY 2023-24 was omitted.

3. Average the included rates within each skin substitute group for each state
4. Apply the cost of living adjustment relative to Colorado
5. Find the average rate across the benchmark states for each skin substitute group

For more information on how the benchmark rates for skin substitutes were calculated, see appendix D.2.

On average, Colorado Medicaid payments for specialty care services are estimated to be at 81.09% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Specialty Care Repriced Benchmark Comparison		
Colorado Repriced	9 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$45,409	\$55,997	81.09%

Table 54. Comparison of Colorado Medicaid specialty care services payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$10,588 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for specialty care services were 30.24%-104.69%.

Access to Care Analysis

As seen in the specialty care services panel size visual (Appendix B, Figure 73), the average number of utilizers per provider in urban and rural areas was stable. The percentage of active providers that served Medicaid members was 18% in SFY 2023-24. The drive time analysis (Appendix B, Figure 76) shows that much of the state had relatively high drive times (over an hour). Additionally, Colorado Medicaid had much lower per utilizer per month (PUPM) expenditures but higher per utilizer per year (PUPY) utilization than commercial payers (Appendix B, Figures 77 & 78). While a low utilized service, these findings indicate that access to care may be impacted by low provider participation, longer driving distances, and low reimbursements.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

A stakeholder from McGuireWoods Consulting LLC reached out and suggested Arizona and Georgia as benchmark states. After researching the reimbursement methodologies for skin substitutes in these states, it was found that Arizona is not appropriate to use as a benchmark for this service because Arizona does not have FFS rates for skin

substitutes; however, Georgia was incorporated as a benchmark state because it covers similar skin substitute codes using a FFS model.

See Appendix I for stakeholder feedback.

Additional Research

Utilization Analysis

The table below shows the number of procedure codes in each skin substitute category, the benchmark ratios, and the utilization statistics. Since there was no valid SFY 2023-24 utilization for any of the codes in the injections skin substitute category, its benchmark ratio is based on a rate-only comparison.

Skin Substitute Groups by Utilization					
Code Count	Skin Sub Group	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
7	Allogenic Cellular	Product is derived from human cells and contains whole and/or living cells	81.17%	1,034	86.02%
27	Allogenic Acellular	Product is derived from human cells and does not contain living cells	82.96%	130	10.82%
20	Xenogenic	Product is derived from a non-human species	52.50%	38	3.16%
3	Injection	Injectable products	30.24% ¹⁴	0	0

Table 55. Skin substitute groups by utilization.

MPRRAC Recommendations

- For specialty care services, the MPRRAC recommends increasing the rates for all codes and skin substitute groups that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes and skin substitute groups that are above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$295 total funds, including \$81 General Fund.

¹⁴ There was no valid SFY 2023-24 utilization for the three procedure codes that fall into the injectable skin substitute category; hence, a rate-only comparison was used to calculate the benchmark ratio.

HCPF Recommendations

- For specialty care services, HCPF recommends increasing the rates for all codes and skin substitute groups that are under 80% of the benchmark ratio to 80% of the benchmark and to keep the rates for all codes and skin substitute groups that are above 80% of the benchmark the same.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$295 total funds, including \$81 General Fund.

Early Intervention (EI) Targeted Case Management (TCM)

Service Description

EI-TCM services provide developmental support to children 0-3 who have a significant developmental delay or a condition that has a high probability of resulting in a developmental delay. Services are provided through early intervention service brokers and may include:

- Locating, coordinating, and monitoring developmental disabilities services.
- Coordinating with other non-developmental disabilities funded services to ensure non-duplication of services.
- Monitoring the effective provision of services across multiple funding sources.

A summary of the statistics for EI-TCM services is provided below:

EI-TCM Statistics	
Total Adjusted Expenditures SFY 2023-24	\$5,111,573
Total Members Utilizing Services in SFY 2023-24	7,975
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.66%
Total Active Providers SFY 2023-24	108
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.93%

Table 56. EI-TCM total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

Benchmark State Rationale

Louisiana, Maine, Missouri, and North Carolina were selected as benchmark states. All four states, like Colorado, have FFS case management rates and have a state run program which provides these services for children. North Carolina and Missouri were the only states used as benchmarks for assessment code T1026+TL. This is because, like Colorado, these two states have a separate rate for initial assessments used to determine the level of care required to meet the child's needs.

EI-TCM Benchmark States	
Procedure Code	Benchmark State
T1017 + TL	Louisiana, Maine, Missouri, North Carolina
T1026 + TL	Missouri, North Carolina

Table 57. Targeted case management - case management benchmark states (SFY 2023-24).

See Appendix D.3 for a detailed explanation of how benchmark rates were calculated.

Of the two codes analyzed in this service grouping, one code was compared to four states and one code was compared to two states, both codes had valid utilization. On average, Colorado Medicaid payments for EI-TCM are estimated at 73.56% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

EI-TCM Repriced Benchmark Comparison		
Colorado Repriced	4 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$5,111,573	\$6,948,604	73.56%

Table 58. Comparison of Colorado Medicaid EI-TCM service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$1,837,031 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24. Individual rate ratios for EI-TCM were 68.91%-101.60%.

Access to Care Analysis

As seen in the EI-TCM panel size visual (Appendix B, Figure 79), the average number of utilizers per provider in urban areas had a decreasing trend. The percentage of active providers that served Medicaid members was 97% in SFY 2023-24. The telemedicine analysis (Appendix B, Figures 82 & 83) shows that the percentage of individual members that utilized telemedicine services and the percentage of total visits that were delivered through telemedicine increased. Finally, the drive time analysis (Appendix B, Figure 84) shows that some parts of the state had relatively high drive times (over an hour). These findings suggest that longer distances may impact accessibility if members must travel to a facility to receive services.

See Appendix B for the full access to care analysis.

Stakeholder Feedback

We collaborated with policy experts at the Colorado Department of Early Childhood (CDEC) to choose benchmark states that offered similar EI-TCM services to Colorado.

See Appendix I for Stakeholder Feedback.

MPRRAC Recommendations

- EI-TCM services, the MPRRAC recommends increasing the rate for T1017 TL to 80% of the benchmark.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$660,902 total funds, including \$330,451 General Fund.

HCPF Recommendations

- For EI-TCM services, HCPF recommends no changes to the rates due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

Targeted Case Management (TCM) - Overview

Service Description

TCM services are services that help members access necessary long term services and supports and receive the benefits that they are entitled to. TCM services can save Medicaid programs money by ensuring that qualifying members are receiving appropriate home and community based services so that members do not need more expensive institutional services in the future.¹⁵ Health First Colorado provides members with two subcategories of TCM services, case management and transition coordination. Case management services are available to any members enrolled in a Home and Community-Based Services (HCBS) waiver program and Community First Choice (CFC) state plan benefit. Transition coordination is a specific transitional service that supports members as they move from a congregate living setting to a community based living setting.

¹⁵ 1. Angelo P. Giardino, "Case Management," *StatPearls [Internet]*., August 14, 2023, <https://www.ncbi.nlm.nih.gov/books/NBK562214/>.

Targeted Case Management - Case Management

Case Management Redesign

Starting July 1st, 2024, Colorado's case management system was redesigned so that case management activities are paid the same rates across all HCBS waiver and Long Term Services and Supports (LTSS) programs. It requires that Targeted Case Management (TCM) services are rendered exclusively by Case Management Agencies (CMAs) as FFS and that CMAs accept members from LTSS programs. Implemented July 1st, 2024, these changes were made so that members receive more equitable and member-focused care.

Service Description

Case management services ensure that a member is receiving services as outlined by the Centers for Medicare & Medicaid Services in their Person Centered Service Plan. This service was redesigned with the goal making access to case management services more equitable.

A summary of the statistics for TCM case management services is provided below:

TCM - Case Management Statistics	
Total Adjusted Expenditures SFY 2023-24	\$51,621,578
Total Members Utilizing Services in SFY 2023-24	47,507
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	187.33%
Total Active Providers SFY 2023-24	28
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	40.00%

Table 59. TCM - Case Management total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The case management service grouping has four procedure code/modifier combinations. One procedure code (T2023HI) modifier combination (25%) was compared to similar services in other state Medicaid programs. Three codes (75%) were excluded because they did not have comparable benchmarks due to a lack of rates for equivalent services in other states.

The large percentage of codes without comparable rates is due to Colorado's unique FFS case management structure. Colorado has separate quarterly rates for monitoring visits, codes T2024+HI and T2024+HI,GT. Other states do not have a separate rate for monitoring visits and instead include them in the monthly case management benefit. Additionally, Colorado has a flat add-on rate applied to monitoring visits in rural areas using code and modifier combination A0170+HI. Alternatively, other states with a rural benefit for case management services base these rates off of time or mileage driven.

TCM - Case Management Benchmark States	
Procedure Code	Benchmark State
T2023+HI	Montana, Maine, Massachusetts Louisiana

Table 60. Case Management - case management benchmark states (SFY 2023-24).

T2023HI - the only code modifier combinations with a benchmark ratio - accounts for 87% of total payment amounts and 80% of total utilization for this category during SFY 2023-24.

Benchmark State Rationale

Montana, Maine, Massachusetts, and Louisiana were selected as benchmark states. While all four states were chosen because they have a FFS rate for case management services similar to Colorado's per member per month fee for service rate, there was no state that offered a direct comparison in terms of policy and payment structure.

See appendix D.4 for a detailed explanation of how benchmark rates were calculated.

On average, Colorado Medicaid payments for case management are estimated at 91.48% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

TCM - Case Management Repriced Benchmark Comparison			
Colorado Fee Schedule Rate Effective Date	Colorado Repriced	Montana, Maine, Massachusetts, and Louisiana Medicaid Repriced	Overall Repriced Benchmark Ratio
July 1, 2024	\$51,621,578	\$59,167,102	87.25%
July 1, 2025	\$54,128,215	\$59,167,102	91.48%

Table 61. Comparison of Colorado Medicaid TCM - case management service payments to those of other payers, expressed as a percentage (SFY 2023-24). The rate for T2023 HI received a targeted increase effective July 1, 2025. Because of this increase, the MPRRAC requested to see the benchmark ratio and fiscal impact based on the new rate.

The estimated fiscal impact to Colorado Medicaid would be \$7,545,524 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the TCM - case management panel size visual (Appendix B, Figure 85), the average number of utilizers per provider in urban areas appeared to have an upward trend. Finally, the drive time analysis (Appendix B, Figure 90) shows that some parts

of the state had relatively high drive times (over an hour). These findings suggest that longer distances may impact accessibility to services.

See Appendix B for the full access to care analysis.

Stakeholder Feedback

During the benchmark state selection analysis we consulted policy specialists in HCPF's Office of Community Living, provider organizations, and the third-party actuarial company CBIZ Optumas. HCPF policy specialists explained there are no states that would offer a direct comparison, but offered states which paid the same rate for case management services across different waiver programs and provided us with a list of states that fit this criteria (Oregon, Maine, Massachusetts, Minnesota, Washington). They reasoned that states with this payment model were better comparisons because they best matched Colorado's case management payment model following the case management redesign.

The provider organization Alliance Colorado endorsed using states where case management services are specifically for members with developmental disabilities. Their rationale was that the population of Health First Colorado members receiving case management services more closely resembles the member populations in these states. They also provided us with a list of states (Montana, Oklahoma, Missouri, Nebraska, Alabama) that they felt met this criteria.

Of the four states we used for our benchmark analysis, two states, Massachusetts and Maine, were from HCPF's policy experts, whereas one state, Montana, was from Alliance Colorado. The fourth state, Louisiana, was identified by CBIZ Optumas and has case management services designed specifically for persons with developmental disabilities.

- Massachusetts and Maine suggested by HCPF policy experts
- Montana suggested by Alliance
- Louisiana suggested by CBIZ Optumas

See Appendix I for Stakeholder Feedback.

MPRRAC Recommendations

- For TCM - case management services, the MPRRAC recommends increasing the monthly TCM rate T2023+HI (July 2025 rate) to 100% of the benchmark.
- For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends an increase of 3% (July 2024 rate) to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation for all codes based on the July 1, 2025 fee schedule is estimated to be \$5,144,620 total funds, including \$2,572,310 General Fund.

HCPF Recommendations

- For TCM - case management services, HCPF recommends no change to the rates.
- For codes with valid Colorado rates but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

Policy Justification

Due to this recent rate increase and budget constraints, maintaining the current rate aligns with the Medicaid Sustainability Framework. Each benchmark state's case management program varies significantly, making it difficult to establish a reliable benchmark comparison. Before any further rate adjustment, conducting a time study on the tasks associated with the TCM case management program would help capture the full scope of case management activities and determine an appropriate TCM rate. If resources for the time study are needed, they will be requested at a future date.

Targeted Case Management - Transition Coordination

Service Description

Transition coordination services support transition to a community setting from an institutional setting. This service is available to members over 18 living in congregate settings other than assisted living facilities or other group homes. This includes comprehensive assessments for transition, community risk assessments, development of a transition plan, referrals, and monitoring/follow-up activities. Provided by transition coordination agencies (TCAs), services continue until the member is successfully connected to Medicaid services within their residential community and the risk of community living discontinuity is assessed as minimal.

A summary of the statistics for TCM transition coordination services is provided below:

TCM - Transition Coordination Statistics	
Total Adjusted Expenditures SFY 2023-24	\$4,765,822
Total Members Utilizing Services in SFY 2023-24	1,080
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	23.85%
Total Active Providers SFY 2023-24	24
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.00%

Table 62. TCM - transition coordination total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

Benchmark State Rational

Minnesota, South Dakota, and Missouri were selected as benchmark states. These states all offer transition coordination or targeted case management services which include transitional living at a FFS rate. However, we were not able to find any states that had a FFS rate for transitional services specifically for members moving from a congregate setting and to a community based setting. Other states, such as Massachusetts, that offer similar services provide them via managed care programs.

See Appendix D.5 for a detailed explanation of how benchmark rates were calculated.

The one code (T1017TL) analyzed in this service grouping was compared to 3 states. On average, Colorado Medicaid payments for transition coordination services are estimated at 122.54% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

TCM - Transition Coordination Repriced Benchmark Comparison		
Colorado Repriced	Minnesota, South Dakota, Missouri Repriced	Overall Repriced Benchmark Ratio
\$4,765,822	\$3,889,268	122.54%

Table 63. Comparison of Colorado Medicaid TCM - transition coordination service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$876,554 of total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the TCM - transition coordination panel size visual (Appendix B, Figure 91), the average number of utilizers per provider in urban areas had a decreasing trend. The special providers visual (Appendix B, Figure 94) shows that the percent of active providers that served only one Medicaid member increased then decreased. Finally, the drive time analysis (Appendix B, Figure 95) shows that much of the state had relatively high drive times (over an hour). These findings suggest that longer distances may impact accessibility if members must travel to a facility to receive services.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

MPRRAC Recommendations

- For TCM - transition coordination services, the MPRRAC recommends no change to the rates.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

HCPF Recommendations

- For TCM - transition coordination services, HCPF recommends no change to the rates.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

Vision Services

Service Description

Vision services encompass a range of healthcare solutions aimed at improving and maintaining visual acuity and eye health including:

- Comprehensive eye examinations.
- Prescription and fitting of corrective lenses, including eyeglasses and contact lenses.
- Dispensing of eyeglasses, including frames and lenses.
- Diagnosis and treatment of eye diseases and conditions, including vision correction, eye surgery, and management of conditions like cataracts, glaucoma, and retinal diseases.

A summary of the statistics for the Vision service category is provided below:

Vision Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$115,875,903
Total Members Utilizing Services in SFY 2023-24	266,336
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.48%
Total Active Providers SFY 2023-24	2,286
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	5.69%

Table 64. Vision services total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

Vision Services is a newly created service category due to regrouping efforts after the March MPRRAC meeting, including all of the original “Physician Services - Ophthalmology” codes, majority of the original “Eyeglasses and Vision” codes, and four of the original “Physician Services - Other” codes. So the benchmark state list for the new vision services category is a combination of the original 3 subcategories (“Physician Services - Ophthalmology”: Arizona, Nebraska, Nevada, Oklahoma, Oregon and Utah; “Eyeglasses and Vision”: Arizona, California, Louisiana, Nevada and Oklahoma; “Physician Services - Other”: Arizona, Nebraska, Nevada, Oklahoma, Oregon and Utah). On top of that, we decided to add New Mexico to the benchmark state list only for original “Eyeglasses and Vision” codes as a balancing effort for California.

Vision services has 205 procedure code/modifier combinations. The rates for 178 of them (86.83%) were compared to Medicare, while the rates for 23 codes (11.22%) were compared to rates from other states (Arizona, California, Louisiana, Nevada, Oklahoma, Nebraska, Oregon, Utah, and New Mexico). Among these 205 codes, 34 of

them (16.59%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. There are 4 codes (2.25%) being excluded due to no benchmark rates. Individual rate ratios for vision services were 7.53% - 451.60%.

On average, Colorado Medicaid payments for vision services are estimated at 81.12% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below:

Vision Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare and Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$115,875,903	\$142,837,407	81.12%

Table 65. Comparison of Colorado Medicaid vision service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$26,961,504 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the vision services panel size visual (Appendix B, Figure 96), the average number of utilizers per provider in urban and rural areas had similar spike patterns and overall trends. This was due to increased numbers of utilizers in August of each fiscal year, which coincides with back-to-school vision checks and eyeglasses fittings among the school-aged population. The special providers visual (Appendix B, Figure 99) shows that the percentage of active providers that served only one Medicaid member remained relatively stable. The drive time analysis (Appendix B, Figure 100) shows that drive times were relatively low statewide, with a few areas of Western Colorado having higher drive times (over an hour). These findings indicate that access to care is relatively stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

Benchmark State List Analysis

In April 2025, we received a provider's request to switch California to New Mexico in the benchmark state list for original "Eyeglasses and Vision" codes. Provider provided following reasoning: 1) California has some of the lowest vision fees in the country, with an extremely low utilization rate for vision services among children on Medicaid.

2) New Mexico's demographics and the cost-of-living index are much more comparable than California.

After receiving the provider's request, we conducted thorough research. We also reached out to the actuary company CBIZ Optumas and internal policy specialist to verify our research results. Our research and Analysis found:

1) Both California (lowest) and New Mexico (highest) have extreme vision rates;

Vision Services Benchmark States Rates Comparison							
Procedure Code	Colorado	Arizona	California	Louisiana	Nevada	Oklahoma	New Mexico
92015	15.63	18.24	5.69	N/A	19.27	19.94	30.29
92310	97.26	95.73	25.83	N/A	92.27	101.46	252.96
92340	27.10	33.21	7.64	13.58	34.29	35.16	53.41
92341	30.93	38.09	11.28	13.58	39.00	40.39	61.44
92370	19.11	28.98	4.47	N/A	29.85	30.74	46.75

Table 66. Vision Services Benchmark States Rates Comparison

2) There is not a substantial difference in terms of vision utilization rates between California and New Mexico ([CDC Vision and Eye Health Surveillance System \(VEHSS\)](#));

3) Neither California nor New Mexico are similar to Colorado's demographics according to demographic data and cost of living index (COLA) data.

We carefully communicated our research findings with the provider and offered two options: 1) Remove CA from the benchmark state list; 2) Keep CA in the benchmark state list but also add NM to balance. Ultimately, the provider preferred option number 2. As such, the final decision was to keep CA in the benchmark state list but also add NM to balance.

After this update, the current benchmark state list for vision services is: Arizona, California, Louisiana, Nevada, Oklahoma, Nebraska, Oregon, Utah, and New Mexico.

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the procedure code/modifier combinations for vision services.

Vision Services Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	V2784	LENS POLYCARB OR EQUAL	77.7%	334,216	16.52%
2	V2750	ANTI-REFLECTIVE COATING	77.7%	239,096	11.82%
3	V2410	LENS VARIAB ASPHERICITY SING	77.7%	228,212	11.28%
4	92340	FIT SPECTACLES MONOFOCAL	91.7%	165,725	8.19%
5	V2103	SPHEROCYLINDR 4.00D/12-2.00D	77.7%	161,229	7.97%
6	V2020	VISION SVCS FRAMES PURCHASES	77.7%	139,500	6.90%
7	92014	COMPRES OPH EXAM EST PT 1/>	90.9%	121,290	6.00%
8	V2203	LENS SPHCYL BIFOCAL 4.00D/.1	77.7%	102,074	5.05%
9	92004	EYE EXAM NEW PATIENT	92.3%	83,644	4.14%
10	V2104	SPHEROCYLINDR 4.00D/2.12-4D	77.7%	61,207	3.03%

Table 67. Vision services top 10 procedure codes ranked by utilization

Outlier Analysis

The MPRRAC requested to view data on the outliers for each service category. Outliers are defined as Colorado Medicaid reimbursement rates that are below 60% or above 140% of the benchmark. The bubble chart below indicates that there are three procedure code/modifier combinations with rates above 140% of the benchmark rate. To protect PHI, 5 outliers with low utilization were excluded from the chart. Additionally, no outliers with benchmark ratio below 60% were identified.

Figure 13 shows that there are three procedure code/modifier combinations: 92065, 92025+26, and 92134+26, with valid SFY 2023-24 utilization above 140% of the benchmark. Utilization for these codes was modest: 92065 (2,621, with \$148,060 Health First Colorado repriced amount), 92025+26 (682, with \$20,992 Health First Colorado repriced amount), and 92134+26 (2,556, with \$64,444 Health First Colorado repriced amount).

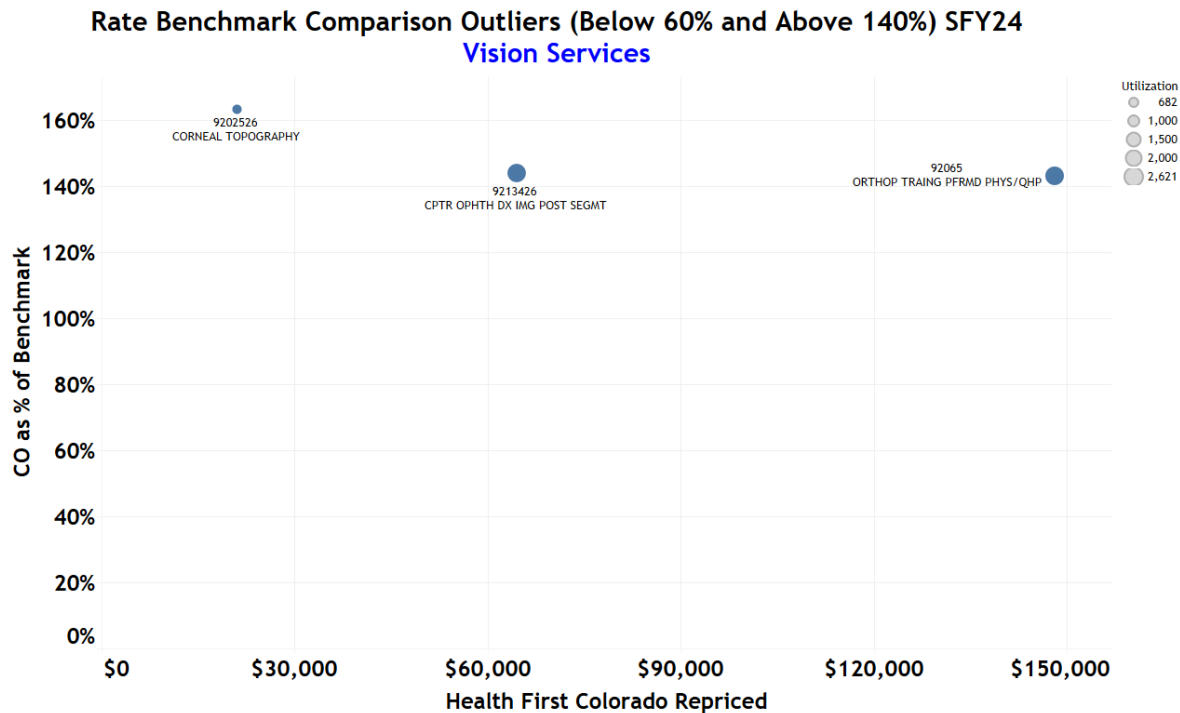


Figure 13. Bubble Chart indicating the outliers below 60% and over 140% found for vision services

Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the vision services category. Preventive services play a critical role in reducing the need for more complex procedures.

We received preventive code recommendations from Dr. Emily McCourt, MD, Chief of Pediatric Ophthalmology at Children's Hospital Colorado.

There are 11 preventive codes (5.4% of total vision services codes, 92015 and 92060 are only for kids under age of 8) in this service grouping, 7 of these 11 codes (63.63%) use Medicare for benchmarking. The benchmark ratio range for these codes is 86.3% - 114.0%,

As shown in table below, Vision services' preventive codes have a low utilization percentage, account for a small portion of total expenditures, and amount to nearly 100% of the overall benchmark ratio.

Service Category	Potential Preventive Code Count	Utilization Percentage	CO Repriced Amount Percentage	Overall Benchmark Ratio
Vision Services	11	13.63%	22.79%	91.50%

Table 68. Vision services preventive codes analysis

MPRRAC Recommendations

- The MPRRAC recommends adjusting the rates of codes below 80% of the benchmark rate up to 80%, and keep the rates that are above 80% of the benchmark the same.
- The MPRRAC recommends for codes with valid Colorado rate but without benchmark rates, a rate increase of 3% to account for inflation.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$3,268,733 total funds, including \$896,287 General Fund, when extrapolated to a full year.

HCPF Recommendations

- HCPF recommends increasing the rates for all codes under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 85% of the benchmark to 85% of the benchmark.
- For codes with valid Colorado rate but without benchmark rates, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$380,327 Total Funds, including \$104,286 General Fund.

Physician Services - Overview

Service Description

Physician Services refer to a broad category of healthcare services delivered by licensed medical professionals, including physicians and other qualified providers. These services encompass evaluation, diagnosis, treatment, and management of a wide range of health conditions across all age groups.

Services included under this category are:

- Allergy and Immunology
- Cardiology
- Dermatology
- Emergency Department (ED) and Hospital Evaluation and Management (E&M)
- Ear, Nose, and Throat (ENT)
- Family Planning
- Gastroenterology
- Gynecology
- Health Education
- Medication Injections & Infusions
- Neuro/Psychological Testing Services
- Neurology
- Primary Care E&M
- Radiology
- Respiratory
- Sleep Study
- Vaccines Immunizations
- Vascular

Benchmark Rationale

The rates for physician services were compared to Medicare and the rates from 6 benchmark states: Arizona, Nebraska, Nevada, Oklahoma, Oregon, and Utah. These states were chosen as benchmarks for the rate comparison analysis because they have comparable benefit packages and covered populations to Colorado. Additionally, all of the benchmark states are geographically close to Colorado. With some of the physician service subcategories, the primary providers are specialists and the other state benchmarks share similar economic and healthcare delivery characteristics with Colorado, including rural and frontier areas where physician access is a challenge. Many of the regions around Colorado tend to have lower physician-to-population ratios, making them relevant for assessing whether reimbursement rates impact workforce availability.

When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models,

services not being covered, or variations in state-specific service definitions. This leads to inconsistencies in the number of benchmark states available for different codes. For more information on the benchmark states used for a particular code, please see Appendix D.

Preventive Codes

In the context of healthcare, a preventive code refers to a specific medical code used to report and bill for preventive medicine services or preventive care provided to patients. These services aim to prevent illness or detect it early, and they are often part of routine well-visits, screenings, and immunizations.

HCPF policy specialist used the United State Preventive Services Task Force A and B level recommendations as guidance to identify prevention services (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations>).

Physician Services - Allergy and Immunology

Service Description

Allergy and immunology is a medical specialty focused on the diagnosis, treatment, and management of allergic conditions and disorders of the immune system. This includes evaluation and care for conditions such as allergic rhinitis, asthma, eczema, food allergies, drug allergies, insect sting allergies, and anaphylaxis, as well as immune system disorders like primary immunodeficiencies and autoimmune diseases. Services in this category include allergy testing, immunotherapy, pulmonary function testing, and management of chronic or complex allergic and immunologic conditions.

A summary of the statistics for the allergy and immunology service subcategory is provided below:

Physician Services - Allergy and Immunology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$4,573,865
Total Members Utilizing Services in SFY 2023-24	11,560
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.27%
Total Active Providers SFY 2023-24	383
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.86%

Table 69. Physician Services - Allergy and Immunology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The allergy and immunology service grouping has 32 procedure code/modifier combinations. The rates for 26 of them (81.25%) were compared to Medicare, while the rates for six codes (18.75%) were compared to rates from other states:

Physician Services - Allergy and Immunology Benchmark States	
Procedure Code	Benchmark State ¹⁶
95120	Arizona, Nebraska, Nevada, and Oregon
95130	Nebraska, Nevada, Oregon, and Utah
95131, 95132, 95133, and 95134	Arizona, Nebraska, Nevada, Oregon, and Utah

Table 70. Physician Services - Allergy and Immunology Benchmark States (SFY 2023-24).

Among these 32 codes, 12 of them (37.5%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for allergy and immunology were 2.85% - 115.73%.

¹⁶ Please refer to the "Benchmark Rationale" provided under "Physician Services" on page 108 for benchmark rationale for all physician services.

On average, Colorado Medicaid payments for allergy and immunology are estimated at 90.03% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Allergy and Immunology Repriced Benchmark Comparison		
Colorado Repriced	Medicare Repriced ¹⁷	Overall Repriced Benchmark Ratio
\$4,573,865	\$5,080,181	90.03%

Table 71. Comparison of Colorado Medicaid Physician Services - Allergy and Immunology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$506,316 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the allergy and immunology panel size visual (Appendix B, Figure 101), the average number of utilizers per provider in urban areas increased then decreased. The special providers visual (Appendix B, Figure 104) shows that the percent of active providers that served only one Medicaid member was stable. The drive time analysis (Appendix B, Figure 105) shows that drive times were relatively low statewide, although some areas in Eastern and Western Colorado were affected by higher drive times (over an hour). These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - allergy and immunology.

Physician Services - Allergy and Immunology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization

¹⁷ Medicare was the only comparator used for the benchmark repriced amount. Other states were used as benchmarks for codes without valid SFY 2023-24 utilization data.

1	95004	PERCUT ALLERGY SKIN TESTS	93.1%	309,464	51.56%
2	95165	ANTIGEN THERAPY SERVICES	89.0%	186,604	31.09%
3	95117	IMMUNOTHERAPY INJECTIONS	100.7%	38,746	6.46%
4	95044	ALLERGY PATCH TESTS	84.8%	26,966	4.49%
5	95024	ICUT ALLERGY TEST DRUG/BUG	88.9%	17,599	2.93%
6	95115	IMMUNOTHERAPY ONE INJECTION	90.5%	12,227	2.04%
7	95144	ANTIGEN THERAPY SERVICES	49.9%	4,310	0.72%
8	95180	RAPID DESENSITIZATION	82.6%	1,024	0.17%
9	95018	PERQ&IC ALLG TEST DRUGS/BIOL	96.6%	910	0.15%
10	95076	INGEST CHALLENGE INI 120 MIN	81.8%	669	0.11%

Table 72. Physician Services - Allergy and Immunology top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, one outlier with low utilization and a benchmark ratio below 60% was excluded from this service category. Additionally, no outliers with benchmark ratio above 140% were identified.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Physician Services - Allergy and Immunology

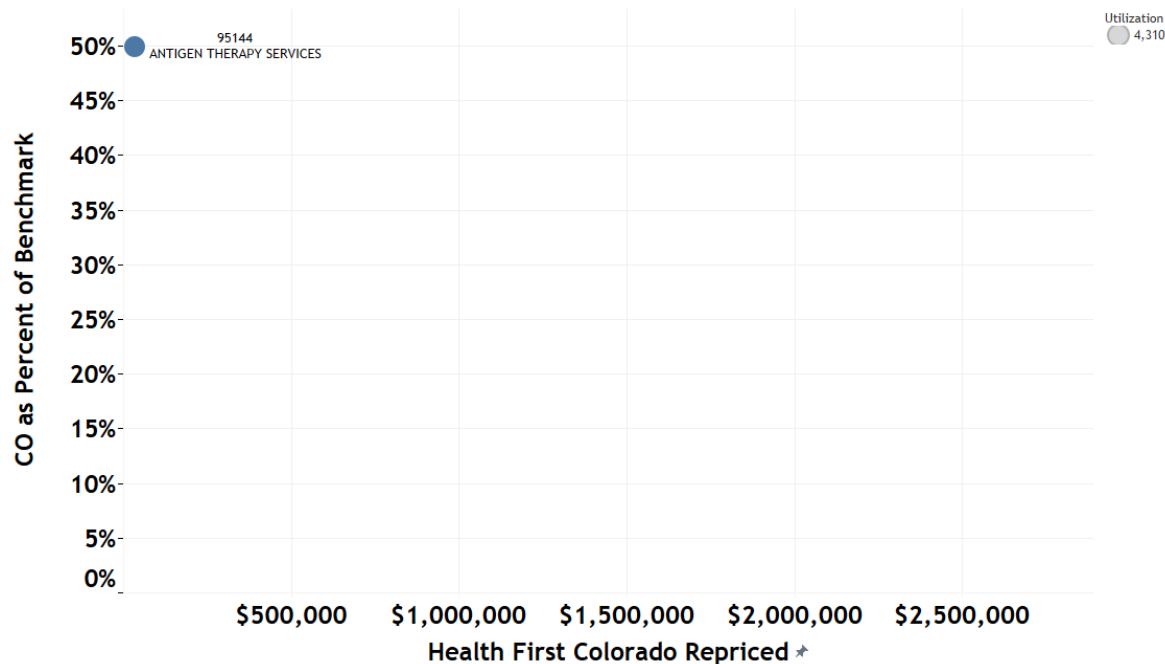


Figure 14. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Allergy and Immunology

The bubble chart above (Figure 14) indicates that one outlier, 95144, has a benchmark ratio of 49.91%. It recorded 4,310 allowed units, accounting for 0.72% of the total utilization, and a repriced amount of \$35,558, or 0.78% of the total expenditure.

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$21,470 total funds, including \$5,887 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$21,470 total funds, including \$5,887 General Fund.

Physician Services - Cardiology

Service Description

Cardiology services encompass a comprehensive range of medical care focused on diagnosing, treating, and managing diseases of the heart and blood vessels. Cardiology Services aim to improve patients' cardiovascular health, manage chronic conditions, and enhance overall quality of life through expert care and advanced medical technologies.

A summary of the statistics for the cardiology service subcategory is provided below:

Physician Services - Cardiology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$7,586,984
Total Members Utilizing Services in SFY 2023-24	103,706
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.39%
Total Active Providers SFY 2023-24	5,194
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.07%

Table 73. Physician Services - Cardiology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The cardiology service grouping has 333 procedure code/modifier combinations. The rates for 274 of them (82.28%) were compared to Medicare, while the rates for 52 codes (15.62%) were compared to rates from other states. Among these 326 codes with benchmark ratios, 145 of them (44.48%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, seven combinations (2.1%) are excluded due to no valid benchmark rates found. Individual rate ratios for cardiology were 14.45% - 572.22%.

On average, Colorado Medicaid payments for cardiology are estimated at 95.03% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Cardiology Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$7,586,984	\$7,983,635	95.03%

Table 74. Comparison of Colorado Medicaid Physician Services - Cardiology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$396,651 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the cardiology panel size visual (Appendix B, Figure 106), the average number of utilizers per provider in urban and rural regions was stable. The penetration rate visual (Appendix B, Figure 108) shows that several counties throughout the state had moderately high penetration rates. The percentage of active providers serving Medicaid members was 43% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 109) shows that the percentage of active providers that served only one Medicaid member was stable. Statewide per utilizer per year Medicaid expenditures (Appendix B, Figure 110) were lower than all other payers (Medicare FFS, Medicare Advantage, and commercial payers), while per utilizer per year Medicaid utilization (Figure 111) was higher than most payers. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - cardiology.

Physician Services - Cardiology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	93010	ELECTROCARDIOGRAM REPORT	106.4%	136,745	51.46%
2	93306+26	TTE W/DOPPLER COMPLETE	86.9%	26,558	9.99%
3	93000	ELECTROCARDIOGRAM COMPLETE	105.6%	26,350	9.92%

4	93325+26	DOPPLER COLOR FLOW ADD-ON	106.8%	9,322	3.51%
5	93320+26	DOPPLER ECHO EXAM HEART	106.5%	6,670	2.51%
6	93303+26	ECHO TRANSTHORACIC	113.1%	5,465	2.06%
7	93308+26	TTE F-UP OR LMTD	106.4%	4,430	1.67%
8	93018	CARDIOVASCULAR STRESS TEST	103.8%	3,699	1.39%
9	93306	TTE W/DOPPLER COMPLETE	110.2%	3,558	1.34%
10	93298	REM INTERROG DEV EVAL SCRMS	23.6%	2,914	1.10%

Table 75. Physician Services - Cardiology top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, eight outliers with low utilization were excluded from this service category; four of these were outliers with benchmark ratios below 60%, and four of these were outliers with benchmark ratios above 140%.

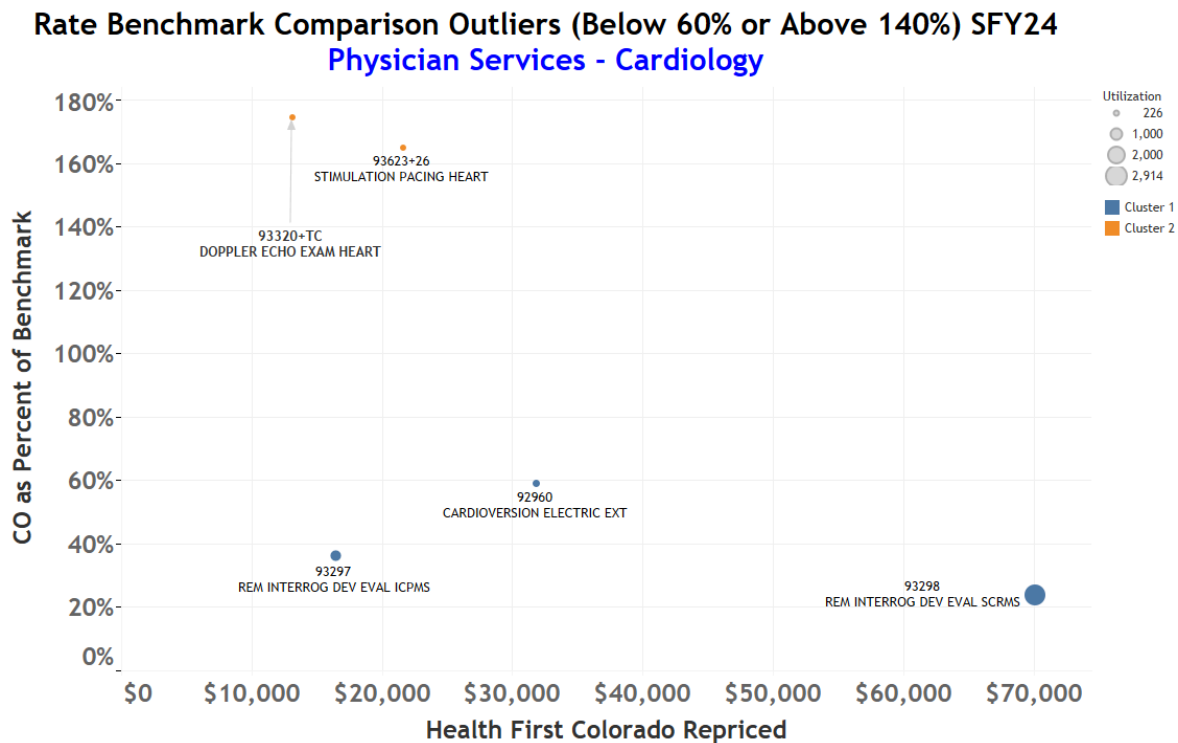


Figure 15. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Cardiology

The bubble chart above (Figure 15) indicates that there are two procedure codes reimbursed at less than 60% of the benchmark and three codes reimbursed at more than 140% of the benchmark. These five outliers are grouped into two clusters:

- Cluster 1 includes three outliers, procedure codes 93298, 93297, and 92960, with benchmark ratio ranging between 23.64% - 59.05%. Their repriced amounts range between \$16,446 to \$70,118, and their utilization ranges from 355 - 2914 allowed units. Overall, cluster 1 contains outliers with benchmark ratios below 60%.
- Cluster 2 includes two procedure code/modifier combinations 93623+26, and 93320+TC, with benchmark ratio ranging between 164.93% and 174.36%. Their repriced amounts are \$21,599 (0.47% of total) and \$13,126 (0.29% of total), and their utilization amounts are 253 and 226 allowed units (0.04% of total), respectively. Overall, cluster 2 contains outliers above 140% of benchmark ration with small utilization.

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$194,302 total funds, including \$53,278 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 100% of benchmark to 100% of the benchmark due to budget constraints.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be -\$90,119 total funds, including -\$24,711 General Fund.

Physician Services - Dermatology

Service Description

Dermatology is a medical specialty concerned with the diagnosis, treatment, and prevention of conditions affecting the skin, hair, nails, and mucous membranes. This includes a wide range of acute and chronic conditions such as acne, eczema, psoriasis, dermatitis, fungal infections, skin cancers, and pigmentary disorders. Dermatology also encompasses the treatment of cosmetic concerns and the monitoring of skin changes that may indicate systemic disease.

A summary of the statistics for the dermatology service subcategory is provided below:

Physician Services - Dermatology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,117,698
Total Members Utilizing Services in SFY 2023-24	10,468
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-13.54%
Total Active Providers SFY 2023-24	2,989
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-4.87%

Table 76. Physician Services - Dermatology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The dermatology service grouping has 26 procedure code/modifier combinations. All rates were compared to Medicare. Among these 26 codes, 12 of them (46.15%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for dermatology were 16.70% - 119.99%.

On average, Colorado Medicaid payments for dermatology are estimated at 76.73% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Dermatology Repriced Benchmark Comparison		
Colorado Repriced	Medicare	Overall Repriced Benchmark Ratio
\$1,117,698	\$1,456,605	76.73%

Table 77. Comparison of Colorado Medicaid Physician Services - Dermatology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$338,907 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the dermatology panel size visual (Appendix B, Figure 112), the average number of utilizers per provider in urban and rural regions was overall stable. The special providers visual (Appendix B, Figure 115) shows that the percentage of active providers that served only one Medicaid member was stable. The drive time analysis (Appendix B, Figure 116) shows that drive times were relatively low statewide, although some parts of Western Colorado had higher drive times (over an hour). These findings suggest that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - dermatology.

Physician Services - Dermatology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	11102	TANGNTL BX SKIN SINGLE LES	82.2%	4,946	35.19%
2	10060	DRAINAGE OF SKIN ABSCESS	72.1%	4,385	31.20%
3	11103	TANGNTL BX SKIN EA SEP/ADDL	81.8%	1,685	11.99%
4	11200	REMOVAL OF SKIN TAGS <W/15	80.1%	982	6.99%
5	10120	REMOVE FOREIGN BODY	64.7%	885	6.30%
6	96900	ULTRAVIOLET LIGHT THERAPY	82.9%	509	3.62%
7	96910	PHOTOCHEMOTHERAPY WITH UV-B	85.7%	274	1.95%
8	11440	EXC FACE-MM B9+MARG 0.5 CM/<	76.6%	126	0.90%
9	96920	EXCIMER LSR PSRIASIS<250SQCM	93.9%	76	0.54%
10	11310	SHAVE SKIN LESION 0.5 CM/<	84.1%	72	0.51%

Table 78. Physician Services - Dermatology top 10 procedure codes ranked by utilization

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$65,597 total funds, including \$17,987 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$65,597 total funds, including \$17,987 General Fund.

Physician Services - Emergency Department (ED) and Hospital Evaluation and Management (E&M)

Service Description

ED and hospital E&M encompass the assessment, diagnosis, and management of patients in acute care settings, including emergency departments, inpatient hospital units, observation status, and critical care environments. These services are provided by physicians and qualified healthcare professionals to address a wide range of medical conditions, from minor injuries and illness to complex, life-threatening emergencies.

Please note: Hospital facility payments are not part of this service subcategory.

A summary of the statistics for the ED and hospital E&M service subcategory is provided below:

Physician Services - ED and Hospital E&M Statistics	
Total Adjusted Expenditures SFY 2023-24	\$172,992,583
Total Members Utilizing Services in SFY 2023-24	358,222
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-10.15%
Total Active Providers SFY 2023-24	11,7563
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.93%

Table 79. Physician Services - ED and Hospital E&M total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The ED and hospital E&M service grouping has 50 procedure code/modifier combinations. The rates for 46 of them (92%) were compared to Medicare. Among these 46 codes, four of them (8.7%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. The rates for two of the 50 code combinations (4%) were compared to rates from other states:

Physician Services - ED and Hospital E&M Benchmark States	
Procedure Code	Benchmark State ¹⁸
99360	Arizona, Nebraska, Nevada, Oklahoma, and Oregon
99418	Arizona, Nebraska, Nevada, Oregon, and Utah

Table 80. Physician Services - ED and Hospital E&M Benchmark States (SFY 2023-24).

¹⁸ Please refer to the “Benchmark Rationale” provided under “Physician Services” on page 108 for benchmark rationale for all physician services.

Moreover, two combinations (4%) are excluded due to no valid benchmark rates found. Individual rate ratios for cardiology were 10.07% - 123.85%.

On average, Colorado Medicaid payments for ED and Hospital E&M are estimated at 90.83% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

ED and Hospital E&M Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$172,992,583	\$190,465,436	90.83%

Table 81. Comparison of Colorado Medicaid Physician Services - ED and Hospital E&M service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$17,472,853 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the ED hospital E&M panel size visual (Appendix B, Figure 117), the average number of utilizers per provider in urban areas had a downward trend. The penetration rate visual (Appendix B, Figure 119) shows that utilization per 1000 members was moderate in several counties throughout the state. The drive time analysis (Appendix B, Figure 105) shows that drive times were relatively low statewide, although some parts of Eastern and Western Colorado were affected by higher drive times (over an hour). These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - ED and hospital E&M.

Physician Services - ED and Hospital E&M Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	99284	EMERGENCY DEPT VISIT MOD MDM	89.4%	297,008	19.12%
2	99232	SBSQ HOSP IP/OBS MODERATE 35	84.4%	215,580	13.88%
3	99233	SBSQ HOSP IP/OBS HIGH 50	85.0%	198,301	12.76%
4	99285	EMERGENCY DEPT VISIT HI MDM	92.0%	181,234	11.66%
5	99283	EMERGENCY DEPT VISIT LOW MDM	85.7%	120,064	7.73%
6	99223	1ST HOSP IP/OBS HIGH 75	97.8%	77,978	5.02%
7	99291	CRITICAL CARE FIRST HOUR	89.4%	73,530	4.73%
8	99239	HOSP IP/OBS DSCHRG MGMT >30	84.3%	55,602	3.58%
9	99231	SBSQ HOSP IP/OBS SF/LOW 25	71.3%	55,258	3.56%
10	99222	1ST HOSP IP/OBS MODERATE 55	88.6%	46,974	3.02%

Table 82. Physician Services - ED and Hospital E&M top 10 procedure codes ranked by utilization

Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the ED and hospital E&M service subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

There are four preventive codes (8%) in this service grouping and the benchmark ratio range is 107.23% - 110.77%, indicating that Colorado's Medicaid reimbursement levels for these preventive codes are reasonably aligned with Medicare rates.

CODE	Service Description	Utilization	% of Total Utilization	Benchmark Source
99460	INIT NB EM PER DAY HOSP	15,323	0.99%	Medicare
99461	INIT NB EM PER DAY NON-FAC	169	0.01%	Medicare
99462	SBSQ NB EM PER DAY HOSP	6,596	0.42%	Medicare
99463	SAME DAY NB DISCHARGE	1,692	0.11%	Medicare

Table 83. Physician Services - ED and Hospital E&M preventive codes analysis

MPRRAC Recommendations

- The MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark and keeping the rates for all codes above 80% of the benchmark the same.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$278,538 total funds, including \$76,375 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark due to budget constraints. However, HCPF recommends keeping the rate for preventive codes (99460, 99461, 99462, and 99463) the same.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$1,203,838 total funds, including -\$330,092 General Fund.

Physician Services - Ear, Nose, and Throat (ENT)

Service Description

ENT services, also known as otolaryngology, encompass a comprehensive range of medical and surgical care for conditions affecting the ears, nose, throat, and related structures of the head and neck.

A summary of the statistics for the ENT service subcategory is provided below:

Physician Services - ENT Statistics	
Total Adjusted Expenditures SFY 2023-24	\$2,498,640
Total Members Utilizing Services in SFY 2023-24	42,439
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-5.20%
Total Active Providers SFY 2023-24	1,167
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	0.09%

Table 84. Physician Services - ENT total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The ENT service grouping has 112 procedure code/modifier combinations. The rates for 101 of them (90.18%) were compared to Medicare, the rates for 10 of them (8.93%) were compared to rates from other states:

Physician Services - ENT Benchmark States	
Procedure Code	Benchmark State ¹⁹
92507+GT, 92551, 92650	Arizona, Nebraska, Nevada, Oklahoma, Oregon, and Utah
92558	Arizona, Nebraska, Oregon, and Utah
92605	Arizona, and Nevada
92630, 92633	Arizona, Oklahoma, and Oregon
92633, 92534	Arizona, Nevada, and Utah
92606	Arizona, Nevada, and Oklahoma

Table 85. Physician Services - ENT Benchmark States (SFY 2023-24).

Among these 111 codes with benchmark ratios, 39 of them (35.14%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, one combination (0.89%) is excluded due to no valid benchmark rates found. Individual rate ratios for ENT were 2.36% - 867.26%.

¹⁹ Please refer to the "Benchmark Rationale" provided under "Physician Services" on page 108 for benchmark rationale for physician services.

On average, Colorado Medicaid payments for ENT are estimated at 86.77% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

ENT Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$2,498,640	\$2,879,756	86.77%

Table 86. Comparison of Colorado Medicaid Physician Services - ENT service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$381,116 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the ENT panel size visual (Appendix B, Figure 122), the average number of utilizers per provider in urban and rural areas had similar patterns and trends from SFY 2021-22 to SFY 2023-24. The statewide provider participation rate was 29% in SFY 2023-24. The drive time analysis (Appendix B, Figure 105) shows that drive times were relatively low statewide, although some parts of Eastern and Western Colorado were affected by higher drive times (over an hour). Additionally, Colorado Medicaid had higher per utilizer per year (PUPY) expenditures and utilization than most payers (Appendix B, Figures 126 & 127). These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - ENT.

Physician Services - ENT Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	92551	PURE TONE HEARING TEST AIR	108.9%	15,513	19.37%
2	92567	TYMPANOMETRY	87.0%	14,492	18.10%
3	92587	EVOKED AUDITORY TEST LIMITED	106.5%	6,684	8.35%
4	92557	COMPREHENSIVE HEARING TEST	86.0%	6,481	8.09%
5	92552	PURE TONE AUDIOMETRY AIR	75.2%	5,964	7.45%
6	92633	AUD REHAB POSTLING HEAR LOSS	68.1%	4,028	5.03%
7	92555	SPEECH THRESHOLD AUDIOMETRY	76.8%	2,780	3.47%
8	92579	VISUAL AUDIOMETRY (VRA)	86.5%	2,601	3.25%
9	92650	AEP SCR AUDITORY POTENTIAL	141.7%	2,571	3.21%
10	92582	CONDITIONING PLAY AUDIOMETRY	77.6%	1,868	2.33%

Table 87. Physician Services - ENT top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, four outliers with low utilization were excluded from this service category; three of these were outliers with benchmark ratios below 60%, and one of these were outliers with benchmark ratios above 140%.

The bubble chart below (Figure 16) indicates that there are four outliers displayed for ENT service grouping:

- Three outliers, 92511, 92540+TC, and 92612, have benchmark ratios below 60%, ranging from 33.60% to 37.52%. Among them, code 92612 has the lowest utilization, with only 34 allowed units (0.04% of the total). Code/modifier combination, 92540+TC, has the smallest repriced amount at \$798, representing just 0.03% of the total.
- One outlier, 92650, has a benchmark ratio of 141.66%. It recorded 2,571 allowed units, accounting for 3.21% of the total utilization, and a repriced amount of \$83,895, or 3.36% of the total expenditure.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Physician Services - ENT

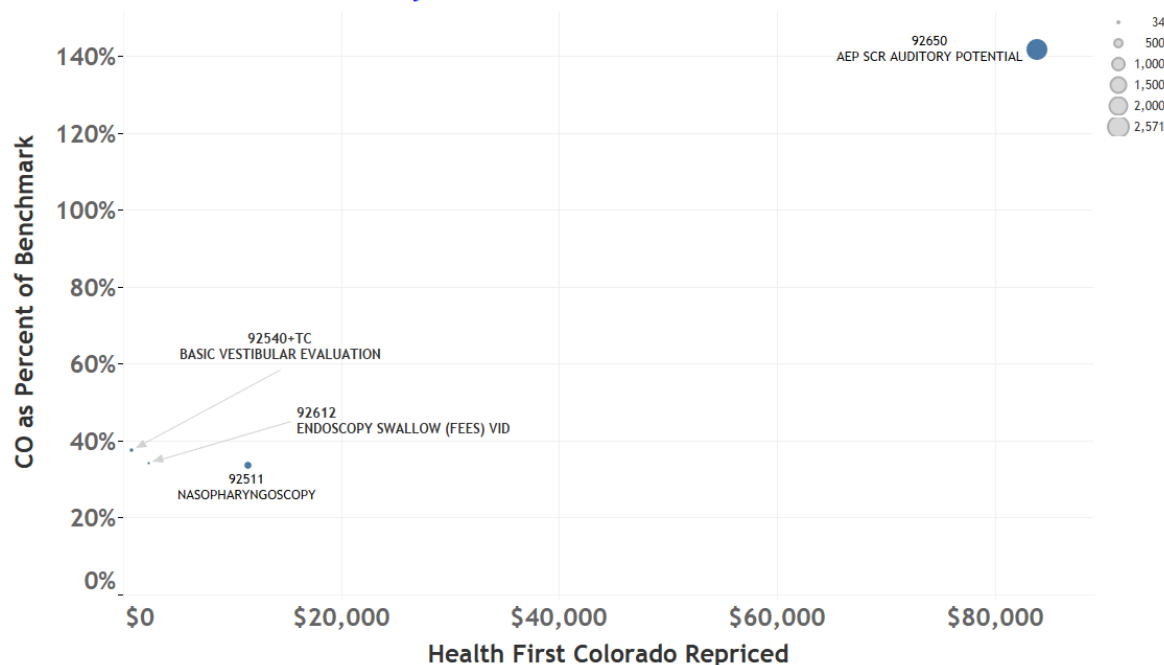


Figure 16. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - ENT

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$79,398 total funds, including \$21,771 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark due to budget constraints.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$2,538 total funds, including \$696 General Fund.

Physician Services - Family Planning

Service Description

Family planning services are preventive services that focus on sexual and reproductive health with the intent to delay, prevent or plan for a pregnancy. These include all FDA (Food and Drug Administration) approved contraceptives, pregnancy tests, sterilization services and basic fertility services. The scope of these services range from device insertion to basic fertility counseling.

A summary of the statistics for the Family Planning service subcategory is provided below:

Physician Services - Family Planning Statistics	
Total Adjusted Expenditures SFY 2023-24	\$8,132,832
Total Members Utilizing Services in SFY 2023-24	36,609
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-18.18%
Total Active Providers SFY 2023-24	3,7163
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.85%

Table 88. Physician Services - Family Planning total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The family planning service grouping has 59 procedure code/modifier combinations. The rates for 41 of them (69.49%) were compared to Medicare, while the rates for 18 codes (30.51%) were compared to rates from other states. Among these 59 codes, six of them (10.17%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for family planning were 21.64% - 384.60%.

On average, Colorado Medicaid payments for family planning are estimated at 113.86% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Family Planning Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$8,132,832	\$7,142,821	113.86%

Table 89. Comparison of Colorado Medicaid Physician Services - Family Planning service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$990,011 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the family planning panel size visual (Appendix B, Figure 128), the average number of utilizers per provider in urban and rural areas had a slight downward trend from SFY 2021-22 to SFY 2023-24. The percentage of active providers that served Medicaid members was 98% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 131) shows that the percent of active providers that served only one Medicaid member had an increasing trend from SFY 2021-22 to SFY 2023-24. This includes an individual provider and group practice who shifted their care focus, service area, and/or coverage provided, as well as providers who reduced their numbers of hours worked. As such, these events caused a reduction in the number of Medicaid patients seen among applicable providers. Finally, Colorado Medicaid had higher per utilizer per year (PUPY) utilization than other payers (Appendix B, Figures 126 & 127). These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

The family planning service subcategory has an overall benchmark ratio of 113.86%, indicating that Colorado Medicaid reimbursement exceeds Medicare and peer state benchmarks on average. To better understand this high benchmark ratio, the policy specialist from the Policy Innovation & Benefit Team in the Health Policy Office was engaged. Through the consultation, it was clarified that during multiple legislative sessions, including in 2014 and 2018, the Colorado General Assembly approved targeted rate increases for selected providers, HCPCS codes, and specialties. These adjustments aimed to address significant rate disparities and to align reimbursement with the Department's emphasis on high-value services for clients. Rates for certain family planning related codes were among those increased as part of this effort, thus explaining this elevated overall repriced benchmark ratio.

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - family planning.

Physician Services - Family Planning Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	S4993+FP	CONTRACEPTIVE PILLS FOR BC	113.4%	25,109	29.93%
2	99213+FP	OFFICE O/P EST LOW 20-29 MIN	97.4%	13,115	15.63%
3	99214+FP	OFFICE O/P EST MOD 30-39 MIN	101.7%	9,604	11.45%
4	58300+FP	INSERT INTRAUTERINE DEVICE	72.8%	5,745	6.85%
5	58301+FP	REMOVE INTRAUTERINE DEVICE	80.8%	4,754	5.67%
6	99203+FP	OFFICE O/P NEW LOW 30-44 MIN	118.4%	3,841	4.58%
7	99212+FP	OFFICE O/P EST SF 10-19 MIN	94.6%	3,623	4.32%
8	11981+FP	INSERTION DRUG DLVR IMPLANT	323.2%	3,137	3.74%
9	99204+FP	OFFICE O/P NEW MOD 45-59 MIN	120.4%	2,592	3.09%
10	11982+FP	REMOVE DRUG IMPLANT DEVICE	174.4%	2,190	2.61%

Table 90. Physician Services - Family Planning top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, six outliers with low utilization were excluded from this service category, and all of them have a benchmark ratio above 140%.

The bubble chart below (Figure 17) indicates that there are two procedure codes (A4267, 76830+TC), with benchmark ratios under 60%, and nine codes (76856, 99203+GT, 99204+GT, 99202+GT, 11983, 76857, 11976, 11981, and 11982), with benchmark ratios above 140% displayed for family planning service grouping. These 11 outliers are grouped into 3 clusters:

- Cluster 1 includes nine outliers, with benchmark ratio ranging between 21.64% - 213.92%. Their repriced amounts range between \$539 (code A4267) to \$219,932 (code 11893), and their utilization ranges from 34 (code 99202) to 1586 (code A4267) allowed units. Code A4267 (Male Condom) has the highest utilization and lowest repriced amount. Overall, cluster 1 contains outliers with lower utilization and lowest repriced amounts among all outliers.
- Cluster 2 includes one procedure code, 11981, with benchmark ratio at 323.17%. Its repriced amount is at \$1,009,334 (12.41% of the total), and the utilization amount is 3,137 allowed units (3.74% of the total), the 8th highest utilized code in this service subcategory.

- Cluster 3 includes one procedure code, 119812, with benchmark ratio at 174.42%. Its repriced amount is at \$413,850 (5.09% of the total), and the utilization amount is 2,190 allowed units (2.61% of total). Both values are at the 2nd highest among all outliers.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Physician Services - Family Planning

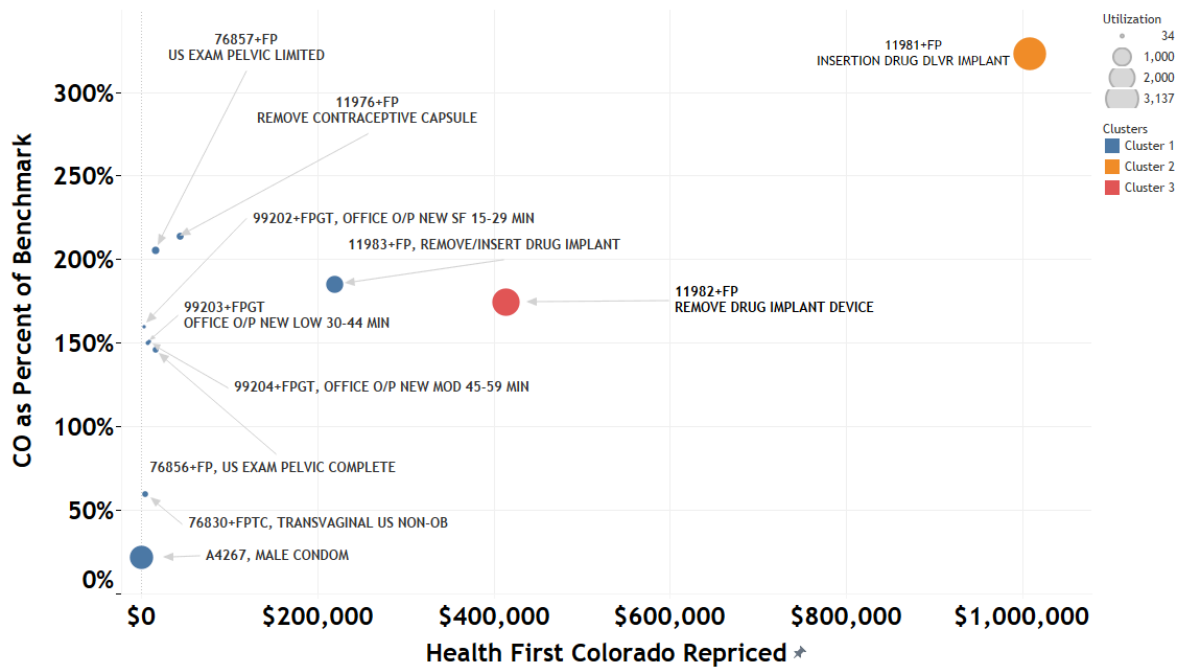


Figure 17. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Family Planning

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.
- Increase codes 58300 (INSERT INTRAUTERINE DEVICE) and 58301 (REMOVE INTRAUTERINE DEVICE) to 100% of the benchmark.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$229,334 total funds, including \$62,884 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark due to budget constraints.
- HCPF recommends increasing codes 58300 (INSERT INTRAUTERINE DEVICE) and 58301 (REMOVE INTRAUTERINE DEVICE) to 100% of the benchmark.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$1,143,742 total funds, including -\$313,614 General Fund.

Physician Services - Gastroenterology

Service Description

Gastroenterology services involve diagnosing and treating conditions and diseases of the digestive system. This includes conditions which impact the esophagus, stomach, intestines, liver, pancreas, or gallbladder.

A summary of the statistics for the gastroenterology service subcategory is provided below:

Physician Services - Gastroenterology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$202,599
Total Members Utilizing Services in SFY 2023-24	1,870
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-19.08%
Total Active Providers SFY 2023-24	190
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-17.03%

Table 91. Physician Services - Gastroenterology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The Gastroenterology service grouping has 59 procedure code/modifier combinations. The rates for 58 of them (98.31%) were compared to Medicare, while one combination (1.69%) is excluded due to no valid benchmark rates found.

Among these 58 codes, 35 of them (60.34%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for gastroenterology were 2.18% - 117.01%.

On average, Colorado Medicaid payments for gastroenterology are estimated at 91.21% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Gastroenterology Repriced Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Overall Repriced Benchmark Ratio
\$202,599	\$222,125	91.21%

Table 92. Comparison of Colorado Medicaid Physician Services - Gastroenterology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$19,526 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the gastroenterology panel size visual (Appendix B, Figure 135), the average number of utilizers per provider in urban and rural areas had a stable trend from SFY 2021-22 to SFY 2023-24. Additionally, the percentage of active providers that served Medicaid members was 36% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 138) shows that the percent of active providers that served only one Medicaid member increased then decreased from SFY 2021-22 to SFY 2023-24. The drive time analysis (Appendix B, Figure 139) shows that drive times were relatively high (over an hour) statewide. Finally, Colorado Medicaid had lower per utilizer per year (PUPY) expenditures and higher PUPY utilization than most payers (Appendix B, Figures 140 & 141). These findings indicate that access to care may be impacted by longer driving distances and modest provider participation.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - gastroenterology.

Physician Services - Gastroenterology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	91200	LIVER ELASTOGRAPHY	91.5%	613	28.02%
2	91200+26	LIVER ELASTOGRAPHY	96.4%	410	18.74%
3	91065+26	BREATH HYDROGEN/METHANE TEST	117.0%	172	7.86%
4	91010+26	ESOPHAGUS MOTILITY STUDY	85.1%	118	5.39%
5	91110	GI TRC IMG INTRAL ESOPH-ILE	96.2%	85	3.88%
6	91035+26	G-ESOPH REFLX TST W/ELECTROD	84.8%	84	3.84%
7	91110+26	GI TRC IMG INTRAL ESOPH-ILE	84.9%	81	3.70%
8	91122+26	ANAL PRESSURE RECORD	85.0%	74	3.38%
9	91037+26	ESOPH IMPED FUNCTION TEST	84.5%	70	3.20%
10	91010	ESOPHAGUS MOTILITY STUDY	87.2%	68	3.11%

Table 93. Physician Services - Gastroenterology top 10 procedure codes ranked by utilization

Utilization and Expenditure Trend Analysis

Due to the overall low utilization of this service, HCPF conducted an additional utilization analysis for the past five fiscal years (SFY 2019-20 - SFY 2023-24). Here is the outline of the findings shown in Figure 18:

- Utilization remained very low, with the lowest level observed in SFY 2019-20 and highest in SFY 2022-23
- Expenditures were lowest in SFY 2019-20 and reached highest level in SFY 2023-24

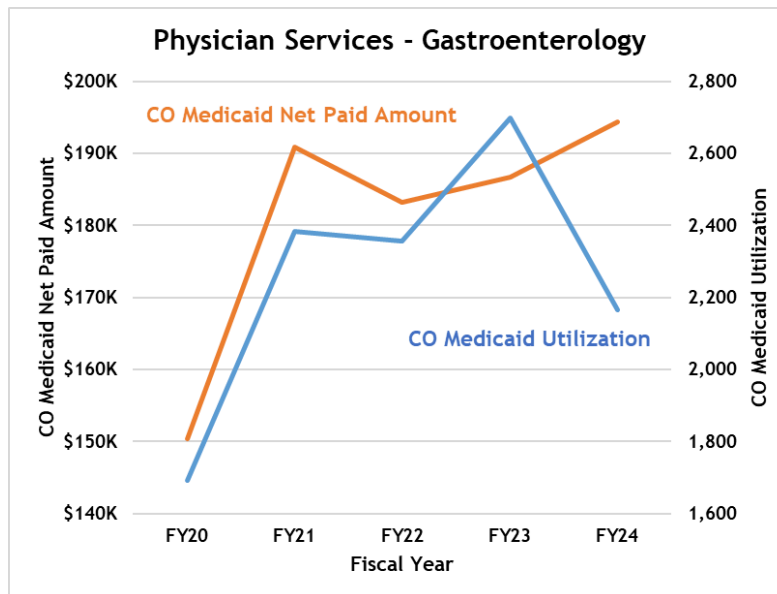


Figure 18. Physician Services - Gastroenterology CO Medicaid Utilization and Medicaid Net Paid Amount trend over SFY 2019-20 - SFY 2023-24

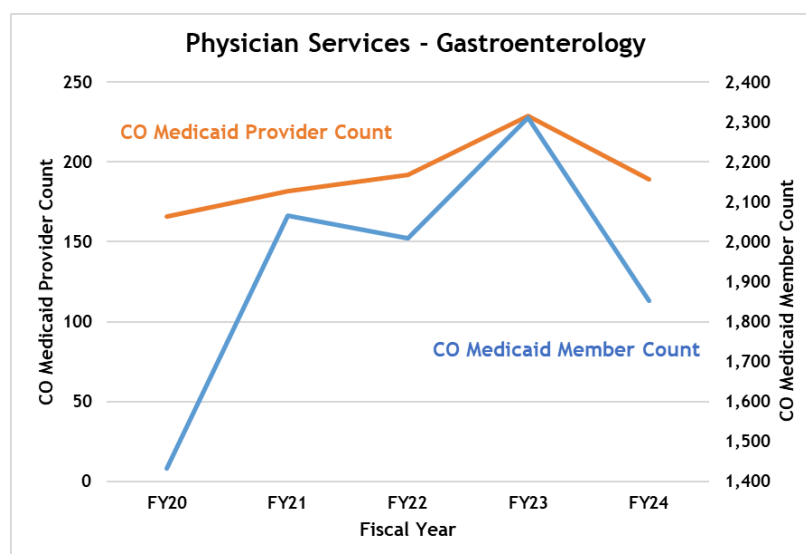


Figure 19. Physician Services - Gastroenterology CO Medicaid Member and Provider count trend over SFY 2019-20 - SFY 2023-24

Since SFY 2022-23, both the number of active Medicaid providers and Medicaid members utilizing gastroenterology services have declined (Figure 19), which may explain the reduction in utilization observed from SFY23 to SFY24. However, expenditures for this service category increased during the same period, suggesting an overall rise in the reimbursement levels.

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$174 total funds, including \$48 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and to keep the rates for all codes above 80% of the benchmark the same.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$174 total funds, including \$48 General Fund.

Physician Services - Gynecology

Service Description

Gynecology is a medical specialty focused on the health of the female reproductive system. Services in this category encompass preventative care, diagnosis, treatment, surgeries and management of a broad range of related reproductive tissue conditions such as menstrual disorders, pelvic pain, endometriosis, fibroids, ovarian cysts and menopausal symptoms. Gynecologic care also includes routine screenings, such as breast cancer screening, Pap tests, and STI/HPV testing. These services are essential for maintaining reproductive and overall health throughout different stages of life, from adolescence through the post-menopausal period.

Please note:

1. All preventative codes under this subcategory will be reviewed under the Primary Care E&M subcategory.
2. Surgery codes under this subcategory will be reviewed under Surgery category in 2026.

A summary of the statistics for the gynecology service subcategory is provided below:

Physician Services - Gynecology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,049,434
Total Members Utilizing Services in SFY 2023-24	1,014
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-19.71%
Total Active Providers SFY 2023-24	297
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-7.76%

Table 94. Physician Services - Gynecology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The gynecology service grouping has 34 procedure code/modifier combinations. The rates for 33 of them (97.06%) were compared to Medicare, while one combination (2.94%) is excluded due to no valid benchmark rates found.

Among these 33 codes, 13 of them (39.39%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for gynecology were 65.47% - 89.75%.

On average, Colorado Medicaid payments for gynecology are estimated at 83.32% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Gynecology Repriced Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Overall Repriced Benchmark Ratio
\$1,049,434	\$1,259,488	83.32%

Table 95. Comparison of Colorado Medicaid Physician Services - Gynecology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$210,054 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the gynecology panel size visual (Appendix B, Figure 142), the average number of utilizers per provider in urban and rural areas had a stable trend from SFY 2021-22 to SFY 2023-24. The special providers visual (Appendix B, Figure 145) shows that the percentage of active providers that served only one Medicaid member decreased from SFY 2021-22 to SFY 2023-24. The drive time analysis (Appendix B, Figure 146) shows that drive times were relatively high (over an hour) in Eastern and Western Colorado. These findings indicate that access to care may be impacted by longer driving distances.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - gynecology.

Physician Services - Gynecology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	58571	TLH W/T/O 250 G OR LESS	82.8%	805	59.63%
2	58573	TLH W/T/O UTERUS OVER 250 G	84.4%	115	8.52%
3	58552	LAPARO-VAG HYST INCL T/O	84.6%	92	6.81%
4	58150	TOTAL HYSTERECTOMY	84.1%	75	5.56%

5	58570	TLH UTERUS 250 G OR LESS	84.5%	65	4.81%
6	58262	VAG HYST INCLUDING T/O	83.0%	47	3.48%
7	58260	VAGINAL HYSTERECTOMY	84.8%	37	2.74%
8	58545	LAPAROSCOPIC MYOMECTOMY	84.6%	28	2.07%
9	58542	LSH W/T/O UT 250 G OR LESS	83.2%	17	1.26%
10	58554	LAPARO-VAG HYST W/T/O COMPL	83.0%	14	1.04%

Table 96. Physician Services - Gynecology top 10 procedure codes ranked by utilization

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$98 total funds, including \$27 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and to keep the rates that are above 80% of the benchmark the same.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$65 total funds, including \$18 General Fund.

Physician Services - Health Education

Service Description

Health education services refer to services designed to improve health literacy, including improving knowledge and developing life skills which are conducive to individual and/or community health. These services intended to educate members on the dangers of alcohol, nicotine, marijuana, illicit drugs, etc.

A summary of the statistics for the Health Education service subcategory is provided below:

Physician Services - Health Education Statistics	
Total Adjusted Expenditures SFY 2023-24	\$172,629
Total Members Utilizing Services in SFY 2023-24	3,667
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	47.33%
Total Active Providers SFY 2023-24	307
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-16.12%

Table 97. Physician Services - Health Education total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The health education service grouping has 6 procedure code/modifier combinations. The rate for one code (16.67%) was compared to Medicare, and the rate for one code (16.67%) was compared to rates from other states. Four codes were excluded due to no valid benchmark rates found. Individual rate ratios for health education were 74.10% - 87.12%.

On average, Colorado Medicaid payments for health education are estimated at 85.31% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Health Education Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$172,629	\$202,356	85.31%

Table 98. Comparison of Colorado Medicaid Physician Services - Health Education service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$29,727 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the health education panel size visual (Appendix B, Figure 147), the average number of utilizers per provider in urban areas increased substantially in SFY 2023-24. The telemedicine analysis (Appendix B, Figures 151 & 152) show that the percentage of health education utilizers that utilized telemedicine and the percentage of total visits that were delivered through telemedicine each increased before decreasing. The drive time analysis (Appendix B, Figure 153) shows that drive times were relatively high (over an hour) in parts of Eastern and Western Colorado. These findings indicate that access to care may be impacted by longer driving distances.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - health education.

Physician Services - Health Education Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	97535	SELF CARE MNGMENT TRAINING	87.1%	5,314	88.61%
2	96040 ²⁰	GENETIC COUNSELING 30 MIN	74.1%	683	11.39%

Table 99. Physician Services - Health Education top 10 procedure codes ranked by utilization

Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the health education service subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

²⁰ Code 96040 is a preventive code.

There are two preventive codes (33.33%) in this service grouping. One of the codes did not have valid utilization during SFY 2023-24 and no valid benchmark rates were found. The other code (96040) was compared to other states for benchmarking. However this code (96040) was terminated on 1/1/2025, and has been replaced by code 96041 (GENETIC COUNSELING SVC EA 30), a comparable service now covered under the Colorado Health First Fee Schedule, effective on 1/1/2025. The benchmark ratio was 74.10% for this code (96040), indicating a cap between Colorado's Medicaid reimbursement level and the average rate among the three benchmark states with coverage for this code. However the replacement code (96041) is reimbursed at a significantly higher rate (\$42 compared to \$30.60), resulting in a benchmark ratio of 101.72%, which suggests that the reimbursement for the replacement code is well-aligned with rates in the benchmark states.

CODE	Service Description	Utilization	% of Total Utilization	Benchmark Source
96040	GENETIC COUNSELING 30 MIN	683	11.39%	Other States
S0265	GENETIC COUNSEL 15 MINS	0	0%	N/A

Table 100. Physician Services - Health Education preventive codes analysis

Utilization and Expenditure Trend Analysis

Due to the overall low utilization of this service, HCPF conducted an additional utilization analysis for the past five fiscal years (SFY20 - SFY24). Here is the outline of the findings shown in Figure 20:

- Utilization remained very low, with the lowest level observed in SFY 2020-21 and highest in SFY 2023-24.
- Expenditures were lowest in SFY 2020-21 and reached highest level in SFY 2023-24.

Both utilization and expenditures reached their highest levels in SFY 2023-24 indicating growing demand for this service (members utilized this service increased by 47.33% compared to SFY 2022-23), and improved access within the Colorado Medicaid program.

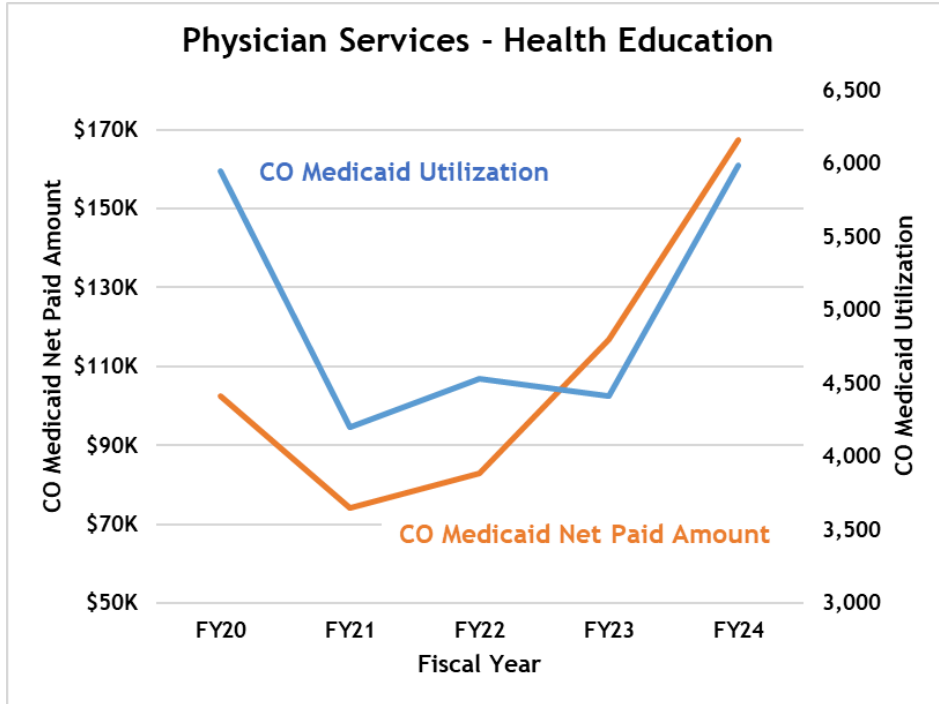


Figure 20. Physician Services - Health Education Utilization and CO Medicaid Net Paid Amount trend over SFY 2019-20 - SFY 2023-24

MPRRAC Recommendations

- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$1,409 total funds, including \$386 General Fund.

HCPF Recommendations

- HCPF recommends no change to the rates due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$0 total funds, including \$0 General Fund.

Physician Services - Medication Injections and Infusions

Service Description

Medication injections & infusions services involve administering medications directly via intravenous (IV) infusions or injections. This category also includes the usage of equipment which facilitates the administration of medications. This service category does not include services covered under Physician-Administered Drugs.

A summary of the statistics for the medication injections and infusions service subcategory is provided below:

Medication Injections & Infusions Statistics	
Total Adjusted Expenditures SFY 2023-24	2,898,719
Total Members Utilizing Services in SFY 2023-24	5,023
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.92%
Total Active Providers SFY 2023-24	1,255
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-5.00%

Table 101. medications injections & infusions total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The medication injections and infusions service grouping has 80 procedure code/modifier combinations. The rates for 34 of them (42.5%) were compared to Medicare, while the rates for eight codes (10.00%) were compared to rates from other states. Among these 42 codes, eight of them (10%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed.

Physician Services - Medication Injections & Infusions Benchmark States	
Procedure Code	Benchmark State ²¹
96376	Nebraska, Nevada, Oregon, Utah
J7330	Nevada, Oklahoma
J2513	Arizona, Oklahoma
99190, 99191, 99192	Arizona, Nebraska, Oregon, Utah
A9607	Arizona, Nebraska, Nevada, Oklahoma
A9513	Arizona, Nebraska, Oklahoma

Table 102. Physician Services - medication injections & infusions (SFY 2023-24).

Moreover, among the remaining 38 codes, 37 of them (46.25%) were excluded due to no valid benchmark rates found and additionally, they didn't have valid utilization

²¹ Please refer to the "Benchmark Rationale" provided under "Physician Services" on page 108 for benchmark rationale for all physician services.

during SFY 2023-24 either. One code was excluded because it is manually priced. Individual rate ratios for medications injections & infusions were 12.22%-267.25%.

On average, Colorado Medicaid payments for medication injections & Infusions are estimated at 112.84% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Medication Injections & Infusions Repriced Benchmark Comparison		
Colorado Repriced	Medicare and Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$2,898,719	\$2,568,867	112.84%

Table 103. Comparison of Colorado Medicaid medications injections & infusions service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$329,852 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the medication injections and infusions panel size visual (Appendix B, Figure 154), the average number of utilizers per provider in urban and rural areas had a stable trend from SFY 2021-22 to SFY 2023-24. The special providers visual (Appendix B, Figure 157) shows that the percent of active providers that served only one Medicaid member remained relatively stable. The drive time analysis (Appendix B, Figure 158) shows that drive times were relatively low statewide, although some areas in Eastern and Western Colorado were affected by higher drive times (over an hour). These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the services with the highest utilization for medication injections & infusions.

Physician Services - Medication Injections & Infusions Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	J7325	SYNVISC OR SYNVISC-ONE	116.20%	15,434	33.47%
2	96375	TX/PRO/DX INJ NEW DRUG ADDON	111.40%	6,732	14.60%
3	96413	CHEMO IV INFUSION 1 HR	104.00%	6,2046	13.46%
4	96415	CHEMO IV INFUSION ADDL HR	109.00%	3,042	6.60%
5	96374	THER/PROPH/DIAG INJ IV PUSH	124.90%	2,579	5.59%
6	96401	CHEMO ANTI-NEOPL SQ/IM	90.20%	1,708	3.70%
7	96417	CHEMO IV INFUS EACH ADDL SEQ	103.00%	1,578	3.42%
8	J7321	HYALGAN SUPARTZ VISCO-3 DOSE	106.10%	1471	3.19%
9	96521	REFILL/MAINT PORTABLE PUMP	96.40%	1,238	2.69%
10	96411	CHEMO IV PUSH ADDL DRUG	100.20%	999	2.17%

Table 104. medications injections & infusions top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, one outlier with a benchmark rate less than 60% with low utilization was excluded from this service category.

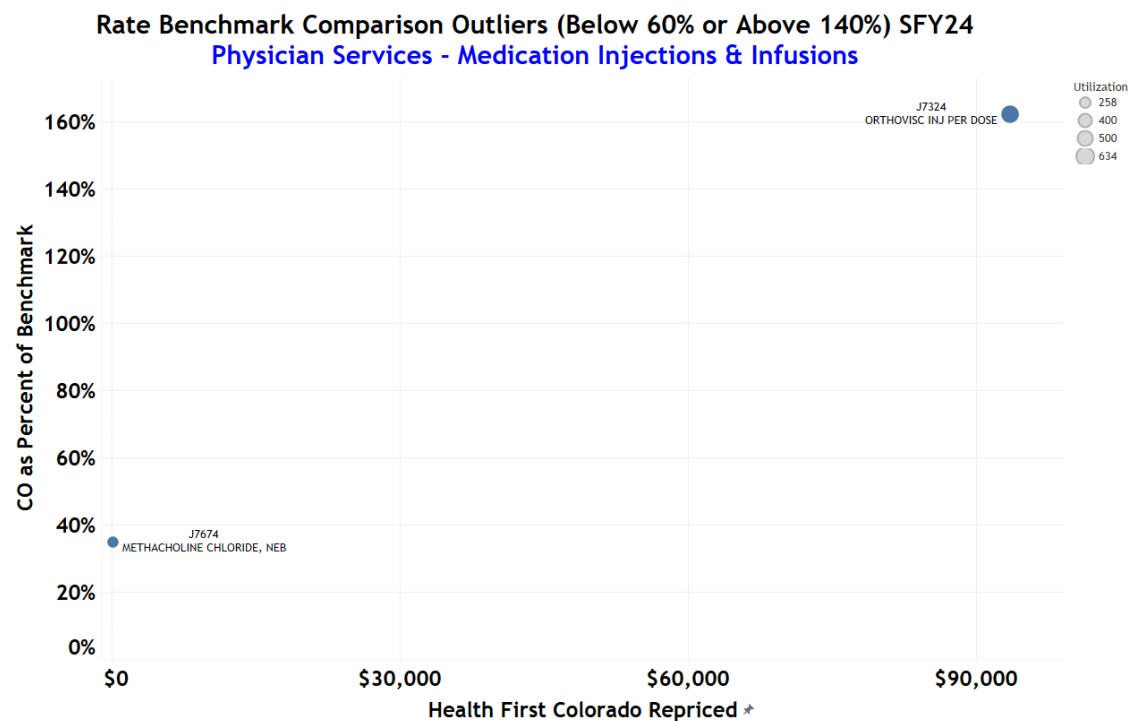


Figure 21. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - medications injections & infusions

The outlier chart above shows two small outliers, one that is more than 140% of the benchmark rate and one that is less than 60% of the benchmark rate. The two codes combined have less than 1,000 utilization and a Health First Colorado repriced amount that is less than \$100,000.

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be -\$34,143 total funds, including -\$9,362 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be -\$34,143 total funds, including -\$9,362 General Fund.

Physician Services - Neuro/Psychological Testing Services

Service Description

Neuro/psychological testing services assess and diagnose a wide range of mental health and neurological conditions. This includes all types of depression screening, developmental screening, and screening for other mental health conditions.

A summary of the statistics for the Neuro/Psychological Testing Services service subcategory is provided below:

Physician Services - Neuro/Psychological Testing Services Statistics	
Total Adjusted Expenditures SFY 2023-24	\$15,248,262
Total Members Utilizing Services in SFY 2023-24	162,350
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.43%
Total Active Providers SFY 2023-24	3,581
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	26.49%

Table 105. Physician Services - Neuro/Psychological Testing Services total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The neuro/psychological testing services have 22 procedure code/modifier combinations. The rates for 15 of them (68.18%) were compared to Medicare, while the rates for two codes (9.09%) were compared to rates from other states. Among these 17 codes, one of them (5.88%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for this code. Moreover, five codes were excluded due to no valid benchmark rates found. Individual rate ratios for health education were 54.42% - 425.99%.

On average, Colorado Medicaid payments for neuro/psychological testing services are estimated at 122.21% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Neuro/Psychological Testing Services Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$15,248,262	\$12,476,717	122.21%

Table 106. Comparison of Colorado Medicaid Physician Services - Neuro/Psychological Testing Services service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$2,771,545 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the neuro/psychological testing services panel size visual (Appendix B, Figure 159), the average number of utilizers per provider in urban and rural areas had a similar pattern with downward trends. The percentage of active providers that served Medicaid members was 63% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 162) shows that the percent of active providers that served only one Medicaid member had a slight increasing trend. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

The standard methodologies for the benchmark ratio analysis is to utilize Medicare reimbursement rates when the procedure code is covered under the Medicare program. During this process for physician services - neuro/psychological testing services, HCPF identified that procedure code 96127 exhibited a significantly high benchmark ratio of 392.43%, prompting further investigation into the appropriateness of using Medicare as a benchmark for this specific code.

To better understand the context, HCPF consulted with internal policy specialists and they clarified that Medicare applies code 96127 broadly, using it for a wide range of developmental screenings across all age groups. In contrast, Colorado Medicaid applies this code more narrowly, specifically for Autism Spectrum Disorder screening, and limits its use to the pediatric and youth populations. This critical distinction in scope and target population indicated that Medicare may not serve as an appropriate benchmark for this code.

Given this input, we switched to using six other states (Arizona, Nebraska, Nevada, Oklahoma, Oregon, and Utah) for comparison, and the benchmark ratio for code 96127 dropped significantly to 152.86%.

This adjustment relates our commission to stakeholder-informed decision-making, and service-specific benchmarking, particularly when discrepancies in code utilization policies exist.

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - neuro/psychological testing services.

Physician Services - Neuro/Psychological Testing Services Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	96127	BRIEF EMOTIONAL/BEHAV ASSMT	152.9%	112,256	34.89%
2	96137	PSYCL/NRPSYC TST PHY/QHP EA	135.0%	61,941	19.25%
3	96110	DEVELOPMENTAL SCREEN W/SCORE	171.9%	50,391	15.66%
4	96133	NRPSYC TST EVAL PHYS/QHP EA	107.7%	41,449	12.88%
5	96131	PSYCL TST EVAL PHYS/QHP EA	124.9%	12,809	3.98%
6	96136	PSYCL/NRPSYC TST PHY/QHP 1ST	163.3%	11,324	3.52%
7	96132	NRPSYC TST EVAL PHYS/QHP 1ST	105.7%	10,586	3.29%
8	96139	PSYCL/NRPSYC TST TECH EA	54.4%	5,639	1.75%
9	96130	PSYCL TST EVAL PHYS/QHP 1ST	111.4%	5,024	1.56%
10	96113	DEVEL TST PHYS/QHP EA ADDL	91.3%	3,172	0.99%

Table 107. Physician Services - Neuro/Psychological Testing Services top 10 procedure codes ranked by utilization

Preventive Codes Analysis

To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to the neuro/psychological testing services subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

There are four preventive codes (18.18%) in this service grouping. One of the codes (96127) has a 152.86% benchmark ratio and was compared to other states for benchmarking, and the other three codes did not have valid benchmark rates.

CODE	Service Description	Utilization	% of Total Utilization	Benchmark Source
96127	BRIEF EMOTIONAL/BEHAV ASSMT	112,256	34.89%	Other States
G8431	POS CLIN DEPRES SCR N F/U DOC	36,465	11.33%	N/A
G8510	SCR DEP NEG, NO PLAN REQD	74,367	23.12%	N/A
G8511	SCR DEP POS, NO PLAN DOC RNG	1,200	0.37%	N/A

Table 108. Physician Services - Neuro/Psychological Testing Services preventive codes analysis

Nearly 70% of the total utilization is attributed to these four preventive codes in neuro/psychological testing services subcategory, it implies that:

- Preventive services are a primary driver of utilization within this service grouping.
- The focus of neuro/psychological testing services may be on early intervention and routine screenings, which can help reduce the need for more costly or intensive treatments later.
- Access to and uptake of preventive care appear strong, suggesting that providers and members are engaging with these services as intended by Colorado Medicaid program.
- It could also indicate that policy efforts or reimbursement strategies promoting preventive care are having their desired impact.

Year-over-Year Reimbursement Rate Trend Analysis

The neuro/psychological testing services subcategory has an overall benchmark ratio of 122.21%, indicating that Colorado Medicaid reimbursement exceeds Medicare benchmarks on average. To better understand this high benchmark ratio, HCPF conducted a year-over-year reimbursement rate percentage changes analysis across all 15 procedure code and modifier combinations using Medicare for benchmarking. 11 of these 15 codes have a benchmark ratio above 100%, with nine of them showing utilization in SFY 2023-24.

As shown in Figure 22:

- Over the 4-year time period from 2021-2025²², Medicare rates for all these 15 codes declined by an average of 6.68%, while Colorado Medicaid rates increased by an average of 17.79%. The divergence in rate trends has resulted in an elevated overall benchmark ratio, calculated as Colorado's repriced amount divided by Medicare's repriced amount.
- From 2021 to 2022, there was a significant increase in Colorado Medicaid rates. This change was primarily driven by two codes, and likely due to targeted rate adjustments:
 - 96105: ASSESSMENT OF APHASIA (85% increase, current benchmark ratio: 92.20%)
 - 96125: COGNITIVE TEST BY HEALTH CARE PROFESSIONAL (48% increase, current benchmark ratio: 93.40%)

²² “Over the 4-year time period from 2021-2025” refers to the span during which annual rate changes were analyzed. The rate change calculations are conducted between each pair of consecutive years (i.e., 2021-2022, 2022-2023, etc.) across this period. (1) Medicare rates are assessed on a calendar year basis (January-December); (2) Medicaid rates are assessed on a fiscal year basis (July-June).

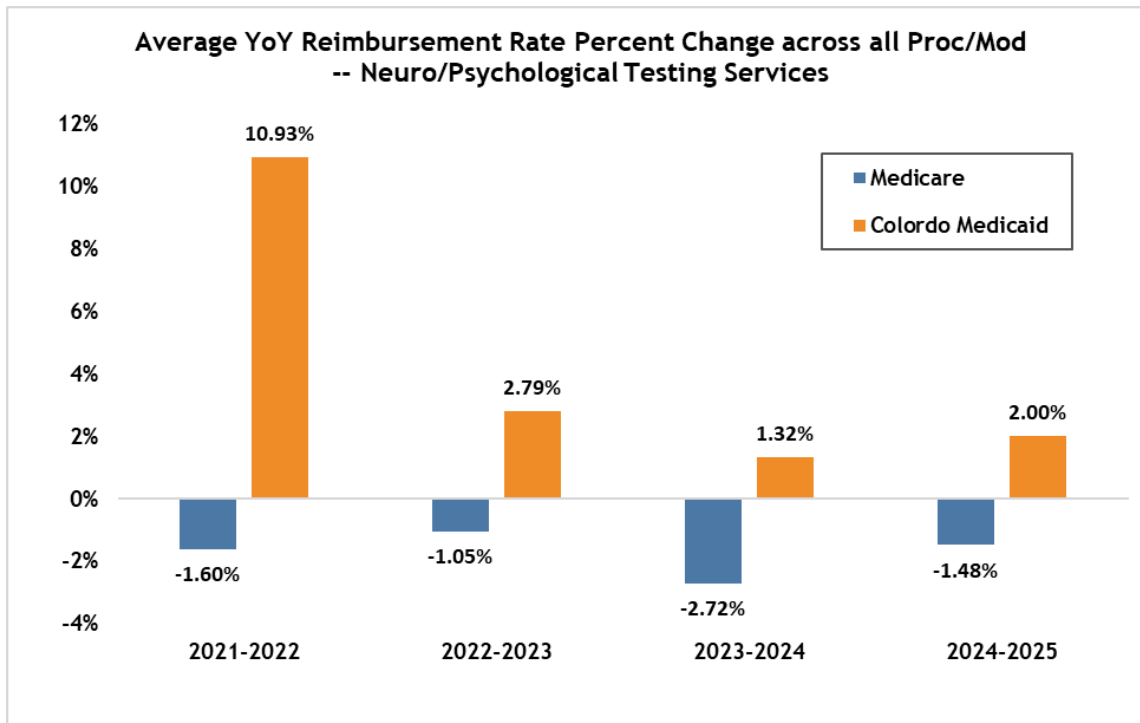


Figure 22. Bar chart indicating the average year-over-year Physician Services - Neuro/Psychological Testing Services reimbursement rate percentage changes for Medicare and Colorado Medicaid

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate.

As shown in the bubble chart below (Figure 23) for neuro/psychological testing services, one procedure code (96139) was reimbursed at less than 60% of the benchmark, and four codes (96127, 96136, 96110, and 96146) were reimbursed at more than 140% of the benchmark, ranging between 153% - 426%.

Among all five outliers:

- Code 96127 had the highest utilization, with over 112,000 allowed units, accounting for 34.89% of total utilization in this service group. This code also represented the highest expenditure, slightly above \$2 million (13.53% of the total).
- Code 96146 exhibited the highest benchmark ratio of 426%. However it accounted for the lowest utilization, with 5,639 allowed units (0.27% of the total). Additionally, it had the smallest Colorado repriced amount, totaling \$8,440 (0.06% of the total).

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Physician Services - Neuro/Psychological Testing Services

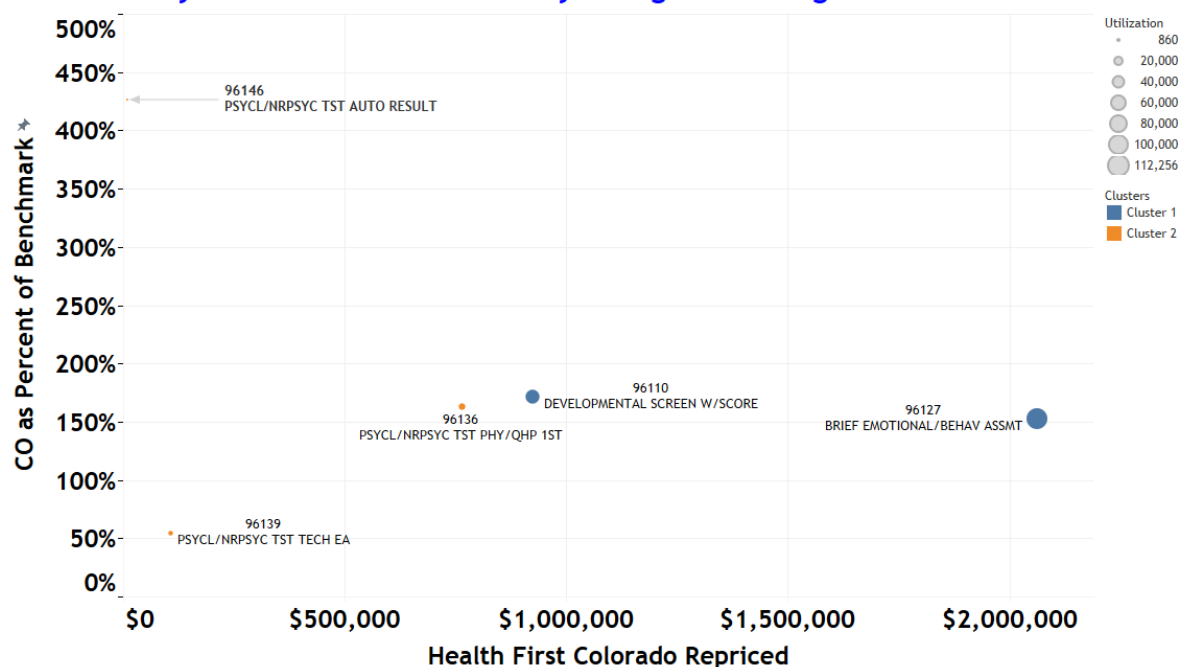


Figure 23. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Neuro/Psychological Testing Services

MPRRAC Recommendations

- For codes with benchmark ratio, the MPRRAC recommends increasing rates under 100% of the benchmark and compared to Medicare to 100% of the benchmark.
- MPRRAC recommends aligning reimbursements for certain evaluation and testing codes so that the rates for the second hour (and beyond) match the corresponding first-hour codes. Specifically, this includes aligning 96131 with 96130, 96133 with 96132, 96137 with 96136, 96139 with 96138, and 96113 with 96112.
- For codes with valid Colorado rate but without benchmark ratios, MPRRAC recommends aligning the rates of codes with modifiers to the rates of the same codes without modifiers (96110EP to 96110 and 96116GT to 96116). And for G-Codes (G8431, G8510, and G8511), MPRRAC recommends increasing the rates by 10%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$3,818,091 total funds, including \$1,046,921 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark due to budget constraints. However, HCPF recommends keeping the rate for code 96127 the same.
- HCPF recommends swapping the rates for code 96110 and code 96110 with the EP modifier to reflect the difference between the first and second screenings.
- For the three G-codes (G8431, G8510, and G8511) with valid Colorado rate but without benchmark ratios, HCPF recommends 10% of increase.
- For code 96116 with GT modifier which has a valid Colorado rate but without benchmark ratio, HCPF recommends no change. Please refer to GT Modifier Justification mentioned at Outpatient Speech-Language Therapy (ST) Services for more details (page 86).
- The anticipated fiscal impact of HCPF's recommendation is estimated to be -\$1,553,220 total funds, including -\$425,893 General Fund.

Policy Justification

HCPF does not recommend aligning reimbursement rates for psychological and neuropsychological testing codes so that second-hour services match first-hour services. The Relative Value Units (RVUs) for these codes intentionally differ because the first hour of evaluation involves higher-intensity activities such as record review, test selection, data integration, and initiation of documentation. Subsequent hours reflect a continuation of testing tasks at a lower intensity of provider work. The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) structured these codes to reflect this difference, and aligning Medicaid rates would place Colorado out of step with national standards and complicate cross-payer alignment. Equalizing payment across first and subsequent hours could also create unintended incentives for extending testing time, resulting in higher program costs without clear benefits to members. Maintaining differential payment ensures that providers are appropriately compensated for both the initial and ongoing components of evaluation, while supporting network adequacy and member access.

Please refer to page 87 of Speech Therapy section for a detailed explanation of the GT modifier.

Physician Services - Neurology

Service Description

Neurology involves the diagnosis, treatment, and management of disorders affecting the nervous system, including the brain, spinal cord, and peripheral nerves. Neurological services encompass a wide range of conditions such as epilepsy, stroke, multiple sclerosis, Parkinson's disease, migraines, and neuropathies. Providers in this category include neurologists and other specialists who utilize clinical evaluations, diagnostic testing (e.g., electroencephalograms, electromyography testings, imaging), and therapeutic interventions to support patients with acute and chronic neurological conditions.

A summary of the statistics for the Neurology service subcategory is provided below:

Physician Services - Neurology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$5,093,482
Total Members Utilizing Services in SFY 2023-24	13,366
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.68%
Total Active Providers SFY 2023-24	627
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	1.29%

Table 109. Physician Services - Neurology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The Neurology service grouping has 237 procedure code/modifier combinations. The rates for 203 of them (85.65%) were compared to Medicare, while the rates for eight codes (3.38%) were compared to rates from other states. When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definition. This leads to inconsistencies in the number of benchmark states available for different codes:

Physician Services - Neurology Benchmark States	
Procedure Code	Benchmark State ²³
95965	Nebraska, Nevada, Oklahoma, and Utah
96003	Arizona, Nebraska, Nevada, Oklahoma, and Oregon
95965+TC, 95966+TC, 95966, 95967+TC, and 95967	Nebraska, Nevada, and Oklahoma
96020	Arizona, and Nevada

Table 110. Physician Services - Neurology Benchmark States (SFY 2023-24).

²³ Please refer to the “Benchmark Rationale” provided under “Physician Services” on page 108 for benchmark rationale for all physician services.

Among these 211 codes, 89 of them (42.18%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, 26 combinations (10.97%) were excluded due to no valid benchmark rates found. Individual rate ratios for Neurology were 0.29% - 367.04%.

On average, Colorado Medicaid payments for Neurology are estimated at 93.91% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Neurology Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$5,093,482	\$5,423,652	93.91%

Table 111. Comparison of Colorado Medicaid Physician Services - Neurology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$330,170 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the neurology panel size visual (Appendix B, Figure 164), the average number of utilizers per provider in urban and rural areas were stable. The special providers visual (Appendix B, Figure 167) shows that the percent of active providers that served only one Medicaid member was stable. These findings indicate that access to care is stable. The drive time analysis (Appendix B, Figure 168) shows that parts of Eastern and Western Colorado had relatively high drive times (over an hour). These findings indicate that access to care may be impacted by differential availability of providers, but is otherwise stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - Neurology.

Physician Services - Neurology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	95886	MUSC TEST DONE W/N TEST COMP	88.5%	4,902	14.32%
2	95720	EEG PHY/QHP EA INCR W/VEEG	116.4%	4,100	11.98%
3	95700	EEG CONT REC W/VID EEG TECH	107.7%	1,453	4.24%
4	95718	EEG PHYS/QHP 2-12 HR W/VEEG	115.5%	1,323	3.86%
5	95938+26	SOMATOSENSORY TESTING	87.2%	1,164	3.40%
6	95819+26	EEG AWAKE AND ASLEEP	84.6%	1,143	3.34%
7	95886+26	MUSC TEST DONE W/N TEST COMP	94.6%	1,102	3.22%
8	95715	VEEG EA 12-26HR INTMT MNTR	51.0%	1,070	3.13%
9	95910	NRV CNDJ TEST 7-8 STUDIES	93.2%	886	2.59%
10	95813+26	EEG EXTND MNTR 61-119 MIN	106.0%	829	2.42%

Table 112. Physician Services - Neurology top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, 11 outliers with low utilization were excluded from this service category; 10 of these were outliers with benchmark ratios below 60%, and one of these was outliers with benchmark ratios above 140%.

The bubble chart below (Figure 24) indicates that there are four outliers displayed for neurology service grouping:

- Two outliers, 95822+26, and 95715, have benchmark ratios 25.27% and 50.96%. Their repriced amounts are \$1,520 (0.03% of the total) and \$563,951 (11.07% of the total), and their utilization amounts are 110 (0.32% of the total) and 1,070 (3.13% of the total) allowed units, respectively.
- Two outliers, 95714, and 95708, have benchmark ratios 258.07% and 342.11%. Their repriced amounts are \$107,210 (2.10% of the total) and \$246,613 (4.84% of the total), and their utilization amounts are 204 (0.60% of the total) and 467 (1.36% of the total) allowed units, respectively.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Physician Services - Neurology

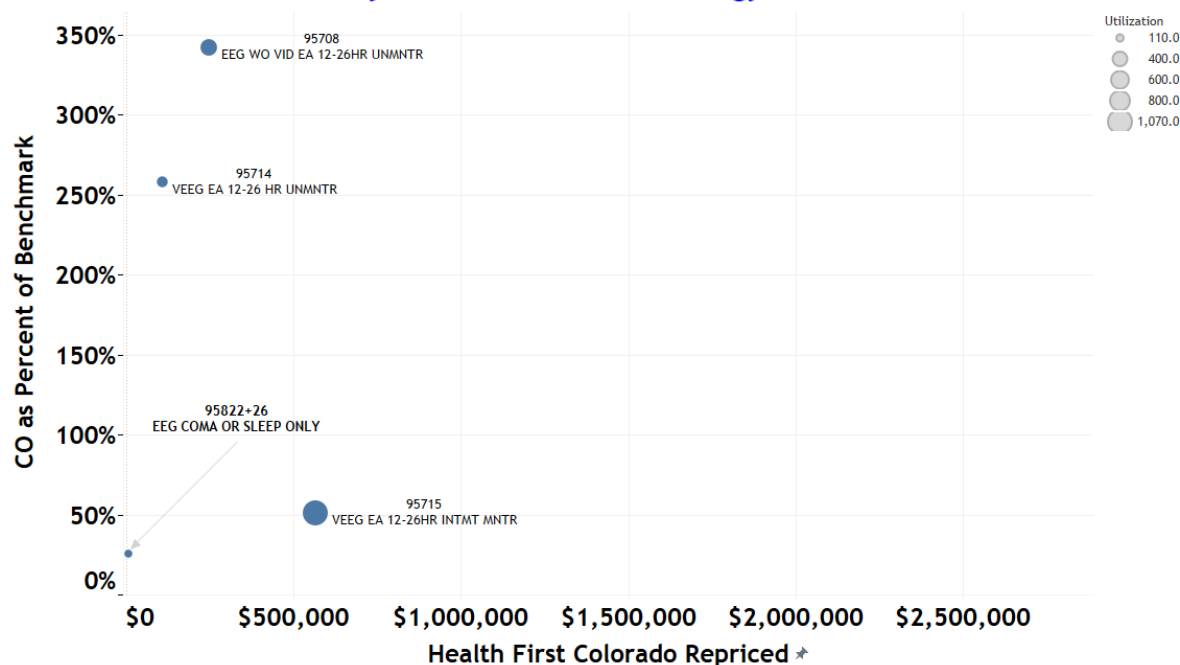


Figure 24. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Neurology

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$113,980 total funds, including \$31,253 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark due to budget constraints.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$135,536 total funds, including -\$37,164 General Fund.

Physician Services - Primary Care Evaluation and Management (E&M)

Service Description

Primary care E&M services include basic office visits available to all Health First Colorado (CO) members that involve diagnosing and treating a patient's health. These encounters can lead to members being referred to specialists for additional services.

A summary of the statistics for the primary care E&M service subcategory is provided below:

Physician Services - Primary Care E&M Statistics	
Total Adjusted Expenditures SFY 2023-24	\$286,827,928
Total Members Utilizing Services in SFY 2023-24	666,434
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.36%
Total Active Providers SFY 2023-24	18,494
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.36%

Table 113. Physician Services - Primary Care E&M total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The primary care E&M service grouping has 142 procedure code/modifier combinations. The rates for 103 of them (72.54%) were compared to Medicare, while the rates for 35 codes (24.65%) were compared to rates from other states. Among these 138 codes, 32 of them (23.19%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, four combinations (2.82%) are excluded due to no valid benchmark rates found. Individual rate ratios for primary care E&M were 31.53% - 240.64%.

On average, Colorado Medicaid payments for primary care E&M are estimated at 87.26% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Primary Care E&M Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$286,827,928	\$328,723,440	87.26%

Table 114. Comparison of Colorado Medicaid Physician Services - Primary Care E&M service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$41,895,512 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the primary care E&M panel size visual (Appendix B, Figure 169), the average number of utilizers per provider in urban areas had a downward trend in SFY 2023-24. The penetration rate visual (Appendix B, Figure 171) shows that utilization per 1000 members was moderately high statewide. The percentage of active providers that served Medicaid members was approximately 73% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 172) shows that the percent of active providers that served only one Medicaid member remained stable. The telemedicine analysis (Appendix B, Figures 173 & 174) shows that the percentage of individual members that utilized primary care E&M telemedicine services decreased, while the percentage of total primary care E&M visits that were delivered through telemedicine increased. Finally, the drive time analysis (Appendix B, Figure 175) shows that drive times were relatively low statewide. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

To ensure a comprehensive understanding of how Colorado Medicaid's primary care E&M service compares to Medicare, benchmark states, and selected commercial plans, we conducted a series of analyses targeting preventive care and well-child visits. Throughout this process, we collaborated closely with key stakeholders to ensure accurate interpretation and contextualization of the data. Internally, we engaged the following teams:

- Policy specialists from the Primary Care team in the Health Policy Office, who offered insight into code categorization, program intent, and contextual factors affecting service delivery
- The Payment Reform team in the Finance Office, which provided commercial rate data and recommended to incorporate American Academy of Pediatrics (AAP) rates for benchmarking when Medicare rates were not available for well-child visit codes
- The Provider Performance team in the Cost Control & Quality Improvement Office, which shared their SQL scripts and results that were used to confirm our well-child analyses logic and outcome

These internal collaborations were essential to ensure the analysis was data-driven and informed by policy and operational considerations. For additional analysis details, please refer to the "Additional Research" section of this report.

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - primary care E&M.

Physician Services - Primary Care E&M Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	99214	OFFICE O/P EST MOD 30-39 MIN	83.2%	833,080	28.17%
2	99213	OFFICE O/P EST LOW 20-29 MIN	82.7%	673,448	22.77%
3	99215	OFFICE O/P EST HI 40-54 MIN	83.1%	190,483	6.44%
4	99204	OFFICE O/P NEW MOD 45-59 MIN	82.2%	188,336	6.37%
5	99203	OFFICE O/P NEW LOW 30-44 MIN	92.4%	169,134	5.72%
6	99214GT	OFFICE O/P EST MOD 30-39 MIN	112.6%	116,214	3.93%
7	99391	PER PM REEVAL EST PAT INFANT	98.6%	68,800	2.33%
8	99212	OFFICE O/P EST SF 10-19 MIN	83.8%	62,334	2.11%
9	99417	PROLNG OP E/M EACH 15 MIN	167.9%	59,755	2.02%
10	99392	PREV VISIT EST AGE 1-4	98.8%	59,095	2.00%

Table 115. Physician Services - Primary Care E&M top 10 procedure codes ranked by utilization

Preventive Codes Analysis

Primary care serves as the foundation of an effective and sustainable healthcare system, offering both improved patient outcomes and significant cost savings. This analysis highlights how investments in primary care—particularly through preventive services and innovative care models—drive measurable benefits across public programs.

Preventive care boosts positive patient outcomes. Participation in the Medicare Shared Savings Program (MSSP) by primary care physicians has been linked to increased delivery of key preventive services, including vaccinations, depression screenings, tobacco use assessments, and wellness visits.²⁴ Additionally, in 2023, Medicare ACOs generated \$2.1B in net savings with higher savings tied to greater

²⁴ Huang, H., Zhu, X., & Wehby, G. L. (2022). Primary care physicians' participation in the Medicare shared savings program and preventive services delivery: Evidence from the first 7 years. *Health services research*, 57(5), 1182-1190. Retrieved from <https://doi.org/10.1111/1475-6773.14030>

primary care physician participation.²⁵ Personalized prevention reduces acute care use. Personalized preventive care through the MDVIP model for Medicare Advantage patients led to notable reductions in emergency room visits and inpatient admissions, resulting in monthly per-patient savings.²⁶ Lastly, chronic disease prevention could yield significant savings for public spending. A 5% reduction in chronic disease prevalence, such as diabetes and hypertension, could yield annual savings of \$9 billion in the short term and up to \$24.7 billion over the long term, with the greatest relative benefit seen in Medicaid and Medicare.²⁷

Significant analyses were performed on primary care for the 2025 MPRRAC review cycle due to its impact on patient care and cost savings. To better understand service utilization and identify potential gaps in care, HCPF conducted an analysis of preventive codes specific to primary care E&M service subcategory. Preventive services play a critical role in reducing the need for more complex procedures.

There are 35 preventive codes (25%) in this service grouping and the benchmark ratio range is 71.39% - 112.06%, 15 of these 35 codes (42.86%) use Medicare for benchmarking.

	Utilization	CO Repriced	Utilizer Count
Preventive Codes	414,821	\$33,621,878	273,680
All Primary Care E&M Codes	2,958,007	\$286,827,928	666,4734
Percentage of Preventive Codes Over All Primary Care E&M Codes	14%	12%	41%

Table 116. Physician Services - Primary Care E&M preventive codes analysis

Well-Child Utilization Analysis, Age 0 -17 years

Well-child visits are critical for monitoring child development, administering immunizations, and addressing potential health issues early. This analysis helps assess how effectively the Medicaid population is accessing these preventive services,

²⁵ Morken, I., Brown, K., Bonesteel, R., Muhlestein, D., McStay, F., & Saunders, R. (2025). Medicare accountable care organizations in 2023: Large savings with increasing value-based programmatic competition. *Health Affairs Forefront*. Retrieved from <https://www.healthaffairs.org/content/forefront/medicare-accountable-care-organizations-2023-large-savings-increasing-value-based>

²⁶ Musich, S., Klemes, A., Kubica, M. A., Wang, S., & Hawkins, K. (2014). Personalized preventive care reduces healthcare expenditures among Medicare Advantage beneficiaries. *The American journal of managed care*, 20(8), 613-620. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/25295675/>

²⁷ Ormond, B. A., Spillman, B. C., Waidmann, T. A., Caswell, K. J., & Tereshchenko, B. (2011). Potential National and state medical care savings from Primary Disease Prevention. *American Journal of Public Health*, 101(1), 157-164. Retrieved from <https://doi.org/10.2105/ajph.2009.182287>

identify disparities by age and geography, and inform efforts to improve outreach and utilization.

The base population used for this analysis is SFY 2023-24 Colorado Medicaid-Only Fee-For-Service (FFS) members aged 0 to 17 years. Within this population, 14% reside in rural areas and 86% in urban areas. This population closely mirrors the overall state pattern, as approximately 14% of Colorado's total population lives in rural areas²⁸. This representative split supports the validity of the findings and indicates that while urban-focused efforts will impact the majority of children, rural access issues must still be addressed to ensure equitable preventive care across the state.

As shown in Figure 25, overall, 60% of members aged 0 - 17 years received well-child visits in SFY 2022-23 and SFY 2023-24. Children aged 0 - 2 years had a much higher utilization rate of 82%, compared to only 54% among those aged 3 - 17.

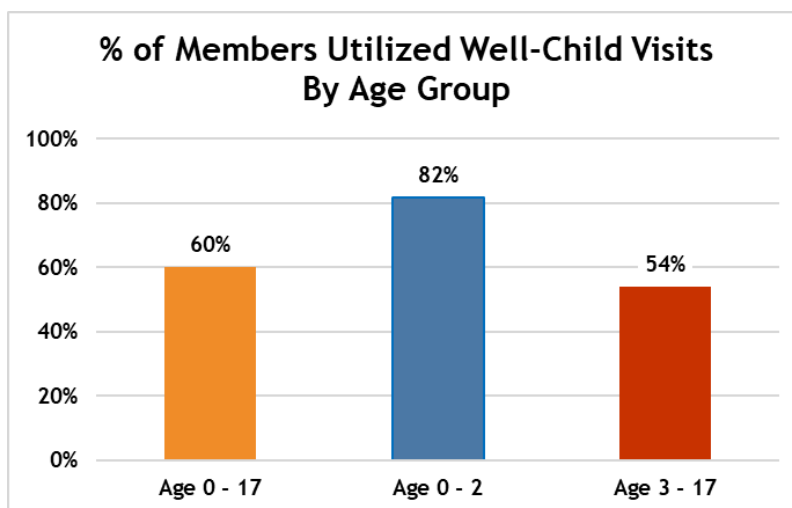


Figure 25. Bar chart indicating the utilization rate among Colorado Medicaid FFS members (Ages 0-17) in SFY2023-24 with a well-child visit in SFY 2022-23 and SFY 2023-24, by Age Group, for Physician Services - Primary Care E&M Services

Regionally, for children aged 0 - 2, the utilization rates for rural and urban areas are 77% and 83% respectively. However, among children aged 3 to 17, the rates are much lower with rural rate at 48%, and urban rate at 55%. This information can be found in Figure 26 below.

²⁸ Rural population in Colorado can be found at https://www.americashealthrankings.org/explore/measures/pct_rural_b/CO

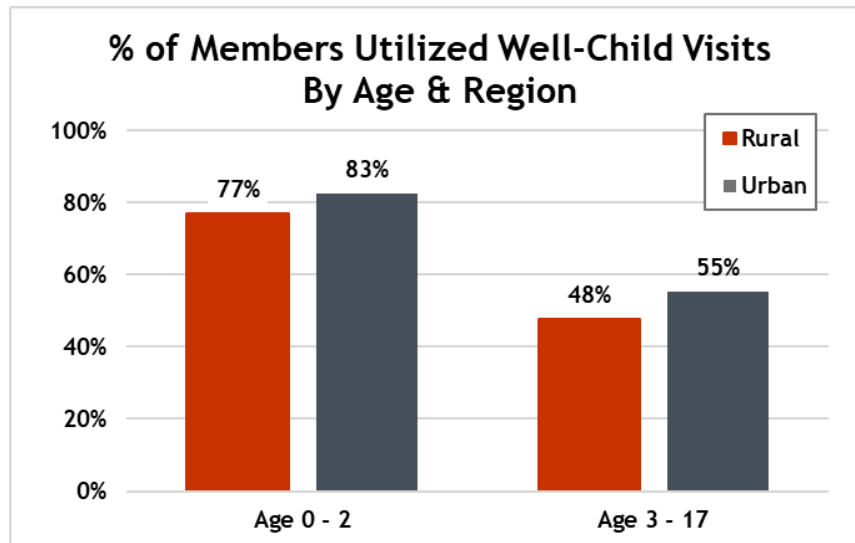


Figure 26. Bar chart indicating the utilization rate among Colorado Medicaid FFS members (Ages 0-17) in SFY 2023-24 with a well-child visit in SFY 2022-23 and SFY 2023-24, by Age Group and Region, for Physician Services - Primary Care E&M Services

The data show strong adherence to preventive visit schedules among infants and toddlers, but a sharp decline in utilization for older children, especially in rural communities. These trends suggest a need for targeted efforts to increase engagement with preventive care among families of older children, particularly in rural areas.

Well-Child Utilization Analysis, Age 16 -30 months

Ages 16 to 30 months represent a vital developmental stage where multiple well-child visits are recommended for screening and early intervention. This analysis evaluates how well children in this age group are served within Colorado's Medicaid and Child Health Plan Plus (CHP+) programs. Data from the Center for Improving Value in Health Care (CIVHC) for this age group is also included in this analysis for two reasons: first, to cross-validate the Medicaid utilization rates with an external data source; and second, to compare Medicaid and commercial utilization, highlighting any disparities in preventive care between these two populations.

The base population used for this analysis is SFY 2022-23 Colorado Medicaid and CHP+ members aged 16 to 30 months, across both FFS and Managed Care models. Within this population, 14% reside in rural areas and 86% in urban areas.

As shown in Figure 27, 71% of rural children aged 16 - 30 months received at least one well-child visit. When evaluating children who received two or more visits, the rates dropped to 52% in rural areas and 58% in urban areas. Compared to calendar year 2020

data from CIVHC²⁹, which reported a 75% utilization rate among commercial payers and 57% among CO Medicaid payers in rural settings, CO Medicaid performance aligns closely with historical Medicaid norms but lags behind commercial benchmarks.

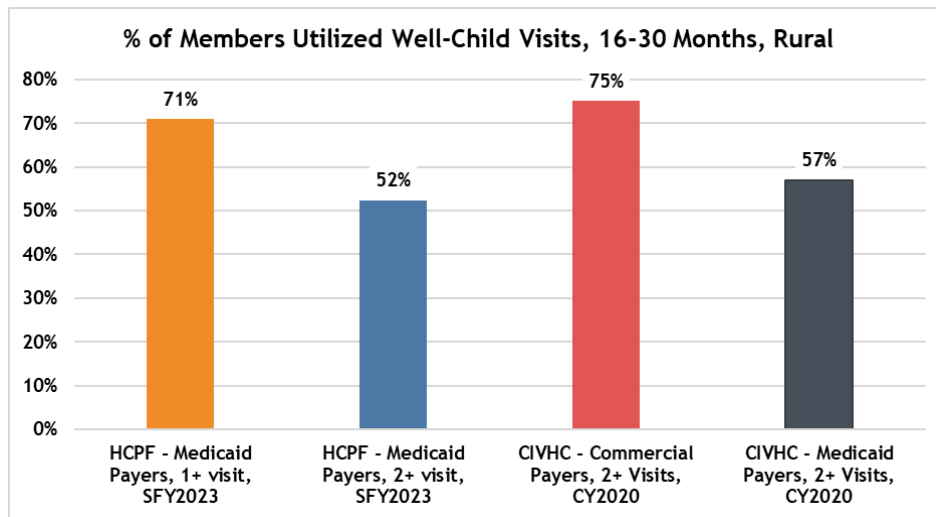


Figure 27. Bar chart indicating the utilization rates among Colorado Medicaid and CHP+ Members (Ages 16-30 months) in SFY 2022-23, by Region and Visit Frequency, with comparison to CIVHC data, for Physician Services - Primary Care E&M Services

While most of the children in this age group received at least one well-visit, fewer completed the recommended subsequent visits. The slightly lower performance in rural areas and the gap with commercial payers highlight the importance of reinforcing access and education for caregivers during this key developmental state.

Well-Child Visit Codes Rate-Only Comparison

Adequate provider reimbursement is a key factor in ensuring access to preventive pediatric care. This analysis reviews how CO Medicaid's payment levels for eight well-child visit codes compared with benchmark states³⁰, the American Academy of Pediatrics (AAP) recommendations³¹, and average of commercial plans³². The goal is to

²⁹ CIVHC data can be found at <https://civhc.org/2022/04/29/data-dive-pediatric-care-in-colorado>

³⁰ Medicare rates for these eight well-child visit codes are not available.

³¹ AAP rates were calculated based on the document downloaded from <https://downloads.aap.org/AAP/PDF/2022%20BRVS.pdf>.

³² KPMG downloaded commercial rates published by commercial insurers in accordance with the Transparency in Coverage regulations (85 FR 72158 (2020)) in September 2024 and shared them with HCPF.

assess the adequacy of current rates and identify areas where improvements may be needed.

As shown in Figure 28, across eight well-child visit codes analyzed, the average CO Medicaid reimbursement rate equaled 98% of the average of six benchmark state rates, indicating near-parity. Compared to AAP recommended rates, CO Medicaid reimbursement averaged 86%. However, CO Medicaid reimbursement rates are substantially lower than those of commercial payers, averaging only 55%.

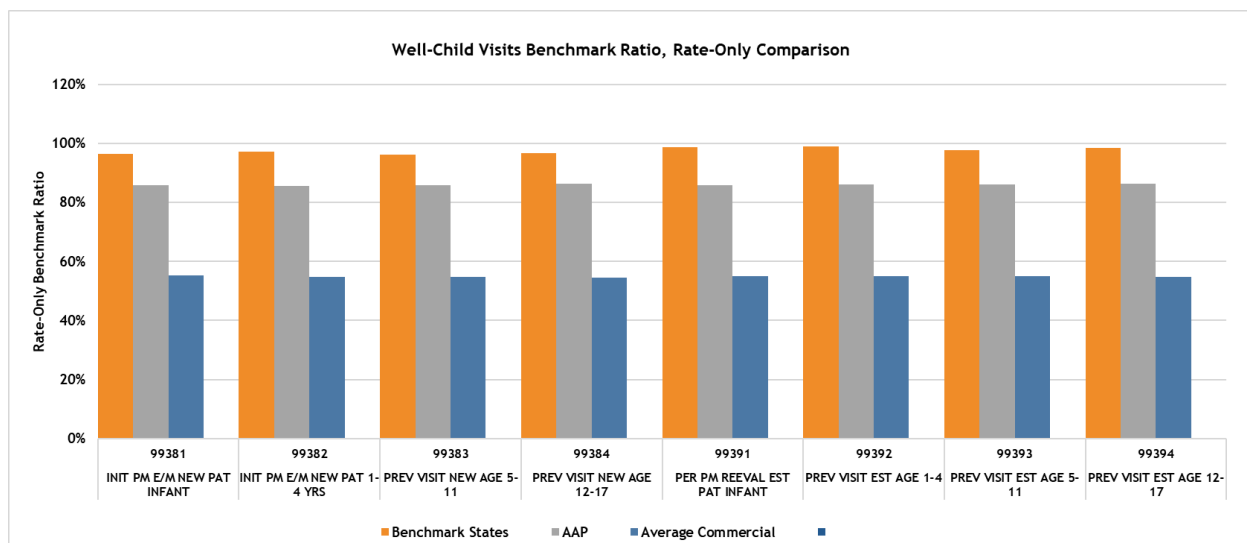


Figure 28. Bar chart indicating the benchmark ratio for eight well-child visit codes against benchmark states, AAP recommendations, and the average of commercial plans for Physician Services - Primary Care E&M Services

Table 117 provides code-level reimbursement rates for eight well-child visit codes across Colorado Medicaid, benchmark states, AAP recommendations, and five commercial payers.

Physician Services - Primary Care E&M Well-Child visit codes' Benchmark Rates Across Payers									
Code	Service Description	Colorado Medicaid (202407)	Benchmark States	AAP	United HC POS	United HC Choice POS	United HC PPO	Kaiser KFHP	Anthem BCBS PPO
99381	INIT PM E/M NEW PAT INFANT	\$95.70	\$99.22	\$111.70	\$163.49	\$207.29	\$169.87	\$174.99	\$152.05
99382	INIT PM E/M NEW PAT 1-4 YRS	\$99.91	\$102.85	\$116.73	\$171.51	\$217.27	\$178.21	\$184.87	\$159.25
99393	PREV VISIT NEW AGE 5-11	\$103.94	\$108.19	\$121.13	\$178.26	\$225.71	\$185.23	\$193.68	\$165.97
99384	PREV VISIT NEW AGE 12-17	\$117.02	\$120.95	\$135.61	\$201.10	\$255.79	\$208.98	\$222.12	\$187.55

99391	PER PM REEVAL EST PAT INFANT	\$86.06	\$87.29	\$100.40	\$146.85	\$186.72	\$152.57	\$158.26	\$137.18
99392	PREV VISIT EST AGE 1-4	\$91.96	\$93.04	\$106.79	\$156.73	\$198.74	\$162.84	\$170.49	\$146.30
99393	PREV VISIT EST AGE 5-11	\$91.66	\$93.83	\$106.44	\$156.18	\$198.09	\$162.27	\$170.32	\$145.82
99394	PREV VISIT EST AGE 12-17	\$100.42	\$101.91	\$116.23	\$171.59	\$217.58	\$178.30	\$189.20	\$160.21

Table 117. Physician Services - Primary Care E&M well-child visit codes' benchmark rates across payers

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, two outliers with low utilization were excluded from this service category, and both of them have benchmark ratios under 60%.

The bubble chart below (Figure 29) indicates that there are four procedure codes reimbursed at less than 60% of the benchmark and six codes reimbursed at more than 140% of the benchmark displayed for primary care E&M service grouping. These ten outliers are grouped into three clusters:

- Cluster 1 includes four outliers, procedure codes 99070, 99401, 99415, and 99050, with benchmark ratio ranging between 3.15% - 46.43%. Their repriced amounts range between \$3,105 to \$504,571 (0.18% of the total), and their utilization ranges from 83 - 17,407 (0.59% of the total) allowed units. Overall, cluster 1 contains outliers with benchmark ratios below 60%.
- Cluster 2 includes five procedure codes 99404, 99403, 99402, 99304, and 99409, with benchmark ratio ranging between 142.78% and 197.82%. Their repriced amounts range between \$2,457 to \$116,561 (0.04% of the total), and their utilization ranges from 42 - 2,112 (0.07% of the total) allowed units. Overall, cluster 2 contains outliers with benchmark ratios above 140%, low utilization, and lower repriced amount.
- Cluster 3 includes one procedure code 99417, with benchmark ratio at 167.85%. The repriced amount is \$2,597,754 (0.91% of total), and the utilization amount is 59,755 allowed units (2.024% of the total). This outlier has the highest utilization and repriced amount among all identified outliers.

Rate Benchmark Comparison Outliers (Below 60% or Above 140%) SFY24 Physician Services - Primary Care and Evaluation & Management Services

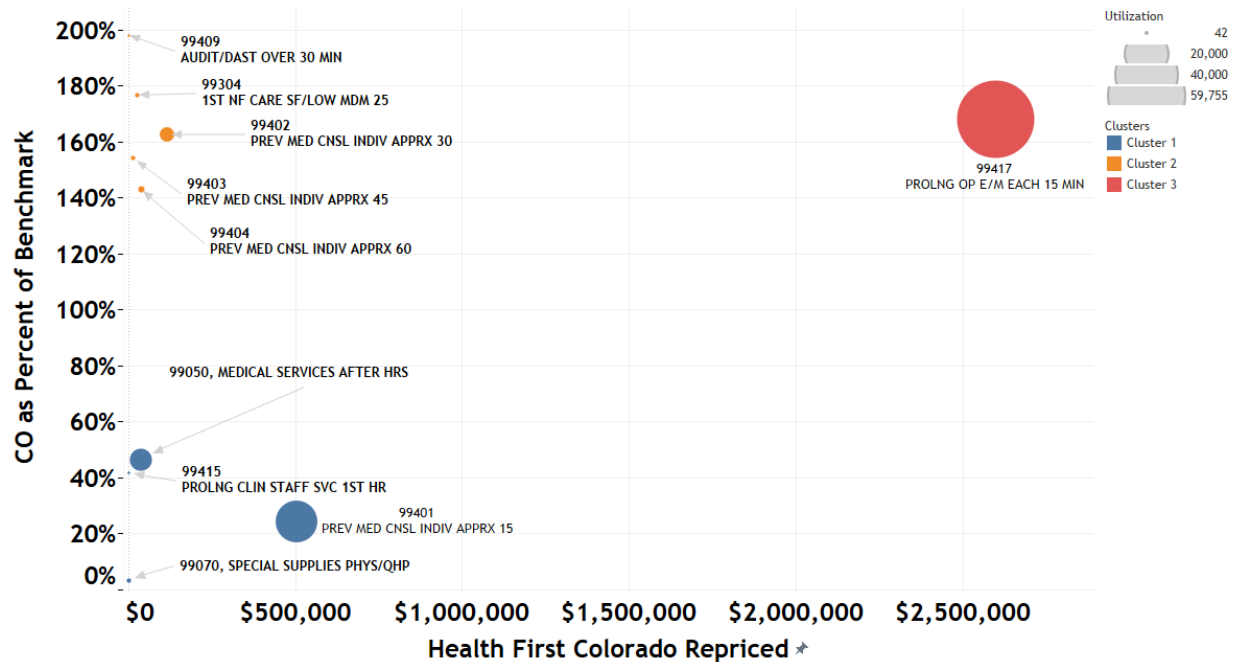


Figure 29. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Primary Care E&M

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends:
 - Increasing rates under 80% of the benchmark to 80% of the benchmark.
 - Increase pediatric and adult well-visit codes to 100% of the benchmark
 - Increase codes related to cervical cancer, and DXA scans to 100% of the benchmark
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The MPRRAC made the following policy recommendations. Currently, there is no estimate of fiscal impact tied to these recommendations:
 - Look into telehealth premiums and re-evaluate for parity.
 - For codes with benchmark ratios, use code G2211 as a marker to identify services being offered in primary care settings, to incentivize or enhance those payments.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$969,652 total funds, including \$265,879 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark and decreasing the rates above 100% of the benchmark to 100% of the benchmark due to budget constraints.
- HCPF recommends increasing pediatric and adult well-visit codes to 100% of the benchmark. These codes are: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, and 99395.
- HCPF recommends increasing codes related to cervical cancer, and DXA scans to 100% of the benchmark. These codes are: 77080, 77080+26, 77080+TC, 77081, 77081+26, 77086, 88141, 88142, 88164, 88175, G0143, G0145, Q0091, 77081+TC, 77086+26, 77086+TC, 88143, 88147, 88148, 88150, 88152, 88153, 88165, 88166, 88167, 88174, G0123, G0124, G0141, G0144, G0147, G0148, P3000, and P3001.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$2,594,476 total funds, including -\$711,405 General Fund.

Policy Justification

The Department carefully reviewed the MPRRAC committee's recommendation to use code G2211 as a marker to identify and incentivize primary care services. This code has been analyzed in April 2025 and the Department does not recommend coverage for G2211. The primary concern is the significant fiscal impact, estimated at more than \$95 million in the first year of implementation, with nearly \$30 million attributable to the General Fund (see Recommendation G2211 Services_eClearance final.pdf, Appendix F2). In addition, the intended purpose of G2211—recognizing the complexity and longitudinal role of primary care—is already addressed through the Accountable Care Collaborative (ACC) Phase III framework and payments administered by the Regional Accountable Entities (RAEs). These existing value-based payments provide enhanced support for primary care practices, reducing overlap and redundancy. Given these considerations, along with the lack of diagnosis-specific billing requirements for G2211 and alignment issues with the Department's shift away from fee-for-service, the Department concludes that the costs and duplication of services outweigh the potential benefits.

Please refer to page 87 of Speech Therapy section for a detailed explanation of the GT modifier.

Physician Services - Radiology

Service Description

Radiology services primarily consist of imaging services. These services include but are not limited to angiograms, computed tomography (CT scans), electrocardiograms (ECG), magnetic resonance imaging (MRI scans), mammograms, positron emission tomography (PET scans), radiation treatment, ultrasounds, and X-rays.

A summary of the statistics for the radiology service subcategory is provided below:

Physician Services - Radiology Statistics	
Total Adjusted Expenditures SFY 2023-24	\$66,926,268
Total Members Utilizing Services in SFY 2023-24	355,125
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-9.44%
Total Active Providers SFY 2023-24	7,896
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-3.26%

Table 118. Physician Services - Radiology total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The radiology service grouping has 1,791 procedure code/modifier combinations. The rates for 1,626 of them (90.79%) were compared to Medicare, while the rates for 135 of them (7.54%) were compared to rates from other states. Among these 1,761 codes, 765 of them (43.44%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, 30 combinations (1.68%) were excluded due to no valid benchmark rates found. Individual rate ratios for radiology were 3.58% - 667.47%.

On average, Colorado Medicaid payments for radiology are estimated at 98.29% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Radiology Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$66,926,268	\$68,091,796	98.29%

Table 119. Comparison of Colorado Medicaid Physician Services - Radiology service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$1,165,528 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the radiology panel size visual (Appendix B, Figure 176), the average number of utilizers per provider in urban and rural areas was stable. The penetration rate visual (Appendix B, Figure 178) shows that utilization per 1000 members was moderately high statewide. The special providers visual (Appendix B, Figure 179) shows that the percent of active providers that served only one Medicaid member remained stable. Finally, the drive time analysis (Appendix B, Figure 180) shows that drive times were relatively low statewide. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - radiology.

Physician Services - Radiology Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	71045+26	X-RAY EXAM CHEST 1 VIEW	134.4%	134,044	10.19%
2	74177+26	CT ABD & PELV W/CONTRAST	90.8%	58,194	4.43%
3	70450+26	CT HEAD/BRAIN W/O DYE	106.5%	49,881	3.79%
4	71046+26	X-RAY EXAM CHEST 2 VIEWS	173.2%	48,508	3.69%
5	74018+26	X-RAY EXAM ABDOMEN 1 VIEW	140.3%	26,390	2.01%
6	76705+26	ECHO EXAM OF ABDOMEN	99.6%	25,553	1.94%
7	73630+26	X-RAY EXAM OF FOOT	85.2%	23,247	1.77%
8	73610+26	X-RAY EXAM OF ANKLE	85.2%	20,244	1.54%
9	73130+26	X-RAY EXAM OF HAND	85.2%	19,542	1.49%
10	72125+26	CT NECK SPINE W/O DYE	102.4%	19,493	1.48%

Table 120. Physician Services - Radiology top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. Two outlier charts were created to highlight codes with benchmark ratio above 140% and below 60%. To protect PHI, 11 low-utilization outliers were excluded from the high-ratio chart, and 15 from the low-ratio chart.

As shown in the high-ratio bubble chart below (Figure 30), there are 10 outliers with benchmark ratio above 140% grouped into 2 clusters:

- Cluster 1 includes eight outliers, with benchmark ratio ranging between 148.12% - 306.67%. Their repriced amounts range between \$1,131 (0.002% of the total) to \$225,392 (0.34% of the total), and their utilization ranges from 38 (0.003% of the total) - 3,536 (0.27% of the total) allowed units. Overall, this cluster contains outliers with low utilization and low repriced amount outliers.
- Cluster 2 includes the professional components of two procedure codes, 74018 and 71046. Their benchmark ratios are 140.29%, and 173.18%, the repriced amounts are \$314,253 (0.47% of the total) and \$848,296 (1.27% of the total), and the utilization amounts are 26,390 (2.01% of the total) and 48,508 (3.69% of the total) allowed units, respectively. Overall, this cluster contains outliers with the highest utilization and repriced amount among all outliers in this service group.

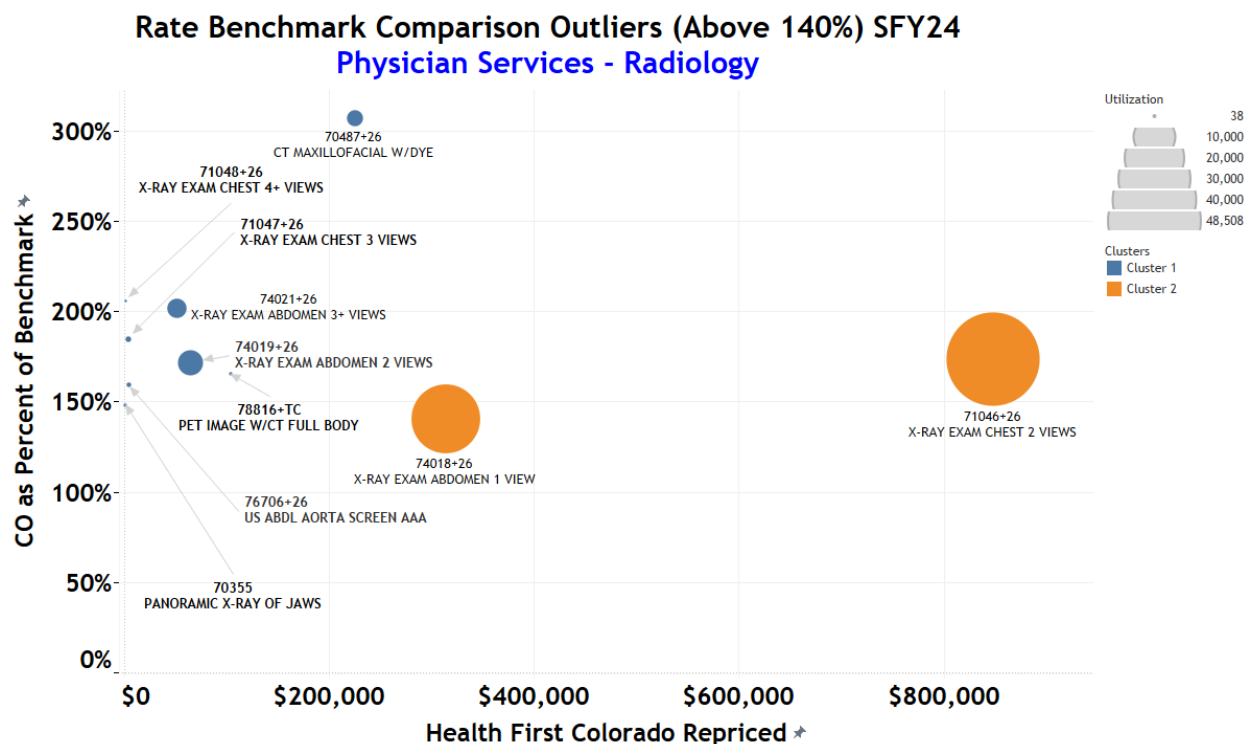


Figure 30. Bubble Chart indicating the outliers over 140% found for Physician Service - Radiology

As shown in the low-ratio bubble chart below (Figure 31), there are 8 outliers with benchmark ratio 60% grouped into 2 clusters:

- Cluster 1 includes three outliers, 19083, 76882, and 10005 with benchmark ratio ranging between 44.51% - 59.75%. Their repriced amounts range between \$54,615 (0.08% of the total) to \$267,596 (0.40% of the total), and their utilization ranges from 1,050 (0.08% of the total) - 1,548 (0.12% of the total) allowed units.
- Cluster 2 includes five outliers, professional components of code 76882, code 19084, 19082, 19081, and 19085, with benchmark ratio ranging between 24.97% and 53.18%. Their repriced amounts range between \$274 (0.0004% of the total) to \$77,079 (0.12% of the total), and their utilization ranges from 34 (0.003% of the total) - 381 (0.03% of the total) allowed units.

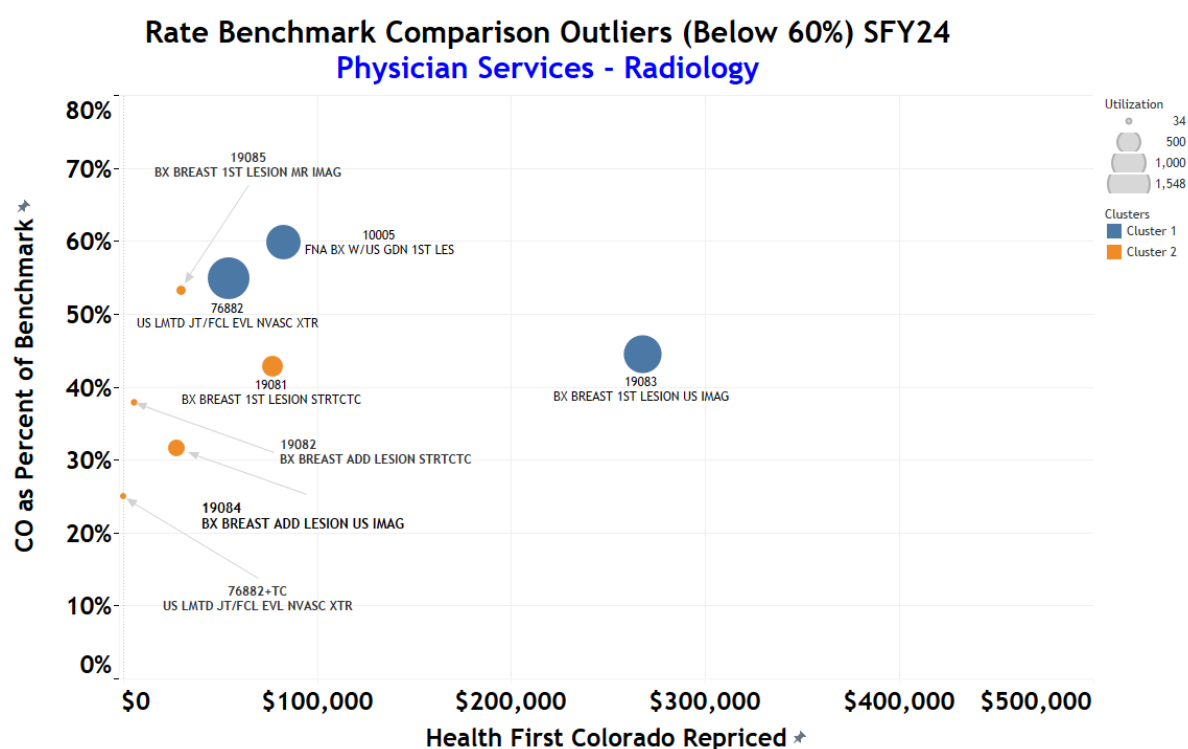


Figure 31. Bubble Chart indicating the outliers below 60% found for Physician Service - Radiology

MPRRAC Recommendations

- For codes with benchmark ratios, MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark. This recommendation excludes all chest X-ray codes (71045, 71046, 71047, and 71048), abdominal X-ray codes (74018, 74019, 74021, and 74022), and ultrasound abdominal aortic aneurysm screening code (76706).

- For colon cancer screening codes with benchmark ratios (74261, 74262, 74263, 74270, and 74280), MPRRAC recommends increasing rates to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$211,008 total funds, including \$57,859 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark. HCPF also recommends decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark. This recommendation excludes all chest X-ray codes (71045, 71046, 71047, and 71048), abdominal X-ray codes (74018, 74019, 74021, and 74022), and ultrasound abdominal aortic aneurysm screening code (76706).
- For colon cancer screening codes with benchmark ratios (74261, 74262, 74263, 74270, and 74280), HCPF recommends increasing rates to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be \$211,005 total funds, including \$57,858 General Fund.

Physician Services - Respiratory

Service Description

Respiratory services include diagnostic evaluation and procedures of the nose, trachea, bronchi, lungs, and pleura (a set of membranes which cover the lungs). This service category also includes the management of chronic respiratory conditions such as COPD (Chronic Obstructive Pulmonary Disease) and asthma.

A summary of the statistics for the Respiratory service subcategory is provided below:

Physician Services - Respiratory Statistics	
Total Adjusted Expenditures SFY 2023-24	\$1,145,246
Total Members Utilizing Services in SFY 2023-24	43,165
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-12.76
Total Active Providers SFY 2023-24	2,298
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-2.05%

Table 121. Physician Services - Respiratory total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The Respiratory service grouping has 91 procedure code/modifier combinations. The rates for 83 of them (91.21%) were compared to Medicare, while the rates for five codes (5.49%) were compared to rates from other states. When comparing procedure code/modifier combinations across a selection of states, some states may lack rates for certain codes due to different Medicaid models, services not being covered, or variations in state-specific service definition. This leads to inconsistencies in the number of benchmark states available for different codes:

Physician Services - Respiratory Benchmark States	
Procedure Code	Benchmark State ³³
94150	Arizona, Nevada, Oklahoma, and Utah
94642	Arizona, Nebraska, Nevada, Oklahoma, Oregon, and Utah
94150+26, and 94150+TC	Arizona, Nebraska, Nevada, Oregon, and Utah
94772	Nebraska, Oregon, and Utah

Table 122. Physician Services - Respiratory Benchmark States (SFY 2023-24).

Among these 88 reviewed codes, 41 of them (46.59%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, 3 combinations (3.30%) are excluded due to no valid benchmark rates found. Individual rate ratios for Respiratory were 27.26% - 391.89%.

³³ Please refer to the “Benchmark Rationale” provided under “Physician Services” on page 108 for benchmark rationale for all physician services.

On average, Colorado Medicaid payments for Respiratory are estimated at 103.00% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Respiratory Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$1,145,246	\$1,111,929	103.00%

Table 123. Comparison of Colorado Medicaid Physician Services - Respiratory service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$33,317 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the respiratory panel size visual (Appendix B, Figure 181), the average number of utilizers per provider in urban areas decreased from SFY 2021-22 to SFY 2023-24. The special providers visual (Appendix B, Figure 184) shows that the percent of active providers that served only one Medicaid member remained stable. Finally, Colorado Medicaid had higher per utilizer per year utilization than other payers (Appendix B, Figure 185). These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - Respiratory.

Physician Services - Respiratory Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization

1	94760	MEASURE BLOOD OXYGEN LEVEL	74.1%	42,294	48.61%
2	94640	AIRWAY INHALATION TREATMENT	172.3%	7,932	9.12%
3	94010	BREATHING CAPACITY TEST	123.1%	7,473	8.59%
4	94375+26	RESPIRATORY FLOW VOLUME LOOP	107.9%	3,996	4.59%
5	94060+26	EVALUATION OF WHEEZING	125.3%	3,845	4.42%
6	94060	EVALUATION OF WHEEZING	109.4%	2,930	3.37%
7	94729+26	CO/MEMBANE DIFFUSE CAPACITY	83.4%	2,714	3.12%
8	94375	RESPIRATORY FLOW VOLUME LOOP	96.1%	2,668	3.07%
9	94726+26	PULM FUNCT TST PLETHYSMOGRAP	93.5%	2,303	2.65%
10	94762	MEASURE BLOOD OXYGEN LEVEL	116.4%	1,867	2.15%

Table 124. Physician Services - Respiratory top 10 procedure codes ranked by utilization

Year-over-Year Reimbursement Rate Trend Analysis

The respiratory subcategory has an overall benchmark ratio of 103.00%, indicating that Colorado Medicaid reimbursement exceeds Medicare benchmarks on average. To better understand this high benchmark ratio, HCPF conducted a year-over-year reimbursement rate percentage changes analysis across all 83 procedure code and modifier combinations using Medicare for benchmarking. 31 of these 83 codes have a benchmark ratio above 100%, with 21 of them showing utilization in SFY 2023-24.

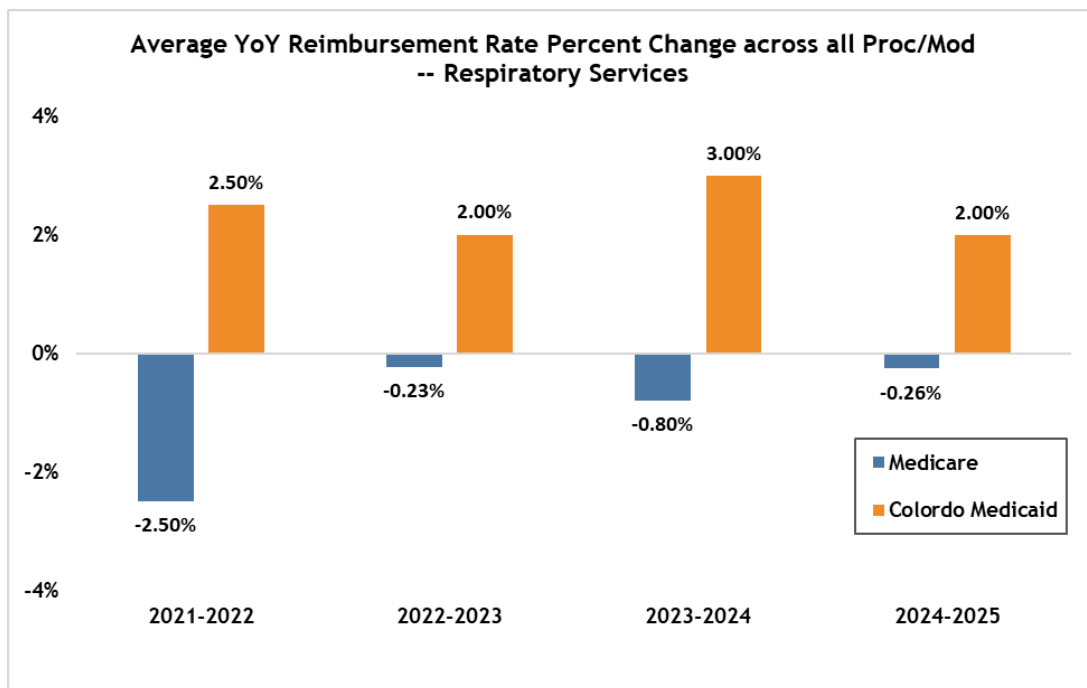


Figure 32. Bar chart indicating the average year-over-year Physician Services - Respiratory reimbursement rate percentage changes for Medicare and Colorado Medicaid

As shown in Figure 32, over the 4-year time period from 2021 - 2025³⁴, Medicare rates for all these 83 codes declined by an average of 3.84%, while Colorado Medicaid rates increased by an average of 9.84%. The divergence in rate trends has resulted in an elevated overall benchmark ratio, calculated as Colorado's repriced amount divided by Medicare's repriced amount.

Among the 83 codes, the following two have the highest benchmark ratio to Medicare:

- 94640: AIRWAY INHALATION TREATMENT, Medicare rate dropped 45.56% from \$14.88 to \$8.1, current benchmark ratio is 172.25%
- 94200 + 26: LUNG FUNCTION TEST (MBC/MVV), professional component, Medicare rate dropped 32.81% from \$3.84 to \$2.58, current benchmark ratio is 179.07%

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, six outliers with low utilization were excluded from this service category.

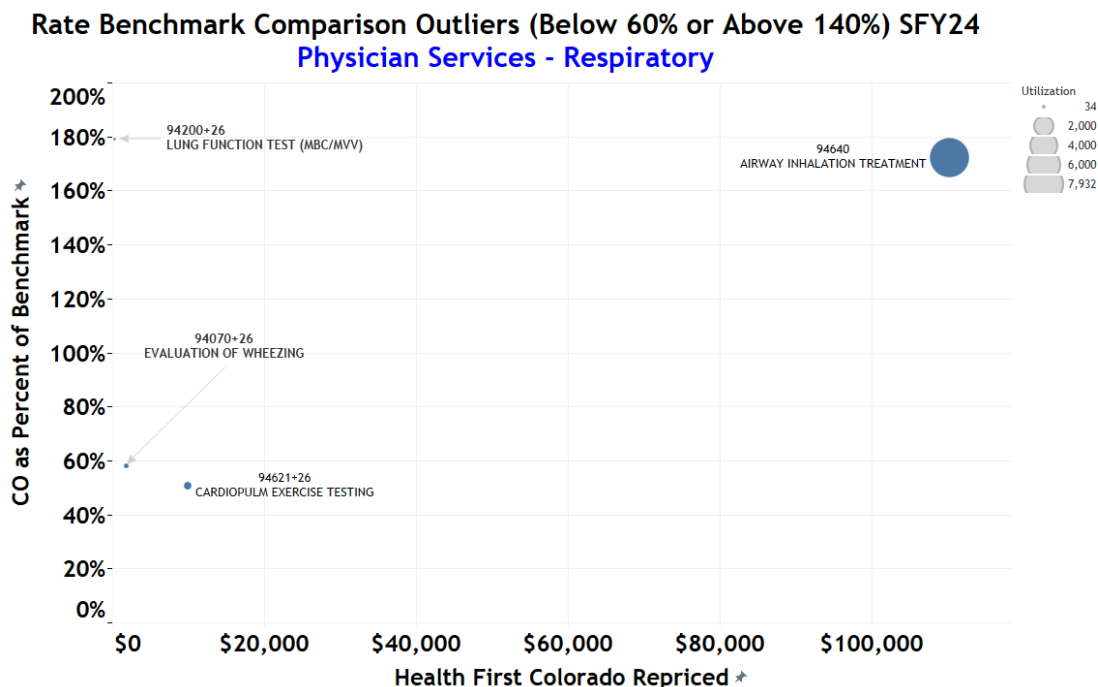


Figure 33. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Respiratory

³⁴ “Over the 4-year time period from 2021-2025” refers to the span during which annual rate changes were analyzed. The rate change calculations are conducted between each pair of consecutive years (i.e., 2021-2022, 2022-2023, etc.) across this period. (1) Medicare rates are assessed on a calendar year basis (January-December); (2) Medicaid rates are assessed on a fiscal year basis (July-June).

The bubble chart above (Figure 33) indicates that there are four outliers displayed for respiratory:

- Two outliers, 94621, and 94070, have benchmark ratios 50.76% and 57.88%. Their repriced amounts are \$9,936 (0.87% of the total) and \$1,748 (0.16% of the total), and their utilization amounts are 299 (0.34% of the total) and 116 (0.13% of the total) allowed units, respectively.
- Two outliers, 94640, and 94200, have benchmark ratios 172.25% and 179.07%. Their repriced amounts are \$110,247 (9.68% of the total) and \$157 (0.01% of the total), and their utilization amounts are 7,932 (9.12% of the total) and 34 (0.04% of the total) allowed units, respectively.

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be -\$30,130 total funds, including -\$8,262 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark, decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark, and keeping the rates for all other codes the same.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of the HCPF's recommendation is estimated to be -\$30,130 total funds, including -\$8,262 General Fund.

Physician Services - Sleep Study

Service Description

Sleep studies refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with six or more hours of recording with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). This service is typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF).

A summary of the statistics for the sleep study service subcategory is provided below:

Physician Services - Sleep Study Statistics	
Total Adjusted Expenditures SFY 2023-24	\$3,540,026
Total Members Utilizing Services in SFY 2023-24	12,522
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-3.16%
Total Active Providers SFY 2023-24	198
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	10.61%

Table 125. Physician Services - Sleep Study total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The sleep study service grouping has 42 procedure code/modifier combinations. The rates for 33 of them (78.57%) were compared to Medicare. The remaining nine code combinations (21.43%) were compared to rates from Nevada and Oregon, as comparable data were not available from the other four states—Arizona, Nebraska, Oklahoma, and Utah. Among these 42 codes, 15 of them (35.71%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for sleep study were 30.53% - 238.22%.

On average, Colorado Medicaid payments for sleep study are estimated at 123.65% of the benchmark indicating that Colorado Medicaid reimbursement exceeds the Medicare benchmarks on average. The 2024 review of this subcategory³⁵ included an analysis of trends from 2020 to 2024, which showed a 5.84% decrease in Medicare reimbursement rates, contrasted by a 6.61% increase in Colorado Medicaid rates over the same period. This divergence in rate trajectories has contributed to a higher overall benchmark ratio, calculated as Colorado's repriced amount divided by Medicare's repriced amount. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

³⁵ For additional details, see the *2024 Medicaid Provider Rate Review Analysis and Recommendation Report*, available at: <https://hcpf.colorado.gov/sites/hcpf/files/2024%20Medicaid%20Provider%20Rate%20Review%20Analysis%20and%20Recommendation%20Report.pdf>.

Sleep Study Repriced Benchmark Comparison		
Colorado Repriced	Medicare/2 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$3,540,026	\$2,862,835	123.65%

Table 126. Comparison of Colorado Medicaid Physician Services - Sleep Study service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be -\$677,191 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the sleep study panel size visual (Appendix B, Figure 186), the average number of utilizers per provider in urban and rural areas was overall stable. The penetration rate visual (Appendix B, Figure 188) shows that utilization per 1000 members was moderate in the Eastern half of the state. The percentage of active providers that served Medicaid members was 13% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 189) shows that the percent of active providers that served only one Medicaid member increased. The drive time analysis (Appendix B, Figure 190) shows that drive times were relatively high (over an hour) in some parts of the state. Finally, Colorado Medicaid had higher per utilizer per year utilization than other payers (Appendix B, Figure 191). These findings indicate that access to care could be impacted as a result of relatively low provider participation and longer distances to providers.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - sleep study.

Physician Services - Sleep Study Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization

1	91200	POLYSOM 6/> YRS 4/> PARAM	117.4%	2,922	18.69%
2	91200+26	SLEEP STUDY UNATT&RESP EFFT	221.5%	2,468	15.78%
3	91065+26	SLEEP STUDY UNATT&RESP EFFT	198.0%	2,228	14.25%
4	91010+26	POLYSOM 6/>YRS CPAP 4/> PARM	116.9%	1,977	12.64%
5	91110	SLP STDY UNATTENDED	137.8%	1,415	9.05%
6	91035+26	SLP STDY UNATTENDED	133.8%	959	6.13%
7	91110+26	POLYSOM 6/> YRS 4/> PARAM	109.4%	909	5.81%
8	91122+26	POLYSOM 6/>YRS CPAP 4/> PARM	107.9%	795	5.08%
9	91037+26	POLYSOM <6 YRS 4/> PARAMTRS	94.2%	557	3.56%
10	91010	POLYSOM 6/> YRS 4/> PARAM	107.6%	342	2.19%

Table 127. Physician Services - Sleep Study top 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, seven outliers with low utilization were excluded from this service category, five with benchmark ratio below 60% and two above 140%.

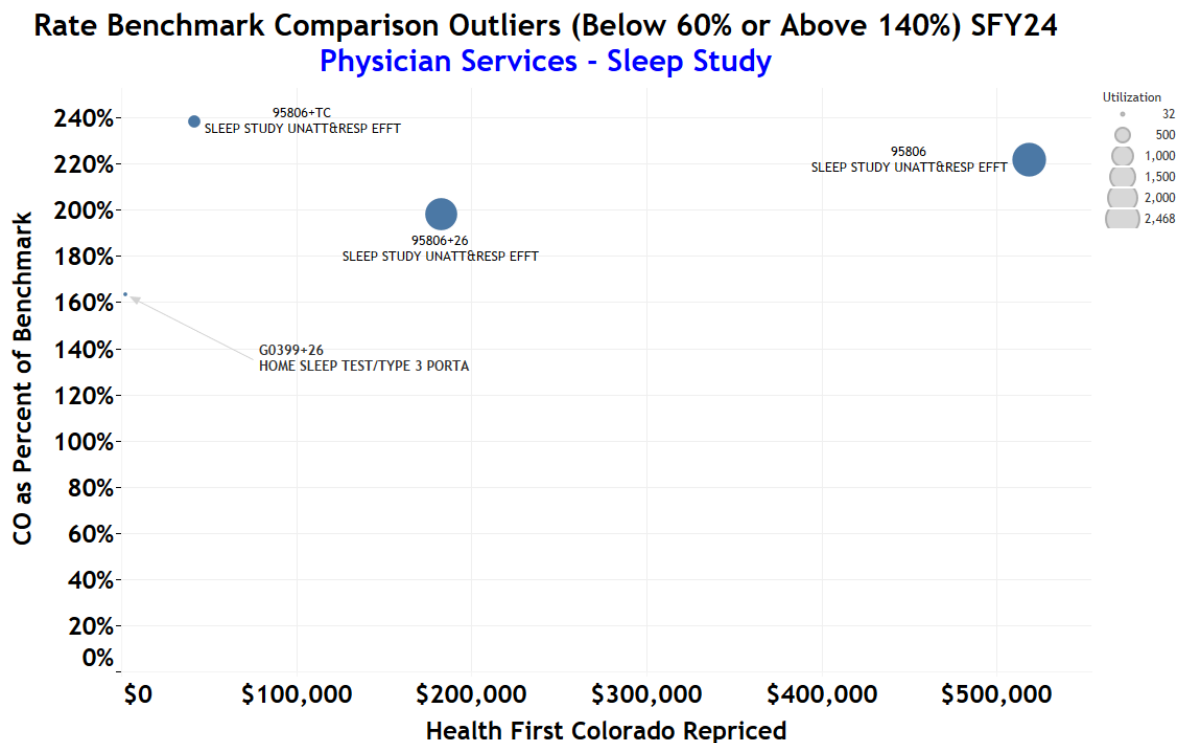


Figure 34. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Sleep Study

The bubble chart above (Figure 34) indicates that there are four outliers, G0399, 95806, 95806+26, and 95806+TC displayed for sleep study, with benchmark ratios ranging from 163.37% to 238.22%. Their repriced amounts range from \$2,227 (0.06% of the total) and \$518,612 (14.65% of the total), and their utilization amounts are between 32 (0.20% of the total) and 2,468 (15.78% of the total) allowed units.

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the unattended sleep study codes with rates above 140% of benchmark to 140% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be -\$259,414 total funds, including -\$71,131 General Fund.

HCPF Recommendations

- For attended sleep study codes (95800, 95806, G0399, G0398), HCPF recommends reducing the rates above 140% of the benchmark to 140%. While rate reductions are typically brought down to 100% of the benchmark, a higher threshold was applied in this case to account for the comparatively lower reimbursement rates of these codes than in other settings. This approach balances cost containment with maintaining reasonable rate differentials across related services.
- For other codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and keeping the rates for all codes above 80% of the benchmark the same.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be -\$259,414 total funds, including -\$71,131 General Fund.

Physician Services - Vaccines Immunizations

Service Description

Vaccines and Immunizations services promote and facilitate the prevention of preventable diseases. All vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered for all members. Additionally members under the age of 19 receive all vaccines included in the Vaccines for Children (VFC) Program via VFC providers who are also enrolled Medicaid providers.

A summary of the statistics for the vaccines and immunizations service subcategory is provided below:

Physician Services - Vaccines and Immunizations Statistics	
Total Adjusted Expenditures SFY 2023-24	\$23,640,025
Total Members Utilizing Services in SFY 2023-24	213,285
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-8.32%
Total Active Providers SFY 2023-24	7,678
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	2.58%

Table 128. Physician Services - Vaccines and Immunizations total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The vaccines and immunizations service grouping has 87 procedure code/modifier combinations. The rates for 32 of them (36.78%) were compared to Medicare, while the rates for 38 codes (43.68%) were compared to rates from other states. Among these 70 code combinations, nine of them (12.86%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Moreover, 17 combinations (19.54%) are excluded due to no valid benchmark rates found. Individual rate ratios for radiology were 43.94% - 249.96%.

On average, Colorado Medicaid payments for vaccines and immunizations are estimated at 95.12% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Vaccines and Immunizations Repriced Benchmark Comparison		
Colorado Repriced	Medicare/6 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$23,640,025	\$24,852,249	95.12%

Table 129. Comparison of Colorado Medicaid Physician Services - Vaccines and Immunizations service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$1,212,224 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the vaccines and immunizations panel size visual (Appendix B, Figure 192), the average number of utilizers per provider in urban and rural areas had a similar pattern and trend. The penetration rate visual (Appendix B, Figure 194) shows that utilization per 1000 members was moderate to high statewide. The percentage of active providers that served Medicaid members was 56% in SFY 2023-24. Moreover, the special providers visual (Appendix B, Figure 195) shows that the percent of active providers that served only one Medicaid member remained stable. These findings indicate that access to care is stable.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - vaccines and immunizations.

Physician Services - Vaccines and Immunizations Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	90460	IM ADMIN 1ST/ONLY COMPONENT	91.9%	237,718	34.71%
2	90471	IMMUNIZATION ADMIN	101.8%	129,883	18.97%
3	96372	THER/PROPH/DIAG INJ SC/IM	103.9%	83,753	12.23%
4	90472	IMMUNIZATION ADMIN EACH ADD	83.6%	50,345	7.35%
5	90686	IIV4 VACC NO PRSV 0.5 ML IM	109.2%	38,186	5.58%
6	90480	ADMN SARSCOV2 VACC 1 DOSE	68.9%	37,682	5.50%
7	90715	TDAP VACCINE 7 YRS/> IM	124.1%	19,262	2.81%
8	91320	CORONAVIRUS VACCINE 21	85.7%	13,928	2.03%
9	91322	CORONAVIRUS VACCINE 23	92.1%	13,570	1.98%
10	90750	HZV VACC RECOMBINANT IM	101.9%	8,372	1.22%

Table 130. Physician Services - Vaccines and Immunizations 10 procedure codes ranked by utilization

Outlier Analysis for Utilized Codes

The MPRRAC requested to view data on the outliers for each service category for codes with utilization in SFY 2023-24. Outliers are defined as Colorado Medicaid reimbursement rates that are under 60% or above 140% of the benchmark rate. To protect PHI, two low-utilization outliers with benchmark ratio above 140% were excluded from the chart.

The bubble chart below (Figure 35) indicates that there are two outliers, 90688 and 90384 displayed for vaccines and immunization service grouping. Their benchmark ratios are 56.84% and 180.40%, their repriced amounts are \$46,031 (0.19% of the total) and \$13,847 (0.06% of the total), and their utilization amounts are 32,205 (0.32% of the total) and 105 (0.02% of the total) allowed units, respectively.

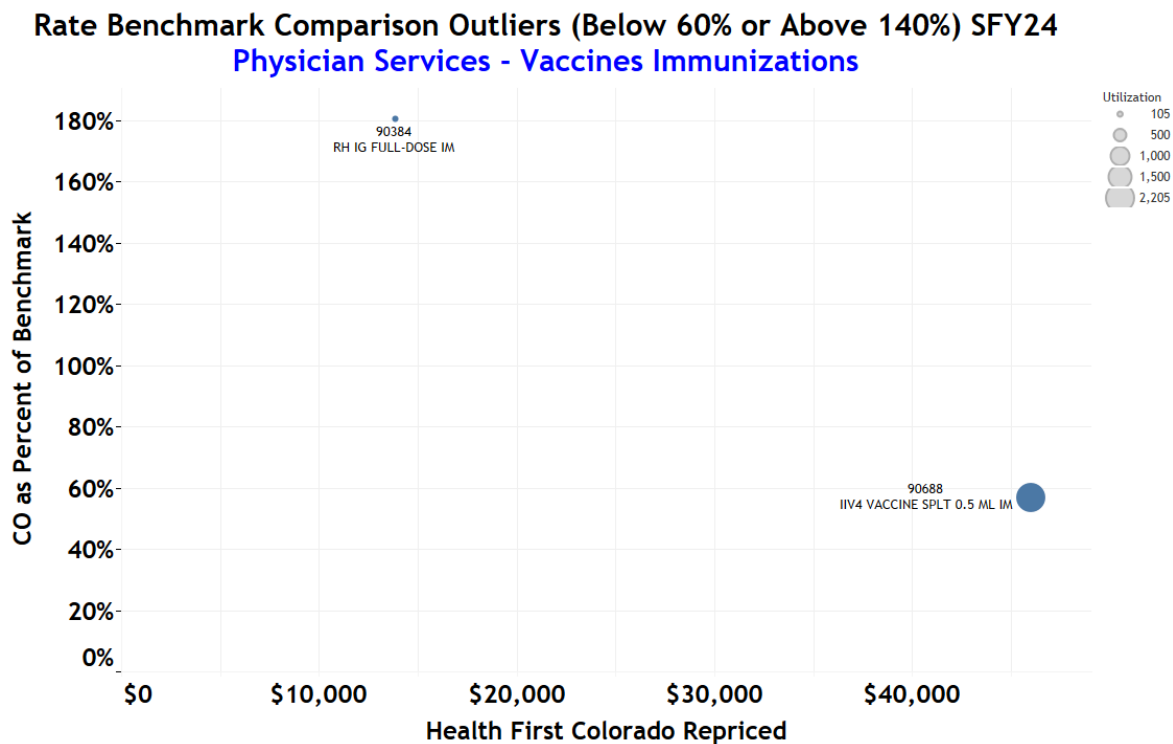


Figure 35. Bubble Chart indicating the outliers under 60% and over 140% found for Physician Service - Vaccines and Immunizations

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark.
- For codes 90460, 90471, and 90473, the MPRRAC recommends increasing the rates to the regional-allowed maximum rate (\$21.68).

- For codes with valid Colorado rates but without benchmark ratios, the MPRRAC recommends increasing the rates by 3%.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$342,172 total funds, including \$93,823 General Fund.

HCPF Recommendations

- HCPF recommends no changes to codes with rates set using CDC values.
- These administration codes are currently at 95% benchmark ratio; therefore, HCPF recommends maintaining current rates to align with existing budget constraints.
- For other codes with benchmark ratios, HCPF recommends increasing the rates for all codes that are under 80% of the benchmark ratio to 80% of the benchmark and decreasing the rates for all codes that are above 100% of the benchmark to 100% of the benchmark.
- For codes with valid Colorado rate but without benchmark ratios, HCPF recommends no change due to budget constraints.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be -\$169,896 total funds, including -\$46,585 General Fund.

Physician Services - Vascular

Service Description

Vascular services involve testing and treatment related to the functioning of arteries and veins. The treatment for conditions such as peripheral artery disease (PAD), deep vein thrombosis (DVT), varicose veins, and aneurysms fall into this category.

A summary of the statistics for the Vascular service subcategory is provided below:

Physician Services - Vascular Statistics	
Total Adjusted Expenditures SFY 2023-24	\$3,558,628
Total Members Utilizing Services in SFY 2023-24	35,429
SFY 2023-24 Over SFY 2022-23 Change in Members Utilizing Services	-7.65%
Total Active Providers SFY 2023-24	1,103
SFY 2023-24 Over SFY 2022-23 Change in Active Providers	-1.52%

Table 131. Physician Services - Vascular total expenditure and utilization data (SFY 2023-24).

Rate Comparison Analysis

The Vascular service grouping has 75 procedure code/modifier combinations. The rates for 72 of them (96%) were compared to Medicare, while the rates for three codes (4%) were compared to rates from five other states (Arizona, Nebraska, Nevada, Oklahoma, and Utah) as comparable data were not available from Oregon.

Among these 75 combinations, 13 of them (17.33%) did not have valid utilization during SFY 2023-24. A rate-only comparison was performed for these codes. Individual rate ratios for Vascular were 75.80% - 205.54%.

On average, Colorado Medicaid payments for Vascular are estimated at 99.61% of the benchmark. A summary of the estimated total expenditures resulting from using comparable sources is presented below.

Vascular Repriced Benchmark Comparison		
Colorado Repriced	Medicare/5 Benchmark States Repriced	Overall Repriced Benchmark Ratio
\$3,558,628	\$3,572,572	99.61%

Table 132. Comparison of Colorado Medicaid Physician Services - Vascular service payments to those of other payers, expressed as a percentage (SFY 2023-24).

The estimated fiscal impact to Colorado Medicaid would be \$13,944 total funds if Colorado had reimbursed at 100% of the benchmark in SFY 2023-24.

Access to Care Analysis

As seen in the vascular panel size visual (Appendix B, Figure 198), the average number of utilizers per provider in urban and rural areas was overall stable. The penetration rate visual (Appendix B, Figure 200) shows that utilization per 1000 members was moderate in much of the state. The special providers visual (Appendix B, Figure 201) shows that the percent of active providers that served only one Medicaid member remained stable. The drive time analysis (Appendix B, Figure 202) shows that parts of Eastern and Western Colorado had relatively high (over an hour) drive times. These findings indicate that access to care may be impacted by longer driving distances to providers.

See Appendix B for the full access to care analysis.

Stakeholder Engagement

See Appendix I for Stakeholder Feedback.

Additional Research

Utilization Analysis

The MPRRAC requested to view data on the top 10 procedure codes by utilization for each service category. The table below ranks the dialysis rate types with the highest utilization for physician services - Vascular.

Physician Services - Vascular Top 10 Procedure Codes by Utilization					
Rank	Code + Modifier	Service Description	Benchmark Ratio	Utilization	% of Total Utilization
1	93971+26	EXTREMITY STUDY	86.2%	12,759	23.90%
2	93975+26	VASCULAR STUDY	107.5%	10,356	19.40%
3	93970+26	EXTREMITY STUDY	108.5%	6,086	11.40%
4	93976+26	VASCULAR STUDY	106.5%	5,678	10.64%
5	93971	EXTREMITY STUDY	94.0%	4,985	9.34%
6	93970	EXTREMITY STUDY	93.6%	3,214	6.02%
7	93976	VASCULAR STUDY	107.1%	1,411	2.64%
8	93975	VASCULAR STUDY	108.9%	971	1.82%
9	93923	UPR/LXTR ART STDY 3+ LVLS	100.7%	799	1.50%
10	93880+26	EXTRACRANIAL BILAT STUDY	85.7%	733	1.37%

Table 133. Physician Services - Vascular top 10 procedure codes ranked by utilization

MPRRAC Recommendations

- For codes with benchmark ratios, the MPRRAC recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- The anticipated fiscal impact of the MPRRAC's recommendation is estimated to be \$279 total funds, including \$76 General Fund.

HCPF Recommendations

- For codes with benchmark ratios, HCPF recommends increasing rates under 80% of the benchmark to 80% of the benchmark, and decreasing the rates above 140% of benchmark and compared to Medicare to 100% of the benchmark.
- The anticipated fiscal impact of HCPF's recommendation is estimated to be \$279 total funds, including \$76 General Fund.

Appendices

[Appendix A - Research Methodology](#)

Provides explanations of methodologies and data used in this report.

[Appendix A1 - Base Data Summary](#)

Contains the base data used for the rate comparison analysis. The base data includes the record counts, utilization numbers, and paid amounts as well as exclusions for each service category.

[Appendix A2 - Benchmark Ratios](#)

Contains all of the codes under review, their benchmark ratios, and comparison details.

[Appendix A3 - Duplicate Code List](#)

Contains a list of duplicate code and modifier combinations that appeared in billing manuals for multiple services. It identifies the codes, modifiers, their descriptions, the services they are listed under, and the service under which each combination was reviewed to maintain consistency in the rate payment methodology.

[Appendix A4 - Excluded Codes](#)

Contains the codes and relevant modifier combinations, by service category, that were excluded from the rate comparison analysis and the reason for their exclusion.

[Appendix B - Access to Care Metrics](#)

Contains the access to care metrics across each applicable service category, with their associated descriptions, data visualizations, and explanations of results, which include: panel size, penetration rate, special provider, telemedicine analysis, drive times, provider participation, and per utilizer per year/month (PUPY/PUPM) expenditures and utilization.

[Appendix C - Rate Change Track Document](#)

Contains a detailed overview of all the codes for the services under review. Where applicable, this includes the original Colorado Medicaid rates used for repricing (July 2024 fee schedule), proposed rates based on MPRRAC's recommendations, proposed rates based on HCPF's recommendations, and JBC approved rates (to be added when available after April 2026).

[Appendix D - Benchmark State Selection Rationale](#)

Contains the benchmark state selection rationale for each service category reviewed in 2025, outlining the basis for which states were chosen for comparison in the rate review process when no Medicare rates were applicable.

[Appendix D.1 - DIDD Benchmark State Rate Crosswork](#)

Provides detailed benchmark rationale for Dental IDD service against Colorado Medicaid Dental State Plan, American Dental Association (ADA), and other states. It also contains the clarification on the

benchmarking process, and how the benchmark ratio was calculated for each Current Dental Terminology (CDT) code.

[Appendix D.2 - Specialty Care Skin Substitute Benchmark State Rate Crosswork](#)

Provides the detailed benchmark rationale for Specialty Care Services compared with other states. It also clarifies the process used to map benchmark state rates into Colorado Medicaid Specialty Care Skin Substitute groups.

[Appendix D.3 - Early Intervention TCM Benchmark State Rate Crosswork](#)

Provides clarification on the process for mapping benchmark state rates for each HCPCS code reviewed under the Early Intervention TCM service group and explains how the benchmark ratio was calculated.

[Appendix D.4 - TCM - Case Management Benchmark State Rate Crosswork](#)

Provides clarification on the process for mapping benchmark state rates for each HCPCS code reviewed under the TCM-Case Management service group and explains how the benchmark ratio was calculated.

[Appendix D.5 - TCM - Transition Coordination Benchmark State Rate Crosswork](#)

Provides clarification on the process for mapping benchmark state rates for each HCPCS code reviewed under the TCM-Transition Coordination service group and explains how the benchmark ratio was calculated.

[Appendix E - CBIZ Optumas Justification of Dialysis Medicare Repriced Methodology](#)

Describes the methodology used by CBIZ Optumas to reprice Colorado Medicaid dialysis payments against Medicare benchmarks. It outlines the adjustments applied for labor costs, patient characteristics, and service settings, as well as the limitations due to unavailable data.

[Appendix F1 - State Plan Version 08.07.25](#)

This is the State Plan Amendment outlining the \$5 GT modifier add-on for telemedicine codes and the telehealth transmission fee. This appendix provides the policy basis for these payments and highlights that any removal would require stakeholder engagement and a formal SPA amendment.

[Appendix F2 - Recommendation G2211 Services eClearance Final](#)

Provides the Department's detailed analysis and recommendation on HCPCS code G2211, including fiscal impact estimates, alignment with existing value-based payment models, and the rationale for not adopting coverage for this code.

[Appendix G - 2025 Tariff Survey Analysis Result](#)

Provides more detailed information on the survey sent to providers for completion regarding federal tariffs.

[Appendix H - Cost of Living Index \(Q3 2024\)](#)

Provides the 2024 third-quarter average cost of living numbers downloaded from the Missouri Economic Research and Information Center. The index values were used to normalize benchmark state Medicaid rates for comparison with Colorado Medicaid Rates.

[Appendix I - Stakeholder Feedback](#)

Contains all public stakeholder feedback that HCPF has received via email and verbally at the Medicaid Provider Rate Review Public Meetings.

[Appendix J - Glossary and County Reference Map](#)

Provides explanations for common terms used throughout the 2025 Medicaid Provider Rate Review Analysis Report, as well as a reference map of counties in Colorado by classification.

Appendix A - Cycle 1 Year 3 Methodologies and Data

Executive Summary

The Colorado Department of Health Care Policy & Financing (HCPF) has engaged **CBIZ Optumas (Optumas)** to conduct a review of their Medicaid fee schedules for selected services relative to Medicare and other state Medicaid agencies. The various states selected as benchmarks vary by service category based on similarities of covered services, enrolled populations, and locality, and through discussion with HCPF and key stakeholders. To further align the payment levels of the benchmark states, Optumas has applied an adjustment to the payment rates from each benchmark state to align the cost-of-living index of the benchmark state to that of Colorado. The cost-of-living index data is courtesy of the [Missouri Economic Research and Information Center](#) public website. Optumas has examined existing payment methodologies and benchmarked fee schedule levels at the code level and in aggregate. Our findings are summarized within this report to help inform HCPF of how Colorado currently compares and if there are any areas of significant difference.

Under the direction of the State, Optumas has divided the analysis and reporting by service categories and subcategories. This report covers the following:

- Dialysis and Dialysis-related Services
 - Facility
 - Non-Facility
- Durable Medical Equipment
- DIDD
- Prosthetics, Orthotics, and Disposable Supplies (POS)
 - Prosthetics
 - Orthotics
 - Enteral Formula
 - Other and Disposable Supplies
- Laboratory and Pathology Services
- Outpatient PT/OT/ST
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
- Specialty Care Services
- Early Intervention TCM
- TCM
 - Case Management

- Transition Coordination
- Vision Services
- Physician Services
 - Allergy and Immunology
 - Cardiology
 - Dermatology
 - Emergency Department (ED) and Hospital Evaluation and Management (E&M)
 - Ear, Nose, and Throat (ENT)
 - Family Planning
 - Gastroenterology
 - Gynecology
 - Health Education
 - Medication Injections & Infusions
 - Neuro/Psychological Testing Services
 - Neurology
 - Primary Care E&M
 - Radiology
 - Respiratory
 - Sleep Study
 - Vaccines and Immunizations
 - Vascular

The rate comparison benchmark analysis compares Colorado Medicaid’s latest fee schedule estimated reimbursement with the estimated reimbursement of the overall benchmark(s). The underlying data used for the analysis were fee-for-service (FFS) claims incurred from July 1, 2023 through June 30, 2024 (SFY 2023-24).

To estimate a fiscal impact, Optumas has held utilization consistent to the SFY 2023-24 study period and calculated the difference between the current CO Medicaid FFS rate and the benchmark FFS rate.

Actual cost sharing amounts, third-party liability (TPL) and copayment, from the SFY 2023-24 data have been excluded from both the CO repriced and benchmark repriced dollar amounts and therefore have a neutral impact on the fiscal estimate.

Service Category	Service Subcategory	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Dialysis and Dialysis-related Services	Facility	\$10,904,568	\$13,459,656	81.02%	\$2,555,088
Dialysis and Dialysis-related Services	Non-Facility	\$1,359,519	\$1,590,196	85.49%	\$230,677

DIDD	DIDD	\$5,075,033 ¹	\$3,874,071 ²	131.00%	-\$1,200,962 ³
Durable Medical Equipment	Durable Medical Equipment	\$73,936,431	\$80,619,213	91.71%	\$6,682,782
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	\$7,009,735	\$9,463,047	74.07%	\$2,453,312
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	\$13,302,280	\$16,091,959	82.66%	\$2,789,679
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	\$28,938,451	\$20,448,060	141.52%	-\$8,490,391
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	\$67,302,598	\$70,294,558	95.74%	\$2,991,960
Laboratory and Pathology Services	Laboratory and Pathology Services	\$159,181,669	\$170,536,743	93.34%	\$11,355,074
Outpatient PT/OT/ST	PT	\$40,795,510	\$40,450,673	100.85%	-\$344,837
Outpatient PT/OT/ST	OT	\$24,520,705	\$25,766,078	96.57%	\$1,245,373
Outpatient PT/OT/ST	ST	\$27,150,581	\$28,996,298	93.63%	\$1,845,717
Specialty Care Services	Specialty Care Services	\$45,409	\$55,997	81.09%	\$10,588
Early Intervention TCM	Early Intervention TCM	\$5,111,573	\$6,948,604	73.56%	\$1,837,031
TCM	Case Management	\$54,178,215	\$59,167,107	91.48% ⁴	\$5,045,574
TCM	Transition Coordination	\$4,765,822	\$3,889,268	122.54%	-\$876,554
Vision Services	Vision Services	\$115,875,903	\$142,837,407	81.12%	\$26,961,504
Physician Services	Allergy and Immunology	\$4,573,865	\$5,080,181	90.03%	\$506,316
Physician Services	Cardiology	\$7,586,984	\$7,983,635	95.03%	\$396,651
Physician Services	Dermatology	\$1,117,698	\$1,456,605	76.73%	\$338,907
Physician Services	ED and Hospital E&M	\$172,992,583	\$190,465,436	90.83%	\$17,472,853
Physician Services	ENT	\$2,498,640	\$2,879,756	86.77%	\$381,116
Physician Services	Family Planning	\$8,132,832	\$7,142,821	113.86%	-\$990,011
Physician Services	Gastroenterology	\$202,599	\$222,125	91.21%	\$19,526
Physician Services	Gynecology	\$1,049,434	\$1,259,488	83.32%	\$210,054
Physician Services	Health Education	\$172,629	\$202,356	85.31%	\$29,727
Physician Services	Medication Injections & Infusions	\$2,898,719	\$2,568,867	112.84%	-\$329,852
Physician Services	Neuro/Psychological Testing Services	\$15,248,262	\$12,476,717	122.21%	-\$2,771,545
Physician Services	Neurology	\$5,093,482	\$5,423,652	93.91%	\$330,170
Physician Services	Primary Care E&M	\$286,827,928	\$328,723,440	87.26%	\$41,895,512
Physician Services	Radiology	\$66,926,268	\$68,091,796	98.29%	\$1,165,528
Physician Services	Respiratory	\$1,145,246	\$1,111,929	103.00%	-\$33,317
Physician Services	Sleep Study	\$3,540,026	\$2,862,835	123.65%	-\$677,191
Physician Services	Vaccines and Immunizations	\$23,640,025	\$24,852,249	95.12%	\$1,212,224
Physician Services	Vascular	\$3,558,628	\$3,572,572	99.61%	\$13,944
All Service Categories		\$1,254,122,213	\$1,370,866,240	91.48%	\$116,744,026

Table 1. Colorado as a Percent of the Benchmark and Estimated SFY 2023-24 Fiscal Impact Benchmark Repriced Amounts are adjusted for cost-of-living when other states are used for benchmarking and are reduced by TPL and copayments.

¹ DIDD claim data was provided by DentaQuest. Since only the first eight months of SFY 2023-24 were available, the figures shown here are projected to represent a full 12 months. Please refer to the DIDD section in this Appendix for details on the projection methodology.

² DIDD codes were compared against the regular Colorado Medicaid State Plan, projected American Dental Association (ADA) rates derived from the 2022 ADA survey data, and benchmark state data. The figures presented reflect the comparison to the State Plan, as recommended by the MPRRAC committee. Please refer to the DIDD section in this Appendix for additional details.

³ Fiscal impact extrapolated to a full year from eight months of data.

⁴ Due to the targeted rate increase for T2023+HI, which is the TCM monthly rate, the MPRRAC requested that the benchmark ratio and fiscal impact numbers be updated to reflect this rate.

Data Validation

HCPF provided Optumas with two years FFS claims data, (July 1, 2022 - June 30, 2024). The data validation process included utilization and dollar volume summaries over time which were validated against HCPF's and Optumas's expectations based on prior analyses to identify inconsistencies. In addition, a frequency analysis was performed to examine valid values appearing across all fields contained in the data.

For the benchmarking analysis, it was decided that claims data should be limited to SFY 2023-24 to analyze more recent utilization patterns and service mix. SFY 2023-24 claims data were selected as the base data of the repricing analysis because it yields an annualized result derived from the most recent experience. There is an inherent processing lag in claims between the time a claim is incurred and when it is billed. Claims rendered in any given month can take weeks or months to be reported in the claims system. The claims data for Cycle 1 - Year 3 services were provided with three months of claims runout. The raw claims data reflects the vast majority of FFS experience for Cycle 1 - Year 3 services in SFY 2023-24 and HCPF chose to not have Optumas perform an IBNR analysis. After the data validations steps, the rate comparison benchmark analysis was performed. Overall, results of this process suggested that the SFY 2023-24 data for each service was reliable.

The claims data was then reviewed to determine the relevant utilization after accounting for applicable exclusions. The exclusion criteria adhere to the general guidelines set forth in the Rate Review Schedule:

- Claims attributed to members that are non-TXIX Medicaid eligible, i.e., Child Health Plan Plus (CHP+) program;
- Claims attributed to members with no corresponding eligibility span; and
- Claims associated with members enrolled in Medicaid and Medicare (dual membership)⁵.

Furthermore, for the rate comparison benchmark, the validation process included additional exclusions:

- Procedure codes or revenue codes that are on the Colorado fee schedule as \$0.00, "manually priced", or "not a benefit" or were not found on the schedule, which are reflected as "No CO Medicaid Rate."
- With valid Colorado rates, procedure codes or revenue codes that do not have a comparable benchmark, whether Medicare or other states, are reflected as "No Benchmark Rate Found."

Codes that were excluded from this analysis are shown in Appendix A4 - Excluded Codes.

A summary of codes by benchmark type are summarized below in Table 2, as well as those that were excluded due to having no CO Medicaid rate or no benchmark rate.

⁵ An exception was made regarding this year's review of Targeted Case Management (TCM) services, per HCPF's request. HCPF noted that a large portion of the claims were from dual eligible members. As a result, the decision was made to include these dual claim lines in the analysis.

Service Category	Service Subcategory	Total # of Excluded Codes	No CO Medicaid Rate	No Benchmark Rate
Dialysis and Dialysis-related Services	Facility	0	0	0
Dialysis and Dialysis-related Services	Non-Facility	0	0	0
DIDD	DIDD	248	27	221 ⁶
Durable Medical Equipment	Durable Medical Equipment	208	89	119
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	16	16	0
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	17	11	6
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	5	5	0
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	80	36	44
Laboratory and Pathology Services	Laboratory and Pathology Services	10	2	8
Outpatient PT/OT/ST	PT	2	0	2
Outpatient PT/OT/ST	OT	1	0	1
Outpatient PT/OT/ST	ST	0	0	0
Specialty Care Services	Specialty Care Services	0	0	0
Early Intervention TCM	Early Intervention TCM	0	0	0
TCM	Case Management	3	0	3
TCM	Transition Coordination	0	0	0
Vision Services	Vision Services	4	0	4
Physician Services	Allergy and Immunology	0	0	0
Physician Services	Cardiology	7	0	7
Physician Services	Dermatology	0	0	0
Physician Services	ED and Hospital E&M	2	0	2
Physician Services	ENT	1	0	1
Physician Services	Family Planning	0	0	0
Physician Services	Gastroenterology	1	1	0
Physician Services	Gynecology	1	0	1
Physician Services	Health Education	4	0	4
Physician Services	Medication Injections & Infusions	38	1	37
Physician Services	Neuro/Psychological Testing Services	5	0	5
Physician Services	Neurology	26	0	26
Physician Services	Primary Care E&M	4	1	3
Physician Services	Radiology	30	1	29
Physician Services	Respiratory	3	0	3
Physician Services	Sleep Study	0	0	0
Physician Services	Vaccines and Immunizations	17	2	15
Physician Services	Vascular	0	0	0
All Service Categories		733	192	541

Table 2. Counts of excluded codes. If a code has no valid CO Medicaid FFS rate or is manual priced, regardless of whether it has a valid benchmark rate or utilization data, we classify it as “No CO Medicaid Rate”. If a code has a CO Medicaid rate, but has no benchmark rate, regardless of whether it has valid utilization data, we classify it as “No Benchmark Rate”.

⁶ A total of 221 DIDD codes are not covered under the State Plan.

The number of total procedure or revenue codes, with Medicare or other states as benchmark and total excluded code count for each service group is shown in Table 3 below.

Service Category	Service Subcategory	Total # of Codes	Medicare Benchmark Used	Other States as Benchmark	Excluded Codes
Dialysis and Dialysis-related Services	Facility	16	16	0	0
Dialysis and Dialysis-related Services	Non-Facility	28	21	7	0
DIDD	DIDD	444	0	196 ⁷	248
Durable Medical Equipment	Durable Medical Equipment	1,141	599	334	208
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	419	397	6	16
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	500	432	51	17
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	32	19	8	5
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	700	493	127	80
Laboratory and Pathology Services	Laboratory and Pathology Services	1566	1521	35	10
Outpatient PT/OT/ST	PT	51	41	8	2
Outpatient PT/OT/ST	OT	49	40	8	1
Outpatient PT/OT/ST	ST	26	21	5	0
Specialty Care Services	Specialty Care Services	6 ⁸	2	4	0
Early Intervention TCM	Early Intervention TCM	2	0	2	0
TCM	Case Management	4	0	1	3
TCM	Transition Coordination	1	0	1	0
Vision Services	Vision Services	205	178	23	4
Physician Services	Allergy and Immunology	32	26	6	0
Physician Services	Cardiology	333	274	52	7
Physician Services	Dermatology	26	26	0	0
Physician Services	ED and Hospital E&M	50	46	2	2
Physician Services	ENT	112	101	10	1
Physician Services	Family Planning	59	41	18	0
Physician Services	Gastroenterology	59	58	0	1
Physician Services	Gynecology	34	33	0	1
Physician Services	Health Education	6	1	1	4
Physician Services	Medication Injections & Infusions	80	34	8	38
Physician Services	Neuro/Psychological Testing Services	22	15	2	5
Physician Services	Neurology	237	203	8	26
Physician Services	Primary Care E&M	142	103	35	4
Physician Services	Radiology	1,793	1,628	135	30
Physician Services	Respiratory	91	83	5	3
Physician Services	Sleep Study	42	33	9	0
Physician Services	Vaccines and Immunizations	87	32	38	17
Physician Services	Vascular	75	72	3	0
All Service Categories		8,470	6,589	1,148	733

Table 3. Counts of codes and benchmarks used for each service category.

⁷ DIDD was compared to regular Colorado Medicaid dental State Plan, as Medicare doesn't provide dental coverage.

⁸ This is the number of skin substitute groups and eConsult codes. Skin substitutes are reimbursed according to their composition group.

Rate Comparison Benchmark Analysis

To develop a baseline for the benchmark analysis, FFS claims were first repriced using the most recent Colorado Medicaid fee schedule with rates effective July 1, 2024. The underlying utilization mix of the SFY 2023-24 FFS claims by procedure code is used in calculating aggregate summaries. The same utilization was then also repriced to the selected benchmark rates, Medicare or a selection of benchmark states. For services that utilize Medicaid fee schedules from other states, the benchmark rates were adjusted using cost-of-living index factors to align with the cost-of-living index of Colorado.

Optumas, in coordination with HCPF, selected appropriate benchmarks from other Medicaid fee schedules to be used in the rate review for each service category independently.

Table 4 below displays Colorado FFS rates as a percent of the selected benchmarks (weighted aggregate), as well as a benchmark range that indicates the highest and lowest percent of the respective benchmarks by procedure code for each service category.

Service Category	Service Subcategory	Colorado as a Percent of Benchmark	Benchmark Range
Dialysis and Dialysis-related Services	Facility	81.02%	75.83%-90.46%
Dialysis and Dialysis-related Services	Non-Facility	85.49%	68.86%-445.98%
DIDD	DIDD	131.00% ⁹	70.39%-346.12%
Durable Medical Equipment	Durable Medical Equipment	91.71%	3.39%-486.84%
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	74.07%	6.87%-246.28%
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	82.66%	26.85%-307.43%
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	141.52%	15.03%-329.31%
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	95.74%	1.33%-320.00%
Laboratory and Pathology Services	Laboratory and Pathology Services	93.34%	8.67%-274.60%
Outpatient PT/OT/ST	PT	100.85%	75.03%-121.83%
Outpatient PT/OT/ST	OT	96.57%	75.03%-121.85%
Outpatient PT/OT/ST	ST	93.63%	34.24%-235.53%
Specialty Care Services	Specialty Care Services	81.09%	30.24%-104.69%
Early Intervention TCM	Early Intervention TCM	73.56%	68.91%-101.60%
TCM	Case Management	91.48% ¹⁰	91.48%
TCM	Transition Coordination	122.54%	122.54%
Vision Services	Vision Services	81.12%	7.53%-451.60%
Physician Services	Allergy and Immunology	90.03%	2.85% - 115.73%
Physician Services	Cardiology	95.03%	14.45% - 572.22%
Physician Services	Dermatology	76.73%	16.70% - 119.99%
Physician Services	ED and Hospital E&M	90.88%	10.07% - 123.85%
Physician Services	ENT	86.77%	2.36% - 867.26%
Physician Services	Family Planning	113.86%	21.64% - 384.60%
Physician Services	Gastroenterology	91.21%	2.08% - 117.01%
Physician Services	Gynecology	83.32%	65.47% - 89.75%
Physician Services	Health Education	85.31%	74.10% - 87.12%
Physician Services	Medication Injections & Infusions	112.84%	24.39%-161.94%
Physician Services	Neuro/Psychological Testing Services	122.21%	54.42% - 425.99%

⁹ The figures presented reflect the comparison to the State Plan, as recommended by the MPRRAC Committee.

¹⁰ Due to the targeted rate increase for T2023+HI, which is the TCM monthly rate, the MPRRAC requested that the benchmark ratio and fiscal impact numbers be updated to reflect this rate.

Physician Services	Neurology	93.91%	0.29% - 367.04%
Physician Services	Primary Care E&M	87.26%	31.53% - 240.64%
Physician Services	Radiology	98.29%	3.58% - 667.47%
Physician Services	Respiratory	103.00%	27.26% - 391.89%
Physician Services	Sleep Study	123.65%	30.53% - 238.22%
Physician Services	Vaccines and Immunizations	95.12%	43.94% - 249.96%
Physician Services	Vascular	99.61%	68.25% - 205.54%

Table 4. Benchmark ratios and ranges.

Estimated expenditures were only compared for the subset of Cycle 1 - Year 3 services that are common between Colorado Medicaid and Medicare or other states. If no comparable rate could be found for a specific service offered in Colorado Medicaid, then the respective utilization and expense were excluded from the comparison results.

In the service-specific payment comparison sections of the narrative that follow, more detailed information can be found on the Benchmark portions of the rate comparison.

Dialysis and Dialysis-related Services

Medicare was used as the benchmark for all Facility dialysis services and the 23 of the 28 procedure codes of Non-Facility dialysis services. For the other 5 procedure codes, other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, California, Michigan, Minnesota, Nebraska, Nevada, Oklahoma, and Oregon.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Facility	\$10,904,568	13,459,656	81.02%	\$2,555,088
Non-Facility	\$1,359,519	1,590,196	85.49%	\$230,677
Total Dialysis and Dialysis-related Services	\$12,264,087	\$15,049,852	81.49%	\$2,785,765

Table 5. Dialysis and dialysis-related services statistics.

The rate comparison analysis for Dialysis claims performed in a facility assigns Medicare rates to the base utilization based on information available on the claim.

Dialysis treatment performed at Dialysis Centers is “bundled” into a single per diem facility payment that includes geographic adjustment based on the county where the dialysis facility is located.

The Health First Colorado Dialysis fee schedule, effective July 1, 2024, assigns a single rate per dialysis service that is split by geographic region, and prescribes which counties are categorized into the different regions. The per diem rate based on the county where the service was performed is applied to the paid units for these services to obtain a Colorado Repriced amount.

Medicare reimburses Dialysis facility claims using a Prospective Payment System (PPS). The Medicare PPS prices dialysis with a national base rate, currently at \$271.02, and applies a number of adjustments to appropriately match payment to the service provided. Most of the adjustments

are included in the Medicare benchmark analysis based on the data available, namely Wage Index Adjustment, Rural Adjustment, Training Add-On, Home Dialysis, Age, and Comorbidity.

The states chosen as benchmarks for the rate comparison analysis have comparable dialysis benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks.

DIDD

The American Dental Association (ADA) survey data provides national commercial average dental fees for over 200 commonly used dental procedure codes. We typically rely on ADA survey data as the benchmark for setting Colorado Medicaid DIDD rates. However, recent changes have limited access to this data. According to the ADA¹¹, “The ADA cannot quote fees for dental procedures and is forbidden by federal law to set or recommend fees. The Council on Dental Practice elected to discontinue the Survey of Dental Fees in 2023 and it has been removed for download, due to a change in law eliminating safe harbor disclosure. Posting such information, therefore, is now legally problematic.”

To ensure legal compliance and promote transparency, three alternative benchmarking strategies were employed. The first relied on the regular Colorado Medicaid dental State Plan, as recommended by the MPRRAC committee. The second utilized the 2022 ADA survey data, with appropriate trend adjustments, to project 2025 rates. The third drew upon benchmarks from other states with established enhanced Medicaid dental programs for individuals with intellectual and developmental disabilities (IDD).

For this review, DentaQuest provided DIDD claim data for SFY 2021-22, SFY 2022-23, and SFY 2023-24. Since the SFY 2023-24 data only includes the first eight months, we projected the full year by examining how claims typically trend. Specifically, we compared the first eight months to the full year for SFY 2021-22 and SFY 2022-23 and calculated the average ratio. This average was then applied to the SFY 2023-24 eight-month data to estimate the full 12-month totals. All figures presented in this Appendix for SFY 2023-24 will reflect these projected full-year estimates unless otherwise noted.

Strategy	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
DIDD vs. Regular Colorado Medicaid Dental State Plan	\$5,075,033	\$3,874,071	131.00%	-\$1,200,962
DIDD vs. ADA Projected Rate	\$5,087,087	\$6,814,427	74.65%	\$1,727,340
DIDD vs. Benchmark States	\$4,032,356	\$2,274,902	177.25%	-\$1,757,454

¹¹ Please refer to the ADA website for more details: <https://www.ada.org/resources/research/health-policy-institute/dental-care-market>

Table 6. DIDD services statistics.

DIDD includes 444 codes, of which 24 are manually priced and three are assigned a rate of \$0. These 27 codes were excluded from the rate comparison analysis under all three benchmarking strategies, with the remaining 417 codes included in the comparison analysis.

Regular Colorado Medicaid Dental State Plan

Of the 417 codes analyzed, 181 have rates exceeding those in the State Plan, while 15 have lower rates. The remaining 221 codes are not covered under the State Plan and were therefore excluded from the comparison.

Projected ADA 2025 Rates

Of the 417 codes analyzed, rates for 191 were compared with ADA data. The remaining 226 codes were not included in the ADA survey and were therefore excluded.

Benchmark States

After investigating all 50 states in the US, the following 5 benchmark states were chosen as benchmark states for the rate comparison analysis: Louisiana, Nevada, New York, Oklahoma, and South Carolina. These states either have separate Dental Fee Schedules, or additional coverage, or enhanced reimbursement rates for IDD population.

Of the 417 codes analyzed, rates for 100 were compared against benchmark states. The remaining 317 codes lacked valid benchmark state rates and were therefore excluded.

Durable Medical Equipment (DME)

Medicare was used as the benchmark for 599 of the 933 procedure codes analyzed, for the other 334 codes other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, California, Nebraska, Oklahoma, Oregon, and Wyoming. 89 procedure codes were excluded from the benchmarking analysis due to not having an effective Colorado Medicaid rate and another 119 procedure codes were excluded due to having no available benchmarks.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Durable Medical Equipment	\$73,936,431	\$80,619,213	91.71%	\$6,682,782

Table 7. Durable medical equipment service statistics.

For DME rates where a separate rural and urban (non-rural) rate existed, these were analyzed as two separate rates. Urban rates from the Colorado fee schedule were benchmarked to the urban rates of the Medicare fee schedule as well as the urban rates posted on the fee schedules of the benchmark states. The same respective process was done for the rural rates. For services where there was not a different listed rate, the rate on the Colorado fee schedule was considered as a statewide rate which would be compared to the statewide rate of the benchmark or the average of the benchmark rural and urban rates where applicable.

The states chosen as benchmarks for the rate comparison analysis collectively cover many of the same DME services. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. The ability to review rate differentials between geographics is beneficial for reviewing DME rates. Hence, some of the states have higher amounts of covered populations in rural areas, providing a rural and urban split for reimbursement that is similar to the rural and urban split in Colorado.

Prosthetics, Orthotics, and Disposable Supplies

Medicare was used as the benchmark for 1,341 of the 1,533 procedure codes analyzed, for the other 118 codes other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, California, Louisiana, Nebraska, Nevada, Ohio, Oklahoma, Oregon, Texas, and Wyoming. 68 procedure codes were excluded from the benchmarking analysis due to not having an effective Colorado Medicaid rate and another 50 procedure codes were excluded due to having no available benchmarks.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Prosthetics	\$7,009,735	\$9,463,047	74.07%	\$2,453,312
Orthotics	\$13,302,280	\$16,091,959	82.66%	\$2,789,679
Enteral Formula	\$28,938,451	\$20,448,060	141.52%	-\$8,490,391
Other and Disposable Supplies	\$67,302,598	\$70,294,558	95.74%	\$2,991,960
Total Prosthetics, Orthotics, and Disposable Supplies	\$116,553,064	\$116,297,624	100.22%	-\$255,440

Table 8. Prosthetics, orthotics and disposable supplies service statistics.

The states chosen as benchmarks for the rate comparison analysis collectively cover many of the same Prosthetics, Orthotics, and Disposable Supplies services. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. The ability to review rate differentials between geographics is beneficial for reviewing prosthetics, orthotics, and disposable supplies rates. Hence, some of the states have higher amounts of covered populations in rural areas, providing a rural and urban split for reimbursement that is similar to the rural and urban split in Colorado. This service category contains over one hundred unique procedure codes not covered by Medicare; hence, ten states are used for benchmarking to allow for a more complete analysis of the category.

Laboratory and Pathology Services

Medicare was used as the benchmark for 1,521 of the 1,556 procedure codes analyzed, for the other 35 codes other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, California, Nebraska, Nevada, Oklahoma, Oregon, and Utah. 2 procedure codes were excluded from the benchmarking analysis due to not having an effective Colorado

Medicaid rate and another 8 procedure codes were excluded due to having no available benchmarks.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Laboratory and Pathology Services	\$159,181,669	\$170,536,743	93.34%	\$11,355,074

Table 9. Laboratory and pathology service statistics.

The states chosen as benchmarks for the rate comparison analysis have comparable dialysis benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. These states were also identified to be appropriate benchmarks in previous years of the rate review process and since have not significantly altered their payment levels or Medicaid program reimbursement policies.

Outpatient PT/OT/ST

Medicare was used as the benchmark for 102 of the 126 procedure codes analyzed, for the other 21 codes other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, California, Maine, Michigan, Minnesota, North Dakota, Oregon, and South Carolina. 3 procedure code was excluded from the benchmarking analysis due to having no available benchmarks.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Physical Therapy (PT)	\$40,795,510	\$40,450,673	100.85%	-\$344,837
Occupational Therapy (OT)	\$34,539,705	\$35,766,928	96.57%	\$1,227,222
Speech Therapy (ST)	\$27,150,581	\$28,996,298	93.63%	\$1,845,717
Total Outpatient PT/OT/ST	\$102,485,796	\$105,213,899	97.41%	\$2,728,103

Table 10. Outpatient PT/OT/ST service statistics.

The states chosen as benchmarks for the rate comparison analysis have comparable dialysis benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. These states were also identified to be appropriate benchmarks in previous years of the rate review process and since have not significantly altered their payment levels or Medicaid program reimbursement policies.

Specialty Care Services

Other states were used as the benchmark for all skin substitute rates analyzed. The other states benchmarks utilized in the analysis were Arkansas, Georgia, Illinois, Maine, Nevada, New Mexico, Oklahoma, Oregon, and Washington. Medicare was used as a benchmark for the 2 eConsult codes;

however, a rate-only comparison was performed for these codes because a full year of valid utilization data was not available for the review, as eConsult was a benefit as of February 1, 2024.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Specialty Care Services	\$45,409	\$55,997	81.09%	\$10,588

Table 11. Specialty care services statistics.

The states chosen as benchmarks for the rate comparison analysis use a FFS model to cover skin substitutes. The service definitions and program requirements for these skin substitute codes are comparable to those covered by Health First Colorado.

Early Intervention TCM

Other states were used as the benchmark for all procedure codes analyzed. The other states benchmarks utilized in the analysis were Louisiana, Maine, Missouri, and North Carolina.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Early Intervention TCM	\$5,111,573	\$6,948,604	73.56%	\$1,837,031

Table 12. Early intervention TCM services statistics.

A comprehensive analysis was conducted to identify appropriate state comparisons for Early Intervention services. This involved reviewing provider billing manuals and service descriptions from multiple states. Based on this research, Louisiana, Maine, Missouri, and North Carolina were identified as having comparable rates for Colorado's T1017+TL service. T1026+TL, which is an intensive, hourly service incorporating multidisciplinary care for children with complex needs, Missouri and North Carolina had comparable rates.

TCM

All analyzed procedure codes utilize other states for the benchmark. The other states benchmarks utilized in the analysis were Idaho, Louisiana, Maine, Minnesota, Missouri, Montana, Massachusetts, North Dakota, and South Dakota. 3 procedure codes were excluded from the benchmarking analysis due to having no available benchmarks.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Case Management July 2024 Rate	\$51,621,578	\$59,167,102	87.25%	\$7,545,524
Case Management July 2025 Rate	\$54,128,215	\$59,167,102	91.48%	\$5,038,887
Transition Coordination	\$4,765,822	\$3,889,268	122.54%	-\$876,554
Total TCM	\$56,387,400	\$63,056,370	89.42%	\$6,668,970

Table 13. TCM services statistics. The rate for T2023 HI received a targeted increase effective July 1, 2025. Because of this increase, the MPRRAC requested to see the benchmark ratio and fiscal impact based on the new rate.

Case Management services support members eligible for Colorado’s HCBS waiver programs. Montana and Massachusetts offer monthly codes with descriptions that align with Colorado’s T2023+HI code, covering multiple waiver beneficiaries. Similarly, Maine’s 15-minute rate applies to multiple waiver groups. To facilitate comparison, Maine’s rate was converted to a monthly equivalent using an assumption from HCPF of 2.13 hours per month. Louisiana’s service description closely aligns with Colorado’s but combines Case Management and Monitoring into a single rate. To ensure an appropriate comparison, Optumas separated Louisiana’s rate based on the distribution of Colorado’s Case Management and Monitoring rates.

Transition Coordination supports members transitioning from institutional settings to community-based care. In Colorado, these services are funded through the Money Follows the Person (MFP) Grant. To identify appropriate comparisons, Optumas analyzed states offering similar services under MFP funding. Based on this research, Idaho, Minnesota, Missouri, North Dakota, and South Dakota were identified as suitable benchmarks for Colorado’s Transition Coordination services.

Vision Services

Medicare was used as the benchmark for 178 of the 205 procedure codes analyzed, for the other 23 codes other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, California, Louisiana, Nevada, Oklahoma, Nebraska, Oregon, Utah, and New Mexico. 4 procedure codes were excluded from the benchmarking analysis due to having no available benchmarks.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Vision Services	\$115,875,903	\$142,837,407	81.12%	\$26,961,504

Table 14. Vision services statistics.

The states chosen as benchmarks for the rate comparison analysis have comparable dialysis benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. These states were also identified to be appropriate benchmarks in previous years of the rate review process and since have not significantly altered their payment levels or Medicaid program reimbursement policies.

Physician Services

Medicare was used as the benchmark for 2,809 of the 3,141 procedure code and modifier combinations analyzed, for the other 332 combinations other state benchmarks were utilized. The other states benchmarks utilized in the analysis were Arizona, Nebraska, Nevada, Oklahoma, Oregon, and Utah. Six combinations were excluded from the benchmarking analysis due to not

having an effective Colorado Medicaid rate and another 133 combinations were excluded due to having no available benchmarks.

Within the Physician Services category, the ED and Hospital E&M and Primary Care E&M subcategories account for 75% of Colorado's repriced dollars. Together, these two subcategories represent more than 100% of the net positive estimated fiscal impact for SFY 2023-24, as five other subcategories—Family Planning, Medication Injections & Infusions, Neuro/Psychological Testing Services, Respiratory, and Sleep Study—produced negative offsets. For these five subcategories, repricing to the recommended rates results in decreases relative to the existing Colorado FFS rates.

Overall, physician services in Colorado are reimbursed at about 91% of the benchmark level. Out of the 18 subcategories under this service group, one subcategory (Dermatology) has a benchmark ratio below 80%, while five subcategories (Respiratory, Medication Injections & Infusions, Family Planning, Neuro/Psychological Testing Services, and Sleep Study) exceed 100% of the benchmark ratio.

Services	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated SFY 2023-24 Total Fiscal Impact if 100% of Benchmark
Allergy and Immunology	\$4,573,865	\$5,080,181	90.03%	\$506,316
Cardiology	\$7,586,984	\$7,983,635	95.03%	\$396,651
Dermatology	\$1,117,698	\$1,456,605	76.73%	\$338,907
ED and Hospital E&M	\$172,992,583	\$190,465,436	90.88%	\$17,472,853
ENT	\$2,498,640	\$2,879,756	86.77%	\$381,116
Family Planning	\$8,132,832	\$7,142,821	113.86%	-\$990,011
Gastroenterology	\$202,599	\$222,125	91.21%	\$19,526
Gynecology	\$1,049,434	\$1,259,488	83.32%	\$210,054
Health Education	\$172,629	\$202,356	85.31%	\$29,727
Medication Injections & Infusions	\$2,898,719	\$2,568,867	112.84%	-\$329,852
Neuro/Psychological Testing Services	\$15,248,262	\$12,476,717	122.21%	-\$2,771,545
Neurology	\$5,093,482	\$5,423,652	93.91%	\$330,170
Primary Care E&M	\$286,827,928	\$328,723,440	87.26%	\$41,895,512
Radiology	\$66,926,268	\$68,091,796	98.29%	\$1,165,528
Respiratory	\$1,145,246	\$1,111,929	103.00%	-\$33,317
Sleep Study	\$3,540,026	\$2,862,835	123.65%	-\$677,191
Vaccines and Immunizations	\$23,640,025	\$24,852,249	95.12%	\$1,212,224
Vascular	\$3,558,628	\$3,572,572	99.61%	\$13,944
Total Physician Services	\$607,205,847	\$666,376,460	91.12%	\$59,170,613

Table 15. Physician services statistics.

The states chosen as benchmarks for the rate comparison analysis have comparable benefit packages and covered populations to Colorado. Additionally, all of the benchmark states are

geographically close to Colorado. With some of the physician service subcategories, the primary providers are specialists and the other state benchmarks share similar economic and healthcare delivery characteristics with Colorado, including rural and frontier areas where physician access is a challenge. Many of the regions around Colorado tend to have lower physician-to-population ratios, making them relevant for assessing whether reimbursement rates impact workforce availability.



Appendix A1 - Base Data Summary

Service Category	Service Subcategory	Tab Name
Dialysis and Dialysis-related Services	Facility	A1(2)
Dialysis and Dialysis-related Services	Non-Facility	A1(3)
DIDD	DIDD	A1(4)
Durable Medical Equipment	Durable Medical Equipment	A1(5)
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	A1(6)
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	A1(7)
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	A1(8)
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	A1(9)
Laboratory and Pathology Services	Laboratory and Pathology Services	A1(10)
Outpatient PT/OT/ST	PT	A1(11)
Outpatient PT/OT/ST	OT	A1(12)
Outpatient PT/OT/ST	ST	A1(13)
Specialty Care Services	Specialty Care Services	A1(14)
Early Intervention TCM	Early Intervention TCM	A1(15)
TCM	Case Management	A1(16)
TCM	Transition Coordination	A1(17)
Vision Services	Vision Services	A1(18)
Physician Services	Allergy and Immunology	A1(19)
	Cardiology	A1(20)
	Dermatology	A1(21)
	Ear, Nose, and Throat (ENT)	A1(22)
	ED and Hospital E&M	A1(23)
	Family Planning	A1(24)
	Gastroenterology	A1(25)
	Gynecology	A1(26)
	Health Education	A1(27)
	Medication Injections & Infusions	A1(28)
	Neuro/Psychological Testing Services	A1(29)
	Neurology	A1(30)
	Primary Care E&M	A1(31)
	Radiology	A1(32)
	Respiratory	A1(33)
	Sleep Study	A1(34)
	Vaccines and Immunizations	A1(35)
	Vascular	A1(36)

Health First Colorado HCPF Rate Review
 Cycle 1 - Year 3
 FY2023-24 Dialysis and Dialysis-related Services - Facility
 Appendix A1(1)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	86,006	86,309	\$ 15,732,161	\$-	\$ 4,455	
Base Data FY2023-24	84,695	85,077	\$ 16,043,190	\$-	\$-	

FY2023-24 Eligibility Exclusions						
Dual Eligible	7,163	7,163	\$ 1,190,728	\$ -	\$ -	7.42%
No Eligibility Span	14	14	\$ 3,048	\$ -	\$ -	0.02%
Child Health Plan Plus (CHP+)	-	-	-	\$ -	\$ -	0.00%
Non-TXIX	19,586	19,775	\$ 4,164,825	\$ -	\$ -	25.96%
Medicaid Only	57,932	58,125	\$ 10,684,589	-	-	66.60%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Medicare Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	26,763	26,952	5,358,601	-	-	33.40%
FY2023-24 Base Medicaid Data	57,932	58,125	\$ 10,684,589	\$ -	\$ -	66.60%

Note: as an example, the Dialysis and Dialysis-related Services - Facility final figures in the above table can be interpreted to mean that 66.60% (accounting for \$10,684,589 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
 Cycle 1 - Year 3
 FY2023-24 Dialysis and Dialysis-related Services - Non-Facility
 Appendix A1(2)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	12,129	16,011	\$ 1,594,953	\$-	\$ 1,734	
Base Data FY2023-24	11,637	14,440	\$ 2,034,330	\$-	\$ 3,424	
FY2023-24 Eligibility Exclusions						
Dual Eligible	697	811	\$ 149,663	\$ -	\$ 21	7.36%
No Eligibility Span	1	1	\$ 237	\$ -	\$ -	0.01%
Child Health Plan Plus (CHP+)	-	-	-	\$ -	\$ -	0.00%
Non-TXIX	2,737	3,397	\$ 552,946	\$ -	\$ 1,664	27.18%
Medicaid Only	8,202	10,231	\$ 1,331,484	\$ -	\$ 1,739	65.45%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Medicare Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	3,435	4,209	702,846	-	1,685	34.55%
FY2023-24 Base Medicaid Data	8,202	10,231	\$ 1,331,484	\$ -	\$ 1,739	65.45%

Note: as an example, the Dialysis and Dialysis-related Services - Non-Facility final figures in the above table can be interpreted to mean that 65.45% (accounting for \$1,331,484 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - DIDD
Appendix A1(3)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	50,702	50,702	\$ 4,923,748	\$ -	\$ 805,044	
Base Data FY2023-24	29,420	29,420	\$ 3,096,805	\$ -	\$ 495,107	

FY2023-24 Eligibility Exclusions						
No Eligibility Span	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Child Health Plan Plus (CHP+)	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Non-TXIX	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%
Medicaid Only + Dual Eligible	29,420	29,420	\$ 3,096,805	\$ -	\$ 495,107	100.00%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No DIDD Rate Found				\$ -		0.00%
No Medicaid State Plan Rate Found	918	918	\$ 61,771	\$ -	\$ 2,002	1.99%
Total Exclusions	918	918	61,771	-	2,002	1.99%
FY2023-24 Base Medicaid Data	28,502	28,502	\$ 3,035,034	\$ -	\$ 493,105	98.01%

Note: as an example, the DIDD final figures in the above table can be interpreted to mean that 98.01% (accounting for \$3,035,034 in unadjusted paid dollars) of the FY 2023-24 data (8 monthsh only) provided by the DentaQuest was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Durable Medical Equipment (DME)
Appendix A1(4)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	653,138	1,085,120	\$ 98,001,727	\$ 92,692	\$ 2,680,967	
Base Data FY2023-24	590,909	994,621	\$ 94,649,539	\$ -	\$ 2,482,498	

FY2023-24 Eligibility Exclusions						
Dual Eligible	53,896	55,054	\$ 3,890,614	\$ -	\$ 5,440	4.11%
No Eligibility Span	714	1,081	\$ 123,882	\$ -	\$ 659	0.13%
Child Health Plan Plus (CHP+)	109	129	\$ 9,967	\$ -	\$ 71	0.01%
Non-TXIX	927	1,267	\$ 121,864	\$ -	\$ -	0.13%
Medicaid Only	535,263	937,090	\$ 90,503,212	\$ -	\$ 2,476,328	95.62%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	35,418	216,194	\$ 16,421,116	\$ -	\$ 399,038	17.35%
No Medicaid Rate Found	4	4	\$ 255	\$ -	\$ -	0.00%
No Benchmark Rate Found	25,300	207,111	\$ 4,321,136	\$ -	\$ 57,547	4.57%
Total Exclusions	116,368	480,840	\$ 24,888,834	\$ -	\$ 462,756	26.30%
FY2023-24 Base Medicaid Data	474,541	513,781	\$ 69,760,705	\$ -	\$ 2,019,743	73.70%

Note: as an example, the DME final figures in the above table can be interpreted to mean that 73.70% (accounting for \$69,760,705 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 POS - Prsothetics
Appendix A1(5)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	7,086	16,227	\$ 7,362,277	\$ 348	\$ 187,511	
Base Data FY2023-24	6,903	13,787	\$ 7,738,156	\$ -	\$ 201,869	

FY2023-24 Eligibility Exclusions						
Dual Eligible	101	216	\$ 88,221	\$ -	\$ 1,080	1.14%
No Eligibility Span	-	-	\$ -	\$ -	\$ -	0.00%
Child Health Plan Plus (CHP+)	-	-	\$ -	\$ -	\$ -	0.00%
Non-TXIX	-	-	\$ -	\$ -	\$ -	0.00%
Medicaid Only	6,802	13,571	\$ 7,649,936	\$ -	\$ 200,789	98.86%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	48	51	\$ 787,645	\$ -	\$ -	10.18%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	149	267	875,866	-	1,080	11.32%
FY2023-24 Base Medicaid Data	6,754	13,520	\$ 6,862,291	\$ -	\$ 200,789	88.68%

Note: as an example, the POS - Prosthetics final figures in the above table can be interpreted to mean that 88.68% (accounting for \$6,862,291 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 POS - Orthotics
Appendix A1(6)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	47,675	62,659	\$ 12,237,288	\$ 9,405	\$ 435,147	
Base Data FY2023-24	47,848	64,056	\$ 13,020,814	\$ -	\$ 400,183	

FY2023-24 Eligibility Exclusions						
Dual Eligible	300	331	\$ 48,348	\$ -	\$ 208	0.37%
No Eligibility Span	54	79	\$ 15,260	\$ -	\$ -	0.12%
Child Health Plan Plus (CHP+)	11	11	\$ 2,630	\$ -	\$ -	0.02%
Non-TXIX	15	15	\$ 2,178	\$ -	\$ -	0.02%
Medicaid Only	47,468	63,620	\$ 12,952,398	\$ -	\$ 399,975	99.47%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	53	60	\$ 16,815	\$ -	\$ 362	0.13%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	433	496	85,231	-	570	0.65%
FY2023-24 Base Medicaid Data	47,415	63,560	\$ 12,935,583	\$ -	\$ 399,613	99.35%

Note: as an example, the POS - Orthotics final figures in the above table can be interpreted to mean that 99.35% (accounting for \$12,935,583 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 POS - Enteral Formula
Appendix A1(7)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	79,216	16,659,412	\$ 26,880,462	\$ 3,477	\$ 762,823	
Base Data FY2023-24	80,863	17,666,138	\$ 29,305,440	\$ -	\$ 1,023,323	

FY2023-24 Eligibility Exclusions						
Dual Eligible	284	53,574	\$ 79,004	\$ -	\$ 109	0.27%
No Eligibility Span	58	11,084	\$ 19,386	\$ -	\$ 268	0.07%
Child Health Plan Plus (CHP+)	1	72	\$ 116	\$ -	\$ -	0.00%
Non-TXIX	6	1,050	\$ 1,903	\$ -	\$ -	0.01%
Medicaid Only	80,514	17,600,358	\$ 29,205,032	\$ -	\$ 1,022,947	99.66%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	10,288	599,980	\$ 1,288,724	\$ -	\$ 38,923	4.40%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	10,637	665,760	1,389,132	-	39,300	4.74%
FY2023-24 Base Medicaid Data	70,226	17,000,378	\$ 27,916,308	\$ -	\$ 984,024	95.26%

Note: as an example, the POS - Enteral Formula final figures in the above table can be interpreted to mean that 95.26% (accounting for \$27,916,308 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 POS - Other and Disposable Supplies
Appendix A1(8)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	859,698	57,266,804	\$ 75,315,990	\$ 154,090	\$ 1,068,654	
Base Data FY2023-24	933,891	68,634,603	\$ 90,363,797	\$ -	\$ 1,162,958	

FY2023-24 Eligibility Exclusions						
Dual Eligible	121,426	15,148,201	\$ 12,516,443	\$ -	\$ 5,339	13.85%
No Eligibility Span	1,074	53,330	\$ 95,873	\$ -	\$ 615	0.11%
Child Health Plan Plus (CHP+)	26	1,758	\$ 2,217	\$ -	\$ -	0.00%
Non-TXIX	820	210,104	\$ 88,848	\$ -	\$ -	0.10%
Medicaid Only	810,545	53,221,209	\$ 77,660,415	\$ -	\$ 1,157,004	85.94%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	25,580	184,378	\$ 12,907,225	\$ -	\$ 74,163	14.28%
No Medicaid Rate Found	9,335	1,688,518	\$ 658,303	\$ -	\$ -	0.73%
No Benchmark Rate Found	91,182	21,036,290	\$ 4,682,567	\$ -	\$ 5,235	5.18%
Total Exclusions	249,443	38,322,579	30,951,476	-	85,353	34.25%
FY2023-24 Base Medicaid Data	684,448	30,312,024	\$ 59,412,321	\$ -	\$ 1,077,605	65.75%

Note: as an example, the POS - Other and Disposable Supplies final figures in the above table can be interpreted to mean that 65.75% (accounting for \$59,412,321 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Laboratory and Pathology
Appendix A1(9)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	4,010,457	4,439,458	\$ 149,186,518	\$ 115,917	\$ 366,608	
Base Data FY2023-24	3,738,526	4,190,876	\$ 157,535,551	\$ 1,350	\$ 338,596	

FY2023-24 Eligibility Exclusions						
Dual Eligible	18,845	20,408	\$ 561,130	\$ -	\$ 5,361	0.36%
No Eligibility Span	4,504	4,971	\$ 185,961	\$ -	\$ 1,129	0.12%
Child Health Plan Plus (CHP+)	1,198	1,290	\$ 64,957	\$ 1,330	\$ 928	0.04%
Non-TXIX	21,037	22,201	\$ 604,374	\$ -	\$ 235	0.38%
Medicaid Only	3,692,942	4,142,006	\$ 156,119,130	\$ 20	\$ 330,942	99.10%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	-	-	\$ -	\$ -	\$ -	0.00%
No Medicaid Rate Found	251	251	\$ 9,355	\$ -	\$ -	0.01%
No Benchmark Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	45,835	49,121	1,425,777	1,330	7,654	0.91%
FY2023-24 Base Medicaid Data	3,692,691	4,141,755	\$ 156,109,775	\$ 20	\$ 330,942	99.09%

Note: as an example, the Laboratory and Pathology final figures in the above table can be interpreted to mean that 99.09% (accounting for \$156,109,775 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Outpatient PT/OT/ST - Physical Therapy (PT)
Appendix A1(10)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	736,889	1,132,609	\$ 35,767,720	\$ 1	\$ 677,597	
Base Data FY2023-24	811,996	1,228,650	\$ 40,301,622	\$ -	\$ 679,861	

FY2023-24 Eligibility Exclusions						
Dual Eligible	3,476	4,688	\$ 151,832	\$ -	\$ 802	0.38%
No Eligibility Span	593	868	\$ 28,382	\$ -	\$ 499	0.07%
Child Health Plan Plus (CHP+)	-	-	\$ -	\$ -	\$ -	0.00%
Non-TXIX	98	164	\$ 5,065	\$ -	\$ -	0.01%
Medicaid Only	807,829	1,222,930	\$ 40,116,342	\$ -	\$ 678,559	99.54%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	2	2	\$ 278	\$ -	\$ -	0.00%
Total Exclusions	4,169	5,722	185,557	-	1,301	0.46%
FY2023-24 Base Medicaid Data	807,827	1,222,928	\$ 40,116,065	\$ -	\$ 678,559	99.54%

Note: as an example, the PT final figures in the above table can be interpreted to mean that 99.54% (accounting for \$40,116,065 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Outpatient PT/OT/ST - Occupational Therapy (OT)
Appendix A1(11)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	351,610	874,778	\$ 29,210,625	\$ 95	\$ 901,478	
Base Data FY2023-24	389,448	940,367	\$ 33,731,689	\$ -	\$ 1,003,523	

FY2023-24 Eligibility Exclusions						
Dual Eligible	388	811	\$ 28,931	\$ -	\$ 1,856	0.09%
No Eligibility Span	295	732	\$ 26,316	\$ -	\$ 479	0.08%
Child Health Plan Plus (CHP+)	9	23	\$ 996	\$ -	\$ -	0.00%
Non-TXIX	3	7	\$ 227	\$ -	\$ -	0.00%
Medicaid Only	388,753	938,794	\$ 33,675,219	\$ -	\$ 1,001,187	99.83%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	695	1,573	56,470	-	2,336	0.17%
FY2023-24 Base Medicaid Data	388,753	938,794	\$ 33,675,219	\$ -	\$ 1,001,187	99.83%

Note: as an example, the OT final figures in the above table can be interpreted to mean that 99.83% (accounting for \$33,675,219 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review

Cycle 1 - Year 3

FY2023-24 Outpatient PT/OT/ST - Speech Therapy (ST)

Appendix A1(12)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	346,451	353,317	\$ 24,282,496	\$ 373	\$ 771,244	
Base Data FY2023-24	368,816	376,377	\$ 26,390,487	\$ -	\$ 1,024,768	

FY2023-24 Eligibility Exclusions						
Dual Eligible	397	406	\$ 27,690	\$ -	\$ 3,178	0.10%
No Eligibility Span	221	230	\$ 16,492	\$ -	\$ 280	0.06%
Child Health Plan Plus (CHP+)	13	13	\$ 920	\$ -	\$ -	0.00%
Non-TXIX	1	1	\$ 71	\$ -	\$ -	0.00%
Medicaid Only	368,184	375,727	\$ 26,345,314	\$ -	\$ 1,021,310	99.83%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Medicare Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	632	650	45,173	-	3,458	0.17%
FY2023-24 Base Medicaid Data	368,184	375,727	\$ 26,345,314	\$ -	\$ 1,021,310	99.83%

Note: as an example, the ST final figures in the above table can be interpreted to mean that 99.83% (accounting for \$26,345,314 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Specialty Care Services
Appendix A1(13)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	49	414	\$ 19,110	\$ 4	\$ -	
Base Data FY2023-24	64	1,489	\$ 70,164	\$ -	\$ -	

FY2023-24 Eligibility Exclusions						
Dual Eligible	-	-	\$ -	\$ -	\$ -	0.00%
No Eligibility Span	-	-	\$ -	\$ -	\$ -	0.00%
Child Health Plan Plus (CHP+)	-	-	\$ -	\$ -	\$ -	0.00%
Non-TXIX	12	287	\$ 26,103	\$ -	\$ -	37.20%
Medicaid Only	52	1,202	\$ 44,061	\$ -	\$ -	62.80%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	-	-	\$ -	\$ -	\$ -	0.00%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	12	287	26,103	-	-	37.20%
FY2023-24 Base Medicaid Data	52	1,202	\$ 44,061	\$ -	\$ -	62.80%

Note: as an example, the Specialty Care Services final figures in the above table can be interpreted to mean that 62.80% (accounting for \$44,061 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Early Intervention TCM
Appendix A1(14)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	69,532	238,120	\$ 4,866,992	\$ -	\$ -	
Base Data FY2023-24	62,533	234,999	\$ 4,930,859	\$ -	\$ -	

FY2023-24 Eligibility Exclusions						
Dual Eligible	-	-	\$ -	\$ -	\$ -	0.00%
No Eligibility Span	70	276	\$ 5,963	\$ -	\$ -	0.12%
Child Health Plan Plus (CHP+)	-	-	\$ -	\$ -	\$ -	0.00%
Non-TXIX	11	47	\$ 783	\$ -	\$ -	0.02%
Medicaid Only	62,452	234,676	\$ 4,924,112	\$ -	\$ -	99.86%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	-	-	\$ -	\$ -	\$ -	0.00%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
Total Exclusions	81	323	6,746	-	-	0.14%
FY2023-24 Base Medicaid Data	62,452	234,676	\$ 4,924,112	\$ -	\$ -	99.86%

Note: as an example, the Early Intervention TCM final figures in the above table can be interpreted to mean that 99.86% (accounting for \$4,924,112 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 TCM - Case Management
Appendix A1(15)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	223,257	223,274	\$ 30,592,548	\$ -	\$ -	
Base Data FY2023-24	408,996	409,996	\$ 57,546,108	\$ -	\$ -	

FY2023-24 Eligibility Exclusions						
No Eligibility Span	204	204	\$ 28,580	\$ -	\$ -	0.05%
Child Health Plan Plus (CHP+)	-	-	\$ -	\$ -	\$ -	0.00%
Non-TXIX	9	9	\$ 1,247	\$ -	\$ -	0.00%
Medicaid Only + Dual Eligible	408,783	409,783	\$ 57,516,281	\$ -	\$ -	99.95%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	-	-	\$ -	\$ -	\$ -	0.00%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	79,400	80,403	\$ 7,334,553	\$-	\$-	12.75%
Total Exclusions	79,613	80,616	7,364,380	-	-	12.80%
FY2023-24 Base Medicaid Data	329,383	329,380	\$ 50,181,728	\$ -	\$ -	87.20%

Note: as an example, the TCM - Case Management final figures in the above table can be interpreted to mean that 87.20% (accounting for \$50,181,728 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 TCM - Transition Coordination
Appendix A1(16)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	8,087	148,254	\$ 3,669,750	\$ -	\$ -	
Base Data FY2023-24	9,121	174,740	\$ 4,568,814	\$ -	\$ -	

FY2023-24 Eligibility Exclusions						
No Eligibility Span	4	104	\$ 2,701	\$ -	\$ -	0.06%
Child Health Plan Plus (CHP+)	-	-	\$ -	\$ -	\$ -	0.00%
Non-TXIX	2	66	\$ 1,714	\$ -	\$ -	0.04%
Medicaid Only + Dual Eligible	9,115	174,570	\$ 4,564,399	\$ -	\$ -	99.90%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	-	-	\$ -	\$ -	\$ -	0.00%
No Medicaid Rate Found	-	-	\$ -	\$ -	\$ -	0.00%
No Benchmark Rate Found	-	-	\$ -	\$-	\$-	0.00%
Total Exclusions	6	170	4,415	-	-	0.10%
FY2023-24 Base Medicaid Data	9,115	174,570	\$ 4,564,399	\$ -	\$ -	99.90%

Note: as an example, the TCM - Transition Coordination final figures in the above table can be interpreted to mean that 99.90% (accounting for \$4,564,399 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Vision Services
Appendix A1(17)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	1,504,027	2,282,370	\$ 81,511,223	\$ 112,433	\$ 92,773	
Base Data FY2023-24	1,387,995	2,029,363	\$ 101,220,615	\$ -	\$ 59,278	

FY2023-24 Eligibility Exclusions						
Dual Eligible	1,854	2,133	\$ 182,883	\$ -	\$ 920	0.18%
No Eligibility Span	1,694	2,319	\$ 114,276	\$ -	\$ 449	0.11%
Child Health Plan Plus (CHP+)	348	466	\$ 19,470	\$ -	\$ -	0.02%
Non-TXIX	177	225	\$ 13,593	\$ -	\$ -	0.01%
Medicaid Only	1,383,922	2,024,220	\$ 100,890,393	\$ -	\$ 57,909	99.67%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	656	1,395	\$ 85,380	\$ -	\$ 5	0.08%
Total Exclusions	4,729	6,538	415,602	-	1,374	0.41%
FY2023-24 Base Medicaid Data	1,383,266	2,022,825	\$ 100,805,013	\$ -	\$ 57,904	99.59%

Note: as an example, the Vision Services final figures in the above table can be interpreted to mean that 99.59% (accounting for \$100,805,013 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Allergy and Immunology
Appendix A1(18)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	76,117	656,500	\$ 2,543,153	\$ -	\$ 11,378	
Base Data FY2023-24	72,670	602,194	\$ 4,415,821	\$ -	\$ 38,928	

FY2023-24 Eligibility Exclusions						
Dual Eligible	188	1,160	\$ 9,484	\$ -	\$ -	0.21%
No Eligibility Span	110	799	\$ 5,157	\$ -	\$ 11	0.12%
Child Health Plan Plus (CHP+)	14	65	\$ 319	\$ -	\$ -	0.01%
Non-TXIX	10	10	\$ 127	\$ -	\$ -	0.00%
Medicaid Only	72,348	600,160	\$ 4,400,735	\$ -	\$ 38,917	99.66%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found						0.00%
Total Exclusions	322	2,034	15,087	-	11	0.34%
FY2023-24 Base Medicaid Data	72,348	600,160	\$ 4,400,735	\$ -	\$ 38,917	99.66%

Note: as an example, the Allergy and Immunology final figures in the above table can be interpreted to mean that 99.66% (accounting for \$4,400,735 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Cardiology
Appendix A1(19)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	290,998	297,563	\$ 8,319,972	\$ 30	\$ 28,328	
Base Data FY2023-24	271,255	277,619	\$ 7,588,471	\$ -	\$ 13,154	

FY2023-24 Eligibility Exclusions						
Dual Eligible	1,867	1,924	\$ 55,271	\$ -	\$ 372	0.73%
No Eligibility Span	404	419	\$ 9,738	\$ -	\$ 25	0.13%
Child Health Plan Plus (CHP+)	74	74	\$ 1,504	\$ -	\$ -	0.02%
Non-TXIX	9,090	9,489	\$ 209,112	\$ -	\$ -	2.76%
Medicaid Only	259,820	265,713	\$ 7,312,845	\$ -	\$ 12,757	96.37%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	11,435	11,906	275,626	-	397	3.63%
FY2023-24 Base Medicaid Data	259,820	265,713	\$ 7,312,845	\$ -	\$ 12,757	96.37%

Note: as an example, the Cardiology final figures in the above table can be interpreted to mean that 96.37% (accounting for \$7,312,845 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Dermatology
Appendix A1(20)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	16,138	16,777	\$ 617,030	\$ -	\$ 659	
Base Data FY2023-24	13,669	14,237	\$ 589,805	\$ -	\$ 1,054	

FY2023-24 Eligibility Exclusions						
Dual Eligible	79	79	\$ 3,539	\$ -	\$ 30	0.60%
No Eligibility Span	18	23	\$ 984	\$ -	\$ -	0.17%
Child Health Plan Plus (CHP+)	5	5	\$ 299	\$ -	\$ -	0.05%
Non-TXIX	74	74	\$ 2,274	\$ -	\$ -	0.39%
Medicaid Only	13,493	14,056	\$ 582,709	\$ -	\$ 1,024	98.80%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	176	181	7,096	-	30	1.20%
FY2023-24 Base Medicaid Data	13,493	14,056	\$ 582,709	\$ -	\$ 1,024	98.80%

Note: as an example, the Dermatology final figures in the above table can be interpreted to mean that 98.80% (accounting for \$582,709 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Ear, Nose, and Throat (ENT)
Appendix A1(21)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	92,370	92,408	\$ 3,000,508	\$ 174	\$ 122,153	
Base Data FY2023-24	80,480	80,502	\$ 2,460,215	\$ -	\$ 40,261	

FY2023-24 Eligibility Exclusions						
Dual Eligible	153	153	\$ 4,072	\$ -	\$ -	0.17%
No Eligibility Span	105	105	\$ 2,778	\$ -	\$ -	0.11%
Child Health Plan Plus (CHP+)	61	61	\$ 1,570	\$ -	\$ -	0.06%
Non-TXIX	12	12	\$ 395	\$ -	\$ -	0.02%
Medicaid Only	80,149	80,171	\$ 2,451,400	\$ -	\$ 40,261	99.64%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	85	85	\$ 2,365	\$ -	\$ -	0.10%
Total Exclusions	416	416	11,180	-	-	0.45%
FY2023-24 Base Medicaid Data	80,064	80,086	\$ 2,449,035	\$ -	\$ 40,261	99.55%

Note: as an example, the ENT final figures in the above table can be interpreted to mean that 99.55% (accounting for \$2,449,035 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - ED and Hospital E&M
Appendix A1(22)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	1,679,635	1,693,309	\$ 171,547,959	\$ 701	\$ 267,557	
Base Data FY2023-24	1,611,065	1,632,813	\$ 177,579,654	\$ 209	\$ 301,823	

FY2023-24 Eligibility Exclusions						
Dual Eligible	9,550	9,657	\$ 951,903	\$ -	\$ 788	0.54%
No Eligibility Span	2,355	2,408	\$ 273,703	\$ -	\$ 358	0.15%
Child Health Plan Plus (CHP+)	1,656	1,672	\$ 196,441	\$ 209	\$ 80	0.11%
Non-TXIX	64,605	65,369	\$ 6,838,720	\$ -	\$ 19,496	3.85%
Medicaid Only	1,532,899	1,553,708	\$ 169,318,887	\$ -	\$ 281,102	95.35%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	1	1	\$ 68	\$ -	\$ -	0.00%
Total Exclusions	78,167	79,107	8,260,836	209	20,722	4.65%
FY2023-24 Base Medicaid Data	1,532,898	1,553,707	\$ 169,318,818	\$ -	\$ 281,102	95.35%

Note: as an example, the ED and Hospital E&M final figures in the above table can be interpreted to mean that 95.35% (accounting for \$169,318,818 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Family Planning
Appendix A1(23)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	79,845	107,122	\$ 9,493,772	\$ 2,653	\$ 87,382	
Base Data FY2023-24	65,264	88,544	\$ 8,050,876	\$ -	\$ 57,268	

FY2023-24 Eligibility Exclusions						
Dual Eligible	30	37	\$ 4,294	\$ -	\$ -	0.05%
No Eligibility Span	96	138	\$ 11,568	\$ -	\$ 312	0.14%
Child Health Plan Plus (CHP+)	2	2	\$ 273	\$ -	\$ -	0.00%
Non-TXIX	3,363	4,465	\$ 408,627	\$ -	\$ 4,231	5.08%
Medicaid Only	61,773	83,902	\$ 7,626,113	\$ -	\$ 52,726	94.72%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	3,491	4,642	424,763	-	4,543	5.28%
FY2023-24 Base Medicaid Data	61,773	83,902	\$ 7,626,113	\$ -	\$ 52,726	94.72%

Note: as an example, the Family Planning final figures in the above table can be interpreted to mean that 94.72% (accounting for \$7,626,113 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Gastroenterology
Appendix A1(24)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	2,779	2,779	\$ 200,228	\$ -	\$ 660	
Base Data FY2023-24	2,241	2,241	\$ 204,729	\$ -	\$ 1,521	

FY2023-24 Eligibility Exclusions						
Dual Eligible	16	16	\$ 714	\$ -	\$ -	0.35%
No Eligibility Span	6	6	\$ 439	\$ -	\$ 26	0.21%
Child Health Plan Plus (CHP+)				\$ -	\$ -	0.00%
Non-TXIX	7	7	\$ 1,017	\$ -	\$ -	0.50%
Medicaid Only	2,212	2,212	\$ 202,559	\$ -	\$ 1,495	98.94%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	24	24	\$ 4,737	\$ -	\$ -	2.31%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	53	53	6,907	-	26	3.37%
FY2023-24 Base Medicaid Data	2,188	2,188	\$ 197,823	\$ -	\$ 1,495	96.63%

Note: as an example, the Gastroenterology final figures in the above table can be interpreted to mean that 96.63% (accounting for \$197,823 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Gynecology
Appendix A1(25)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	1,719	1,718	\$ 849,828	\$ -	\$ 4,602	
Base Data FY2023-24	1,366	1,366	\$ 813,082	\$ -	\$ 1,855	

FY2023-24 Eligibility Exclusions						
Dual Eligible	2	2	\$ 817	\$ -	\$ -	0.10%
No Eligibility Span	2	2	\$ 957	\$ -	\$ -	0.12%
Child Health Plan Plus (CHP+)				\$ -	\$ -	0.00%
Non-TXIX	10	10	\$ 5,470	\$ -	\$ -	0.67%
Medicaid Only	1,352	1,352	\$ 805,837	\$ -	\$ 1,855	99.11%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	2	2	\$ 640	\$ -	\$ -	0.08%
Total Exclusions	16	16	7,884	-	-	0.97%
FY2023-24 Base Medicaid Data	1,350	1,350	\$ 805,198	\$ -	\$ 1,855	99.03%

Note: as an example, the Gynecology final figures in the above table can be interpreted to mean that 99.03% (accounting for \$805,198 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Health Education
Appendix A1(26)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	3,676	4,551	\$ 131,837	\$ -	\$ 2,477	
Base Data FY2023-24	6,416	7,091	\$ 235,698	\$ -	\$ 1,210	

FY2023-24 Eligibility Exclusions						
Dual Eligible	47	62	\$ 3,588	\$ -	\$ 56	1.52%
No Eligibility Span	6	6	\$ 173	\$ -	\$ -	0.07%
Child Health Plan Plus (CHP+)				\$ -	\$ -	0.00%
Non-TXIX	19	19	\$ 910	\$ -	\$ -	0.39%
Medicaid Only	6,344	7,004	\$ 231,026	\$ -	\$ 1,154	98.02%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	950	950	\$ 46,664	\$ -	\$ -	19.80%
Total Exclusions	1,022	1,037	51,335	-	56	21.78%
FY2023-24 Base Medicaid Data	5,394	6,054	\$ 184,363	\$ -	\$ 1,154	78.22%

Note: as an example, the HEALTH EDUCATION final figures in the above table can be interpreted to mean that 78.22% (accounting for \$184,363 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review

Cycle 1 - Year 3

FY2023-24 Physician Services - Medication Injections & Infusions

Appendix A1(27)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	29,796	59,860	\$ 3,474,857	\$ 115	\$ 21,160	
Base Data FY2023-24	26,073	61,387	\$ 2,904,308	\$ -	\$ 15,112	

FY2023-24 Eligibility Exclusions						
Dual Eligible	303	7,304	\$ 35,568	\$ -	\$ 2,691	1.22%
No Eligibility Span	8	177	\$ 1,087	\$ -	\$ 39	0.04%
Child Health Plan Plus (CHP+)				\$ -	\$ -	0.00%
Non-TXIX	45	59	\$ 6,132	\$ -	\$ -	0.21%
Medicaid Only	25,717	53,847	\$ 2,861,522	\$ -	\$ 12,382	98.53%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	33	7,741	\$ 11,363	\$ -	\$ -	0.39%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	389	15,281	54,150	-	2,730	1.86%
FY2023-24 Base Medicaid Data	25,684	46,106	\$ 2,850,159	\$ -	\$ 12,382	98.14%

Note: as an example, the Medication Injections & Infusions final figures in the above table can be interpreted to mean that 98.14% (accounting for \$2,850,159 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Neuro/Psychological Testing Services
Appendix A1(28)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	365,839	465,592	\$ 16,086,815	\$ 3,944	\$ 184,796	
Base Data FY2023-24	363,609	488,520	\$ 15,397,373	\$ -	\$ 118,919	

FY2023-24 Eligibility Exclusions						
Dual Eligible	745	1,058	\$ 32,136	\$ -	\$ 192	0.21%
No Eligibility Span	367	458	\$ 12,917	\$ -	\$ 89	0.08%
Child Health Plan Plus (CHP+)	183	246	\$ 6,666	\$ -	\$ -	0.04%
Non-TXIX	329	343	\$ 6,513	\$ -	\$ 5	0.04%
Medicaid Only	361,985	486,415	\$ 15,339,141	\$ -	\$ 118,633	99.62%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	151,946	163,488	\$ 2,111,591	\$ -	\$ 455	13.71%
Total Exclusions	153,570	165,593	2,169,823	-	741	14.09%
FY2023-24 Base Medicaid Data	210,039	322,927	\$ 13,227,550	\$ -	\$ 118,178	85.91%

Note: as an example, the Neuro/Psychological Testing Services final figures in the above table can be interpreted to mean that 85.91% (accounting for \$13,227,550 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Neurology
Appendix A1(29)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	31,565	34,595	\$ 4,953,484	\$ 35	\$ 29,639	
Base Data FY2023-24	32,218	34,884	\$ 5,110,193	\$ 10	\$ 25,155	

FY2023-24 Eligibility Exclusions						
Dual Eligible	312	339	\$ 36,069	\$ -	\$ 598	0.71%
No Eligibility Span	55	56	\$ 9,493	\$ -	\$ 409	0.19%
Child Health Plan Plus (CHP+)	17	17	\$ 3,674	\$ 10	\$ -	0.07%
Non-TXIX	236	239	\$ 41,804	\$ -	\$ -	0.82%
Medicaid Only	31,598	34,233	\$ 5,019,153	\$ -	\$ 24,148	98.22%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	620	651	91,040	10	1,007	1.78%
FY2023-24 Base Medicaid Data	31,598	34,233	\$ 5,019,153	\$ -	\$ 24,148	98.22%

Note: as an example, the Neurology final figures in the above table can be interpreted to mean that 98.22% (accounting for \$5,019,153 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Primary Care E&M
Appendix A1(30)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	3,263,183	3,295,974	\$ 303,752,722	\$ 1,552,402	\$ 3,185,910	
Base Data FY2023-24	2,950,988	2,990,357	\$ 282,213,842	\$ 79	\$ 3,169,971	

FY2023-24 Eligibility Exclusions						
Dual Eligible	21,965	24,113	\$ 1,662,415	\$ -	\$ 438,702	0.59%
No Eligibility Span	3,562	3,577	\$ 327,782	\$ -	\$ 11,890	0.12%
Child Health Plan Plus (CHP+)	1,446	1,446	\$ 143,852	\$ 77	\$ 2,427	0.05%
Non-TXIX	3,168	3,214	\$ 310,222	\$ -	\$ 802	0.11%
Medicaid Only	2,920,847	2,958,007	\$ 279,769,570	\$ 2	\$ 2,716,150	99.13%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	201	201	\$ 3,123	\$ -	\$ 5	0.00%
Total Exclusions	30,342	32,551	2,447,395	77	453,826	0.87%
FY2023-24 Base Medicaid Data	2,920,646	2,957,806	\$ 279,766,447	\$ 2	\$ 2,716,144	99.13%

Note: as an example, the PrimaryCare E&M final figures in the above table can be interpreted to mean that 99.13% (accounting for \$279,766,447 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Radiology
Appendix A1(31)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	1,470,858	1,481,758	\$ 75,113,459	\$ 189,621	\$ 404,019	
Base Data FY2023-24	1,350,890	1,361,745	\$ 68,421,911	\$ 60	\$ 227,003	

FY2023-24 Eligibility Exclusions						
Dual Eligible	8,420	8,487	\$ 422,518	\$ -	\$ 32,285	0.62%
No Eligibility Span	1,964	2,001	\$ 80,230	\$ -	\$ 1,247	0.12%
Child Health Plan Plus (CHP+)	710	713	\$ 25,880	\$ 60	\$ 18	0.04%
Non-TXIX	35,421	35,673	\$ 1,354,482	\$ -	\$ 543	1.98%
Medicaid Only	1,304,375	1,314,871	\$ 66,538,801	\$ -	\$ 192,910	97.25%
FY2023-24 Pricing Exclusions						
Code is Manually Priced	15	15	\$ 1,076	\$ -	\$ -	0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found	1	1	\$ 83	\$ -	\$ -	0.00%
Total Exclusions	46,531	46,890	1,884,268	60	34,093	2.75%
FY2023-24 Base Medicaid Data	1,304,359	1,314,855	\$ 66,537,643	\$ -	\$ 192,910	97.25%

Note: as an example, the Radiology final figures in the above table can be interpreted to mean that 97.25% (accounting for \$66,537,643 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Respiratory
Appendix A1(32)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	101,880	102,218	\$ 1,307,735	\$ 39	\$ 4,675	
Base Data FY2023-24	87,187	87,451	\$ 1,128,308	\$ -	\$ 3,798	

FY2023-24 Eligibility Exclusions						
Dual Eligible	254	254	\$ 5,352	\$ -	\$ 59	0.47%
No Eligibility Span	93	96	\$ 1,383	\$ -	\$ 44	0.12%
Child Health Plan Plus (CHP+)	62	62	\$ 474	\$ -	\$ -	0.04%
Non-TXIX	33	33	\$ 398	\$ -	\$ -	0.04%
Medicaid Only	86,745	87,006	\$ 1,120,702	\$ -	\$ 3,694	99.33%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	442	445	7,607	-	104	0.67%
FY2023-24 Base Medicaid Data	86,745	87,006	\$ 1,120,702	\$ -	\$ 3,694	99.33%

Note: as an example, the Respiratory final figures in the above table can be interpreted to mean that 99.33% (accounting for \$1,120,702 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Sleep Study
Appendix A1(33)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	16,246	16,250	\$ 3,547,138	\$ -	\$ 19,940	
Base Data FY2023-24	15,742	15,742	\$ 3,487,388	\$ -	\$ 13,638	

FY2023-24 Eligibility Exclusions						
Dual Eligible	78	78	\$ 15,286	\$ -	\$ -	0.44%
No Eligibility Span	21	21	\$ 3,978	\$ -	\$ 50	0.11%
Child Health Plan Plus (CHP+)				\$ -	\$ -	0.00%
Non-TXIX	6	6	\$ 890	\$ -	\$ -	0.03%
Medicaid Only	15,637	15,637	\$ 3,467,235	\$ -	\$ 13,588	99.42%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	105	105	20,154	-	50	0.58%
FY2023-24 Base Medicaid Data	15,637	15,637	\$ 3,467,235	\$ -	\$ 13,588	99.42%

Note: as an example, the Sleep Study final figures in the above table can be interpreted to mean that 99.42% (accounting for \$3,467,235 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in" the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Vaccines and Immunizations
Appendix A1(34)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	512,597	701,590	\$ 18,947,144	\$ 3,888	\$ 95,364	
Base Data FY2023-24	525,181	689,869	\$ 24,068,757	\$ -	\$ 111,049	

FY2023-24 Eligibility Exclusions						
Dual Eligible	2,150	2,277	\$ 129,007	\$ -	\$ 958	0.54%
No Eligibility Span	807	990	\$ 35,344	\$ -	\$ 172	0.15%
Child Health Plan Plus (CHP+)	430	758	\$ 22,650	\$ -	\$ 50	0.09%
Non-TXIX	981	1,018	\$ 56,100	\$ -	\$ -	0.23%
Medicaid Only	520,813	684,826	\$ 23,825,656	\$ -	\$ 109,869	98.99%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found	2	5	\$ 86	\$ -	\$ -	0.00%
No Benchmark Rate Found	14	14	\$ 263	\$ -	\$ 14	0.00%
Total Exclusions	4,384	5,062	243,450	-	1,194	1.01%
FY2023-24 Base Medicaid Data	520,797	684,807	\$ 23,825,306	\$ -	\$ 109,855	98.99%

Note: as an example, the Vaccines and Immunizations final figures in the above table can be interpreted to mean that 98.99% (accounting for \$23,825,306 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2023-24 Physician Services - Vascular
Appendix A1(35)

	Record Count	Utilization	Paid	Copayments	TPL	% of FY2023-24 Paid
Base Data FY2022-23	60,769	60,808	\$ 5,440,909	\$ -	\$ 50,070	
Base Data FY2023-24	55,755	55,828	\$ 3,618,638	\$ -	\$ 29,240	

FY2023-24 Eligibility Exclusions						
Dual Eligible	447	448	\$ 34,281	\$ -	\$ 3,922	0.95%
No Eligibility Span	91	91	\$ 5,275	\$ -	\$ -	0.15%
Child Health Plan Plus (CHP+)	15	15	\$ 662	\$ -	\$ -	0.02%
Non-TXIX	1,885	1,886	\$ 72,576	\$ -	\$ 124	2.01%
Medicaid Only	53,317	53,388	\$ 3,505,844	\$ -	\$ 25,193	96.88%
FY2023-24 Pricing Exclusions						
Code is Manually Priced				\$ -		0.00%
No Medicaid Rate Found				\$ -		0.00%
No Benchmark Rate Found				\$ -	\$ -	0.00%
Total Exclusions	2,438	2,440	112,793	-	4,047	3.12%
FY2023-24 Base Medicaid Data	53,317	53,388	\$ 3,505,844	\$ -	\$ 25,193	96.88%

Note: as an example, the Vascular final figures in the above table can be interpreted to mean that 96.88% (accounting for \$3,505,844 in unadjusted paid dollars) of the FY 2023-24 data provided by the Department was appropriate for use in the payment rate comparison analysis.



Appendix A2 - Benchmark Ratio by Code

1. All codes in this appendix are under review by the 2025 Medicaid Provider Rate Review Advisory Committee (MPRRAC). Laboratory and Pathology, Outpatient PT/OT/ST (Physical Therapy, Occupational Therapy, and Speech Therapy), Physician Services (Cardiology, EEG Ambulatory Monitoring, ENT, Family Planning, Gastroenterology, Health Education, Injections and Other Miscellaneous J-Codes, Neuro/Psychological Testing Services, Ophthalmology, Primary Care E&M, Radiology, Respiratory, Sleep Study, Vaccines and Immunizations, Vascular, Women's Health, Other), and Early Intervention TCM, Targeted Case Management (Case Management and Transition Coordination). * "Current CO Rate (July 2024)" (column F): This was the most recent published rate when the analysis was conducted (July 2024 fee schedule) and could differ from the January 1, 2025 rates, as the January 1, 2025 fee schedule was published after the review. * "Note" (column J): Any information specific to certain codes is added here.
3. Tab "Dialysis Facility Services" includes Dialysis and Dialysis-related Services (Facility). * "Current CO Rate (July 2024)" (column E): This was the most recent published rate when the analysis was conducted (July 2024 fee schedule). * "Note" (column I): Any information specific to certain codes would be added here.
4. Tab "DME & POS" includes Durable Medical Equipment (DME) and Prosthetics, Orthotics, and Disposable Supplies (POS). * "Current CO Rate (July 2024)" (column H): This was the most recent published rate when the analysis was conducted (July 2024 fee schedule). * "Note" (column L): Any information specific to certain codes would be added here.
5. Tab "Specialty Care Services" includes Specialty Care Services, i.e., Skin Substitutes and E-Consult Codes. * "Current CO Rate (July 2024)" (column F): This was the most recent published rate when the analysis was conducted (July 2024 fee schedule). and could differ from the January 1, 2025 rates, as the January 1, 2025 fee schedule was published after the review. * "Note" (column J): Any information specific to certain codes would be added here.
6. Tab "DIDD" includes Dental IDD Services. * "Current CO Rate (July 2024)" (column E): This was the most recent published rate when the analysis was conducted (July 2024 fee schedule). and could differ from the January 1, 2025 rates, as the January 1, 2025 fee schedule was published after the review. * "Note" (column L): Any information specific to certain codes would be added here.

Service Category	Service Subcategory	Procedure Code	Procedure Code Description	Modifier Combined	Current CO Rate (July 2024)	Benchmark Ratio	Note
Targeted Case Management (TCM)	Transition Coordination	T1017	TARGETED CASE MANAGEMENT	UB	\$27.29	122.54%	1) Use MN, MO and SD as benchmark states; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living
Targeted Case Management (TCM)	Case Management	T2023	TCM Monthly	HI	\$156.72	91.48%	1) Use LA, MA, ME and MT as benchmark states; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living. 3) The MPRRAC requested the benchmark ratio be based on the July 1, 2025 rate.
Targeted Case Management (TCM)	Case Management	T2024	TCM Monitoring In-Person	HI	\$104.70	N/A	no valid benchmark
Targeted Case Management (TCM)	Case Management	T2024	TCM Monitoring Telehealth	HIGT	\$87.45	N/A	no valid benchmark
Targeted Case Management (TCM)	Case Management	A0170	TCM Rural Add-On	HI	\$37.45	N/A	no valid benchmark

Service Category	Service Subcategory	Rate Type Code	Rate Type Code Description	Current CO Rate (July 2024)	Benchmark Ratio		Note
Dialysis and Dialysis-related Services	Facility	D02	Boulder, CO	\$249.62	90.46%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D72	Boulder, CO - In-Home CCPD and CAPD	\$92.92	78.44%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D05	Colorado Springs, CO	\$207.07	77.49%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D75	Colorado Springs, CO - In-Home CCPD and CAPD	\$88.75	77.80%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D01	Denver, Aurora, Lakewood	\$223.21	81.47%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D71	Denver, Aurora, Lakewood - In-Home CCPD and CAPD	\$95.67	81.74%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D03	Fort Collins, CO	\$244.02	89.64%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D73	Fort Collins, CO - In-Home CCPD and CAPD	\$95.36	82.29%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D06	Grand Junction, CO	\$214.42	86.06%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D04	Greeley, CO	\$224.19	84.78%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D74	Greeley, CO - In-Home CCPD and CAPD	\$90.52	79.95%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D08	Pueblo, CO	\$194.50	77.24%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D78	Pueblo, CO - In-Home CCPD and CAPD	\$83.37	77.28%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D09	Rural Colorado	\$215.28	76.28%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D79	Rural Colorado - In-Home CCPD and CAPD	\$92.26	75.83%		Compared to Medicare
Dialysis and Dialysis-related Services	Facility	D76	Grand Junction, CO - In-Home CCPD and CAPD	\$91.90	86.16%		1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Service Category	Service Subcategory	Rate Type Code	Rate Type Code Description	Procedure Code	Procedure Code Description	Modifier Combined	Current CO Rate (July 2024)	Benchmark Ratio	Note
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4556	ELECTRODES, PAIR		\$12.13	71.44%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4557	LEAD WIRES, PAIR		\$14.03	119.16%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	A4557	LEAD WIRES, PAIR		\$15.76	73.03%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4601	LITH ION NON PROSTH RECHARGE		\$0.71	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4602	REPLACE LITHIUM BATTERY 1.5V		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4611	HEAVY DUTY BATTERY		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4612	BATTERY CABLES		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4613	BATTERY CHARGER		\$134.61	110.95%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4627	SPACER BAG/RESERVOIR		\$39.26	148.25%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4635	UNDERARM CRUTCH PAD		\$5.03	70.45%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4636	HANDGRIP FOR CANE ETC		\$4.37	113.21%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4637	REPL TIP CANE/CRUTCH/WALKER	NU	\$1.93	90.19%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4640	ALTERNATING PRESSURE PAD		\$60.63	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4660	SPHYG/BP APP W CUFF AND STET		\$43.90	89.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4663	DIALYSIS BLOOD PRESSURE CUFF		\$23.03	108.76%	1) Use OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4670	AUTOMATIC BP MONITOR, DIAL		\$77.64	104.81%	1) Use NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A7007	LG VOL NEBULIZER DISPOSABLE	NU	\$3.44	84.35%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	A7007	LG VOL NEBULIZER DISPOSABLE	NU	\$4.49	86.02%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A7009	NEBULIZER RESERVOIR BOTTLE		\$50.77	87.72%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A7017	NEBULIZER NOT USED W OXYGEN		\$124.56	84.25%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9270	NON-COVERED ITEM OR SERVICE		\$377.57	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9277	EXTERNAL TRANSMITTER, CGM		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A9278	EXTERNAL RECEIVER, CGM SYS		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9280	ALERT DEVICE, NOC	KR	\$41.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9280	ALERT DEVICE, NOC	RR	\$41.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9281	REACHING/GRABBING DEVICE		\$20.35	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9900	SUPPLY/ACCESSORY/SERVICE		\$17.89	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A9901	DELIVERY/SET UP/DISPENSING		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9999	DME SUPPLY OR ACCESSORY, NOS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9002	ENTER NUTR INF PUMP ANY TYPE		\$1,270.72	158.64%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9002	ENTER NUTR INF PUMP ANY TYPE	RR	\$80.67	101.75%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9004	PARENTERAL INFUS PUMP PORTAB	RR	\$263.60	45.49%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9006	PARENTERAL INFUS PUMP STATIO	RR	\$152.87	26.38%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9998	ENTERAL SUPP NOT OTHERWISE C		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9998	ENTERAL SUPP NOT OTHERWISE C	U1	\$13.35	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0100	CANE ADJUST/FIXED WITH TIP	NU	\$25.47	86.47%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0105	CANE ADJUST/FIXED QUAD/3 PRO	NU	\$57.45	86.41%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0105	CANE ADJUST/FIXED QUAD/3 PRO	UE	\$46.20	87.35%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0110	CRUTCH FOREARM PAIR	NU	\$79.69	86.48%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0111	CRUTCH FOREARM EACH	NU	\$62.20	85.90%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0112	CRUTCH UNDERARM PAIR WOOD	NU	\$44.29	86.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0113	CRUTCH UNDERARM EACH WOOD	RR	\$6.27	87.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0113	CRUTCH UNDERARM EACH WOOD	UE	\$16.81	87.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0113	CRUTCH UNDERARM EACH WOOD	NU	\$22.15	86.49%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0114	CRUTCH UNDERARM PAIR NO WOOD	NU	\$57.02	86.40%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0114	CRUTCH UNDERARM PAIR NO WOOD	RR	\$10.35	86.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0114	CRUTCH UNDERARM PAIR NO WOOD	UE	\$43.11	86.48%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0116	CRUTCH UNDERARM EACH NO WOOD	NU	\$28.50	86.49%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0117	UNDERARM SPRINGASSIST CRUTCH		\$216.31	104.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0118	CRUTCH SUBSTITUTE		N/A	N/A	Code closed 6/30/24
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0118	CRUTCH SUBSTITUTE	RR	\$67.95	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0130	WALKER RIGID ADJUST/FIXED HT	NU	\$47.76	85.32%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0130	WALKER RIGID ADJUST/FIXED HT	RR	\$4.79	36.45%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0135	WALKER FOLDING ADJUST/FIXED	NU	\$47.76	85.32%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0135	WALKER FOLDING ADJUST/FIXED	NU	\$65.86	86.01%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0135	WALKER FOLDING ADJUST/FIXED	RR	\$6.84	122.14%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0135	WALKER FOLDING ADJUST/FIXED	RR	\$11.56	86.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0140	WALKER W TRUNK SUPPORT	NU	\$348.06	107.81%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0141	RIGID WHEELED WALKER ADJ/FIX	NU	\$55.83	99.73%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0143	WALKER FOLDING WHEELED W/O S	NU	\$56.92	101.69%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0143	WALKER FOLDING WHEELED W/O S	NU	\$89.52	86.12%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0143	WALKER FOLDING WHEELED W/O S	RR	\$7.81	139.46%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0143	WALKER FOLDING WHEELED W/O S	RR	\$13.93	86.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0144	ENCLOSED WALKER W REAR SEAT	NU	\$286.40	96.02%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0147	WALKER VARIABLE WHEEL RESIST	NU	\$423.22	85.30%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0148	HEAVYDUTY WALKER NO WHEELS	NU	\$85.40	85.30%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0148	HEAVYDUTY WALKER NO WHEELS	NU	\$113.07	86.00%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0149	HEAVY DUTY WHEELED WALKER	RR	\$12.44	89.75%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0149	HEAVY DUTY WHEELED WALKER	RR	\$18.27	86.02%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0149	HEAVY DUTY WHEELED WALKER	NU	\$118.62	83.74%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0149	HEAVY DUTY WHEELED WALKER	NU	\$183.75	112.59%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0152	WALKER, BATTERY POWER WHEELS		\$1,252.11	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0153	FOREARM CRUTCH PLATFORM ATTA	NU	\$64.27	76.91%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0154	WALKER PLATFORM ATTACHMENT	NU	\$59.11	101.87%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0154	WALKER PLATFORM ATTACHMENT	NU	\$62.65	85.51%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0155	WALKER WHEEL ATTACHMENT,PAIR	NU	\$27.14	103.08%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0155	WALKER WHEEL ATTACHMENT,PAIR	NU	\$28.01	86.00%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0156	WALKER SEAT ATTACHMENT	NU	\$19.62	104.26%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0156	WALKER SEAT ATTACHMENT	NU	\$20.62	85.95%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0157	WALKER CRUTCH ATTACHMENT		\$76.68	119.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0158	WALKER LEG EXTENDERS SET OF4	NU	\$25.53	94.94%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0158	WALKER LEG EXTENDERS SET OF4	NU	\$27.06	84.69%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0159	BRAKE FOR WHEELED WALKER	NU	\$15.89	90.44%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0160	SITZ TYPE BATH OR EQUIPMENT	RR	\$2.96	85.55%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0160	SITZ TYPE BATH OR EQUIPMENT	UE	\$22.23	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0160	SITZ TYPE BATH OR EQUIPMENT	NU	\$29.64	85.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0160	SITZ TYPE BATH OR EQUIPMENT	RR	\$2.96	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0160	SITZ TYPE BATH OR EQUIPMENT	UE	\$22.23	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0160	SITZ TYPE BATH OR EQUIPMENT	NU	\$29.64	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0163	COMMODE CHAIR WITH FIXED ARM	NU	\$62.82	95.54%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0163	COMMODE CHAIR WITH FIXED ARM	NU	\$93.96	86.11%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0163	COMMODE CHAIR WITH FIXED ARM	RR	\$9.82	149.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0163	COMMODE CHAIR WITH FIXED ARM	RR	\$17.75	86.29%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0165	COMMODE CHAIR WITH DETACHARM	RR	\$13.26	79.44%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0165	COMMODE CHAIR WITH DETACHARM	NU	\$133.11	76.75%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0165	COMMODE CHAIR WITH DETACHARM	NU	\$182.59	95.64%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0167	COMMODE CHAIR PAIL OR PAN	RR	\$1.05	85.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0167	COMMODE CHAIR PAIL OR PAN	UE	\$7.85	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0167	COMMODE CHAIR PAIL OR PAN	RR	\$1.38	86.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0167	COMMODE CHAIR PAIL OR PAN	UE	\$9.27	86.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0167	COMMODE CHAIR PAIL OR PAN	NU	\$10.43	85.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0167	COMMODE CHAIR PAIL OR PAN	NU	\$12.31	86.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0168	HEAVYDUTY/WIDE COMMODE CHAIR	NU	\$128.28	85.30%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0168	HEAVYDUTY/WIDE COMMODE CHAIR	NU	\$157.59	85.99%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0170	COMMODE CHAIR ELECTRIC	RR	\$165.40	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0170	COMMODE CHAIR ELECTRIC	RR	\$190.30	86.17%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0170	COMMODE CHAIR ELECTRIC	NU	\$1,654.06	97.06%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0170	COMMODE CHAIR ELECTRIC	NU	\$1,903.05	107.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0171	COMMODE CHAIR NON-ELECTRIC	RR	\$31.80	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0171	COMMODE CHAIR NON-ELECTRIC	RR	\$34.96	86.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0171	COMMODE CHAIR NON-ELECTRIC	NU	\$318.02	101.90%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0171	COMMODE CHAIR NON-ELECTRIC	NU	\$349.53	109.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0172	SEAT LIFT MECHANISM TOILET		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0175	COMMODE CHAIR FOOT REST	NU	\$72.87	78.74%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0181	PRESS PAD ALTERNATING W/ PUM	RR	\$17.30	85.60%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0181	PRESS PAD ALTERNATING W/ PUM	NU	\$173.03	70.83%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0181	PRESS PAD ALTERNATING W/ PUM	NU	\$246.99	99.44%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0182	REPLACE PUMP, ALT PRESS PAD	RR	\$27.70	112.10%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0182	REPLACE PUMP, ALT PRESS PAD	NU	\$173.64	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0184	DRY PRESSURE MATTRESS	NU	\$175.48	84.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0184	DRY PRESSURE MATTRESS	NU	\$191.27	85.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0184	DRY PRESSURE MATTRESS	RR	\$17.54	82.56%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0185	GEL PRESSURE MATTRESS PAD	NU	\$186.99	96.51%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0185	GEL PRESSURE MATTRESS PAD	NU	\$289.40	86.09%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0185	GEL PRESSURE MATTRESS PAD	RR	\$20.29	104.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0186	AIR PRESSURE MATTRESS	NU	\$229.56	115.34%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0187	WATER PRESSURE MATTRESS	RR	\$13.73	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0187	WATER PRESSURE MATTRESS	NU	\$294.54	127.02%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0188	SYNTHETIC SHEEPSKIN PAD	NU	\$24.70	85.26%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0188	SYNTHETIC SHEEPSKIN PAD	NU	\$27.15	86.49%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0189	LAMBSWOOL SHEEPSKIN PAD	RR	\$5.16	85.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0189	LAMBSWOOL SHEEPSKIN PAD	UE	\$38.68	85.59%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0189	LAMBSWOOL SHEEPSKIN PAD	RR	\$5.72	86.14%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0189	LAMBSWOOL SHEEPSKIN PAD	UE	\$40.43	87.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0189	LAMBSWOOL SHEEPSKIN PAD	NU	\$51.39	85.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0189	LAMBSWOOL SHEEPSKIN PAD	NU	\$53.37	86.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0190	POSITIONING CUSHION		\$288.89	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0191	PROTECTOR HEEL OR ELBOW		\$11.00	89.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0193	POWERED AIR FLOTATION BED	RR	\$752.36	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0193	POWERED AIR FLOTATION BED	RR	\$867.51	86.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0194	AIR FLUIDIZED BED	RR	\$3,931.94	86.47%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0196	GEL PRESSURE MATTRESS	RR	\$32.62	85.59%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0196	GEL PRESSURE MATTRESS	RR	\$37.73	86.20%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0196	GEL PRESSURE MATTRESS	NU	\$326.22	106.77%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0196	GEL PRESSURE MATTRESS	NU	\$377.27	120.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0197	AIR PRESSURE PAD FOR MATTRES	NU	\$191.84	90.42%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0198	WATER PRESSURE PAD FOR MATTR		\$248.69	132.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0199	DRY PRESSURE PAD FOR MATTRES	NU	\$32.42	85.29%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0199	DRY PRESSURE PAD FOR MATTRES	NU	\$36.65	85.93%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0200	HEAT LAMP WITHOUT STAND	RR	\$5.27	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0200	HEAT LAMP WITHOUT STAND		\$88.97	93.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0202	PHOTOTHERAPY LIGHT W/ PHOTOM	KR	\$57.10	74.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0215	ELECTRIC HEAT PAD MOIST		\$66.95	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0217	WATER CIRC HEAT PAD W PUMP	RR	\$59.62	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0217	WATER CIRC HEAT PAD W PUMP		\$557.24	92.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0218	FLUID CIRC COLD PAD W PUMP		\$389.63	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0221	INFRARED HEATING PAD SYSTEM		\$2,510.33	88.94%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and NE as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0236	PUMP FOR WATER CIRCULATING P	RR	\$40.07	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0236	PUMP FOR WATER CIRCULATING P		\$475.68	99.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0240	BATH/SHOWER CHAIR		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0241	BATH TUB WALL RAIL		\$21.87	66.73%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0242	BATH TUB RAIL FLOOR		\$137.12	198.01%	1) Use NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0243	TOILET RAIL		\$36.86	87.92%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0244	TOILET SEAT RAISED		\$30.69	60.40%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0244	TOILET SEAT RAISED	22	\$132.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0245	TUB STOOL OR BENCH		\$54.85	65.13%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0246	TRANSFER TUB RAIL ATTACHMENT		\$52.64	115.58%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0247	TRANS BENCH W/WO COMM OPEN		\$103.58	120.13%	1) Use CA, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0247	TRANS BENCH W/WO COMM OPEN	22	\$193.90	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0248	HDTRANS BENCH W/WO COMM OPEN		\$216.96	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0249	PAD WATER CIRCULATING HEAT U		\$19.76	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0250	HOSP BED FIXED HT W/ MATTRES	NU	\$639.92	69.45%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0255	HOSPITAL BED VAR HT W/ MATTR	NU	\$639.92	73.35%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0256	HOSPITAL BED VAR HT W/O MATT	RR	\$63.99	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0256	HOSPITAL BED VAR HT W/O MATT	RR	\$77.45	86.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0256	HOSPITAL BED VAR HT W/O MATT	NU	\$639.92	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0256	HOSPITAL BED VAR HT W/O MATT	NU	\$774.51	94.08%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0260	HOSP BED SEMI-ELECTR W/ MATT	RR	\$71.57	95.71%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0260	HOSP BED SEMI-ELECTR W/ MATT	RR	\$107.92	86.09%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0260	HOSP BED SEMI-ELECTR W/ MATT	NU	\$639.92	61.09%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0260	HOSP BED SEMI-ELECTR W/ MATT	NU	\$1,085.90	97.81%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0261	HOSP BED SEMI-ELECTR W/O MAT	RR	\$70.80	94.72%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0261	HOSP BED SEMI-ELECTR W/O MAT	RR	\$106.05	86.09%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0261	HOSP BED SEMI-ELECTR W/O MAT	NU	\$639.92	67.59%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0261	HOSP BED SEMI-ELECTR W/O MAT	NU	\$1,066.99	108.65%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0265	HOSP BED TOTAL ELECTR W/ MAT	RR	\$152.82	84.72%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0265	HOSP BED TOTAL ELECTR W/ MAT	NU	\$1,533.77	74.25%	1) Use AZ, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0265	HOSP BED TOTAL ELECTR W/ MAT	NU	\$1,818.27	85.99%	1) Use AZ, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0266	HOSP BED TOTAL ELEC W/O MATT	RR	\$133.46	85.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0266	HOSP BED TOTAL ELEC W/O MATT	NU	\$1,334.58	85.04%	1) Use AZ, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0266	HOSP BED TOTAL ELEC W/O MATT	NU	\$1,537.86	95.20%	1) Use AZ, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0270	HOSPITAL BED INSTITUTIONAL T	RR	\$184.50	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0271	MATTRESS INNERSPRING	NU	\$138.28	84.07%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0271	MATTRESS INNERSPRING	RR	\$15.51	72.95%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0272	MATTRESS FOAM RUBBER	NU	\$135.19	79.98%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0272	MATTRESS FOAM RUBBER	NU	\$154.44	72.90%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0273	BED BOARD		\$109.71	N/A	No Benchmark Rate

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0274	OVER-BED TABLE		\$114.41	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0274	OVER-BED TABLE	RR	\$18.82	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0275	BED PAN STANDARD		\$10.97	66.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0276	BED PAN FRACTURE		\$5.75	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0277	POWERED PRES-REDU AIR MATTRS	RR	\$287.38	118.07%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0277	POWERED PRES-REDU AIR MATTRS	NU	\$2,083.66	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0280	BED CRADLE	RR	\$3.76	97.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0280	BED CRADLE		\$36.26	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0290	HOSP BED FX HT W/O RAILS W/M	RR	\$60.45	85.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0290	HOSP BED FX HT W/O RAILS W/M	RR	\$60.45	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0290	HOSP BED FX HT W/O RAILS W/M	NU	\$604.41	85.56%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0290	HOSP BED FX HT W/O RAILS W/M	NU	\$604.41	83.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0291	HOSP BED FX HT W/O RAIL W/O	RR	\$46.27	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0291	HOSP BED FX HT W/O RAIL W/O	RR	\$46.27	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0291	HOSP BED FX HT W/O RAIL W/O	NU	\$462.68	97.81%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0291	HOSP BED FX HT W/O RAIL W/O	NU	\$462.68	95.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0292	HOSP BED VAR HT NO SR W/MATT	RR	\$63.99	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0292	HOSP BED VAR HT NO SR W/MATT	RR	\$63.99	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0292	HOSP BED VAR HT NO SR W/MATT	NU	\$639.92	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0292	HOSP BED VAR HT NO SR W/MATT	NU	\$639.92	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0293	HOSP BED VAR HT NO SR NO MAT	RR	\$60.56	85.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0293	HOSP BED VAR HT NO SR NO MAT	RR	\$60.56	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0293	HOSP BED VAR HT NO SR NO MAT	NU	\$605.56	94.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0293	HOSP BED VAR HT NO SR NO MAT	NU	\$605.56	92.65%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0294	HOSP BED SEMI-ELECT W/ MATTR	RR	\$63.99	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0294	HOSP BED SEMI-ELECT W/ MATTR	RR	\$63.99	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0294	HOSP BED SEMI-ELECT W/ MATTR	NU	\$639.92	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0294	HOSP BED SEMI-ELECT W/ MATTR	NU	\$639.92	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0295	HOSP BED SEMI-ELECT W/O MATT	NU	\$639.92	59.22%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0296	HOSP BED TOTAL ELECT W/ MATT	RR	\$119.68	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0296	HOSP BED TOTAL ELECT W/ MATT	RR	\$119.68	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0296	HOSP BED TOTAL ELECT W/ MATT	NU	\$1,196.74	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0296	HOSP BED TOTAL ELECT W/ MATT	NU	\$1,196.74	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0297	HOSP BED TOTAL ELECT W/O MAT		\$1,964.58	141.98%	1) Use AZ, CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0300	ENCLOSED PED CRIB HOSP GRADE	RR	\$266.66	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0300	ENCLOSED PED CRIB HOSP GRADE	RR	\$266.66	81.63%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0300	ENCLOSED PED CRIB HOSP GRADE	NU	\$2,666.64	100.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0300	ENCLOSED PED CRIB HOSP GRADE	NU	\$2,666.64	99.46%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0301	HD HOSP BED, 350-600 LBS	RR	\$168.40	85.60%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0301	HD HOSP BED, 350-600 LBS	NU	\$1,684.01	62.74%	1) Use NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0302	EX HD HOSP BED > 600 LBS	NU	\$4,907.57	67.85%	1) Use NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0303	HOSP BED HVY DTY XTRA WIDE	RR	\$174.39	88.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0303	HOSP BED HVY DTY XTRA WIDE	RR	\$250.86	86.05%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0303	HOSP BED HVY DTY XTRA WIDE	NU	\$1,692.41	79.79%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0304	HOSP BED XTRA HVY DTY X WIDE	NU	\$4,958.62	69.82%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0305	RAILS BED SIDE HALF LENGTH	RR	\$14.32	111.96%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0310	RAILS BED SIDE FULL LENGTH	NU	\$110.94	80.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0315	BED ACCESSORY BRD/TBL/SUPPRT	RR	\$17.92	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0315	BED ACCESSORY BRD/TBL/SUPPRT		\$109.71	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0316	BED SAFETY ENCLOSURE		\$1,349.48	90.55%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0325	URINAL MALE JUG-TYPE	NU	\$8.01	74.14%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0325	URINAL MALE JUG-TYPE	NU	\$8.79	73.13%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0326	URINAL FEMALE JUG-TYPE	NU	\$8.56	74.05%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0328	PED HOSPITAL BED, MANUAL		N/A	N/A	Code is Manually Priced

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0329	PED HOSPITAL BED SEMI/ELECT		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0370	AIR ELEVATOR FOR HEEL		\$11.79	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0371	NONPOWER MATTRESS OVERLAY	RR	\$208.37	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0371	NONPOWER MATTRESS OVERLAY	RR	\$208.37	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0371	NONPOWER MATTRESS OVERLAY	NU	\$2,083.66	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0371	NONPOWER MATTRESS OVERLAY	NU	\$2,083.66	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0372	POWERED AIR MATTRESS OVERLAY	RR	\$208.37	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0372	POWERED AIR MATTRESS OVERLAY	RR	\$208.37	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0372	POWERED AIR MATTRESS OVERLAY	NU	\$2,083.66	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0373	NONPOWERED PRESSURE MATTRESS	NU	\$2,083.66	33.12%	1) Use NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0424	STATIONARY COMPRESSED GAS 02	RR	\$97.54	99.05%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0424	STATIONARY COMPRESSED GAS 02	RR	\$142.60	82.27%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0425	GAS SYSTEM STATIONARY COMPRE	RR	\$43.35	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0430	OXYGEN SYSTEM GAS PORTABLE	RR	\$30.93	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0431	PORTABLE GASEOUS 02	RR	\$19.11	85.51%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0431	PORTABLE GASEOUS 02	RR	\$25.42	82.09%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0433	PORTABLE LIQUID OXYGEN SYS	RR	\$40.23	81.49%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0434	PORTABLE LIQUID 02	RR	\$40.08	81.14%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0434	PORTABLE LIQUID 02	RR	\$46.78	90.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0435	OXYGEN SYSTEM LIQUID PORTABL	RR	\$88.84	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0439	STATIONARY LIQUID 02	RR	\$97.54	99.04%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0439	STATIONARY LIQUID 02	RR	\$142.60	82.28%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0440	OXYGEN SYSTEM LIQUID STATION	RR	\$48.76	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0441	STATIONARY O2 CONTENTS, GAS	RR	\$55.76	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0442	STATIONARY O2 CONTENTS, LIQ	RR	\$55.76	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0443	PORTABLE 02 CONTENTS, GAS	RR	\$50.67	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0443	PORTABLE 02 CONTENTS, GAS	RR	\$50.67	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0444	PORTABLE 02 CONTENTS, LIQUID	RR	\$50.67	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0444	PORTABLE 02 CONTENTS, LIQUID	RR	\$50.67	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	OXIMETER NON-INVASIVE	U1	\$27.35	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	OXIMETER NON-INVASIVE	U1KR	\$2.73	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	OXIMETER NON-INVASIVE	U1RR	\$0.09	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	OXIMETER NON-INVASIVE	U2	\$828.55	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	OXIMETER NON-INVASIVE	U2KR	\$417.32	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	OXIMETER NON-INVASIVE	U2RR	\$622.01	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0455	OXYGEN TENT EXCL CROUP/PED T		\$8.75	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0457	CHEST SHELL		\$689.74	146.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0459	CHEST WRAP		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0462	ROCKING BED W/ OR W/O SIDE R	KR	\$106.40	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0465	HOME VENT INVASIVE INTERFACE	RR	\$980.29	86.23%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0466	HOME VENT NON-INVASIVE INTER	RR	\$980.29	86.15%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0467	HOME VENT MULTI-FUNCTION	RR	\$1,050.72	77.54%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0468	HOME VENT DUAL FNCT INCL ALL		\$6,381.87	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0470	RAD W/O BACKUP NON-INV INTFC	RR	\$129.09	96.94%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0470	RAD W/O BACKUP NON-INV INTFC	RR	\$195.52	85.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0470	RAD W/O BACKUP NON-INV INTFC	NU	\$1,139.27	52.32%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0470	RAD W/O BACKUP NON-INV INTFC	NU	\$1,964.84	85.35%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0471	RAD W/BACKUP NON INV INTRFC	RR	\$308.02	90.79%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0471	RAD W/BACKUP NON INV INTRFC	RR	\$446.20	85.30%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0471	RAD W/BACKUP NON INV INTRFC	NU	\$2,895.77	67.85%	1) Use CA, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0471	RAD W/BACKUP NON INV INTRFC	NU	\$4,481.86	94.93%	1) Use CA, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0472	RAD W BACKUP INVASIVE INTRFC	RR	\$402.47	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0472	RAD W BACKUP INVASIVE INTRFC	RR	\$402.47	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0472	RAD W BACKUP INVASIVE INTRFC	NU	\$4,024.75	84.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0472	RAD W BACKUP INVASIVE INTRFC	NU	\$4,024.75	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0480	PERCUSSOR ELECT/PNEUM HOME M	RR	\$37.64	44.07%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0481	INTRPULMNRY PERCUSS VENT SYS		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0482	COUGH STIMULATING DEVICE	RR	\$519.58	85.38%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0482	COUGH STIMULATING DEVICE	NU	\$5,248.70	116.35%	1) Use CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0483	HI FREQ CHEST WALL OSCIL SYS	RR	\$1,219.73	81.59%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0483	HI FREQ CHEST WALL OSCIL SYS	NU	\$12,975.86	101.01%	1) Use OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0492	CONTROL UNIT NM STIM W PHONE		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0493	ORAL DV/APP NEUROMUS MOUTHPI		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0500	IPPB ALL TYPES	RR	\$113.86	87.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0530	ELECTRONIC POSA TREATMENT		\$36.25	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0550	HUMIDIF EXTENS SUPPLE W IPPB	RR	\$51.37	73.33%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0555	HUMIDIFIER FOR USE W/ REGULA		\$56.79	370.94%	1) Use AZ, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0555	HUMIDIFIER FOR USE W/ REGULA	RR	\$31.09	381.31%	1) Use CA, and OK as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0560	HUMIDIFIER SUPPLEMENTAL W/ I	NU	\$128.73	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0560	HUMIDIFIER SUPPLEMENTAL W/ I		\$128.73	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0561	HUMIDIFIER NONHEATED W PAP		\$101.50	123.24%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0562	HUMIDIFIER HEATED USED W PAP	NU	\$242.61	134.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0565	COMPRESSOR AIR POWER SOURCE		\$461.99	82.57%	1) Use AZ, CA, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0570	NEBULIZER WITH COMPRESSION	RR	\$7.91	113.62%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0570	NEBULIZER WITH COMPRESSION	RR	\$13.02	86.16%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0570	NEBULIZER WITH COMPRESSION	NU	\$59.67	49.28%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0572	AEROSOL COMPRESSOR ADJUST PR	NU	\$323.48	76.87%	1) Use NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0574	ULTRASONIC GENERATOR W SVNEB	NU	\$491.36	89.06%	1) Use NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0575	NEBULIZER ULTRASONIC		\$630.72	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and NE as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0580	NEBULIZER FOR USE W/ REGULAT		\$5.48	3.39%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0585	NEBULIZER W/ COMPRESSOR & HE	NU	\$297.64	85.13%	1) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0600	SUCTION PUMP PORTAB HOM MODL	RR	\$55.32	85.62%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0600	SUCTION PUMP PORTAB HOM MODL	NU	\$558.82	117.48%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0601	CONT AIRWAY PRESSURE DEVICE	RR	\$48.61	98.04%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0601	CONT AIRWAY PRESSURE DEVICE	RR	\$74.58	85.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0601	CONT AIRWAY PRESSURE DEVICE	NU	\$424.34	59.96%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0602	MANUAL BREAST PUMP		\$21.94	53.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0603	ELECTRIC BREAST PUMP		\$140.05	114.93%	1) Use CA, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0604	HOSP GRADE ELEC BREAST PUMP	RR	\$230.79	486.84%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0606	DRAINAGE BOARD POSTURAL	RR	\$23.62	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0607	BLOOD GLUCOSE MONITOR HOME	NU	\$80.73	86.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0607	BLOOD GLUCOSE MONITOR HOME	RR	\$8.14	87.25%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0607	BLOOD GLUCOSE MONITOR HOME	UE	\$61.16	87.37%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0610	PACEMAKER MONITR AUDIBLE/VIS		\$266.96	88.52%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0615	PACEMAKER MONITR DIGITAL/VIS		\$537.43	89.02%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0618	APNEA MONITOR		\$181.65	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0619	APNEA MONITOR W RECORDER	RR	\$182.81	85.68%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0619	APNEA MONITOR W RECORDER		\$277.33	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0621	PATIENT LIFT SLING OR SEAT		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0625	PATIENT LIFT BATHROOM OR TOI		\$877.51	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0627	SEAT LIFT MECH, ELECTRIC ANY	RR	\$29.91	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0627	SEAT LIFT MECH, ELECTRIC ANY	NU	\$299.06	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0627	SEAT LIFT MECH, ELECTRIC ANY	UE	\$224.29	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0627	SEAT LIFT MECH, ELECTRIC ANY	RR	\$29.91	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0627	SEAT LIFT MECH, ELECTRIC ANY	NU	\$299.06	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0627	SEAT LIFT MECH, ELECTRIC ANY	UE	\$224.29	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0629	SEAT LIFT MECH, NON-ELECTRIC	RR	\$29.56	85.58%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0629	SEAT LIFT MECH, NON-ELECTRIC	NU	\$295.68	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0629	SEAT LIFT MECH, NON-ELECTRIC	UE	\$221.76	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0629	SEAT LIFT MECH, NON-ELECTRIC	RR	\$29.56	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0629	SEAT LIFT MECH, NON-ELECTRIC	NU	\$295.68	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0629	SEAT LIFT MECH, NON-ELECTRIC	UE	\$221.76	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0630	PATIENT LIFT HYDRAULIC	RR	\$64.51	90.91%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0630	PATIENT LIFT HYDRAULIC	RR	\$94.91	86.06%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0630	PATIENT LIFT HYDRAULIC	NU	\$605.98	75.51%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0630	PATIENT LIFT HYDRAULIC	NU	\$954.48	114.59%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0635	PATIENT LIFT ELECTRIC	RR	\$123.51	75.42%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0635	PATIENT LIFT ELECTRIC	NU	\$1,239.61	97.86%	1) Use AZ, CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0636	PT SUPPORT & POSITIONING SYS	RR	\$1,051.84	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0636	PT SUPPORT & POSITIONING SYS	RR	\$1,051.84	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0636	PT SUPPORT & POSITIONING SYS	NU	\$10,518.39	111.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0636	PT SUPPORT & POSITIONING SYS	NU	\$10,518.39	107.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0637	COMBINATION SIT TO STAND SYS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0638	STANDING FRAME SYS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0639	MOVEABLE PATIENT LIFT SYSTEM	RR	\$136.16	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0639	MOVEABLE PATIENT LIFT SYSTEM	NU	\$1,361.58	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0641	MULTI-POSITION STND FRAM SYS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0642	DYNAMIC STANDING FRAME		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0650	PNEUMA COMPRESOR NON-SEGMENT	RR	\$92.20	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0650	PNEUMA COMPRESOR NON-SEGMENT	UE	\$640.51	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0650	PNEUMA COMPRESOR NON-SEGMENT	NU	\$844.40	86.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0651	PNEUM COMPRESSOR SEGMENTAL	NU	\$1,109.64	86.41%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0652	PNEUM COMPRES W/CAL PRESSURE	NU	\$5,831.69	86.37%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0652	PNEUM COMPRES W/CAL PRESSURE	RR	\$583.13	81.29%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0655	PNEUMATIC APPLIANCE HALF ARM		\$121.14	87.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0656	SEGMENTAL PNEUMATIC TRUNK		\$648.44	109.00%	1) Use CA, and NE as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0657	SEGMENTAL PNEUMATIC CHEST		\$609.20	108.89%	1) Use CA, and NE as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0660	PNEUMATIC APPLIANCE FULL LEG		\$95.42	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0665	PNEUMATIC APPLIANCE FULL ARM		\$137.28	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0666	PNEUMATIC APPLIANCE HALF LEG		\$148.33	85.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0667	SEG PNEUMATIC APPL FULL LEG	NU	\$281.96	73.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0668	SEG PNEUMATIC APPL FULL ARM	NU	\$384.83	73.15%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0669	SEG PNEUMATIC APPLI HALF LEG	NU	\$200.98	78.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0670	SEG PNEUM INT LEGS/TRUNK	RR	\$105.01	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0670	SEG PNEUM INT LEGS/TRUNK		\$1,020.48	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, and NE as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0671	PRESSURE PNEUM APPL FULL LEG	NU	\$455.40	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0672	PRESSURE PNEUM APPL FULL ARM		\$362.22	87.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0673	PRESSURE PNEUM APPL HALF LEG	NU	\$294.03	66.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0675	PNEUMATIC COMPRESSION DEVICE	RR	\$408.74	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0675	PNEUMATIC COMPRESSION DEVICE		\$4,666.20	91.83%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0676	INTER LIMB COMPRESS DEV NOS		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0677	NON PNEUM SEQ COMP TRUNK	RR	\$78.39	97.09%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0677	NON PNEUM SEQ COMP TRUNK		\$648.44	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0678	NON PNEUM SEQ COMP FULL LEG	RR	\$38.30	99.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0678	NON PNEUM SEQ COMP FULL LEG	NU	\$459.60	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0679	NON PNEUM SEQ COMP HALF LEG	RR	\$25.51	99.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0679	NON PNEUM SEQ COMP HALF LEG	NU	\$306.12	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0680	NON PNEUM COMP CONTROL CAL	RR	\$671.75	99.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0680	NON PNEUM COMP CONTROL CAL	NU	\$4,687.00	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0681	NON PNEU COMP CONTROL W/O CA	RR	\$127.82	99.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0681	NON PNEU COMP CONTROL W/O CA		\$127.82	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0682	NON PNEUM COMPRESS FULL ARM	RR	\$52.28	99.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0682	NON PNEUM COMPRESS FULL ARM	NU	\$627.36	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0691	UVL PNL 2 SQ FT OR LESS	NU	\$1,085.69	86.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0692	UVL SYS PANEL 4 FT	RR	\$137.70	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0692	UVL SYS PANEL 4 FT	UE	\$1,032.90	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0692	UVL SYS PANEL 4 FT	NU	\$1,363.33	86.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0693	UVL SYS PANEL 6 FT	RR	\$169.78	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0693	UVL SYS PANEL 6 FT	UE	\$1,273.30	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0693	UVL SYS PANEL 6 FT		\$1,697.72	96.05%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0694	UVL MD CABINET SYS 6 FT	RR	\$540.37	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0694	UVL MD CABINET SYS 6 FT	UE	\$4,052.80	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0694	UVL MD CABINET SYS 6 FT	NU	\$5,349.20	86.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0700	SAFETY EQUIPMENT		\$86.65	126.72%	1) Use OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0705	TRANSFER DEVICE		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0710	RESTRAINTS ANY TYPE		\$127.10	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0711	UE ENCLOSURE RESTR ROM		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0720	TENS TWO LEAD	NU	\$128.74	197.67%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0720	TENS TWO LEAD	RR	\$5.58	18.70%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0730	TENS FOUR LEAD	NU	\$130.37	195.37%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0730	TENS FOUR LEAD	RR	\$5.71	19.19%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0731	CONDUCTIVE GARMENT FOR TENS/	NU	\$187.08	219.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0731	CONDUCTIVE GARMENT FOR TENS/	NU	\$223.05	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0732	CES SYSTEM	RR	\$39.80	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0732	CES SYSTEM		\$50.75	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0733	TRANS ELEC NERV FOR TRIGEMIN	RR	\$39.80	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0733	TRANS ELEC NERV FOR TRIGEMIN		\$50.75	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0734	EXT UP LIMB TREMOR STIM WRIS	RR	\$343.39	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0734	EXT UP LIMB TREMOR STIM WRIS		\$437.82	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0735	NON-INVASIVE VAGUS NERV STIM	RR	\$39.80	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0735	NON-INVASIVE VAGUS NERV STIM		\$50.75	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0736	TRANSCUT TIBIAL NERV STIMULA		\$84.61	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0738	UPPER EXTREMITY REHAB		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0739	REHAB SYS ACTIVE ASSIST RT		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0744	NEUROMUSCULAR STIM FOR SCOLI	RR	\$96.86	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0744	NEUROMUSCULAR STIM FOR SCOLI		\$998.23	91.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0745	NEUROMUSCULAR STIM FOR SHOCK	RR	\$107.21	85.53%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0745	NEUROMUSCULAR STIM FOR SHOCK	NU	\$1,082.95	101.97%	1) Use AZ, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0746	ELECTROMYOGRAPH BIOFEEDBACK		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0747	ELEC OSTEOGEN STIM NOT SPINE	NU	\$4,779.66	87.28%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0748	ELEC OSTEOGEN STIM SPINAL	NU	\$4,748.71	87.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0749	ELEC OSTEOGEN STIM IMPLANTED		\$2,624.77	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0755	ELECTRONIC SALIVARY REFLEX S		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0760	OSTEOGEN ULTRASOUND STIMLTOR	NU	\$3,946.08	87.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0762	TRANS ELEC JT STIM DEV SYS		\$608.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0762	TRANS ELEC JT STIM DEV SYS	KH	\$38.40	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0762	TRANS ELEC JT STIM DEV SYS	KI	\$38.40	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0770	FUNCTIONAL ELECTRIC STIM NOS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0776	IV POLE	NU	\$134.12	74.66%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0776	IV POLE	NU	\$138.31	72.96%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0776	IV POLE	RR	\$15.78	86.38%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0779	AMB INFUSION PUMP MECHANICAL	RR	\$19.87	85.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0779	AMB INFUSION PUMP MECHANICAL	RR	\$20.04	86.05%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0780	MECH AMB INFUSION PUMP <8HRS	KR	\$5.19	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, and NE as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0780	MECH AMB INFUSION PUMP <8HRS		\$5.19	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, and NEand WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0781	EXTERNAL AMBULATORY INFUS PU	RR	\$257.86	85.59%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0781	EXTERNAL AMBULATORY INFUS PU	RR	\$289.00	86.11%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0782	NON-PROGRAMBLE INFUSION PUMP		\$4,096.11	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0783	PROGRAMMABLE INFUSION PUMP		\$7,810.66	86.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0784	EXT AMB INFUSN PUMP INSULIN	RR	\$464.95	68.01%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0784	EXT AMB INFUSN PUMP INSULIN	RR	\$484.84	69.67%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0784	EXT AMB INFUSN PUMP INSULIN	NU	\$4,666.35	89.25%	1) Use NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0784	EXT AMB INFUSN PUMP INSULIN	NU	\$4,881.40	91.94%	1) Use NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0785	REPLACEMENT IMPL PUMP CATHET		\$530.34	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0786	IMPLANTABLE PUMP REPLACEMENT		\$8,899.04	96.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0791	PARENTERAL INFUSION PUMP STA	RR	\$313.61	87.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0791	PARENTERAL INFUSION PUMP STA	RR	\$313.61	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0791	PARENTERAL INFUSION PUMP STA	NU	\$3,135.97	97.18%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0791	PARENTERAL INFUSION PUMP STA	NU	\$3,135.97	96.70%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0830	AMBULATORY TRACTION DEVICE		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0840	TRACT FRAME ATTACH HEADBOARD	RR	\$19.93	87.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0840	TRACT FRAME ATTACH HEADBOARD	UE	\$56.99	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0840	TRACT FRAME ATTACH HEADBOARD	NU	\$76.01	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0849	CERVICAL PNEUM TRAC EQUIP	RR	\$62.27	86.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0850	TRACTION STAND FREE STANDING	RR	\$13.02	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0850	TRACTION STAND FREE STANDING		\$100.22	87.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0855	CERVICAL TRACTION EQUIPMENT	RR	\$61.34	87.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0855	CERVICAL TRACTION EQUIPMENT	NU	\$613.45	112.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0856	CERVIC COLLAR W AIR BLADDERS		\$172.87	89.94%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0860	TRACT EQUIP CERVICAL TRACT	NU	\$47.03	87.35%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0870	TRACT FRAME ATTACH FOOTBOARD	NU	\$120.68	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0870	TRACT FRAME ATTACH FOOTBOARD	RR	\$13.91	87.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0870	TRACT FRAME ATTACH FOOTBOARD	UE	\$90.91	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0880	TRAC STAND FREE STAND EXTREM	NU	\$130.24	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0880	TRAC STAND FREE STAND EXTREM	RR	\$24.05	87.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0880	TRAC STAND FREE STAND EXTREM	UE	\$98.57	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0890	TRACTION FRAME ATTACH PELVIC	NU	\$124.91	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0890	TRACTION FRAME ATTACH PELVIC	RR	\$34.06	87.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0890	TRACTION FRAME ATTACH PELVIC	UE	\$100.62	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0900	TRAC STAND FREE STAND PELVIC	NU	\$132.94	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0900	TRAC STAND FREE STAND PELVIC	RR	\$28.67	87.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0900	TRAC STAND FREE STAND PELVIC	UE	\$99.74	87.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0910	TRAPEZE BAR ATTACHED TO BED	RR	\$11.50	81.04%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0910	TRAPEZE BAR ATTACHED TO BED	NU	\$114.93	76.57%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0911	HD TRAPEZE BAR ATTACH TO BED	NU	\$439.99	84.14%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0912	HD TRAPEZE BAR FREE STANDING	NU	\$838.16	72.29%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0920	FRACTURE FRAME ATTACHED TO B	RR	\$53.17	87.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0920	FRACTURE FRAME ATTACHED TO B	NU	\$531.71	114.15%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0930	FRACTURE FRAME FREE STANDING	RR	\$36.89	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0930	FRACTURE FRAME FREE STANDING		\$541.99	128.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0935	CONT PAS MOTION EXERCISE DEV	RR	\$27.48	86.33%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0936	CPM DEVICE, OTHER THAN KNEE	RR	\$31.16	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0940	TRAPEZE BAR FREE STANDING	NU	\$216.84	68.36%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0941	GRAVITY ASSISTED TRACTION DE	RR	\$48.82	87.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0941	GRAVITY ASSISTED TRACTION DE	NU	\$488.21	102.54%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0942	CERVICAL HEAD HARNESS/HALTER	RR	\$20.41	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0944	PELVIC BELT/HARNESS/BOOT	NU	\$48.23	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0945	BELT/HARNESS EXTREMITY	NU	\$45.41	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0946	FRACTURE FRAME DUAL W CROSS	RR	\$64.44	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0946	FRACTURE FRAME DUAL W CROSS	NU	\$644.44	103.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0947	FRACTURE FRAME ATTACHMNTS PE	NU	\$740.20	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0947	FRACTURE FRAME ATTACHMNTS PE	RR	\$76.74	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0947	FRACTURE FRAME ATTACHMNTS PE	UE	\$555.12	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0948	FRACTURE FRAME ATTACHMNTS CE	NU	\$715.94	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0948	FRACTURE FRAME ATTACHMNTS CE	UE	\$504.96	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0948	FRACTURE FRAME ATTACHMNTS CE	RR	\$71.56	87.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0950	TRAY		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0951	LOOP HEEL	NU	\$15.19	92.49%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0951	LOOP HEEL	NU	\$15.92	85.18%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0952	TOE LOOP/HOLDER, EACH	NU	\$16.10	82.58%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0953	W/C LATERAL THIGH/KNEE SUP	NU	\$70.66	77.56%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0953	W/C LATERAL THIGH/KNEE SUP	NU	\$79.75	71.31%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0954	FOOT BOX, ANY TYPE EACH FOOT	NU	\$47.62	73.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0954	FOOT BOX, ANY TYPE EACH FOOT	NU	\$48.75	73.00%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0955	CUSHIONED HEADREST	NU	\$176.75	90.81%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0956	W/C LATERAL TRUNK/HIP SUPPOR	NU	\$95.02	103.69%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0957	W/C MEDIAL THIGH SUPPORT	NU	\$154.24	102.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0958	WHLCHR ATT- CONV 1 ARM DRIVE		\$560.97	120.52%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0959	AMPUTEE ADAPTER		\$48.65	87.53%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0960	W/C SHOULDER HARNESS/STRAPS	NU	\$91.11	97.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0961	WHEELCHAIR BRAKE EXTENSION		\$20.89	84.03%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0961	WHEELCHAIR BRAKE EXTENSION	NU	\$20.89	84.93%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0961	WHEELCHAIR BRAKE EXTENSION	NU	\$24.94	71.54%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0966	WHEELCHAIR HEAD REST EXTENSI	NU	\$69.64	77.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0966	WHEELCHAIR HEAD REST EXTENSI	NU	\$70.17	70.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0967	MAN WC RIM/PROJECTION REP EA		\$145.03	175.02%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0968	WHEELCHAIR COMMODE SEAT		\$215.54	114.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0969	WHEELCHAIR NARROWING DEVICE		\$159.97	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0970	WHEELCHAIR NO. 2 FOOTPLATES		\$36.62	97.82%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0971	WHEELCHAIR ANTI-TIPPING DEVI		\$34.30	94.00%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0971	WHEELCHAIR ANTI-TIPPING DEVI	NU	\$34.30	95.65%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0971	WHEELCHAIR ANTI-TIPPING DEVI	NU	\$36.55	72.08%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0973	W/CH ACCESS DET ADJ ARMREST	NU	\$129.68	219.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0974	W/CH ACCESS ANTI-ROLLBACK		\$65.92	73.23%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0974	W/CH ACCESS ANTI-ROLLBACK	NU	\$68.29	73.34%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0978	W/C ACC,SAF BELT PELV STRAP	NU	\$46.30	153.16%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0980	WHEELCHAIR SAFETY VEST		\$36.39	78.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0981	SEAT UPHOLSTERY, REPLACEMENT	NU	\$72.66	145.13%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0982	BACK UPHOLSTERY, REPLACEMENT	NU	\$67.94	124.28%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0983	ADD PWR JOYSTICK		\$2,929.67	93.05%	1) Use CA, NE, and OK and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0984	ADD PWR TILLER		\$2,077.88	94.68%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0985	W/C SEAT LIFT MECHANISM		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0986	MAN W/C PUSH-RIM POWR SYSTEM		\$5,902.33	98.26%	1) Use AZ, CA, NE, and OK and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0988	LEVER-ACTIVATED WHEEL DRIVE		\$283.63	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0990	WHEELCHAIR ELEVATING LEG RES	NU	\$68.85	86.87%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0990	WHEELCHAIR ELEVATING LEG RES	NU	\$85.12	72.95%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0990	WHEELCHAIR ELEVATING LEG RES	RR	\$7.57	95.60%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0990	WHEELCHAIR ELEVATING LEG RES	RR	\$9.17	73.01%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0992	WHEELCHAIR SOLID SEAT INSERT	NU	\$79.07	77.31%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0994	WHEELCHAIR ARM REST		\$15.39	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0995	WC CALF REST, PAD REPLACEMNT	NU	\$24.35	74.49%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E0995	WC CALF REST, PAD REPLACEMNT	NU	\$25.18	72.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1002	PWR SEAT TILT		\$4,721.11	109.75%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1003	PWR SEAT RECLINE		\$4,592.61	97.70%	1) Use AZ, CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1004	PWR SEAT RECLINE MECH		\$5,092.27	96.92%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1005	PWR SEAT RECLINE PWR		\$5,511.98	103.18%	1) Use AZ, CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1006	PWR SEAT COMBO W/O SHEAR		\$6,751.65	102.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1007	PWR SEAT COMBO W/SHEAR		\$9,142.01	99.14%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1008	PWR SEAT COMBO PWR SHEAR		\$9,142.81	98.68%	1) Use AZ, CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1009	ADD MECH LEG ELEVATION		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1010	ADD PWR LEG ELEVATION		\$1,196.23	97.34%	1) Use CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1011	PED WC MODIFY WIDTH ADJUSTM		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1012	CTR MOUNT PWR ELEV LEG REST		\$1,196.23	92.54%	1) Use NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1014	RECLINING BACK ADD PED W/C	RR	\$29.66	58.11%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1014	RECLINING BACK ADD PED W/C		\$302.36	74.54%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1015	SHOCK ABSORBER FOR MAN W/C		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1016	SHOCK ABSORBER FOR POWER W/C		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1017	HD SHCK ABSRBR FOR HD MAN WC		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1018	HD SHCK ABSRBER FOR HD POWWC		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1020	RESIDUAL LIMB SUPPORT SYSTEM		\$327.43	137.14%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1028	W/C MANUAL SWINGAWAY	RR	\$20.89	170.14%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1028	W/C MANUAL SWINGAWAY		\$250.62	127.05%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1029	W/C VENT TRAY FIXED		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1030	W/C VENT TRAY GIMBALED		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1031	ROLLABOUT CHAIR WITH CASTERS	RR	\$43.62	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1031	ROLLABOUT CHAIR WITH CASTERS		\$436.10	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1035	PATIENT TRANSFER SYSTEM <300	RR	\$634.92	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1035	PATIENT TRANSFER SYSTEM <300		\$6,349.19	92.10%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, and NE as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1036	PATIENT TRANSFER SYSTEM >300	RR	\$873.02	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1036	PATIENT TRANSFER SYSTEM >300		\$8,730.17	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1037	TRANSPORT CHAIR, PED SIZE	RR	\$107.22	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1037	TRANSPORT CHAIR, PED SIZE		\$1,072.24	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1038	TRANSPORT CHAIR PT WT<=300LB	RR	\$15.30	85.28%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E1038	TRANSPORT CHAIR PT WT<=300LB	RR	\$19.09	85.99%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1038	TRANSPORT CHAIR PT WT<=300LB		\$153.60	76.04%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1039	TRANSPORT CHAIR PT WT >300LB	RR	\$33.99	85.60%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1039	TRANSPORT CHAIR PT WT >300LB		\$339.87	85.02%	1) Use CA, NE, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1050	WHELCHR FXD FULL LENGTH ARMS	RR	\$73.83	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1050	WHELCHR FXD FULL LENGTH ARMS		\$793.87	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1060	WHEELCHAIR DETACHABLE ARMS	RR	\$79.60	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1060	WHEELCHAIR DETACHABLE ARMS		\$1,085.94	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1070	WHEELCHAIR DETACHABLE FOOT R	RR	\$78.56	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1083	HEMI-WHEELCHAIR FIXED ARMS	RR	\$56.94	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1084	HEMI-WHEELCHAIR DETACHABLE A	RR	\$62.22	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1084	HEMI-WHEELCHAIR DETACHABLE A		\$699.27	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1085	HEMI-WHEELCHAIR FIXED ARMS	RR	\$46.51	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1085	HEMI-WHEELCHAIR FIXED ARMS		\$724.27	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1086	HEMI-WHEELCHAIR DETACHABLE A	RR	\$57.45	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1086	HEMI-WHEELCHAIR DETACHABLE A		\$699.27	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1087	WHEELCHAIR LIGHTWT FIXED ARM	RR	\$57.99	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1087	WHEELCHAIR LIGHTWT FIXED ARM		\$1,463.13	101.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and NE as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1088	WHEELCHAIR LIGHTWEIGHT DET A	RR	\$173.88	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1088	WHEELCHAIR LIGHTWEIGHT DET A		\$1,738.74	98.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1089	WHEELCHAIR LIGHTWT FIXED ARM	RR	\$57.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1089	WHEELCHAIR LIGHTWT FIXED ARM		\$1,480.80	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1090	WHEELCHAIR LIGHTWEIGHT DET A	RR	\$57.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1090	WHEELCHAIR LIGHTWEIGHT DET A		\$1,427.98	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1092	WHEELCHAIR WIDE W/ LEG RESTS	RR	\$61.15	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1092	WHEELCHAIR WIDE W/ LEG RESTS		\$1,707.03	111.87%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1093	WHEELCHAIR WIDE W/ FOOT REST	RR	\$114.66	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1093	WHEELCHAIR WIDE W/ FOOT REST	NU	\$1,146.62	86.95%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1100	WHCHR S-RECL FXD ARM LEG RES	RR	\$74.96	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1100	WHCHR S-RECL FXD ARM LEG RES		\$1,015.98	80.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1110	WHEELCHAIR SEMI-RECL DETACH	RR	\$52.73	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1110	WHEELCHAIR SEMI-RECL DETACH		\$1,388.64	113.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1130	WHLCHR STAND FXD ARM FT REST		\$329.08	93.52%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1130	WHLCHR STAND FXD ARM FT REST	RR	\$26.36	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1140	WHEELCHAIR STANDARD DETACH A		\$411.34	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1140	WHEELCHAIR STANDARD DETACH A	RR	\$36.89	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1150	WHEELCHAIR STANDARD W/ LEG R	RR	\$99.56	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1150	WHEELCHAIR STANDARD W/ LEG R		\$995.65	105.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1160	WHEELCHAIR FIXED ARMS	RR	\$76.30	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1160	WHEELCHAIR FIXED ARMS		\$762.95	99.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1161	MANUAL ADULT WC W TILTINSPAC		\$2,887.78	108.40%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1170	WHLCHR AMPU FXD ARM LEG REST	RR	\$37.95	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1170	WHLCHR AMPU FXD ARM LEG REST		\$1,238.52	117.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1171	WHEELCHAIR AMPUTEE W/O LEG R	RR	\$31.32	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1171	WHEELCHAIR AMPUTEE W/O LEG R		\$984.23	99.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1172	WHEELCHAIR AMPUTEE DETACH AR	RR	\$37.01	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1172	WHEELCHAIR AMPUTEE DETACH AR		\$1,149.98	94.45%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1180	WHEELCHAIR AMPUTEE W/ FOOT R	RR	\$44.60	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1180	WHEELCHAIR AMPUTEE W/ FOOT R		\$1,115.71	92.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1190	WHEELCHAIR AMPUTEE W/ LEG RE	RR	\$53.13	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1190	WHEELCHAIR AMPUTEE W/ LEG RE		\$1,244.38	88.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1195	WHEELCHAIR AMPUTEE HEAVY DUT	RR	\$139.47	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1200	WHEELCHAIR AMPUTEE FIXED ARM	RR	\$37.95	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1200	WHEELCHAIR AMPUTEE FIXED ARM		\$1,082.53	102.71%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1220	WHLCHR SPECIAL SIZE/CONSTRC		\$2,311.27	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1221	WHEELCHAIR SPEC SIZE W FOOT	RR	\$33.21	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1221	WHEELCHAIR SPEC SIZE W FOOT		\$473.04	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1222	WHEELCHAIR SPEC SIZE W/ LEG	RR	\$40.79	43.08%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1223	WHEELCHAIR SPEC SIZE W FOOT	RR	\$23.66	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1223	WHEELCHAIR SPEC SIZE W FOOT		\$658.12	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1224	WHEELCHAIR SPEC SIZE W/ LEG	RR	\$54.19	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1224	WHEELCHAIR SPEC SIZE W/ LEG		\$765.08	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1225	MANUAL SEMI-RECLINING BACK		\$382.41	82.56%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1226	MANUAL FULLY RECLINING BACK	NU	\$368.38	79.12%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E1226	MANUAL FULLY RECLINING BACK	NU	\$417.09	72.91%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1226	MANUAL FULLY RECLINING BACK	RR	\$37.84	80.84%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E1226	MANUAL FULLY RECLINING BACK	RR	\$42.40	72.91%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1227	WHEELCHAIR SPEC SZ SPEC HT A		\$258.92	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1228	WHEELCHAIR SPEC SZ SPEC HT B		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1229	PEDIATRIC WHEELCHAIR NOS	RR	\$56.61	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1230	POWER OPERATED VEHICLE	RR	\$137.45	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1230	POWER OPERATED VEHICLE		\$2,115.59	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1231	RIGID PED W/C TILT-IN-SPACE		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1232	FOLDING PED WC TILT-IN-SPACE		\$2,610.22	102.30%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1233	RIG PED WC TLTNSPC W/O SEAT		\$2,704.35	102.38%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1234	FLD PED WC TLTNSPC W/O SEAT		\$2,354.39	110.79%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1235	RIGID PED WC ADJUSTABLE	RR	\$224.43	76.74%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1235	RIGID PED WC ADJUSTABLE		\$2,267.19	102.55%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1236	FOLDING PED WC ADJUSTABLE	RR	\$198.00	86.07%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1236	FOLDING PED WC ADJUSTABLE		\$2,000.13	102.43%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1237	RGD PED WC ADJSTABL W/O SEAT		\$2,017.57	103.05%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1238	FLD PED WC ADJSTABL W/O SEAT		\$2,000.13	102.32%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1239	PED POWER WHEELCHAIR NOS	RR	\$149.83	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1240	WHCHR LITWT DET ARM LEG REST	RR	\$63.80	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1240	WHCHR LITWT DET ARM LEG REST		\$946.07	80.19%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1250	WHEELCHAIR LIGHTWT FIXED ARM	RR	\$49.03	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1250	WHEELCHAIR LIGHTWT FIXED ARM		\$781.56	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1260	WHEELCHAIR LIGHTWT FOOT REST		\$781.56	121.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1260	WHEELCHAIR LIGHTWT FOOT REST	RR	\$64.32	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1270	WHEELCHAIR LIGHTWEIGHT LEG R	RR	\$57.45	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1270	WHEELCHAIR LIGHTWEIGHT LEG R		\$946.43	97.99%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1280	WHCHR H-DUTY DET ARM LEG RES	RR	\$63.27	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1280	WHCHR H-DUTY DET ARM LEG RES		\$1,707.03	105.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1285	WHEELCHAIR HEAVY DUTY FIXED		\$1,478.44	166.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1285	WHEELCHAIR HEAVY DUTY FIXED	RR	\$112.92	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1290	WHEELCHAIR HVY DUTY DETACH A	RR	\$126.19	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1290	WHEELCHAIR HVY DUTY DETACH A		\$1,624.78	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1295	WHEELCHAIR HEAVY DUTY FIXED	RR	\$128.47	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1296	WHEELCHAIR SPECIAL SEAT HEIG		\$596.61	98.18%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1297	WHEELCHAIR SPECIAL SEAT DEPT		\$117.41	78.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1298	WHEELCHAIR SPEC SEAT DEPTH/W		\$257.67	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1300	WHIRLPOOL PORTABLE		\$202.92	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1310	WHIRLPOOL NON-PORTABLE		\$2,410.26	86.19%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1353	OXYGEN SUPPLIES REGULATOR		\$31.17	78.77%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1354	WHEELED CART, PORT CYL/CONC		\$26.59	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1355	OXYGEN SUPPLIES STAND/RACK		\$23.46	78.67%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1356	BATT PACK/CART, PORT CONC		\$566.25	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1357	BATTERY CHARGER, PORT CONC		\$439.15	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1358	DC POWER ADAPTER, PORT CONC		\$687.59	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1372	OXY SUPPL HEATER FOR NEBULIZ	NU	\$168.63	107.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E1372	OXY SUPPL HEATER FOR NEBULIZ	NU	\$168.69	86.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1390	OXYGEN CONCENTRATOR	RR	\$97.54	99.04%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E1390	OXYGEN CONCENTRATOR	RR	\$142.60	82.21%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1391	OXYGEN CONCENTRATOR, DUAL	RR	\$80.22	81.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1392	PORTABLE OXYGEN CONCENTRATOR	RR	\$40.08	81.05%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E1392	PORTABLE OXYGEN CONCENTRATOR	RR	\$46.78	90.48%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1399	DURABLE MEDICAL EQUIPMENT MI		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1399	DURABLE MEDICAL EQUIPMENT MI	U1	\$12.86	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1405	O2/WATER VAPOR ENRICH W/HEAT	RR	\$214.17	160.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1405	O2/WATER VAPOR ENRICH W/HEAT		\$245.70	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1406	O2/WATER VAPOR ENRICH W/O HE	RR	\$194.11	184.10%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1406	O2/WATER VAPOR ENRICH W/O HE		\$222.70	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1700	JAW MOTION REHAB SYSTEM		\$222.70	51.02%	1) Use AZ, NE, OK, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1701	REPL CUSHIONS FOR JAW MOTION		\$11.90	80.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1702	REPL MEASR SCALES JAW MOTION		\$25.34	80.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1841	STATIC STR SHLDR DEV ROM ADJ	RR	\$552.89	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1841	STATIC STR SHLDR DEV ROM ADJ		\$5,528.89	88.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1902	AAC NON-ELECTRONIC BOARD		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1905	VR CBT THERAPY	RR	\$217.52	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2000	GASTRIC SUCTION PUMP HME MDL	RR	\$63.26	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2000	GASTRIC SUCTION PUMP HME MDL		\$632.56	126.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2001	SUCT PUM EXT MGMT SYS	RR	\$39.80	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2001	SUCT PUM EXT MGMT SYS		\$63.72	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2100	BLD GLUCOSE MONITOR W VOICE	RR	\$66.75	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2100	BLD GLUCOSE MONITOR W VOICE	NU	\$729.28	86.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2100	BLD GLUCOSE MONITOR W VOICE		\$736.72	100.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2101	BLD GLUCOSE MONITOR W LANCE	RR	\$23.02	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2101	BLD GLUCOSE MONITOR W LANCE	UE	\$172.60	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2101	BLD GLUCOSE MONITOR W LANCE		\$230.13	107.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2102	ADJU CGM RECEIVER/MONITOR		\$157.59	73.20%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2103	NON-ADJU CGM RECEIVER/MON		\$222.30	79.93%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2103	NON-ADJU CGM RECEIVER/MON	RR	\$22.25	80.01%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2104	GLUCOSE MONITOR W CARTRIDGE		\$35.81	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2201	MAN W/CH ACC SEAT W>=20"<24"	NU	\$417.21	106.21%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2202	SEAT WIDTH 24-27 IN	NU	\$530.02	90.67%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2202	SEAT WIDTH 24-27 IN	NU	\$535.69	85.93%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2203	FRAME DEPTH LESS THAN 22 IN	NU	\$395.12	78.69%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2203	FRAME DEPTH LESS THAN 22 IN	NU	\$443.21	72.89%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2204	FRAME DEPTH 22 TO 25 IN	NU	\$684.62	78.00%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2205	MANUAL WC ACCESSORY, HANDRIM		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2206	MAN WC WHL LOCK COMP REPL EA	NU	\$45.50	93.79%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2206	MAN WC WHL LOCK COMP REPL EA	NU	\$45.73	84.56%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2207	CRUTCH AND CANE HOLDER	NU	\$40.35	73.10%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2208	CYLINDER TANK CARRIER	NU	\$90.67	98.55%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2208	CYLINDER TANK CARRIER	NU	\$96.11	79.21%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2209	ARM TROUGH EACH	NU	\$86.68	85.33%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2210	WHEELCHAIR BEARINGS	NU	\$5.41	77.32%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2211	PNEUMATIC PROPULSION TIRE	NU	\$33.11	84.41%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2211	PNEUMATIC PROPULSION TIRE	NU	\$36.97	71.28%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2212	PNEUMATIC PROP TIRE TUBE		\$5.48	74.44%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2212	PNEUMATIC PROP TIRE TUBE	NU	\$5.48	74.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2212	PNEUMATIC PROP TIRE TUBE	NU	\$5.94	72.79%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2213	PNEUMATIC PROP TIRE INSERT	NU	\$26.74	75.91%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2213	PNEUMATIC PROP TIRE INSERT	NU	\$29.56	70.62%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2214	PNEUMATIC CASTER TIRE EACH	NU	\$30.73	75.97%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2214	PNEUMATIC CASTER TIRE EACH	NU	\$33.83	36.83%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2215	PNEUMATIC CASTER TIRE TUBE	NU	\$9.05	72.90%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2215	PNEUMATIC CASTER TIRE TUBE	NU	\$9.75	42.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2216	FOAM FILLED PROPULSION TIRE		\$33.48	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2217	FOAM FILLED CASTER TIRE EACH	NU	\$35.17	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2217	FOAM FILLED CASTER TIRE EACH	NU	\$37.10	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2218	FOAM PROPULSION TIRE EACH	NU	\$39.75	73.06%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2218	FOAM PROPULSION TIRE EACH	NU	\$41.92	65.98%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2219	FOAM CASTER TIRE ANY SIZE EA	NU	\$35.17	72.57%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2219	FOAM CASTER TIRE ANY SIZE EA	NU	\$37.10	73.33%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2220	SOLID PROPULS TIRE, REPL, EA	NU	\$26.40	73.27%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2220	SOLID PROPULS TIRE, REPL, EA	NU	\$28.33	7.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2221	SOLID CASTER TIRE REPL, EACH		\$23.53	74.26%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2221	SOLID CASTER TIRE REPL, EACH	NU	\$23.53	68.12%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2222	SOLID CASTER INTEG WHL, REPL		\$19.37	74.60%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2222	SOLID CASTER INTEG WHL, REPL	NU	\$19.37	62.68%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2224	PROPULSION WHL EXCL TIRE REP	NU	\$85.98	75.13%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2224	PROPULSION WHL EXCL TIRE REP	NU	\$94.64	70.53%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2225	CASTER WHEEL EXCLUDES TIRE		\$16.51	73.82%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2225	CASTER WHEEL EXCLUDES TIRE	NU	\$16.51	68.85%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2226	CASTER FORK REPLACEMENT ONLY	NU	\$34.70	74.03%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2226	CASTER FORK REPLACEMENT ONLY	NU	\$37.91	72.85%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2227	GEAR REDUCTION DRIVE WHEEL		\$1,904.01	92.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2228	MWC ACC, WHEELCHAIR BRAKE		\$1,136.06	114.75%	1) Use AZ, CA, NE, and OK as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2230	MANUAL STANDING SYSTEM		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2231	SOLID SEAT SUPPORT BASE	NU	\$130.60	77.36%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2231	SOLID SEAT SUPPORT BASE	NU	\$144.08	70.81%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2291	PLANAR BACK FOR PED SIZE WC		\$520.04	139.67%	1) Use OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2292	PLANAR SEAT FOR PED SIZE WC		\$520.04	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2293	CONTOUR BACK FOR PED SIZE WC		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2294	CONTOUR SEAT FOR PED SIZE WC		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2295	PED DYNAMIC SEATING FRAME		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2298	PWR SEAT ELEV SYS FOR CRT		\$318.39	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2300	PWR SEAT ELEVATION SYS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2301	PWR STANDING		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2310	ELECTRO CONNECT BTW CONTROL		\$1,080.33	91.73%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2311	ELECTRO CONNECT BTW 2 SYS		\$2,234.92	93.69%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2312	MINI-PROP REMOTE JOYSTICK		\$1,670.88	81.26%	1) Use AZ, CA, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2313	PWC HARNESS, EXPAND CONTROL		\$265.35	78.78%	1) Use AZ, CA, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2321	HAND INTERFACE JOYSTICK		\$1,661.96	111.11%	1) Use AZ, CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2322	MULT MECH SWITCHES		\$1,475.01	107.73%	1) Use AZ, CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2323	SPECIAL JOYSTICK HANDLE	NU	\$70.65	84.41%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2324	CHIN CUP INTERFACE		\$45.84	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2325	SIP AND PUFF INTERFACE		\$1,408.58	102.92%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2326	BREATH TUBE KIT		\$363.07	101.46%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2327	HEAD CONTROL INTERFACE MECH		\$2,732.14	127.36%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2328	HEAD/EXTREMITY CONTROL INTER		\$5,182.49	102.82%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2329	HEAD CONTROL NONPROPORTIONAL		\$1,847.09	101.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2330	HEAD CONTROL PROXIMITY SWITC		\$3,662.04	105.11%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2331	ATTENDANT CONTROL		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2340	W/C WDTN 20-23 IN SEAT FRAME		\$434.85	97.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2341	W/C WDTN 24-27 IN SEAT FRAME		\$652.31	97.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2342	W/C DPTH 20-21 IN SEAT FRAME		\$543.59	97.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2343	W/C DPTH 22-25 IN SEAT FRAME		\$869.75	97.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2351	ELECTRONIC SGD INTERFACE		\$730.67	94.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2358	GR 34 NONSEALED LEADACID		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2359	GR34 SEALED LEADACID BATTERY	NU	\$161.18	81.43%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2359	GR34 SEALED LEADACID BATTERY	NU	\$167.94	72.87%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2360	22NF NONSEALED LEADACID		\$83.91	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2361	22NF SEALED LEADACID BATTERY	NU	\$137.48	102.94%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2362	GR24 NONSEALED LEADACID		\$101.30	89.90%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2363	GR24 SEALED LEADACID BATTERY	NU	\$197.92	115.22%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2364	U1NONSEALED LEADACID BATTERY		\$83.13	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2365	U1 SEALED LEADACID BATTERY	NU	\$115.34	124.41%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2366	BATTERY CHARGER, SINGLE MODE	NU	\$267.56	149.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2367	BATTERY CHARGER, DUAL MODE		\$461.18	100.66%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2368	PWR WC DRIVEWHEEL MOTOR REPL		\$764.29	402.98%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2369	PWR WC DRIVEWHEEL GEAR REPL		\$470.57	97.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2370	PWR WC DR WH MOTOR/GEAR COMB		\$974.17	133.16%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2371	GR27 SEALED LEADACID BATTERY	NU	\$123.19	74.35%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2372	GR27 NON-SEALED LEADACID		\$369.80	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2373	HAND/CHIN CTRL SPEC JOYSTICK		\$773.58	93.82%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2374	HAND/CHIN CTRL STD JOYSTICK		\$601.79	111.91%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2375	NON-EXPANDABLE CONTROLLER		\$709.70	89.15%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2376	EXPANDABLE CONTROLLER, REPL		\$1,112.13	81.50%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2377	EXPANDABLE CONTROLLER, INITL		\$402.41	80.82%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2378	PW ACTUATOR REPLACEMENT		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2381	PNEUM DRIVE WHEEL TIRE	NU	\$64.32	86.70%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2382	TUBE, PNEUM WHEEL DRIVE TIRE	NU	\$16.81	75.75%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2382	TUBE, PNEUM WHEEL DRIVE TIRE	NU	\$17.19	72.84%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2383	INSERT, PNEUM WHEEL DRIVE	NU	\$122.92	77.97%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2383	INSERT, PNEUM WHEEL DRIVE	NU	\$127.30	72.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2384	PNEUMATIC CASTER TIRE	NU	\$65.48	84.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2384	PNEUMATIC CASTER TIRE	NU	\$65.48	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2385	TUBE, PNEUMATIC CASTER TIRE		\$41.01	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2386	FOAM FILLED DRIVE WHEEL TIRE	NU	\$119.89	94.83%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2386	FOAM FILLED DRIVE WHEEL TIRE	NU	\$121.81	77.40%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2387	FOAM FILLED CASTER TIRE	NU	\$54.63	88.29%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2388	FOAM DRIVE WHEEL TIRE	NU	\$42.57	73.46%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2389	FOAM CASTER TIRE	NU	\$23.62	72.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2390	SOLID DRIVE WHEEL TIRE	NU	\$36.66	72.66%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2390	SOLID DRIVE WHEEL TIRE	NU	\$37.03	72.84%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2391	SOLID CASTER TIRE		\$16.59	78.51%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2391	SOLID CASTER TIRE	NU	\$16.58	78.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2392	SOLID CASTER TIRE, INTEGRATE	NU	\$50.35	102.72%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2392	SOLID CASTER TIRE, INTEGRATE	NU	\$51.51	85.95%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2394	DRIVE WHEEL EXCLUDES TIRE	NU	\$62.11	89.76%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2395	CASTER WHEEL EXCLUDES TIRE	NU	\$44.14	82.81%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2395	CASTER WHEEL EXCLUDES TIRE	NU	\$44.63	72.89%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2396	CASTER FORK	NU	\$46.64	74.10%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2396	CASTER FORK	NU	\$49.66	72.95%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2397	PWC ACC, LITH-BASED BATTERY		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2402	NEG PRESS WOUND THERAPY PUMP	RR	\$776.76	105.98%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2402	NEG PRESS WOUND THERAPY PUMP	RR	\$1,267.78	86.13%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2500	SGD DIGITIZED PRE-REC <=8MIN	NU	\$472.47	86.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2502	SGD PREREC MSG >8MIN <=20MIN	RR	\$145.96	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2502	SGD PREREC MSG >8MIN <=20MIN	UE	\$1,094.64	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2502	SGD PREREC MSG >8MIN <=20MIN		\$1,459.49	96.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2504	SGD PREREC MSG>20MIN <=40MIN		\$1,770.51	84.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2506	SGD PREREC MSG > 40 MIN	NU	\$2,794.55	86.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2508	SGD SPELLING PHYS CONTACT	RR	\$436.54	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2508	SGD SPELLING PHYS CONTACT	UE	\$3,274.02	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2508	SGD SPELLING PHYS CONTACT		\$4,365.33	96.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2510	SGD W MULTI METHODS MSG/ACCS	NU	\$8,177.52	85.88%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2511	SGD SFTWRE PRGRM FOR PC/PDA		\$367.40	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2512	SGD ACCESSORY, MOUNTING SYS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2599	SGD ACCESSORY NOC		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2601	GEN W/C CUSHION WDTN < 22 IN	NU	\$101.18	224.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2602	GEN W/C CUSHION WDTN >=22 IN	NU	\$133.53	127.63%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2603	SKIN PROTECT WC CUS WD <22IN	NU	\$170.98	138.68%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2604	SKIN PROTECT WC CUS WD>=22IN	NU	\$210.69	106.85%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2605	POSITION WC CUSH WDTN <22 IN	NU	\$289.31	114.04%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2606	POSITION WC CUSH WDTN>=22 IN		\$509.55	123.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2607	SKIN PRO/POS WC CUS WD <22IN	NU	\$338.59	135.37%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2608	SKIN PRO/POS WC CUS WD>=22IN	NU	\$392.62	126.34%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2609	CUSTOM FABRICATE W/C CUSHION		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2610	POWERED W/C CUSHION		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2611	GEN USE BACK CUSH WIDTH <22IN	NU	\$349.28	186.46%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2612	GEN USE BACK CUSH WIDTH>=22IN	NU	\$472.51	126.42%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2613	POSITION BACK CUSH WIDTH <22IN	NU	\$439.50	115.48%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2614	POSITION BACK CUSH WIDTH>=22IN	NU	\$608.25	116.12%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2615	POS BACK POST/LAT WIDTH <22IN	NU	\$545.48	129.94%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2616	POS BACK POST/LAT WIDTH>=22IN		\$738.47	106.68%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2617	CUSTOM FAB W/C BACK CUSHION		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2619	REPLACE COVER W/C SEAT CUSH	NU	\$51.54	85.38%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2619	REPLACE COVER W/C SEAT CUSH	NU	\$52.17	84.83%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2620	WC PLANAR BACK CUSH WIDTH <22IN	NU	\$612.47	132.11%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2621	WC PLANAR BACK CUSH WIDTH>=22IN	NU	\$642.73	117.27%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2622	ADJ SKIN PRO W/C CUSH WIDTH<22IN	NU	\$369.83	97.35%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2623	ADJ SKIN PRO WC CUSH WIDTH>=22IN	NU	\$352.87	73.72%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2623	ADJ SKIN PRO WC CUSH WIDTH>=22IN	NU	\$359.40	72.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2624	ADJ SKIN PRO/POS CUSH<22IN	NU	\$390.67	101.24%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2625	ADJ SKIN PRO/POS WC CUSH>=22	NU	\$351.72	73.88%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	E2625	ADJ SKIN PRO/POS WC CUSH>=22	NU	\$359.02	72.86%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2626	SEO MOBILE ARM SUPP ATT TO WC		\$588.50	88.08%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2627	ARM SUPP ATT TO WC RANCHO TY		\$939.05	87.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2628	MOBILE ARM SUPPORTS RECLININ		\$707.42	88.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2629	FRICTION DAMPENING ARM SUPP		\$760.95	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2630	MONOSUSPENSION ARM/HAND SUPP		\$626.04	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2631	ELEVAT PROXIMAL ARM SUPPORT		\$250.43	90.03%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2632	OFFSET/LAT ROCKER ARM W/ELA		\$159.23	89.79%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2633	MOBILE ARM SUPPORT SUPINATOR		\$135.07	88.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E3000	SPEECH VOLUME MODULATION SYS		\$239.10	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E8000	POSTERIOR GAIT TRAINER		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E8001	UPRIGHT GAIT TRAINER		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E8002	ANTERIOR GAIT TRAINER		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0001	STANDARD WHEELCHAIR	RR	\$28.32	104.72%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0001	STANDARD WHEELCHAIR	RR	\$45.21	86.15%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0001	STANDARD WHEELCHAIR		\$231.55	56.72%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0002	STND HEMI (LOW SEAT) WHLCHR	RR	\$49.26	94.44%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0002	STND HEMI (LOW SEAT) WHLCHR	RR	\$71.92	86.11%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0002	STND HEMI (LOW SEAT) WHLCHR		\$446.40	70.50%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0003	LIGHTWEIGHT WHEELCHAIR	RR	\$44.86	111.23%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0003	LIGHTWEIGHT WHEELCHAIR	RR	\$73.66	86.16%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0003	LIGHTWEIGHT WHEELCHAIR		\$345.75	42.14%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0004	HIGH STRENGTH LTWT WHLCHR	RR	\$55.63	113.89%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0004	HIGH STRENGTH LTWT WHLCHR	RR	\$92.69	85.12%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0004	HIGH STRENGTH LTWT WHLCHR	NU	\$933.67	100.43%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	NU	\$2,233.73	85.53%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0006	HEAVY DUTY WHEELCHAIR	RR	\$76.93	93.10%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0006	HEAVY DUTY WHEELCHAIR	RR	\$111.50	86.11%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0006	HEAVY DUTY WHEELCHAIR		\$706.84	59.73%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR	\$104.67	96.35%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0007	EXTRA HEAVY DUTY WHEELCHAIR	RR	\$158.00	86.10%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0007	EXTRA HEAVY DUTY WHEELCHAIR		\$930.00	66.44%	1) Use AZ, CA, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0008	CSTM MANUAL WHEELCHAIR/BASE		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0009	OTHER MANUAL WHEELCHAIR/BASE	RR	\$90.75	87.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0009	OTHER MANUAL WHEELCHAIR/BASE		\$907.50	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0010	STND WT FRAME POWER WHLCHR	RR	\$519.93	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0010	STND WT FRAME POWER WHLCHR		\$5,199.32	111.06%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0011	STND WT PWR WHLCHR W CONTROL	RR	\$625.24	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0011	STND WT PWR WHLCHR W CONTROL		\$6,252.44	124.06%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0012	LTWT PORTBL POWER WHLCHR	RR	\$396.58	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0012	LTWT PORTBL POWER WHLCHR		\$3,965.80	126.02%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0014	OTHER POWER WHLCHR BASE		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0015	DETACH NON-ADJ HT ARMST REP		\$172.34	106.54%	1) Use AZ, CA, NE, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0017	DETACH ADJUST ARMREST BASE	NU	\$47.33	82.38%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0018	DETACH ADJUST ARMST UPPER	NU	\$26.46	80.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0019	ARM PAD REPL, EACH	NU	\$15.31	89.91%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0019	ARM PAD REPL, EACH	NU	\$15.79	82.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0020	FIXED ADJUST ARMREST PAIR	NU	\$43.03	76.91%	Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0037	HI MOUNT FLIP-UP FOOTREST EA	NU	\$48.84	88.44%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0038	LEG STRAP EACH	NU	\$24.69	85.15%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0038	LEG STRAP EACH	NU	\$24.89	84.67%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0039	LEG STRAP H STYLE EACH		\$51.95	84.27%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0040	ADJUSTABLE ANGLE FOOTPLATE	NU	\$85.24	135.06%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0041	LARGE SIZE FOOTPLATE EACH	NU	\$53.71	90.71%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0042	STANDARD SIZE FTPLATE REP EA	NU	\$37.24	97.19%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0043	FTRST LOWR EXTEN TUBE REP EA	NU	\$20.29	86.07%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0044	FTRST UPR HANGER BRAC REP EA	NU	\$31.15	161.73%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0045	FTRST COMPL ASSEMBLY REPL EA	NU	\$140.62	217.04%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0046	ELEV LGRST LWR EXTEN REPL EA	NU	\$20.13	85.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0046	ELEV LGRST LWR EXTEN REPL EA	NU	\$20.20	85.96%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0047	ELEV LEGRST UPR HANGR REP EA	NU	\$80.86	96.85%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0050	RATCHET ASSEMBLY REPLACEMENT		\$28.17	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0051	CAM REL ASM FT/LEGRST REP EA	NU	\$44.70	71.82%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0052	SWINGAWAY DETACH FTREST REPL	NU	\$70.29	77.31%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0052	SWINGAWAY DETACH FTREST REPL	NU	\$74.35	72.89%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0053	ELEVATE FOOTREST ARTICULATE	NU	\$114.07	110.62%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0056	SEAT HT <17 OR >=21 LTWT WC	NU	\$106.35	92.13%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0065	SPOKE PROTECTORS	NU	\$47.80	83.23%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0069	RR WHL COMPL SOL TIRE REP EA	NU	\$103.36	88.74%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0069	RR WHL COMPL SOL TIRE REP EA	NU	\$107.42	81.61%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0070	RR WHL COMPL PNE TIRE REP EA		\$201.58	110.51%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0071	FR CSTR COMP PNE TIRE REP EA	NU	\$122.17	96.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0071	FR CSTR COMP PNE TIRE REP EA	NU	\$126.82	85.92%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0072	FR CSTR SEMI-PNE TIRE REP EA	NU	\$73.54	90.31%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0072	FR CSTR SEMI-PNE TIRE REP EA	NU	\$77.52	84.13%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0073	CASTER PIN LOCK EACH	NU	\$37.41	88.59%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0077	FR CSTR ASMB SOL TIRE REP EA	NU	\$65.80	94.07%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0098	DRIVE BELT FOR PWC, REPL		\$25.82	83.93%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0105	IV HANGER	NU	\$105.09	88.99%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0105	IV HANGER	NU	\$106.87	79.46%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0108	W/C COMPONENT-ACCESSORY NOS		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0195	ELEVATING WHLCHAIR LEG RESTS	RR	\$11.74	89.84%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0195	ELEVATING WHLCHAIR LEG RESTS	RR	\$14.47	72.97%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0455	PUMP UNINTERRUPTED INFUSION	RR	\$320.01	86.48%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0462	TEMPORARY REPLACEMENT EQPMNT	RR	\$161.30	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0552	SUP/EXT NON-INS INF PUMP SYR	NU	\$2.90	85.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0553	THER CGM SUPPLY ALLOWANCE	NU	\$257.44	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	THER CGM RECEIVER/MONITOR	RR	\$24.29	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	THER CGM RECEIVER/MONITOR		\$242.83	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	THER CGM RECEIVER/MONITOR	UE	\$182.13	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	THER CGM RECEIVER/MONITOR	NU	\$240.38	N/A	No Benchmark Rate

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0601	REPL BATT SILVER OXIDE 1.5 V		\$1.24	93.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0602	REPL BATT SILVER OXIDE 3 V		\$7.11	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0603	REPL BATT ALKALINE 1.5 V		\$0.66	101.01%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0604	REPL BATT LITHIUM 3.6 V		\$6.85	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0605	REPL BATT LITHIUM 4.5 V		\$16.39	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0606	AED GARMENT W ELEC ANALYSIS	RR	\$1,747.85	63.69%	1) Use AZ, CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0607	REPL BATT FOR AED		\$218.00	89.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0608	REPL GARMENT FOR AED		\$136.06	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0609	REPL ELECTRODE FOR AED		\$904.77	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0669	SEAT/BACK CUS NO DMEPDAC VER		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0730	CTRL DOSE INH DRUG DELIV SYS	RR	\$210.42	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0730	CTRL DOSE INH DRUG DELIV SYS		\$2,104.14	101.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0733	12-24HR SEALED LEAD ACID	NU	\$25.65	72.47%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0733	12-24HR SEALED LEAD ACID	NU	\$26.67	73.31%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0738	PORTABLE GAS OXYGEN SYSTEM	RR	\$40.08	80.80%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0738	PORTABLE GAS OXYGEN SYSTEM	RR	\$46.78	90.53%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0739	REPAIR/SVC DME NON-OXYGEN EQ		\$29.17	225.42%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0739	REPAIR/SVC DME NON-OXYGEN EQ	MS	\$179.36	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0740	REPAIR/SVC OXYGEN EQUIPMENT		\$28.17	243.85%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, and OK as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0740	REPAIR/SVC OXYGEN EQUIPMENT	MS	\$173.20	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0800	POV GROUP 1 STD UP TO 300LBS	NU	\$844.84	85.30%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0800	POV GROUP 1 STD UP TO 300LBS	RR	\$84.78	85.60%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0801	POV GROUP 1 HD 301-450 LBS	NU	\$1,580.78	85.30%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0801	POV GROUP 1 HD 301-450 LBS	NU	\$1,944.05	85.96%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0801	POV GROUP 1 HD 301-450 LBS	RR	\$158.65	70.16%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0802	POV GROUP 1 VHD 451-600 LBS	RR	\$206.04	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0802	POV GROUP 1 VHD 451-600 LBS	UE	\$1,545.28	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0802	POV GROUP 1 VHD 451-600 LBS		\$2,060.36	80.86%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0806	POV GROUP 2 STD UP TO 300LBS	RR	\$145.77	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0806	POV GROUP 2 STD UP TO 300LBS	UE	\$1,093.30	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0806	POV GROUP 2 STD UP TO 300LBS	NU	\$1,452.49	85.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0806	POV GROUP 2 STD UP TO 300LBS	NU	\$1,540.76	85.93%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0807	POV GROUP 2 HD 301-450 LBS	RR	\$225.91	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0807	POV GROUP 2 HD 301-450 LBS	UE	\$1,694.34	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0807	POV GROUP 2 HD 301-450 LBS		\$2,259.13	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0808	POV GROUP 2 VHD 451-600 LBS	RR	\$334.71	82.05%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0808	POV GROUP 2 VHD 451-600 LBS		\$3,482.38	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0812	POWER OPERATED VEHICLE NOC		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0813	PWC GP 1 STD PORT SEAT/BACK	RR	\$271.95	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0813	PWC GP 1 STD PORT SEAT/BACK		\$1,812.99	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0814	PWC GP 1 STD PORT CAP CHAIR	RR	\$285.08	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0814	PWC GP 1 STD PORT CAP CHAIR		\$1,900.54	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0815	PWC GP 1 STD SEAT/BACK	RR	\$303.35	88.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRR	Rural	K0815	PWC GP 1 STD SEAT/BACK	RR	\$443.26	86.03%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0815	PWC GP 1 STD SEAT/BACK		\$1,965.74	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0816	PWC GP 1 STD CAP CHAIR	RR	\$285.13	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0816	PWC GP 1 STD CAP CHAIR		\$1,900.88	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0820	PWC GP 2 STD PORT SEAT/BACK	RR	\$281.25	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0820	PWC GP 2 STD PORT SEAT/BACK		\$1,875.04	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0821	PWC GP 2 STD PORT CAP CHAIR	RR	\$285.13	75.72%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0821	PWC GP 2 STD PORT CAP CHAIR		\$1,900.88	56.31%	1) Use CA, NE, OK, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0822	PWC GP 2 STD SEAT/BACK		\$1,995.09	66.47%	1) Use CA, NE, OK, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0823	PWC GP 2 STD CAP CHAIR	RR	\$314.00	94.27%	Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0823	PWC GP 2 STD CAP CHAIR		\$1,900.88	62.72%	1) Use CA, NE, OK, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0824	PWC GP 2 HD SEAT/BACK	RR	\$445.42	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0824	PWC GP 2 HD SEAT/BACK		\$2,969.49	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0825	PWC GP 2 HD CAP CHAIR		\$2,723.50	62.06%	1) Use CA, NE, OK, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0826	PWC GP 2 VHD SEAT/BACK	RR	\$763.52	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0826	PWC GP 2 VHD SEAT/BACK		\$5,090.16	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0827	PWC GP VHD CAP CHAIR	RR	\$638.21	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0827	PWC GP VHD CAP CHAIR		\$4,254.80	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0828	PWC GP 2 XTRA HD SEAT/BACK	RR	\$939.37	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0828	PWC GP 2 XTRA HD SEAT/BACK		\$6,262.49	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0829	PWC GP 2 XTRA HD CAP CHAIR	RR	\$910.54	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0829	PWC GP 2 XTRA HD CAP CHAIR		\$6,070.30	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0830	PWC GP2 STD SEAT ELEVATE S/B	RR	\$415.61	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0830	PWC GP2 STD SEAT ELEVATE S/B		\$4,323.94	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0831	PWC GP2 STD SEAT ELEVATE CAP	RR	\$414.56	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0831	PWC GP2 STD SEAT ELEVATE CAP		\$4,323.94	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0835	PWC GP2 STD SING POW OPT S/B		\$2,496.99	66.48%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0836	PWC GP2 STD SING POW OPT CAP		\$2,589.94	64.51%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0837	PWC GP 2 HD SING POW OPT S/B		\$3,202.72	68.19%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0838	PWC GP 2 HD SING POW OPT CAP	RR	\$425.80	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0838	PWC GP 2 HD SING POW OPT CAP		\$2,838.65	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0839	PWC GP2 VHD SING POW OPT S/B	RR	\$638.14	85.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0839	PWC GP2 VHD SING POW OPT S/B		\$4,254.30	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0840	PWC GP2 XHD SING POW OPT S/B		\$6,531.71	70.25%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0841	PWC GP2 STD MULT POW OPT S/B	RR	\$422.09	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0841	PWC GP2 STD MULT POW OPT S/B		\$2,813.93	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0842	PWC GP2 STD MULT POW OPT CAP	RR	\$421.48	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0842	PWC GP2 STD MULT POW OPT CAP		\$2,809.87	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0843	PWC GP2 HD MULT POW OPT S/B	RR	\$500.35	85.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0843	PWC GP2 HD MULT POW OPT S/B		\$3,335.66	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0848	PWC GP 3 STD SEAT/BACK		\$5,559.14	100.30%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0849	PWC GP 3 STD CAP CHAIR		\$5,344.68	94.88%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0850	PWC GP 3 HD SEAT/BACK		\$6,448.24	97.37%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0851	PWC GP 3 HD CAP CHAIR		\$6,200.08	97.37%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0852	PWC GP 3 VHD SEAT/BACK	RR	\$1,117.58	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0852	PWC GP 3 VHD SEAT/BACK		\$7,450.58	95.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0853	PWC GP 3 VHD CAP CHAIR		\$7,653.69	97.66%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0854	PWC GP 3 XHD SEAT/BACK	RR	\$878.69	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0854	PWC GP 3 XHD SEAT/BACK		\$10,677.19	101.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0855	PWC GP 3 XHD CAP CHAIR	RR	\$830.06	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0855	PWC GP 3 XHD CAP CHAIR		\$10,086.22	101.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0856	PWC GP3 STD SING POW OPT S/B		\$5,966.99	97.60%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0857	PWC GP3 STD SING POW OPT CAP	RR	\$912.99	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0857	PWC GP3 STD SING POW OPT CAP		\$6,086.62	94.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0858	PWC GP3 HD SING POW OPT S/B		\$7,403.36	94.88%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0859	PWC GP3 HD SING POW OPT CAP	RR	\$1,059.08	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0859	PWC GP3 HD SING POW OPT CAP		\$7,060.52	96.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0860	PWC GP3 VHD SING POW OPT S/B		\$10,576.67	94.88%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0861	PWC GP3 STD MULT POW OPT S/B		\$5,976.52	97.55%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0862	PWC GP3 HD MULT POW OPT S/B		\$7,403.36	97.66%	1) Use CA, NE, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0863	PWC GP3 VHD MULT POW OPT S/B	RR	\$1,586.50	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0863	PWC GP3 VHD MULT POW OPT S/B		\$10,576.68	94.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0864	PWC GP3 XHD MULT POW OPT S/B	RR	\$1,090.73	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0864	PWC GP3 XHD MULT POW OPT S/B		\$13,921.68	108.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use CA, NE, OK, OR, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado.
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0868	PWC GP 4 STD SEAT/BACK		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0869	PWC GP 4 STD CAP CHAIR		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0870	PWC GP 4 HD SEAT/BACK		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0871	PWC GP 4 VHD SEAT/BACK		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0877	PWC GP4 STD SING POW OPT S/B		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0878	PWC GP4 STD SING POW OPT CAP		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0879	PWC GP4 HD SING POW OPT S/B		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0880	PWC GP4 VHD SING POW OPT S/B		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0884	PWC GP4 STD MULT POW OPT S/B		\$10,400.64	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0885	PWC GP4 STD MULT POW OPT CAP		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0886	PWC GP4 HD MULT POW S/B		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0890	PWC GP5 PED SING POW OPT S/B		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0891	PWC GP5 PED MULT POW OPT S/B		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0898	POWER WHEELCHAIR NOC		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0899	POW MOBIL DEV NO DMEPDAC		N/A	N/A	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K1037	DOCKING STATION FOR ORAL DEV		\$35.85	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	Q0477	PWR MODULE PT CABLE LVAD RPL		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	Q0478	POWER ADAPTER, COMBO VAD		\$147.77	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	Q0479	POWER MODULE COMBO VAD, REP		\$9,522.09	80.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S5035	HIT ROUTINE DEVICE MAINT		\$16.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S5036	HIT DEVICE REPAIR		\$16.99	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8100	SPACER WITHOUT MASK		\$37.31	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8101	SPACER WITH MASK		\$20.58	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8130	INTERFERENTIAL STIM 2 CHAN		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8131	INTERFERENTIAL STIM 4 CHAN		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8185	FLUTTER DEVICE		\$62.43	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8186	SWIVEL ADAPTOR		\$4.19	N/A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8270	ENURESIS ALARM		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S9001	HOME UTERINE MONITOR WITH OR		N/A	N/A	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	T5001	POSITION SEAT SPEC ORTH NEED		N/A	N/A	Code is Manually Priced

Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4100	FOOD THICKENER ORAL		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4102	EF ADULT FLUIDS AND ELECTRO		\$0.75	82.71%	1) Use LA, and OH as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4103	EF PED FLUID AND ELECTROLYTE		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4104	ADDITIVE FOR ENTERAL FORMULA		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4105	ENZYME CARTRIDGE ENTERAL NUT		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4149	EF BLENDERIZED FOODS		\$1.41	109.38%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4150	EF COMPLET W/INTACT NUTRIENT		\$0.66	134.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4152	EF CALORIE DENSE>=1.5KCAL		\$0.59	142.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4153	EF HYDROLYZED/AMINO ACIDS		\$1.86	117.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4154	EF SPEC METABOLIC NONINHERIT		\$1.79	210.97%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4155	EF INCOMPLETE/MODULAR		\$3.18	329.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4157	EF SPECIAL METABOLIC INHERIT		\$1.79	34.74%	1) Use NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4158	EF PED COMPLETE INTACT NUT		\$1.35	123.32%	1) Use LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4159	EF PED COMPLETE SOY BASED		\$1.35	130.03%	1) Use LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4160	EF PED CALORIC DENSE>=0.7KC		\$1.86	178.69%	1) Use LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4161	EF PED HYDROLYZED/AMINO ACID		\$3.15	120.72%	1) Use LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4162	EF PED SPECMETABOLIC INHERIT		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4164	PARENTERAL 50% DEXTROSE SOLU		\$14.52	58.88%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4168	PARENTERAL SOL AMINO ACID 3.		\$20.37	56.65%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4172	PARENTERAL SOL AMINO ACID 5.		\$33.46	54.88%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use NE, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4176	PARENTERAL SOL AMINO ACID 7-		\$47.40	68.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4178	PARENTERAL SOL AMINO ACID >		\$19.93	23.87%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4180	PARENTERAL SOL CARB > 50%		\$20.07	56.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4185	PARENTERAL SOL 10 GM LIPIDS		\$2.70	16.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4189	PARENTERAL SOL AMINO ACID &		\$38.76	15.03%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4193	PARENTERAL SOL 52-73 GM PROT		\$55.08	16.53%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4197	PARENTERAL SOL 74-100 GM PRO		\$67.21	16.53%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4199	PARENTERAL SOL > 100GM PROTE		\$74.40	16.05%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4216	PARENTERAL NUTRITION ADDITIV		\$12.80	114.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B5000	PARENTERAL SOL RENAL-AMIROSY		\$13.93	80.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B5100	PARENTERAL SOLUTION HEPATIC		\$5.42	80.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B5200	PARENTERAL SOL HEPATIC FREAM		\$5.99	146.46%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A4280	BRST PRSTHS ADHSV ATTCHMNT		\$5.99	79.97%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5500	DIAB SHOE FOR DENSITY INSERT		\$68.20	76.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5501	DIABETIC CUSTOM MOLDED SHOE		\$204.61	76.79%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5503	DIABETIC SHOE W/ROLLER/ROCKR		\$31.73	70.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DRN	Non-Rural	A5503	DIABETIC SHOE W/ROLLER/ROCKR		\$31.73	70.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5504	DIABETIC SHOE WITH WEDGE		\$31.73	70.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DRN	Non-Rural	A5504	DIABETIC SHOE WITH WEDGE		\$31.73	70.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5505	DIAB SHOE W/METATARSAL BAR		\$31.73	70.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5506	DIABETIC SHOE W/OFF SET HEEL		\$31.73	70.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5507	MODIFICATION DIABETIC SHOE		\$31.73	70.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5508	DIABETIC DELUXE SHOE		\$34.88	101.24%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA and OH as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5510	COMPRESSION FORM SHOE INSERT		\$36.20	131.93%	1) Use LA, OH, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5512	MULTI DEN INSERT DIRECT FORM		\$25.88	71.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DRN	Non-Rural	A5512	MULTI DEN INSERT DIRECT FORM		\$25.88	71.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5513	MULTI DEN INSERT CUSTOM MOLD		\$38.62	71.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DRN	Non-Rural	A5513	MULTI DEN INSERT CUSTOM MOLD		\$38.62	71.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A5514	MULT DEN INSERT DIR CARV/CAM	NU	\$39.65	73.32%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A9283	FOOT PRESS OFF LOAD SUPP DEV		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1800	ADJUST ELBOW EXT/FLEX DEVICE	RR	\$125.81	86.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1800	ADJUST ELBOW EXT/FLEX DEVICE		\$1,270.91	132.51%	1) Use LA, NE, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1801	SPS ELBOW DEVICE	RR	\$155.88	86.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1801	SPS ELBOW DEVICE		\$1,574.64	94.86%	1) Use NE, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1802	ADJST FOREARM PRO/SUP DEVICE	RR	\$394.86	86.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1802	ADJST FOREARM PRO/SUP DEVICE		\$3,988.81	125.24%	1) Use LA, NE, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1805	ADJUST WRIST EXT/FLEX DEVICE	RR	\$129.76	86.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1805	ADJUST WRIST EXT/FLEX DEVICE		\$1,310.83	133.58%	1) Use LA, NE, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1806	SPS WRIST DEVICE	RR	\$129.29	87.35%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1810	ADJUST KNEE EXT/FLEX DEVICE	RR	\$127.96	86.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1810	ADJUST KNEE EXT/FLEX DEVICE		\$1,292.55	137.10%	1) Use CA, LA, NE, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1811	SPS KNEE DEVICE	RR	\$162.04	86.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1811	SPS KNEE DEVICE		\$1,636.94	96.21%	1) Use NE, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1812	KNEE EXT/FLEX W ACT RES CTRL		\$1,049.55	88.76%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1815	ADJUST ANKLE EXT/FLEX DEVICE	RR	\$129.76	86.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1815	ADJUST ANKLE EXT/FLEX DEVICE		\$1,310.83	133.42%	1) Use LA, NE, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1816	SPS/PASS ANKLE DEVICE		\$1,662.89	89.79%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1818	SPS FOREARM DEVICE	RR	\$168.04	86.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1820	SOFT INTERFACE MATERIAL		\$99.78	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1821	REPLACEMENT INTERFACE SPSPD		\$128.45	87.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1825	ADJUST FINGER EXT/FLEX DEVC	RR	\$129.76	86.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1830	ADJUST TOE EXT/FLEX DEVICE	RR	\$129.76	86.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1831	STATIC STR TOE DEV EXT/FLEX		\$806.44	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DRN	Non-Rural	K0672	REMOVABLE SOFT INTERFACE LE		\$64.30	62.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0112	CRANIAL CERVICAL ORTHOSIS		\$1,369.54	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0113	CRANIAL CERVICAL TORTICOLLIS		\$275.42	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0120	CERV FLEX N/ADJ FOAM PRE OTS		\$21.36	71.16%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0130	FLEX THERMOPLASTIC COLLAR MO		\$82.02	44.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0140	CERVICAL SEMI-RIGID ADJUSTAB		\$58.16	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0150	CERV SEMI-RIG ADJ MOLDED CHN		\$86.94	71.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0160	CERV SR WIRE OCC/MAN PRE OTS		\$126.02	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0170	CERVICAL COLLAR MOLDED TO PT		\$412.58	56.79%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0172	CERV COL SR FOAM 2PC PRE OTS		\$106.12	71.10%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0174	CERV SR 2PC THOR EXT PRE OTS		\$258.54	71.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0180	CER POST COL OCC/MAN SUP ADJ		\$298.14	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0190	CERV COLLAR SUPP ADJ CERV BA		\$413.88	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0200	CERV COL SUPP ADJ BAR & THOR		\$449.49	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0220	THOR RIB BELT CUSTOM FABRICA		\$82.51	59.80%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0450	TLSO FLEX TRUNK/THOR PRE OTS		\$116.67	125.79%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0452	TLSO FLEX CUSTOM FAB THORACI		\$319.84	116.99%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0454	TLSO TRNK SJ-T9 PRE CST		\$334.93	78.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0455	TLSO FLEX TRNK SJ-T9 PRE OTS		\$285.93	111.14%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0456	TLSO FLEX TRNK SJ-SS PRE CST		\$960.53	77.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0457	TLSO FLEX TRNK SJ-SS PRE OTS		\$659.38	122.54%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0458	TLSO 2MOD SYMPHIS-XIPHO PRE		\$872.68	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0460	TLSO 2 SHL SYMPHYS-STERN CST		\$969.46	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0462	TLSO 3MOD SACRO-SCAP PRE		\$1,205.83	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0464	TLSO 4MOD SACRO-SCAP PRE		\$1,435.49	78.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0466	TLSO R FRAM SOFT ANT PRE CST		\$353.29	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0467	TLSO R FRAM SOFT PRE OTS		\$250.18	89.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0468	TLSO RIG FRAM PELVIC PRE CST		\$414.83	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0469	TLSO RIG FRAM PELVIC PRE OTS		\$349.53	101.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0470	TLSO RIGID FRAME PRE SUBCLAV		\$576.99	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0472	TLSO RIGID FRAME HYPEREX PRE		\$361.13	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0480	TLSO RIGID PLASTIC CUSTOM FA		\$1,580.49	74.58%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0482	TLSO RIGID LINED CUSTOM FAB		\$1,767.27	79.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0484	TLSO RIGID PLASTIC CUST FAB		\$1,907.38	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0486	TLSO RIGIDLINED CUST FAB TWO		\$1,932.61	77.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0488	TLSO RIGID LINED PRE ONE PIE		\$982.27	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0490	TLSO RIGID PLASTIC PRE ONE		\$276.77	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0491	TLSO 2 PIECE RIGID SHELL		\$517.59	55.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0492	TLSO 3 PIECE RIGID SHELL		\$326.18	55.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0621	SIO FLEX PELVIC/SACR PRE OTS		\$67.23	123.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0622	SIO FLEX PELVISACRAL CUSTOM		\$158.95	54.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0623	SIO RIG PNL PELV/SAC PRE OTS		\$54.14	61.77%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0624	SIO PANEL CUSTOM		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0625	LO FLEX L1-BELOW L5 PRE OTS		\$41.69	136.51%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0626	LO SAG RIG PNL STAYS PRE CST		\$67.94	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0627	LO SAG RI AN/POS PNL PRE CST		\$358.33	70.90%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0628	LSO FLEX NO RI STAYS PRE OTS		\$63.45	144.39%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0629	LSO FLEX W/RIGID STAYS CUST		\$195.82	105.98%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0630	LSO R POST PNL SJ-T9 PRE CST		\$141.16	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0631	LSO SAG R AN/POS PNL PRE CST		\$894.90	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0632	LSO SAG RIGID FRAME CUST		\$424.64	93.41%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0633	LSO SC R POS/LAT PNL PRE CST		\$191.13	54.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0634	LSO FLEXION CONTROL CUSTOM		\$388.98	121.30%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0635	LSO SAGIT RIGID PANEL PREFAB		\$770.20	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0636	LSO SAGITTAL RIGID PANEL CUS		\$1,340.32	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0637	LSO SC R ANT/POS PNL PRE CST		\$902.33	71.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0638	LSO SAG-CORONAL PANEL CUSTOM		\$1,147.49	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0639	LSO S/C SHELL/PANEL PREFAB		\$689.89	54.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0640	LSO S/C SHELL/PANEL CUSTOM		\$910.36	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0641	LO RIG POS PNL L1-L5 PRE OTS		\$51.72	116.89%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0642	LO SAG RI AN/POS PNL PRE OTS		\$272.78	126.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0643	LSO SAG CTR RIGI POS PRE OTS		\$107.47	133.65%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0648	LSO SAG R AN/POS PNL PRE OTS		\$681.24	127.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0649	LSO SC R POS/LAT PNL PRE OTS		\$236.88	166.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0650	LSO SC R ANT/POS PNL PRE OTS		\$746.05	119.45%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0651	LSO SAG-CO SHELL PNL PRE OTS		\$855.11	144.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0700	CTL SO A-P-L CONTROL MOLDED		\$1,254.43	54.44%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0710	CTL SO A-P-L CONTROL W/ INTER		\$1,920.44	57.80%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0810	HALO CERVICAL INTO JCKT VEST		\$1,469.69	48.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0820	HALO CERVICAL INTO BODY JACK		\$1,348.93	51.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0830	HALO CERV INTO MILWAUKEE TYP		\$2,097.55	59.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0861	HALO REPL LINER/INTERFACE		\$210.91	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0970	TL SO CORSET FRONT		\$135.13	78.71%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0972	LSO CORSET FRONT		\$74.14	59.45%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0974	TL SO FULL CORSET		\$89.00	44.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0976	LSO FULL CORSET		\$163.25	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0978	AXILLARY CRUTCH EXTENSION		\$72.95	33.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0980	PERONEAL STRAPS PAIR PRE OTS		\$11.77	59.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0982	STOCKING SUP GRIPS 4 PRE OTS		\$12.24	66.70%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0984	PROTECT BODY SOCK EA PRE OTS		\$53.61	71.32%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0999	ADD TO SPINAL ORTHOSIS NOS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1000	CTLSSO MILWAUKEE INITIAL MODEL		\$1,682.67	63.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1001	CTLSSO INFANT IMMOBILIZER		\$912.46	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1005	TENSION BASED SCOLIOSIS ORTH		\$3,131.88	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1010	CTLSSO AXILLA SLING		\$54.00	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1020	KYPHOSIS PAD		\$69.55	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1025	KYPHOSIS PAD FLOATING		\$93.59	66.62%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1030	LUMBAR BOLSTER PAD		\$51.19	64.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1040	LUMBAR OR LUMBAR RIB PAD		\$62.77	60.97%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1050	STERNAL PAD		\$66.99	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1060	THORACIC PAD		\$76.97	67.65%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1070	TRAPEZIUS SLING		\$47.44	46.79%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1080	OUTRIGGER		\$57.21	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1085	OUTRIGGER BIL W/ VERT EXTENS		\$62.21	35.87%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1090	LUMBAR SLING		\$79.66	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1100	RING FLANGE PLASTIC/LEATHER		\$68.65	38.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1110	RING FLANGE PLAS/LEATHER MOL		\$88.49	30.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1120	COVERS FOR UPRIGHT EACH		\$17.68	36.54%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1200	FURNISH INITIAL ORTHOSIS ONLY		\$1,511.91	70.10%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1210	LATERAL THORACIC EXTENSION		\$280.73	68.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1220	ANTERIOR THORACIC EXTENSION		\$185.87	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1230	MILWAUKEE TYPE SUPERSTRUCTUR		\$670.43	78.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1240	LUMBAR DEROTATION PAD		\$62.48	68.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1250	ANTERIOR ASIS PAD		\$58.14	66.20%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1260	ANTERIOR THORACIC DEROTATION		\$60.88	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1270	ABDOMINAL PAD		\$62.34	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1280	RIB GUSSET (ELASTIC) EACH		\$69.42	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1290	LATERAL TROCHANTERIC PAD		\$63.25	68.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1300	BODY JACKET MOLD TO PATIENT		\$1,670.41	70.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1310	POST-OPERATIVE BODY JACKET		\$1,860.67	75.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1320	PECTUS CARINATUM ORTHO CUST		\$145.76	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1499	SPINAL ORTHOSIS NOS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1600	HO FLEX FREJKA W/COV PRE CST		\$90.46	60.93%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1610	HO FREJKA COV ONLY PRE CST		\$28.10	56.81%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1620	HO FLEX PAVLIK HARNs PRE CST		\$107.81	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1630	ABDUCT CONTROL HIP SEMI-FLEX		\$153.35	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1640	PELV BAND/SPREAD BAR THIGH C		\$388.48	60.91%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1650	HO ABDUCTION HIP ADJUSTABLE		\$209.94	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1652	HO BI THIGHCUFFS W SPRDR BAR		\$344.27	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1660	HO ABDUCTION STATIC PLASTIC		\$115.90	60.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1680	PELVIC & HIP CONTROL THIGH C		\$825.18	60.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1685	POST-OP HIP ABDUCT CUSTOM FA		\$595.43	44.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1686	HO POST-OP HIP ABDUCTION		\$827.29	70.20%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1690	COMBINATION BILATERAL HO		\$1,682.36	66.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1700	LEG PERTHES ORTH TORONTO TYP		\$1,382.05	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1710	LEGG PERTHES ORTH NEWINGTON		\$1,129.49	56.08%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1720	LEGG PERTHES ORTHOSIS TRILAT		\$984.78	66.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1730	LEGG PERTHES ORTH SCOTTISH R		\$767.79	60.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1755	LEGG PERTHES PATTEN BOTTOM T		\$1,432.87	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1810	KO ELASTIC WITH JOINTS		\$81.25	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1812	KO ELASTIC W/JOINTS PRE OTS		\$75.92	103.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1820	KO ELAS W/ CONDYLE PADS & JO		\$114.11	71.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1830	KO IMMOB CANVAS LONG PRE OTS		\$68.97	102.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1831	KNEE ORTH POS LOCKING JOINT		\$284.25	76.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1832	KO ADJ JNT POS R SUP PRE CST		\$489.21	70.62%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1833	KO ADJ JNT POS R SUP PRE OTS		\$473.39	97.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1834	KO W/O JOINT RIGID MOLDED TO		\$732.41	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1836	KO RIGID W/O JOINTS PRE OTS		\$105.95	118.54%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1840	KO DEROT ANT CRUCIATE CUSTOM		\$566.11	54.65%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1843	KO SINGLE UPRIGHT PRE CST		\$780.64	71.38%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1844	KO W/ADJ JT ROT CNTRL MOLDED		\$1,444.35	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1845	KO DOUBLE UPRIGHT PRE CST		\$679.28	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1846	KO W ADJ FLEX/EXT ROTAT MOLD		\$1,015.78	80.11%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1847	KO DBL UPRIGHT W/AIR PRE CST		\$540.51	77.15%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1848	KO DBL UPRIGHT W/AIR PRE OTS		\$500.39	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1850	KO SWEDISH TYPE PRE OTS		\$242.83	118.96%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1851	KO SINGLE UPRIGHT PREFAB OTS		\$712.33	107.80%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1852	KO DOUBLE UPRIGHT PREFAB OTS		\$628.15	101.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1860	KO SUPRACONDYLAR SOCKET MOLD		\$736.33	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1900	AFO SPRNG WIR DRSFLX CALF BD		\$266.25	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1902	AFO ANKLE GAUNTLET PRE OTS		\$64.23	71.18%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1904	AFO MOLDED ANKLE GAUNTLET		\$378.38	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1906	AFO MULTILIG ANK SUP PRE OTS		\$129.03	70.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1907	AFO SUPRAMALLEOLAR CUSTOM		\$543.41	78.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1910	AFO SING BAR CLASP ATTACH SH		\$229.58	53.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1920	AFO SING UPRIGHT W/ ADJUST S		\$301.72	60.91%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1930	AFO PLASTIC		\$207.75	71.38%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1932	AFO RIG ANT TIB PREFAB TCF/=		\$861.77	78.75%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1940	AFO MOLDED TO PATIENT PLASTI		\$397.94	70.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1945	AFO MOLDED PLAS RIG ANT TIB		\$766.42	69.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1950	AFO SPIRAL MOLDED TO PT PLAS		\$648.45	71.05%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1951	AFO SPIRAL PREFABRICATED		\$811.06	79.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1960	AFO POS SOLID ANK PLASTIC MO		\$446.03	70.32%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1970	AFO PLASTIC MOLDED W/ANKLE J		\$601.53	70.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1971	AFO W/ANKLE JOINT, PREFAB		\$452.66	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1980	AFO SING SOLID STIRRUP CALF		\$277.67	62.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1990	AFO DOUB SOLID STIRRUP CALF		\$358.67	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2000	KAFO SING FRE STIRR THI/CALF		\$810.81	68.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2005	KAFO SNG/DBL MECHANICAL ACT		\$3,965.32	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2010	KAFO SNG SOLID STIRRUP W/O J		\$712.71	58.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2020	KAFO DBL SOLID STIRRUP BAND/		\$939.57	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2030	KAFO DBL SOLID STIRRUP W/O J		\$695.12	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2034	KAFO PLA SIN UP W/WO K/A CUS		\$2,009.98	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2035	KAFO PLASTIC PEDIATRIC SIZE		\$169.49	80.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2036	KAFO PLAS DOUB FREE KNEE MOL		\$1,638.79	70.85%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2037	KAFO PLAS SING FREE KNEE MOL		\$1,340.24	66.88%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2038	KAFO W/O JOINT MULTI-AXIS AN		\$910.43	56.52%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2040	HKAFO TORSION BIL ROT STRAPS		\$185.63	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2050	HKAFO TORSION CABLE HIP PELV		\$430.20	72.45%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2060	HKAFO TORSION BALL BEARING J		\$492.55	73.87%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2070	HKAFO TORSION UNILAT ROT STR		\$108.21	58.82%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2080	HKAFO UNILAT TORSION CABLE		\$246.80	60.91%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2090	HKAFO UNILAT TORSION BALL BR		\$379.10	69.03%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2106	AFO TIB FX CAST PLASTER MOLD		\$370.72	48.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2108	AFO TIB FX CAST MOLDED TO PT		\$1,026.83	74.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2112	AFO TIBIAL FRACTURE SOFT		\$375.43	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2114	AFO TIB FX SEMI-RIGID		\$470.89	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2116	AFO TIBIAL FRACTURE RIGID		\$482.14	60.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2126	KAFO FEM FX CAST THERMOPLAS		\$868.20	57.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2128	KAFO FEM FX CAST MOLDED TO P		\$1,274.64	65.98%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2132	KAFO FEMORAL FX CAST SOFT		\$943.98	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2134	KAFO FEM FX CAST SEMI-RIGID		\$778.26	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2136	KAFO FEMORAL FX CAST RIGID		\$843.13	56.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2180	PLAS SHOE INSERT W ANK JOINT		\$103.29	60.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2182	DROP LOCK KNEE		\$29.52	26.85%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2184	LIMITED MOTION KNEE JOINT		\$109.19	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2186	ADJ MOTION KNEE JNT LERMAN T		\$106.23	52.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2188	QUADRILATERAL BRIM		\$215.29	63.81%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2190	WAIST BELT		\$61.35	60.21%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2192	PELVIC BAND & BELT THIGH FLA		\$286.91	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2200	LIMITED ANKLE MOTION EA JNT		\$51.01	70.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2210	DORSIFLEXION ASSIST EACH JOI		\$72.12	70.72%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2220	DORSI & PLANTAR FLEX ASS/RES		\$85.37	70.50%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2230	SPLIT FLAT CALIPER STIRR & P		\$56.70	60.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2232	ROCKER BOTTOM, CONTACT AFO		\$92.81	78.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2240	ROUND CALIPER AND PLATE ATTA		\$56.66	60.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2250	FOOT PLATE MOLDED STIRRUP AT		\$338.48	70.93%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2260	REINFORCED SOLID STIRRUP		\$184.46	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2265	LONG TONGUE STIRRUP		\$94.77	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2270	VARUS/VALGUS STRAP PADDED/LI		\$47.46	70.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2275	PLASTIC MOD LOW EXT PAD/LINE		\$119.87	70.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2280	MOLDED INNER BOOT		\$364.35	69.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2300	ABDUCTION BAR JOINTED ADJUST		\$216.66	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2310	ABDUCTION BAR-STRAIGHT		\$119.18	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2320	NON-MOLDED LACER		\$211.27	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2330	LACER MOLDED TO PATIENT MODE		\$348.25	71.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2335	ANTERIOR SWING BAND		\$161.42	60.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2340	PRE-TIBIAL SHELL MOLDED TO P		\$359.63	70.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2350	PROSTHETIC TYPE SOCKET MOLDE		\$837.45	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2360	EXTENDED STEEL SHANK		\$46.27	71.44%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2370	PATTEN BOTTOM		\$206.56	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2375	TORSION ANK & HALF SOLID STI		\$72.49	56.95%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2380	TORSION STRAIGHT KNEE JOINT		\$143.75	77.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2385	STRAIGHT KNEE JOINT HEAVY DU		\$143.70	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2387	ADD LE POLY KNEE CUSTOM KAFO		\$147.82	76.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2390	OFFSET KNEE JOINT EACH		\$117.43	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2395	OFFSET KNEE JOINT HEAVY DUTY		\$149.58	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2397	SUSPENSION SLEEVE LOWER EXT		\$103.62	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2405	KNEE JOINT DROP LOCK EA JNT		\$75.86	71.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2415	KNEE JOINT CAM LOCK EACH JOI		\$115.05	77.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2425	KNEE DISC/DIAL LOCK/ADJ FLEX		\$135.74	77.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2430	KNEE JNT RATCHET LOCK EA JNT		\$138.47	78.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2492	KNEE LIFT LOOP DROP LOCK RIN		\$102.74	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2500	THI/GLUT/ISCHIA WGT BEARING		\$249.94	70.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2510	TH/WGHT BEAR QUAD-LAT BRIM M		\$584.49	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2520	TH/WGHT BEAR QUAD-LAT BRIM C		\$338.33	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2525	TH/WGHT BEAR NAR M-L BRIM MO		\$1,102.85	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2526	TH/WGHT BEAR NAR M-L BRIM CU		\$578.82	57.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2530	THIGH/WGHT BEAR LACER NON-MO		\$252.08	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2540	THIGH/WGHT BEAR LACER MOLDED		\$386.14	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2550	THIGH/WGHT BEAR HIGH ROLL CU		\$347.40	80.52%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2570	HIP CLEVIS TYPE 2 POSIT JNT		\$383.27	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2580	PELVIC CONTROL PELVIC SLING		\$474.11	69.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2600	HIP CLEVIS/THRUST BEARING FR		\$153.01	54.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2610	HIP CLEVIS/THRUST BEARING LO		\$217.17	75.82%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2620	PELVIC CONTROL HIP HEAVY DUT		\$215.15	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2622	HIP JOINT ADJUSTABLE FLEXION		\$246.76	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2624	HIP ADJ FLEX EXT ABDUCT CONT		\$266.45	68.51%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2627	PLASTIC MOLD RECIPRO HIP & C		\$2,041.65	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2628	METAL FRAME RECIPRO HIP & CA		\$1,797.51	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2630	PELVIC CONTROL BAND & BELT U		\$265.68	71.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2640	PELVIC CONTROL BAND & BELT B		\$227.59	60.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2650	PELV & THOR CONTROL GLUTEAL		\$81.14	60.01%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2660	THORACIC CONTROL THORACIC BA		\$220.50	78.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2670	THORAC CONT PARASPINAL UPRIG		\$201.80	78.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2680	THORAC CONT LAT SUPPORT UPRI		\$182.73	77.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2750	PLATING CHROME/NICKEL PR BAR		\$67.26	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2755	CARBON GRAPHITE LAMINATION		\$113.65	70.46%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2760	EXTENSION PER EXTENSION PER		\$65.19	69.83%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2768	ORTHO SIDEBAR DISCONNECT		\$125.83	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2780	NON-CORROSIVE FINISH		\$54.47	71.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2785	DROP LOCK RETAINER EACH		\$25.51	69.38%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2795	KNEE CONTROL FULL KNEECAP		\$68.37	71.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2800	KNEE CAP MEDIAL OR LATERAL P		\$94.15	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2810	KNEE CONTROL CONDYLAR PAD		\$62.84	70.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2820	SOFT INTERFACE BELOW KNEE SE		\$93.17	70.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2830	SOFT INTERFACE ABOVE KNEE SE		\$100.80	70.62%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2840	TIBIAL LENGTH SOCK FX OR EQU		\$35.16	70.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2850	FEMORAL LGTH SOCK FX OR EQUA		\$63.97	70.72%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2861	TORSION MECHANISM KNEE/ANKLE		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2999	LOWER EXTREMITY ORTHOSIS NOS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3000	FT INSERT UCB BERKELEY SHELL		\$273.26	70.85%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3001	FOOT INSERT REMOV MOLDED SPE		\$127.74	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3002	FOOT INSERT PLASTAZOTE OR EQ		\$140.48	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3003	FOOT INSERT SILICONE GEL EAC		\$168.26	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3010	FOOT LONGITUDINAL ARCH SUPPO		\$151.59	71.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3020	FOOT LONGITUD/METATARSAL SUP		\$172.59	71.14%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3030	FOOT ARCH SUPPORT REMOV PREM		\$66.37	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3031	FOOT LAMIN/PREPREG COMPOSITE		\$133.21	89.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3040	FT ARCH SUPRT PREMOLD LONGIT		\$40.95	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3050	FOOT ARCH SUPP PREMOLD METAT		\$40.95	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3060	FOOT ARCH SUPP LONGITUD/META		\$64.18	71.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3070	ARCH SUPRT ATT TO SHO LONGIT		\$25.66	66.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3080	ARCH SUPP ATT TO SHOE METATA		\$25.66	66.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3090	ARCH SUPP ATT TO SHOE LONG/M		\$39.83	80.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3100	HALLUS-VALGUS NT DYN PRE OTS		\$37.61	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3140	ABDUCTION ROTATION BAR SHOE		\$72.91	67.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3150	ABDUCT ROTATION BAR W/O SHOE		\$70.81	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3160	SHOE STYLED POSITIONING DEV		\$50.67	88.23%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3161	FOOT, ADDUCTUS POSITION, ADJ		\$86.56	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3170	FOOT PLAS HEEL STABI PRE OTS		\$48.20	77.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3201	OXFORD W SUPINAT/PRONAT INF		\$57.50	129.04%	1) Use CA, LA, NE, NV, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3202	OXFORD W/ SUPINAT/PRONATOR C		\$49.07	107.63%	1) Use CA, LA, NE, NV, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3203	OXFORD W/ SUPINATOR/PRONATOR		\$34.40	70.11%	1) Use CA, LA, NE, NV, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3204	HIGHTOP W/ SUPP/PRONATOR INF		\$57.50	134.62%	1) Use CA, LA, NE, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3206	HIGHTOP W/ SUPP/PRONATOR CHI		\$135.90	307.43%	1) Use CA, LA, NE, NV, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3207	HIGHTOP W/ SUPP/PRONATOR JUN		\$129.90	292.24%	1) Use CA, LA, NE, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3208	SURGICAL BOOT EACH INFANT		\$80.77	238.54%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3209	SURGICAL BOOT EACH CHILD		\$77.18	201.39%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3211	SURGICAL BOOT EACH JUNIOR		\$80.77	203.48%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3212	BENESCH BOOT PAIR INFANT		\$78.63	134.37%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3213	BENESCH BOOT PAIR CHILD		\$119.85	225.40%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3214	BENESCH BOOT PAIR JUNIOR		\$114.58	205.08%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3215	ORTHOPEDIC FTWEAR LADIES OXF		\$75.36	96.86%	1) Use AZ, CA, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3216	ORTHOPED LADIES SHOES DPTH I		\$88.37	99.30%	1) Use CA, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3217	LADIES SHOES HIGHTOP DEPTH I		\$87.66	100.20%	1) Use CA, LA, NE, NV, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3219	ORTHOPEDIC MENS SHOES OXFORD		\$86.33	98.96%	1) Use AZ, CA, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3221	ORTHOPEDIC MENS SHOES DPTH I		\$99.27	97.05%	1) Use CA, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3222	MENS SHOES HIGHTOP DEPTH INL		\$96.36	97.09%	1) Use CA, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3224	WOMAN'S SHOE OXFORD BRACE		\$49.19	68.91%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3225	MAN'S SHOE OXFORD BRACE		\$72.89	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3230	CUSTOM SHOES DEPTH INLAY		\$207.07	89.25%	1) Use CA, LA, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3250	CUSTOM MOLD SHOE REMOV PROST		\$222.49	97.15%	1) Use CA, LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3251	SHOE MOLDED TO PT SILICONE S		\$250.90	165.01%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, and OH as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3252	SHOE MOLDED PLASTAZOTE CUST		\$274.23	131.18%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3253	SHOE MOLDED PLASTAZOTE CUST		\$74.48	86.70%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3254	ORTH FOOT NON-STNDARD SIZE/W		\$26.86	89.85%	1) Use CA, LA, NE, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3255	ORTH FOOT NON-STANDARD SIZE/		\$21.23	71.02%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3257	ORTH FOOT ADD CHARGE SPLIT S		\$56.67	79.43%	1) Use CA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3260	AMBULATORY SURGICAL BOOT EAC		\$55.61	135.52%	1) Use CA, LA, NE, NV, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3265	PLASTAZOTE SANDAL EACH		\$56.33	98.83%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3300	SHO LIFT TAPER TO METATARSAL		\$45.38	71.44%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3310	SHOE LIFT ELEV HEEL/SOLE NEO		\$70.81	70.84%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3320	SHOE LIFT ELEV HEEL/SOLE COR		\$69.21	81.34%	1) Use CA, LA, NE, NV, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3330	LIFTS ELEVATION METAL EXTENS		\$553.78	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3332	SHOE LIFTS TAPERED TO ONE-HA		\$64.18	70.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3334	SHOE LIFTS ELEVATION HEEL /I		\$36.86	77.82%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3340	SHOE WEDGE SACH		\$82.28	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3350	SHOE HEEL WEDGE		\$19.89	71.16%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3360	SHOE SOLE WEDGE OUTSIDE SOLE		\$30.97	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3370	SHOE SOLE WEDGE BETWEEN SOLE		\$43.16	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3380	SHOE CLUBFOOT WEDGE		\$43.16	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3390	SHOE OUTFLARE WEDGE		\$47.91	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3400	SHOE METATARSAL BAR WEDGE RO		\$35.38	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3410	SHOE METATARSAL BAR BETWEEN		\$89.69	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3420	FULL SOLE/HEEL WEDGE BTWEEN		\$52.83	79.32%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3430	SHO HEEL COUNT PLAST REINFOR		\$154.79	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3440	HEEL LEATHER REINFORCED		\$74.65	80.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3450	SHOE HEEL SACH CUSHION TYPE		\$101.93	79.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3455	SHOE HEEL NEW LEATHER STANDA		\$39.83	80.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3460	SHOE HEEL NEW RUBBER STANDAR		\$28.04	66.99%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3465	SHOE HEEL THOMAS WITH WEDGE		\$56.49	79.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3470	SHOE HEEL THOMAS EXTEND TO B		\$60.20	79.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3480	SHOE HEEL PAD & DEPRESS FOR		\$60.20	79.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3485	SHOE HEEL PAD REMOVABLE FOR		\$28.04	94.15%	1) Use CA, LA, NE, NV, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3500	ORTHO SHOE ADD LEATHER INSOL		\$28.62	80.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3510	ORTHOPEDIC SHOE ADD RUB INSL		\$28.62	80.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3520	O SHOE ADD FELT W LEATH INSL		\$31.11	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3530	ORTHO SHOE ADD HALF SOLE		\$31.11	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3540	ORTHO SHOE ADD FULL SOLE		\$49.16	79.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3550	O SHOE ADD STANDARD TOE TAP		\$8.72	80.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3560	O SHOE ADD HORSESHOE TOE TAP		\$22.37	80.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3570	O SHOE ADD INSTEP EXTENSION		\$83.39	80.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3580	O SHOE ADD INSTEP VELCRO CLO		\$62.63	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3590	O SHOE CONVERT TO SOF COUNT		\$52.29	80.37%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3595	ORTHO SHOE ADD MARCH BAR		\$41.03	80.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3600	TRANS SHOE CALIP PLATE EXIST		\$74.65	80.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3610	TRANS SHOE CALIPER PLATE NEW		\$98.34	80.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3620	TRANS SHOE SOLID STIRRUP EXI		\$73.68	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3630	TRANS SHOE SOLID STIRRUP NEW		\$97.02	79.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3640	SHOE DENNIS BROWNE SPLINT BO		\$35.40	67.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3649	ORTHOPEDIC SHOE MODIFICA NOS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3650	SO 8 ABD RESTRAINT PRE OTS		\$46.70	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3660	SO 8 AB RSTR CAN/WEB PRE OTS		\$105.64	71.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3670	SO ACRO/CLAV CAN WEB PRE OTS		\$59.88	47.96%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3671	SO CAP DESIGN W/O JNTS CF		\$802.41	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3674	SO AIRPLANE W/WO JOINT CF		\$861.28	65.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3675	SO VEST CANVAS/WEB PRE OTS		\$154.23	79.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3677	SO HARD PLAS STABILI PRE CST		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3678	SO HARD PLAS STABILI PRE OTS		N/A	N/A	1) No valid utilization data; 2) No Colorado rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3702	EO W/O JOINTS CF		\$253.80	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3710	EO ELAS W/METAL JNTS PRE OTS		\$97.34	69.75%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3720	FOREARM/ARM CUFFS FREE MOTIO		\$571.72	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3730	FOREARM/ARM CUFFS EXT/FLEX A		\$709.81	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3740	CUFFS ADJ LOCK W/ ACTIVE CON		\$841.54	67.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3760	EO ADJ JT PREFAB CUSTOM FIT		\$439.53	78.97%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3761	EO, ADJ LOCK JOINT PREFAB OT		\$495.39	89.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3762	EO RIGID W/O JOINTS PRE OTS		\$94.49	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3763	EWHO RIGID W/O JNTS CF		\$590.40	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3764	EWHO W/JOINT(S) CF		\$674.85	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3765	EWHFO RIGID W/O JNTS CF		\$1,141.89	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3766	EWHFO W/JOINT(S) CF		\$1,193.41	79.29%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3806	WHFO W/JOINT(S) CUSTOM FAB		\$359.65	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3806	WHFO W/JOINT(S) CUSTOM FAB	RR	\$351.51	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3807	WHFO W/O JOINTS PRE CST		\$219.74	79.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3808	WHFO, RIGID W/O JOINTS		\$287.34	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3808	WHFO, RIGID W/O JOINTS	RR	\$283.14	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3809	WHFO W/O JOINTS PRE OTS		\$197.95	71.15%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3891	TORSION MECHANISM WRIST/ELBO		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3900	HINGE EXTENSION/FLEX WRIST/F		\$1,018.86	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3901	HINGE EXT/FLEX WRIST FINGER		\$1,016.49	44.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3904	WHFO ELECTRIC CUSTOM FITTED		\$1,718.49	39.92%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3905	WHO W/NONTORSION JNT(S) CF		\$871.64	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3906	WHO W/O JOINTS CF		\$321.99	71.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3908	WHO COCK-UP NONMOLDE PRE OTS		\$47.18	71.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3912	HFO FLEXION GLOVE PRE OTS		\$84.39	80.72%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3913	HFO W/O JOINTS CF		\$238.05	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3915	WHO NONTORSION JNTS PRE CST		\$420.91	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3916	WHO NONTORSION JNTS PRE OTS		\$389.10	66.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3917	METACARP FX ORTHOSIS PRE CST		\$92.84	79.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3918	METACARP FX ORTHOSIS PRE OTS		\$83.62	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3919	HO W/O JOINTS CF		\$241.19	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3921	HFO W/JOINT(S) CF		\$282.27	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3923	HFO WITHOUT JOINTS PRE CST		\$76.04	78.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3924	HFO WITHOUT JOINTS PRE OTS		\$68.49	71.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3925	FO PIP DIP JNT/SPRNG PRE OTS		\$38.87	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3927	FO PIP DIP NO JT SPR PRE OTS		\$30.74	79.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3929	HFO NONTORSION JNTS PRE CST		\$61.56	69.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3930	HFO NONTORSION JNTS PRE OTS		\$56.92	66.05%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3931	WHFO NONTORSION JOINT PREFAB		\$152.05	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3933	FO W/O JOINTS CF		\$187.57	79.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3935	FO NONTORSION JOINT CF		\$196.77	80.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3956	ADD JOINT UPPER EXT ORTHOSIS		\$91.11	30.10%	1) Use NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3960	SEWHO AIRPLAN DESIG ABDU POS		\$578.69	71.43%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3961	SEWHO CAP DESIGN W/O JNTS CF		\$1,496.19	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3962	SEWHO ERBS PALSEY DESIGN ABD		\$451.79	57.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3967	SEWHO AIRPLANE W/O JNTS CF		\$1,743.48	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3971	SEWHO CAP DESIGN W/JNT(S) CF		\$1,676.79	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3973	SEWHO AIRPLANE W/JNT(S) CF		\$1,743.48	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3975	SEWHFO CAP DESIGN W/O JNT CF		\$1,496.19	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3976	SEWHFO AIRPLANE W/O JNTS CF		\$1,496.19	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3977	SEWHFO CAP DESGN W/JNT(S) CF		\$1,676.79	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3978	SEWHFO AIRPLANE W/JNT(S) CF		\$1,766.51	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3980	UP EXT FX ORTHOS HUMERAL NOS		\$243.42	69.92%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3981	UE FX ORTH SHOUL CAP FOREARM		\$798.59	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3982	UPPER EXT FX ORTHOSIS RAD/UL		\$300.97	69.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3984	UPPER EXT FX ORTHOSIS WRIST		\$311.41	71.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3995	SOCK FRACTURE OR EQUAL EACH		\$25.74	71.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3999	UPPER LIMB ORTHOSIS NOS		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4000	REPL GIRDLE MILWAUKEE ORTH		\$795.23	48.81%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4002	REPLACE STRAP, ANY ORTHOSIS		\$11.46	93.56%	1) Use CA, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4010	REPLACE TRILATERAL SOCKET BR		\$399.42	48.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4020	REPLACE QUADLAT SOCKET BRIM		\$440.08	45.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4030	REPLACE SOCKET BRIM CUST FIT		\$295.36	51.93%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4040	REPLACE MOLDED THIGH LACER		\$295.36	61.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4045	REPLACE NON-MOLDED THIGH LAC		\$300.07	67.46%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4050	REPLACE MOLDED CALF LACER		\$263.09	56.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4055	REPLACE NON-MOLDED CALF LACE		\$182.18	60.49%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4060	REPLACE HIGH ROLL CUFF		\$295.36	61.87%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4070	REPLACE PROX & DIST UPRIGHT		\$249.71	78.76%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4080	REPL MET BAND KAFO-AFO PROX		\$75.37	66.14%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4090	REPL MET BAND KAFO-AFO CALF/		\$71.74	70.51%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4100	REPL LEATH CUFF KAFO PROX TH		\$68.62	58.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4110	REPL LEATH CUFF KAFO-AFO CAL		\$69.14	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4130	REPLACE PRETIBIAL SHELL		\$458.80	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4205	ORTHO DVC REPAIR PER 15 MIN		\$21.36	125.34%	1) Use AZ, CA, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4210	ORTH DEV REPAIR/REPL MINOR P		\$25.76	36.19%	1) Use LA, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4350	ANKLE CONTROL ORTHO PRE OTS		\$71.92	71.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4360	PNEUMAT WALKING BOOT PRE CST		\$240.44	71.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4361	PNEUMA/VAC WALK BOOT PRE OTS		\$240.44	71.18%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4370	PNEUM FULL LEG SPLNT PRE OTS		\$166.63	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4386	NON-PNEUM WALK BOOT PRE CST		\$153.10	78.84%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4387	NON-PNEUM WALK BOOT PRE OTS		\$137.92	71.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4392	REPLACE AFO SOFT INTERFACE		\$22.57	80.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4394	REPLACE FOOT DROP SPINT		\$16.52	80.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4396	STATIC OR DYNAMI AFO PRE CST		\$143.37	70.32%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4398	FOOT DROP SPLINT PRE OTS		\$73.28	79.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L4631	AFO, WALK BOOT TYPE, CUS FAB		\$1,197.44	69.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	S1040	CRANIAL REMOLDING ORTHOSIS		\$2,783.27	144.04%	1) Use LA, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4206	1 CC STERILE SYRINGE&NEEDLE		\$0.18	51.58%	1) Use AZ, NE, NV, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4206	1 CC STERILE SYRINGE&NEEDLE		\$0.18	51.59%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, NV, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4207	2 CC STERILE SYRINGE&NEEDLE		\$0.41	124.72%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, NV, OH, OR, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4208	3 CC STERILE SYRINGE&NEEDLE		\$0.34	104.98%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4209	5+ CC STERILE SYRINGE&NEEDLE		\$0.43	108.08%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4210	NONNEEDLE INJECTION DEVICE		\$6.74	9.90%	1) Use LA, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4211	SUPP FOR SELF-ADM INJECTIONS		\$10.97	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4212	NON CORING NEEDLE OR STYLET		\$3.86	43.72%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, NE, NV, OH, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4213	20+ CC SYRINGE ONLY		\$2.10	261.81%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4213	20+ CC SYRINGE ONLY		\$2.10	249.64%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4215	STERILE NEEDLE		\$0.33	119.70%	1) Use AZ, NE, NV, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4215	STERILE NEEDLE		\$0.33	119.70%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, NV, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4216	STERILE WATER/SALINE, 10 ML		\$0.51	81.97%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4216	STERILE WATER/SALINE, 10 ML		\$0.51	82.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4217	STERILE WATER/SALINE, 500 ML		\$3.22	72.87%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4218	STERILE SALINE OR WATER		\$0.30	49.50%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use NE, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4220	INFUSION PUMP REFILL KIT		\$75.12	114.61%	1) Use NE, NV, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4221	SUPP NON-INSULIN INF CATH/WK		\$23.19	90.87%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4222	INFUSION SUPPLIES WITH PUMP		\$38.00	79.14%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A4222	INFUSION SUPPLIES WITH PUMP		\$41.29	73.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4224	SUPPLY INSULIN INF CATH/WK		\$22.94	90.99%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A4224	SUPPLY INSULIN INF CATH/WK		\$24.32	85.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4225	SUP/EXT INSULIN INF PUMP SYR		\$4.64	136.35%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4230	INFUS INSULIN PUMP NON NEEDL		\$14.11	121.05%	1) Use NE, NV, OH, OK, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4230	INFUS INSULIN PUMP NON NEEDL		\$14.11	120.99%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use NE, NV, OH, OK, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4231	INFUSION INSULIN PUMP NEEDLE		\$8.59	118.39%	1) Use NV, OH, OK, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4232	SYRINGE W/NEEDLE INSULIN 3CC		\$3.99	143.30%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4233	ALKALIN BATT FOR GLUCOSE MON		\$0.62	121.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4234	J-CELL BATT FOR GLUCOSE MON		\$3.02	127.97%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4235	LITHIUM BATT FOR GLUCOSE MON		\$1.07	107.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4236	SILVR OXIDE BATT GLUCOSE MON		\$1.40	120.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4238	ADJU CGM SUPPLY ALLOWANCE		\$841.59	317.97%	1) Use AZ, NE, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4239	NON-ADJU CGM SUPPLY ALLOW		\$214.33	79.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4239	NON-ADJU CGM SUPPLY ALLOW	KF	\$252.15	80.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4244	ALCOHOL OR PEROXIDE PER PINT		\$0.59	30.35%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4244	ALCOHOL OR PEROXIDE PER PINT		\$0.59	30.51%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4245	ALCOHOL WIPES PER BOX		\$0.05	N/A	No Benchmark Rate

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4246	BETADINE/PHISOHEX SOLUTION		\$3.87	44.21%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4247	BETADINE/IODINE SWABS/WIPES		\$0.15	1.49%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4250	URINE REAGENT STRIPS/TABLETS		\$0.59	8.22%	1) Use NV, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4252	BLOOD KETONE TEST OR STRIP		\$4.63	78.71%	1) Use TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4253	BLOOD GLUCOSE/REAGENT STRIPS	NU	\$8.22	98.80%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4255	GLUCOSE MONITOR PLATFORMS		\$4.62	80.49%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4258	LANCET DEVICE EACH		\$2.09	98.58%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4259	LANCETS PER BOX		\$1.40	98.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4259	LANCETS PER BOX		\$1.40	98.59%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4265	PARAFFIN		\$3.74	78.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4271	HOME LANCING/TEST CARTRIDGES		\$65.25	195.18%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4281	REPLACEMENT BREASTPUMP TUBE		\$3.02	62.53%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4282	REPLACEMENT BREASTPUMP ADPT		\$0.60	6.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4283	REPLACEMENT BREASTPUMP CAP		\$0.77	61.52%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4284	REPLCMNT BREAST PUMP SHIELD		\$10.16	114.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4286	REPLCMNT BREASTPUMP LOK RING		\$0.24	14.20%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4287	DISP COL STO BAG BREAST MILK		\$0.40	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4305	DRUG DELIVERY SYSTEM >=50 ML		\$7.56	44.79%	1) Use LA, NV, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4306	DRUG DELIVERY SYSTEM <=50 ML		\$20.79	101.06%	1) Use LA, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4310	INSERT TRAY W/O BAG/CATH		\$7.70	70.96%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4310	INSERT TRAY W/O BAG/CATH		\$7.70	71.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4311	CATHETER W/O BAG 2-WAY LATEX		\$13.56	73.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4312	CATH W/O BAG 2-WAY SILICONE		\$17.18	80.21%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4314	CATH W/DRAINAGE 2-WAY LATEX		\$25.22	71.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4315	CATH W/DRAINAGE 2-WAY SILCNE		\$26.32	71.37%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4320	IRRIGATION TRAY		\$5.27	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4322	IRRIGATION SYRINGE		\$3.04	69.53%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4326	MALE EXTERNAL CATHETER		\$10.11	74.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4327	FEM URINARY COLLECT DEV CUP		\$7.66	12.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4328	FEM URINARY COLLECT POUCH		\$9.21	63.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4330	STOOL COLLECTION POUCH		\$6.67	66.63%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4331	EXTENSION DRAINAGE TUBING		\$3.17	70.83%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4332	LUBE STERILE PACKET		\$0.13	86.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4333	URINARY CATH ANCHOR DEVICE		\$2.43	78.20%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4334	URINARY CATH LEG STRAP		\$5.06	73.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4335	INCONTINENCE SUPPLY		\$27.42	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4336	URETHRAL INSERT		\$1.32	65.67%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4338	INDWELLING CATHETER LATEX		\$12.24	70.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4340	INDWELLING CATHETER SPECIAL		\$31.68	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4341	INDWELLING CATHETER FOLEY TYPE USE A4338		\$264.78	77.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4342	IDUC VALVE SPL Y REPL		\$666.15	77.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4344	CATH INDW FOLEY 2 WAY SILICN		\$15.82	69.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4344	CATH INDW FOLEY 2 WAY SILICN		\$15.82	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4349	DISPOSABLE MALE EXTERNAL CAT		\$2.23	78.76%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4351	STRAIGHT TIP URINE CATHETER		\$1.53	70.21%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4352	COUDE TIP URINARY CATHETER		\$6.23	70.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4353	INTERMITTENT URINARY CATH		\$7.67	77.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4354	CATH INSERTION TRAY W/BAG		\$11.78	71.39%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4356	EXT URETH CLMP OR COMPR DVC		\$41.76	77.06%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4357	BEDSIDE DRAINAGE BAG		\$9.69	70.66%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4357	BEDSIDE DRAINAGE BAG		\$9.69	71.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4358	URINARY LEG OR ABDOMEN BAG		\$6.62	71.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4358	URINARY LEG OR ABDOMEN BAG		\$6.62	71.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4360	DISPOSABLE EXT URETHRAL DEV		\$0.34	57.63%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4361	OSTOMY FACE PLATE		\$8.15	32.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4362	SOLID SKIN BARRIER		\$3.46	70.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4363	OSTOMY CLAMP, REPLACEMENT		\$2.37	71.60%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4364	ADHESIVE, LIQUID OR EQUAL		\$2.93	71.29%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4366	OSTOMY VENT		\$1.48	79.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4367	OSTOMY BELT		\$8.25	79.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4368	OSTOMY FILTER		\$0.33	94.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4369	SKIN BARRIER LIQUID PER OZ		\$2.43	71.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4371	SKIN BARRIER POWDER PER OZ		\$4.08	79.69%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4372	SKIN BARRIER SOLID 4X4 EQUIV		\$4.67	79.56%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4373	SKIN BARRIER WITH FLANGE		\$6.93	79.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4375	DRAINABLE PLASTIC PCH W FCPL		\$20.85	86.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4376	DRAINABLE RUBBER PCH W FCPLT		\$53.44	80.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4377	DRAINABLE PLSTIC PCH W/O FP		\$4.73	78.96%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4378	DRAINABLE RUBBER PCH W/O FP		\$34.52	80.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4379	URINARY PLASTIC POUCH W FCPL		\$16.84	80.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4380	URINARY RUBBER POUCH W FCPLT		\$41.90	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4381	URINARY PLASTIC POUCH W/O FP		\$5.10	78.95%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4382	URINARY HVY PLSTC PCH W/O FP		\$27.63	80.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4383	URINARY RUBBER POUCH W/O FP		\$31.65	80.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4384	OSTOMY FACEPLT/SILICONE RING		\$10.80	80.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4385	OST SKN BARRIER SLD EXT WEAR		\$5.07	70.56%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4387	OST CLSD POUCH W ATT ST BARR		\$4.09	130.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4388	DRAINABLE PCH W EX WEAR BARR		\$4.80	78.82%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4389	DRAINABLE PCH W ST WEAR BARR		\$6.20	71.51%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4390	DRAINABLE PCH EX WEAR CONVEX		\$9.58	71.44%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4391	URINARY POUCH W EX WEAR BARR		\$8.60	87.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4391	URINARY POUCH W EX WEAR BARR		\$8.60	87.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4392	URINARY POUCH W ST WEAR BARR		\$9.00	78.81%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4393	URINE PCH W EX WEAR BAR CONV		\$9.38	74.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4394	OSTOMY POUCH LIQ DEODORANT		\$2.69	73.96%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4395	OSTOMY POUCH SOLID DEODORANT		\$0.05	100.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4396	PERISTOMAL HERNIA SUPPRT BLT		\$45.43	80.32%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4397	IRRIGATION SUPPLY SLEEVE		\$4.46	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4398	OSTOMY IRRIGATION BAG		\$14.92	78.65%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4399	OSTOMY IRRIG CONE/CATH W BRS		\$12.24	69.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4399	OSTOMY IRRIG CONE/CATH W BRS		\$12.24	71.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4400	OSTOMY IRRIGATION SET		\$41.45	71.00%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4402	LUBRICANT PER OUNCE		\$1.60	71.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4402	LUBRICANT PER OUNCE		\$1.60	71.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4404	OSTOMY RING EACH		\$1.85	79.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4405	NONPECTIN BASED OSTOMY PASTE		\$3.76	78.62%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4406	PECTIN BASED OSTOMY PASTE		\$6.33	78.95%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4407	EXT WEAR OST SKN BARR <=4SQ"		\$9.66	78.50%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4408	EXT WEAR OST SKN BARR >4SQ"		\$10.87	78.83%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4408	EXT WEAR OST SKN BARR >4SQ"		\$10.87	78.83%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4409	OST SKN BARR CONVEX <=4 SQ I		\$6.90	79.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4410	OST SKN BARR EXTND >4 SQ		\$9.99	79.05%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4411	OST SKN BARR EXTND =4SQ		\$5.07	70.97%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4412	OST POUCH DRAIN HIGH OUTPUT		\$2.70	69.84%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4413	2 PC DRAINABLE OST POUCH		\$6.07	78.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4414	OST SKNBARR W/O CONV<=4 SQ IN		\$5.44	78.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4415	OST SKN BARR W/O CONV >4 SQI		\$6.59	78.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4415	OST SKN BARR W/O CONV >4 SQI		\$6.59	78.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4416	OST PCH CLSD W BARRIER/FILTR		\$3.03	78.70%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4417	OST PCH W BAR/BLTINCONV/FLTR		\$4.10	78.69%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4417	OST PCH W BAR/BLTINCONV/FLTR		\$4.10	78.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4418	OST PCH CLSD W/O BAR W FILTR		\$1.99	78.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4419	OST PCH FOR BAR W FLANGE/FLT		\$1.90	78.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4420	OST PCH CLSD FOR BAR W LK FL		\$1.80	102.96%	1) Use OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4421	OSTOMY SUPPLY MISC		\$27.42	47.55%	1) Use OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4422	OST POUCH ABSORBENT MATERIAL		\$0.13	85.72%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4423	OST PCH FOR BAR W LK FL/FLTR		\$2.25	86.07%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4424	OST PCH DRAIN W BAR & FILTER		\$5.23	77.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4424	OST PCH DRAIN W BAR & FILTER		\$5.23	78.65%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4425	OST PCH DRAIN FOR BARRIER FL		\$3.96	78.95%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4426	OST PCH DRAIN 2 PIECE SYSTEM		\$2.78	72.97%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4427	OST PCH DRAIN/BARR LK FLNG/F		\$2.77	70.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4428	URINE OST POUCH W FAUCET/TAP		\$7.14	77.10%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4428	URINE OST POUCH W FAUCET/TAP		\$7.14	78.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4429	URINE OST POUCH W BLTINCONV		\$9.07	78.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4430	OST URINE PCH W B/BLTIN CONV		\$9.34	78.49%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4431	OST PCH URINE W BARRIER/TAPV		\$6.84	78.89%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4432	OS PCH URINE W BAR/FANGE/TAP		\$3.96	78.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4433	URINE OST PCH BAR W LOCK FLN		\$3.66	78.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4434	OST PCH URINE W LOCK FLNG/FT		\$4.12	78.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4435	1PC OST PCH DRAIN HGH OUTPUT		\$5.53	68.70%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4436	IRR SUPPLY SLEEV REUS PER MO		\$20.11	75.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4437	IRR SUPPLY SLEEV DISP PER MO		\$20.11	64.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4438	ADHESIVE CLIP EXT ENS CONTR		\$2.51	97.67%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4450	NON-WATERPROOF TAPE		\$0.09	79.21%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4452	WATERPROOF TAPE		\$0.44	99.34%	1) Use AZ, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4453	REC CATH MAN PUMP ENEMA REPL		\$28.04	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4455	ADHESIVE REMOVER PER OUNCE		\$1.60	79.67%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4456	ADHESIVE REMOVER, WIPES		\$0.23	67.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4456	ADHESIVE REMOVER, WIPES		\$0.23	67.65%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4457	ENEMA TUBE ANY TYPE REPL		\$9.18	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4459	MANUAL PUMP ENEMA, REUSABLE		\$581.45	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4461	SURGICL DRESS HOLD NON-REUSE		\$3.28	71.15%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4463	SURGICAL DRESS HOLDER REUSE		\$10.97	58.98%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4465	NON-ELASTIC EXTREMITY BINDER		\$12.50	63.23%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4467	BELT STRAP SLEEV GRMNT COVER		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4468	EXSUFF BELT INCL ALL SUP ACC		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4481	TRACHEOSTOMA FILTER		\$0.46	90.14%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4481	TRACHEOSTOMA FILTER		\$0.46	90.20%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4483	MOISTURE EXCHANGER		\$3.62	93.59%	1) Use LA, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4490	ABOVE KNEE SURGICAL STOCKING		\$7.11	29.42%	1) Use LA, NE, NV, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4490	ABOVE KNEE SURGICAL STOCKING		\$7.11	29.42%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, NE, NV, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4495	THIGH LENGTH SURG STOCKING		\$9.33	28.95%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, NE, NV, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4500	BELOW KNEE SURGICAL STOCKING		\$6.70	35.21%	1) Use LA, NE, NV, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4510	FULL LENGTH SURG STOCKING		\$15.19	25.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, NE, NV, and OH as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4540	TRANS ELEC NERV PERIPH NERV		\$53.33	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4541	MONTHLY SUPP USE WITH E0733		\$32.09	79.71%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4542	SUPP EXT UP LIMB TREMOR STIM		\$411.60	79.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4553	NONDISP UNDERPADS, ALL SIZES		\$17.47	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4554	DISPOSABLE UNDERPADS		\$0.48	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4558	CONDUCTIVE GEL OR PASTE		\$5.47	71.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4560	NMES DISPOSABLE		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4561	PESSARY RUBBER, ANY TYPE		\$22.73	78.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4562	PESSARY, NON RUBBER,ANY TYPE		\$51.36	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4564	PESSARY, DISPOSABLE ANY TYPE		\$9.53	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4565	SLINGS		\$9.67	89.87%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4566	SHOULD SLING/VEST/ABRESTRAIN		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4570	SPLINT		\$19.06	90.63%	1) Use LA, NV, OH, OK, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4593	NEUROMOD STI SYS ADJ REHAB		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4594	NEUROMOD ADJ REHAB MOUTHPIE		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4595	TENS SUPPL 2 LEAD PER MONTH		\$14.23	112.76%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A4595	TENS SUPPL 2 LEAD PER MONTH		\$19.71	73.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4600	SLEEVE, INTER LIMB COMP DEV		\$129.81	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4604	TUBING WITH HEATING ELEMENT	NU	\$48.98	99.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A4604	TUBING WITH HEATING ELEMENT	NU	\$49.34	73.14%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4605	TRACH SUCTION CATH CLOSE SYS	NU	\$16.80	72.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4605	TRACH SUCTION CATH CLOSE SYS	NU	\$16.80	88.26%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4606	OXYGEN PROBE USED W OXIMETER		\$45.18	44.26%	1) Use LA, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4606	OXYGEN PROBE USED W OXIMETER		\$45.18	45.55%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, OK, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4608	TRANSTRACHEAL OXYGEN CATH		\$55.18	78.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4608	TRANSTRACHEAL OXYGEN CATH		\$55.18	78.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4614	HAND-HELD PEFR METER		\$23.74	71.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4614	HAND-HELD PEFR METER		\$23.74	71.44%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4615	CANNULA NASAL		\$0.78	76.25%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4615	CANNULA NASAL		\$0.78	76.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4616	TUBING (OXYGEN) PER FOOT		\$0.07	87.47%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4616	TUBING (OXYGEN) PER FOOT		\$0.07	87.50%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4617	MOUTH PIECE		\$3.10	71.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4617	MOUTH PIECE		\$3.10	71.59%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4618	BREATHING CIRCUITS	NU	\$9.53	76.01%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4618	BREATHING CIRCUITS	NU	\$9.53	137.53%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4619	FACE TENT		\$1.33	53.20%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4619	FACE TENT		\$1.33	53.20%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4620	VARIABLE CONCENTRATION MASK		\$0.68	76.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4623	TRACHEOSTOMY INNER CANNULA		\$6.54	71.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4623	TRACHEOSTOMY INNER CANNULA		\$6.54	71.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4624	TRACHEAL SUCTION TUBE	NU	\$2.70	72.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4624	TRACHEAL SUCTION TUBE	NU	\$2.70	79.88%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4625	TRACH CARE KIT FOR NEW TRACH		\$6.92	71.49%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4625	TRACH CARE KIT FOR NEW TRACH		\$6.92	71.49%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4628	OROPHARYNGEAL SUCTION CATH	NU	\$3.84	72.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4629	TRACHEOSTOMY CARE KIT		\$4.64	70.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4630	REPL BAT T.E.N.S. OWN BY PT		\$6.90	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4649	SURGICAL SUPPLIES		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4772	BLOOD GLUCOSE TEST STRIPS		\$0.92	2.53%	1) Use AZ, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4927	NON-STERILE GLOVES		\$13.86	153.49%	1) Use AZ, LA, NE, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4930	STERILE, GLOVES PER PAIR		\$1.43	134.93%	1) Use LA, NE, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5051	POUCH CLSD W BARR ATTACHED		\$2.28	79.17%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5052	CLSD OSTOMY POUCH W/O BARR		\$1.65	79.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5053	CLSD OSTOMY POUCH FACEPLATE		\$1.90	78.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5054	CLSD OSTOMY POUCH W/FLANGE		\$1.79	70.99%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5055	STOMA CAP		\$1.41	71.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5056	1 PC OST POUCH W FILTER		\$4.66	71.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5057	1 PC OST POU W BUILT-IN CONV		\$9.58	71.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5061	POUCH DRAINABLE W BARRIER AT		\$4.05	81.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5062	DRNBLE OSTOMY POUCH W/O BARR		\$2.45	78.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5063	DRAIN OSTOMY POUCH W/FLANGE		\$2.70	71.23%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5071	URINARY POUCH W/BARRIER		\$5.99	71.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5072	URINARY POUCH W/O BARRIER		\$3.45	82.14%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5073	URINARY POUCH ON BARR W/FLNG		\$3.35	78.82%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5081	STOMA PLUG OR SEAL, ANY TYPE		\$3.18	68.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5082	CONTINENT STOMA CATHETER		\$7.64	45.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A5082	CONTINENT STOMA CATHETER		\$7.64	45.94%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5083	STOMA ABSORPTIVE COVER		\$0.71	78.89%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5093	OSTOMY ACCESSORY CONVEX INSE		\$2.16	79.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5102	BEDSIDE DRAIN BTL W/WO TUBE		\$8.67	27.50%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5105	URINARY SUSPENSORY		\$39.69	78.77%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5112	URINARY LEG BAG		\$32.96	78.80%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A5112	URINARY LEG BAG		\$32.96	78.80%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A5113	LATEX LEG STRAP		\$0.85	12.92%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5114	FOAM/FABRIC LEG STRAP		\$8.95	71.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5120	SKIN BARRIER, WIPE OR SWAB		\$0.23	85.31%	1) Use AZ, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5121	SOLID SKIN BARRIER 6X6		\$8.16	78.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A5121	SOLID SKIN BARRIER 6X6		\$8.16	78.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5122	SOLID SKIN BARRIER 8X8		\$12.38	69.01%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5126	DISK/FOAM PAD +OR- ADHESIVE		\$1.46	79.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5131	APPLIANCE CLEANER		\$15.82	71.42%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A5131	APPLIANCE CLEANER		\$15.82	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A5200	PERCUTANEOUS CATHETER ANCHOR		\$12.70	78.76%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A5200	PERCUTANEOUS CATHETER ANCHOR		\$12.70	80.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6010	COLLAGEN BASED WOUND FILLER		\$34.74	80.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6011	COLLAGEN GEL/PASTE WOUND FIL		\$2.54	79.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6021	COLLAGEN DRESSING <=16 SQ IN		\$23.23	79.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6021	COLLAGEN DRESSING <=16 SQ IN		\$23.23	79.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6022	COLLAGEN DRSG>16<=48 SQ IN		\$23.23	79.05%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6023	COLLAGEN DRESSING >48 SQ IN		\$23.23	8.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6023	COLLAGEN DRESSING >48 SQ IN		\$23.23	8.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6024	COLLAGEN DSG WOUND FILLER		\$6.96	80.56%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6025	SILICONE GEL SHEET, EACH		\$10.94	81.83%	1) Use NV, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6025	SILICONE GEL SHEET, EACH		\$10.94	81.83%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use NV, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6154	WOUND POUCH EACH		\$15.81	78.70%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6154	WOUND POUCH EACH		\$15.81	78.70%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6196	ALGINATE DRESSING <=16 SQ IN		\$7.35	71.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6196	ALGINATE DRESSING <=16 SQ IN		\$7.35	71.50%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6197	ALGINATE DRSG >16 <=48 SQ IN		\$18.93	82.38%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6197	ALGINATE DRSG >16 <=48 SQ IN		\$18.93	82.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6198	ALGINATE DRESSING > 48 SQ IN		\$36.31	86.67%	1) Use LA, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6198	ALGINATE DRESSING > 48 SQ IN		\$36.31	86.67%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6199	ALGINATE DRSG WOUND FILLER		\$6.27	84.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6199	ALGINATE DRSG WOUND FILLER		\$6.27	85.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6203	COMPOSITE DRSG <= 16 SQ IN		\$3.68	76.01%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6203	COMPOSITE DRSG <= 16 SQ IN		\$3.68	78.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6204	COMPOSITE DRSG >16<=48 SQ IN		\$6.21	71.46%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6205	COMPOSITE DRSG > 48 SQ IN		\$15.72	235.59%	1) Use LA, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6206	CONTACT LAYER <= 16 SQ IN		\$0.23	5.96%	1) Use LA, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6206	CONTACT LAYER <= 16 SQ IN		\$0.23	5.96%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6207	CONTACT LAYER >16<= 48 SQ IN		\$8.45	82.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6208	CONTACT LAYER > 48 SQ IN		\$46.20	256.20%	1) Use LA, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6209	FOAM DRSG <=16 SQ IN W/O BDR		\$7.46	70.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6210	FOAM DRG >16<=48 SQ IN W/O B		\$19.89	70.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6211	FOAM DRG > 48 SQ IN W/O BRDR		\$35.64	86.77%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6211	FOAM DRG > 48 SQ IN W/O BRDR		\$35.64	86.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6212	FOAM DRG <=16 SQ IN W/BORDER		\$9.69	70.89%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6213	FOAM DRG >16<=48 SQ IN W/BDR		\$15.08	138.49%	1) Use LA, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6214	FOAM DRG > 48 SQ IN W/BORDER		\$11.55	80.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6214	FOAM DRG > 48 SQ IN W/BORDER		\$11.55	80.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6215	FOAM DRESSING WOUND FILLER		\$2.06	110.36%	1) Use LA, OH, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6216	NON-STERILE GAUZE<=16 SQ IN		\$0.05	100.00%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6216	NON-STERILE GAUZE<=16 SQ IN		\$0.05	100.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6217	NON-STERILE GAUZE>16<=48 SQ		\$0.33	75.00%	1) Use LA, NE, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6217	NON-STERILE GAUZE>16<=48 SQ		\$0.33	75.00%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, NE, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6218	NON-STERILE GAUZE > 48 SQ IN		\$1.10	128.22%	1) Use LA, OH, OK, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6219	GAUZE <= 16 SQ IN W/BORDER		\$3.00	225.56%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6220	GAUZE >16 <=48 SQ IN W/BORDR		\$9.57	264.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6221	GAUZE > 48 SQ IN W/BORDER		\$2.12	82.99%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, OR, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6222	GAUZE <=16 IN NO W/SAL W/O B		\$2.12	70.99%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6223	GAUZE >16<=48 NO W/SAL W/O B		\$2.43	71.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6224	GAUZE > 48 IN NO W/SAL W/O B		\$3.60	71.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6228	GAUZE <= 16 SQ IN WATER/SAL		\$2.35	157.92%	1) Use LA, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6229	GAUZE >16<=48 SQ IN WATR/SAL		\$3.60	71.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6230	GAUZE > 48 SQ IN WATER/SALNE		\$2.12	72.02%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6231	HYDROGEL DSG<=16 SQ IN		\$5.66	86.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6232	HYDROGEL DSG>16<=48 SQ IN		\$7.69	80.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6233	HYDROGEL DRESSING >48 SQ IN		\$21.54	80.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6234	HYDROCOLLD DRG <=16 W/O BDR		\$6.97	75.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6235	HYDROCOLLD DRG >16<=48 W/O B		\$16.78	71.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6236	HYDROCOLLD DRG > 48 IN W/O B		\$33.06	86.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6237	HYDROCOLLD DRG <=16 IN W/BDR		\$7.91	71.58%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6238	HYDROCOLLD DRG >16<=48 W/BDR		\$22.75	71.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6238	HYDROCOLLD DRG >16<=48 W/BDR		\$22.75	71.41%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6239	HYDROCOLLD DRG > 48 IN W/BDR		\$20.83	115.89%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use OH, OR, and TX as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6240	HYDROCOLLD DRG FILLER PASTE		\$12.23	71.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6241	HYDROCOLLOID DRG FILLER DRY		\$2.90	80.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6242	HYDROGEL DRG <=16 IN W/O BDR		\$6.66	78.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6243	HYDROGEL DRG >16<=48 W/O BDR		\$12.30	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6244	HYDROGEL DRG >48 IN W/O BDR		\$44.08	80.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6245	HYDROGEL DRG <= 16 IN W/BDR		\$8.35	82.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6246	HYDROGEL DRG >16<=48 IN W/B		\$11.42	82.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6247	HYDROGEL DRG > 48 SQ IN W/B		\$26.68	80.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6248	HYDROGEL DRSG GEL FILLER		\$15.90	70.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6250	SKIN SEAL PROTECT MOISTURIZR		\$5.45	131.87%	1) Use LA, NE, OK, and tx as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6251	ABSORPT DRG <=16 SQ IN W/O B		\$2.20	79.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6251	ABSORPT DRG <=16 SQ IN W/O B		\$2.20	79.14%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6252	ABSORPT DRG >16 <=48 W/O BDR		\$3.58	78.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6253	ABSORPT DRG > 48 SQ IN W/O B		\$6.99	78.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6253	ABSORPT DRG > 48 SQ IN W/O B		\$6.99	78.98%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6254	ABSORPT DRG <=16 SQ IN W/BDR		\$1.33	79.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6255	ABSORPT DRG >16<=48 IN W/BDR		\$2.51	59.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6256	ABSORPT DRG > 48 SQ IN W/BDR		\$9.11	227.30%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6257	TRANSPARENT FILM <= 16 SQ IN		\$1.53	71.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6258	TRANSPARENT FILM >16<=48 IN		\$4.29	71.12%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6258	TRANSPARENT FILM >16<=48 IN		\$4.29	71.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6259	TRANSPARENT FILM > 48 SQ IN		\$13.23	85.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6260	WOUND CLEANSER ANY TYPE/SIZE		\$11.04	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6261	WOUND FILLER GEL/PASTE /OZ		\$4.70	12.41%	1) Use NV, OH, OK, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6262	WOUND FILLER DRY FORM / GRAM		\$1.20	52.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use OH, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6266	IMPREG GAUZE NO H2O/SAL/YARD		\$2.20	82.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6402	STERILE GAUZE <= 16 SQ IN		\$0.13	86.14%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6403	STERILE GAUZE>16 <= 48 SQ IN		\$0.53	92.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6404	STERILE GAUZE > 48 SQ IN		\$0.78	105.49%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6407	PACKING STRIPS, NON-IMPREG		\$2.09	80.08%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6410	STERILE EYE PAD		\$0.47	90.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6411	NON-STERILE EYE PAD		\$0.32	92.28%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use NE, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6412	OCCLUSIVE EYE PATCH		\$0.44	22.73%	1) Use NE, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6441	PAD BAND W>=3" <5"/YD		\$0.81	85.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6441	PAD BAND W>=3" <5"/YD		\$0.81	85.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6442	CONFORM BAND N/S W<3"/YD		\$0.19	82.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6442	CONFORM BAND N/S W<3"/YD		\$0.19	82.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6443	CONFORM BAND N/S W>=3"<5"/YD		\$0.35	89.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6443	CONFORM BAND N/S W>=3"<5"/YD		\$0.35	89.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6444	CONFORM BAND N/S W>=5"/YD		\$0.69	88.46%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6445	CONFORM BAND S W <3"/YD		\$0.39	88.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6445	CONFORM BAND S W <3"/YD		\$0.39	88.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6446	CONFORM BAND S W>=3" <5"/YD		\$0.49	90.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6447	CONFORM BAND S W >=5"/YD		\$0.81	85.26%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6448	LT COMPRES BAND <3"/YD		\$1.41	87.58%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6449	LT COMPRES BAND >=3" <5"/YD		\$2.14	87.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6449	LT COMPRES BAND >=3" <5"/YD		\$2.14	87.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6450	LT COMPRES BAND >=5"/YD		\$1.74	71.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6451	MOD COMPRES BAND W>=3"<5"/YD		\$7.84	320.00%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6451	MOD COMPRES BAND W>=3"<5"/YD		\$7.84	320.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6452	HIGH COMPRES BAND W>=3"<5"YD		\$7.13	86.53%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6452	HIGH COMPRES BAND W>=3"<5"YD		\$7.13	86.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6453	SELF-ADHER BAND W <3"/YD		\$0.74	83.21%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6453	SELF-ADHER BAND W <3"/YD		\$0.74	84.09%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6454	SELF-ADHER BAND W>=3"<5"/YD		\$0.95	86.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6454	SELF-ADHER BAND W>=3"<5"/YD		\$0.95	86.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6455	SELF-ADHER BAND >=5"/YD		\$1.70	87.18%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6456	ZINC PASTE BAND W >=3"<5"/YD		\$1.56	89.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6457	TUBULAR DRESSING		\$1.13	71.07%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6501	COMPRES BURNGARMENT BODYSUIT		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6502	COMPRES BURNGARMENT CHINSTRP		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6503	COMPRES BURNGARMENT FACEHOOD		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6504	CMPRSBURNGARMENT GLOVE-WRIST		\$73.74	74.40%	1) Use LA, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6504	CMPRSBURNGARMENT GLOVE-WRIST		\$73.74	74.40%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6505	CMPRSBURNGARMENT GLOVE-ELBOW		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6506	CMPRSBURNGRMNT GLOVE-AXILLA		\$84.26	54.30%	1) Use LA, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6507	CMPRS BURNGARMENT FOOT-KNEE		\$105.34	112.47%	1) Use LA, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6507	CMPRS BURNGARMENT FOOT-KNEE		\$105.34	112.47%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6508	CMPRS BURNGARMENT FOOT-THIGH		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6509	COMPRES BURN GARMENT JACKET		\$252.79	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6510	COMPRES BURN GARMENT LEOTARD		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6511	COMPRES BURN GARMENT PANTY		\$157.94	70.03%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use LA, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6512	COMPRES BURN GARMENT, NOC		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6513	COMPRESS BURN MASK FACE/NECK		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6520	G COM GARMNT GLOVE NGHTTIME		\$97.54	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6520	G COM GARMNT GLOVE NGHTTIME		\$97.54	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6521	G COM GARMNT GLOVE NGHT CUST		\$387.05	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6522	G COM GARMENT ARM NIGHTTIME		\$237.03	79.23%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6523	G COM GARMENT ARM NGHT CUSTM		\$562.37	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6524	G COM GARMNT LWR LEG/FT NGHT		\$295.71	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6525	G COM GARM LWRLEG/FT NGT CUS		\$596.99	69.10%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6526	G COM GARMT FULL LEG/FT NGHT		\$534.62	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6527	G GARMT FULL LEG/FT NGHT CUS		\$983.12	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6528	G COM GARMENT BRA NIGHTTIME		\$514.08	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6529	G COM GARMT BRA NIGHT CUSTM		\$812.33	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6530	COMPRESSION STOCKING BK18-30		\$19.91	52.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6530	COMPRESSION STOCKING BK18-30		\$19.91	52.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6531	COMPRESSION STOCKING BK30-40		\$43.49	87.46%	1) Use AZ, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6532	COMPRESS STKING BK40-50 SURG		\$60.84	90.17%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, LA, NE, NV, OH, OR, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6533	GC STOCKING THIGHLNGTH 18-30		\$20.95	39.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6534	GC STOCKING THIGHLNGTH 30-40		\$49.71	81.49%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6535	GC STOCKING THIGHLNGTH 40-50		\$31.82	45.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6535	GC STOCKING THIGHLNGTH 40-50		\$31.82	45.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6536	GC STOCKING FULL LNGTH 18-30		\$28.40	39.44%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6537	GC STOCKING FULL LNGTH 30-40		\$79.82	93.50%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6538	GC STOCKING FULL LNGTH 40+		\$90.57	90.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6539	GC STOCKING WAISTLNGTH 18-30		\$21.00	22.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6539	GC STOCKING WAISTLNGTH 18-30		\$21.00	22.04%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6540	GC STOCKING WAISTLNGTH 30-40		\$65.45	57.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6540	GC STOCKING WAISTLNGTH 30-40		\$65.45	57.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6541	GC STOCKING WAISTLNGTH 40-50		\$88.63	65.86%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6544	GC STOCKING GARTER BELT		\$27.30	73.45%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use CA, LA, NE, NV, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6545	GRAD COM NON-ELASTIC BK SURG		\$82.89	92.80%	1) Use AZ, CA, NV, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6545	GRAD COMP NON-ELASTIC BK		\$82.89	92.82%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, NV, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6549	G COMPRESSION STOCKING		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6552	GRAD COM STOCKING BK 30-40		\$44.73	79.24%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6552	GRAD COM STOCKING BK 30-40		\$44.73	79.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6553	G COM STCKING BK 30-40 CUSTM		\$174.63	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6553	G COM STCKING BK 30-40 CUSTM		\$174.63	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6554	GRAD COM STOCKING BK 40+		\$61.50	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6555	G COM STCKING BK 40+ CUSTM		\$174.63	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6555	G COM STCKING BK 40+ CUSTM		\$174.63	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6556	G COM STCKING THGH18-30 CUST		\$239.32	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6557	G COM STCKING THGH30-40 CUST		\$239.32	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6557	G COM STCKING THGH30-40 CUST		\$239.32	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6558	G COM STCKING THGH 40+ CUST		\$246.98	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6559	G STCKNG FULL/CHAP18-30 CUST		\$20.42	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6560	G STCKNG FULL/CHAP30-40 CUST		\$32.83	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6561	G STOCKNG FULL/CHAP 40+ CUST		\$32.83	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6562	G COM STCKNG WAIST18-30 CUST		\$489.54	49.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6563	G COM STCKNG WAIST30-40 CUST		\$489.54	49.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6564	G COM STCKNG WAIST 40+ CUST		\$527.34	49.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6565	GRAD COMP GAUNTLET CUSTOM		\$135.34	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6566	GRAD COM GARMENT NECK/HEAD		\$196.51	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6567	G COM GARMENT NECK/HEAD CUST		\$617.45	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6568	G COM GARMENT TORSO/SHLDR		\$128.25	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6568	G COM GARMENT TORSO/SHLDR		\$128.25	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6569	G COM GARMNT TORSO/SHDR CUST		\$730.32	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6570	GRAD COM GARMENT GENITAL		\$87.38	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6571	G COM GARMENT GENITAL CUSTM		\$525.20	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6572	GRAD COM GARMENT TOE CAPS		\$81.09	79.23%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6572	GRAD COM GARMENT TOE CAPS		\$81.09	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6573	GRAD COM GARMNT TOE CAP CUST		\$192.41	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6574	CUSTOM GRADIENT SLEEV/GLOV		\$245.30	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6575	GRADIENT COMP SLEEV/GLOV		\$79.50	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6576	CUSTOM GRAD COM SLEEVE MED		\$150.55	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6577	CUSTOM GRAD CM SLEEVE HEAVY		\$124.60	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6578	GRADIENT COMP SLEEVE		\$61.36	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6578	GRADIENT COMP SLEEVE		\$61.36	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6579	CUSTOM GRAD COM GLOVE MED		\$241.65	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6579	CUSTOM GRAD COM GLOVE MED		\$241.65	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6580	CUSTOM GRAD COM GLOVE HEAVY		\$239.87	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6581	GRADIENT COMP GLOVE		\$56.30	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6581	GRADIENT COMP GLOVE		\$56.30	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6582	GRADIENT COMP GAUNTLET		\$37.56	79.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6582	GRADIENT COMP GAUNTLET		\$37.56	79.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6583	GRAD COM WRAP W STRAPS BK		\$123.52	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6583	GRAD COM WRAP W STRAPS BK		\$123.52	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6584	GRAD COM WRAP W STRAPS		\$51.18	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6585	GRAD COM WRAP W STRAPS AK		\$146.26	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6585	GRAD COM WRAP W STRAPS AK		\$146.26	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6586	GRAD COM WRAP W STRAPS LEG		\$430.90	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6586	GRAD COM WRAP W STRAPS LEG		\$430.90	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6587	GRAD COM WRAP W STRAPS FOOT		\$56.45	79.23%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6587	GRAD COM WRAP W STRAPS FOOT		\$56.45	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6588	GRAD COM WRAP W STRAPS ARM		\$188.12	57.99%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6588	GRAD COM WRAP W STRAPS ARM		\$188.12	79.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6589	GRAD COM WRAP W STRAPS BRA		\$74.27	79.23%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6589	GRAD COM WRAP W STRAPS BRA		\$74.27	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6590	URINARY CATH DISP SUC PUMP		\$339.78	77.68%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6591	URINARY CATH SUC PUMP		N/A	N/A	1) No valid utilization data; 2) No Colorado rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6593	GRAD COM ACCESSORY GMT_WRAP		\$32.83	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6594	G COMP BANDGE LINER LWR EXTR		\$27.04	79.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6595	G COMP BANDGE LINER UPR EXTR		\$26.59	79.21%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6596	G COMP BANDGE CONFORM GAUZE		\$0.14	77.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6597	G COMP BANDAGE LONG STRETCH		\$1.20	79.47%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6598	G COMP BANDAGE MED STRETCH		\$0.58	79.45%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6599	G COMP BANDAGE SHORT STRETCH		\$1.32	79.52%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6600	G COM BANDGE HGH DN FOAM SHT		\$2.37	79.26%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6601	G COM BANDGE HGH DN FOAM PAD		\$2.66	79.17%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6602	G COM BANDGE HGH DN FOAMROLL		\$3.89	79.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6603	G COM BANDGE LOW DN FOAMCHNL		\$1.82	79.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6604	G COM BANDGE LOW DN FOAM FLT		\$1.06	79.10%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6605	G COM BANDAGE PADDED FOAM		\$1.21	79.08%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6606	G COM BANDAGE PADDED TEXTILE		\$3.61	79.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6607	G COM BANDAGE TUB PROTCT LYR		\$0.96	78.69%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6608	G COM BANDAGE TUB PROTCT PAD		\$4.02	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6609	G COMPRESSION BANDAGING		\$4.02	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6610	G COM STCKING BK 18-30 CUSTM		\$174.63	79.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7000	DISPOSABLE CANISTER FOR PUMP	NU	\$7.88	73.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7000	DISPOSABLE CANISTER FOR PUMP	NU	\$8.25	72.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7001	NONDISPOSABLE PUMP CANISTER	NU	\$30.38	70.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7002	TUBING USED W SUCTION PUMP	NU	\$3.34	72.63%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7003	NEBULIZER ADMINISTRATION SET	NU	\$1.99	110.81%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7003	NEBULIZER ADMINISTRATION SET	NU	\$2.14	73.01%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7004	DISPOSABLE NEBULIZER SML VOL	NU	\$1.40	95.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7004	DISPOSABLE NEBULIZER SML VOL	NU	\$1.41	73.44%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7005	NONDISPOSABLE NEBULIZER SET	NU	\$18.08	113.86%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7005	NONDISPOSABLE NEBULIZER SET	NU	\$19.18	73.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7006	FILTERED NEBULIZER ADMIN SET	NU	\$7.51	80.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7008	DISPOSABLE NEBULIZER PREFILL		\$10.46	80.09%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7010	DISPOSABLE CORRUGATED TUBING	NU	\$15.64	79.96%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7010	DISPOSABLE CORRUGATED TUBING	NU	\$17.72	72.92%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7012	NEBULIZER WATER COLLEC DEVIC	NU	\$2.87	80.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7012	NEBULIZER WATER COLLEC DEVIC	NU	\$3.30	73.01%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7013	DISPOSABLE COMPRESSOR FILTER		\$0.64	96.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7013	DISPOSABLE COMPRESSOR FILTER	NU	\$0.63	96.90%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7013	DISPOSABLE COMPRESSOR FILTER	NU	\$0.64	74.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7013	DISPOSABLE COMPRESSOR FILTER		\$0.64	84.77%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7014	COMPRESSOR NONDISPOS FILTER		\$4.35	101.17%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7015	AEROSOL MASK USED W NEBULIZE	NU	\$1.35	84.00%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7015	AEROSOL MASK USED W NEBULIZE	NU	\$1.57	72.69%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7016	NEBULIZER DOME & MOUTHPIECE	NU	\$7.41	76.55%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7018	WATER DISTILLED W/NEBULIZER		\$0.35	91.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7020	INTERFACE, COUGH STIM DEVICE		N/A	N/A	Code is manually priced

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7023	MECH ALLERGEN PARTI BARRIER		\$112.15	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7025	REPLACE CHEST COMPRESS VEST		\$329.08	85.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, NV, OH, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7026	REPLACE CHST CMPRSS SYS HOSE		\$32.25	80.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7027	COMBINATION ORAL/NASAL MASK		\$150.96	83.88%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7028	REPL ORAL CUSHION COMBO MASK		\$39.80	81.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7029	REPL NASAL PILLOW COMB MASK	NU	\$17.90	72.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7029	REPL NASAL PILLOW COMB MASK	NU	\$16.37	89.80%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7030	CPAP FULL FACE MASK	NU	\$119.70	108.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7030	CPAP FULL FACE MASK	NU	\$126.97	72.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7031	REPLACEMENT FACEMASK INTERFA	NU	\$45.05	107.56%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7031	REPLACEMENT FACEMASK INTERFA	NU	\$47.41	72.93%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7032	REPLACEMENT NASAL CUSHION	NU	\$25.51	109.55%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7032	REPLACEMENT NASAL CUSHION	NU	\$27.18	72.84%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7033	REPLACEMENT NASAL PILLOWS	NU	\$19.68	102.79%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7033	REPLACEMENT NASAL PILLOWS	NU	\$20.16	72.75%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7034	NASAL APPLICATION DEVICE	NU	\$75.59	108.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7034	NASAL APPLICATION DEVICE	NU	\$79.27	72.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7035	POS AIRWAY PRESS HEADGEAR	NU	\$24.22	106.54%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7035	POS AIRWAY PRESS HEADGEAR	NU	\$25.34	72.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7036	POS AIRWAY PRESS CHINSTRAP	NU	\$12.29	96.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7036	POS AIRWAY PRESS CHINSTRAP	NU	\$12.38	74.01%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7037	POS AIRWAY PRESSURE TUBING	NU	\$20.38	135.00%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7037	POS AIRWAY PRESSURE TUBING	NU	\$23.89	72.82%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7038	POS AIRWAY PRESSURE FILTER	NU	\$3.07	118.16%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7038	POS AIRWAY PRESSURE FILTER	NU	\$3.42	73.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7039	FILTER, NON DISPOSABLE W PAP	NU	\$8.22	109.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7039	FILTER, NON DISPOSABLE W PAP	NU	\$8.73	72.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7044	PAP ORAL INTERFACE		\$116.96	117.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7045	REPL EXHALATION PORT FOR PAP	NU	\$13.88	101.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7045	REPL EXHALATION PORT FOR PAP	NU	\$14.50	72.90%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7046	REPL WATER CHAMBER, PAP DEV	NU	\$15.62	94.77%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRR	Rural	A7046	REPL WATER CHAMBER, PAP DEV	NU	\$15.73	75.41%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7048	VACUUM DRAIN BOTTLE/TUBE KIT		\$40.32	67.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7049	EPAP NASAL VALVE		\$172.38	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7501	TRACHEOSTOMA VALVE W DIAPHRA		\$117.87	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7501	TRACHEOSTOMA VALVE W DIAPHRA		\$117.87	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7502	REPLACEMENT DIAPHRAGM/FPLATE		\$56.04	80.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7503	HMES FILTER HOLDER OR CAP		\$12.73	80.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7504	TRACHEOSTOMA HMES FILTER		\$0.75	78.95%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7505	HMES OR TRACH VALVE HOUSING		\$5.25	80.15%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7506	HMES/TRACHVALVE ADHESIVEDISK		\$0.40	88.89%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7507	INTEGRATED FILTER & HOLDER		\$2.78	78.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7507	INTEGRATED FILTER & HOLDER		\$2.78	79.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7508	HOUSING & INTEGRATED ADHESIV		\$3.20	79.80%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7509	HEAT & MOISTURE EXCHANGE SYS		\$1.60	81.22%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7509	HEAT & MOISTURE EXCHANGE SYS		\$1.60	81.22%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7520	TRACH/LARYN TUBE NON-CUFFED		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7521	TRACH/LARYN TUBE CUFFED		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7522	TRACH/LARYN TUBE STAINLESS		\$50.67	80.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7522	TRACH/LARYN TUBE STAINLESS		\$50.67	80.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7523	TRACHEOSTOMY SHOWER PROTECT		\$16.51	104.31%	1) Use OK, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7523	TRACHEOSTOMY SHOWER PROTECT		\$16.51	104.31%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use OK, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7524	TRACHEOSTOMA STENT/STUD/BTTN		\$86.86	80.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7525	TRACHEOSTOMY MASK		\$2.28	78.62%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7525	TRACHEOSTOMY MASK		\$2.28	79.17%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7526	TRACHEOSTOMY TUBE COLLAR		\$3.78	79.09%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7526	TRACHEOSTOMY TUBE COLLAR		\$3.78	79.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7527	TRACH/LARYN TUBE PLUG/STOP		\$4.02	77.87%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A8000	SOFT PROTECT HELMET PREFAB		\$153.05	71.15%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A8000	SOFT PROTECT HELMET PREFAB		\$153.05	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A8001	HARD PROTECT HELMET PREFAB		\$153.05	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A8001	HARD PROTECT HELMET PREFAB		\$153.05	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A8002	SOFT PROTECT HELMET CUSTOM		\$400.49	93.61%	1) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A8002	SOFT PROTECT HELMET CUSTOM		\$400.49	93.61%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A8003	HARD PROTECT HELMET CUSTOM		\$468.78	108.85%	1) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A8003	HARD PROTECT HELMET CUSTOM		\$468.78	108.85%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A8004	REPL SOFT INTERFACE, HELMET		\$145.40	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9272	DISP WOUND SUCT, DRSG/ACCESS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A9273	HOT/COLD BOTTLE/CAP/COL/WRAP		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A9274	EXT AMB INSULIN DELIVERY SYS		\$31.45	60.07%	1) Use OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9274	EXT AMB INSULIN DELIVERY SYS	U1	N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9276	DISPOSABLE SENSOR, CGM SYS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9285	INVERSION EVERSION COR DEVIC		\$506.18	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9286	ANY HYGIENIC ITEM, DEVICE		\$0.04	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4034	ENTER FEED SUPKIT SYR BY DAY		\$5.48	134.56%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4035	ENTERAL FEED SUPP PUMP PER D		\$10.06	141.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4036	ENTERAL FEED SUP KIT GRAV BY		\$7.11	133.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4081	ENTERAL NG TUBING W/ STYLET		\$18.35	93.16%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4082	ENTERAL NG TUBING W/O STYLET		\$14.25	102.78%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4083	ENTERAL STOMACH TUBE LEVINE		\$2.10	86.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4087	GASTRO/JEJUNO TUBE, STD		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4088	GASTRO/JEJUNO TUBE, LOW-PRO		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4220	PARENTERAL SUPPLY KIT PREMIX		\$6.67	57.44%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4224	PARENTERAL ADMINISTRATION KI		\$21.94	60.49%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B9999	PARENTERAL SUPP NOT OTHRWS C		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	E0235	PARAFFIN BATH UNIT PORTABLE	RR	\$21.05	87.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	E0235	PARAFFIN BATH UNIT PORTABLE		\$210.54	160.99%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	K1005	DISP COL STO BAG BREAST MILK		N/A	N/A	Code closed 12/31/23
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L7259	ELECTRONIC WRIST ROTATOR ANY		\$3,305.80	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L7700	PROS SOC INSERT GASKET/SEAL		\$128.23	89.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8501	TRACHEOSTOMY SPEAKING VALVE		\$103.56	69.84%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8603	COLLAGEN IMP URINARY 2.5 ML		\$422.22	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8606	SYNTHETIC IMPLNT URINARY 1ML		\$212.77	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8670	VASCULAR GRAFT, SYNTHETIC		\$536.72	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8678	EXT SPLY IMPLT NEUROSTIM		N/A	N/A	1) No valid utilization data; 2) No Colorado Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8680	IMPLT NEUROSTIM ELCTR EACH		\$314.17	120.30%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8681	PT PRGRM FOR IMPLT NEUROSTIM		\$716.40	55.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8682	IMPLT NEUROSTIM RADIOFQ REC		\$4,077.49	55.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8683	RADIOFQ TRSMTR FOR IMPLT NEU		\$3,589.14	55.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8684	RADIOF TRSMTR IMPLT SCRL NEU		\$530.66	55.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8685	IMPLT NROSTM PLS GEN SNG REC		\$12,985.84	117.18%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8686	IMPLT NROSTM PLS GEN SNG NON		\$8,286.00	121.65%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8687	IMPLT NROSTM PLS GEN DUA REC		\$16,899.82	121.48%	1) Use AZ, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8688	IMPLT NROSTM PLS GEN DUA NON		\$10,783.41	117.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, TX, and WY as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8689	EXTERNAL RECHARG SYS INTERN		\$28.14	1.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8696	EXT ANTENNA PHREN NERVE STIM		\$178.54	67.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L9900	O&P SUPPLY/ACCESSORY/SERVICE		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	Q0511	SUP FEE ANTIEM,ANTICA,IMMUNO		\$5.75	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	Q0512	PX SUP FEE ANTI-CAN SUB PRES		\$3.76	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S4988	PENILE CONTRACTUR DEVIC MANU		\$25.52	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S5520	HIT PICC INSERT KIT		\$3,715.84	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S5521	HIT MIDLINE CATH INSERT KIT		\$119.19	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S5565	INSULIN CARTRIDGE 150 U		\$0.35	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8120	O2 CONTENTS GAS CUBIC FT	TG	\$0.07	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8121	O2 CONTENTS LIQUID LB	TG	\$0.87	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8189	TRACH SUPPLY NOC		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8210	MUCUS TRAP		\$4.74	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8265	HABERMAN FEEDER		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8301	INFECT CONTROL SUPPLIES NOS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8420	CUSTOM GRADIENT SLEEV/GLOV		N/A	N/A	1) No valid utilization data; 2) Code is manually priced

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8421	READY GRADIENT SLEEV/GLOV		\$78.05	65.92%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8422	CUSTOM GRAD SLEEVE MED		\$95.84	51.12%	1) Use LA, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8423	CUSTOM GRAD SLEEVE HEAVY		\$129.73	73.10%	1) Use LA, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8424	READY GRADIENT SLEEVE		\$47.46	82.09%	1) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8425	CUSTOM GRAD GLOVE MED		\$159.51	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8426	CUSTOM GRAD GLOVE HEAVY		\$243.96	N/A	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8427	READY GRADIENT GLOVE		\$137.60	309.89%	1) Use LA, OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8428	READY GRADIENT GAUNTLET		\$34.61	65.98%	1) Use OH, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8429	GRADIENT PRESSURE WRAP		\$28.32	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8430	PADDING FOR COMPRSSN BDG		\$26.01	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8431	COMPRESSION BANDAGE		\$9.46	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8450	SPLINT DIGIT		\$15.73	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8451	SPLINT WRIST OR ANKLE		\$27.52	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8452	SPLINT ELBOW		\$29.06	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8490	100 INSULIN SYRINGES		\$23.11	58.98%	1) Use NE, and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8999	RESUSCITATION BAG		\$122.07	116.90%	1) Use LA, OR, and TX as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S9002	INTRA-VAG MOTION SENS BIOFK		\$241.47	N/A	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S9433	MEDICAL FOOD ORAL 100% NUTR		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T2101	BREAST MILK PROC/STORE/DIST		\$4.75	106.92%	1) This is rate-only benchmark ratio due to no utilization data; 2) Use AZ, CA, LA, OH, OK, and OR as benchmark states; 3) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4521	ADULT SIZE BRIEF/DIAPER SM		\$0.73	107.82%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4522	ADULT SIZE BRIEF/DIAPER MED		\$0.84	109.51%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4523	ADULT SIZE BRIEF/DIAPER LG		\$1.01	111.82%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4524	ADULT SIZE BRIEF/DIAPER XL		\$1.03	102.62%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4525	ADULT SIZE PULL-ON SM		\$0.73	89.60%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4526	ADULT SIZE PULL-ON MED		\$0.96	104.42%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4527	ADULT SIZE PULL-ON LG		\$1.14	110.77%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4528	ADULT SIZE PULL-ON XL		\$1.13	97.78%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4529	PED SIZE BRIEF/DIAPER SM/MED		\$0.53	95.35%	1) Use LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4530	PED SIZE BRIEF/DIAPER LG		\$0.53	82.44%	1) Use LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4531	PED SIZE PULL-ON SM/MED		\$0.71	98.35%	1) Use LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4532	PED SIZE PULL-ON LG		\$0.71	87.51%	1) Use LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4533	YOUTH SIZE BRIEF/DIAPER		\$0.66	92.70%	1) Use LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4534	YOUTH SIZE PULL-ON		\$1.14	134.03%	1) Use LA, NE, NV, OH, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4535	DISPOSABLE LINER/SHIELD/PAD		\$0.50	92.13%	1) Use LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4543	ADULT DISP BRIEF/DIAP ABV XL		\$1.62	103.64%	1) Use LA, NE, NV, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T4544	ADLT DISP UND/PULL ON ABV XL		\$1.62	96.66%	1) Use NE, NV, OH, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T5999	SUPPLY, NOS		N/A	N/A	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	A4638	REPL BATT PULSE GEN SYS		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	E1840	ADJ SHOULDER EXT/FLEX DEVICE	RR	\$462.41	86.48%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	E2120	PULSE GEN SYS TX ENDOLYMP FL		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	K1014	AK 4 BAR LINK HYDL SWG/STANC		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5000	SHO INSERT W ARCH TOE FILLER		\$433.13	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5010	MOLD SOCKET ANK HGT W/ TOE F		\$1,144.97	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5020	TIBIAL TUBERCLE HGT W/ TOE F		\$2,008.88	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5050	ANK SYMES MOLD SCKT SACH FT		\$2,134.26	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5060	SYMES MET FR LEATH SOCKET AR		\$2,280.71	56.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5100	MOLDED SOCKET SHIN SACH FOOT		\$1,992.43	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5105	PLAST SOCKET JTS/THGH LACER		\$2,786.01	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5150	MOLD SCKT EXT KNEE SHIN SACH		\$2,778.60	59.52%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5160	MOLD SOCKET BENT KNEE SHIN S		\$3,672.10	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5200	KNE SING AXIS FRIC SHIN SACH		\$2,515.83	63.45%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5210	NO KNEE/ANKLE JOINTS W/ FT B		\$2,242.23	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5220	NO KNEE JOINT WITH ARTIC ALI		\$2,164.68	59.84%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5230	FEM FOCAL DEFIC CONSTANT FRI		\$3,659.73	60.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5250	HIP CANAD SING AXI CONS FRIC		\$4,280.84	54.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5270	TILT TABLE LOCKING HIP SING		\$4,325.35	60.62%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5280	HEMIPELVECT CANAD SING AXIS		\$4,538.84	56.00%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5301	BK MOLD SOCKET SACH FT ENDO		\$1,984.53	70.91%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5312	KNEE DISART, SACH FT, ENDO		\$3,126.51	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5321	AK OPEN END SACH		\$3,059.26	77.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5331	HIP DISART CANADIAN SACH FT		\$4,802.67	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5341	HEMIPELVECTOMY CANADIAN SACH		\$5,516.24	75.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5400	POSTOP DRESS & 1 CAST CHG BK		\$1,145.37	77.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5410	POSTOP DSG BK EA ADD CAST CH		\$294.17	58.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5420	POSTOP DSG & 1 CAST CHG AK/D		\$1,393.40	67.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5430	POSTOP DSG AK EA ADD CAST CH		\$342.35	56.68%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5450	POSTOP APP NON-WGT BEAR DSG		\$457.10	77.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5460	POSTOP APP NON-WGT BEAR DSG		\$542.46	78.76%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5500	INIT BK PTB PLASTER DIRECT		\$1,289.17	63.48%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5505	INIT AK ISCHAL PLSTR DIRECT		\$1,641.82	69.46%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5510	PREP BK PTB PLASTER MOLDED		\$1,340.24	66.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5520	PERP BK PTB THERMOPLS DIRECT		\$1,262.00	73.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5530	PREP BK PTB THERMOPLS MOLDED		\$1,723.58	75.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5535	PREP BK PTB OPEN END SOCKET		\$633.07	31.10%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5540	PREP BK PTB LAMINATED SOCKET		\$1,741.38	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5560	PREP AK ISCHIAL PLAST MOLDED		\$1,948.83	68.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5570	PREP AK ISCHIAL DIRECT FORM		\$2,268.54	73.55%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5580	PREP AK ISCHIAL THERMO MOLD		\$2,457.37	70.93%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5585	PREP AK ISCHIAL OPEN END		\$2,361.81	67.99%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5590	PREP AK ISCHIAL LAMINATED		\$2,631.92	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5595	HIP DISARTIC SACH THERMOPLS		\$2,783.26	57.59%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5600	HIP DISART SACH LAMINAT MOLD		\$3,117.93	58.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5610	ABOVE KNEE HYDRACADENCE		\$1,632.73	50.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5611	AK 4 BAR LINK W/FRIC SWING		\$1,841.61	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5613	AK 4 BAR LING W/HYDRAUL SWIG		\$2,458.12	66.66%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5614	4-BAR LINK ABOVE KNEE W/SWNG		\$1,654.42	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5615	AK 4 BAR LINK HYDL SWG/STANC		\$7,752.30	99.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5616	AK UNIV MULTIPLEX SYS FRICT		\$1,293.34	60.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5617	AK/BK SELF-ALIGNING UNIT EA		\$546.87	77.52%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5618	TEST SOCKET SYMES		\$241.09	70.56%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5620	TEST SOCKET BELOW KNEE		\$238.34	71.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5622	TEST SOCKET KNEE DISARTICULA		\$310.78	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5624	TEST SOCKET ABOVE KNEE		\$312.63	70.88%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5626	TEST SOCKET HIP DISARTICULAT		\$408.73	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5628	TEST SOCKET HEMIPELVECTOMY		\$309.45	53.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5629	BELOW KNEE ACRYLIC SOCKET		\$272.43	71.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5630	SYME TYP EXPANDABL WALL SCKT		\$420.17	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5631	AK/KNEE DISARTIC ACRYLIC SOC		\$376.68	70.79%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5632	SYMES TYPE PTB BRIM DESIGN S		\$233.99	69.85%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5634	SYMES TYPE POSTER OPENING SO		\$397.61	81.68%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5636	SYMES TYPE MEDIAL OPENING SO		\$291.25	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5637	BELOW KNEE TOTAL CONTACT		\$247.65	71.10%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5638	BELOW KNEE LEATHER SOCKET		\$564.05	72.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5639	BELOW KNEE WOOD SOCKET		\$1,413.13	78.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5640	KNEE DISARTICULAT LEATHER SO		\$671.65	65.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5642	ABOVE KNEE LEATHER SOCKET		\$649.36	65.49%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5643	HIP FLEX INNER SOCKET EXT FR		\$1,779.04	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5644	ABOVE KNEE WOOD SOCKET		\$767.60	81.21%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5645	BK FLEX INNER SOCKET EXT FRA		\$912.00	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5646	BELOW KNEE CUSHION SOCKET		\$348.93	40.96%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5647	BELOW KNEE SUCTION SOCKET		\$832.63	71.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5648	ABOVE KNEE CUSHION SOCKET		\$422.18	40.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5649	ISCH CONTAINMT/NARROW M-L SO		\$1,817.40	70.73%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5650	TOT CONTACT AK/KNEE DISART S		\$558.00	70.69%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5651	AK FLEX INNER SOCKET EXT FRA		\$1,372.68	70.64%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5652	SUCTION SUSP AK/KNEE DISART		\$498.33	70.19%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5653	KNEE DISART EXPAND WALL SOCK		\$748.21	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5654	SOCKET INSERT SYMES		\$285.83	66.55%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5655	SOCKET INSERT BELOW KNEE		\$227.37	70.10%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5656	SOCKET INSERT KNEE ARTICULAT		\$364.27	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5658	SOCKET INSERT ABOVE KNEE		\$357.28	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5661	MULTI-DUROMETER SYMES		\$579.09	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5665	MULTI-DUROMETER BELOW KNEE		\$438.94	69.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5666	BELOW KNEE CUFF SUSPENSION		\$60.01	63.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5668	BK MOLDED DISTAL CUSHION		\$86.57	70.95%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5670	BK MOLDED SUPRACONDYLAR SUSP		\$310.16	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5671	BK/AK LOCKING MECHANISM		\$631.13	79.09%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5672	BK REMOVABLE MEDIAL BRIM SUS		\$283.71	59.45%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5673	SOCKET INSERT W LOCK MECH		\$721.01	79.08%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5676	BK KNEE JOINTS SINGLE AXIS P		\$384.19	63.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5677	BK KNEE JOINTS POLYCENTRIC P		\$355.74	60.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5678	BK JOINT COVERS PAIR		\$44.31	61.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5679	SOCKET INSERT W/O LOCK MECH		\$600.83	78.90%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5680	BK THIGH LACER NON-MOLDED		\$268.13	60.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5681	INTL CUSTM CONG/LATYP INSERT		\$1,275.38	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5682	BK THIGH LACER GLUT/ISCHIA M		\$595.12	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5683	INITIAL CUSTOM SOCKET INSERT		\$1,275.38	78.76%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5684	BK FORK STRAP		\$42.08	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5685	BELOW KNEE SUS/SEAL SLEEVE		\$111.66	71.18%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5686	BK BACK CHECK		\$38.71	53.44%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5688	BK WAIST BELT WEBBING		\$58.12	79.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5690	BK WAIST BELT PADDED AND LIN		\$59.63	50.77%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5692	AK PELVIC CONTROL BELT LIGHT		\$99.20	60.11%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5694	AK PELVIC CONTROL BELT PAD/L		\$173.38	8.57%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5695	AK SLEEVE SUSP NEOPRENE/EQUA		\$169.96	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5696	AK/KNEE DISARTIC PELVIC JOIN		\$158.61	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5697	AK/KNEE DISARTIC PELVIC BAND		\$83.23	79.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5698	AK/KNEE DISARTIC SILESIA BA		\$89.42	71.42%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5699	SHOULDER HARNESS		\$111.55	49.85%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5700	REPLACE SOCKET BELOW KNEE		\$2,432.60	71.24%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5701	REPLACE SOCKET ABOVE KNEE		\$3,246.83	70.58%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5702	REPLACE SOCKET HIP		\$5,033.17	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5703	SYMES ANKLE W/O (SACH) FOOT		\$2,181.51	77.64%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5704	CUSTOM SHAPE COVER BK		\$507.63	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5705	CUSTOM SHAPE COVER AK		\$861.94	69.12%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5706	CUSTOM SHAPE CVR KNEE DISART		\$956.53	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5707	CUSTOM SHAPE CVR HIP DISART		\$1,319.75	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5710	KNEE-SHIN EXO SNG AXI MNL LOC		\$403.87	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5711	KNEE-SHIN EXO MNL LOCK ULTRA		\$347.02	55.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5712	KNEE-SHIN EXO FRICT SWG & ST		\$348.89	67.46%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5714	KNEE-SHIN EXO VARIABLE FRICT		\$489.38	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5716	KNEE-SHIN EXO MECH STANCE PH		\$918.61	78.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5718	KNEE-SHIN EXO FRCT SWG & STA		\$1,083.38	74.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5722	KNEE-SHIN PNEUM SWG FRCT EXO		\$968.44	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5724	KNEE-SHIN EXO FLUID SWING PH		\$1,207.10	63.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5726	KNEE-SHIN EXT JNTS FLD SWG E		\$1,132.75	54.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5728	KNEE-SHIN FLUID SWG & STANCE		\$2,761.71	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5780	KNEE-SHIN PNEUM/HYDRA PNEUM		\$896.11	64.96%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5781	LOWER LIMB PROS VACUUM PUMP		\$3,922.85	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5782	HD LOW LIMB PROS VACUUM PUMP		\$4,135.56	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5783	ADD LOW EXT MEC LIMB VOL SYS		\$2,492.74	80.72%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5785	EXOSKELETAL BK ULTRALT MATER		\$445.39	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5790	EXOSKELETAL AK ULTRA-LIGHT M		\$693.28	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5795	EXOSKEL HIP ULTRA-LIGHT MATE		\$641.43	49.77%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5810	ENDOSKEL KNEE-SHIN MNL LOCK		\$430.50	66.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5811	ENDO KNEE-SHIN MNL LCK ULTRA		\$690.59	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5812	ENDO KNEE-SHIN FRCT SWG & ST		\$596.14	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5814	ENDO KNEE-SHIN HYDRAL SWG PH		\$3,237.40	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5816	ENDO KNEE-SHIN POLYC MCH STA		\$1,093.33	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5818	ENDO KNEE-SHIN FRCT SWG & ST		\$896.91	58.36%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5822	ENDO KNEE-SHIN PNEUM SWG FRC		\$1,704.10	75.38%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5824	ENDO KNEE-SHIN FLUID SWING P		\$1,971.52	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5826	MINIATURE KNEE JOINT		\$2,321.48	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5828	ENDO KNEE-SHIN FLUID SWG/STA		\$2,722.31	70.69%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5830	ENDO KNEE-SHIN PNEUM/SWG PHA		\$1,403.76	61.64%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5840	MULTI-AXIAL KNEE/SHIN SYSTEM		\$3,345.54	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5841	ADDITION ENDOSKLETL KNEE-SHI		\$2,480.89	78.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5845	KNEE-SHIN SYS STANCE FLEXION		\$1,562.40	70.92%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5848	KNEE-SHIN SYS HYDRAUL STANCE		\$1,040.50	78.77%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5850	ENDO AK/HIP KNEE EXTENS ASSI		\$146.23	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5855	MECH HIP EXTENSION ASSIST		\$389.61	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5856	ELEC KNEE-SHIN SWING/STANCE		\$23,212.59	78.61%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5857	ELEC KNEE-SHIN SWING ONLY		\$8,334.84	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5858	STANCE PHASE ONLY		\$17,983.72	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5910	ENDO BELOW KNEE ALIGNABLE SY		\$413.98	70.98%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5920	ENDO AK/HIP ALIGNABLE SYSTEM		\$602.31	70.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5925	ABOVE KNEE MANUAL LOCK		\$426.32	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5926	ENDOSKEL POSIT ROTAT UNIT		\$721.14	99.39%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5930	HIGH ACTIVITY KNEE FRAME		\$3,246.81	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5940	ENDO BK ULTRA-LIGHT MATERIAL		\$573.35	71.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5950	ENDO AK ULTRA-LIGHT MATERIAL		\$692.99	70.63%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5960	ENDO HIP ULTRA-LIGHT MATERIA		\$826.44	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5961	ENDO POLY HIP, PNEU/HYD/ROT		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5962	BELOW KNEE FLEX COVER SYSTEM		\$641.92	68.79%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5964	ABOVE KNEE FLEX COVER SYSTEM		\$907.16	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5966	HIP FLEXIBLE COVER SYSTEM		\$1,297.49	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5968	MULTIAXIAL ANKLE W DORSIFLEX		\$3,516.30	78.92%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5970	FOOT EXTERNAL KEEL SACH FOOT		\$194.65	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5971	SACH FOOT, REPLACEMENT		\$216.07	79.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5972	FLEXIBLE KEEL FOOT		\$377.41	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5973	ANK-FOOT SYS DORS-PLANT FLEX		N/A	N/A	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5974	FOOT SINGLE AXIS ANKLE/FOOT		\$170.47	60.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5975	COMBO ANKLE/FOOT PROSTHESIS		\$430.83	76.15%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5976	ENERGY STORING FOOT		\$518.34	71.42%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5978	FT PROSTH MULTIAXIAL ANKL/FT		\$210.57	60.12%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5979	MULTI-AXIAL ANKLE/FT PROSTH		\$2,367.81	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5980	FLEX FOOT SYSTEM		\$4,238.01	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5981	FLEX-WALK SYS LOW EXT PROSTH		\$2,769.44	70.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5982	EXOSKELETAL AXIAL ROTATION U		\$717.69	77.57%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5984	ENDOSKELETAL AXIAL ROTATION		\$517.10	70.75%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5985	LWR EXT DYNAMIC PROSTH PYLON		\$275.97	80.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5986	MULTI-AXIAL ROTATION UNIT		\$724.31	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5987	SHANK FT W VERT LOAD PYLON		\$6,270.79	70.80%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5988	VERTICAL SHOCK REDUCING PYLO		\$1,741.34	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5990	USER ADJUSTABLE HEEL HEIGHT		\$1,755.50	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5999	LOWR EXTREMITY PROSTHES NOS		N/A	N/A	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6000	PART HAND THUMB REM		\$987.15	61.90%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6010	PART HAND LITTLE/RING		\$1,073.68	56.83%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6020	PART HAND NO FINGERS		\$1,201.41	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6026	PART HAND MYO EXCLU TERM DEV		\$4,083.25	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6050	WRST MLD SCK FLX HNG TRI PAD		\$1,474.98	60.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6055	WRST MOLD SOCK W/EXP INTERFA		\$2,069.06	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6100	ELB MOLD SOCK FLEX HINGE PAD		\$1,734.61	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6110	ELBOW MOLD SOCK SUSPENSION T		\$1,790.20	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6120	ELBOW MOLD DOUB SPLT SOC STE		\$1,681.74	53.44%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6130	ELBOW STUMP ACTIVATED LOCK H		\$1,909.68	56.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6200	ELBOW MOLD OUTSID LOCK HINGE		\$2,069.03	56.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6205	ELBOW MOLDED W/ EXPAND INTER		\$3,201.57	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6250	ELBOW INTER LOC ELBOW FORARM		\$2,327.41	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6300	SHLDER DISART INT LOCK ELBOW		\$3,412.71	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6310	SHOULDER PASSIVE RESTOR COMP		\$2,154.93	59.16%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6320	SHOULDER PASSIVE RESTOR CAP		\$1,561.85	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6350	THORACIC INTERN LOCK ELBOW		\$3,640.14	66.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6360	THORACIC PASSIVE RESTOR COMP		\$2,275.24	59.51%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6370	THORACIC PASSIVE RESTOR CAP		\$1,557.17	63.88%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6380	POSTOP DSG CAST CHG WRST/ELB		\$896.91	64.17%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6382	POSTOP DSG CAST CHG ELB DIS/		\$1,195.85	62.95%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6384	POSTOP DSG CAST CHG SHLDER/T		\$1,554.62	59.02%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6386	POSTOP EA CAST CHG & REALIGN		\$328.85	68.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6388	POSTOP APPLICAT RIGID DSG ON		\$448.46	73.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6400	BELOW ELBOW PROSTH TISS SHAP		\$2,232.28	60.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6450	ELB DISART PROSTH TISS SHAP		\$2,533.31	51.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6500	ABOVE ELBOW PROSTH TISS SHAP		\$2,931.95	60.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6550	SHLDR DISAR PROSTH TISS SHAP		\$3,380.26	55.70%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6570	SCAP THORAC PROSTH TISS SHAP		\$3,655.09	57.88%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6580	WRIST/ELBOW BOWDEN CABLE MOL		\$1,405.11	62.23%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6582	WRIST/ELBOW BOWDEN CBL DIR F		\$1,405.11	63.79%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6584	ELBOW FAIR LEAD CABLE MOLDED		\$1,328.15	54.06%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6586	ELBOW FAIR LEAD CABLE DIR FO		\$1,328.15	51.96%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6588	SHDR FAIR LEAD CABLE MOLDED		\$1,896.42	55.90%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6590	SHDR FAIR LEAD CABLE DIRECT		\$1,784.85	52.46%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6600	POLYCENTRIC HINGE PAIR		\$107.63	47.81%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6605	SINGLE PIVOT HINGE PAIR		\$111.22	50.03%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6610	FLEXIBLE METAL HINGE PAIR		\$145.14	71.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6611	ADDITIONAL SWITCH, EXT POWER		\$290.15	57.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6615	DISCONNECT LOCKING WRIST UNI		\$167.36	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6616	DISCONNECT INSERT LOCKING WR		\$55.61	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6620	FLEXION/EXTENSION WRIST UNIT		\$248.71	60.91%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6621	FLEX/EXT WRIST W/WO FRICTION		\$2,213.30	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6623	SPRING-ASS ROT WRST W/ LATCH		\$392.67	51.00%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6624	FLEX/EXT/ROTATION WRIST UNIT		\$3,282.92	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6625	ROTATION WRST W/ CABLE LOCK		\$282.96	44.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6628	QUICK DISCONN HOOK ADAPTER O		\$547.58	71.08%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6629	LAMINATION COLLAR W/ COUPLIN		\$157.13	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6630	STAINLESS STEEL ANY WRIST		\$148.98	57.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6632	LATEX SUSPENSION SLEEVE EACH		\$63.33	60.91%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6635	LIFT ASSIST FOR ELBOW		\$177.58	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6637	NUDGE CONTROL ELBOW LOCK		\$197.32	44.77%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6638	ELEC LOCK ON MANUAL PW ELBOW		\$2,419.81	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6640	SHOULDER ABDUCTION JOINT PAI		\$242.47	68.87%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6641	EXCURSION AMPLIFIER PULLEY T		\$149.48	77.15%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6642	EXCURSION AMPLIFIER LEVER TY		\$131.53	50.40%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6645	SHOULDER FLEXION- ABDUCTION J		\$203.88	53.21%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6646	MULTIPO LOCKING SHOULDER JNT		\$3,092.24	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6647	SHOULDER LOCK ACTUATOR		\$509.14	80.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6648	EXT PWRD SHLDER LOCK/UNLOCK		\$3,189.21	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6650	SHOULDER UNIVERSAL JOINT		\$246.25	60.61%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6655	STANDARD CONTROL CABLE EXTRA		\$64.40	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6660	HEAVY DUTY CONTROL CABLE		\$80.58	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6665	TEFLON OR EQUAL CABLE LINING		\$39.48	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6670	HOOK TO HAND CABLE ADAPTER		\$41.12	71.44%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6672	HARNESS CHEST/SHLDER SADDLE		\$181.41	74.74%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6675	HARNESS FIGURE OF 8 SING CON		\$102.95	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6676	HARNESS FIGURE OF 8 DUAL CON		\$121.38	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6677	UE TRIPLE CONTROL HARNESS		\$290.82	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6680	TEST SOCK WRIST DISART/BEL E		\$210.63	69.62%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6682	TEST SOCK ELBW DISART/ABOVE		\$229.63	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6684	TEST SOCKET SHLDR DISART/THO		\$326.42	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6686	SUCTION SOCKET		\$506.10	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6687	FRAME TYP SOCKET BEL ELBOW/W		\$659.32	70.60%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6688	FRAME TYP SOCK ABOVE ELB/DIS		\$454.13	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6689	FRAME TYP SOCKET SHOULDER DI		\$770.16	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6690	FRAME TYP SOCK INTERSCAP THO		\$382.68	46.37%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6691	REMOVABLE INSERT EACH		\$295.91	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6692	SILICONE GEL INSERT OR EQUAL		\$504.83	60.11%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6693	LOCKINGELBOW FOREARM CNTRBAL		\$2,638.24	76.14%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6694	ELBOW SOCKET INS USE W/LOCK		\$721.01	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6695	ELBOW SOCKET INS USE W/O LCK		\$600.83	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6696	CUS ELBO SKT IN FOR CON/ATYP		\$1,275.38	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6697	CUS ELBO SKT IN NOT CON/ATYP		\$1,275.38	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6698	BELOW/ABOVE ELBOW LOCK MECH		\$631.13	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6703	TERM DEV, PASSIVE HAND MITT		\$317.06	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6704	TERM DEV, SPORT/REC/WORK ATT		\$617.18	71.42%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6706	TERM DEV MECH HOOK VOL OPEN		\$396.72	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6707	TERM DEV MECH HOOK VOL CLOSE		\$990.46	57.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6708	TERM DEV MECH HAND VOL OPEN		\$853.76	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6709	TERM DEV MECH HAND VOL CLOSE		\$1,070.24	57.74%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6711	PED TERM DEV, HOOK, VOL OPEN		\$510.94	62.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6712	PED TERM DEV, HOOK, VOL CLOS		\$940.70	62.27%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6713	PED TERM DEV, HAND, VOL OPEN		\$1,361.87	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6714	PED TERM DEV, HAND, VOL CLOS		\$992.46	61.45%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6715	TERM DEVICE, MULTI ART DIGIT		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6721	HOOK/HAND, HVY DTY, VOL OPEN		\$2,050.20	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6722	HOOK/HAND, HVY DTY, VOL CLOS		\$1,520.68	61.45%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6805	TERM DEV MODIFIER WRIST UNIT		\$284.62	66.59%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6810	TERM DEV PRECISION PINCH DEV		\$195.14	73.85%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6880	ELEC HAND IND ART DIGITS		N/A	N/A	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6881	TERM DEV AUTO GRASP FEATURE		\$3,955.92	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6882	MICROPROCESSOR CONTROL UPLMB		\$3,000.79	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6883	REPLC SOCKT BELOW E/W DISA		\$1,645.08	79.97%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6884	REPLC SOCKT ABOVE ELBOW DISA		\$2,124.47	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6885	REPLC SOCKT SHLDR DIS/INTERC		\$3,071.12	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6890	PREFAB GLOVE FOR TERM DEVICE		\$155.79	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6895	CUSTOM GLOVE FOR TERM DEVICE		\$503.13	73.45%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6900	HAND RESTORAT THUMB/1 FINGER		\$1,215.03	67.02%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6905	HAND RESTORATION MULTIPLE FI		\$1,192.33	67.66%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6910	HAND RESTORATION NO FINGERS		\$1,210.25	70.50%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6915	HAND RESTORATION REPLACMNT G		\$447.85	59.60%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6920	WRIST DISARTICUL SWITCH CTRL		\$4,844.20	49.75%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6925	WRIST DISART MYOELECTRONIC C		\$5,220.14	49.71%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6930	BELOW ELBOW SWITCH CONTROL		\$5,354.54	52.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6935	BELOW ELBOW MYOELECTRONIC CT		\$7,845.08	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6940	ELBOW DISARTICULATION SWITCH		\$6,504.64	46.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6945	ELBOW DISART MYOELECTRONIC C		\$7,558.82	46.27%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6950	ABOVE ELBOW SWITCH CONTROL		\$6,910.37	43.30%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6955	ABOVE ELBOW MYOELECTRONIC CT		\$10,445.46	54.65%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6960	SHLDR DISARTIC SWITCH CONTRO		\$8,662.44	44.94%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6965	SHLDR DISARTIC MYOELECTRONIC		\$16,778.30	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6970	INTERSCAPULAR-THOR SWITCH CT		\$9,865.36	46.66%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6975	INTERSCAP-THOR MYOELECTRONIC		\$10,962.17	48.39%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7007	ADULT ELECTRIC HAND		\$2,949.92	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7008	PEDIATRIC ELECTRIC HAND		\$3,960.80	56.99%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7009	ADULT ELECTRIC HOOK		\$3,088.88	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7040	PREHENSILE ACTUATOR		\$2,007.95	59.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7045	PEDIATRIC ELECTRIC HOOK		\$1,027.70	52.97%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7170	ELECTRONIC ELBOW HOSMER SWIT		\$4,305.94	58.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7180	ELECTRONIC ELBOW SEQUENTIAL		\$34,425.70	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7181	ELECTRONIC ELBO SIMULTANEOUS		\$39,283.59	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7185	ELECTRON ELBOW ADOLESCENT SW		\$4,462.15	58.25%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7186	ELECTRON ELBOW CHILD SWITCH		\$8,160.82	58.78%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7190	ELBOW ADOLESCENT MYOELECTRON		\$5,577.66	57.55%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7191	ELBOW CHILD MYOELECTRONIC CT		\$8,972.53	63.07%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7360	SIX VOLT BAT OTTO BOCK/EQ EA		\$119.57	43.81%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7362	BATTERY CHRGR SIX VOLT OTTO		\$315.81	78.76%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7364	TWELVE VOLT BATTERY UTAH/EQU		\$69.34	14.50%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7366	BATTERY CHRGR 12 VOLT UTAH/E		\$118.00	18.32%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7367	REPLACEMNT LITHIUM IONBATTER		\$376.76	63.56%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7368	LITHIUM ION BATTERY CHARGER		\$488.38	63.55%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7400	ADD UE PROST BE/WD, ULTLITE		\$296.60	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7401	ADD UE PROST A/E ULTLITE MAT		\$332.01	79.28%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7402	ADD UE PROST S/D ULTLITE MAT		\$358.56	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7403	ADD UE PROST B/E ACRYLIC		\$356.35	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7404	ADD UE PROST A/E ACRYLIC		\$537.85	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7405	ADD UE PROST S/D ACRYLIC		\$703.38	79.29%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7499	UPPER EXTREMITY PROSTHES NOS		N/A	N/A	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7510	PROSTHETIC DEVICE REPAIR REP		\$35.85	64.49%	1) Use LA, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7520	REPAIR PROSTHESIS PER 15 MIN		\$17.66	96.93%	1) Use AZ, CA, LA, NE, NV, OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7600	PROSTHETIC DORNING SLEEVE		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8000	MASTECTOMY BRA		\$32.25	71.09%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8001	BREAST PROSTHESIS BRA & FORM		\$122.97	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8002	BRST PRSTH BRA & BILAT FORM		\$161.77	80.34%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8010	MASTECTOMY SLEEVE		\$58.36	105.17%	1) Use AZ, CA, LA, NE, NV, OH, OK, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8015	EXT BREASTPROSTHESIS GARMENT		\$55.71	76.13%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8020	MASTECTOMY FORM		\$131.60	54.66%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8030	BREAST PROSTHES W/O ADHESIVE		\$305.18	71.02%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8031	BREAST PROSTHESIS W ADHESIVE		\$281.11	65.79%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8032	REUSABLE NIPPLE PROSTHESIS		\$31.06	53.04%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8035	CUSTOM BREAST PROSTHESIS		\$3,545.06	77.51%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8039	BREAST PROSTHESIS NOS		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8040	NASAL PROSTHESIS		\$2,235.05	79.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8041	MIDFACIAL PROSTHESIS		\$2,729.70	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8042	ORBITAL PROSTHESIS		\$3,067.09	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8043	UPPER FACIAL PROSTHESIS		\$3,435.12	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8044	HEMI-FACIAL PROSTHESIS		\$3,803.16	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8045	AURICULAR PROSTHESIS		\$2,381.31	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8046	PARTIAL FACIAL PROSTHESIS		\$2,453.66	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8047	NASAL SEPTAL PROSTHESIS		\$1,257.49	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8048	UNSPEC MAXILLOFACIAL PROSTH		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8049	REPAIR MAXILLOFACIAL PROSTH		\$21.17	107.07%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use AZ, NE, OR, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8300	TRUSS SINGLE W/ STANDARD PAD		\$82.51	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8310	TRUSS DOUBLE W/ STANDARD PAD		\$133.07	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8320	TRUSS ADDITION TO STD PAD WA		\$30.49	47.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8330	TRUSS ADD TO STD PAD SCROTAL		\$34.68	58.53%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8400	SHEATH BELOW KNEE		\$13.49	71.41%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8410	SHEATH ABOVE KNEE		\$18.77	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8415	SHEATH UPPER LIMB		\$20.30	71.45%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8417	PROS SHEATH/SOCK W GEL CUSHN		\$65.54	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8420	PROSTHETIC SOCK MULTI PLY BK		\$16.68	71.01%	Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8430	PROSTHETIC SOCK MULTI PLY AK		\$21.05	71.40%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8435	PROS SOCK MULTI PLY UPPER LM		\$18.02	71.39%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8440	SHRINKER BELOW KNEE		\$35.85	71.08%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8460	SHRINKER ABOVE KNEE		\$57.14	71.43%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8465	SHRINKER UPPER LIMB		\$41.81	71.42%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8470	PROS SOCK SINGLE PLY BK		\$7.63	71.25%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8480	PROS SOCK SINGLE PLY AK		\$10.53	71.49%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8485	PROS SOCK SINGLE PLY UPPER L		\$11.42	71.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8499	UNLISTED MISC PROSTHETIC SER		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8500	ARTIFICIAL LARYNX		\$565.76	71.42%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8505	ARTIFICIAL LARYNX, ACCESSORY		\$16.02	6.78%	1)This is a rate-only benchmark ratio due to no utilization data; 2) Use LA, NE and OR as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8507	TRACH-ESOPH VOICE PROS PT IN		N/A	N/A	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8509	TRACH-ESOPH VOICE PROS MD IN		\$328.19	246.28%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8510	VOICE AMPLIFIER		\$247.75	80.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8511	INDWELLING TRACH INSERT		\$71.30	80.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8512	GEL CAP FOR TRACH VOICE PROS		N/A	N/A	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8513	TRACH PROS CLEANING DEVICE		\$5.12	80.50%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8514	REPL TRACH PUNCTURE DILATOR		\$92.45	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8515	GEL CAP APP DEVICE FOR TRACH		\$61.87	80.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8600	IMPLANT BREAST SILICONE/EQ		\$802.77	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8610	OCULAR IMPLANT		\$752.48	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8612	AQUEOUS SHUNT PROSTHESIS		\$442.63	54.83%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8613	OSSICULAR IMPLANT		\$247.94	80.34%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8614	COCHLEAR DEVICE		\$15,227.91	65.35%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8615	COCH IMPLANT HEADSET REPLACE		\$443.07	74.71%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8616	COCH IMPLANT MICROPHONE REPL		\$103.19	78.69%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8617	COCH IMPLANT TRANS COIL REPL		\$90.10	80.31%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8618	COCH IMPLANT TRAN CABLE REPL		\$25.74	80.29%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8619	COCH IMP EXT PROC/CONTR RPLC		\$8,036.09	79.03%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8621	REPL ZINC AIR BATTERY		\$0.63	81.82%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8622	REPL ALKALINE BATTERY		\$0.36	92.31%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8623	LITH ION BATT CID,NON-EARLVL		\$43.78	55.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8624	LITH ION BATT CID, EAR LEVEL		\$140.83	71.06%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8625	CHARGER COCH IMPL/AOI BATTERY		\$206.39	89.36%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8627	CID EXT SPEECH PROCESS REPL		\$5,519.70	65.13%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8628	CID EXT CONTROLLER REPL		\$996.10	65.14%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8629	CID TRANSMIT COIL AND CABLE		\$156.40	71.43%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8630	METACARPOPHALANGEAL IMPLANT		\$427.02	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8631	MCP JOINT REPL 2 PC OR MORE		\$2,128.38	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8641	METATARSAL JOINT IMPLANT		\$450.02	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8642	HALLUX IMPLANT		\$201.03	54.83%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8658	INTERPHALANGEAL JOINT SPACER		\$392.36	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8659	INTERPHALANGEAL JOINT REPL		\$1,895.70	80.33%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8691	AOI SND PROC REPL EXCL ACTUA	NU	\$1,923.42	91.33%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8692	NON-OSSEOINTEGRATED SND PROC	NU	\$2,430.35	72.81%	1) Use OH, OK, OR, TX, and WY as benchmark states; 2) The benchmark ratio was calculated using rates normalized fo Colorado Cost of Living.
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8693	AUD OSSEO DEV, ABUTMENT		\$1,218.80	65.73%	1) This is rate-only benchmark ratio due to no utilization data; 2) Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8694	AOI TRANSDUCER/ACTUATOR REPL		\$1,031.99	84.10%	Compared to Medicare
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8699	PROSTHETIC IMPLANT NOS		N/A	N/A	1) No valid utilization data; 2) Code is manually priced

Service Category	Service Subcategory	Skin Substitute Composition	Procedure Code	Procedure Code Description	Current CO Rate (July 2024)	Benchmark Ratio	Note
Specialty Care Services	Specialty Care Services	Allogenic Acellular			\$93.70	82.96%	1) Used NM, WA, OR, OK, IL, AR, ME, GA, and NV as benchmark states; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living
Specialty Care Services	Specialty Care Services	Allogenic Cellular			\$31.59	81.17%	1) Used NM, WA, OR, OK, IL, AR, ME, GA, and NV as benchmark states; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living
Specialty Care Services	Specialty Care Services	Xenogenic			\$14.85	52.52%	1) Used NM, WA, OR, OK, IL, AR, ME, GA, and NV as benchmark states; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living
Specialty Care Services	Specialty Care Services	Injection			\$377.55	30.24%	1) This is rate-only benchmark ratio due to no utilization data; 2) Used NM, OR, and NV as benchmark states; 3) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living
Specialty Care Services	Specialty Care Services		99451	Econsult	\$35.00	104.69%	1) This is rate-only benchmark ratio because this is a new service as of 02/01/24 and there was not sufficient data; 2) Medicare was used for comparison
Specialty Care Services	Specialty Care Services		99452	Econsult	\$17.00	49.84%	1) This is rate-only benchmark ratio because this is a new service as of 02/01/24 and there was not sufficient data; 2) Medicare was used for comparison

Service Category	Service Subcategory	Procedure Code	Procedure Code Description	Current CO Rate (July 2024)	Benchmark Ratio 1 (ADA)	Benchmark Source 1 (ADA)	Benchmark Ratio 2 (Benchmark States)	Benchmark Source 2 (Benchmark States)	Note (Benchmark States)	Benchmark Ratio 3 (Colorado Medicaid Dental State Plan Rate, Rate-only)	Benchmark Ratio 4 (Colorado Medicaid Dental State Plan Rate, Repriced)	Benchmark Source 3 & 4 (Colorado Medicaid Dental State Plan Rate)
DIDD	DIDD	D0120	Periodic Oral Evaluation	\$48.57	75.01%	ADA	153.46%	LA, NE, OK, and SC	The benchmark state ratio was calculated using rates normalized to Colorado Cost of Living	126.65%	130.43%	CO Medicaid Dental State Plan
DIDD	DIDD	D0140	Limited Oral Evaluation Problem Focused	\$70.42	77.21%	ADA	182.27%	OK, and SC	The benchmark state ratio was calculated using rates normalized to Colorado Cost of Living	132.52%	135.50%	CO Medicaid Dental State Plan
DIDD	DIDD	D0150	Comprehensive Oral Evaluation	\$77.73	71.15%	ADA	186.07%	LA, NE, OK, and SC	The benchmark state ratio was calculated using rates normalized to Colorado Cost of Living	127.36%	136.07%	CO Medicaid Dental State Plan
DIDD	DIDD	D0160	Detailed & Extensive Oral Evaluation, Problem Focus	\$78.05	45.99%	ADA	N/A			104.03%	104.71%	CO Medicaid Dental State Plan
DIDD	DIDD	D0170	Re-Evaluation Limit/Problem Focus, Est Patient	\$114.29	133.28%	ADA	N/A			346.12%	346.12%	CO Medicaid Dental State Plan
DIDD	DIDD	D0171	Re-Evaluation-Post-Operative Office Visit	\$114.29	100.42%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0180	Comprehensive Periodontal Evaluation	\$84.02	66.83%	ADA	N/A			186.55%	222.56%	CO Medicaid Dental State Plan
DIDD	DIDD	D0190	Screening of a Patient	\$51.37	68.49%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0210	Intraoral Complete Film Series	\$128.52	75.13%	ADA	193.18%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.53%	156.08%	CO Medicaid Dental State Plan
DIDD	DIDD	D0220	Intraoral Periapical First	\$26.56	72.29%	ADA	143.34%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	201.06%	231.79%	CO Medicaid Dental State Plan
DIDD	DIDD	D0230	Intraoral Periapical-Each Additional	\$22.20	72.33%	ADA	215.45%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	168.05%	185.95%	CO Medicaid Dental State Plan
DIDD	DIDD	D0240	Intraoral-Occlusal Radiographic Image	\$62.24	N/A	N/A	267.67%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0272	Dental Bitewings, Two Images	\$42.89	73.02%	ADA	189.80%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	193.20%	224.80%	CO Medicaid Dental State Plan
DIDD	DIDD	D0273	Bitewings, Three Images	\$51.40	74.89%	ADA	N/A			196.41%	253.97%	CO Medicaid Dental State Plan
DIDD	DIDD	D0274	Bitewings, Four Images	\$60.44	74.13%	ADA	187.62%	OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	193.72%	213.13%	CO Medicaid Dental State Plan
DIDD	DIDD	D0277	Vertical Bitewings, 7-8 Images	\$91.10	79.62%	ADA	N/A			196.97%	206.46%	CO Medicaid Dental State Plan
DIDD	DIDD	D0330	Panoramic Image	\$104.47	71.16%	ADA	174.27%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	189.22%	201.20%	CO Medicaid Dental State Plan
DIDD	DIDD	D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	\$45.47	53.07%	ADA	143.10%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0367	Cone beam ct interp both jaw	\$330.23	102.26%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1110	Prophylaxis Adult	\$90.76	81.06%	ADA	166.74%	LA, NE, NY, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	93.09%	92.43%	CO Medicaid Dental State Plan
DIDD	DIDD	D1206	Topical Fluoride Varnish	\$37.71	76.31%	ADA	112.01%	LA, NE, NY, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	89.87%	88.59%	CO Medicaid Dental State Plan
DIDD	DIDD	D1208	Topical Application of Fluoride- excluding varnish	\$33.81	73.93%	ADA	198.52%	LA, NE, NY, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	276.00%	320.67%	CO Medicaid Dental State Plan
DIDD	DIDD	D1351	Sealant- Per Tooth	\$57.00	86.94%	ADA	174.08%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1354	Interim Caries Arresting Medicament Application	\$58.46	103.25%	ADA	193.70%	LA, NE, NY, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2140	Amalgam One Surface Permanent	\$163.63	94.34%	ADA	287.38%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.73%	172.46%	CO Medicaid Dental State Plan
DIDD	DIDD	D2150	Amalgam Two Surfaces Permanent	\$209.09	98.32%	ADA	190.69%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.72%	154.57%	CO Medicaid Dental State Plan
DIDD	DIDD	D2160	Amalgam Three Surfaces Permanent	\$256.39	101.97%	ADA	199.07%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.72%	160.36%	CO Medicaid Dental State Plan
DIDD	DIDD	D2161	Amalgam 4 or > Surfaces Permanent	\$310.69	104.82%	ADA	209.95%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.71%	148.71%	CO Medicaid Dental State Plan
DIDD	DIDD	D2330	Resin One Surface Anterior	\$155.01	72.96%	ADA	193.42%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.11%	157.91%	CO Medicaid Dental State Plan
DIDD	DIDD	D2331	Resin Two Surfaces Anterior	\$191.86	75.21%	ADA	198.96%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.15%	161.54%	CO Medicaid Dental State Plan
DIDD	DIDD	D2332	Resin Three Surfaces Anterior	\$235.15	77.37%	ADA	212.47%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.07%	158.40%	CO Medicaid Dental State Plan
DIDD	DIDD	D2335	Resin Four or > Surface/Incisor Anterior	\$283.74	74.65%	ADA	220.56%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.10%	161.42%	CO Medicaid Dental State Plan
DIDD	DIDD	D2391	Resin Based Composite One Surface Posterior	\$163.63	68.98%	ADA	253.01%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.73%	171.90%	CO Medicaid Dental State Plan
DIDD	DIDD	D2392	Resin Based Composite Two Surfaces Posterior	\$209.09	70.31%	ADA	208.53%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.72%	166.71%	CO Medicaid Dental State Plan
DIDD	DIDD	D2393	Resin Base Composite Three Surface Posterior	\$256.39	70.95%	ADA	210.18%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.72%	171.03%	CO Medicaid Dental State Plan
DIDD	DIDD	D2394	Resin Base Composite 4 or > Surfaces Posterior	\$310.69	73.76%	ADA	226.81%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.71%	167.88%	CO Medicaid Dental State Plan
DIDD	DIDD	D2740	Crown, Porcelain/Ceramic Substrate	\$1,105.05	77.68%	ADA	N/A			130.13%	135.33%	CO Medicaid Dental State Plan
DIDD	DIDD	D2750	Crown Porcelain High Noble Metal	\$1,118.92	77.79%	ADA	N/A			133.04%	140.21%	CO Medicaid Dental State Plan
DIDD	DIDD	D2751	Crown Porcelain Base Metal	\$1,105.05	86.06%	ADA	N/A			144.07%	152.64%	CO Medicaid Dental State Plan
DIDD	DIDD	D2752	Crown Porcelain Noble Metal	\$1,105.05	84.43%	ADA	N/A			138.43%	138.43%	CO Medicaid Dental State Plan
DIDD	DIDD	D2790	Crown Full Cast High Noble Metal	\$1,105.05	74.79%	ADA	N/A			127.22%	127.22%	CO Medicaid Dental State Plan
DIDD	DIDD	D2920	Recement or re-bond crown	\$98.43	69.28%	ADA	161.17%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	184.19%	202.39%	CO Medicaid Dental State Plan
DIDD	DIDD	D2931	Prefabricated Stainless Steel Crown Permanent	\$311.18	74.89%	ADA	170.77%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	200.14%	486.30%	CO Medicaid Dental State Plan
DIDD	DIDD	D2940	Protective Restoration	\$111.30	71.43%	ADA	N/A			201.59%	299.40%	CO Medicaid Dental State Plan
DIDD	DIDD	D2950	Core Buildup Including Pins	\$250.12	74.76%	ADA	165.46%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	185.16%	204.02%	CO Medicaid Dental State Plan
DIDD	DIDD	D2952	Post and core cast + crown	\$382.07	84.72%	ADA	N/A			184.47%	184.47%	CO Medicaid Dental State Plan
DIDD	DIDD	D2954	Prefabricated Post and Core + Crown	\$306.03	73.23%	ADA	182.97%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	186.04%	237.18%	CO Medicaid Dental State Plan
DIDD	DIDD	D3120	Pulp Cap Indirect	\$75.55	76.82%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3221	Pulpal Debridement	\$187.07	72.24%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3310	End Therapy, Anterior Tooth	\$689.32	67.96%	ADA	227.87%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	86.19%	83.02%	CO Medicaid Dental State Plan
DIDD	DIDD	D3320	End Therapy, Bicuspid Tooth	\$805.52	72.45%	ADA	199.36%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	87.78%	86.06%	CO Medicaid Dental State Plan
DIDD	DIDD	D3330	End Therapy, Molar	\$979.01	74.11%	ADA	182.22%	LA, NE, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	88.25%	87.54%	CO Medicaid Dental State Plan
DIDD	DIDD	D3346	Retreatment Root Canal Anterior	\$800.42	74.16%	ADA	188.54%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	87.80%	87.80%	CO Medicaid Dental State Plan
DIDD	DIDD	D3348	Retreatment Root Canal Molar	\$1,068.84	75.32%	ADA	N/A			85.78%	85.78%	CO Medicaid Dental State Plan
DIDD	DIDD	D4210	Gingivectomy/Plasty 4 or More	\$504.38	62.23%	ADA	258.72%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	168.03%	244.66%	CO Medicaid Dental State Plan
DIDD	DIDD	D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$796.92	69.97%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4341	Periodontal Scaling & Root Planing	\$245.40	75.07%	ADA	172.94%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	92.08%	90.12%	CO Medicaid Dental State Plan
DIDD	DIDD	D4342	Periodontal Scaling 1 to 3 Teeth	\$172.78	76.14%	ADA	219.15%	NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	91.09%	90.45%	CO Medicaid Dental State Plan
DIDD	DIDD	D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$121.13	N/A	N/A	37.90%	NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	252.93%	368.60%	CO Medicaid Dental State Plan
DIDD	DIDD	D4355	Full Mouth Debridement	\$167.72	71.13%	ADA	186.23%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	186.27%	256.83%	CO Medicaid Dental State Plan
DIDD	DIDD	D4381	Localized delivery antimicro	\$86.20	85.93%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4910	Periodontal Maintenance	\$131.97	74.93%	ADA	225.42%	NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	88.56%	87.84%	CO Medicaid Dental State Plan

DIDD	DIDD	D5110	Complete Denture Maxillary	\$1,565.89	76.26%	ADA	187.45%	LA, NE, and OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	183.92%	183.92%	CO Medicaid Dental State Plan
DIDD	DIDD	D5120	Complete Denture Mandibular	\$1,570.31	76.19%	ADA	187.98%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	184.11%	184.11%	CO Medicaid Dental State Plan
DIDD	DIDD	D5130	Immediate Denture Maxillary	\$1,662.38	76.68%	ADA	178.87%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	195.25%	195.25%	CO Medicaid Dental State Plan
DIDD	DIDD	D5140	Immediate Denture Mandibular	\$1,663.84	76.94%	ADA	179.02%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	195.07%	195.07%	CO Medicaid Dental State Plan
DIDD	DIDD	D5211	Maxillary Partial Denture Resin	\$1,188.83	75.27%	ADA	198.73%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	202.59%	202.59%	CO Medicaid Dental State Plan
DIDD	DIDD	D5212	Mandibular Partial Denture Resin	\$1,190.93	75.39%	ADA	189.64%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	202.94%	202.94%	CO Medicaid Dental State Plan
DIDD	DIDD	D5213	Maxillary Partial Denture Cast Metal	\$1,591.23	73.26%	ADA	166.09%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	189.32%	229.30%	CO Medicaid Dental State Plan
DIDD	DIDD	D5214	Mandibular Partial Denture Cast Metal	\$1,595.40	76.54%	ADA	150.31%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	189.82%	189.82%	CO Medicaid Dental State Plan
DIDD	DIDD	D5512	Repair broken complete denture base, maxillary	\$234.19	N/A	N/A	182.81%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	192.21%	192.21%	CO Medicaid Dental State Plan
DIDD	DIDD	D5520	Replace Complete Denture, Each Tooth	\$172.91	76.59%	ADA	210.39%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	194.61%	194.61%	CO Medicaid Dental State Plan
DIDD	DIDD	D5612	Repair resin partial denture base, maxillary	\$172.15	N/A	N/A	134.95%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	192.24%	192.24%	CO Medicaid Dental State Plan
DIDD	DIDD	D5640	Replace Broken Teeth, Per Tooth	\$169.21	73.41%	ADA	176.92%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	187.93%	187.93%	CO Medicaid Dental State Plan
DIDD	DIDD	D5650	Add Tooth to Existing Partial Denture	\$195.00	72.57%	ADA	187.88%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	244.18%	244.18%	CO Medicaid Dental State Plan
DIDD	DIDD	D5730	Reline Complete Maxillary Denture Chair	\$313.26	73.69%	ADA	N/A			173.96%	173.96%	CO Medicaid Dental State Plan
DIDD	DIDD	D5731	Reline Comp Mandibular Denture Chair	\$313.71	73.76%	ADA	N/A			174.21%	174.21%	CO Medicaid Dental State Plan
DIDD	DIDD	D5750	Reline Complete Maxillary Denture Lab	\$421.95	76.88%	ADA	134.42%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	184.96%	209.40%	CO Medicaid Dental State Plan
DIDD	DIDD	D5751	Reline Complete Mandibular Denture Lab	\$422.74	76.78%	ADA	136.86%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	184.35%	219.22%	CO Medicaid Dental State Plan
DIDD	DIDD	D5761	Reline Mandibular Partial Denture Lab	\$426.44	N/A	N/A	142.98%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	188.42%	188.42%	CO Medicaid Dental State Plan
DIDD	DIDD	D6240	Pontic- Titanium	\$1,101.21	80.84%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6245	Pontic Porcelain-Ceramic	\$634.24	47.54%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$151.44	73.00%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7111	Extraction, Coronal Remnants	\$119.46	76.19%	ADA	145.06%	LA, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7140	Extraction Erupted Tooth/Exposed Root	\$158.26	65.81%	ADA	172.16%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.10%	159.51%	CO Medicaid Dental State Plan
DIDD	DIDD	D7210	Rem imp tooth w mucoper flap	\$253.26	70.62%	ADA	182.11%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.10%	154.02%	CO Medicaid Dental State Plan
DIDD	DIDD	D7220	Removal Impacted Tooth Soft Tissue	\$291.14	71.52%	ADA	151.71%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.09%	154.52%	CO Medicaid Dental State Plan
DIDD	DIDD	D7230	Removal Impacted Tooth Partially Bony	\$366.21	72.36%	ADA	173.73%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.09%	157.86%	CO Medicaid Dental State Plan
DIDD	DIDD	D7240	Removal Impacted Tooth Complete Bony	\$429.72	71.92%	ADA	170.30%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.09%	159.17%	CO Medicaid Dental State Plan
DIDD	DIDD	D7241	Remov Impact Tooth Comp Bony Surg Comp	\$470.82	N/A	N/A	131.55%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	119.00%	119.00%	CO Medicaid Dental State Plan
DIDD	DIDD	D7250	Surgical Removal of Residual Tooth Roots	\$267.89	68.71%	ADA	276.12%	NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	145.09%	171.40%	CO Medicaid Dental State Plan
DIDD	DIDD	D7251	Coronectomy	\$350.51	64.33%	ADA	N/A			92.28%	92.28%	CO Medicaid Dental State Plan
DIDD	DIDD	D7261	Primary Closure Sinus Perforation	\$636.27	N/A	N/A	169.24%	NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	133.85%	133.85%	CO Medicaid Dental State Plan
DIDD	DIDD	D7286	Incisional biopsy of oral tissue - soft	\$285.87	61.38%	ADA	247.46%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	192.01%	293.27%	CO Medicaid Dental State Plan
DIDD	DIDD	D7310	Alveoplasty with Extraction	\$274.93	68.21%	ADA	215.22%	LA, NE, and OK	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	198.23%	267.52%	CO Medicaid Dental State Plan
DIDD	DIDD	D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	\$491.39	83.29%	ADA	N/A			210.40%	210.40%	CO Medicaid Dental State Plan
DIDD	DIDD	D7921	Collection and Application of Autologous Blood Concentrate Product	\$152.97	35.11%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7953	Bone Replacement Graft for Ridge Preservations- Per Site	\$450.52	70.26%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9110	Palliative Emergency Minor	\$122.92	81.38%	ADA	187.01%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	215.50%	225.82%	CO Medicaid Dental State Plan
DIDD	DIDD	D9230	Analgesia	\$56.25	64.51%	ADA	164.86%	LA, NE, NY, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9248	Non-Intravenous Moderate (Conscious) Sedation	\$188.55	51.22%	ADA	188.31%	LA, NE, NY, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9310	Dental Consultation	\$85.97	60.38%	ADA	N/A			196.19%	207.19%	CO Medicaid Dental State Plan
DIDD	DIDD	D9410	House/Extended Care Facility Call	\$184.29	73.28%	ADA	N/A			175.43%	178.26%	CO Medicaid Dental State Plan
DIDD	DIDD	D9420	Hospital/ASC Call	\$223.35	74.34%	ADA	247.99%	LA, NE, OK, and SC	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	186.02%	191.62%	CO Medicaid Dental State Plan
DIDD	DIDD	D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$18.16	22.49%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9933	Cleaning and Inspection of Removable Complete Denture, Mandibular	\$18.16	22.91%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$18.16	22.15%	ADA	N/A			N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9944	Occlusal Guard- Hard Appliance, Full Arch	\$392.54	66.20%	ADA	107.62%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9945	Occlusal Guard- Soft Appliance, Full Arch	\$392.52	86.67%	ADA	113.27%	LA, and NE	The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0191	Assessment of a Patient	\$53.82	74.38%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0251	Extraoral Posterior Dental Radiographic Image	\$45.92	47.62%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0365	Cone beam ct interpret max	\$474.23	141.11%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0366	Cone beam ct interpret max	\$474.23	131.74%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1352	Prev resin rest, perm tooth	\$93.57	83.06%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1510	Space Maintainer Fixed Unilateral	\$309.63	83.70%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1558	Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)	\$58.55	42.61%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2390	Resin Based Composite Crown Anterior	\$380.88	73.12%	ADA	209.12%	LA, NE, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	148.25%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2710	Crown, Resin-Based Composite (Indirect)	\$728.19	76.58%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	282.62%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2783	Crown 3/4 Porcelain/Ceramic	\$1,105.05	79.69%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	224.48%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2794	Crown Titanium	\$1,105.05	76.44%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	132.04%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2799	Provisional Crown	\$330.14	71.99%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	256.28%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	\$258.42	43.92%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	166.21%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	\$201.69	44.14%	ADA	72.31%	LA, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2930	Prefabricated Stainless Steel Crown Primary	\$265.56	80.64%	ADA	136.85%	LA, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan

DIDD	DIDD	D2932	Prefabricated Resin Crown	\$258.42	N/A	N/A	141.96%	LA, NE, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	\$304.42	N/A	N/A	110.21%	LA, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2951	Pin Retention Per Tooth	\$55.10	N/A	N/A	138.62%	LA, NE, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2980	Crown Repair	\$175.43	54.11%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3110	Pulp Cap Direct	\$77.76	74.99%	ADA	178.24%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3222	Partial Pulpotomy for Apexogenesis	\$218.03	69.35%	ADA	199.96%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3230	Pulpal Therapy Anterior Primary Tooth	\$228.79	74.65%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3240	Pulpal Therapy Posterior Primary	\$252.20	73.40%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3331	Root Canal Obstruction Non-Surgical	\$427.18	84.00%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3332	Incomplete Endodontic Therapy	\$324.21	66.91%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3347	Retreatment Root Canal Bicuspid	\$901.64	75.15%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	86.35%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$303.98	72.74%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3352	Apexification/Recalcification Interim	\$209.07	74.62%	ADA	150.56%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3353	Apexification/Recalcification- Final	\$440.87	68.27%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3355	Pulpal Regeneration Initial Visit (replaces D3354)	\$449.18	121.70%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)	\$197.54	78.89%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)	\$197.54	35.97%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3410	Apicoectomy/Periradicular Surgery Anterior	\$654.32	72.58%	ADA	201.02%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3421	Apicoectomy/Periradicular Surgery Bicus	\$712.78	71.06%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3425	Apicoectomy/Periradicular Surgery Molar	\$786.88	69.78%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3426	Apicoectomy/Periradicular Surgery End Addition	\$279.16	64.01%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3430	Retrograde Filling Per Root	\$212.19	N/A	N/A	160.73%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4211	Gingivectomy/Plasty 1 to 3	\$248.45	67.08%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	190.19%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D4212	Gingivectomy/plasty rest	\$217.62	82.80%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	281.78%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D4240	Gingival Flap Procedure with Planin	\$647.64	68.62%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4249	Crown Lengthening Hard Tissue	\$680.25	76.22%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$999.30	73.17%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$712.84	62.02%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4263	Bone Replacement Graft First Site	\$531.09	80.41%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4264	Bone Replacement Graft Each Additional Site	\$389.59	72.85%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4266	Guided Tissue Regeneration Resorbable	\$566.19	87.77%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	135.12%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D4267	Guided Tissue Regeneration Nonresorbable	\$696.18	91.49%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85	77.93%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4275	Non-Autogenous Connective Tissue Graft Procedure	\$911.06	77.12%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4278	Free Soft Tissue Graft Procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$513.19	75.48%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85	122.59%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85	109.23%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4323	Splint- Extra-Coronal; Natural Teeth or prosthetic crowns	\$377.15	72.77%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan

DIDD	DIDD	D5221	Immediate Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,188.83	70.21%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5222	Immediate Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,190.93	70.03%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5223	Immediate Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,591.23	73.42%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5224	Immediate Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,595.40	74.08%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5511	Repair broken complete denture base, mandibular	\$234.19	N/A	N/A	182.81%	LA, NE, OK, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	192.21%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5611	Repair resin partial denture base, mandibular	\$172.15	N/A	N/A	134.95%	LA, NE, OK, and SC	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	192.24%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5630	Repair or Replace Broken Clasp- per tooth	\$256.62	N/A	N/A	150.34%	LA, NE, and OK	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	197.92%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5660	Add Clasp to Existing Partial Denture- per tooth	\$234.50	76.00%	ADA	156.93%	LA, NE, and OK	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	173.60%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5710	Rebase Complete Maxillary Denture	\$519.50	77.98%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	184.12%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5711	Rebase Complete Mandibular Denture	\$533.04	80.45%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	188.12%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5720	Rebase Maxillary Partial Denture	\$495.75	77.36%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	183.11%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5721	Rebase Mandibular Partial Denture	\$495.75	75.82%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	183.11%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5760	Reline Maxillary Partial Denture Lab	\$426.44	N/A	N/A	142.98%	LA, NE, and OK	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	188.42%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5820	Interim Partial Denture Maxillary	\$553.36	80.63%	ADA	101.60%	LA, and OK	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5821	Interim Partial Denture Mandibular	\$546.88	78.98%	ADA	100.41%	LA, and OK	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,906.15	85.05%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6011	Second Stage Implant Surgery 21 and Older	\$640.19	114.57%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6012	Surgical Placement of Interim Implant Body: Endosteal Implant	\$1,563.05	83.88%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6055	Implant connecting bar	\$2,147.88	80.56%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6056	Prefabricated abutment	\$671.48	81.47%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6057	Custom Abutment	\$827.82	82.32%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$1,377.26	83.59%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6080	Implant Maintenance	\$182.24	64.78%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6100	Implant Removal, By Report	\$135.93	17.67%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6210	Pontic-Cast High Noble Metal	\$1,101.21	81.80%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6241	Pontic Porcelain-Base Metal	\$1,101.21	89.35%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6545	Retainer Cast Metal	\$668.06	75.15%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis	\$668.06	86.97%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6750	Pontic-Resin with High Noble Metal	\$668.06	47.97%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6751	Crown Porcelain Fused Base Metal	\$1,021.05	80.71%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6790	Crown-Full Cast High Noble Metal	\$1,115.17	79.00%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6793	Provisional Retainer Crown	\$457.24	73.56%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7280	Surgical Access of an Unerupted Tooth	\$390.53	N/A	N/A	160.34%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	169.42%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7288	Brush Biopsy- Transepithelial Sample Collection	\$171.76	76.74%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7291	Transseptal Fiberotomy	\$180.19	N/A	N/A	138.99%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7295	Bone harvest,auto graft proc	\$594.18	56.12%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7320	Alveoplasty without Extraction	\$389.53	74.40%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	190.84%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7410	Excision of Benign Lesion up to 1.25 cm	\$305.91	65.58%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	160.25%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7440	Excision Malignant Tumor Lesion 1.25 cm	\$620.16	74.96%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	234.77%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7510	Incision & Drainage Abscess Intraoral	\$190.60	N/A	N/A	146.47%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	174.45%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7910	Suture Recent Small Wounds, up to 5 cm	\$243.40	73.46%	ADA	202.05%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	171.81%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68	69.86%	ADA	169.25%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7962	Lingual frenectomy (frenulectomy)-Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68	70.50%	ADA	159.03%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D8703	Replacement of Lost or Broken Retainer- Maxillary (Replacing D8692)	\$237.74	88.99%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$18.16	22.45%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9943	Occlusal Guard Adjustment	\$81.39	49.81%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan

DIDD	DIDD	D9946	Occlusal Guard- Hard Appliance, Partial Arch	\$310.40	N/A	N/A	91.50%	LA, and NE	1) This is rate-only benchmark ratio due to no utilization data; 2) The benchmark ratio was calculated using rates normalized to Colorado Cost of Living	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9952	Occlusal Adjustment-Complete	\$517.81	76.42%	ADA	N/A		This is rate-only benchmark ratio due to no utilization data	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0412	Blood Glucose Level Test	\$0.00	N/A	N/A	N/A	N/A	No valid rate	N/A	N/A	N/A
DIDD	DIDD	D9986	Missed Appointments	\$0.00	N/A	N/A	N/A	N/A	No valid rate	N/A	N/A	N/A
DIDD	DIDD	D9987	Missed Appointments	\$0.00	N/A	N/A	N/A	N/A	No valid rate	N/A	N/A	N/A
DIDD	DIDD	D1999	Unspecified Preventative Procedure, By Report	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D2999	Unspecified Restorative Procedure	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D3999	Unspecified Endodontic Procedure	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D4999	Unspecified Periodontal Procedure	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D6199	Unspecified Implant Procedure, By Report	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D6999	Unspecified Fixed Prosthodontic	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7284	Excisional biopsy of minor salivary glands, by report	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7287	Cytology Sample Collection	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7858	Joint Reconstruction	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7860	Arthrotomy	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7865	Artoplasty	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7871	Non-Arthroscopic Lysis and Lavage	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7872	Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7873	Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7874	Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7875	Arthroscopy Surgical Synovectomy	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7876	Arthroscopy Surgica Discectomy	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7877	Arthroscopy Surgical Debridement	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7899	Unspecified TMD Therapy	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7981	Excision of Salivary Gland, By Report	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7991	Coronoidectomy	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D7999	Unspecified Oral Surgery	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D9999	Unspecified Adjunctive Procedure, By Report	Code is manually priced	N/A	N/A	N/A	N/A	Code is manually priced	N/A	N/A	Code is manually priced
DIDD	DIDD	D0270	Dental Bitewing, Single Image	\$33.26	N/A	N/A	N/A	N/A	No valid benchmark	241.19%	274.30%	CO Medicaid Dental State Plan
DIDD	DIDD	D0340	2D Cephalometric Radiographic Image-acquisition, measurement and analysis	\$106.95	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0383	CBCT image capture with field of view of both jaws, with or without cranium.	\$214.92	N/A	N/A	N/A	N/A	No valid benchmark	150.00%	158.01%	CO Medicaid Dental State Plan
DIDD	DIDD	D0384	CBCT image capture of TMJ series including two or more exposures.	\$356.35	N/A	N/A	N/A	N/A	No valid benchmark	150.00%	150.00%	CO Medicaid Dental State Plan
DIDD	DIDD	D0425	Caries Susceptibility Tests	\$90.16	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0460	Pulp Vitality Tests	\$45.04	N/A	N/A	N/A	N/A	No valid benchmark	159.72%	168.66%	CO Medicaid Dental State Plan
DIDD	DIDD	D1353	Sealant Repair- Per Tooth	\$93.57	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2792	Crown Full Cast Noble Metal	\$1,105.05	N/A	N/A	N/A	N/A	No valid benchmark	224.48%	224.48%	CO Medicaid Dental State Plan
DIDD	DIDD	D2991	Application of hydroxyapatite regeneration medicament-per tooth	\$84.46	N/A	N/A	N/A	N/A	No valid benchmark	150.02%	150.02%	CO Medicaid Dental State Plan
DIDD	DIDD	D5410	Adjust Complete Denture Maxillary	\$83.24	N/A	N/A	N/A	N/A	No valid benchmark	187.44%	187.44%	CO Medicaid Dental State Plan
DIDD	DIDD	D5411	Adjust Complete Denture Mandibular	\$83.24	N/A	N/A	N/A	N/A	No valid benchmark	187.44%	187.44%	CO Medicaid Dental State Plan
DIDD	DIDD	D5421	Adjust Partial Denture Maxillary	\$83.24	N/A	N/A	N/A	N/A	No valid benchmark	187.44%	187.44%	CO Medicaid Dental State Plan
DIDD	DIDD	D5422	Adjust Partial Denture Mandibular	\$83.24	N/A	N/A	N/A	N/A	No valid benchmark	187.44%	187.44%	CO Medicaid Dental State Plan
DIDD	DIDD	D5622	Repair cast partial framework, maxillary	\$229.22	N/A	N/A	N/A	N/A	No valid benchmark	192.19%	192.19%	CO Medicaid Dental State Plan
DIDD	DIDD	D5740	Reline Maxillary Partial Denture Chair	\$260.79	N/A	N/A	N/A	N/A	No valid benchmark	146.77%	191.74%	CO Medicaid Dental State Plan
DIDD	DIDD	D5741	Reline Mandibular Partial Denture Chair	\$263.43	N/A	N/A	N/A	N/A	No valid benchmark	146.77%	146.77%	CO Medicaid Dental State Plan
DIDD	DIDD	D5765	Soft liner for complete or partial removable denture- indirect	\$443.79	N/A	N/A	N/A	N/A	No valid benchmark	196.08%	196.08%	CO Medicaid Dental State Plan
DIDD	DIDD	D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,047.44	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$172.78	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$101.28	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6740	Crown- Porcelain/Ceramic	\$637.26	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7270	Tooth Reimplantation	\$413.74	N/A	N/A	N/A	N/A	No valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$338.48	N/A	N/A	N/A	N/A	No valid benchmark	181.33%	242.32%	CO Medicaid Dental State Plan

DIDD	DIDD	D7311	Alveoloplasty with Extractions 1-3	\$274.93	N/A	N/A	N/A	N/A	No valid benchmark	198.23%	198.23%	CO Medicaid Dental State Plan
DIDD	DIDD	D7321	Alveoloplasty not with Extractions	\$389.53	N/A	N/A	N/A	N/A	No valid benchmark	190.84%	No repriced ratio is applicable due to high TPL/copay amount	CO Medicaid Dental State Plan
DIDD	DIDD	D7471	Removal Lateral Exostosis	\$523.65	N/A	N/A	N/A	N/A	No valid benchmark	174.45%	174.45%	CO Medicaid Dental State Plan
DIDD	DIDD	D7472	Removal of Torus Palatinus	\$618.93	N/A	N/A	N/A	N/A	No valid benchmark	174.45%	174.45%	CO Medicaid Dental State Plan
DIDD	DIDD	D7473	Removal of Torus Mandibularis	\$603.25	N/A	N/A	N/A	N/A	No valid benchmark	174.46%	174.46%	CO Medicaid Dental State Plan
DIDD	DIDD	D7997	Appliance Removal	\$95.94	N/A	N/A	N/A	N/A	No valid benchmark	70.39%	70.39%	CO Medicaid Dental State Plan
DIDD	DIDD	D9311	Consultation with a medical health care professional	\$85.97	N/A	N/A	N/A	N/A	No valid benchmark	189.49%	189.49%	CO Medicaid Dental State Plan
DIDD	DIDD	D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$45.92	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0310	Sialography	\$179.09	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0320	Temporomandibular Joint Arthrogram, Including Injection	\$162.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$106.04	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0322	Tomographic Survey	\$282.89	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0351	3D Photographic Image	\$255.94	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	\$130.01	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	149.99%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	\$31.20	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	\$26.00	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	149.94%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0380	CBCT image capture with limited field of view- less than on whole jaw.	\$214.92	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0385	Maxillofacial MRI image capture.	\$513.99	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0386	Maxillofacial ultrasound image capture	\$128.31	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only	\$65.01	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	\$19.51	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	149.96%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	\$23.45	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	149.94%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	\$167.66	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	189.55%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0411	HbA1c in-office point of service testing	\$88.78	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	192.21%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D0414	Lab Process Microbial Spec	\$80.97	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D1520	Space maintainer Removable Unilateral	\$259.06	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1556	Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)	\$58.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1557	Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)	\$58.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1575	Distal shoe space maintainer – fixed – unilateral	\$309.63	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1781	Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.	\$399.65	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1782	Vaccine administration - Human PapillomaVirus - Dose 2	\$399.65	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D1783	Vaccine administration - Human PapillomaVirus - Dose 3	\$399.65	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2712	Crown Resin Base Composite (Indirect)	\$728.19	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	282.62%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2721	Crown, Resin with Predominantly Base Metal	\$728.19	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	282.62%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2722	Crown, Resin Noble Metal	\$728.19	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	282.62%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	\$1,105.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	224.48%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2781	Crown 3/4 Base Metal	\$1,105.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	224.48%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2782	Crown 3/4 Cast Noble Metal	\$1,105.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	224.48%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2791	Crown Full Cast Base Metal	\$1,105.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	224.48%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$87.73	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	168.03%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	\$98.43	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2933	Prefabricated Stainless Steel Crown with Resin Window	\$270.01	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	155.64%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D2953	Each additnl cast post	\$370.17	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2955	Post Removal	\$181.00	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D2957	Each Additional Prefabricated Post	\$191.75	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3333	Internal Root Repair o	\$188.80	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3450	Root Amputation Per Root	\$341.65	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3460	Endodontic Endosseous Implant	\$677.50	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3470	Intentional Reimplantation	\$1,341.15	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3910	Isolation Tooth with Rubber Dam	\$144.68	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3920	Hemisection Incl Rt Remov Excl Rt Canal	\$399.71	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D3921	Decoronation or submergence of an erupted tooth	\$436.71	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	196.07%	N/A	CO Medicaid Dental State Plan, no utilization data

DIDD	DIDD	D3950	Canal Preparation and Fitting of Preformed Dowel/Post	\$169.26	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4245	Apically Positioned Flap	\$458.13	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$417.90	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4268	Surgical Revision Procedure Per Tooth	\$420.65	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4270	Pedicle Soft Tissue Graft Procedure	\$694.52	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4274	Distal/Proximal Wedge	\$417.52	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D4286	Removal of Non-Resorbable Barrier	\$143.62	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.01%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D4322	Splint- Intra-Coronal; Natural teeth or prosthetic crowns	\$323.43	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests, and teeth	\$1,416.10	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests, and teeth)	\$1,420.26	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$819.93	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$819.93	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant	\$819.93	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant	\$819.93	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5621	Repair cast partial framework, mandibular	\$229.22	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	192.19%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5670	Replace Teeth & Acrylic Cast Metal Max	\$651.25	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	195.25%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5671	Replace Teeth & Acrylic Cast Metal Mandi	\$651.25	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	195.25%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5725	Rebase hybrid prosthesis	\$530.87	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	196.08%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5810	Interim Complete Denture Maxillary	\$720.96	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5811	Interim Complete Denture Mandibular	\$704.66	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5850	Tissue Conditioning Maxillary	\$175.06	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	177.80%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5851	Tissue Conditioning Mandibular	\$175.06	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	177.80%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5862	Precision Attachment, By Report	\$352.92	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	106.89%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5863	Overdenture-Complete Maxillary	\$1,311.83	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5864	Overdenture-Partial Maxillary	\$1,194.15	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5865	Overdenture-Complete Mandibular	\$1,311.83	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5866	Overdenture-Partial Mandibular	\$1,194.15	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5867	Replacement of Precision Attachment	\$217.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	136.76%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D5875	Modification of Removable Prosthesis following implant surgery	\$331.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D5899	Unspecified Removable Prosthodontic	\$471.46	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6062	Abutment Supported Cast Metal Crown	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6063	Abutment Support Base Metal	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6070	Abut Supp Retain Por-Base Metal	\$1,524.58	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6073	Abut Supp Retain Base Metal	\$1,478.92	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6082	Implant Supported Crown- Porcelain Fused to Predominantly Base Alloy	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6084	Implant Supported Crown- Porcelain Fused to Titanium and Titanium Alloy	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6086	Implant Supported Crown- Predominantly Base Alloys	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6088	Implant Supported Crown- Titanium and Titanium Alloys	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6089	Accessing and retorquing loose dental implant screw	\$165.03	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6090	Repair Implant Supported Prosthesis	\$277.17	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$106.60	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6096	Remove broken implant retaining screw	\$319.82	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6097	Abutment Supported Crown- Porcelain Fused to Titanium and Titanium Alloys	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6098	Implant Supported Retainer- Porcelain Fused to Predominantly Base Alloys	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$405.42	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan

DIDD	DIDD	D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$481.59	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6103	Bone Graft for Repair of Peri-Implant Defect- Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately	\$1,012.79	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6105	Removal of implant body not requiring bone removal or flap elevation	\$185.17	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D6106	Guided tissue regeneration - resorbable barrier, per implant	\$628.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$734.83	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Maxillary	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular	\$1,584.49	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	\$3,111.93	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	\$3,111.93	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6121	Implant Supported Retainer for Metal FPD- Predominantly Base Alloys	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$1,439.23	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported	\$132.50	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.01%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D6198	Remove interim implant component	\$522.64	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6211	Pontic-Cast Predominantly Base Metal	\$1,101.21	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6548	Retainer- Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$637.26	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6752	Crown-Porcelain Fused to High Noble Metal	\$1,226.64	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6781	Crown- 3/4 Cast Predominantly Base Metal	\$969.87	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6782	Crown- 3/4 Cast Noble Metal	\$969.87	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6783	Crown-3/4 Porcelain/Ceramic	\$969.87	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6791	Crown Full Cast Predominantly Base Metal	\$1,021.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6792	Crown-Full Cast Noble Metal	\$1,115.17	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6794	Crown-Titanium	\$920.82	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6920	Connector Bar	\$493.78	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6940	Stress Breaker	\$368.82	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6950	Precision Attachment	\$645.35	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6980	Fixed partial repair	\$234.43	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7260	Oral Antral Fistula Closure	\$650.42	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	171.69%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7272	Tooth Transplantation	\$554.43	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$407.87	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7283	Place device impacted tooth	\$227.16	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7290	Surgical Reposition of Teeth	\$405.05	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	\$1,551.71	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$1,136.45	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan

DIDD	DIDD	D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal	\$843.58	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7340	Vestibuloplasty Ridge Extension	\$787.00	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	165.10%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7350	Vestibuloplasty Ridge Extension Grafts	\$1,602.63	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7411	Excision Benign Lesion > 1.25 cm	\$363.53	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	128.56%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7412	Excision Benign Lesion, Complicated	\$1,129.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	159.41%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7413	Excision Malignant Lesion, up to 1.25 cm	\$507.22	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	159.41%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7414	Excision Malignant Lesion > 1.25 cm	\$760.84	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	159.41%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7415	Excision Malignant Lesion, Complicated	\$933.14	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	159.42%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7441	Excision Malignant Tumor Lesion > 1.25 c	\$486.92	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	95.46%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7451	Removal Benign Odontogenic Cyst, > 1.25 cm	\$416.70	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	136.11%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm	\$424.18	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.22%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm	\$601.16	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.45%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$244.51	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7485	Surgical Reduction of Osseous Tuberosity	\$557.18	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.46%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7490	Radical Resection of Mandible	\$7,017.00	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.45%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7509	Marsupialization of odontogenic cyst	\$911.19	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7511	Incision/Drain Abscess Intraoral	\$551.85	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.45%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7520	Incision/Drain Abscess Extraoral Soft	\$325.70	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.48%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7521	Incision/Drain Abscess Extraoral	\$461.90	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.45%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7530	Removal Foreign Body/Skin/Tissue	\$294.30	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.46%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7540	Removal Reaction Producing Foreign Body Part	\$607.39	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.45%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7550	Ostectomy/Sequestrectomy	\$432.55	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.44%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7560	Maxillary Sinusotomy	\$948.86	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	174.46%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7840	Condylectomy	\$4,398.73	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7850	Surgical Discectomy with/without Implant	\$4,310.45	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7852	Disc Repair	\$4,641.68	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7854	Synovectomy	\$4,310.45	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7856	Myotomy	\$2,898.96	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7870	Arthrocentesis	\$337.24	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7911	Complicated Suture up to 5 cm	\$235.53	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	88.58%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7912	Complicated Suture > 5 cm	\$730.07	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	171.22%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7920	Skin Graft Identify Defect Covered	\$1,959.21	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	171.22%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	\$590.97	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier per site	\$709.16	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7979	Non - surgical sialolithotomy	\$403.84	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	192.21%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D7990	Emergency Tracheotomy	\$1,040.28	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	171.23%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D8704	Replacement of Lost or Broken Retainer-Mandibular (Replacing D8692)	\$237.74	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9613	Infiltration of Sustained Release Therapeutic Drug- Single or Multiple Sites	\$50.64	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	150.00%	N/A	CO Medicaid Dental State Plan, no utilization data
DIDD	DIDD	D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	\$495.28	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9942	Occlusal Guard Repair	\$155.21	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D9950	Occlusal Adjustment-Limited	\$316.08	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6180	Implant maintenance procedures	\$182.24	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D6193	Replacement of an implant screw	\$165.03	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7252	Partial extraction for immediate implant placement	\$253.26	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan
DIDD	DIDD	D7259	Surgical procedure to reposition a displaced dental implant	\$41.10	N/A	N/A	N/A	N/A	No utilization data, no valid benchmark	N/A	N/A	Not covered in the State Plan



Appendix A3 - Duplicate Code List

Procedure code	Procedure Code Description	Modifier Combined	Rate type code	Service Category 1	Service Category 2	Selected Service Subcategory for 2025 MPRRAC Review
76830	TRANSVAGINAL US NON-OB	FP		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76830	TRANSVAGINAL US NON-OB	FP26		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76830	TRANSVAGINAL US NON-OB	FPTC		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76831	ECHO EXAM UTERUS	FP		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76831	ECHO EXAM UTERUS	FP26		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76831	ECHO EXAM UTERUS	FPTC		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76856	US EXAM PELVIC COMPLETE	FP		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76856	US EXAM PELVIC COMPLETE	FP26		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76856	US EXAM PELVIC COMPLETE	FPTC		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76857	US EXAM PELVIC LIMITED	FP		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76857	US EXAM PELVIC LIMITED	FP26		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
76857	US EXAM PELVIC LIMITED	FPTC		Physician - Family Planning	Physician - Radiology	Physician - Family Planning
77067	SCR MAMMO BI INCL CAD	26		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77067	SCR MAMMO BI INCL CAD	TC		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77067	SCR MAMMO BI INCL CAD			Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77078	CT BONE DENSITY AXIAL	26		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77078	CT BONE DENSITY AXIAL	TC		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77078	CT BONE DENSITY AXIAL			Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77080	DXA BONE DENSITY AXIAL	26		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77080	DXA BONE DENSITY AXIAL	TC		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77080	DXA BONE DENSITY AXIAL			Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77081	DXA BONE DENSITY APPENDICULR	TC		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77081	DXA BONE DENSITY/PERIPHERAL	26		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77081	DXA BONE DENSITY/PERIPHERAL			Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77086	FRACTURE ASSESSMENT VIA DXA			Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77086	VRT FRACTURE ASSMT VIA DXA	26		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
77086	VRT FRACTURE ASSMT VIA DXA	TC		Physician - PrimaryCare E&M	Physician - Radiology	Physician - PrimaryCare E&M
90989	DIALYSIS TRAINING COMPLETE			Dialysis Non-Facility	Physician - Health Education	Dialysis Non-Facility
93925	LOWER EXTREMITY STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93925	LOWER EXTREMITY STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93925	LOWER EXTREMITY STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93926	LOWER EXTREMITY STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93926	LOWER EXTREMITY STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93926	LOWER EXTREMITY STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93930	UPPER EXTREMITY STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93930	UPPER EXTREMITY STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93930	UPPER EXTREMITY STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93931	UPPER EXTREMITY STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93931	UPPER EXTREMITY STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93931	UPPER EXTREMITY STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93970	EXTREMITY STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93970	EXTREMITY STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93970	EXTREMITY STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93971	EXTREMITY STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93971	EXTREMITY STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93971	EXTREMITY STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93975	VASCULAR STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93975	VASCULAR STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93975	VASCULAR STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93976	VASCULAR STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93976	VASCULAR STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93976	VASCULAR STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93978	VASCULAR STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93978	VASCULAR STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93978	VASCULAR STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93979	VASCULAR STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93979	VASCULAR STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93979	VASCULAR STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93980	PENILE VASCULAR STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93980	PENILE VASCULAR STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93980	PENILE VASCULAR STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93981	PENILE VASCULAR STUDY	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93981	PENILE VASCULAR STUDY	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93981	PENILE VASCULAR STUDY			Physician - Vascular	Physician - Radiology	Physician - Vascular
93985	DUP-SCAN HEMO COMPL BI STD	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93985	DUP-SCAN HEMO COMPL BI STD	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93985	DUP-SCAN HEMO COMPL BI STD			Physician - Vascular	Physician - Radiology	Physician - Vascular
93986	DUP-SCAN HEMO COMPL UNI STD	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93986	DUP-SCAN HEMO COMPL UNI STD	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular

93986	DUP-SCAN HEMO COMPL UNI STD			Physician - Vascular	Physician - Radiology	Physician - Vascular
93990	DOPPLER FLOW TESTING	26		Physician - Vascular	Physician - Radiology	Physician - Vascular
93990	DOPPLER FLOW TESTING	TC		Physician - Vascular	Physician - Radiology	Physician - Vascular
93990	DOPPLER FLOW TESTING			Physician - Vascular	Physician - Radiology	Physician - Vascular
96372	THER/PROPH/DIAG INJ SC/IM			Physician - Vaccines Immunizations	Physician - Medication Injections & Infusions	Physician - Vaccines Immunizations
99218	INITIAL OBSERVATION CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99219	INITIAL OBSERVATION CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99220	INITIAL OBSERVATION CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99221	1ST HOSP IP/OBS SF/LOW 40			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99222	1ST HOSP IP/OBS MODERATE 55			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99223	1ST HOSP IP/OBS HIGH 75			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99224	SUBSEQUENT OBSERVATION CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99225	SUBSEQUENT OBSERVATION CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99226	SUBSEQUENT OBSERVATION CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99231	SBSQ HOSP IP/OBS SF/LOW 25			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99232	SBSQ HOSP IP/OBS MODERATE 35			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99233	SBSQ HOSP IP/OBS HIGH 50			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99234	HOSP IP/OBS SM DT SF/LOW 45			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99235	HOSP IP/OBS SAME DATE MOD 70			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99236	HOSP IP/OBS SAME DATE HI 85			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99238	HOSP IP/OBS DSCHRG MGMT 30/<			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99239	HOSP IP/OBS DSCHRG MGMT >30			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99281	EMR DPT VST MAYX REQ PHY/QHP			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99282	EMERGENCY DEPT VISIT SF MDM			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99283	EMERGENCY DEPT VISIT LOW MDM			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99284	EMERGENCY DEPT VISIT MOD MDM			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99285	EMERGENCY DEPT VISIT HI MDM			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99291	CRITICAL CARE FIRST HOUR			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99292	CRITICAL CARE ADDL 30 MIN			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99360	PHYSICIAN STANDBY SERVICES			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99460	INIT NB EM PER DAY HOSP			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99461	INIT NB EM PER DAY NON- FAC			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99462	SBSQ NB EM PER DAY HOSP			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99463	SAME DAY NB DISCHARGE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99464	ATTENDANCE AT DELIVERY			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99465	NB RESUSCITATION			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99466	PED CRIT CARE TRANSPORT			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99467	PED CRIT CARE TRANSPORT ADDL			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99468	NEONATE CRIT CARE INITIAL			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99469	NEONATE CRIT CARE SUBSQ			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99471	PED CRITICAL CARE INITIAL			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99472	PED CRITICAL CARE SUBSQ			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99475	PED CRIT CARE AGE 2-5 INIT			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99476	PED CRIT CARE AGE 2-5 SUBSQ			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M

99477	INIT DAY HOSP NEONATE CARE			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99478	IC LBW INF < 1500 GM SUBSQ			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99479	IC LBW INF 1500-2500 G SUBSQ			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99480	IC INF PBW 2501-5000 G SUBSQ			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
99485	SUPRV INTERFACILTY TRANSPORT			Physician - ED and Hospital E&M	Physician - PrimaryCare E&M	Physician - ED and Hospital E&M
G0433	ELISA HIV-1/HIV-2 SCREEN			Laboratory and Pathology Services	Physician - Health Education	Laboratory and Pathology Services
L1902	AFO ANKLE GAUNTLET PRE OTS		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L1960	AFO POS SOLID ANK PLASTIC MO		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3730	FOREARM/ARM CUFFS EXT/FLEX A		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3763	EWHO RIGID W/O JNTS CF		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3808	WHFO, RIGID W/O JOINTS	RR	DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3808	WHFO, RIGID W/O JOINTS		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3906	WHO W/O JOINTS CF		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3908	WHO COCK-UP NONMOLDE PRE OTS		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3912	HFO FLEXION GLOVE PRE OTS		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3923	HFO WITHOUT JOINTS PRE CST		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3925	FO PIP DIP JNT/SPRNG PRE OTS		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3929	HFO NONTORSION JNTS PRE CST		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3933	FO W/O JOINTS CF		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
L3982	UPPER EXT FX ORTHOSIS RAD/UL		DEF	POS - Orthotics	Outpatient PTOTST	POS - Orthotics
99202	OFFICE O/P NEW SF 15-29 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99202	OFFICE O/P NEW SF 15-29 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99203	OFFICE O/P NEW LOW 30-44 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99203	OFFICE O/P NEW LOW 30-44 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99204	OFFICE O/P NEW MOD 45-59 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99204	OFFICE O/P NEW MOD 45-59 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99205	OFFICE O/P NEW HI 60-74 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99205	OFFICE O/P NEW HI 60-74 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99211	OFF/OP EST MAY X REQ PHY/QHP	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99211	OFF/OP EST MAY X REQ PHY/QHP	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99212	OFFICE O/P EST SF 10-19 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99212	OFFICE O/P EST SF 10-19 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99213	OFFICE O/P EST LOW 20-29 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99213	OFFICE O/P EST LOW 20-29 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99214	OFFICE O/P EST MOD 30-39 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99214	OFFICE O/P EST MOD 30-39 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99215	OFFICE O/P EST HI 40-54 MIN	FP		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99215	OFFICE O/P EST HI 40-54 MIN	FPGT		Physician - Family Planning	Physician - PrimaryCare E&M	Physician - Family Planning
99409	AUDIT/DAST OVER 30 MIN			Physician - PrimaryCare E&M	Physician - Health Education	Physician - PrimaryCare E&M
99411	PREVENTIVE COUNSELING GROUP			Physician - PrimaryCare E&M	Physician - Health Education	Physician - PrimaryCare E&M
99412	PREVENTIVE COUNSELING GROUP			Physician - PrimaryCare E&M	Physician - Health Education	Physician - PrimaryCare E&M
G0143	SCR C/V CYTO,THINLAYER,RESCR			Physician - PrimaryCare E&M	Laboratory and Pathology Services	Physician - PrimaryCare E&M
G0145	SCR C/V CYTO,THINLAYER,RESCR			Physician - PrimaryCare E&M	Laboratory and Pathology Services	Physician - PrimaryCare E&M



Appendix A4 - Excluded Codes

Service Category	Procedure Subcategory	Procedure code	Modifier	Procedure code description	Reason for Removal
DIDD	DIDD	D0412		Blood Glucose Level Test	DIDD Rate is \$0.0
DIDD	DIDD	D9986		Missed Appointments	DIDD Rate is \$0.0
DIDD	DIDD	D9987		Missed Appointments	DIDD Rate is \$0.0
DIDD	DIDD	D1999		Unspecified Preventative Procedure, By Report	Code is Manually Priced
DIDD	DIDD	D2999		Unspecified Restorative Procedure	Code is manually priced
DIDD	DIDD	D3999		Unspecified Endodontic Procedure	Code is manually priced
DIDD	DIDD	D4999		Unspecified Periodontal Procedure	Code is manually priced
DIDD	DIDD	D5999		Unspecified Maxillofacial Prosthesis	Code is manually priced
DIDD	DIDD	D6199		Unspecified Implant Procedure, By Report	Code is manually priced
DIDD	DIDD	D6999		Unspecified Fixed Prosthodontic	Code is manually priced
DIDD	DIDD	D7284		Excisional biopsy of minor salivary glands, by report	Code is manually priced
DIDD	DIDD	D7287		Cytology Sample Collection	Code is manually priced
DIDD	DIDD	D7858		Joint Reconstruction	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7860		Arthrotomy	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7865		Artoplasty	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7871		Non-Arthroscopic Lysis and Lavage	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7872		Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7873		Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7874		Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7875		Arthroscopy Surgical Synovectomy	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7876		Arthroscopy Surgica Discectomy	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7877		Arthroscopy Surgical Debridement	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7899		Unspecified TMD Therapy	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7981		Excision of Salivary Gland, By Report	Code is manually priced
DIDD	DIDD	D7991		Coronoidectomy	Code is manually priced
DIDD	DIDD	D7999		Unspecified Oral Surgery	Code is manually priced
DIDD	DIDD	D9999		Unspecified Adjunctive Procedure, By Report	Code is manually priced, Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0171		Re-Evaluation-Post-Operative Office Visit	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0190		Screening of a Patient	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0191		Assessment of a Patient	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0240		Intraoral-Occlusal Radiographic Image	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0250		Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0251		Extraoral Posterior Dental Radiographic Image	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0310		Sialography	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0320		Temporomandibular Joint Arthrogram, Including Injection	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0321		Other Temporomandibular Joint Radiographic Images, By Report	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0322		Tomographic Survey	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0340		2D Cephalometric Radiographic Image- acquisition, measurement and analysis	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0350		2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0351		3D Photographic Image	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0365		Cone beam ct interprete man	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0366		Cone beam ct interprete max	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0367		Cone beam ct interp both jaw	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D0425		Caries Susceptibility Tests	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1351		Sealant- Per Tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1352		Prev resin rest, perm tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1353		Sealant Repair- Per Tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1354		Interim Caries Arresting Medicament Application	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1510		Space Maintainer Fixed Unilateral	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1520		Space maintainer Removable Unilateral	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1556		Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1557		Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1558		Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1575		Distal shoe space maintainer - fixed - unilateral	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1781		Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1782		Vaccine administration - Human PapillomaVirus - Dose 2	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D1783		Vaccine administration - Human PapillomaVirus - Dose 3	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2915		Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	Not Covered by Regular Medicaid State Plan

DIDD	DIDD	D2929		Prefabricated Porcelain/Ceramic Crown- Primary Tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2930		Prefabricated Stainless Steel Crown Primary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2932		Prefabricated Resin Crown	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2934		Prefabricated Esthetic Coated Stainless Steel Crown Primary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2951		Pin Retention Per Tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2953		Each addtnl cast post	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2955		Post Removal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2957		Each Additional Prefabricated Post	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D2980		Crown Repair	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3110		Pulp Cap Direct	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3120		Pulp Cap Indirect	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3221		Pulpal Debridement	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3222		Partial Pulpotomy for Apexogenesis	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3230		Pulpal Therapy Anterior Primary Tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3240		Pulpal Therapy Posterior Primary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3331		Root Canal Obstruction Non-Surgical	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3332		Incomplete Endodontic Therapy	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3333		Internal Root Repair o	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3351		Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3352		Apexification/Recalcification Interim	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3353		Apexification/Recalcification- Final	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3355		Pulpal Regeneration Initial Visit (replaces D3354)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3356		Pulpal Regeneration Interim Medication Replacement (r	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3357		Pulpal Regeneration Completion of Treatment (replaces	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3410		Apicoectomy/Periradicular Surgery Anter	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3421		Apicoectomy/Periradicular Surgery Bicus	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3425		Apicoectomy/Periradicular Surgery Molar	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3426		Apicoectomy/Periradicular Surgery Ea Add	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3430		Retrograde Filling Per Root	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3450		Root Amputation Per Root	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3460		Endodontic Endosseous Implant	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3470		Intentional Reimplantation	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3910		Isolation Tooth with Rubber Dam	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3920		Hemisection Incl Rt Remov Excl Rt Canal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D3950		Canal Preparation and Fitting of Preformed Dowel/Post	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4240		Gingival Flap Proc w Planin	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4245		Apically Positioned Flap	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4249		Crown Lengthening Hard Tissue	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4260		Osseous Surgery (Including Elevation of a Full Thickness	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4261		Osseous Surgery (Including Elevation of a Full Thickness	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4263		Bone Replacement Graft First Site	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4264		Bone Replacement Graft Each Additional Site	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4265		Biologic Materials to Aid in Soft and Osseous Tissue Regs	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4267		Guided Tissue Regen Nonresorbable	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4268		Surgical Revision Procedure Per Tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4270		Pedicle Soft Tissue Graft Procedure	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4273		Autogenous Connective Tissue Graft Procedure (including	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4274		Distal/Proximal Wedge	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4275		Non-Autogenous Connective Tissue Graft Procedure	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4277		free soft tissue graft procedure (including recipient and	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4278		Free Soft Tissue Graft Pocedure (including recipient and	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4283		Autogenous Connective Tissue Graft Procedure (including	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4285		Non-Autogenous Connective Tissue Graft Procedure (inc	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4322		Splint- Intra-Coronal; Natural teeth or prosthetic crowns	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4323		Splint- Extra-Coronal; Natural Teeth or prosthetic crowns	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D4381		Localized delivery antimicro	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5221		Immediate Maxillary Partial Denture – resin base (includ	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5222		Immediate Mandibular Partial Denture – resin base (incl	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5223		Immediate Maxillary Partial Denture – cast metal frame	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5224		Immediate Mandibular Partial Denture – cast metal fran	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5227		Immediate maxillary partial denture- flexible base (inclu	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5228		Immediate mandibular partial denture- flexible base (inc	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5282		Removable Unilateral Partial Denture – One Piece Cast M	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5283		Removable Unilateral Partial Denture – One Piece Cast M	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5284		Removable Unilateral Partial Denture- One Piece Flexibl	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5286		Removable Unilateral Partial Denture- One Piece Resin (	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5810		Interim Complete Denture Maxillary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5811		Interim Complete Denture Mandibular	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5820		Interim Partial Denture Maxillary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5821		Interim Partial Denture Mandibular	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5863		Overdenture-Complete Maxillary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5864		Overdenture-Partial Maxillary	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5865		Overdenture-Complete Mandibular	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5866		Overdenture-Partial Mandibular	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5875		Modification of Removable Prosthesis following implant	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D5899		Unspecified Removable Prosthodontic	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6010		Surgical Placement of Implant Body: Endosteal Implant	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6011		Second Stage Implant Surgery 21 and Older	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6012		Surgical Placement of Interim Implant Body: Endosteal I	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6055		Implant connecting bar	Not Covered by Regular Medicaid State Plan

DIDD	DIDD	D6056		Prefabricated abutment	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6057		Custom Abutment	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6058		Abutment Supported Porcelain/Ceramic Crown	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6059		Abutment Supported Porcelain Fused to Metal Crown (H	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6060		Abutment Supported Porcelain Fused to Metal Crown (P	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6061		Abutment Supported Porcelain Fused to Metal Crown (N	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6062		Abutment Supported Cast Metal Crown	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6063		Abutment Support Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6064		Abutment Supported Cast Metal Crown (Noble Metal)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6070		Abut Supp Retain Por-Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6073		Abut Supp Retain Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6080		Implant Maintenance	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6081		Scaling and debridement in the presence of inflammation	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6082		Implant Supported Crown- Porcelain Fused to Predomin	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6084		Implant Supported Crown- Porcelain Fused to Titanium a	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6086		Implant Supported Crown- Predominantly Base Alloys	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6088		Implant Supported Crown- Titanium and Titanium Alloys	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6089		Accessing and retorquing loose dental implant screw	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6090		Repair Implant Supported Prosthesis	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6092		Re-Cement or Re-Bond Implant/Abutment Supported Cr	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6093		Re-Cement or Re-Bond Implant/Abutment Supported Fix	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6096		Remove broken implant retaining screw	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6097		Abutment Supported Crown- Porcelain Fused to Titanium	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6098		Implant Supported Retainer- Porcelain Fused to Predom	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6100		Implant Removal, By Report	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6101		Debridement of a Peri-Implant Defect or Defects Surrou	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6102		Debridement and Osseous Contouring of a Peri-Implant	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6103		Bone Graft for Repair of Peri-Implant Defect-Does Not In	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6110		Implant/Abutment Supported Removable Denture for Ed	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6111		Implant/Abutment Supported Removable Denture for Ed	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6112		Implant/Abutment Supported Removable Denture for Pa	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6113		Implant/Abutment Supported Removable Denture for Pa	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6114		Implant/Abutment Supported Fixed Denture for Edentul	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6115		Implant/Abutment Supported Fixed Denture for Edentul	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6116		Implant/Abutment Supported Fixed Denture for Partially	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6117		Implant/Abutment Supported Fixed Denture for Partially	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6118		Implant/abutment supported interim fixed denture for e	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6119		Implant/abutment supported interim fixed denture for e	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6121		Implant Supported Retainer for Metal FPD- Predominant	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6180		Implant maintenance procedures when a full arch fixed	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6193		Replacement of an implant screw	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6194		Abutment Supported Retainer Crown for FPD (Titanium)	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6198		Remove interim implant component	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6210		Pontic-Cast High Noble Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6211		Pontic-Cast Predominantly Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6240		Pontic- Titanium	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6241		Pontic Porcelain-Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6245		Pontic Porcelain-Ceramic	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6545		Retainer Cast Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6548		Retainer-Porcelain/Ceramic for Resin Bonded Fixed Pros	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6549		Resin Retainer-For Resin Bonded Fixed Prosthesis	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6740		Crown-Porcelain/Ceramic	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6750		Pontic-Resin with High Noble Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6751		Crown Porcelain Fused Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6752		Crown-Porcelain Fused to High Noble Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6781		Crown- 3/4 Cast Predominantly Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6782		Crown- 3/4 Cast Noble Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6783		Crown-3/4 Porcelain/Ceramic	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6790		Crown-Full Cast High Noble Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6791		Crown Full Cast Predominantly Base Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6792		Crown-Full Cast Noble Metal	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6793		Provisional Retainer Crown	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6794		Crown-Titanium	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6920		Connector Bar	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6930		Re-Cement or Re-Bond Fixed Partial Denture	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6940		Stress Breaker	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6950		Precision Attachment	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D6980		Fixed partial repair	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7111		Extraction, Coronal Remnants	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7252		Partial extraction for immediate implant placement	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7259		Nerve dissection	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7270		Tooth Reimplantation	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7272		Tooth Transplantation	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7282		Mobilization of Erupted or Malpositioned Tooth to Aid E	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7283		Place device impacted tooth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7288		Brush Biopsy-Transepithelial Sample Collection	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7290		Surgical Reposition of Teeth	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7291		Transseptal Fiberotomy	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7292		Surgical Placement of Temporary Anchorage Device (Scr	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7293		Surgical Placement of Temporary Anchorage Device Req	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7294		Surgical Placement of Temporary Anchorage Device with	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7295		Bone harvest,auto graft proc	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7350		Vestibuloplasty Ridge Extension Grafts	Not Covered by Regular Medicaid State Plan

DIDD	DIDD	D7465		Destruction of Lesion(s) by Physical or Chemical Method	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7840		Condylectomy	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7850		Surgical Discectomy with/without Implant	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7852		Disc Repair	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7854		Synovectomy	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7856		Myotomy	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7870		Arthrocentesis	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7921		Collection and Application of Autologous Blood Concent	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7953		Bone Replacement Graft for Ridge Preservations- Per Sit	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7961		Buccal/labial frenectomy (frenulectomy)- Separate proc	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D7962		Lingual frenectomy (frenulectomy)-Separate procedure	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D8703		Replacement of Lost or Broken Retainer- Maxillary (Repl	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D8704		Replacement of Lost or Broken Retainer- Mandibular (Re	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9230		Analgesia	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9248		Non-Intravenous Moderate (Conscious) Sedation	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9932		Cleaning and Inspection of Removable Complete Dentur	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9933		Cleaning and inspection of Removable Complete Dentur	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9934		Cleaning and Inspection of Removable Partial Denture, N	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9935		Cleaning and Inspection of Removable Partial Denture, N	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9939		Placement of a custom removable clear plastic tempora	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9942		Occlusal Guard Repair	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9943		Occlusal Guard Adjustment	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9944		Occlusal Guard- Hard Appliance, Full Arch	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9945		Occlusal Guard- Soft Appliance, Full Arch	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9946		Occlusal Guard- Hard Appliance, Partial Arch	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9950		Occlusal Adjustment-Limited	Not Covered by Regular Medicaid State Plan
DIDD	DIDD	D9952		Occlusal Adjustment-Complete	Not Covered by Regular Medicaid State Plan
Physician Services	Cardiology	92925		PRQ CARD ANGIO/ATHRECT ADDL	No utilization data, no valid benchmark
Physician Services	Cardiology	93015	TC	CARDIOVASCULAR STRESS TEST	No utilization data, no valid benchmark
Physician Services	Cardiology	93650	26	ICAR CATH ABLTJ AV NODE FUNC	No utilization data, no valid benchmark
Physician Services	Cardiology	93701	26	BIOIMPEDANCE CV ANALYSIS	No utilization data, no valid benchmark
Physician Services	Cardiology	93701	TC	BIOIMPEDANCE CV ANALYSIS	No utilization data, no valid benchmark
Physician Services	Cardiology	93770	26	DETERMINATION VENOUS PRESS	No utilization data, no valid benchmark
Physician Services	Cardiology	93770	TC	DETERMINATION VENOUS PRESS	No utilization data, no valid benchmark
Physician Services	Neuro/Psychological Testing Services	96110	EP	DEVELOPMENTAL SCREEN W/SCORE	No valid benchmark
Physician Services	Neuro/Psychological Testing Services	96116	GT	NUBHVL XM PHYS/QHP 1ST HR	No valid benchmark
Physician Services	Neuro/Psychological Testing Services	G8431		POS CLIN DEPRES SCR N F/U DOC	No valid benchmark
Physician Services	Neuro/Psychological Testing Services	G8510		SCR DEP NEG, NO PLAN REQD	No valid benchmark
Physician Services	Neuro/Psychological Testing Services	G8511		SCR DEP POS, NO PLAN DOC RNG	No valid benchmark
Physician Services	ED and Hospital E&M	99485		SUPRV INTERFACILTY TRANSPORT	No valid benchmark
Physician Services	ED and Hospital E&M	99486		SUPRV INTERFAC TRNSPORT ADDL	No utilization data, no valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	86910		BLOOD TYPING PATERNITY TEST	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	86911		BLOOD TYPING ANTIGEN SYSTEM	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	86930		FROZEN BLOOD PREP	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	86931		FROZEN BLOOD THAW	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	86932		FROZEN BLOOD FREEZE/THAW	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	0649T		QUAN MR ALYS TISS W/MRI	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	P9073		PLATELETS, PATHOGEN REDUCED	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	P9100		PATHOGEN TEST FOR PLATELETS	No valid utilization. No valid benchmark
Laboratory and Pathology Services	Laboratory and Pathology Services	87467		HEPATITIS B SURFACE AG QUAN	Code closed on 7/1/24
Laboratory and Pathology Services	Laboratory and Pathology Services	87593		ORTHOPOXVIRUS AMP PRB EACH	Code closed on 7/1/24
Physician Services	Radiology	78999		UNLISTED MISC PX DX NUC MED	Code is manually priced
Physician Services	Radiology	76815	GT	OB US LIMITED FETUS(S)	No valid benchmark
Physician Services	Radiology	76140	26	X-RAY CONSULTATION	No utilization data, no valid benchmark
Physician Services	Radiology	76496	26	UNLISTED FLUOROSCOPIC PX	No utilization data, no valid benchmark
Physician Services	Radiology	76496	TC	UNLISTED FLUOROSCOPIC PX	No utilization data, no valid benchmark
Physician Services	Radiology	76496		UNLISTED FLUOROSCOPIC PX	No utilization data, no valid benchmark
Physician Services	Radiology	76497	26	UNLISTED CT PROCEDURE	No utilization data, no valid benchmark
Physician Services	Radiology	76497		UNLISTED CT PROCEDURE	No utilization data, no valid benchmark
Physician Services	Radiology	76498	26	UNLISTED MR PROCEDURE	No utilization data, no valid benchmark
Physician Services	Radiology	76498	TC	UNLISTED MR PROCEDURE	No utilization data, no valid benchmark
Physician Services	Radiology	76498		UNLISTED MR PROCEDURE	No utilization data, no valid benchmark
Physician Services	Radiology	76801	GT	OB US < 14 WKS SINGLE FETUS	No utilization data, no valid benchmark
Physician Services	Radiology	76802	GT	OB US < 14 WKS ADDL FETUS	No utilization data, no valid benchmark
Physician Services	Radiology	76805	GT	OB US >= 14 WKS SNGL FETUS	No utilization data, no valid benchmark
Physician Services	Radiology	76810	GT	OB US >= 14 WKS ADDL FETUS	No utilization data, no valid benchmark
Physician Services	Radiology	76811	GT	OB US DETAILED SNGL FETUS	No utilization data, no valid benchmark
Physician Services	Radiology	76812	GT	OB US DETAILED ADDL FETUS	No utilization data, no valid benchmark
Physician Services	Radiology	76813	GT	OB US NUCHAL MEAS 1 GEST	No utilization data, no valid benchmark
Physician Services	Radiology	76814	GT	OB US NUCHAL MEAS ADD-ON	No utilization data, no valid benchmark
Physician Services	Radiology	76816	GT	OB US FOLLOW-UP PER FETUS	No utilization data, no valid benchmark

Physician Services	Radiology	76817	GT	TRANSVAGINAL US OBSTETRIC	No utilization data, no valid benchmark
Physician Services	Radiology	76984		DX INTRAOP THORACIC AORTA US	No utilization data, no valid benchmark
Physician Services	Radiology	76987		DX INTRAOP EPICAR CAR US CHD	No utilization data, no valid benchmark
Physician Services	Radiology	76988		DX NTROP EPCR US CHD IMG ACQ	No utilization data, no valid benchmark
Physician Services	Radiology	76989		DX INTRAOP EPCAR US CHD I&R	No utilization data, no valid benchmark
Physician Services	Radiology	77386	26	NTSTY MODUL RAD TX DLVR CPLX	No utilization data, no valid benchmark
Physician Services	Radiology	77386	TC	NTSTY MODUL RAD TX DLVR CPLX	No utilization data, no valid benchmark
Physician Services	Radiology	77790	26	RADIATION HANDLING	No utilization data, no valid benchmark
Physician Services	Radiology	77790	TC	RADIATION HANDLING	No utilization data, no valid benchmark
Physician Services	Radiology	G0259		INJECT FOR SACROILIAC JOINT	No utilization data, no valid benchmark
Physician Services	ENT	92700		UNLISTED ORL SERVICE/PX	No valid benchmark
Physician Services	Respiratory	94014	26	PATIENT RECORDED SPIROMETRY	No utilization data, no valid benchmark
Physician Services	Respiratory	94014	TC	PATIENT RECORDED SPIROMETRY	No utilization data, no valid benchmark
Physician Services	Respiratory	94664	TC	EVALUATE PT USE OF INHALER	No utilization data, no valid benchmark
Physician Services	Gastroenterology	91299		UNLISTED DX GI PROCEDURE	Code is manually priced
Physician Services	Vaccines Immunizations	90689		VACC IIV4 NO PRSRV 0.25ML IM	No valid benchmark
Physician Services	Vaccines Immunizations	90281		HUMAN IG IM	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90283		HUMAN IG IV	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90284		HUMAN IG SC	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90287		BOTULINUM ANTITOXIN	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90288		BOTULISM IG IV	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90296		DIPHThERIA ANTITOXIN	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90386		RH IG IV	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90389		TETANUS IG IM	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90393		VACCINA IG IM	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90396		VARICELLA-ZOSTER IG IM	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90399		UNLISTED IMMUNE GLOBULIN	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90476		ADENOVIRUS VACCINE TYPE 4	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90477		ADENOVIRUS VACCINE TYPE 7	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90611		SMALLPOX&MONKEYPOX VAC 0.5ML	No utilization data, no valid benchmark
Physician Services	Vaccines Immunizations	90461		IM ADMIN EACH ADDL COMPONENT	No CO Medicaid rate, no valid benchmark
Physician Services	Vaccines Immunizations	90700		DTAP VACCINE < 7 YRS IM	No CO Medicaid rate, no valid benchmark
Physician Services	Neurology	95700	26	EEG CONT REC W/VID EEG TECH	No utilization data, no valid benchmark
Physician Services	Neurology	95700	TC	EEG CONT REC W/VID EEG TECH	No utilization data, no valid benchmark
Physician Services	Neurology	95705	26	EEG W/O VID 2-12 HR UNMNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95705	TC	EEG W/O VID 2-12 HR UNMNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95706	26	EEG WO VID 2-12HR INTMT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95706	TC	EEG WO VID 2-12HR INTMT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95707	26	EEG W/O VID 2-12HR CONT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95707	TC	EEG W/O VID 2-12HR CONT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95708	26	EEG WO VID EA 12-26HR UNMNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95708	TC	EEG WO VID EA 12-26HR UNMNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95709	26	EEG W/O VID EA 12-26HR INTMT	No utilization data, no valid benchmark
Physician Services	Neurology	95709	TC	EEG W/O VID EA 12-26HR INTMT	No utilization data, no valid benchmark
Physician Services	Neurology	95710	26	EEG W/O VID EA 12-26HR CONT	No utilization data, no valid benchmark
Physician Services	Neurology	95710	TC	EEG W/O VID EA 12-26HR CONT	No utilization data, no valid benchmark
Physician Services	Neurology	95711	26	VEEG 2-12 HR UNMONITORED	No utilization data, no valid benchmark
Physician Services	Neurology	95711	TC	VEEG 2-12 HR UNMONITORED	No utilization data, no valid benchmark
Physician Services	Neurology	95712	26	VEEG 2-12 HR INTMT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95712	TC	VEEG 2-12 HR INTMT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95713	26	VEEG 2-12 HR CONT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95713	TC	VEEG 2-12 HR CONT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95714	26	VEEG EA 12-26 HR UNMNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95714	TC	VEEG EA 12-26 HR UNMNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95715	26	VEEG EA 12-26HR INTMT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95715	TC	VEEG EA 12-26HR INTMT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95716	26	VEEG EA 12-26HR CONT MNTR	No utilization data, no valid benchmark
Physician Services	Neurology	95716	TC	VEEG EA 12-26HR CONT MNTR	No utilization data, no valid benchmark
Physician Services	Gynecology	58578		UNLISTED LAPS PX UTERUS	No valid benchmark
Physician Services	PrimaryCare E&M	99407	HQ	BEHAV CHNG SMOKING > 10 MIN	No utilization data, no valid benchmark
Physician Services	PrimaryCare E&M	99407	HDHQ	BEHAV CHNG SMOKING > 10 MIN	No utilization data, no valid benchmark
Physician Services	Health Education	S9445	HF	PT EDUCATION NOC INDIVID	No valid benchmark
Physician Services	Health Education	G0177		OPPS/PHP/IOP; TRAIN & EDUC	No utilization data, no valid benchmark
Physician Services	Health Education	H1003	HD	PRENATAL AT RISK EDUCATION	No utilization data, no valid benchmark
Physician Services	PrimaryCare E&M	99070		SPECIAL SUPPLIES PHYS/QHP	No valid benchmark
Physician Services	Medication Injections & Infusions	J7328		GELSYN-3 INJECTION 0.1 MG	Code is manually priced
Physician Services	Medication Injections & Infusions	96379		UNL THER/PROP/DIAG INJ/INF	No utilization data, no valid benchmark
Physician Services	PrimaryCare E&M	98978		REM THER MNTR DEV SPLY CBT	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	P9048		PLASMAPROTEIN FRACT,5%,250ML	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	P9050		GRANULOCYTES, PHERESIS UNIT	No utilization data, no valid benchmark
Physician Services	Health Education	S0265		GENETIC COUNSEL 15 MINS	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0350		INJECTION ANISTREPLASE 30 U	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	S0040		INJECTION, TICARCILLIN DISOD	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1710		HYDROCORTISONE SODIUM PH INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J3280		THIETHYLPERAZINE MALEATE INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J7629		BITOLTEROL MESYLATE COMP UNT	No utilization data, no valid benchmark

Physician Services	Medication Injections & Infusions	J8562		ORAL FLUDARABINE PHOSPHATE	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J9165		DIETHYLSTILBESTROL INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0200		ALATROFLOXACIN MESYLATE	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1620		GONADORELIN HYDROCH/ 100 MCG	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1890		CEPHALOTHIN SODIUM INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J2180		MEPERIDINE/PROMETHAZINE INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J3364		UROKINASE 5000 IU INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J7668		METAPROTERENOL NON-COMP CON	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	S0081		INJECTION, PIPERACILLIN SODI	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0380		INJ METARAMINOL BITARTRATE	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1180		DYPHYLLINE INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1810		DROPERIDOL/FENTANYL INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J2320		NANDROLONE DECANOATE 50 MG	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J7640		FORMOTEROL COMP UNIT	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J7648		ISOETHARINE NON-COMP CON	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J7649		ISOETHARINE NON-COMP UNIT	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J3400		TRIFLUPROMAZINE HCL INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0390		CHLOROQUINE INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0395		ARBUTAMINE HCL INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0710		CEPHAPIRIN SODIUM INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J2950		PROMAZINE HCL INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	S0034		INJECTION, OFLOXACIN, 400 MG	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J0190		INJ BIPERIDEN LACTATE/5 MG	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1436		ETIDRONATE DISODIUM INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J1850		KANAMYCIN SULFATE 75 MG INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J2725		INJ PROTIRELIN PER 250 MCG	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J2940		SOMATREM INJECTION	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	J9270		PLICAMYCIN (MITHRAMYCIN) INJ	No utilization data, no valid benchmark
Physician Services	Medication Injections & Infusions	S0023		INJECTION, CIMETIDINE HYDROC	No utilization data, no valid benchmark
Vision Services	Vision Services	66821	54	AFTER CATARACT LASER SURGERY	No valid benchmark
Vision Services	Vision Services	66821	55	AFTER CATARACT LASER SURGERY	No valid benchmark
Vision Services	Vision Services	V2781		PROGRESSIVE LENS PER LENS	No valid benchmark
Vision Services	Vision Services	92065	TC	ORTHOPTIC TRAINING; PERFORMED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROF	No utilization data, no valid benchmark
Outpatient PT/OT/ST	PT	97545	GP + 97 or 96 or TL	WORK HARDENING	No valid benchmark
Outpatient PT/OT/ST	PT	97546	GP + 97 or 96 or TL	EVALUATION FOR WORK HARDENING OR CONDITIONING, EACH ADDITIONAL HOUR	No utilization data, no valid benchmark
Outpatient PT/OT/ST	OT	97546	GO + 97 or 96 or TL	EVALUATION FOR WORK HARDENING OR CONDITIONING, EACH ADDITIONAL HOUR	No utilization data, no valid benchmark
Targeted Case Management (TCM)	Case Management	T2024	HI	TCM Monitoring In-Person	no valid benchmark
Targeted Case Management (TCM)	Case Management	T2024	HIGT	TCM Monitoring Telehealth	no valid benchmark
Targeted Case Management (TCM)	Case Management	A0170	HI	TCM Rural Add-On	no valid benchmark

Appendix A4 - Excluded Codes

Service Category	Procedure Subcategory	Rate Type Code	Rate Type Code Description	Procedure code	Modifier	Procedure code description	Reason for Removal
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A4601		LITH ION NON PROSTH RECHARGE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4602		REPLACE LITHIUM BATTERY 1.5V	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4611		HEAVY DUTY BATTERY	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A4612		BATTERY CABLES	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9270		NON-COVERED ITEM OR SERVICE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9277		EXTERNAL TRANSMITTER, CGM	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A9278		EXTERNAL RECEIVER, CGM SYS	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9280	KR	ALERT DEVICE, NOC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9280	RR	ALERT DEVICE, NOC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9281		REACHING/GRABBING DEVICE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9900		SUPPLY/ACCESSORY/SERVICE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	A9901		DELIVERY/SET UP/DISPENSING	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	A9999		DME SUPPLY OR ACCESSORY, NOS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9998		ENTERAL SUPP NOT OTHERWISE C	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	B9998	U1	ENTERAL SUPP NOT OTHERWISE C	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0118		CRUTCH SUBSTITUTE	Code closed 6/30/24
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0118	RR	CRUTCH SUBSTITUTE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0152		WALKER, BATTERY POWER WHEELS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0172		SEAT LIFT MECHANISM TOILET	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0190		POSITIONING CUSHION	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0218		FLUID CIRC COLD PAD W PUMP	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0240		BATH/SHOWER CHAIR	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0244	22	TOILET SEAT RAISED	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0247	22	TRANS BENCH W/WO COMM OPEN	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0248		HDTRANS BENCH W/WO COMM OPEN	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0270	RR	HOSPITAL BED INSTITUTIONAL T	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0273		BED BOARD	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0274		OVER-BED TABLE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0274	RR	OVER-BED TABLE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0277	NU	POWERED PRES-REDU AIR MATTRS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0315	RR	BED ACCESSORY BRD/TBL/SUPPRT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0315		BED ACCESSORY BRD/TBL/SUPPRT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0328		PED HOSPITAL BED, MANUAL	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0329		PED HOSPITAL BED SEMI/ELECT	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0372	NU	POWERED AIR MATTRESS OVERLAY	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0425	RR	GAS SYSTEM STATIONARY COMPRE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0430	RR	OXYGEN SYSTEM GAS PORTABLE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0435	RR	OXYGEN SYSTEM LIQUID PORTABL	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0440	RR	OXYGEN SYSTEM LIQUID STATION	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0441	RR	STATIONARY O2 CONTENTS, GAS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0442	RR	STATIONARY O2 CONTENTS, LIQ	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0443	RR	PORTABLE O2 CONTENTS, GAS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0443	RR	PORTABLE O2 CONTENTS, GAS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0444	RR	PORTABLE O2 CONTENTS, LIQUID	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0444	RR	PORTABLE O2 CONTENTS, LIQUID	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	U1	OXIMETER NON-INVASIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	U1KR	OXIMETER NON-INVASIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	U1RR	OXIMETER NON-INVASIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	U2	OXIMETER NON-INVASIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	U2KR	OXIMETER NON-INVASIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0445	U2RR	OXIMETER NON-INVASIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0455		OXYGEN TENT EXCL CROUP/PED T	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0459		CHEST WRAP	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0462	KR	ROCKING BED W/ OR W/O SIDE R	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0468		HOME VENT DUAL FNCT INCL ALL	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0481		INTRPULMNRY PERCUSS VENT SYS	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0492		CONTROL UNIT NM STIM W PHONE	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0493		ORAL DV/APP NEUROMUS MOUTHPI	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0530		ELECTRONIC POSA TREATMENT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0618		APNEA MONITOR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0619		APNEA MONITOR W RECORDER	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0621		PATIENT LIFT SLING OR SEAT	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0625		PATIENT LIFT BATHROOM OR TOI	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0637		COMBINATION SIT TO STAND SYS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0638		STANDING FRAME SYS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0639	NU	MOVEABLE PATIENT LIFT SYSTEM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0641		MULTI-POSITION STND FRAM SYS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0642		DYNAMIC STANDING FRAME	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0676		INTER LIMB COMPRESS DEV NOS	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0677		NON PNEUM SEQ COMP TRUNK	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0678	NU	NON PNEUM SEQ COMP FULL LEG	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0679	NU	NON PNEUM SEQ COMP HALF LEG	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0680	NU	NON PNEUM COMP CONTROL CAL	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0681		NON PNEU COMP CONTROL W/O CA	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0682	NU	NON PNEUM COMPRESS FULL ARM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0705		TRANSFER DEVICE	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0710		RESTRAINTS ANY TYPE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0711		UE ENCLOSURE RESTR ROM	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0732		CES SYSTEM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0733		TRANS ELEC NERV FOR TRIGEMIN	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0734		EXT UP LIMB TREMOR STIM WRIS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0735		NON-INVASIVE VAGUS NERV STIM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0736		TRANSCUT TIBIAL NERV STIMULA	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0738		UPPER EXTREMITY REHAB	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0739		REHAB SYS ACTIVE ASSIST RT	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0746		ELECTROMYOGRAPH BIOFEEDBACK	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0749		ELEC OSTEOGEN STIM IMPLANTED	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0755		ELECTRONIC SALIVARY REFLEX S	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0762		TRANS ELEC JT STIM DEV SYS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0762	KH	TRANS ELEC JT STIM DEV SYS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0762	KI	TRANS ELEC JT STIM DEV SYS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0770		FUNCTIONAL ELECTRIC STIM NOS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0830		AMBULATORY TRACTION DEVICE	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0936	RR	CPM DEVICE, OTHER THAN KNEE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0950		TRAY	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E0985		W/C SEAT LIFT MECHANISM	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E0988		LEVER-ACTIVATED WHEEL DRIVE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1009		ADD MECH LEG ELEVATION	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1011		PED WC MODIFY WIDTH ADJUSTM	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1015		SHOCK ABSORBER FOR MAN W/C	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1016		SHOCK ABSORBER FOR POWER W/C	Code is Manually Priced

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1017		HD SHCK ABSRBR FOR HD MAN WC	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1018		HD SHCK ABSRBER FOR HD POWWC	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1029		W/C VENT TRAY FIXED	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1030		W/C VENT TRAY GIMBALED	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1026		PATIENT TRANSFER SYSTEM >300	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1085	RR	HEMI-WHEELCHAIR FIXED ARMS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1085		HEMI-WHEELCHAIR FIXED ARMS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1086	RR	HEMI-WHEELCHAIR DETACHABLE A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1086		HEMI-WHEELCHAIR DETACHABLE A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1089	RR	WHEELCHAIR LIGHTWT FIXED ARM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1089		WHEELCHAIR LIGHTWT FIXED ARM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1090	RR	WHEELCHAIR LIGHTWEIGHT DET A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1090		WHEELCHAIR LIGHTWEIGHT DET A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1130	RR	WHLCHR STAND FXD ARM FT REST	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1140	RR	WHEELCHAIR STANDARD DETACH A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1220		WHLCHR SPECIAL SIZE/CONSTRC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1228		WHEELCHAIR SPEC SZ SPEC HT B	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1229	RR	PEDIATRIC WHEELCHAIR NOS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1231		RIGID PED W/C TILT-IN-SPACE	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1239	RR	PED POWER WHEELCHAIR NOS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1250	RR	WHEELCHAIR LIGHTWT FIXED ARM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1250		WHEELCHAIR LIGHTWT FIXED ARM	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1260	RR	WHEELCHAIR LIGHTWT FOOT REST	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1285	RR	WHEELCHAIR HEAVY DUTY FIXED	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1290	RR	WHEELCHAIR HVY DUTY DETACH A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1290		WHEELCHAIR HVY DUTY DETACH A	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1300		WHIRLPOOL PORTABLE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1354		WHEELED CART, PORT CYL/CONC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1356		BATT PACK/CART, PORT CONC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1357		BATTERY CHARGER, PORT CONC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1358		DC POWER ADAPTER, PORT CONC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1399		DURABLE MEDICAL EQUIPMENT MI	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1399	U1	DURABLE MEDICAL EQUIPMENT MI	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E1405		O2/WATER VAPOR ENRICH W/HEAT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E1902		AAC NON-ELECTRONIC BOARD	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2001		SUCT PUM EXT MGMT SYS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2104		GLUCOSE MONITOR W CARTRIDGE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2205		MANUAL WC ACCESSORY, HANDRIM	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2230		MANUAL STANDING SYSTEM	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2292		PLANAR SEAT FOR PED SIZE WC	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2293		CONTOUR BACK FOR PED SIZE WC	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2294		CONTOUR SEAT FOR PED SIZE WC	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2295		PED DYNAMIC SEATING FRAME	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2298		PWR SEAT ELEV SYS FOR CRT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2300		PWR SEAT ELEVATION SYS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2301		PWR STANDING	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2331		ATTENDANT CONTROL	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2358		GR 34 NONSEALED LEADACID	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2372		GR27 NON-SEALED LEADACID	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2378		PW ACTUATOR REPLACEMENT	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2397		PWC ACC, LITH-BASED BATTERY	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2511		SGD SFTWRE PRGRM FOR PC/PDA	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E2512		SGD ACCESSORY, MOUNTING SYS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2599		SGD ACCESSORY NOC	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2609		CUSTOM FABRICATE W/C CUSHION	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2610		POWERED W/C CUSHION	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E2617		CUSTOM FAB W/C BACK CUSHION	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	E3000		SPEECH VOLUME MODULATION SYS	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E8000		POSTERIOR GAIT TRAINER	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E8001		UPRIGHT GAIT TRAINER	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	E8002		ANTERIOR GAIT TRAINER	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0008		CSTM MANUAL WHEELCHAIR/BASE	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0014		OTHER POWER WHLCHR BASE	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0108		W/C COMPONENT-ACCESSORY NOS	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0462	RR	TEMPORARY REPLACEMENT EQPMNT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0553	NU	THER CGM SUPPLY ALLOWANCE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	RR	THER CGM RECEIVER/MONITOR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554		THER CGM RECEIVER/MONITOR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	UE	THER CGM RECEIVER/MONITOR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0554	NU	THER CGM RECEIVER/MONITOR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0669		SEAT/BACK CUS NO DMEPDAC VER	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0739	MS	REPAIR/SVC DME NON-OXYGEN EQ	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0740	MS	REPAIR/SVC OXYGEN EQUIPMENT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0812		POWER OPERATED VEHICLE NOC	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0830	RR	PWC GP2 STD SEAT ELEVATE S/B	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0830		PWC GP2 STD SEAT ELEVATE S/B	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0831	RR	PWC GP2 STD SEAT ELEVATE CAP	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DRN	Non-Rural	K0831		PWC GP2 STD SEAT ELEVATE CAP	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0868		PWC GP 4 STD SEAT/BACK	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0869		PWC GP 4 STD CAP CHAIR	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0870		PWC GP 4 HD SEAT/BACK	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0871		PWC GP 4 VHD SEAT/BACK	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0877		PWC GP4 STD SING POW OPT S/B	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0878		PWC GP4 STD SING POW OPT CAP	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0879		PWC GP4 HD SING POW OPT S/B	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0880		PWC GP4 VHD SING POW OPT S/B	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0884		PWC GP4 STD MULT POW OPT S/B	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0885		PWC GP4 STD MULT POW OPT CAP	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0886		PWC GP4 HD MULT POW S/B	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0890		PWC GP5 PED SING POW OPT S/B	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0891		PWC GP5 PED MULT POW OPT S/B	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0898		POWER WHEELCHAIR NOC	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K0899		POW MOBIL DEV NO DMEPDAC	Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	K1037		DOCKING STATION FOR ORAL DEV	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	Q0477		PWR MODULE PT CABLE LVAD RPL	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S5035		HIT ROUTINE DEVICE MAINT	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S5036		HIT DEVICE REPAIR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8100		SPACER WITHOUT MASK	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8101		SPACER WITH MASK	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8130		INTERFERENTIAL STIM 2 CHAN	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8131		INTERFERENTIAL STIM 4 CHAN	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8185		FLUTTER DEVICE	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8186		SWIVEL ADAPTOR	No Benchmark Rate
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S8270		ENURESIS ALARM	1) No valid utilization data 2) Code is Manually Priced
Durable Medical Equipment	Durable Medical Equipment	DEF	Default	S9001		HOME UTERINE MONITOR WITH OR	1) No valid utilization data 2) Code is Manually Priced

Durable Medical Equipment	Durable Medical Equipment	DEF	Default	T5001		POSITION SEAT SPEC ORTH NEED	Code is Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4100		FOOD THICKENER ORAL	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4103		EF PED FLUID AND ELECTROLYTE	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4104		ADDITIVE FOR ENTERAL FORMULA	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4105		ENZYME CARTRIDGE ENTERAL NUT	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Enteral Formula	DEF	Default	B4162		EF PED SPECMETABOLIC INHERIT	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	A9283		FOOT PRESS OFF LOAD SUPP DEV	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	E1831		STATIC STR TOE DEV EXT/FLEX	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0624		SIO PANEL CUSTOM	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L0999		ADD TO SPINAL ORTHOSIS NOS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1001		CTLSO INFANT IMMOBILIZER	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1320		PECTUS CARINATUM ORTHO CUST	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L1499		SPINAL ORTHOSIS NOS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2861		TORSION MECHANISM KNEE/ANKLE	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L2999		LOWER EXTREMITY ORTHOSIS NOS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3161		FOOT, ADDUCTUS POSITION, ADJ	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3649		ORTHOPEDIC SHOE MODIFICA NOS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3677		SO HARD PLAS STABILI PRE CST	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3678		SO HARD PLAS STABILI PRE OTS	1) No valid utilization data; 2) No Colorado rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3806	RR	WHFO W/JOINT(S) CUSTOM FAB	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3808	RR	WHFO, RIGID W/O JOINTS	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3891		TORSION MECHANISM WRIST/ELBO	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Orthotics	DEF	Default	L3999		UPPER LIMB ORTHOSIS NOS	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4211		SUPP FOR SELF-ADM INJECTIONS	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4245		ALCOHOL WIPES PER BOX	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4287		DISP COL STO BAG BREAST MILK	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4335		INCONTINENCE SUPPLY	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4397		IRRIGATION SUPPLY SLEEVE	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4453		REC CATH MAN PUMP ENEMA REPL	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4457		ENEMA TUBE ANY TYPE REPL	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4459		MANUAL PUMP ENEMA, REUSABLE	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4467		BELT STRAP SLEEV GRMNT COVER	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4468		EXSUFF BELT INCL ALL SUP ACC	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4540		TRANS ELEC NERV PERIPH NERV	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4553		NONDISP UNDERPADS, ALL SIZES	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4554		DISPOSABLE UNDERPADS	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4560		NMES DISPOSABLE	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4564		PESSARY, DISPOSABLE ANY TYPE	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4566		SHOULD SLING/VEST/ABRESTRAIN	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4593		NEUROMOD STI SYS ADJ REHAB	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4594		NEUROMOD ADJ REHAB MOUTHPIE	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A4600		SLEEVE, INTER LIMB COMP DEV	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A4649		SURGICAL SUPPLIES	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6260		WOUND CLEANSER ANY TYPE/SIZE	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6501		COMPRES BURNGARMENT BODYSUIT	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6502		COMPRES BURNGARMENT CHINSTRP	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6503		COMPRES BURNGARMENT FACEHOOD	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6505		CMPRS BURNGARMENT GLOVE-ELBOW	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6508		CMPRS BURNGARMENT FOOT-THIGH	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6509		COMPRES BURN GARMENT JACKET	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6510		COMPRES BURN GARMENT LEOTARD	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6512		COMPRES BURN GARMENT, NOC	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6513		COMPRESS BURN MASK FACE/NECK	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6549		G COMPRESSION STOCKING	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6559		G STCKNG FULL/CHAP18-30 CUST	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6560		G STCKNG FULL/CHAP30-40 CUST	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6561		G STOCKNG FULL/CHAP 40+ CUST	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6584		GRAD COM WRAP W STRAPS	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6591		URINARY CATH SUC PUMP	1) No valid utilization data; 2) No Colorado rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A6593		GRAD COM ACCESSORY GMT_WRAP	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A6609		G COMPRESSION BANDAGING	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7020		INTERFACE, COUGH STIM DEVICE	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7023		MECH ALLERGEN PARTI BARRIER	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A7049		EPAP NASAL VALVE	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7520		TRACH/LARYN TUBE NON-CUFFED	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A7521		TRACH/LARYN TUBE CUFFED	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A8004		REPL SOFT INTERFACE, HELMET	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9272		DISP WOUND SUCT, DRSG/ACCESS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	A9273		HOT/COLD BOTTLE/CAP/COL/WRAP	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9274	U1	EXT AMB INSULIN DELIVERY SYS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9276		DISPOSABLE SENSOR, CGM SYS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9285		INVERSION EVERSION COR DEVIC	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DRN	Non-Rural	A9286		ANY HYGIENIC ITEM, DEVICE	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4087		GASTRO/JEJUNO TUBE, STD	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B4088		GASTRO/JEJUNO TUBE, LOW-PRO	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	B9999		PARENTERAL SUPP NOT OTHRWS C	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	K1005		DISP COL STO BAG BREAST MILK	Code closed 12/31/23
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L8678		EXT SPLY IMPLT NEUROSTIM	1) No valid utilization data; 2) No Colorado Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	L9900		O&P SUPPLY/ACCESSORY/SERVICE	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	Q0511		SUP FEE ANTIEM,ANTICA,IMMUNO	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	Q0512		PX SUP FEE ANTI-CAN SUB PRES	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S4988		PENILE CONTRACTUR DEVIC MANU	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S5520		HIT PICC INSERT KIT	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S5521		HIT MIDLINE CATH INSERT KIT	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S5565		INSULIN CARTRIDGE 150 U	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8120	TG	O2 CONTENTS GAS CUBIC FT	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8121	TG	O2 CONTENTS LIQUID LB	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8189		TRACH SUPPLY NOC	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8210		MUCUS TRAP	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8265		HABERMAN FEEDER	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8301		INFECT CONTROL SUPPLIES NOS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8420		CUSTOM GRADIENT SLEEVE/GLOV	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8425		CUSTOM GRAD GLOVE MED	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8426		CUSTOM GRAD GLOVE HEAVY	No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8429		GRADIENT PRESSURE WRAP	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8430		PADDING FOR COMPRSSN BDG	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8431		COMPRESSION BANDAGE	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8450		SPLINT DIGIT	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8451		SPLINT WRIST OR ANKLE	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S8452		SPLINT ELBOW	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S9002		INTRA-VAG MOTION SENS BIOFK	1) No valid utilization data; 2) No Benchmark Rate
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	S9433		MEDICAL FOOD ORAL 100% NUTR	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Other and Disposable Supplies	DEF	Default	T5999		SUPPLY, NOS	Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	A4638		REPL BATT PULSE GEN SYS	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	E2120		PULSE GEN SYS TX ENDOLYMP FL	1) No valid utilization data; 2) Code is manually priced

Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	K1014		AK 4 BAR LINK HYDL SWG/STANC	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5961		ENDO POLY HIP, PNEU/HYD/ROT	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5973		ANK-FOOT SYS DORS-PLANT FLEX	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L5999		LOWR EXTREMITY PROSTHES NOS	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6715		TERM DEVICE, MULTI ART DIGIT	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L6880		ELEC HAND IND ART DIGITS	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7499		UPPER EXTREMITY PROSTHES NOS	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L7600		PROSTHETIC DONNING SLEEVE	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8039		BREAST PROSTHESIS NOS	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8048		UNSPEC MAXILLOFACIAL PROSTH	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8499		UNLISTED MISC PROSTHETIC SER	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8507		TRACH-ESOPH VOICE PROS PT IN	Manually Priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8512		GEL CAP FOR TRACH VOICE PROS	1) No valid utilization data; 2) Code is manually priced
Prosthetics, Orthotics, and Disposable Supplies	Prosthetics	DEF	Default	L8699		PROSTHETIC IMPLANT NOS	1) No valid utilization data; 2) Code is manually priced



COLORADO

Department of Health Care
Policy & Financing

Appendix D: Benchmark State Selection Rationale for 2025 MPRRAC Review

1. Dialysis and Dialysis-related Services

Benchmark states: Arizona, California, Michigan, Minnesota, Nebraska, Nevada, Oklahoma, and Oregon

Rational: The states chosen as benchmarks for the rate comparison analysis have comparable dialysis benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks.

2. Dental DIDD

2.1 ADA adjusted data

Rational: The American Dental Association (ADA) survey data provides national average dental fees for over 200 commonly used dental procedure codes. In the 2023 Dental Review, ADA rates were used as the primary benchmarking source, and stakeholders have recommended continuing this approach for the current year. However, the ADA does not set or recommend fees for dental procedures, as federal law prohibits it from doing so. In 2023, the Council on Dental Practice decided to discontinue the Survey of Dental Fees. As a result, the projected ADA rates for 2025 were estimated by analyzing historical rate change patterns from 2013 to 2022 and applying these trends to the 2022 ADA survey data.

2.2 Benchmark state

Benchmark states: Louisiana, Nevada, New York, Oklahoma, and South Carolina

Rational: The states chosen as benchmarks for the rate comparison analysis either have separate Dental Fee Schedules, or additional coverage, or enhanced reimbursement rates for IDD population.

3. Durable Medical Equipment (DME)

Benchmark states: Arizona, California, Nebraska, Oklahoma, Oregon, and Wyoming

Rational: The states chosen as benchmarks for the rate comparison analysis collectively cover many of the same DME services. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. The ability to review rate differentials between geographics is

beneficial for reviewing DME rates. Hence, some of the states have higher amounts of covered populations in rural areas, providing a rural and urban split for reimbursement that is similar to the rural and urban split in Colorado.

4. Prosthetics, Orthotics, and Disposable Supplies

Benchmark states: Arizona, California, Louisiana, Nebraska, Nevada, Ohio, Oklahoma, Oregon, Texas, and Wyoming

Rational: The states chosen as benchmarks for the rate comparison analysis collectively cover many of the same Prosthetics, Orthotics, and Disposable Supplies services. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. The ability to review rate differentials between geographics is beneficial for reviewing prosthetics, orthotics, and disposable supplies rates. Hence, some of the states have higher amounts of covered populations in rural areas, providing a rural and urban split for reimbursement that is similar to the rural and urban split in Colorado. This service category contains over one hundred unique procedure codes not covered by Medicare; hence, ten states are used for benchmarking to allow for a more complete analysis of the category.

5. Laboratory and Pathology Services

Benchmark states: Arizona, California, Nebraska, Nevada, Oklahoma, Oregon, and Utah

Rational: The states chosen as benchmarks for the rate comparison analysis collectively cover many of the same Laboratory and Pathology services and have comparable covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and share provider operating groups and networks. These states were also identified to be appropriate benchmarks in previous years of the rate review process and since have not significantly altered their payment levels or Medicaid program reimbursement policies.

6. Outpatient PT/OT/ST

Benchmark states: Arizona, California, Maine, Michigan, Minnesota, North Dakota, Oregon, and South Carolina

Rational: The states chosen as benchmarks for the rate comparison analysis have comparable benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado and compact agreements. These states were also identified to be appropriate benchmarks in

previous years of the rate review process and since have not significantly altered their payment levels or Medicaid program reimbursement policies.

7. Specialty Care Services

Benchmark states: Arkansas, Georgia, Illinois, Maine, Nevada, New Mexico, Oklahoma, Oregon, and Washington

Rational: These states were chosen because they use a fee-for-service model to cover skin substitutes. The service definitions and program requirements for these skin substitute codes are comparable to those covered by Health First Colorado.

8. Early Intervention TCM

Benchmark states: Louisiana, Maine, Missouri, and North Carolina

Rational: A comprehensive analysis was conducted to identify appropriate state comparisons for Early Intervention services. This involved reviewing provider billing manuals and service descriptions from multiple states. Based on this research, Louisiana, Maine, Missouri, and North Carolina were identified as having comparable rates for Colorado's T1017+TL service. T1026+TL services are assessments to determine the complexity of care required to meet the child's needs, Missouri and North Carolina have comparable rates.

9. Targeted Case Management Services

9.1 TCM - Case Management

Benchmark states: Louisiana, Maine, Montana, and Massachusetts

Rational: Case Management services support members eligible for Colorado's waiver programs. Montana was suggested by Alliance, an external provider group, Maine and Massachusetts were suggested by HCPF's internal SMEs, while Louisiana was suggested by the actuary company Optumas. Massachusetts and Montana have monthly rates. Maine uses a 15-minute rate that was converted to a monthly equivalent using an HCPF's assumption that providers on average provide 2.13 hours of services per member per month. Louisiana explicitly combines Case Management and Monitoring into a single monthly rate. To ensure an appropriate comparison, the actuary company Optumas separated Louisiana's rate based on the ratio of Colorado's Case Management and Monitoring rates.

9.2 TCM - Transition Coordination

Benchmark states: Minnesota, Missouri, and South Dakota

Rational: Transition Coordination exclusively supports members transitioning from a congregate setting to community-based setting. In contrast, other states that offer Transition Coordination services allow it to be used for members transition to and from a variety of living situations. In Colorado, these services were originally funded through the Money Follows the Person (MFP) Grant. To identify appropriate comparisons, the actuary company Optumas analyzed states that offer transition coordination originally funded using MFP grants. Based on this research, Idaho, Minnesota, Missouri, North Dakota, and South Dakota were identified. Additional feedback from HCPFs policy experts narrowed this list down to the three states, Missouri, Minnesota, and South Dakota.

10. Vision Services

Benchmark states: Arizona, California, Louisiana, Nevada, Oklahoma, Nebraska, Oregon, Utah, and New Mexico

Rational: Vision Services is a newly created service due to regrouping efforts after the March MPRRAC meeting, including all of the original “Physician Services - Ophthalmology” codes, majority of the original “Eyeglasses and Vision” codes, and four of the original “Physician Services - Other” codes. On top of that, during our communication with a provider, concerns about California’s rate being too low as a benchmark for original “Eyeglasses and Vision” codes were brought up. After careful and thorough research, we decided to add New Mexico to the benchmark state list only for original “Eyeglasses and Vision” codes as a balancing effort for California. The states chosen as benchmarks for the rate comparison analysis have comparable vision benefit packages and covered populations to Colorado. Additionally, most of the benchmark states are geographically close to Colorado. These states were also identified to be appropriate benchmarks in previous years of the rate review process and since have not significantly altered their payment levels or Medicaid program reimbursement policies.

11. Physician Services

Benchmark states: Arizona, Nebraska, Nevada, Oklahoma, Oregon, and Utah

Rational: The states chosen as benchmarks for the rate comparison analysis have comparable physician benefit packages and covered populations to Colorado. Additionally, all of the benchmark states are geographically close to Colorado. With some of the physician service subcategories, the primary providers are specialists and the other state benchmarks share economic and healthcare delivery characteristics with Colorado, including rural and frontier areas where physician access is a challenge. Many of the regions around Colorado tend to have lower physician-to-

population ratios, making them relevant for assessing whether reimbursement rates impact workforce availability.

Appendix D.1 - Dental IDD Benchmarking Crosswork

Tab Category	Tab Sequence	Tab Name	Tab Content
Overview Information	1.1	Benchmark Rationale & Glossary	This tab provides the benchmark rationale for Dental IDD service against Colorado Medicaid Dental State Plan, American Dental Association (ADA) and other states; it includes a key glossary of terms used throughout this document.
	1.2	Summary	This tab presents an overview of the DIDD code set, including totals for codes with and without utilization, codes with benchmark ratios, excluded codes by reasons, and the number of codes benchmarked using Colorado Medicaid Dental State Plan, ADA or other states.
Benchmarking Analyses	2.1	Colorado Medicaid State Plan Comparison	This tab includes the details of all DIDD codes compared to Coloardo Medicaid Dental State Plan for adults (21+). a. "Utilization" (column C): This is the DIDD utilization in SFY2023-24. A star (*) marks counts under 30 to protect PHI; blank if not used in SFY2023-24. b. "Utilization Ranking" (column D): Lower numbers indicate higher utilization (e.g., 1 = most utilized). Codes with equal utilization share the same rank; blank if not used in SFY2023-24. c. "In the State Plan?" (column G): "Not Covered in State Plan" means the code is not covered under CO Medicaid Dental State Plan for adults; "Excluded from Comparison" if the DIDD code is manually priced or has a rate of \$0; blank if compared to the State Plan. d."Benchmark Ratio (Rate-only)" (column H): It is DIDD rate divided by the CO Medicaid State Dental rate, without considering utilization. e. "Benchmark Ratio (Repriced)" (column I): It is the Colorado DIDD Repriced amount divided by the <u>Colorado Medicaid State Dental Repriced amount, taking utilization and TPL into consideration.</u>
	2.2	ADA&BenchmarkStates_CodeWithUtilization	This tab provides rate comparisons for codes with utilization. In addition to the FY2024 Medicaid paid amounts and current rates for each code, it includes benchmark ratio calcuations based on both ADA projected rates and rates from other states. The rates from each benchmark state listed in this tab are normalized to Colorado Cost of Living.
	2.3	ADA&BenchmarkStates_CodeWithoutUtilization	This tab provides rate only comparison for codes without utilization. This tab includes benchmark ratio calcuations based on both ADA projected rates and rates from other states. The rates from each benchmark state listed in this tab are normalized to Colorado Cost of Living.
Supporting Data	3.1	DIDD All Codes	This tab lists all 444 dental codes covered under the DIDD plan, along with their rates and the link used to downloade the DIDD Fee Schedule.
	3.2	ADA Projected Rate	This tab lists all codes included in both the DIDD plan and ADA survey data from 2013 and 2022, and shows the methodology used to calculated the projected ADA rate for 2025.
	3.3a	Benchmark States Rates	This tab includes two tables. a. The first table lists DIDD codes with available rates from at least one benchmark state, showing both the original/calculated rates and those normalized to Colorado's cost of living. For some codes, original rates are not listed directly - conversion or averaging was required due to variations in how the codes appear in the benchmark states' regular dental fee schedules. b. The second table provides the cost-of-living index (COLA) values for the five benchmark states and Colorado. This tab also includes links to the source fee schedules for each benchmark state along with when they were downloaded.
	3.3b	Benchmark States Rates Paste	This tab includes the original rates from each benchmark state, an explanation of the fee schedule used, and the methodologies applied for converting or averaging rates when direct matches to DIDD codes were not available.

1. Colorado Medicaid Dental State Plan:

The Colorado Medicaid Dental State Plan provides dental benefits through Health First Colorado, covering children and adults who are eligible for Medicaid.
The MPRRAC recommended using the Colorado Medicaid Dental State Plan as the benchmark for DIDD rates, as it provides the most relevant comparison within Medicaid’s policy and fiscal context.

2. ADA Projected 2025 Rates:

1) We have found the following information from ADA website
(<https://www.ada.org/resources/research/health-policy-institute/dental-care-market>):

Where can I get the ADA's fee schedule?

The ADA cannot quote fees for dental procedures and is forbidden by federal law to set or recommend fees. The Council on Dental Practice elected to discontinue the Survey of Dental Fees in 2023 and it has been removed for download, due to a change in law eliminating safe harbor disclosure. Posting such information, therefore, is now legally problematic.

So the latest year of ADA Survey data was published in 2022.
The projected ADA rates for 2025 were calculated by analyzing historical rate change patterns observed in ADA rates from 2013 to 2022 and applying these trends to the 2022 ADA survey data.
The details of this calculation can be found in the "ADA Projected Rate" tab.
2) ADA rates represent national averages; therefore, a cost of living adjustment to normalize to the Colorado living index was not necessary.

3. Benchmark states selection:

1) We have conducted a thorough review of all 50 states to identify five states with enhanced dental programs for I/DD.
Here is the definition of enhanced dental program:
a. The most appropriate comparison would be Medicaid adults with IDD, since some states don't offer waivers.
b. Either Rate higher than regular dental program or more coverage/benefit
Five benchmark states were identified and approved by our SMEs through this review process:
Nevada, Louisiana, New York, Oklahoma, and South Carolina
2) All rates from these five benchmark states are normalized to the Colorado living index to ensure that the rates are fair and representative of the economic conditions in each state.
3) Cost of Living index was obtained from <https://www.c2er.org/> at the time of the analysis (Jan 2025).
4) The details for each benchmark state's data can be found in the "Benchmark Rates" tab.

- 4. CO Repriced:** The Colorado Medicaid DIDD July 2024 rates, were applied to the SFY24 utilization data and then reduced by Third Party Liability (TPL) payments and copay amounts.
- 5. ADA Repriced:** The projected 2025 ADA rates, were applied to the SFY24 utilization data and then reduced by Third Party Liability (TPL) payments and copay amounts.
- 6. Benchmark State Repriced:** The average benchmark rates, normalized to Colorado Cost of Living, were applied to the SFY24 utilization data and then reduced by Third Party Liability (TPL) payments and copay amounts.
- 7. Benchmark Ratio:** This is the ratio related to Medicaid payment only, which is after TPL payments and Copay amount. It is calculated by dividing the CO Repriced value by the Benchmark Repriced value.
- 8. Limited SFY24 data**
DentaQuest only has 8 months of FY24 utilization data (July 1st 2023 to Feb 29 2024) available.
So all the benchmark ratio calculation was based on 8 months of data.
Accordingly, all utilization and dollar amount figures in this appendix reflect that eight-month period.

Total Number of Codes	Number of Codes with Utilization	Number of Codes without Utilization	Number of Codes Excluded Due to Manually Priced	Number of Codes Excluded Due to DIDD Rate = \$0
444	139	305	24	3

Codes Used Colorado Medicaid Dental State Plan as Benchmark (Rate Only)					
Total Number of Codes	Number of Codes with Rates Higher Than That in the State Plan	Number of Codes with Rates Lower Than That in the State Plan	Number of Codes Not Covered in the State Plan	Min Benchmark Ratio	Max Benchmark Ratio
417	181	15	221	70.39%	346.12%

Codes Use ADA Rates as Benchmark					
Total Number of Codes	Number of Codes with Utilization	Number of Codes without Utilization	Min Benchmark Ratio	Max Benchmark Ratio	CO as % of Benchmark Rate (Utilized Codes)
191	102	89	17.67%	141.11%	74.65%

Codes Use Other States as Benchmark					
Total Number of Codes	Number of Codes with Utilization	Number of Codes without Utilization	Min Benchmark Ratio	Max Benchmark Ratio	CO as % of Benchmark Rate (Utilized Codes)
100	75	25	37.90%	287.38%	177.25%

Colorado Medicaid State Dental Fee Scheule was downloaded in Nov, 2024:

<https://www.dentaquest.com/en/providers/colorado#accordion-cc701049a4-item-68fa6a901e>

Dental Fee Schedules

Colorado Medicaid State Dental Fee Schedule - Effective July 1, 2024

View

Colorado Medicaid State Dental Fee Schedule - Effective July 1, 2024 (.xlsx)

Download

Colorado DIDD Dental Fee Schedule - Effective July 1, 2024

View

Colorado DIDD Dental Fee Schedule - Effective July 1, 2024 (.xlsx)

Download

DIDD CPT Procedure Code	Procedure Code Description	Utilization (8-month data)	Utilization Ranking	DIDD Rate Effective 07/01/2024	CO Medicaid State Dental Rate Effective 07/01/2024	In the State Plan?	Benchmark Ratio (Rate-only)	Benchmark Ratio (Repriced)
D0120	Periodic Oral Evaluation	4,345	1	\$48.57	\$38.35		126.65%	130.43%
D0140	Limited Oral Evaluation Problem Focused	626	13	\$70.42	\$53.14		132.52%	135.50%
D0150	Comprehensive Oral Evaluation	800	11	\$77.73	\$61.03		127.36%	136.07%
D0160	Detailed & Extensive Oral Evaluation, Problem Focus	*	55	\$78.05	\$75.03		104.03%	104.71%
D0170	Re-Evaluation Limit/Problem Focus, Est Patient	*	114	\$114.29	\$33.02		346.12%	346.12%
D0171	Re-Evaluation-Post-Operative Office Visit	*	92	\$114.29		Not Covered in the State plan		
D0180	Comprehensive Periodontal Evaluation	93	38	\$84.02	\$45.04		186.55%	222.56%
D0190	Screening of a Patient	*	102	\$51.37		Not Covered in the State plan		
D0191	Assessment of a Patient			\$53.82		Not Covered in the State plan		
D0210	Intraoral Complete Film Series	531	15	\$128.52	\$88.31		145.53%	156.08%
D0220	Intraoral Periapical First	1,576	6	\$26.56	\$13.21		201.06%	231.79%
D0230	Intraoral Periapical-Each Additional	1,714	4	\$22.20	\$13.21		168.05%	185.95%
D0240	Intraoral-Occlusal Radiographic Image	36	51	\$62.24		Not Covered in the State plan		
D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector			\$45.92		Not Covered in the State plan		
D0251	Extraoral Posterior Dental Radiographic Image			\$45.92		Not Covered in the State plan		
D0270	Dental Bitewing, Single Image	68	40	\$33.26	\$13.79		241.19%	274.30%
D0272	Dental Bitewings, Two Images	135	31	\$42.89	\$22.20		193.20%	224.80%
D0273	Bitewings, Three Images	*	83	\$51.40	\$26.17		196.41%	253.97%
D0274	Bitewings, Four Images	1,708	5	\$60.44	\$31.20		193.72%	213.13%
D0277	Vertical Bitewings, 7-8 Images	*	69	\$91.10	\$46.25		196.97%	206.46%
D0310	Sialography			\$179.09		Not Covered in the State plan		
D0320	Temporomandibular Joint Arthrogram, Including Injection			\$162.05		Not Covered in the State plan		
D0321	Other Temporomandibular Joint Radiographic Images, By Report			\$106.04		Not Covered in the State plan		
D0322	Tomographic Survey			\$282.89		Not Covered in the State plan		
D0330	Panoramic Image	421	20	\$104.47	\$55.21		189.22%	201.20%
D0340	2D Cephalometric Radiographic Image- acquisition, measurement and analysis	*	102	\$106.95		Not Covered in the State plan		
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	467	18	\$45.47		Not Covered in the State plan		
D0351	3D Photographic Image			\$255.94		Not Covered in the State plan		
D0365	Cone beam ct interpret man			\$474.23		Not Covered in the State plan		
D0366	Cone beam ct interpret max			\$474.23		Not Covered in the State plan		
D0367	Cone beam ct interp both jaw	*	92	\$330.23		Not Covered in the State plan		
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images			\$130.01	\$86.68		149.99%	
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image			\$31.20	\$20.80		150.00%	
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image			\$26.00	\$17.34		149.94%	
D0380	CBCT image capture with limited field of view-less than on whole jaw.			\$214.92	\$143.28		150.00%	
D0383	CBCT image capture with field of view of both jaws, with or without cranium.	*	59	\$214.92	\$143.28		150.00%	158.01%
D0384	CBCT image capture of TMJ series including two or more exposures.	*	114	\$356.35	\$237.57		150.00%	150.00%
D0385	Maxillofacial MRI image capture.			\$513.99	\$342.66		150.00%	
D0386	Maxillofacial ultrasound image capture			\$128.31	\$85.54		150.00%	
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only			\$65.01	\$43.34		150.00%	
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only			\$19.51	\$13.01		149.96%	
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only			\$23.45	\$15.64		149.94%	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report			\$167.66	\$88.45		189.55%	
D0411	HbA1c in-office point of service testing			\$88.78	\$46.19		192.21%	
D0412	Blood Glucose Level Test			\$0.00	\$19.72	Excluded from comparison		
D0414	Lab Process Microbial Spec			\$80.97	\$53.98		150.00%	
D0425	Caries Susceptibility Tests	*	71	\$90.16		Not Covered in the State plan		
D0460	Pulp Vitality Tests	108	33	\$45.04	\$28.20		159.72%	168.66%
D1110	Prophylaxis Adult	3,655	2	\$90.76	\$97.50		93.09%	92.43%
D1206	Topical Fluoride Varnish	2,244	3	\$37.71	\$41.96		89.87%	88.59%
D1208	Topical Application of Fluoride- excluding varnish	153	29	\$33.81	\$12.25		276.00%	320.67%
D1351	Sealant- Per Tooth	*	63	\$57.00		Not Covered in the State plan		
D1352	Prev resin rest, perm tooth			\$93.57		Not Covered in the State plan		
D1353	Sealant Repair- Per Tooth	*	102	\$93.57		Not Covered in the State plan		
D1354	Interim Caries Arresting Medicament Application	173	27	\$58.46		Not Covered in the State plan		
D1510	Space Maintainer Fixed Unilateral			\$309.63		Not Covered in the State plan		
D1520	Space maintainer Removable Unilateral			\$259.06		Not Covered in the State plan		
D1556	Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)			\$58.55		Not Covered in the State plan		
D1557	Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)			\$58.55		Not Covered in the State plan		

D1558	Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)			\$58.55		Not Covered in the State plan		
D1575	Distal shoe space maintainer - fixed - unilateral			\$309.63		Not Covered in the State plan		
D1781	Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.			\$399.65		Not Covered in the State plan		
D1782	Vaccine administration - Human PapillomaVirus - Dose 2			\$399.65		Not Covered in the State plan		
D1783	Vaccine administration - Human PapillomaVirus - Dose 3			\$399.65		Not Covered in the State plan		
D1999	Unspecified Preventative Procedure, By Report			Code is manually priced	Code is Manually Priced	Excluded from comparison		
D2140	Amalgam One Surface Permanent	95	36	\$163.63	\$110.02		148.73%	172.46%
D2150	Amalgam Two Surfaces Permanent	102	34	\$209.09	\$140.59		148.72%	154.57%
D2160	Amalgam Three Surfaces Permanent	45	45	\$256.39	\$172.40		148.72%	160.36%
D2161	Amalgam 4 or > Surfaces Permanent	*	69	\$310.69	\$208.93		148.71%	148.71%
D2330	Resin One Surface Anterior	260	26	\$155.01	\$106.82		145.11%	157.91%
D2331	Resin Two Surfaces Anterior	268	25	\$191.86	\$132.18		145.15%	161.54%
D2332	Resin Three Surfaces Anterior	375	22	\$235.15	\$162.09		145.07%	158.40%
D2335	Resin Four or > Surface/Incisor Anterior	287	24	\$283.74	\$195.55		145.10%	161.42%
D2390	Resin Based Composite Crown Anterior			\$380.88	\$256.91		148.25%	
D2391	Resin Based Composite One Surface Posterior	648	12	\$163.63	\$110.02		148.73%	171.90%
D2392	Resin Based Composite Two Surfaces Posterior	836	10	\$209.09	\$140.59		148.72%	166.71%
D2393	Resin Base Composite Three Surface Posterior	479	17	\$256.39	\$172.40		148.72%	171.03%
D2394	Resin Base Composite 4 or > Surfaces Posterior	158	28	\$310.69	\$208.93		148.71%	167.88%
D2710	Crown, Resin-Based Composite (Indirect)			\$728.19	\$257.66		282.62%	
D2712	Crown Resin Base Composite (Indirect)			\$728.19	\$257.66		282.62%	
D2721	Crown, Resin with Predominantly Base Metal			\$728.19	\$257.66		282.62%	
D2722	Crown, Resin Noble Metal			\$728.19	\$257.66		282.62%	
D2740	Crown, Porcelain/Ceramic Substrate	622	14	\$1,105.05	\$849.16		130.13%	135.33%
D2750	Crown Porcelain High Noble Metal	42	47	\$1,118.92	\$841.06		133.04%	140.21%
D2751	Crown Porcelain Base Metal	*	61	\$1,105.05	\$767.03		144.07%	152.64%
D2752	Crown Porcelain Noble Metal	*	66	\$1,105.05	\$798.29		138.43%	138.43%
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys			\$1,105.05	\$492.27		224.48%	
D2781	Crown 3/4 Base Metal			\$1,105.05	\$492.27		224.48%	
D2782	Crown 3/4 Cast Noble Metal			\$1,105.05	\$492.27		224.48%	
D2783	Crown 3/4 Porcelain/Ceramic			\$1,105.05	\$492.27		224.48%	
D2790	Crown Full Cast High Noble Metal	*	92	\$1,105.05	\$868.62		127.22%	127.22%
D2791	Crown Full Cast Base Metal			\$1,105.05	\$492.27		224.48%	
D2792	Crown Full Cast Noble Metal	*	114	\$1,105.05	\$492.27		224.48%	224.48%
D2794	Crown Titanium			\$1,105.05	\$836.88		132.04%	
D2799	Provisional Crown			\$330.14	\$128.82		256.28%	
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration			\$87.73	\$52.21		168.03%	
D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core			\$98.43		Not Covered in the State plan		
D2920	Recement or re-bond crown	35	53	\$98.43	\$53.44		184.19%	202.39%
D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth			\$258.42	\$155.48		166.21%	
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth			\$201.69		Not Covered in the State plan		
D2930	Prefabricated Stainless Steel Crown Primary			\$265.56		Not Covered in the State plan		
D2931	Prefabricated Stainless Steel Crown Permanent	59	41	\$311.18	\$155.48		200.14%	486.30%
D2932	Prefabricated Resin Crown			\$258.42		Not Covered in the State plan		
D2933	Prefabricated Stainless Steel Crown with Resin Window			\$270.01	\$173.48		155.64%	
D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary			\$304.42		Not Covered in the State plan		
D2940	Protective Restoration	32	54	\$111.30	\$55.21		201.59%	299.40%
D2950	Core Buildup Including Pins	423	19	\$250.12	\$135.08		185.16%	204.02%
D2951	Pin Retention Per Tooth			\$55.10		Not Covered in the State plan		
D2952	Post and core cast + crown	*	102	\$382.07	\$207.12		184.47%	184.47%
D2953	Each addtnl cast post			\$370.17		Not Covered in the State plan		
D2954	Prefabricated Post and Core + Crown	*	58	\$306.03	\$164.50		186.04%	237.18%
D2955	Post Removal			\$181.00		Not Covered in the State plan		
D2957	Each Additional Prefabricated Post			\$191.75		Not Covered in the State plan		
D2980	Crown Repair			\$175.43		Not Covered in the State plan		
D2991	Application of hydroxyapatite regeneration medicament-per tooth	*	56	\$84.46	\$56.30		150.02%	150.02%
D2999	Unspecified Restorative Procedure			Code is manually priced	Code is manually priced	Excluded from comparison		
D3110	Pulp Cap Direct			\$77.76		Not Covered in the State plan		
D3120	Pulp Cap Indirect	*	67	\$75.55		Not Covered in the State plan		
D3221	Pulpal Debridement	*	92	\$187.07		Not Covered in the State plan		
D3222	Partial Pulpotomy for Apexogenesis			\$218.03		Not Covered in the State plan		
D3230	Pulpal Therapy Anterior Primary Tooth			\$228.79		Not Covered in the State plan		
D3240	Pulpal Therapy Posterior Primary			\$252.20		Not Covered in the State plan		
D3310	End Therapy, Anterior Tooth	96	35	\$689.32	\$799.76		86.19%	83.02%
D3320	End Therapy, Bicuspid Tooth	82	39	\$805.52	\$917.71		87.78%	86.06%
D3330	End Therapy, Molar	37	50	\$979.01	\$1,109.31		88.25%	87.54%
D3331	Root Canal Obstruction Non-Surgical			\$427.18		Not Covered in the State plan		
D3332	Incomplete Endodontic Therapy			\$324.21		Not Covered in the State plan		
D3333	Internal Root Repair o			\$188.80		Not Covered in the State plan		
D3346	Retreatment Root Canal Anterior	*	102	\$800.42	\$911.61		87.80%	87.80%
D3347	Retreatment Root Canal Bicuspid			\$901.64	\$1,044.12		86.35%	
D3348	Retreatment Root Canal Molar	*	83	\$1,068.84	\$1,246.06		85.78%	85.78%
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)			\$303.98		Not Covered in the State plan		
D3352	Apexification/Recalcification Interim			\$209.07		Not Covered in the State plan		
D3353	Apexification/Recalcification- Final			\$440.87		Not Covered in the State plan		
D3355	Pulpal Regeneration Initial Visit (replaces D3354)			\$449.18		Not Covered in the State plan		
D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)			\$197.54		Not Covered in the State plan		

D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)			\$197.54		Not Covered in the State plan		
D3410	Apicoectomy/Periradicular Surgery Anter			\$654.32		Not Covered in the State plan		
D3421	Apicoectomy/Periradicular Surgery Bicus			\$712.78		Not Covered in the State plan		
D3425	Apicoectomy/Periradicular Surgery Molar			\$786.88		Not Covered in the State plan		
D3426	Apicoectomy/Periradicular Surgery Ea Add			\$279.16		Not Covered in the State plan		
D3430	Retrograde Filling Per Root			\$212.19		Not Covered in the State plan		
D3450	Root Amputation Per Root			\$341.65		Not Covered in the State plan		
D3460	Endodontic Endosseous Implant			\$677.50		Not Covered in the State plan		
D3470	Intentional Reimplantation			\$1,341.15		Not Covered in the State plan		
D3910	Isolation Tooth with Rubber Dam			\$144.68		Not Covered in the State plan		
D3920	Hemisection Incl Rt Remov Excl Rt Canal			\$399.71		Not Covered in the State plan		
D3921	Decoronation or submergence of an erupted tooth			\$436.71	\$222.73		196.07%	
D3950	Canal Preparation and Fitting of Preformed Dowel/Post			\$169.26		Not Covered in the State plan		
D3999	Unspecified Endodontic Procedure			Code is manually priced	Code is manually priced	Excluded from comparison		
D4210	Gingivectomy/Plasty 4 or More	*	86	\$504.38	\$300.17		168.03%	244.66%
D4211	Gingivectomy/Plasty 1 to 3			\$248.45	\$130.63		190.19%	
D4212	Gingivectomy/plasty rest			\$217.62	\$77.23		281.78%	
D4240	Gingival Flap Proc w Planin			\$647.64		Not Covered in the State plan		
D4245	Apically Positioned Flap			\$458.13		Not Covered in the State plan		
D4249	Crown Lengthening Hard Tissue			\$680.25		Not Covered in the State plan		
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant			\$999.30		Not Covered in the State plan		
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant			\$712.84		Not Covered in the State plan		
D4263	Bone Replacement Graft First Site			\$531.09		Not Covered in the State plan		
D4264	Bone Replacement Graft Each Additional Site			\$389.59		Not Covered in the State plan		
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration			\$417.90		Not Covered in the State plan		
D4266	Guided Tissue Regen Resorbable			\$566.19	\$419.04		135.12%	
D4267	Guided Tissue Regen Nonresorbable			\$696.18		Not Covered in the State plan		
D4268	Surgical Revision Procedure Per Tooth			\$420.65		Not Covered in the State plan		
D4270	Pedicle Soft Tissue Graft Procedure			\$694.52		Not Covered in the State plan		
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same graft site			\$993.85		Not Covered in the State plan		
D4274	Distal/Proximal Wedge			\$417.52		Not Covered in the State plan		
D4275	Non-Autogenous Connective Tissue Graft Procedure			\$911.06		Not Covered in the State plan		
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	*	114	\$796.92		Not Covered in the State plan		
D4278	Free Soft Tissue Graft Pocedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site			\$513.19		Not Covered in the State plan		
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site			\$993.85		Not Covered in the State plan		
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site			\$993.85		Not Covered in the State plan		
D4286	Removal of Non-Resorbable Barrier			\$143.62	\$95.74		150.01%	
D4322	Splint- Intra-Coronal; Natural teeth or prosthetic crowns			\$323.43		Not Covered in the State plan		
D4323	Splint- Extra-Coronal; Natural Teeth or prosthetic crowns			\$377.15		Not Covered in the State plan		
D4341	Periodontal Scaling & Root Planing	391	21	\$245.40	\$266.51		92.08%	90.12%
D4342	Periodontal Scaling 1 to 3 Teeth	1,139	8	\$172.78	\$189.68		91.09%	90.45%
D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	291	23	\$121.13	\$47.89		252.93%	368.60%
D4355	Full Mouth Debridement	*	74	\$167.72	\$90.04		186.27%	256.83%
D4381	Localized delivery antimicro	41	48	\$86.20		Not Covered in the State plan		
D4910	Periodontal Maintenance	1,205	7	\$131.97	\$149.01		88.56%	87.84%
D4999	Unspecified Periodontal Procedure			Code is manually priced	Code is manually priced	Excluded from comparison		
D5110	Complete Denture Maxillary	*	62	\$1,565.89	\$851.41		183.92%	183.92%
D5120	Complete Denture Mandibular	*	60	\$1,570.31	\$852.94		184.11%	184.11%
D5130	Immediate Denture Maxillary	*	92	\$1,662.38	\$851.41		195.25%	195.25%
D5140	Immediate Denture Mandibular	*	102	\$1,663.84	\$852.94		195.07%	195.07%
D5211	Maxillary Partial Denture Resin	*	78	\$1,188.83	\$586.83		202.59%	202.59%
D5212	Mandibular Partial Denture Resin	*	92	\$1,190.93	\$586.83		202.94%	202.94%
D5213	Maxillary Partial Denture Cast Metal	*	72	\$1,591.23	\$840.48		189.32%	229.30%
D5214	Mandibular Partial Denture Cast Metal	*	74	\$1,595.40	\$840.48		189.82%	189.82%
D5221	Immediate Maxillary Partial Denture - resin base (including any conventional clasps, rests and teeth)			\$1,188.83		Not Covered in the State plan		
D5222	Immediate Mandibular Partial Denture - resin base (including any conventional clasps, rests and teeth)			\$1,190.93		Not Covered in the State plan		
D5223	Immediate Maxillary Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)			\$1,591.23		Not Covered in the State plan		

D5224	Immediate Mandibular Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)			\$1,595.40		Not Covered in the State plan		
D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests, and teeth			\$1,416.10		Not Covered in the State plan		
D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests, and teeth)			\$1,420.26		Not Covered in the State plan		
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary			\$819.93		Not Covered in the State plan		
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular			\$819.93		Not Covered in the State plan		
D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant			\$819.93		Not Covered in the State plan		
D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant			\$819.93		Not Covered in the State plan		
D5410	Adjust Complete Denture Maxillary	*	83	\$83.24	\$44.41		187.44%	187.44%
D5411	Adjust Complete Denture Mandibular	*	86	\$83.24	\$44.41		187.44%	187.44%
D5421	Adjust Partial Denture Maxillary	*	92	\$83.24	\$44.41		187.44%	187.44%
D5422	Adjust Partial Denture Mandibular	*	86	\$83.24	\$44.41		187.44%	187.44%
D5511	Repair broken complete denture base, mandibular			\$234.19	\$121.84		192.21%	
D5512	Repair broken complete denture base, maxillary	*	102	\$234.19	\$121.84		192.21%	192.21%
D5520	Replace Complete Denture, Each Tooth	*	114	\$172.91	\$88.85		194.61%	194.61%
D5611	Repair resin partial denture base, mandibular			\$172.15	\$89.55		192.24%	
D5612	Repair resin partial denture base, maxillary	*	114	\$172.15	\$89.55		192.24%	192.24%
D5621	Repair cast partial framework, mandibular			\$229.22	\$119.27		192.19%	
D5622	Repair cast partial framework, maxillary	*	114	\$229.22	\$119.27		192.19%	192.19%
D5630	Repair or Replace Broken Clasp- per tooth			\$256.62	\$129.66		197.92%	
D5640	Replace Broken Teeth, Per Tooth	*	86	\$169.21	\$90.04		187.93%	187.93%
D5650	Add Tooth to Existing Partial Denture	*	72	\$195.00	\$79.86		244.18%	244.18%
D5660	Add Clasp to Existing Partial Denture- per tooth			\$234.50	\$135.08		173.60%	
D5670	Replace Teeth & Acrylic Cast Metal Max			\$651.25	\$333.54		195.25%	
D5671	Replace Teeth & Acrylic Cast Metal Mandi			\$651.25	\$333.54		195.25%	
D5710	Rebase Complete Maxillary Denture			\$519.50	\$282.15		184.12%	
D5711	Rebase Complete Mandibular Denture			\$533.04	\$283.35		188.12%	
D5720	Rebase Maxillary Partial Denture			\$495.75	\$270.74		183.11%	
D5721	Rebase Mandibular Partial Denture			\$495.75	\$270.74		183.11%	
D5725	Rebase hybrid prosthesis			\$530.87	\$270.74		196.08%	
D5730	Reline Complete Maxillary Denture Chair	*	92	\$313.26	\$180.08		173.96%	173.96%
D5731	Reline Comp Mandibular Denture Chair	*	114	\$313.71	\$180.08		174.21%	174.21%
D5740	Reline Maxillary Partial Denture Chair	*	102	\$260.79	\$177.69		146.77%	191.74%
D5741	Reline Mandibular Partial Denture Chair	*	114	\$263.43	\$179.49		146.77%	146.77%
D5750	Reline Complete Maxillary Denture Lab	*	63	\$421.95	\$228.13		184.96%	209.40%
D5751	Reline Complete Mandibular Denture Lab	*	68	\$422.74	\$229.31		184.35%	219.22%
D5760	Reline Maxillary Partial Denture Lab			\$426.44	\$226.33		188.42%	
D5761	Reline Mandibular Partial Denture Lab	*	114	\$426.44	\$226.33		188.42%	188.42%
D5765	Soft liner for complete or partial removable denture indirect	*	114	\$443.79	\$226.33		196.08%	196.08%
D5810	Interim Complete Denture Maxillary			\$720.96		Not Covered in the State plan		
D5811	Interim Complete Denture Mandibular			\$704.66		Not Covered in the State plan		
D5820	Interim Partial Denture Maxillary			\$553.36		Not Covered in the State plan		
D5821	Interim Partial Denture Mandibular			\$546.88		Not Covered in the State plan		
D5850	Tissue Conditioning Maxillary			\$175.06	\$98.46		177.80%	
D5851	Tissue Conditioning Mandibular			\$175.06	\$98.46		177.80%	
D5862	Precision Attachment, By Report			\$352.92	\$330.18		106.89%	
D5863	Overdenture-Complete Maxillary			\$1,311.83		Not Covered in the State plan		
D5864	Overdenture-Partial Maxillary			\$1,194.15		Not Covered in the State plan		
D5865	Overdenture-Complete Mandibular			\$1,311.83		Not Covered in the State plan		
D5866	Overdenture-Partial Mandibular			\$1,194.15		Not Covered in the State plan		
D5867	Replacement of Precision Attachment			\$217.55	\$159.08		136.76%	
D5875	Modification of Removable Prosthesis following implant surgery			\$331.55		Not Covered in the State plan		
D5899	Unspecified Removable Prosthodontic			\$471.46		Not Covered in the State plan		
D5999	Unspecified Maxillofacial Prosthesis			Code is manually priced	Code is manually priced	Excluded from comparison		
D6010	Surgical Placement of Implant Body: Endosteal Implant			\$1,906.15		Not Covered in the State plan		
D6011	Second Stage Implant Surgery 21 and Older			\$640.19		Not Covered in the State plan		
D6012	Surgical Placement of Interim Implant Body: Endosteal Implant			\$1,563.05		Not Covered in the State plan		
D6055	Implant connecting bar			\$2,147.88		Not Covered in the State plan		
D6056	Prefabricated abutment			\$671.48		Not Covered in the State plan		
D6057	Custom Abutment			\$827.82		Not Covered in the State plan		
D6058	Abutment Supported Porcelain/Ceramic Crown	*	114	\$1,047.44		Not Covered in the State plan		
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)			\$1,377.26		Not Covered in the State plan		
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)			\$1,439.23		Not Covered in the State plan		
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)			\$1,439.23		Not Covered in the State plan		
D6062	Abutment Supported Cast Metal Crown			\$1,439.23		Not Covered in the State plan		
D6063	Abutment Support Base Metal			\$1,439.23		Not Covered in the State plan		
D6064	Abutment Supported Cast Metal Crown (Noble Metal)			\$1,439.23		Not Covered in the State plan		
D6070	Abut Supp Retain Por-Base Metal			\$1,524.58		Not Covered in the State plan		
D6073	Abut Supp Retain Base Metal			\$1,478.92		Not Covered in the State plan		
D6080	Implant Maintenance			\$182.24		Not Covered in the State plan		
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	*	114	\$172.78		Not Covered in the State plan		
D6082	Implant Supported Crown- Porcelain Fused to Predominantly Base Alloy			\$1,439.23		Not Covered in the State plan		
D6084	Implant Supported Crown- Porcelain Fused to Titanium and Titanium Alloy			\$1,439.23		Not Covered in the State plan		

D6086	Implant Supported Crown- Predominantly Base Alloys			\$1,439.23		Not Covered in the State plan		
D6088	Implant Supported Crown- Titanium and Titanium Alloys			\$1,439.23		Not Covered in the State plan		
D6089	Accessing and retorquing loose dental implant screw			\$165.03		Not Covered in the State plan		
D6090	Repair Implant Supported Prosthesis			\$277.17		Not Covered in the State plan		
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	*	114	\$101.28		Not Covered in the State plan		
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture			\$106.60		Not Covered in the State plan		
D6096	Remove broken implant retaining screw			\$319.82		Not Covered in the State plan		
D6097	Abutment Supported Crown- Porcelain Fused to Titanium and Titanium Alloys			\$1,439.23		Not Covered in the State plan		
D6098	Implant Supported Retainer- Porcelain Fused to Predominantly Base Alloys			\$1,439.23		Not Covered in the State plan		
D6100	Implant Removal, By Report			\$135.93		Not Covered in the State plan		
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure			\$405.42		Not Covered in the State plan		
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure			\$481.59		Not Covered in the State plan		
D6103	Bone Graft for Repair of Peri-Implant Defect-Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately			\$1,012.79		Not Covered in the State plan		
D6105	Removal of implant body not requiring bone removal or flap elevation			\$185.17	\$123.45		150.00%	
D6106	Guided tissue regeneration - resorbable barrier, per implant			\$628.55	\$419.04		150.00%	
D6107	Guided tissue regeneration - non-resorbable barrier, per implant			\$734.83	\$489.89		150.00%	
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary			\$1,584.49		Not Covered in the State plan		
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary			\$1,584.49		Not Covered in the State plan		
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary			\$1,584.49		Not Covered in the State plan		
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary			\$1,584.49		Not Covered in the State plan		
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular			\$1,584.49		Not Covered in the State plan		
D6118	Implant/abutment supported interim fixed denture for edentulous arch - mandibular			\$3,111.93		Not Covered in the State plan		
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary			\$3,111.93		Not Covered in the State plan		
D6121	Implant Supported Retainer for Metal FPD- Predominantly Base Alloys			\$1,439.23		Not Covered in the State plan		
D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments			\$182.24		Not Covered in the State plan		
D6193	Replacement of an implant screw			\$165.03		Not Covered in the State plan		
D6194	Abutment Supported Retainer Crown for FPD (Titanium)			\$1,439.23		Not Covered in the State plan		
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported			\$132.50	\$88.33		150.01%	
D6198	Remove interim implant component			\$522.64		Not Covered in the State plan		
D6199	Unspecified Implant Procedure, By Report			Code is manually priced	Code is manually priced	Excluded from comparison		
D6210	Pontic-Cast High Noble Metal			\$1,101.21		Not Covered in the State plan		
D6211	Pontic-Cast Predominantly Base Metal			\$1,101.21		Not Covered in the State plan		
D6240	Pontic- Titanium	*	114	\$1,101.21		Not Covered in the State plan		
D6241	Pontic Porcelain-Base Metal			\$1,101.21		Not Covered in the State plan		
D6245	Pontic Porcelain-Ceramic	*	114	\$634.24		Not Covered in the State plan		
D6545	Retainer Cast Metal			\$668.06		Not Covered in the State plan		
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis			\$637.26		Not Covered in the State plan		
D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis			\$668.06		Not Covered in the State plan		
D6740	Crown-Porcelain/Ceramic	*	74	\$637.26		Not Covered in the State plan		
D6750	Pontic-Resin with High Noble Metal			\$668.06		Not Covered in the State plan		
D6751	Crown Porcelain Fused Base Metal			\$1,021.05		Not Covered in the State plan		
D6752	Crown-Porcelain Fused to High Noble Metal			\$1,226.64		Not Covered in the State plan		
D6781	Crown- 3/4 Cast Predominantly Base Metal			\$969.87		Not Covered in the State plan		
D6782	Crown- 3/4 Cast Noble Metal			\$969.87		Not Covered in the State plan		
D6783	Crown-3/4 Porcelain/Ceramic			\$969.87		Not Covered in the State plan		
D6790	Crown-Full Cast High Noble Metal			\$1,115.17		Not Covered in the State plan		
D6791	Crown Full Cast Predominantly Base Metal			\$1,021.05		Not Covered in the State plan		
D6792	Crown-Full Cast Noble Metal			\$1,115.17		Not Covered in the State plan		
D6793	Provisional Retainer Crown			\$457.24		Not Covered in the State plan		
D6794	Crown-Titanium			\$920.82		Not Covered in the State plan		
D6920	Connector Bar			\$493.78		Not Covered in the State plan		
D6930	Re-Cement or Re-Bond Fixed Partial Denture	*	102	\$151.44		Not Covered in the State plan		
D6940	Stress Breaker			\$368.82		Not Covered in the State plan		
D6950	Precision Attachment			\$645.35		Not Covered in the State plan		
D6980	Fixed partial repair			\$234.43		Not Covered in the State plan		

D6999	Unspecified Fixed Prosthodontic			Code is manually priced	Code is manually priced	Excluded from comparison		
D7111	Extraction, Coronal Remnants	*	114	\$119.46		Not Covered in the State plan		
D7140	Extraction Erupted Tooth/Exposed Root	846	9	\$158.26	\$109.07		145.10%	159.51%
D7210	Rem imp tooth w mucoper flp	528	16	\$253.26	\$174.54		145.10%	154.02%
D7220	Removal Impacted Tooth Soft Tissue	36	51	\$291.14	\$200.66		145.09%	154.52%
D7230	Removal Impacted Tooth Partially Bony	52	44	\$366.21	\$252.40		145.09%	157.86%
D7240	Removal Impacted Tooth Complete Bony	54	43	\$429.72	\$296.18		145.09%	159.17%
D7241	Remov Impact Tooth Comp Bony Surg Comp	*	114	\$470.82	\$395.64		119.00%	119.00%
D7250	Surgical Removal of Residual Tooth Roots	57	42	\$267.89	\$184.64		145.09%	171.40%
D7251	Coronectomy	*	78	\$350.51	\$379.83		92.28%	92.28%
D7252	Partial extraction for immediate implant placement			\$253.26		Not Covered in the State plan		
D7259	Nerve dissection			\$41.10		Not Covered in the State plan		
D7260	Oral Antral Fistula Closure			\$650.42	\$378.84		171.69%	
D7261	Primary Closure Sinus Perforation	*	92	\$636.27	\$475.35		133.85%	133.85%
D7270	Tooth Reimplantation	*	114	\$413.74		Not Covered in the State plan		
D7272	Tooth Transplantation			\$554.43		Not Covered in the State plan		
D7280	Surgical Access of an Unerupted Tooth			\$390.53	\$230.51		169.42%	
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption			\$407.87		Not Covered in the State plan		
D7283	Place device impacted tooth			\$227.16		Not Covered in the State plan		
D7284	Excisional biopsy of minor salivary glands, by report			Code is manually priced	Code is manually priced	Excluded from comparison		
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	*	92	\$338.48	\$186.67		181.33%	242.32%
D7286	Incisional biopsy of oral tissue - soft	*	102	\$285.87	\$148.88		192.01%	293.27%
D7287	Cytology Sample Collection			Code is manually priced	Code is manually priced	Excluded from comparison		
D7288	Brush Biopsy-Transepithelial Sample Collection			\$171.76		Not Covered in the State plan		
D7290	Surgical Reposition of Teeth			\$405.05		Not Covered in the State plan		
D7291	Transseptal Fiberotomy			\$180.19		Not Covered in the State plan		
D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal			\$1,551.71		Not Covered in the State plan		
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal			\$1,136.45		Not Covered in the State plan		
D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal			\$843.58		Not Covered in the State plan		
D7295	Bone harvest,auto graft proc			\$594.18		Not Covered in the State plan		
D7310	Alveoplasty with Extraction	*	78	\$274.93	\$138.69		198.23%	267.52%
D7311	Alveoplasty with Extractions 1-3	*	114	\$274.93	\$138.69		198.23%	198.23%
D7320	Alveoplasty without Extraction			\$389.53	\$204.11		190.84%	
D7321	Alveoplasty not with Extractions	*	114	\$389.53	\$204.11		190.84%	4611.44%
D7340	Vestibuloplasty Ridge Extension			\$787.00	\$476.67		165.10%	
D7350	Vestibuloplasty Ridge Extension Grafts			\$1,602.63		Not Covered in the State plan		
D7410	Excision of Benign Lesion up to 1.25 cm			\$305.91	\$190.90		160.25%	
D7411	Excision Benign Lesion > 1.25 cm			\$363.53	\$282.76		128.56%	
D7412	Excision Benign Lesion, Complicated			\$1,129.55	\$708.56		159.41%	
D7413	Excision Malignant Lesion, up to 1.25 cm			\$507.22	\$318.19		159.41%	
D7414	Excision Malignant Lesion > 1.25 cm			\$760.84	\$477.28		159.41%	
D7415	Excision Malignant Lesion, Complicated			\$933.14	\$585.35		159.42%	
D7440	Excision Malignant Tumor Lesion 1.25 cm			\$620.16	\$264.16		234.77%	
D7441	Excision Malignant Tumor Lesion > 1.25 c			\$486.92	\$510.10		95.46%	
D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	*	102	\$491.39	\$233.55		210.40%	210.40%
D7451	Removal Benign Odontogenic Cyst, > 1.25 cm			\$416.70	\$306.14		136.11%	
D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm			\$424.18	\$243.47		174.22%	
D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm			\$601.16	\$344.60		174.45%	
D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report			\$244.51		Not Covered in the State plan		
D7471	Removal Lateral Exostosis	*	114	\$523.65	\$300.17		174.45%	174.45%
D7472	Removal of Torus Palatinus	*	114	\$618.93	\$354.79		174.45%	174.45%
D7473	Removal of Torus Mandibularis	*	102	\$603.25	\$345.79		174.46%	174.46%
D7485	Surgical Reduction of Osseous Tuberosity			\$557.18	\$319.38		174.46%	
D7490	Radical Resection of Mandible			\$7,017.00	\$4,022.29		174.45%	
D7509	Marsupialization of odontogenic cyst			\$911.19	\$607.46		150.00%	
D7510	Incision & Drainage Abscess Intraoral			\$190.60	\$109.26		174.45%	
D7511	Incision/Drain Abscess Intraoral			\$551.85	\$316.33		174.45%	
D7520	Incision/Drain Abscess Extraoral Soft			\$325.70	\$186.67		174.48%	
D7521	Incision/Drain Abscess Extraoral			\$461.90	\$264.77		174.45%	
D7530	Removal Foreign Body/Skin/Tissue			\$294.30	\$168.69		174.46%	
D7540	Removal Reaction Producing Foreign Body			\$607.39	\$348.17		174.45%	
D7550	Part Osteotomy/Sequestrectomy			\$432.55	\$247.96		174.44%	
D7560	Maxillary Sinusotomy			\$948.86	\$543.89		174.46%	
D7840	Condylectomy			\$4,398.73		Not Covered in the State plan		
D7850	Surgical Discectomy with/without Implant			\$4,310.45		Not Covered in the State plan		
D7852	Disc Repair			\$4,641.68		Not Covered in the State plan		
D7854	Synovectomy			\$4,310.45		Not Covered in the State plan		
D7856	Myotomy			\$2,898.96		Not Covered in the State plan		
D7858	Joint Reconstruction			Code is manually priced		Excluded from comparison		
D7860	Arthrotomy			Code is manually priced		Excluded from comparison		
D7865	Artroplasty			Code is manually priced		Excluded from comparison		
D7870	Arthrocentesis			\$337.24		Not Covered in the State plan		
D7871	Non-Arthroscopic Lysis and Lavage			Code is manually priced		Excluded from comparison		

D7872	Arthroscopy Diagnosis with/wo Biopsy			Code is manually priced		Excluded from comparison		
D7873	Arthroscopy Surgical Lavage & Lysis Adh			Code is manually priced		Excluded from comparison		
D7874	Arthroscopy Surgical Disc Reposit & Stab			Code is manually priced		Excluded from comparison		
D7875	Arthroscopy Surgical Synovectomy			Code is manually priced		Excluded from comparison		
D7876	Arthroscopy Surgica Discectomy			Code is manually priced		Excluded from comparison		
D7877	Arthroscopy Surgical Debridement			Code is manually priced		Excluded from comparison		
D7899	Unspecified TMD Therapy			Code is manually priced		Excluded from comparison		
D7910	Suture Recent Small Wounds, up to 5 cm			\$243.40	\$141.67		171.81%	
D7911	Complicated Suture up to 5 cm			\$235.53	\$265.91		88.58%	
D7912	Complicated Suture > 5 cm			\$730.07	\$426.39		171.22%	
D7920	Skin Graft Identify Defect Covered			\$1,959.21	\$1,144.26		171.22%	
D7921	Collection and Application of Autologous Blood Concentrate Product	*	86	\$152.97		Not Covered in the State plan		
D7953	Bone Replacement Graft for Ridge Preservations- Per Site	*	74	\$450.52		Not Covered in the State plan		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site			\$590.97	\$393.98		150.00%	
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier per site			\$709.16	\$472.77		150.00%	
D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)			\$319.68		Not Covered in the State plan		
D7962	Lingual frenectomy (frenulectomy)-Separate procedure not incidental to another procedure (Replacing D7960)			\$319.68		Not Covered in the State plan		
D7979	Non - surgical sialolithotomy			\$403.84	\$210.10		192.21%	
D7981	Excision of Salivary Gland, By Report			Code is manually priced	Code is manually priced	Excluded from comparison		
D7990	Emergency Tracheotomy			\$1,040.28	\$607.55		171.23%	
D7991	Coronoidectomy			Code is manually priced	Code is manually priced	Excluded from comparison		
D7997	Appliance Removal	*	114	\$95.94	\$136.29		70.39%	70.39%
D7999	Unspecified Oral Surgery			Code is manually priced	Code is manually priced	Excluded from comparison		
D8703	Replacement of Lost or Broken Retainer- Maxillary (Replacing D8692)			\$237.74		Not Covered in the State plan		
D8704	Replacement of Lost or Broken Retainer- Mandibular (Replacing D8692)			\$237.74		Not Covered in the State plan		
D9110	Palliative Emergency Minor	*	56	\$122.92	\$57.04		215.50%	225.82%
D9230	Analgesia	41	49	\$56.25		Not Covered in the State plan		
D9248	Non-Intravenous Moderate (Conscious) Sedation	45	46	\$188.55		Not Covered in the State plan		
D9310	Dental Consultation	129	32	\$85.97	\$43.82		196.19%	207.19%
D9311	Consultation with a medical health care professional	*	86	\$85.97	\$45.37		189.49%	189.49%
D9410	House/Estended Care Facility Call	95	37	\$184.29	\$105.05		175.43%	178.26%
D9420	Hospital/ASC Call	138	30	\$223.35	\$120.07		186.02%	191.62%
D9613	Infiltration of Sustained Release Therapeutic Drug- Single or Multiple Sites			\$50.64	\$33.76		150.00%	
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	*	78	\$18.16		Not Covered in the State plan		
D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	*	82	\$18.16		Not Covered in the State plan		
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	*	114	\$18.16		Not Covered in the State plan		
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular			\$18.16		Not Covered in the State plan		
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance			\$495.28		Not Covered in the State plan		
D9942	Occlusal Guard Repair			\$155.21		Not Covered in the State plan		
D9943	Occlusal Guard Adjustment			\$81.39		Not Covered in the State plan		
D9944	Occlusal Guard- Hard Appliance, Full Arch	*	63	\$392.54		Not Covered in the State plan		
D9945	Occlusal Guard- Soft Appliance, Full Arch	*	114	\$392.52		Not Covered in the State plan		
D9946	Occlusal Guard- Hard Appliance, Partial Arch			\$310.40		Not Covered in the State plan		
D9950	Occlusal Adjustment-Limited			\$316.08		Not Covered in the State plan		
D9952	Occlusal Adjustment-Complete			\$517.81		Not Covered in the State plan		
D9986	Missed Appointments			\$0.00		Excluded from comparison		
D9987	Missed Appointments			\$0.00		Excluded from comparison		
D9999	Unspecified Adjunctive Procedure, By Report			Code is manually priced	Code is manually priced	Excluded from comparison		

Health First Colorado HCPF Rate Review
Cycle 1 - Year 3
FY2024 Dental for People with Intellectual and Developmental Disabilities
Rate Review Summary -- Codes with Utilization Data

Service	Procedure Code	Procedure Description	FY2024 Medicaid Paid Amount	CO DIDD July 2024 Rate	ADA Rate Comparison				Benchmark State Rate Comparison								
					CO Repriced TPL/Copayment (Codes With ADA Rate)	ADA_RATE 2025 Projected	ADA Repriced TPL/Copayment s	Benchmark Ratio (CO as % of ADA)	Other States Medicaid Rates (Normalized to Colorado Cost of Living)						Benchmark States Repriced TPL/Copayments	CO Repriced TPL/Copayment (Codes With Benchmark State Rate)	Benchmark Ratio (CO as % of Benchmark States)
DIDD	D0120	Periodic Oral Evaluation	\$171,473.87	\$48.57	\$190,317.80	\$63.16	\$253,711.35	75.01%	\$40.51	\$39.39		\$27.46	\$25.89	\$33.31	\$124,016.90	\$190,317.80	153.46%
DIDD	D0140	Limited Oral Evaluation Problem Focused	\$35,608.11	\$70.42	\$41,290.75	\$89.89	\$53,478.97	77.21%				\$39.22	\$42.07	\$40.65	\$22,653.09	\$41,290.75	182.27%
DIDD	D0150	Comprehensive Oral Evaluation	\$41,990.39	\$77.73	\$50,397.23	\$103.28	\$70,837.23	71.15%	\$70.44	\$39.39		\$39.22	\$45.31	\$48.59	\$27,084.90	\$50,397.23	186.07%
DIDD	D0160	Detailed & Extensive Oral Evaluation, Problem Focus	\$1,757.83	\$78.05	\$1,813.98	\$156.94	\$3,944.01	45.99%									
DIDD	D0170	Re-Evaluation Limit/Problem Focus, Est Patient	\$108.79	\$114.29	\$114.29	\$85.75	\$85.75	133.28%									
DIDD	D0171	Re-Evaluation-Post-Operative Office Visit	\$271.05	\$114.29	\$342.87	\$113.81	\$341.43	100.42%									
DIDD	D0180	Comprehensive Periodontal Evaluation	\$5,528.84	\$84.02	\$6,582.97	\$119.16	\$9,850.99	66.83%									
DIDD	D0190	Screening of a Patient	\$35.06	\$51.37	\$102.74	\$75.00	\$150.00	68.49%									
DIDD	D0210	Intraoral Complete Film Series	\$52,158.69	\$128.52	\$59,421.69	\$165.56	\$79,089.93	75.13%	\$89.48	\$69.84		\$78.44	\$60.41	\$74.54	\$30,759.60	\$59,421.69	193.18%
DIDD	D0220	Intraoral Periapical First	\$32,268.86	\$26.56	\$37,003.66	\$35.56	\$51,187.66	72.29%	\$21.85	\$22.36		\$19.62	\$14.02	\$19.46	\$25,815.72	\$37,003.66	143.34%
DIDD	D0230	Intraoral Periapical-Each Additional	\$28,607.56	\$22.20	\$33,337.58	\$29.64	\$46,089.74	72.33%	\$18.46	\$6.98		\$9.80	\$11.87	\$11.78	\$15,473.37	\$33,337.58	215.45%
DIDD	D0240	Intraoral-Occlusal Radiographic Image	\$1,240.09	\$62.24					\$30.35	\$16.75			\$22.65	\$23.25	\$837.09	\$2,240.64	267.67%
DIDD	D0272	Dental Bitewings, Two Images	\$4,384.35	\$42.89	\$5,031.21	\$56.66	\$6,890.16	73.02%	\$31.86	\$25.14		\$23.53	\$20.50	\$25.26	\$2,650.78	\$5,031.21	189.80%
DIDD	D0273	Bitewings, Three Images	\$186.17	\$51.40	\$208.08	\$65.35	\$277.83	74.89%									
DIDD	D0274	Bitewings, Four Images	\$80,536.82	\$60.44	\$94,088.96	\$79.66	\$126,916.72	74.13%				\$39.22	\$30.21	\$34.71	\$50,149.10	\$94,088.96	187.62%
DIDD	D0277	Vertical Bitewings, 7-8 Images	\$843.93	\$91.10	\$956.76	\$113.37	\$1,201.73	79.62%									
DIDD	D0330	Panoramic Image	\$32,145.04	\$104.47	\$41,231.48	\$144.16	\$57,940.97	71.16%	\$84.83	\$48.87		\$62.75	\$54.48	\$62.73	\$23,659.79	\$41,231.48	174.27%
DIDD	D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	\$18,175.90	\$45.47	\$20,056.51	\$83.45	\$37,793.17	53.07%	\$40.77	\$24.30				\$32.53	\$14,015.28	\$20,056.51	143.10%
DIDD	D0367	Cone beam ct interp both jaw	\$842.50	\$330.23	\$990.69	\$322.92	\$968.76	102.26%									
DIDD	D1110	Prophylaxis Adult	\$266,569.33	\$90.76	\$300,725.59	\$109.98	\$370,974.69	81.06%	\$71.40	\$59.02	\$45.39	\$58.84	\$54.48	\$57.83	\$180,350.95	\$300,725.59	166.74%
DIDD	D1206	Topical Fluoride Varnish	\$65,956.66	\$37.71	\$74,012.82	\$47.95	\$96,991.38	76.31%	\$36.12	\$63.16	\$30.26	\$23.53	\$17.80	\$34.17	\$66,076.18	\$74,012.82	112.01%
DIDD	D1208	Topical Application of Fluoride-excluding varnish	\$3,913.91	\$33.81	\$4,793.53	\$44.86	\$6,484.18	73.93%	\$29.00	\$12.13	\$14.12		\$17.80	\$18.26	\$2,414.62	\$4,793.53	198.52%
DIDD	D1351	Sealant- Per Tooth	\$837.52	\$57.00	\$912.00	\$65.56	\$1,048.96	86.94%	\$37.94	\$27.93			\$32.36	\$32.74	\$523.89	\$912.00	174.08%
DIDD	D1354	Interim Caries Arresting Medicament Application	\$5,905.49	\$58.46	\$9,461.41	\$56.74	\$9,163.85	103.25%	\$16.07	\$14.58	\$15.13	\$98.06	\$16.18	\$32.00	\$4,884.60	\$9,461.41	193.70%
DIDD	D2140	Amalgam One Surface Permanent	\$9,909.09	\$163.63	\$12,121.85	\$171.28	\$12,848.60	94.34%	\$96.34	\$76.82		\$78.44	\$70.12	\$80.43	\$4,218.10	\$12,121.85	287.38%
DIDD	D2150	Amalgam Two Surfaces Permanent	\$15,178.48	\$209.09	\$19,789.58	\$212.40	\$20,127.20	98.32%	\$122.14	\$101.95		\$156.89	\$86.30	\$116.82	\$10,378.15	\$19,789.58	190.69%
DIDD	D2160	Amalgam Three Surfaces Permanent	\$7,690.56	\$256.39	\$10,040.97	\$252.07	\$9,846.57	101.97%	\$147.93	\$115.92		\$211.80	\$105.72	\$145.35	\$5,043.95	\$10,040.97	199.07%
DIDD	D2161	Amalgam 4 or > Surfaces Permanent	\$2,653.62	\$310.69	\$3,417.59	\$296.40	\$3,260.40	104.82%	\$195.51	\$139.68		\$129.43	\$127.30	\$147.98	\$1,627.78	\$3,417.59	209.95%
DIDD	D2330	Resin One Surface Anterior	\$29,202.45	\$155.01	\$34,166.26	\$203.71	\$46,828.26	72.96%	\$113.02	\$66.81		\$78.44	\$107.88	\$91.54	\$17,664.00	\$34,166.26	193.42%
DIDD	D2331	Resin Two Surfaces Anterior	\$36,840.03	\$191.86	\$41,982.49	\$243.48	\$55,816.65	75.21%	\$140.34	\$89.89		\$117.67	\$107.88	\$113.94	\$21,100.78	\$41,982.49	198.96%
DIDD	D2332	Resin Three Surfaces Anterior	\$65,239.16	\$235.15	\$74,307.84	\$293.12	\$96,046.59	77.37%	\$170.69	\$98.39		\$137.28	\$114.67	\$130.26	\$34,973.60	\$74,307.84	212.47%
DIDD	D2335	Resin Four or > Surface/Incisor Anterior	\$59,719.77	\$283.74	\$66,518.32	\$362.45	\$89,108.09	74.65%	\$213.93	\$111.75		\$156.89	\$145.64	\$157.05	\$30,158.88	\$66,518.32	220.56%
DIDD	D2391	Resin Based Composite One Surface Posterior	\$72,903.64	\$163.63	\$83,055.08	\$221.28	\$120,412.28	68.98%	\$96.34	\$51.02		\$78.44	\$118.67	\$86.12	\$32,827.39	\$83,055.08	253.01%
DIDD	D2392	Resin Based Composite Two Surfaces Posterior	\$129,043.78	\$209.09	\$143,105.37	\$281.37	\$203,531.45	70.31%	\$138.87	\$65.57		\$156.89	\$118.67	\$120.00	\$68,625.14	\$143,105.37	208.53%
DIDD	D2393	Resin Base Composite Three Surface Posterior	\$87,638.64	\$256.39	\$96,872.09	\$339.20	\$136,538.08	70.95%	\$168.75	\$75.32		\$211.80	\$145.64	\$150.38	\$46,091.08	\$96,872.09	210.18%
DIDD	D2394	Resin Base Composite 4 or > Surfaces Posterior	\$35,461.45	\$310.69	\$39,762.99	\$400.23	\$53,910.31	73.76%	\$185.00	\$82.58		\$223.57	\$188.79	\$169.98	\$17,531.54	\$39,762.99	226.81%
DIDD	D2740	Crown, Porcelain/Ceramic Substrate	\$536,194.91	\$1,105.05	\$609,622.30	\$1,386.59	\$784,740.18	77.68%									
DIDD	D2750	Crown Porcelain High Noble Metal	\$38,846.64	\$1,118.92	\$40,691.49	\$1,395.48	\$52,307.01	77.79%									
DIDD	D2751	Crown Porcelain Base Metal	\$13,446.14	\$1,105.05	\$17,643.04	\$1,263.80	\$20,500.54	86.06%									
DIDD	D2752	Crown Porcelain Noble Metal	\$7,673.02	\$1,105.05	\$16,575.75	\$1,308.80	\$19,632.00	84.43%									
DIDD	D2790	Crown Full Cast High Noble Metal	\$3,218.59	\$1,105.05	\$3,315.15	\$1,477.53	\$4,432.59	74.79%									
DIDD	D2920	Recement or re-bond crown	\$2,701.27	\$98.43	\$3,112.47	\$137.87	\$4,492.87	69.28%	\$92.94	\$36.42				\$64.68	\$1,931.17	\$3,112.47	161.17%

DIDD	D2931	Prefabricated Stainless Steel Crown Permanent	\$11,121.16	\$311.18	\$11,564.32	\$376.90	\$15,441.80	74.89%	\$375.52	\$157.91			\$156.42	\$229.95	\$6,771.76	\$11,564.32	170.77%
DIDD	D2940	Protective Restoration	\$2,563.70	\$111.30	\$2,695.00	\$144.99	\$3,773.08	71.43%									
DIDD	D2950	Core Buildup Including Pins	\$84,389.61	\$250.12	\$95,443.08	\$326.31	\$127,671.45	74.76%	\$191.16	\$145.76			\$145.64	\$160.85	\$57,683.34	\$95,443.08	165.46%
DIDD	D2952	Post and core cast + crown	\$577.64	\$382.07	\$764.14	\$450.97	\$901.94	84.72%									
DIDD	D2954	Prefabricated Post and Core + Crown	\$4,988.97	\$306.03	\$5,628.06	\$395.48	\$7,685.41	73.23%	\$298.70	\$121.45			\$165.05	\$195.07	\$3,075.95	\$5,628.06	182.97%
DIDD	D3120	Pulp Cap Indirect	\$748.12	\$75.55	\$910.24	\$96.68	\$1,184.93	76.82%									
DIDD	D3221	Pulpal Debridement	\$477.81	\$187.07	\$561.21	\$258.97	\$776.91	72.24%									
DIDD	D3310	End Therapy, Anterior Tooth	\$43,076.01	\$689.32	\$51,836.24	\$943.94	\$76,279.76	67.96%	\$500.69	\$242.93			\$415.33	\$386.32	\$22,748.04	\$51,836.24	227.87%
DIDD	D3320	End Therapy, Bicuspid Tooth	\$47,912.86	\$805.52	\$56,790.92	\$1,068.93	\$78,390.54	72.45%	\$587.92	\$291.51			\$501.63	\$460.35	\$28,487.25	\$56,790.92	199.36%
DIDD	D3330	End Therapy, Molar	\$29,346.56	\$979.01	\$33,858.49	\$1,298.73	\$45,688.13	74.11%	\$705.51	\$388.67			\$604.12	\$566.10	\$18,580.79	\$33,858.49	182.22%
DIDD	D3346	Retreatment Root Canal Anterior	\$1,523.74	\$800.42	\$1,600.84	\$1,079.26	\$2,158.52	74.16%	\$581.85	\$267.21				\$424.53	\$849.07	\$1,600.84	188.54%
DIDD	D3348	Retreatment Root Canal Molar	\$5,161.00	\$1,068.84	\$5,344.20	\$1,419.02	\$7,095.10	75.32%									
DIDD	D4210	Gingivectomy/Plasty 4 or More	\$636.00	\$504.38	\$1,381.52	\$713.98	\$2,219.92	62.23%	\$439.23	\$145.76				\$292.49	\$533.97	\$1,381.52	258.73%
DIDD	D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$451.60	\$796.92	\$796.92	\$1,139.02	\$1,139.02	69.97%									
DIDD	D4341	Periodontal Scaling & Root Planing	\$65,589.72	\$245.40	\$75,298.29	\$309.37	\$100,310.56	75.07%	\$174.48	\$121.95		\$196.11		\$164.18	\$43,541.12	\$75,298.29	172.94%
DIDD	D4342	Periodontal Scaling 1 to 3 Teeth	\$162,687.37	\$172.78	\$182,342.50	\$222.96	\$239,497.52	76.14%		\$65.58		\$105.90		\$85.74	\$83,204.85	\$182,342.50	219.15%
DIDD	D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$26,785.08	\$121.13						\$218.64		\$353.00		\$285.82	\$77,171.74	\$29,247.58	37.90%
DIDD	D4355	Full Mouth Debridement	\$853.08	\$167.72	\$1,017.69	\$219.34	\$1,430.65	71.13%	\$128.96	\$88.67				\$108.82	\$546.48	\$1,017.69	186.23%
DIDD	D4381	Localized delivery antimicro	\$3,303.65	\$86.20	\$3,534.20	\$100.32	\$4,113.12	85.93%									
DIDD	D4910	Periodontal Maintenance	\$135,087.57	\$131.97	\$148,274.13	\$173.13	\$197,871.93	74.93%		\$48.57		\$78.44		\$63.51	\$65,776.33	\$148,274.13	225.42%
DIDD	D5110	Complete Denture Maxillary	\$25,221.43	\$1,565.89	\$26,620.13	\$2,053.33	\$34,906.61	76.26%	\$920.08	\$728.78		\$980.56	\$712.00	\$835.35	\$14,201.01	\$26,620.13	187.45%
DIDD	D5120	Complete Denture Mandibular	\$26,290.66	\$1,570.31	\$29,835.89	\$2,061.10	\$39,160.90	76.19%	\$920.08	\$728.78		\$980.56	\$712.00	\$835.35	\$15,871.72	\$29,835.89	187.98%
DIDD	D5130	Immediate Denture Maxillary	\$3,603.83	\$1,662.38	\$4,987.14	\$2,167.82	\$6,503.46	76.68%	\$920.08	\$789.51	#####			\$929.40	\$2,788.21	\$4,987.14	178.87%
DIDD	D5140	Immediate Denture Mandibular	\$2,356.64	\$1,663.84	\$3,327.68	\$2,162.56	\$4,325.12	76.94%	\$920.08	\$789.51	#####			\$929.40	\$1,858.81	\$3,327.68	179.02%
DIDD	D5211	Maxillary Partial Denture Resin	\$7,235.55	\$1,188.83	\$8,321.81	\$1,579.50	\$11,056.50	75.27%	\$873.62	\$242.93		\$666.78	\$609.51	\$598.21	\$4,187.47	\$8,321.81	198.73%
DIDD	D5212	Mandibular Partial Denture Resin	\$3,418.25	\$1,190.93	\$3,572.79	\$1,579.61	\$4,738.83	75.39%	\$873.62	\$242.93		\$694.24	\$701.21	\$628.00	\$1,884.00	\$3,572.79	189.64%
DIDD	D5213	Maxillary Partial Denture Cast Metal	\$9,063.64	\$1,591.23	\$11,982.48	\$2,077.18	\$16,356.03	73.26%	#####	\$728.78		#####		\$1,061.43	\$7,214.24	\$11,982.48	166.09%
DIDD	D5214	Mandibular Partial Denture Cast Metal	\$11,018.60	\$1,595.40	\$12,763.20	\$2,084.46	\$16,675.68	76.54%	#####	\$728.78		#####		\$1,061.43	\$8,491.41	\$12,763.20	150.31%
DIDD	D5512	Repair broken complete denture base, maxillary	\$349.05	\$234.19					\$232.34	\$72.87		\$117.67	\$89.54	\$128.11	\$256.21	\$468.38	182.81%
DIDD	D5520	Replace Complete Denture, Each Tooth	\$169.52	\$172.91	\$172.91	\$225.75	\$225.75	76.59%	\$120.82	\$48.57		\$78.44	\$80.91	\$82.19	\$82.19	\$172.91	210.38%
DIDD	D5612	Repair resin partial denture base, maxillary	\$163.85	\$172.15					\$232.34	\$72.87		\$117.67	\$87.38	\$127.57	\$127.57	\$172.15	134.95%
DIDD	D5640	Replace Broken Teeth, Per Tooth	\$490.54	\$169.21	\$676.84	\$230.49	\$921.96	73.41%	\$120.82	\$72.87		\$117.67	\$71.20	\$95.64	\$382.56	\$676.84	176.92%
DIDD	D5650	Add Tooth to Existing Partial Denture	\$1,257.75	\$195.00	\$1,755.00	\$268.69	\$2,418.21	72.57%	\$120.82	\$72.87		\$117.67		\$103.79	\$934.10	\$1,755.00	187.88%
DIDD	D5730	Reline Complete Maxillary Denture Chair	\$921.36	\$313.26	\$939.78	\$425.12	\$1,275.36	73.69%									
DIDD	D5731	Reline Comp Mandibular Denture Chair	\$307.56	\$313.71	\$313.71	\$425.31	\$425.31	73.76%									
DIDD	D5750	Reline Complete Maxillary Denture Lab	\$5,240.22	\$421.95	\$5,935.89	\$533.53	\$7,721.17	76.88%	\$442.38	\$224.70		\$313.78		\$326.95	\$4,415.92	\$5,935.89	134.42%
DIDD	D5751	Reline Complete Mandibular Denture Lab	\$3,812.93	\$422.74	\$4,268.12	\$530.29	\$5,558.72	76.78%	\$442.38	\$224.70		\$313.78		\$326.95	\$3,118.66	\$4,268.12	136.86%
DIDD	D5761	Reline Mandibular Partial Denture Lab	\$418.08	\$426.44					\$386.62	\$194.33		\$313.78		\$298.24	\$298.24	\$426.44	142.99%
DIDD	D6240	Pontic- Titanium	\$1,048.17	\$1,101.21	\$1,101.21	\$1,362.19	\$1,362.19	80.84%									
DIDD	D6245	Pontic Porcelain-Ceramic	\$621.80	\$634.24	\$634.24	\$1,334.18	\$1,334.18	47.54%									
DIDD	D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$296.94	\$151.44	\$302.88	\$207.45	\$414.90	73.00%									
DIDD	D7111	Extraction, Coronal Remnants	\$117.12	\$119.46	\$119.46	\$156.80	\$156.80	76.19%	\$96.34			\$78.44	\$72.28	\$82.35	\$82.35	\$119.46	145.06%
DIDD	D7140	Extraction Erupted Tooth/Exposed Root	\$96,041.94	\$158.26	\$111,541.98	\$226.75	\$169,484.52	65.81%	\$117.57	\$53.43		\$86.28	\$154.70	\$103.00	\$64,789.19	\$111,541.98	172.16%
DIDD	D7210	Rem imp tooth w mucoper flp	\$107,885.61	\$253.26	\$118,504.32	\$346.63	\$167,803.68	70.62%	\$193.45	\$103.23		\$156.89	\$154.70	\$152.07	\$65,074.60	\$118,504.32	182.11%
DIDD	D7220	Removal Impacted Tooth Soft Tissue	\$7,959.82	\$291.14	\$9,231.72	\$393.28	\$12,908.76	71.52%	\$223.80	\$151.82		\$180.42	\$258.91	\$203.74	\$6,085.23	\$9,231.72	151.71%

DIDD	D7230	Removal Impacted Tooth Partially Bony	\$13,974.02	\$366.21	\$16,145.99	\$484.79	\$22,312.15	72.36%	\$297.79	\$145.71		\$235.33	\$258.91	\$234.43	\$9,293.64	\$16,145.99	173.73%
DIDD	D7240	Removal Impacted Tooth Complete Bony	\$17,756.06	\$429.72	\$19,399.35	\$569.97	\$26,972.85	71.92%	\$365.24	\$174.91		\$282.40	\$303.14	\$281.42	\$11,391.15	\$19,399.35	170.30%
DIDD	D7241	Remov Impact Tooth Comp Bony Surg Comp	\$387.88	\$470.82					\$413.45	\$242.93		\$392.22	\$382.97	\$357.89	\$357.89	\$470.82	131.55%
DIDD	D7250	Surgical Removal of Residual Tooth Roots	\$10,092.40	\$267.89	\$11,391.01	\$358.88	\$16,577.44	68.71%		\$97.17		\$156.89	\$167.21	\$140.42	\$4,125.42	\$11,391.01	276.12%
DIDD	D7251	Coronectomy	\$2,414.20	\$350.51	\$2,453.57	\$544.88	\$3,814.16	64.33%									
DIDD	D7261	Primary Closure Sinus Perforation	\$1,800.00	\$636.27						\$340.08		\$411.84		\$375.96	\$1,127.88	\$1,908.81	169.24%
DIDD	D7286	Incisional biopsy of oral tissue - soft	\$404.52	\$285.87	\$415.74	\$416.68	\$677.36	61.38%	\$226.83	\$97.17				\$162.00	\$168.00	\$415.74	247.46%
DIDD	D7310	Alveoplasty with Extraction	\$1,210.17	\$274.93	\$1,522.96	\$376.32	\$2,232.69	68.21%	\$208.61	\$102.03		\$164.73		\$158.46	\$707.65	\$1,522.96	215.21%
DIDD	D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	\$963.50	\$491.39	\$982.78	\$589.94	\$1,179.88	83.29%									
DIDD	D7921	Collection and Application of Autologous Blood Concentrate Product	\$599.88	\$152.97	\$611.88	\$435.63	\$1,742.52	35.11%									
DIDD	D7953	Bone Replacement Graft for Ridge Preservations- Per Site	\$2,426.69	\$450.52	\$3,604.16	\$641.26	\$5,130.08	70.26%									
DIDD	D9110	Palliative Emergency Minor	\$2,503.36	\$122.92	\$2,956.00	\$149.98	\$3,632.50	81.38%	\$87.25	\$48.57					\$1,580.69	\$2,956.00	\$1.87
DIDD	D9230	Analgesia	\$1,863.85	\$56.25	\$2,306.25	\$87.19	\$3,574.79	64.51%	\$54.61	\$21.84	\$24.97		\$35.06	\$34.12	\$1,398.95	\$2,306.25	164.86%
DIDD	D9248	Non-Intravenous Moderate (Conscious) Sedation	\$8,285.97	\$188.55	\$8,484.75	\$368.15	\$16,566.75	51.22%	\$186.54	\$108.10	\$24.97		\$80.91	\$100.13	\$4,505.78	\$8,484.75	188.31%
DIDD	D9310	Dental Consultation	\$9,871.00	\$85.97	\$10,509.97	\$139.42	\$17,405.02	60.38%					\$67.96	N/A			
DIDD	D9410	House/Estended Care Facility Call	\$16,526.00	\$184.29	\$17,146.19	\$250.11	\$23,399.09	73.28%						N/A			
DIDD	D9420	Hospital/ASC Call	\$27,259.78	\$223.35	\$29,808.30	\$297.92	\$40,098.96	74.34%	\$116.63	\$48.57		\$117.67	\$94.93	\$94.45	\$12,019.99	\$29,808.30	247.99%
DIDD	D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$123.56	\$18.16	\$127.12	\$80.74	\$565.18	22.49%						N/A			
DIDD	D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	\$105.76	\$18.16	\$108.96	\$79.25	\$475.50	22.91%						N/A			
DIDD	D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$17.80	\$18.16	\$18.16	\$82.00	\$82.00	22.15%									
DIDD	D9944	Occlusal Guard- Hard Appliance, Full Arch	\$5,992.45	\$392.54	\$6,280.64	\$592.94	\$9,487.04	66.20%	\$520.60	\$208.92					\$5,836.12	\$6,280.64	107.62%
DIDD	D9945	Occlusal Guard- Soft Appliance, Full Arch	\$300.00	\$392.52	\$392.52	\$452.91	\$452.91	86.67%	\$520.60	\$172.49				\$346.54	\$346.54	\$392.52	113.27%
Total:			\$3,072,378.96		\$3,460,512.70		#####	74.65%							\$1,547,511.50	\$2,743,026.89	177.25%

DIDD	D1782	Vaccine administration - Human PapillomaVirus - Dose 2	\$399.65									
DIDD	D1783	Vaccine administration - Human PapillomaVirus - Dose 3	\$399.65									
DIDD	D2390	Resin Based Composite Crown Anterior	\$380.88	\$520.89	73.12%	\$313.32	\$68.02			\$165.05	\$182.13	209.12%
DIDD	D2710	Crown, Resin-Based Composite (Indirect)	\$728.19	\$950.89	76.58%							
DIDD	D2712	Crown Resin Base Composite (Indirect)	\$728.19									
DIDD	D2721	Crown, Resin with Predominantly Base Metal	\$728.19									
DIDD	D2722	Crown, Resin Noble Metal	\$728.19									
DIDD	D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	\$1,105.05									
DIDD	D2781	Crown 3/4 Base Metal	\$1,105.05									
DIDD	D2782	Crown 3/4 Cast Noble Metal	\$1,105.05									
DIDD	D2783	Crown 3/4 Porcelain/Ceramic	\$1,105.05	\$1,386.77	79.69%							
DIDD	D2791	Crown Full Cast Base Metal	\$1,105.05				\$388.67					
DIDD	D2794	Crown Titanium	\$1,105.05	\$1,445.63	76.44%							
DIDD	D2799	Provisional Crown	\$330.14	\$458.62	71.99%							
DIDD	D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$87.73									
DIDD	D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	\$98.43									
DIDD	D2928	Prefabricated Porcelain/Ceramic Crown - Permanent Tooth	\$258.42	\$588.35	43.92%							
DIDD	D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	\$201.69	\$456.90	44.14%	\$406.81				\$151.03	\$278.92	\$0.72
DIDD	D2930	Prefabricated Stainless Steel Crown Primary	\$265.56	\$329.32	80.64%	\$237.07				\$151.03	\$194.05	\$1.37
DIDD	D2932	Prefabricated Resin Crown	\$258.42			\$308.18	\$72.87			\$165.05	\$182.04	141.96%
DIDD	D2933	Prefabricated Stainless Steel Crown with Resin Window	\$270.01			\$313.87						
DIDD	D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	\$304.42			\$406.81				\$145.64	\$276.22	110.21%
DIDD	D2951	Pin Retention Per Tooth	\$55.10			\$52.34	\$24.30			\$42.61	\$39.75	138.62%
DIDD	D2953	Each addtnl cast post	\$370.17									
DIDD	D2955	Post Removal	\$181.00									
DIDD	D2957	Each Additional Prefabricated Post	\$191.75									
DIDD	D2980	Crown Repair	\$175.43	\$324.23	54.11%							
DIDD	D3110	Pulp Cap Direct	\$77.76	\$103.69	74.99%	\$56.90	\$30.36				\$43.63	178.23%
DIDD	D3222	Partial Pulpotomy for Apexogenesis	\$218.03	\$314.41	69.35%	\$140.34	\$77.73				\$109.03	199.97%
DIDD	D3230	Pulpal Therapy Anterior Primary Tooth	\$228.79	\$306.48	74.65%							
DIDD	D3240	Pulpal Therapy Posterior Primary	\$252.20	\$343.58	73.40%							
DIDD	D3331	Root Canal Obstruction Non-Surgical	\$427.18	\$508.57	84.00%							
DIDD	D3332	Incomplete Endodontic Therapy	\$324.21	\$484.56	66.91%							
DIDD	D3333	Internal Root Repair o	\$188.80									
DIDD	D3347	Retreatment Root Canal Bicuspid	\$901.64	\$1,199.78	75.15%							
DIDD	D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$303.98	\$417.89	72.74%							
DIDD	D3352	Apexification/Recalcification Interim	\$209.07	\$280.19	74.62%	\$180.55	\$97.17				\$138.86	150.56%
DIDD	D3353	Apexification/Recalcification- Final	\$440.87	\$645.76	68.27%							
DIDD	D3355	Pulpal Regeneration Initial Visit (replaces D3354)	\$449.18	\$369.10	121.70%							
DIDD	D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)	\$197.54	\$250.40	78.89%							
DIDD	D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)	\$197.54	\$549.23	35.97%							
DIDD	D3410	Apicoectomy/Periradicular Surgery Anter	\$654.32	\$901.48	72.58%	\$480.95	\$170.04				\$325.50	201.02%

DIDD	D6792	Crown-Full Cast Noble Metal	\$1,115.17									
DIDD	D6793	Provisional Retainer Crown	\$457.24	\$621.59	73.56%							
DIDD	D6794	Crown-Titanium	\$920.82									
DIDD	D6920	Connector Bar	\$493.78									
DIDD	D6940	Stress Breaker	\$368.82									
DIDD	D6950	Precision Attachment	\$645.35									
DIDD	D6980	Fixed partial repair	\$234.43									
DIDD	D7260	Oral Antral Fistula Closure	\$650.42						\$470.67			
DIDD	D7272	Tooth Transplantation	\$554.43						\$392.22			
DIDD	D7280	Surgical Access of an Unerupted Tooth	\$390.53			\$341.37	\$145.76				\$243.57	160.34%
DIDD	D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$407.87									
DIDD	D7283	Place device impacted tooth	\$227.16			\$365.66						
DIDD	D7288	Brush Biopsy-Transepithelial Sample Collection	\$171.76	\$223.82	76.74%							
DIDD	D7290	Surgical Reposition of Teeth	\$405.05									
DIDD	D7291	Transseptal Fiberotomy	\$180.19			\$166.99	\$92.30				\$129.64	138.99%
DIDD	D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	\$1,551.71									
DIDD	D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$1,136.45									
DIDD	D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal	\$843.58									
DIDD	D7295	Bone harvest,auto graft proc	\$594.18	\$1,058.82	56.12%							
DIDD	D7320	Alveoplasty without Extraction	\$389.53	\$523.59	74.40%							
DIDD	D7340	Vestibuloplasty Ridge Extension	\$787.00									
DIDD	D7350	Vestibuloplasty Ridge Extension Grafts	\$1,602.63									
DIDD	D7410	Excision of Benign Lesion up to 1.25 cm	\$305.91	\$466.46	65.58%							
DIDD	D7411	Excision Benign Lesion > 1.25 cm	\$363.53									
DIDD	D7412	Excision Benign Lesion, Complicated	\$1,129.55									
DIDD	D7413	Excision Malignant Lesion, up to 1.25 cm	\$507.22						\$392.22			
DIDD	D7414	Excision Malignant Lesion > 1.25 cm	\$760.84						\$553.04			
DIDD	D7415	Excision Malignant Lesion, Complicated	\$933.14						\$556.95			
DIDD	D7440	Excision Malignant Tumor Lesion 1.25 cm	\$620.16	\$827.35	74.96%							
DIDD	D7441	Excision Malignant Tumor Lesion > 1.25 c	\$486.92									
DIDD	D7451	Removal Benign Odontogenic Cyst, > 1.25 cm	\$416.70									
DIDD	D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm	\$424.18									
DIDD	D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm	\$601.16									
DIDD	D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$244.51									
DIDD	D7485	Surgical Reduction of Osseous Tuberosity	\$557.18									
DIDD	D7490	Radical Resection of Mandible	\$7,017.00									
DIDD	D7509	Marsupialization of odontogenic cyst	\$911.19									
DIDD	D7510	Incision & Drainage Abscess Intraoral	\$190.60			\$163.09	\$97.17				\$130.13	146.47%
DIDD	D7511	Incision/Drain Abscess Intraoral	\$551.85									
DIDD	D7520	Incision/Drain Abscess Extraoral Soft	\$325.70									
DIDD	D7521	Incision/Drain Abscess Extraoral	\$461.90									
DIDD	D7530	Removal Foreign Body/Skin/Tissue	\$294.30									
DIDD	D7540	Removal Reaction Producing Foreign Body	\$607.39									
DIDD	D7550	Part Ostectomy/Sequestrectomy	\$432.55									
DIDD	D7560	Maxillary Sinusotomy	\$948.86									
DIDD	D7840	Condylectomy	\$4,398.73									
DIDD	D7850	Surgical Discectomy with/without Implant	\$4,310.45									
DIDD	D7852	Disc Repair	\$4,641.68									

<https://www.dentaquest.com/en/providers/colorado#accordion-cc701049a4-item-68fa6a901e>

Dental Fee Schedules	
Colorado Medicaid State Dental Fee Schedule - Effective July 1, 2024	View
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Colorado DIDD Dental Fee Schedule - Effective July 1, 2024	View
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<https://www.dentaquest.com/content/dam/dentaquest/en/providers/colorado/co-DIDD-dental-fee-schedule.pdf.coredownload.inline.pdf>

Procedure Code	Procedure Code Description	Colorado Medicaid Rates (July 2024)
D0120	Periodic Oral Evaluation	\$48.57
D0140	Limited Oral Evaluation Problem Focused	\$70.42
D0150	Comprehensive Oral Evaluation	\$77.73
D0160	Detailed & Extensive Oral Evaluation, Problem Focus	\$78.05
D0170	Re-Evaluation Limit/Problem Focus, Est Patient	\$114.29
D0171	Re-Evaluation-Post-Operative Office Visit	\$114.29
D0180	Comprehensive Periodontal Evaluation	\$84.02
D0190	Screening of a Patient	\$51.37
D0191	Assessment of a Patient	\$53.82
D0210	Intraoral Complete Film Series	\$128.52
D0220	Intraoral Periapical First	\$26.56
D0230	Intraoral Periapical-Each Additional	\$22.20
D0240	Intraoral-Occlusal Radiographic Image	\$62.24
D0250	Extra-Oral- 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$45.92

D0251	Extraoral Posterior Dental Radiographic Image	\$45.92
D0270	Dental Bitewing, Single Image	\$33.26
D0272	Dental Bitewings, Two Images	\$42.89
D0273	Bitewings, Three Images	\$51.40
D0274	Bitewings, Four Images	\$60.44
D0277	Vertical Bitewings, 7-8 Images	\$91.10
D0310	Sialography	\$179.09
D0320	Temporomandibular Joint Arthrogram, Including Injection	\$162.05
D0321	Other Temporomandibular Joint Radiographic Images, By Report	\$106.04
D0322	Tomographic Survey	\$282.89
D0330	Panoramic Image	\$104.47
D0340	2D Cephalometric Radiographic Image- acquisition, measurement and analysis	\$106.95
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	\$45.47
D0351	3D Photographic Image	\$255.94
D0365	Cone beam ct interpret man	\$474.23
D0366	Cone beam ct interpret max	\$474.23
D0367	Cone beam ct interp both jaw	\$330.23
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images	\$130.01
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	\$31.20
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	\$26.00
D0380	CBCT image capture with limited field of view-less than on whole jaw.	\$214.92
D0383	CBCT image capture with field of view of both jaws, with or without cranium.	\$214.92
D0384	CBCT image capture of TMJ series including two or more exposures.	\$356.35
D0385	Maxillofacial MRI image capture.	\$513.99

D0386	Maxillofacial ultrasound image capture	\$128.31
D0387	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images - Image Capture Only	\$65.01
D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	\$19.51
D0389	Intraoral Tomosynthesis - Periapical Radiographic Image - Image Capture Only	\$23.45
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of image, including report	\$167.66
D0411	HbA1c in-office point of service testing	\$88.78
D0412	Blood Glucose Level Test	\$0.00
D0414	Lab Process Microbial Spec	\$80.97
D0425	Caries Susceptibility Tests	\$90.16
D0460	Pulp Vitality Tests	\$45.04
D1110	Prophylaxis Adult	\$90.76
D1206	Topical Fluoride Varnish	\$37.71
D1208	Topical Application of Fluoride- excluding varnish	\$33.81
D1351	Sealant- Per Tooth	\$57.00
D1352	Prev resin rest, perm tooth	\$93.57
D1353	Sealant Repair- Per Tooth	\$93.57
D1354	Interim Caries Arresting Medicament Application	\$58.46
D1510	Space Maintainer Fixed Unilateral	\$309.63
D1520	Space maintainer Removable Unilateral	\$259.06
D1556	Removal of Fixed Unilateral Space Maintainer- Per Quadrant (Replacing D1555)	\$58.55
D1557	Removal of Fixed Bilateral Space Maintainer- Maxillary (Replacing D1555)	\$58.55
D1558	Removal of Fixed Bilateral Space Maintainer- Mandibular (Replacing D1555)	\$58.55
D1575	Distal shoe space maintainer – fixed – unilateral	\$309.63

D1781	Vaccine administration - Human PapillomaVirus - Dose 1 Gardasil 9 0.5mL intramuscular vaccine injection.	\$399.65
D1782	Vaccine administration - Human PapillomaVirus - Dose 2	\$399.65
D1783	Vaccine administration - Human PapillomaVirus - Dose 3	\$399.65
D1999	Unspecified Preventative Procedure, By Report	Code is manually priced
D2140	Amalgam One Surface Permanent	\$163.63
D2150	Amalgam Two Surfaces Permanent	\$209.09
D2160	Amalgam Three Surfaces Permanent	\$256.39
D2161	Amalgam 4 or > Surfaces Permanent	\$310.69
D2330	Resin One Surface Anterior	\$155.01
D2331	Resin Two Surfaces Anterior	\$191.86
D2332	Resin Three Surfaces Anterior	\$235.15
D2335	Resin Four or > Surface/Incisor Anterior	\$283.74
D2390	Resin Based Composite Crown Anterior	\$380.88
D2391	Resin Based Composite One Surface Posterior	\$163.63
D2392	Resin Based Composite Two Surfaces Posterior	\$209.09
D2393	Resin Base Composite Three Surface Posterior	\$256.39
D2394	Resin Base Composite 4 or > Surfaces Posterior	\$310.69
D2710	Crown, Resin-Based Composite (Indirect)	\$728.19
D2712	Crown Resin Base Composite (Indirect)	\$728.19
D2721	Crown, Resin with Predominantly Base Metal	\$728.19
D2722	Crown, Resin Noble Metal	\$728.19
D2740	Crown, Porcelain/Ceramic Substrate	\$1,105.05
D2750	Crown Porcelain High Noble Metal	\$1,118.92
D2751	Crown Porcelain Base Metal	\$1,105.05
D2752	Crown Porcelain Noble Metal	\$1,105.05
D2753	Crown Porcelain Fused to Titanium and Titanium Alloys	\$1,105.05
D2781	Crown 3/4 Base Metal	\$1,105.05
D2782	Crown 3/4 Cast Noble Metal	\$1,105.05

D2783	Crown 3/4 Porcelain/Ceramic	\$1,105.05
D2790	Crown Full Cast High Noble Metal	\$1,105.05
D2791	Crown Full Cast Base Metal	\$1,105.05
D2792	Crown Full Cast Noble Metal	\$1,105.05
D2794	Crown Titanium	\$1,105.05
D2799	Provisional Crown	\$330.14
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	\$87.73
D2915	Recement or re-bond Indirectly Fabricated or Prefabricated, Post and Core	\$98.43
D2920	Recement or re-bond crown	\$98.43
D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	\$258.42
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	\$201.69
D2930	Prefabricated Stainless Steel Crown Primary	\$265.56
D2931	Prefabricated Stainless Steel Crown Permanent	\$311.18
D2932	Prefabricated Resin Crown	\$258.42
D2933	Prefabricated Stainless Steel Crown with Resin Window	\$270.01
D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	\$304.42
D2940	Protective Restoration	\$111.30
D2950	Core Buildup Including Pins	\$250.12
D2951	Pin Retention Per Tooth	\$55.10
D2952	Post and core cast + crown	\$382.07
D2953	Each addtnl cast post	\$370.17
D2954	Prefabricated Post and Core + Crown	\$306.03
D2955	Post Removal	\$181.00
D2957	Each Additional Prefabricated Post	\$191.75
D2980	Crown Repair	\$175.43
D2991	Application of hydroxyapatite regeneration medicament- per tooth	\$84.46

D2999	Unspecified Restorative Procedure	Code is manually priced
D3110	Pulp Cap Direct	\$77.76
D3120	Pulp Cap Indirect	\$75.55
D3221	Pulpal Debridement	\$187.07
D3222	Partial Pulpotomy for Apexogenesis	\$218.03
D3230	Pulpal Therapy Anterior Primary Tooth	\$228.79
D3240	Pulpal Therapy Posterior Primary	\$252.20
D3310	End Therapy, Anterior Tooth	\$689.32
D3320	End Therapy, Bicuspid Tooth	\$805.52
D3330	End Therapy, Molar	\$979.01
D3331	Root Canal Obstruction Non-Surgical	\$427.18
D3332	Incomplete Endodontic Therapy	\$324.21
D3333	Internal Root Repair o	\$188.80
D3346	Retreatment Root Canal Anterior	\$800.42
D3347	Retreatment Root Canal Bicuspid	\$901.64
D3348	Retreatment Root Canal Molar	\$1,068.84
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, etc.)	\$303.98
D3352	Apexification/Recalcification Interim	\$209.07
D3353	Apexification/Recalcification- Final	\$440.87
D3355	Pulpal Regeneration Initial Visit (replaces D3354)	\$449.18
D3356	Pulpal Regeneration Interim Medication Replacement (replaces D3354)	\$197.54
D3357	Pulpal Regeneration Completion of Treatment (replaces D3354)	\$197.54
D3410	Apicoectomy/Periradicular Surgery Anter	\$654.32
D3421	Apicoectomy/Periradicular Surgery Bicus	\$712.78
D3425	Apicoectomy/Periradicular Surgery Molar	\$786.88
D3426	Apicoectomy/Periradicular Surgery Ea Add	\$279.16
D3430	Retrograde Filling Per Root	\$212.19
D3450	Root Amputation Per Root	\$341.65
D3460	Endodontic Endosseous Implant	\$677.50

D3470	Intentional Reimplantation	\$1,341.15
D3910	Isolation Tooth with Rubber Dam	\$144.68
D3920	Hemisection Incl Rt Remov Excl Rt Canal	\$399.71
D3921	Decoronation or submergence of an erupted tooth	\$436.71
D3950	Canal Preparation and Fitting of Preformed Dowel/Post	\$169.26
D3999	Unspecified Endodontic Procedure	Code is manually priced
D4210	Gingivectomy/Plasty 4 or More	\$504.38
D4211	Gingivectomy/Plasty 1 to 3	\$248.45
D4212	Gingivectomy/plasty rest	\$217.62
D4240	Gingival Flap Proc w Planin	\$647.64
D4245	Apically Positioned Flap	\$458.13
D4249	Crown Lengthening Hard Tissue	\$680.25
D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$999.30
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$712.84
D4263	Bone Replacement Graft First Site	\$531.09
D4264	Bone Replacement Graft Each Additional Site	\$389.59
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$417.90
D4266	Guided Tissue Regen Resorbable	\$566.19
D4267	Guided Tissue Regen Nonresorbable	\$696.18
D4268	Surgical Revision Procedure Per Tooth	\$420.65
D4270	Pedicle Soft Tissue Graft Procedure	\$694.52
D4273	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85

D4274	Distal/Proximal Wedge	\$417.52
D4275	Non-Autogenous Connective Tissue Graft Procedure	\$911.06
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$796.92
D4278	Free Soft Tissue Graft Pocedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$513.19
D4283	Autogenous Connective Tissue Graft Procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85
D4285	Non-Autogenous Connective Tissue Graft Procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$993.85
D4286	Removal of Non-Resorbable Barrier	\$143.62
D4322	Splint- Intra-Coronal; Natural teeth or prosthetic crowns	\$323.43
D4323	Splint- Extra-Coronal; Natural Teeth or prosthetic crowns	\$377.15
D4341	Periodontal Scaling & Root Planing	\$245.40
D4342	Periodontal Scaling 1 to 3 Teeth	\$172.78
D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$121.13
D4355	Full Mouth Debridement	\$167.72
D4381	Localized delivery antimicro	\$86.20
D4910	Periodontal Maintenance	\$131.97
D4999	Unspecified Periodontal Procedure	Code is manually priced
D5110	Complete Denture Maxillary	\$1,565.89

D5120	Complete Denture Mandibular	\$1,570.31
D5130	Immediate Denture Maxillary	\$1,662.38
D5140	Immediate Denture Mandibular	\$1,663.84
D5211	Maxillary Partial Denture Resin	\$1,188.83
D5212	Mandibular Partial Denture Resin	\$1,190.93
D5213	Maxillary Partial Denture Cast Metal	\$1,591.23
D5214	Mandibular Partial Denture Cast Metal	\$1,595.40
D5221	Immediate Maxillary Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,188.83
D5222	Immediate Mandibular Partial Denture – resin base (including any conventional clasps, rests and teeth)	\$1,190.93
D5223	Immediate Maxillary Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,591.23
D5224	Immediate Mandibular Partial Denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$1,595.40
D5227	Immediate maxillary partial denture- flexible base (including any clasps, rests, and teeth)	\$1,416.10
D5228	Immediate mandibular partial denture- flexible base (including any clasps, rests, and teeth)	\$1,420.26
D5282	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Maxillary	\$819.93
D5283	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth), Mandibular	\$819.93
D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant	\$819.93
D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant	\$819.93
D5410	Adjust Complete Denture Maxillary	\$83.24
D5411	Adjust Complete Denture Mandibular	\$83.24
D5421	Adjust Partial Denture Maxillary	\$83.24
D5422	Adjust Partial Denture Mandibular	\$83.24

D5511	Repair broken complete denture base, mandibular	\$234.19
D5512	Repair broken complete denture base, maxillary	\$234.19
D5520	Replace Complete Denture, Each Tooth	\$172.91
D5611	Repair resin partial denture base, mandibular	\$172.15
D5612	Repair resin partial denture base, maxillary	\$172.15
D5621	Repair cast partial framework, mandibular	\$229.22
D5622	Repair cast partial framework, maxillary	\$229.22
D5630	Repair or Replace Broken Clasp- per tooth	\$256.62
D5640	Replace Broken Teeth, Per Tooth	\$169.21
D5650	Add Tooth to Existing Partial Denture	\$195.00
D5660	Add Clasp to Existing Partial Denture- per tooth	\$234.50
D5670	Replace Teeth & Acrylic Cast Metal Max	\$651.25
D5671	Replace Teeth & Acrylic Cast Metal Mandi	\$651.25
D5710	Rebase Complete Maxillary Denture	\$519.50
D5711	Rebase Complete Mandibular Denture	\$533.04
D5720	Rebase Maxillary Partial Denture	\$495.75
D5721	Rebase Mandibular Partial Denture	\$495.75
D5725	Rebase hybrid prosthesis	\$530.87
D5730	Reline Complete Maxillary Denture Chair	\$313.26
D5731	Reline Comp Mandibular Denture Chair	\$313.71
D5740	Reline Maxillary Partial Denture Chair	\$260.79
D5741	Reline Mandibular Partial Denture Chair	\$263.43
D5750	Reline Complete Maxillary Denture Lab	\$421.95
D5751	Reline Complete Mandibular Denture Lab	\$422.74
D5760	Reline Maxillary Partial Denture Lab	\$426.44
D5761	Reline Mandibular Partial Denture Lab	\$426.44
D5765	Soft liner for complete or partial removable denture- indirect	\$443.79
D5810	Interim Complete Denture Maxillary	\$720.96
D5811	Interim Complete Denture Mandibular	\$704.66
D5820	Interim Partial Denture Maxillary	\$553.36
D5821	Interim Partial Denture Mandibular	\$546.88
D5850	Tissue Conditioning Maxillary	\$175.06
D5851	Tissue Conditioning Mandibular	\$175.06

D5862	Precision Attachment, By Report	\$352.92
D5863	Overdenture-Complete Maxillary	\$1,311.83
D5864	Overdenture-Partial Maxillary	\$1,194.15
D5865	Overdenture-Complete Mandibular	\$1,311.83
D5866	Overdenture-Partial Mandibular	\$1,194.15
D5867	Replacement of Precision Attachment	\$217.55
D5875	Modification of Removable Prosthesis following implant surgery	\$331.55
D5899	Unspecified Removable Prosthodontic	\$471.46
D5999	Unspecified Maxillofacial Prosthesis	Code is manually priced
D6010	Surgical Placement of Implant Body: Endosteal Implant	\$1,906.15
D6011	Second Stage Implant Surgery 21 and Older	\$640.19
D6012	Surgical Placement of Interim Implant Body: Endosteal Implant	\$1,563.05
D6055	Implant connecting bar	\$2,147.88
D6056	Prefabricated abutment	\$671.48
D6057	Custom Abutment	\$827.82
D6058	Abutment Supported Porcelain/Ceramic Crown	\$1,047.44
D6059	Abutment Supported Porcelain Fused to Metal Crown (High Noble Metal)	\$1,377.26
D6060	Abutment Supported Porcelain Fused to Metal Crown (Predominantly Base Metal)	\$1,439.23
D6061	Abutment Supported Porcelain Fused to Metal Crown (Noble Metal)	\$1,439.23
D6062	Abutment Supported Cast Metal Crown	\$1,439.23
D6063	Abutment Support Base Metal	\$1,439.23
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	\$1,439.23
D6070	Abut Supp Retain Por-Base Metal	\$1,524.58
D6073	Abut Supp Retain Base Metal	\$1,478.92
D6080	Implant Maintenance	\$182.24

D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$172.78
D6082	Implant Supported Crown- Porcelain Fused to Predominantly Base Alloy	\$1,439.23
D6084	Implant Supported Crown- Porcelain Fused to Titanium and Titanium Alloy	\$1,439.23
D6086	Implant Supported Crown- Predominantly Base Alloys	\$1,439.23
D6088	Implant Supported Crown- Titanium and Titanium Alloys	\$1,439.23
D6089	Accessing and retorquing loose dental implant screw	\$165.03
D6090	Repair Implant Supported Prosthesis	\$277.17
D6092	Re-Cement or Re-Bond Implant/Abutment Supported Crown	\$101.28
D6093	Re-Cement or Re-Bond Implant/Abutment Supported Fixed Partial Denture	\$106.60
D6096	Remove broken implant retaining screw	\$319.82
D6097	Abutment Supported Crown- Porcelain Fused to Titanium and Titanium Alloys	\$1,439.23
D6098	Implant Supported Retainer- Porcelain Fused to Predominantly Base Alloys	\$1,439.23
D6100	Implant Removal, By Report	\$135.93
D6101	Debridement of a Peri-Implant Defect or Defects Surrounding a Single Implant, and Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$405.42
D6102	Debridement and Osseous Contouring of a Peri-Implant Defect or Defects Surrounding a Single Implant and Includes Surface Cleaning of the Exposed Implant Surfaces, Including Flap Entry and Closure	\$481.59

D6103	Bone Graft for Repair of Peri-Implant Defect-Does Not Include Flap Entry and Closure, Placement of a Barrier Membrane or Biologic Materials to Aid in Osseous Regeneration are Reported Separately	\$1,012.79
D6105	Removal of implant body not requiring bone removal or flap elevation	\$185.17
D6106	Guided tissue regeneration - resorbable barrier, per implant	\$628.55
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	\$734.83
D6110	Implant/Abutment Supported Removable Denture for Edentulous Arch-Maxillary	\$1,584.49
D6111	Implant/Abutment Supported Removable Denture for Edentulous Arch-Mandibular	\$1,584.49
D6112	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch- Maxillary	\$1,584.49
D6113	Implant/Abutment Supported Removable Denture for Partially Edentulous Arch-Mandibular	\$1,584.49
D6114	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Maxillary	\$1,584.49
D6115	Implant/Abutment Supported Fixed Denture for Edentulous Arch-Mandibular	\$1,584.49
D6116	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Maxillary	\$1,584.49
D6117	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch-Mandibular	\$1,584.49
D6118	Implant/abutment supported interim fixed denture for edentulous arch – mandibular	\$3,111.93
D6119	Implant/abutment supported interim fixed denture for edentulous arch – maxillary	\$3,111.93
D6121	Implant Supported Retainer for Metal FPD- Predominantly Base Alloys	\$1,439.23

D6180	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	\$182.24
D6193	Replacement of an implant screw	\$165.03
D6194	Abutment Supported Retainer Crown for FPD (Titanium)	\$1,439.23
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported	\$132.50
D6198	Remove interim implant component	\$522.64
D6199	Unspecified Implant Procedure, By Report	Code is manually priced
D6210	Pontic-Cast High Noble Metal	\$1,101.21
D6211	Pontic-Cast Predominantly Base Metal	\$1,101.21
D6240	Pontic- Titanium	\$1,101.21
D6241	Pontic Porcelain-Base Metal	\$1,101.21
D6245	Pontic Porcelain-Ceramic	\$634.24
D6545	Retainer Cast Metal	\$668.06
D6548	Retainer-Porcelain/Ceramic for Resin Bonded Fixed Prosthesis	\$637.26
D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis	\$668.06
D6740	Crown-Porcelain/Ceramic	\$637.26
D6750	Pontic-Resin with High Noble Metal	\$668.06
D6751	Crown Porcelain Fused Base Metal	\$1,021.05
D6752	Crown-Porcelain Fused to High Noble Metal	\$1,226.64
D6781	Crown- 3/4 Cast Predominantly Base Metal	\$969.87
D6782	Crown- 3/4 Cast Noble Metal	\$969.87
D6783	Crown-3/4 Porcelain/Ceramic	\$969.87
D6790	Crown-Full Cast High Noble Metal	\$1,115.17
D6791	Crown Full Cast Predominantly Base Metal	\$1,021.05
D6792	Crown-Full Cast Noble Metal	\$1,115.17
D6793	Provisional Retainer Crown	\$457.24
D6794	Crown-Titanium	\$920.82
D6920	Connector Bar	\$493.78

D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$151.44
D6940	Stress Breaker	\$368.82
D6950	Precision Attachment	\$645.35
D6980	Fixed partial repair	\$234.43
D6999	Unspecified Fixed Prosthodontic	Code is manually priced
D7111	Extraction, Coronal Remnants	\$119.46
D7140	Extraction Erupted Tooth/Exposed Root	\$158.26
D7210	Rem imp tooth w mucoper flap	\$253.26
D7220	Removal Impacted Tooth Soft Tissue	\$291.14
D7230	Removal Impacted Tooth Partially Bony	\$366.21
D7240	Removal Impacted Tooth Complete Bony	\$429.72
D7241	Remov Impact Tooth Comp Bony Surg Comp	\$470.82
D7250	Surgical Removal of Residual Tooth Roots	\$267.89
D7251	Coronectomy	\$350.51
D7252	Partial extraction for immediate implant placement	\$253.26
D7259	Nerve dissection	\$41.10
D7260	Oral Antral Fistula Closure	\$650.42
D7261	Primary Closure Sinus Perforation	\$636.27
D7270	Tooth Reimplantation	\$413.74
D7272	Tooth Transplantation	\$554.43
D7280	Surgical Access of an Unerrupted Tooth	\$390.53
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	\$407.87
D7283	Place device impacted tooth	\$227.16
D7284	Excisional biopsy of minor salivary glands, by report	Code is manually priced
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$338.48
D7286	Incisional biopsy of oral tissue - soft	\$285.87
D7287	Cytology Sample Collection	Code is manually priced
D7288	Brush Biopsy-Transepithelial Sample Collection	\$171.76
D7290	Surgical Reposition of Teeth	\$405.05
D7291	Transseptal Fiberotomy	\$180.19

D7292	Surgical Placement of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	\$1,551.71
D7293	Surgical Placement of Temporary Anchorage Device Requiring Flap; Includes Device Removal	\$1,136.45
D7294	Surgical Placement of Temporary Anchorage Device without Flap; Includes Device Removal	\$843.58
D7295	Bone harvest,auto graft proc	\$594.18
D7310	Alveoplasty with Extraction	\$274.93
D7311	Alveoloplasty with Extractions 1-3	\$274.93
D7320	Alveoplasty without Extraction	\$389.53
D7321	Alveoloplasty not with Extractions	\$389.53
D7340	Vestibuloplasty Ridge Extension	\$787.00
D7350	Vestibuloplasty Ridge Extension Grafts	\$1,602.63
D7410	Excision of Benign Lesion up to 1.25 cm	\$305.91
D7411	Excision Benign Lesion > 1.25 cm	\$363.53
D7412	Excision Benign Lesion, Complicated	\$1,129.55
D7413	Excision Malignant Lesion, up to 1.25 cm	\$507.22
D7414	Excision Malignant Lesion > 1.25 cm	\$760.84
D7415	Excision Malignant Lesion, Complicated	\$933.14
D7440	Excision Malignant Tumor Lesion 1.25 cm	\$620.16
D7441	Excision Malignant Tumor Lesion > 1.25 c	\$486.92
D7450	Removal Benign Odontogenic Cyst, up to 1.25 cm	\$491.39
D7451	Removal Benign Odontogenic Cyst, > 1.25 cm	\$416.70
D7460	Removal Benign Nonodontogenic Cyst, up to 1.25 cm	\$424.18
D7461	Removal Benign Nonodontogenic Cyst, > 1.25 cm	\$601.16
D7465	Destruction of Lesion(s) by Physical or Chemical Method, By Report	\$244.51
D7471	Removal Lateral Exostosis	\$523.65
D7472	Removal of Torus Palatinus	\$618.93
D7473	Removal of Torus Mandibularis	\$603.25
D7485	Surgical Reduction of Osseous Tuberosity	\$557.18
D7490	Radical Resection of Mandible	\$7,017.00
D7509	Marsupialization of odontogenic cyst	\$911.19

D7510	Incision & Drainage Abscess Intraoral	\$190.60
D7511	Incision/Drain Abscess Intraoral	\$551.85
D7520	Incision/Drain Abscess Extraoral Soft	\$325.70
D7521	Incision/Drain Abscess Extraoral	\$461.90
D7530	Removal Foreign Body/Skin/Tissue	\$294.30
D7540	Removal Reaction Producing Foreign Body	\$607.39
D7550	Part Ostectomy/Sequestrectomy	\$432.55
D7560	Maxillary Sinusotomy	\$948.86
D7840	Condylectomy	\$4,398.73
D7850	Surgical Discectomy with/without Implant	\$4,310.45
D7852	Disc Repair	\$4,641.68
D7854	Synovectomy	\$4,310.45
D7856	Myotomy	\$2,898.96
D7858	Joint Reconstruction	Code is manually priced
D7860	Arthrotomy	Code is manually priced
D7865	Artoplasty	Code is manually priced
D7870	Arthrocentesis	\$337.24
D7871	Non-Arthroscopic Lysis and Lavage	Code is manually priced
D7872	Arthroscopy Diagnosis with/wo Biopsy	Code is manually priced
D7873	Arthroscopy Surgical Lavage & Lysis Adh	Code is manually priced
D7874	Arthroscopy Surgical Disc Reposit & Stab	Code is manually priced
D7875	Arthroscopy Surgical Synovectomy	Code is manually priced
D7876	Arthroscopy Surgica Discectomy	Code is manually priced
D7877	Arthroscopy Surgical Debridement	Code is manually priced

D7899	Unspecified TMD Therapy	Code is manually priced
D7910	Suture Recent Small Wounds, up to 5 cm	\$243.40
D7911	Complicated Suture up to 5 cm	\$235.53
D7912	Complicated Suture > 5 cm	\$730.07
D7920	Skin Graft Identify Defect Covered	\$1,959.21
D7921	Collection and Application of Autologous Blood Concentrate Product	\$152.97
D7953	Bone Replacement Graft for Ridge Preservations- Per Site	\$450.52
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	\$590.97
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier per site	\$709.16
D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68
D7962	Lingual frenectomy (frenulectomy)-Separate procedure not incidental to another procedure (Replacing D7960)	\$319.68
D7979	Non – surgical sialolithotomy	\$403.84
D7981	Excision of Salivary Gland, By Report	Code is manually priced
D7990	Emergency Tracheotomy	\$1,040.28
D7991	Coronoidectomy	Code is manually priced
D7997	Appliance Removal	\$95.94
D7999	Unspecified Oral Surgery	Code is manually priced
D8703	Replacement of Lost or Broken Retainer- Maxillary (Replacing D8692)	\$237.74
D8704	Replacement of Lost or Broken Retainer- Mandibular (Replacing D8692)	\$237.74
D9110	Palliative Emergency Minor	\$122.92

D9230	Analgesia	\$56.25
D9248	Non-Intravenous Moderate (Conscious) Sedation	\$188.55
D9310	Dental Consultation	\$85.97
D9311	Consultation with a medical health care professional	\$85.97
D9410	House/Extended Care Facility Call	\$184.29
D9420	Hospital/ASC Call	\$223.35
D9613	Infiltration of Sustained Release Therapeutic Drug- Single or Multiple Sites	\$50.64
D9932	Cleaning and Inspection of Removable Complete Denture, Maxillary	\$18.16
D9933	Cleaning and inspection of Removable Complete Denture, Mandibular	\$18.16
D9934	Cleaning and Inspection of Removable Partial Denture, Maxillary	\$18.16
D9935	Cleaning and Inspection of Removable Partial Denture, Mandibular	\$18.16
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	\$495.28
D9942	Occlusal Guard Repair	\$155.21
D9943	Occlusal Guard Adjustment	\$81.39
D9944	Occlusal Guard- Hard Appliance, Full Arch	\$392.54
D9945	Occlusal Guard- Soft Appliance, Full Arch	\$392.52
D9946	Occlusal Guard- Hard Appliance, Partial Arch	\$310.40
D9950	Occlusal Adjustment-Limited	\$316.08
D9952	Occlusal Adjustment-Complete	\$517.81
D9986	Missed Appointments	\$0.00
D9987	Missed Appointments	\$0.00
D9999	Unspecified Adjunctive Procedure, By Report	Code is manually priced

Procedure Code	2013 ADA Rate	2016 ADA Rate	2018 ADA Rate	2020 ADA Rate	2022 ADA Rate	Avg Rate_of_Change (%)	Projected 2025 ADA Rate
D0120	\$45.61	\$49.94	\$53.01	\$54.79	\$59.17	6.75	\$63.16
D0140	\$64.41	\$68.74	\$73.37	\$75.91	\$84.07	6.92	\$89.89
D0150	\$72.92	\$79.89	\$83.97	\$87.19	\$96.31	7.24	\$103.28
D0160	\$103.81	\$111.40	\$119.16	\$126.68	\$144.45	8.65	\$156.94
D0170	\$51.48	\$58.05	\$58.22	\$62.90	\$77.27	10.98	\$85.75
D0171		\$19.62	\$21.76	\$27.21	\$69.49	63.78	\$113.81
D0180	\$80.51	\$91.05	\$96.52	\$100.67	\$110.13	8.2	\$119.16
D0190	\$48.18	\$61.86	\$54.85	\$61.14	\$68.18	10.01	\$75.00
D0191	\$50.48	\$59.57	\$53.82	\$60.62	\$67.06	7.9	\$72.36
D0210	\$123.70	\$133.12	\$140.82	\$143.30	\$156.14	6.03	\$165.56
D0220	\$26.59	\$28.39	\$29.87	\$30.99	\$33.55	6	\$35.56
D0230	\$21.29	\$22.72	\$24.40	\$25.30	\$27.74	6.86	\$29.64
D0251		\$29.50	\$28.16	\$35.90	\$69.46	38.81	\$96.42
D0272	\$42.00	\$45.20	\$48.87	\$48.94	\$53.34	6.22	\$56.66
D0273	\$51.12	\$54.25	\$57.47	\$59.09	\$62.21	5.04	\$65.35
D0274	\$59.67	\$63.59	\$68.63	\$69.76	\$75.17	5.97	\$79.66
D0277	\$92.65	\$96.26	\$102.50	\$101.21	\$108.84	4.16	\$113.37
D0330	\$104.65	\$112.91	\$119.88	\$123.36	\$135.18	6.64	\$144.16
D0350	\$42.66	\$50.77	\$55.53	\$56.65	\$72.75	14.71	\$83.45
D0365		\$311.73	\$312.87	\$298.99	\$329.39	2.03	\$336.08
D0366		\$308.92	\$311.58	\$297.93	\$345.60	4.16	\$359.98
D0367		\$339.68	\$345.81	\$327.17	\$326.91	-1.22	\$322.92
D0470	\$94.07	\$102.50	\$115.21	\$121.41	\$133.74	9.22	\$146.07
D1110	\$85.38	\$91.09	\$96.04	\$97.50	\$104.53	5.21	\$109.98
D1120	\$63.08	\$67.90	\$71.54	\$73.04	\$77.73	5.38	\$81.91
D1206	\$35.86	\$39.23	\$41.47	\$41.96	\$45.23	6.02	\$47.95
D1208	\$33.71	\$36.48	\$38.42	\$39.89	\$42.36	5.89	\$44.86
D1351	\$49.31	\$52.72	\$56.77	\$57.10	\$61.91	5.9	\$65.56
D1352	\$87.78	\$95.99	\$97.60	\$99.32	\$107.12	5.16	\$112.65
D1354		\$64.81	\$61.20	\$54.53	\$58.52	-3.05	\$56.74

D1510	\$290.44	\$306.84	\$328.25	\$328.92	\$352.37	4.99	\$369.95
D1558					\$137.40		\$137.40
D2140	\$125.29	\$136.49	\$145.77	\$145.78	\$160.81	6.51	\$171.28
D2150	\$155.11	\$169.09	\$181.40	\$181.77	\$199.36	6.54	\$212.40
D2160	\$186.24	\$201.70	\$216.29	\$218.02	\$237.18	6.28	\$252.07
D2161	\$220.72	\$238.80	\$255.12	\$257.28	\$279.33	6.11	\$296.40
D2330	\$148.77	\$160.07	\$174.52	\$174.13	\$191.19	6.55	\$203.71
D2331	\$182.30	\$194.87	\$211.14	\$212.11	\$229.70	6	\$243.48
D2332	\$218.73	\$234.35	\$252.80	\$256.04	\$276.37	6.06	\$293.12
D2335	\$267.00	\$287.07	\$307.68	\$310.07	\$340.81	6.35	\$362.45
D2390	\$362.53	\$401.85	\$448.52	\$455.26	\$484.19	7.58	\$520.89
D2391	\$162.97	\$174.83	\$189.73	\$190.99	\$208.07	6.35	\$221.28
D2392	\$208.81	\$223.97	\$241.59	\$242.48	\$264.97	6.19	\$281.37
D2393	\$253.22	\$273.61	\$292.47	\$294.82	\$319.82	6.06	\$339.20
D2394	\$298.47	\$320.35	\$340.48	\$344.06	\$377.29	6.08	\$400.23
D2710	\$685.84	\$779.03	\$755.87	\$826.53	\$889.51	6.9	\$950.89
D2740	\$1,070.31	\$1,135.89	\$1,219.36	\$1,213.08	\$1,316.05	5.36	\$1,386.59
D2750	\$1,049.56	\$1,121.27	\$1,201.31	\$1,201.52	\$1,317.61	5.91	\$1,395.48
D2751	\$962.25	\$1,041.23	\$1,082.38	\$1,095.76	\$1,196.33	5.64	\$1,263.80
D2752	\$1,002.56	\$1,078.79	\$1,148.20	\$1,140.42	\$1,240.22	5.53	\$1,308.80
D2783	\$1,041.77	\$1,114.27	\$1,178.80	\$1,198.26	\$1,309.26	5.92	\$1,386.77
D2790	\$1,069.39	\$1,151.15	\$1,234.59	\$1,240.88	\$1,384.23	6.74	\$1,477.53
D2794		\$1,120.08	\$1,137.23	\$1,195.54	\$1,355.24	6.67	\$1,445.63
D2799	\$312.85	\$343.59	\$351.36	\$356.87	\$424.14	8.13	\$458.62
D2920	\$96.32	\$104.15	\$110.99	\$114.64	\$128.29	7.47	\$137.87
D2928					\$588.35		\$588.35
D2929	\$270.21	\$315.48	\$347.91	\$345.69	\$410.55	11.29	\$456.90
D2930	\$249.10	\$262.67	\$279.81	\$283.56	\$311.33	5.78	\$329.32
D2931	\$291.89	\$312.46	\$330.29	\$336.67	\$358.07	5.26	\$376.90
D2940	\$104.40	\$112.88	\$123.67	\$126.23	\$135.73	6.82	\$144.99
D2950	\$243.10	\$260.66	\$279.72	\$282.49	\$307.55	6.1	\$326.31
D2952	\$358.38	\$393.33	\$412.02	\$411.52	\$430.52	4.75	\$450.97

D2954	\$299.81	\$321.45	\$347.94	\$348.17	\$374.01	5.74	\$395.48
D2980		\$247.60	\$270.44	\$268.67	\$302.76	7.09	\$324.23
D3110	\$72.95	\$79.08	\$83.50	\$84.40	\$96.57	7.37	\$103.69
D3120	\$70.87	\$75.26	\$82.52	\$81.75	\$90.79	6.49	\$96.68
D3220	\$168.75	\$181.50	\$193.61	\$201.50	\$219.30	6.78	\$234.17
D3221	\$175.47	\$192.44	\$199.81	\$218.16	\$239.52	8.12	\$258.97
D3222	\$204.50	\$238.03	\$248.94	\$259.23	\$288.24	9.08	\$314.41
D3230	\$214.61	\$233.17	\$247.04	\$256.12	\$285.31	7.42	\$306.48
D3240	\$236.57	\$255.12	\$277.95	\$283.96	\$318.72	7.8	\$343.58
D3310	\$682.75	\$736.96	\$785.28	\$799.76	\$884.42	6.73	\$943.94
D3320	\$795.21	\$853.78	\$910.67	\$917.71	\$1,007.09	6.14	\$1,068.93
D3330	\$964.72	\$1,033.35	\$1,092.43	\$1,109.31	\$1,223.37	6.16	\$1,298.73
D3331	\$400.70	\$454.01	\$465.22	\$487.32	\$484.44	4.98	\$508.57
D3332	\$304.11	\$348.65	\$353.29	\$385.88	\$441.03	9.87	\$484.56
D3346	\$774.15	\$846.60	\$901.72	\$911.61	\$1,009.41	6.92	\$1,079.26
D3347	\$887.81	\$956.59	\$1,022.67	\$1,044.12	\$1,129.42	6.23	\$1,199.78
D3348	\$1,053.76	\$1,144.43	\$1,215.24	\$1,246.06	\$1,336.81	6.15	\$1,419.02
D3351	\$285.14	\$331.26	\$339.02	\$366.28	\$386.79	8.04	\$417.89
D3352	\$196.11	\$220.65	\$240.01	\$239.73	\$260.69	7.48	\$280.19
D3353	\$413.55	\$489.06	\$507.14	\$556.64	\$590.11	9.43	\$645.76
D3355		\$344.69	\$332.50	\$414.35	\$359.64	2.63	\$369.10
D3356		\$250.53	\$190.44	\$261.70	\$244.72	2.32	\$250.40
D3357			\$334.94	\$488.61	\$458.30	19.84	\$549.23
D3410	\$613.76	\$669.02	\$706.51	\$767.40	\$834.70	8	\$901.48
D3421	\$668.60	\$747.08	\$776.64	\$849.16	\$924.71	8.48	\$1,003.13
D3425	\$738.10	\$843.80	\$856.31	\$961.87	\$1,035.07	8.94	\$1,127.61
D3426		\$355.16	\$345.42	\$380.16	\$413.81	5.39	\$436.11
D4210	\$515.44	\$558.92	\$586.54	\$612.88	\$668.83	6.75	\$713.98
D4211	\$250.51	\$273.83	\$292.55	\$299.46	\$342.29	8.2	\$370.36
D4212	\$204.13	\$214.84	\$228.17	\$235.76	\$249.85	5.19	\$262.82
D4240	\$607.49	\$671.69	\$720.39	\$751.41	\$863.80	9.27	\$943.87
D4249	\$638.08	\$692.31	\$742.09	\$761.96	\$834.37	6.97	\$892.53

D4260	\$937.35	\$1,040.96	\$1,089.89	\$1,144.38	\$1,266.37	7.85	\$1,365.78
D4261	\$668.65	\$793.15	\$880.67	\$906.77	\$1,030.25	11.56	\$1,149.35
D4263	\$498.17	\$559.52	\$598.65	\$597.86	\$623.77	5.88	\$660.45
D4264	\$365.44	\$442.64	\$457.82	\$466.03	\$494.62	8.12	\$534.78
D4266	\$531.09	\$602.57	\$588.32	\$608.23	\$619.70	4.09	\$645.05
D4267	\$653.02	\$732.22	\$739.63	\$698.30	\$736.86	3.27	\$760.96
D4273	\$932.23	\$1,033.68	\$1,088.66	\$1,128.05	\$1,197.55	6.5	\$1,275.39
D4275	\$854.58	\$967.48	\$965.51	\$969.72	\$1,105.56	6.86	\$1,181.40
D4277	\$747.51	\$938.44	\$931.65	\$883.16	\$1,041.34	9.38	\$1,139.02
D4278		\$591.88	\$621.26	\$636.03	\$656.75	3.53	\$679.93
D4283			\$785.84	\$871.06	\$800.01	1.34	\$810.73
D4285			\$731.38	\$801.10	\$845.90	7.56	\$909.85
D4323					\$518.25		\$518.25
D4341	\$232.45	\$249.46	\$264.13	\$266.51	\$292.08	5.92	\$309.37
D4342	\$161.75	\$169.85	\$187.58	\$189.68	\$208.98	6.69	\$222.96
D4355	\$157.32	\$166.97	\$179.74	\$187.06	\$205.20	6.89	\$219.34
D4381	\$80.86	\$81.40	\$80.71	\$92.84	\$95.95	4.55	\$100.32
D4910	\$127.97	\$137.13	\$146.63	\$149.01	\$162.93	6.26	\$173.13
D5110	\$1,468.82	\$1,610.71	\$1,717.77	\$1,739.91	\$1,919.36	6.98	\$2,053.33
D5120	\$1,472.96	\$1,613.00	\$1,718.51	\$1,737.49	\$1,926.26	7	\$2,061.10
D5130	\$1,559.31	\$1,711.95	\$1,813.46	\$1,852.49	\$2,028.84	6.85	\$2,167.82
D5140	\$1,560.70	\$1,718.22	\$1,814.83	\$1,850.74	\$2,025.25	6.78	\$2,162.56
D5211	\$1,111.42	\$1,215.36	\$1,313.09	\$1,338.52	\$1,471.77	7.32	\$1,579.50
D5212	\$1,120.39	\$1,220.16	\$1,315.67	\$1,350.62	\$1,474.34	7.14	\$1,579.61
D5213	\$1,547.22	\$1,685.30	\$1,786.24	\$1,809.27	\$1,957.76	6.1	\$2,077.18
D5214	\$1,552.66	\$1,688.00	\$1,789.86	\$1,811.46	\$1,964.62	6.1	\$2,084.46
D5221		\$1,225.97	\$1,396.33	\$1,352.90	\$1,558.31	8.66	\$1,693.26
D5222		\$1,242.47	\$1,404.39	\$1,354.47	\$1,568.47	8.43	\$1,700.69
D5223		\$1,549.91	\$1,701.20	\$1,701.10	\$1,989.94	8.91	\$2,167.24
D5224		\$1,550.53	\$1,702.30	\$1,725.42	\$1,981.93	8.67	\$2,153.76
D5520	\$162.56	\$174.39	\$191.22	\$192.60	\$211.30	6.84	\$225.75
D5640	\$161.97	\$176.71	\$189.25	\$197.79	\$214.77	7.32	\$230.49

D5650	\$194.97	\$210.90	\$225.80	\$234.11	\$251.96	6.64	\$268.69
D5660	\$232.30	\$250.76	\$257.41	\$268.15	\$291.45	5.87	\$308.56
D5710	\$499.10	\$537.46	\$577.42	\$594.67	\$628.69	5.96	\$666.16
D5711		\$536.32	\$571.83	\$589.98	\$628.39	5.44	\$662.57
D5720		\$513.11	\$545.14	\$567.73	\$606.15	5.72	\$640.82
D5721		\$513.02	\$546.06	\$566.31	\$615.29	6.27	\$653.87
D5730	\$303.03	\$323.35	\$344.50	\$350.42	\$397.05	7.07	\$425.12
D5731	\$299.87	\$322.87	\$343.54	\$351.32	\$396.41	7.29	\$425.31
D5750	\$407.26	\$431.88	\$455.10	\$465.57	\$505.38	5.57	\$533.53
D5751	\$408.24	\$433.34	\$455.15	\$463.29	\$503.17	5.39	\$530.29
D5820					\$686.32		\$686.32
D5821					\$692.47		\$692.47
D5986		\$169.85	\$180.98	\$169.76	\$181.75	2.47	\$186.24
D5991		\$213.81	\$260.76	\$202.54	\$241.62	6.31	\$256.87
D6010	\$1,787.97	\$1,919.40	\$2,023.55	\$2,013.73	\$2,141.41	4.66	\$2,241.20
D6011		\$660.44	\$541.90	\$540.06	\$579.90	-3.64	\$558.79
D6012	\$1,466.15	\$1,481.37	\$1,612.86	\$1,646.55	\$1,775.40	4.96	\$1,863.46
D6055	\$2,014.72	\$2,300.84	\$2,385.68	\$2,554.28	\$2,518.01	5.88	\$2,666.07
D6056	\$629.86	\$663.75	\$717.32	\$717.97	\$780.76	5.57	\$824.25
D6057	\$776.51	\$816.57	\$865.31	\$872.56	\$954.66	5.34	\$1,005.64
D6059	\$1,291.87	\$1,352.04	\$1,449.14	\$1,456.48	\$1,568.89	5.02	\$1,647.65
D6080	\$170.95	\$198.89	\$202.72	\$212.47	\$254.19	10.68	\$281.34
D6100		\$599.17	\$617.27	\$640.78	\$722.36	6.52	\$769.46
D6210	\$1,032.94	\$1,094.02	\$1,188.86	\$1,171.26	\$1,275.92	5.51	\$1,346.22
D6240	\$1,029.80	\$1,103.20	\$1,180.66	\$1,188.22	\$1,287.64	5.79	\$1,362.19
D6241	\$955.85	\$1,023.06	\$1,093.06	\$1,094.53	\$1,170.98	5.25	\$1,232.46
D6245	\$1,052.96	\$1,120.32	\$1,195.61	\$1,184.07	\$1,271.98	4.89	\$1,334.18
D6545	\$626.65	\$677.76	\$760.76	\$750.53	\$828.10	7.35	\$888.97
D6549		\$645.48	\$705.76	\$717.92	\$735.11	4.49	\$768.12
D6750	\$1,049.78	\$1,116.88	\$1,200.11	\$1,204.67	\$1,315.59	5.86	\$1,392.68
D6751	\$957.75	\$1,037.08	\$1,093.10	\$1,103.69	\$1,196.16	5.76	\$1,265.06
D6790	\$1,046.04	\$1,113.38	\$1,195.78	\$1,202.04	\$1,328.85	6.23	\$1,411.64

D6793	\$428.89	\$450.89		\$487.26	\$563.24	10.36	\$621.59
D6930	\$142.06	\$154.64	\$169.14	\$170.52	\$192.19	7.94	\$207.45
D7111	\$112.06	\$120.85	\$130.75	\$134.94	\$146.58	6.97	\$156.80
D7140	\$156.39	\$169.65	\$187.36	\$189.83	\$210.40	7.77	\$226.75
D7210	\$253.35	\$271.01	\$290.00	\$291.53	\$325.38	6.53	\$346.63
D7220	\$290.48	\$312.95	\$334.24	\$335.51	\$369.97	6.3	\$393.28
D7230	\$363.30	\$386.60	\$406.75	\$417.17	\$457.52	5.96	\$484.79
D7240	\$432.69	\$454.33	\$487.47	\$505.38	\$539.39	5.67	\$569.97
D7250	\$264.82	\$287.37	\$301.07	\$304.09	\$337.55	6.32	\$358.88
D7251	\$328.79	\$408.53	\$395.66	\$415.76	\$490.66	11.05	\$544.88
D7286	\$263.54	\$298.84	\$318.82	\$339.92	\$380.08	9.63	\$416.68
D7287	\$162.99	\$193.02	\$174.04	\$188.27	\$240.41	11.12	\$267.14
D7288	\$161.12	\$188.63	\$184.89	\$199.14	\$209.24	6.97	\$223.82
D7295		\$632.28	\$601.72	\$744.59	\$925.54	14.4	\$1,058.82
D7310	\$257.02	\$277.79	\$300.97	\$301.75	\$348.35	8.03	\$376.32
D7320	\$345.75	\$385.34	\$413.40	\$428.09	\$481.68	8.7	\$523.59
D7410	\$313.47	\$347.64	\$388.14	\$394.64	\$430.59	8.33	\$466.46
D7440	\$456.74	\$627.33	\$735.23	\$726.64	\$729.33	13.44	\$827.35
D7450	\$390.87	\$521.58	\$504.00	\$586.07	\$538.46	9.56	\$589.94
D7880	\$680.86	\$767.74	\$823.29	\$876.43	\$907.10	7.49	\$975.04
D7910	\$220.93	\$244.73	\$264.41	\$292.09	\$305.47	8.47	\$331.34
D7921		\$325.32	\$386.67	\$371.34	\$403.81	7.88	\$435.63
D7953	\$422.61	\$486.69	\$538.37	\$520.15	\$588.85	8.9	\$641.26
D7961					\$457.61		\$457.61
D7962					\$453.43		\$453.43
D7970	\$370.86	\$405.52	\$451.84	\$471.24	\$503.49	7.98	\$543.67
D8020	\$1,937.80	\$2,322.04	\$2,486.30	\$2,692.42	\$3,126.55	12.83	\$3,527.69
D8070	\$4,766.01	\$5,149.07	\$5,189.40	\$5,327.80	\$5,432.43	3.36	\$5,614.96
D8080	\$4,937.86	\$5,193.99	\$5,449.11	\$5,369.51	\$5,514.03	2.83	\$5,670.08
D8090	\$5,130.28	\$5,278.82	\$5,552.29	\$5,426.03	\$5,651.81	2.49	\$5,792.54
D8660		\$249.08	\$284.53	\$290.44	\$314.80	8.23	\$340.71
D8670	\$241.73	\$237.85	\$224.55	\$248.45	\$268.29	2.86	\$275.96

D8698					\$177.98		\$177.98
D8703					\$267.15		\$267.15
D9110	\$110.68	\$118.16	\$122.85	\$126.85	\$141.09	6.3	\$149.98
D9223			\$240.07	\$261.55	\$234.61	-0.68	\$233.01
D9230	\$52.77	\$62.28	\$67.08	\$72.51	\$78.81	10.63	\$87.19
D9243		\$190.69	\$216.05	\$204.05	\$195.26	1.15	\$197.51
D9248	\$176.87	\$203.64	\$197.43	\$211.53	\$314.66	17	\$368.15
D9310	\$83.97	\$98.27	\$97.83	\$106.84	\$125.75	10.87	\$139.42
D9410	\$172.88	\$181.50	\$203.05	\$219.17	\$232.25	7.69	\$250.11
D9420	\$209.50	\$227.86	\$255.83	\$295.57	\$276.95	7.57	\$297.92
D9911	\$53.49	\$56.49	\$60.16	\$63.00	\$66.37	5.54	\$70.05
D9932		\$62.54	\$61.92	\$68.03	\$75.67	6.7	\$80.74
D9933		\$62.47	\$61.10	\$67.05	\$74.58	6.26	\$79.25
D9934		\$64.72	\$62.33	\$64.82	\$77.07	6.4	\$82.00
D9935		\$64.35	\$61.83	\$64.97	\$76.20	6.15	\$80.89
D9943		\$97.71	\$96.15	\$96.93	\$141.86	15.19	\$163.41
D9944					\$592.94		\$592.94
D9945					\$452.91		\$452.91
D9951	\$132.21	\$141.56	\$149.64	\$147.63	\$183.12	8.87	\$199.36
D9952	\$485.71	\$527.33	\$569.29	\$565.50	\$633.46	6.97	\$677.61
D9996					\$108.27		\$108.27

Procedure Code	Procedure Code Description	Louisiana			Nevada			New York			Oklahoma			South Carolina		
		Procedure Code	LA Rate	LA CoLA Rate	Procedure Code	NV Rate	NV CoLA Rate	Procedure Code	NY Rate	NY CoLA Rate	Procedure Code	OK Rate	OK CoLA Rate	Procedure Code	SC Rate	SC CoLA Rate
D0120	Periodic Oral Evaluation	D0120	\$36.88	\$40.51	D0120	38.39	\$39.39				D0120	23.5	\$27.46	D0120	\$24.00	\$25.89
D0140	Limited Oral Evaluation Problem Focused										D0140	33.57	\$39.22	D0140	\$39.00	\$42.07
D0150	Comprehensive Oral Evaluation	D0150	\$64.13	\$70.44	D0150	38.39	\$39.39				D0150	33.57	\$39.22	D0150	\$42.00	\$45.31
D0160	Detailed & Extensive Oral Evaluation, Problem Focus													D0160	\$75.00	\$80.91
D0210	Intraoral Complete Film Series	D0210	\$81.46	\$89.48	D0210	68.07	\$69.84				D0210	67.14	\$78.44	D0210	\$56.00	\$60.41
D0220	Intraoral Periapical First	D0220	\$19.89	\$21.85	D0220	21.79	\$22.36				D0220	16.79	\$19.62	D0220	\$13.00	\$14.02
D0230	Intraoral Periapical-Each Additional	D0230	\$16.81	\$18.46	D0230	6.8	\$6.98				D0230	8.39	\$9.80	D0230	\$11.00	\$11.87
D0240	Intraoral-Occusal Radiographic Image	D0240	\$27.63	\$30.35	D0240	16.33	\$16.75							D0240	\$21.00	\$22.65
D0270	Dental Bitewing, Single Image													D0270	\$12.50	\$13.48
D0272	Dental Bitewings, Two Images	D0272	\$29.01	\$31.86	D0272	24.5	\$25.14				D0272	20.14	\$23.53	D0272	\$19.00	\$20.50
D0274	Bitewings, Four Images										D0274	33.57	\$39.22	D0274	\$28.00	\$30.21
D0322	Tomographic Survey										D0322	187.99	\$219.64			
D0330	Panoramic Image	D0330	\$77.23	\$84.83	D0330	47.63	\$48.87				D0330	53.71	\$62.75	D0330	\$50.50	\$54.48
D0350	2D Oral/Facial Photographic Image Obtained Intra-Orally or Extra-Orally	D0350	\$37.12	\$40.77	D0350	23.68	\$24.30									
D0372	Intraoral Tomosynthesis - Comprehensive Series of Radiographic Images													D0372	\$56.00	\$60.41
D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image													D0373	\$12.50	\$13.48
D0374	Intraoral Tomosynthesis - Periapical Radiographic Image													D0374	\$11.00	\$11.87
D0470	Diagnostic Casts	D0470	\$64.22	\$70.54	D0470	29.59	\$30.36									
D1110	Prophylaxis Adult	D1110	\$65.00	\$71.40	D1110	57.53	\$59.02	D1110	\$54.54	\$45.39	D1110	50.36	\$58.84	D1110	\$50.50	\$54.48
D1120	Prophylaxis Child													D1120	\$35.00	\$37.76
D1206	Topical Fluoride Varnish	D1206	\$32.88	\$36.12	D1206	61.56	\$63.16	D1206	\$36.36	\$30.26	D1206	20.14	\$23.53	D1206	\$16.50	\$17.80
D1208	Topical Application of Fluoride-excluding varnish	D1208	\$26.40	\$29.00	D1208	11.82	\$12.13	D1208	\$16.97	\$14.12				D1208	\$16.50	\$17.80
D1351	Sealant- Per Tooth	D1351	\$34.54	\$37.94	D1351	27.22	\$27.93							D1351	\$30.00	\$32.36
D1353	Sealant Repair- Per Tooth				D1353	18.94	\$19.43									
D1354	Interim Caries Arresting Medicament Application	D1354	\$14.63	\$16.07	D1354	14.21	\$14.58	D1354	\$18.18	\$15.13	D1354	83.93	\$98.06	D1354	\$15.00	\$16.18
D1510	Space Maintainer Fixed Unilateral													D1510	\$173.00	\$186.63
D1701	Pfizer-BioNTech Covid-19 vaccine administration - first dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 1										D1701	40	\$46.73			
D1702	Pfizer-BioNTech Covid-19 vaccine administration - second dose SARSCOV2 COVID-19 VAC mRNA 30mcg/0.3mL IM DOSE 2										D1702	40	\$46.73			
D1703	Moderna Covid-19 vaccine administration - first dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 1										D1703	40	\$46.73			
D1704	Moderna Covid-19 vaccine administration - second dose SARSCOV2 COVID-19 VAC mRNA 100mcg/0.5mL IM DOSE 2										D1704	40	\$46.73			
D1707	Janssen Covid-19 vaccine administration SARSCOV2 COVID-19 VAC Ad26 5x1010 VP/ .5mL IM SINGLE DOSE										D1707	40	\$46.73			
D2140	Amalgam One Surface Permanent	D2140	\$87.71	\$96.34	D2140	74.88	\$76.82				D2140	67.14	\$78.44	D2140	\$65.00	\$70.12
D2150	Amalgam Two Surfaces Permanent	D2150	\$111.20	\$122.14	D2150	99.37	\$101.95				D2150	134.28	\$156.89	D2150	\$80.00	\$86.30
D2160	Amalgam Three Surfaces Permanent	D2160	\$134.68	\$147.93	D2160	112.99	\$115.92				D2160	181.28	\$211.80	D2160	\$98.00	\$105.72
D2161	Amalgam 4 or > Surfaces Permanent	D2161	\$178.00	\$195.51	D2161	136.14	\$139.68				D2161	110.78	\$129.43	D2161	\$118.00	\$127.30
D2330	Resin One Surface Anterior	D2330	\$102.90	\$113.02	D2330	65.12	\$66.81				D2330	67.14	\$78.44	D2330	\$100.00	\$107.88
D2331	Resin Two Surfaces Anterior	D2331	\$127.77	\$140.34	D2331	87.61	\$89.89				D2331	100.71	\$117.67	D2331	\$100.00	\$107.88
D2332	Resin Three Surfaces Anterior	D2332	\$155.40	\$170.69	D2332	95.9	\$98.39				D2332	117.5	\$137.28	D2332	\$106.30	\$114.67
D2335	Resin Four or > Surface/Incisor Anterior	D2335	\$194.77	\$213.93	D2335	108.92	\$111.75				D2335	134.28	\$156.89	D2335	\$135.00	\$145.64
D2390	Resin Based Composite Crown Anterior	D2390	\$285.25	\$313.32	D2390	66.3	\$68.02							D2390	\$153.00	\$165.05
D2391	Resin Based Composite One Surface Posterior	D2391	\$87.71	\$96.34	D2391	49.73	\$51.02				D2391	67.14	\$78.44	D2391	\$110.00	\$118.67
D2392	Resin Based Composite Two Surfaces Posterior	D2392	\$126.43	\$138.87	D2392	63.91	\$65.57				D2392	134.28	\$156.89	D2392	\$110.00	\$118.67
D2393	Resin Base Composite Three Surface Posterior	D2393	\$153.63	\$168.75	D2393	73.41	\$75.32				D2393	181.28	\$211.80	D2393	\$135.00	\$145.64
D2394	Resin Base Composite 4 or > Surfaces Posterior	D2394	\$168.43	\$185.00	D2394	80.49	\$82.58				D2394	191.35	\$223.57	D2394	\$175.00	\$188.79
D2740	Crown, Porcelain/Ceramic Substrate				D2740	520.89	\$534.42									
D2751	Crown Porcelain Base Metal				D2751	378.83	\$388.67									
D2791	Crown Full Cast Base Metal				D2791	378.83	\$388.67									
D2920	Recement or re-bond crown	D2920	\$84.61	\$92.94	D2920	35.5	\$36.42									
D2929	Prefabricated Porcelain/Ceramic Crown- Primary Tooth	D2929	\$370.37	\$406.81										D2929	\$140.00	\$151.03
D2930	Prefabricated Stainless Steel Crown Primary	D2930	\$215.83	\$237.07										D2930	\$140.00	\$151.03
D2931	Prefabricated Stainless Steel Crown Permanent	D2931	\$341.88	\$375.52	D2931	153.91	\$157.91							D2931	\$145.00	\$156.42
D2932	Prefabricated Resin Crown	D2932	\$280.57	\$308.18	D2932	71.03	\$72.87							D2932	\$153.00	\$165.05
D2933	Prefabricated Stainless Steel Crown with Resin Window	D2933	\$285.75	\$313.87												
D2934	Prefabricated Esthetic Coated Stainless Steel Crown Primary	D2934	\$370.37	\$406.81										D2934	\$135.00	\$145.64
D2950	Core Buildup Including Pins	D2950	\$174.04	\$191.16	D2950	142.07	\$145.76							D2950	\$135.00	\$145.64
D2951	Pin Retention Per Tooth	D2951	\$47.65	\$52.34	D2951	23.68	\$24.30							D2951	\$39.50	\$42.61
D2954	Prefabricated Post and Core + Crown	D2954	\$271.94	\$298.70	D2954	118.38	\$121.45							D2954	\$153.00	\$165.05
D3110	Pulp Cap Direct	D3110	\$51.80	\$56.90	D3110	29.59	\$30.36									
D3220	Therapeutic Pulpotomy	D3220	\$127.77	\$140.34	D3220	71.03	\$72.87							D3220	\$85.00	\$91.70
D3222	Partial Pulpotomy for Apexogenesis	D3222	\$127.77	\$140.34	D3222	75.76	\$77.73									
D3310	End Therapy, Anterior Tooth	D3310	\$455.84	\$500.69	D3310	236.78	\$242.93							D3310	\$385.00	\$415.33
D3320	End Therapy, Bicuspid Tooth	D3320	\$535.25	\$587.92	D3320	284.13	\$291.51							D3320	\$465.00	\$501.63
D3330	End Therapy, Molar	D3330	\$642.31	\$705.51	D3330	378.83	\$388.67							D3330	\$560.00	\$604.12
D3346	Retreatment Root Canal Anterior	D3346	\$529.73	\$581.85	D3346	260.45	\$267.21									
D3348	Retreatment Root Canal Molar										D3348	553.91	\$647.17			
D3352	Apexification/Recalcification Interim	D3352	\$164.38	\$180.55	D3352	94.71	\$97.17									
D3410	Apicoectomy/Periradicular Surgery Anter	D3410	\$437.87	\$480.95	D3410	165.74	\$170.04									
D3430	Retrograde Filling Per Root	D3430	\$174.04	\$191.16	D3430	71.03	\$72.87									
D4210	Gingivectomy/Plasty 4 or More	D4210	\$399.88	\$439.23	D4210	142.07	\$145.76									
D4341	Periodontal Scaling & Root Planning	D4341	\$158.85	\$174.48	D4341	118.86	\$121.95				D4341	167.85	\$196.11			
D4342	Periodontal Scaling 1 to 3 Teeth				D4342	63.92	\$65.58				D4342	90.64	\$105.90			
D4346	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure				D4346	213.1	\$218.64				D4346	302.13	\$353.00			
D4355	Full Mouth Debridement	D4355	\$117.41	\$128.96	D4355	86.43	\$88.67									
D4910	Periodontal Maintenance				D4910	47.34	\$48.57				D4910	67.14	\$78.44			
D5110	Complete Denture Maxillary	D5110	\$837.66	\$920.08	D5110	710.33	\$728.78				D5110	839.25	\$980.56	D5110	\$660.00	\$712.00
D5120	Complete Denture Mandibular	D5120	\$837.66	\$920.08	D5120	710.33	\$728.78				D5120	839.25	\$980.56	D5120	\$660.00	\$712.00
D5130	Immediate Denture Maxillary	D5130	\$837.66	\$920.08	D5130	769.52	\$789.51				D5130	923.18	\$1,078.62			
D5140	Immediate Denture Mandibular	D5140	\$837.66	\$920.08	D5140	769.52	\$789.51				D5140	923.18	\$1,078.62			
D5211	Maxillary Partial Denture Resin	D5211	\$795.36	\$873.62	D5211	236.78	\$242.93				D5211	570.69	\$666.78	D5211	\$565.00	\$609.51
D5212	Mandibular Partial Denture Resin	D5212	\$795.36	\$873.62	D5212	236.78	\$242.93				D5212	594.19	\$694.24	D5212	\$650.00	\$701.21
D5213	Maxillary Partial Denture Cast Metal	D5213	\$1,164.27	\$1,278.83	D5213	710.33	\$728.78				D5213	1007.1	\$1,176.67			

2024 Q3 COLA Index

US State	CoLA	Abbreviation	Adj Factor
Colorado	102.7	CO	1.000
Louisiana	93.5	LA	1.098
Nevada	100.1	NV	1.026
New York	123.4	NY	0.832
Oklahoma	87.9	OK	1.168
South Carolina	95.2	SC	1.079

Fee Schedules for these states were downloaded in late Dec 2024.

LA Rate: Separate IDD dental fee schedule
https://www.lamedicaid.com/proweb1/fee_schedules/Adult_ICFID_Dental_Program_FS_Current.pdf
* D2392, D2393, and D2394 are average rates from the same codes with different tooth numbers.

CODE	DESCRIPTION	Rate	Avg Rate
D2392	Resin-based composite - two surfaces, posterior - primary. This procedure is reimbursable for primary teeth.	\$111.20	
D2392	Resin-based composite, two surfaces, posterior. This procedure is reimbursable for tooth number 1 through 5,	\$111.20	
D2392	Resin-based composite, two surfaces, posterior. This procedure is reimbursable for permanent teeth, Tooth	\$124.74	\$126.43
D2392	Resin-based composite - two surfaces, posterior. This procedure reimbursable for Tooth Number 1, 2, 3, 4, 5,	\$158.58	
D2392	12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 28, 29, 30, 31, 32 with two surfaces combo of MO or DO		
D2393	Resin-based composite - three surfaces, posterior - primary. This procedure is reimbursable for primary	\$134.68	
D2393	Resin-based composite - three surfaces, posterior. This procedure reimbursable for Tooth Number 1, 2, 3, 4,	\$178.00	\$153.63
D2393	Resin-based composite - three surfaces, posterior. This procedure reimbursable for Tooth Number 1, 2, 3, 4,	\$148.21	
D2394	Resin-based composite - four or more surfaces, posterior - primary. This procedure is reimbursable for	\$158.85	
D2394	Resin-based composite - four surfaces, posterior - permanent teeth only. This procedure is reimbursable for	\$178.00	\$168.43

D5214	Mandibular Partial Denture Cast Metal	D5214	\$1,164.27	\$1,278.83	D5214	710.33	\$728.78					D5214	1007.1	\$1,176.67				
D5223	Immediate Maxillary Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)				D5223	710.33	\$728.78											
D5224	Immediate Mandibular Partial Denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)				D5224	710.33	\$728.78											
D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Maxillary											D5282	449.84	\$525.58				
D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps and Teeth), Mandibular											D5283	449.84	\$525.58				
D5284	Removable Unilateral Partial Denture- One Piece Flexible Base (Including Clasps and Teeth), Per Quadrant											D5284	449.84	\$525.58				
D5286	Removable Unilateral Partial Denture- One Piece Resin (Including Clasps and Teeth), Per Quadrant											D5286	449.84	\$525.58				
D5410	Adjust Complete Denture Maxillary											D5410	40.28	\$47.06				
D5411	Adjust Complete Denture Mandibular											D5411	40.28	\$47.06				
D5421	Adjust Partial Denture Maxillary											D5421	40.28	\$47.06				
D5422	Adjust Partial Denture Mandibular											D5422	40.28	\$47.06				
D5511	Repair broken complete denture base, mandibular	D5511	\$211.53	\$232.34	D5511	71.03	\$72.87					D5511	100.71	\$117.67	D5511	\$83.00	\$89.54	
D5512	Repair broken complete denture base, maxillary	D5512	\$211.53	\$232.34	D5512	71.03	\$72.87					D5512	100.71	\$117.67	D5512	\$83.00	\$89.54	
D5520	Replace Complete Denture, Each Tooth	D5520	\$110.00	\$120.82	D5520	47.34	\$48.57					D5520	67.14	\$78.44	D5520	\$75.00	\$80.91	
D5611	Repair resin partial denture base, mandibular	D5611	\$211.53	\$232.34	D5611	71.03	\$72.87					D5611	100.71	\$117.67	D5611	\$81.00	\$87.38	
D5612	Repair resin partial denture base, maxillary	D5612	\$211.53	\$232.34	D5612	71.03	\$72.87					D5612	100.71	\$117.67	D5612	\$81.00	\$87.38	
D5621	Repair cast partial framework, mandibular											D5621	137.64	\$160.81				
D5622	Repair cast partial framework, maxillary											D5622	137.64	\$160.81				
D5630	Repair or Replace Broken Clasp- per tooth	D5630	\$201.38	\$221.19	D5630	142.07	\$145.76					D5630	124.21	\$145.12				
D5640	Replace Broken Teeth, Per Tooth	D5640	\$110.00	\$120.82	D5640	71.03	\$72.87					D5640	100.71	\$117.67	D5640	\$66.00	\$71.20	
D5650	Add Tooth to Existing Partial Denture	D5650	\$110.00	\$120.82	D5650	71.03	\$72.87					D5650	100.71	\$117.67				
D5660	Add Clasp to Existing Partial Denture- per tooth	D5660	\$119.00	\$130.71	D5660	118.38	\$121.45					D5660	167.85	\$196.11				
D5670	Replace Teeth & Acrylic Cast Metal Max											D5670	500.19	\$584.41				
D5671	Replace Teeth & Acrylic Cast Metal Mandi											D5671	500.19	\$584.41				
D5710	Rebase Complete Maxillary Denture											D5710	335.7	\$392.22				
D5711	Rebase Complete Mandibular Denture											D5711	335.7	\$392.22				
D5720	Rebase Maxillary Partial Denture											D5720	268.56	\$313.78				
D5721	Rebase Mandibular Partial Denture											D5721	268.56	\$313.78				
D5750	Reline Complete Maxillary Denture Lab	D5750	\$402.75	\$442.38	D5750	219.01	\$224.70					D5750	268.56	\$313.78				
D5751	Reline Complete Mandibular Denture Lab	D5751	\$402.75	\$442.38	D5751	219.01	\$224.70					D5751	268.56	\$313.78				
D5760	Reline Maxillary Partial Denture Lab	D5760	\$351.99	\$386.62	D5760	189.41	\$194.33					D5760	268.56	\$313.78				
D5761	Reline Mandibular Partial Denture Lab	D5761	\$351.99	\$386.62	D5761	189.41	\$194.33					D5761	268.56	\$313.78				
D5820	Interim Partial Denture Maxillary	D5820	\$634.59	\$697.03								D5820	335.7	\$392.22				
D5821	Interim Partial Denture Mandibular	D5821	\$634.59	\$697.03								D5821	335.7	\$392.22				
D5850	Tissue Conditioning Maxillary											D5850	87.28	\$101.98				
D5851	Tissue Conditioning Mandibular											D5851	87.28	\$101.98				
D6105	Removal of implant body not requiring bone removal or flap elevation											D6105	117.5	\$137.28				
D6241	Pontic Porcelain-Base Metal	D6241	\$828.68	\$910.22														
D6545	Retainer Cast Metal	D6545	\$667.34	\$733.00														
D7111	Extraction, Coronal Remnants	D7111	\$87.71	\$96.34								D7111	67.14	\$78.44	D7111	\$67.00	\$72.28	
D7140	Extraction Erupted Tooth/Exposed Root	D7140	\$107.04	\$117.57	D7140	52.08	\$53.43					D7140	73.85	\$86.28	D7140	\$143.40	\$154.70	
D7210	Rem imp tooth w mucoper flap	D7210	\$176.12	\$193.45	D7210	100.62	\$103.23					D7210	134.28	\$156.89	D7210	\$143.40	\$154.70	
D7220	Removal Impacted Tooth Soft Tissue	D7220	\$203.75	\$223.80	D7220	147.98	\$151.82					D7220	154.42	\$180.42	D7220	\$240.00	\$258.91	
D7230	Removal Impacted Tooth Partially Bony	D7230	\$271.11	\$297.79	D7230	142.02	\$145.71					D7230	201.42	\$235.33	D7230	\$240.00	\$258.91	
D7240	Removal Impacted Tooth Complete Bony	D7240	\$332.52	\$365.24	D7240	170.48	\$174.91					D7240	241.7	\$282.40	D7240	\$281.00	\$303.14	
D7241	Remov Impact Tooth Comp Bony Surg Comp	D7241	\$376.41	\$413.45	D7241	236.78	\$242.93					D7241	335.7	\$392.22	D7241	\$355.00	\$382.97	
D7250	Surgical Removal of Residual Tooth Roots				D7250	94.71	\$97.17					D7250	134.28	\$156.89	D7250	\$155.00	\$167.21	
D7260	Oral Antral Fistula Closure											D7260	402.84	\$470.67				
D7261	Primary Closure Sinus Perforation				D7261	331.47	\$340.08					D7261	352.49	\$411.84				
D7270	Tooth Reimplantation				D7270	118.38	\$121.45											
D7272	Tooth Transplantation											D7272	335.7	\$392.22				
D7280	Surgical Access of an Unerrupted Tooth	D7280	\$310.79	\$341.37	D7280	142.07	\$145.76											
D7283	Place device impacted tooth	D7283	\$332.90	\$365.66														
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)				D7285	106.53	\$109.30											
D7286	Incisional biopsy of oral tissue - soft	D7286	\$206.51	\$226.83	D7286	94.71	\$97.17											
D7291	Transseptal Fiberotomy	D7291	\$152.03	\$166.99	D7291	89.96	\$92.30											
D7310	Alveoplasty with Extraction	D7310	\$189.92	\$208.61	D7310	99.45	\$102.03					D7310	140.99	\$164.73				
D7413	Excision Malignant Lesion, up to 1.25 cm											D7413	335.7	\$392.22				
D7414	Excision Malignant Lesion > 1.25 cm											D7414	473.34	\$553.04				
D7415	Excision Malignant Lesion, Complicated											D7415	476.69	\$556.95				
D7471	Removal Lateral Exostosis											D7471	285.35	\$333.40				
D7472	Removal of Torus Palatinus											D7472	352.49	\$411.84				
D7473	Removal of Torus Mandibularis											D7473	241.7	\$282.40				
D7510	Incision & Drainage Abscess Intraoral	D7510	\$148.48	\$163.09	D7510	94.71	\$97.17											
D7880	Occlusal orthotic device	D7880	\$461.69	\$507.12														
D7910	Suture Recent Small Wounds, up to 5 cm	D7910	\$190.61	\$209.37	D7910	30.77	\$31.57											
D7961	Buccal/labial frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)	D7961	\$211.21	\$231.99	D7961	142.07	\$145.76											
D7962	Lingual frenectomy (frenulectomy)- Separate procedure not incidental to another procedure (Replacing D7960)	D7962	\$211.21	\$231.99	D7962	165.74	\$170.04											
D9110	Palliative Emergency Minor	D9110	\$79.43	\$87.25	D9110	47.34	\$48.57											
D9222	Deep sedation/general anesthesia - first 15 minutes	D9222	\$147.79	\$162.33					D9222	\$92.11	\$76.66	D9222	87.28	\$101.98	D9222	\$94.00	\$101.41	
D9223	Deep Sedation/General Anesthesia - each 15 minute increment	D9223	\$100.15	\$110.00					D9223	\$92.11	\$76.66	D9223	87.28	\$101.98	D9223	\$94.00	\$101.41	
D9230	Analgesia	D9230	\$49.72	\$54.61	D9230	21.29	\$21.84	D9230	\$30.00	\$24.97		D9230			D9230	\$32.50	\$35.06	
D9239	Intravenous moderate (conscious) sedation/analgesia- first 15 minutes	D9239	\$147.79	\$162.33	D9239	56.83	\$58.31	D9239	\$92.11	\$76.66		D9239			D9239	\$88.00	\$94.93	
D9243	Intravenous Moderate (conscious) Sedation/Analgesia - each 15 minute increment	D9243	\$100.15	\$110.00	D9243	21.32	\$21.87	D9243	\$92.11	\$76.66					D9243	\$88.00	\$94.93	

[illegible]

Procedure code	LA Rate
D0120	\$36.88
D0150	\$64.13
D0210	\$81.46
D0220	\$19.89
D0230	\$16.81
D0240	\$27.63
D0272	\$29.01
D0330	\$77.23
D0350	\$37.12
D0470	\$64.22
D0473	\$74.49
D0474	\$77.03
D1110	\$65.00
D1206	\$32.88
D1208	\$26.40
D1351	\$34.54
D1354	\$14.63
D2140	\$87.71
D2140	\$101.25
D2150	\$111.20
D2150	\$124.74
D2150	\$158.58
D2160	\$134.68
D2160	\$178.00
D2160	\$148.21
D2161	\$178.00
D2330	\$102.90
D2330	\$129.98
D2331	\$127.77
D2331	\$168.39
D2331	\$171.09
D2332	\$155.40
D2332	\$205.49
D2335	\$194.77
D2335	\$269.23
D2390	\$285.25
D2390	\$413.86
D2391	\$87.71
D2391	\$101.25
D2392	\$126.43
D2393	\$153.63
D2394	\$168.43
D2920	\$84.61
D2929	\$370.37
D2930	\$215.83
D2931	\$341.88
D2932	\$280.57
D2933	\$285.75
D2934	\$370.37
D2950	\$174.04
D2951	\$47.65
D2954	\$271.94
D3110	\$51.80
D3220	\$127.77
D3222	\$127.77
D3310	\$455.84
D3320	\$535.25
D3330	\$642.31
D3346	\$529.73
D3352	\$164.38
D3410	\$437.87
D3430	\$174.04
D4210	\$399.88
D4341	\$158.85
D4355	\$117.41
D5110	\$837.66
D5120	\$837.66
D5130	\$837.66
D5140	\$837.66
D5211	\$795.36
D5212	\$795.36
D5213	\$1,164.27
D5214	\$1,164.27
D5511	\$211.53
D5512	\$211.53
D5520	\$110.00
D5611	\$211.53
D5612	\$211.53
D5630	\$201.38
D5640	\$110.00
D5650	\$110.00
D5660	\$119.00
D5750	\$402.75
D5751	\$402.75
D5760	\$351.99
D5761	\$351.99
D5820	\$634.59
D5821	\$634.59

Procedure code	NV Rate
D0120	\$38.39
D0150	\$38.39
D0210	\$68.07
D0220	\$21.79
D0230	\$6.80
D0240	\$16.33
D0272	\$24.50
D0330	\$47.63
D0350	\$23.68
D0470	\$29.59
D0473	\$47.36
D0474	\$56.83
D1110	\$57.53
D1206	\$61.56
D1208	\$11.82
D1351	\$27.22
D1353	\$18.94
D1354	\$14.21
D2140	\$74.88
D2150	\$99.37
D2160	\$112.99
D2161	\$136.14
D2330	\$65.12
D2331	\$87.61
D2332	\$95.90
D2335	\$108.92
D2390	\$66.30
D2391	\$49.73
D2392	\$63.91
D2393	\$73.41
D2394	\$80.49
D2740	\$520.89
D2751	\$378.83
D2791	\$378.83
D2920	\$35.50
D2931	\$153.91
D2932	\$71.03
D2950	\$142.07
D2951	\$23.68
D2954	\$118.38
D3110	\$29.59
D3220	\$71.03
D3222	\$75.76
D3310	\$236.78
D3320	\$284.13
D3330	\$378.83
D3346	\$260.45
D3352	\$94.71
D3410	\$165.74
D3430	\$71.03
D4210	\$142.07
D4341	\$118.86
D4342	\$63.92
D4346	\$213.10
D4355	\$86.43
D4910	\$47.34
D5110	\$710.33
D5120	\$710.33
D5130	\$769.52
D5140	\$769.52
D5211	\$236.78
D5212	\$236.78
D5213	\$710.33
D5214	\$710.33
D5223	\$710.33
D5224	\$710.33
D5511	\$71.03
D5512	\$71.03
D5520	\$47.34
D5611	\$71.03
D5612	\$71.03
D5630	\$142.07
D5640	\$71.03
D5650	\$71.03
D5660	\$118.38
D5750	\$219.01
D5751	\$219.01
D5760	\$189.41
D5761	\$189.41
D7140	\$52.08
D7210	\$100.62
D7220	\$147.98
D7230	\$142.02
D7240	\$170.48
D7241	\$236.78
D7250	\$94.71
D7261	\$331.47
D7270	\$118.38

Procedure code	NY regular Rate	NY IDD Rate (Converted)
D1110	\$45.45	\$54.54
D1206	\$30.30	\$36.36
D1208	\$14.14	\$16.97
D1354	\$15.15	\$18.18
D9222	\$76.76	\$92.11
D9223	\$76.76	\$92.11
D9239	\$76.76	\$92.11
D9243	\$76.76	\$92.11
D9230	\$25.00	\$30.00
D9248	\$25.00	\$30.00
D9430	\$20.20	\$24.24

Procedure code	OK RATE
D0120	\$23.50
D0140	\$33.57
D0150	\$33.57
D0210	\$67.14
D0220	\$16.79
D0230	\$8.39
D0272	\$20.14
D0274	\$33.57
D0322	\$187.99
D0330	\$53.71
D1110	\$50.36
D1206	\$20.14
D1320	\$36.93
D1330	\$23.50
D1354	\$83.93
D1701	\$40.00
D1702	\$40.00
D1703	\$40.00
D1704	\$40.00
D1707	\$40.00
D2140	\$67.14
D2150	\$134.28
D2160	\$181.28
D2161	\$110.78
D2330	\$67.14
D2331	\$100.71
D2332	\$117.50
D2335	\$134.28
D2391	\$67.14
D2392	\$134.28
D2393	\$181.28
D2394	\$191.35
D3348	\$553.91
D4341	\$167.85
D4342	\$90.64
D4346	\$302.13
D4910	\$67.14
D5110	\$839.25
D5120	\$839.25
D5130	\$923.18
D5140	\$923.18
D5211	\$570.69
D5212	\$594.19
D5213	\$1,007.10
D5214	\$1,007.10
D5225	\$715.04
D5226	\$715.04
D5282	\$449.84
D5283	\$449.84
D5284	\$449.84
D5286	\$449.84
D5410	\$40.28
D5411	\$40.28
D5421	\$40.28
D5422	\$40.28
D5511	\$100.71
D5512	\$100.71
D5520	\$67.14
D5611	\$100.71
D5612	\$100.71
D5621	\$137.64
D5622	\$137.64
D5630	\$124.21
D5640	\$100.71
D5650	\$100.71
D5660	\$167.85
D5670	\$500.19
D5671	\$500.19
D5710	\$335.70
D5711	\$335.70
D5720	\$268.56
D5721	\$268.56
D5750	\$268.56
D5751	\$268.56
D5760	\$268.56
D5761	\$268.56
D5820	\$335.70
D5821	\$335.70
D5850	\$87.28
D5851	\$87.28
D5851	\$87.28
D6105	\$117.50
D7111	\$67.14
D7140	\$73.85
D7210	\$134.28
D7220	\$154.42
D7230	\$201.42
D7240	\$241.70

Procedure code	SC RATE
D0120	\$24.00
D0140	\$39.00
D0145	\$63.00
D0150	\$42.00
D0160	\$75.00
D0210	\$56.00
D0220	\$13.00
D0230	\$11.00
D0240	\$21.00
D0270	\$12.50
D0272	\$19.00
D0274	\$28.00
D0330	\$50.50
D0372	\$56.00
D0373	\$12.50
D0374	\$11.00
D1110	\$50.50
D1120	\$35.00
D1206	\$16.50
D1208	\$16.50
D1351	\$30.00
D1510	\$173.00
D1516	\$243.00
D1517	\$243.00
D2140	\$65.00
D2150	\$80.00
D2160	\$98.00
D2161	\$118.00
D2330	\$100.00
D2331	\$100.00
D2332	\$106.30
D2335	\$135.00
D2390	\$153.00
D2391	\$110.00
D2392	\$110.00
D2393	\$135.00
D2394	\$175.00
D2929	\$140.00
D2930	\$140.00
D2931	\$145.00
D2932	\$153.00
D2934	\$135.00
D2950	\$135.00
D2951	\$39.50
D2954	\$153.00
D3220	\$85.00
D3310	\$385.00
D3320	\$465.00
D3330	\$560.00
D5110	\$660.00
D5120	\$660.00
D5211	\$565.00
D5212	\$650.00
D5511	\$83.00
D5512	\$83.00
D5520	\$75.00
D5611	\$81.00
D5612	\$81.00
D5640	\$66.00
D7111	\$67.00
D7140	\$143.40
D7210	\$143.40
D7220	\$240.00
D7230	\$240.00
D7240	\$281.00
D7241	\$355.00
D7250	\$155.00
D9222	\$94.00
D9223	\$94.00
D9230	\$32.50
D9239	\$88.00
D9243	\$88.00
D9248	\$75.00
D9310	\$63.00
D9420	\$88.00
D9920	\$52.00
D1354	\$15.00

LA Rate: Separate IDD dental fee schedule
https://www.lamedicaid.com/provweb1/fee_schedules/Adult_ICFID_Dental_Program_FS_Current.pdf
* D2392, D2393, and D2394 are average rates from the same codes with different tooth numbers.

NV Rate: It has a specific dental fee schedule for waivers at the following link and then search for "Dental ID Waiver"
<https://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>
State_NV_Regular_PT 22 Fee Schedule for Formatted 102024.xlsx

- Provider Type 22 Dentists
 - Dental ID Waiver

NY Rate: From Dental Policy and Procedure Manual, find the codes covered under IDD:
https://www.emedny.org/ProviderManuals/Dental/PDFS/Dental_Policy_and_Procedure_Manual.pdf
In the manual, it says:
Private practitioners receive an enhanced reimbursement rate of **20% over fee schedule for all dental services provided to this population.**
Find the Dental fee schedula at:
<https://www.emedny.org/ProviderManuals/Dental/index.aspx>
IDD rate = Dental Fee Schedule Rate * 120%

OK Rate: OK has higher adult rate, plus additional waiver only codes/rates:
<https://oklahoma.gov/content/dam/ok/en/okhca/docs/providers/claim-tools/fee-schedules/2024/Dental%20Fee%20Schedule%2001-01-2024%20FINAL.xlsx>

SC Rate: Use children's fee schedule (some codes are slightly higher than adults'):
Under this link, find Dental Fee Schedule:
<https://www.scdhhs.gov/providers/fee-schedules>

Dental Fee Schedule

Dental Fee Schedule

Dental Fee Schedule

D6241	\$828.68
D6545	\$667.34
D7111	\$87.71
D7140	\$107.04
D7210	\$176.12
D7220	\$203.75
D7230	\$271.11
D7240	\$332.52
D7241	\$376.41
D7280	\$310.79
D7283	\$332.90
D7286	\$206.51
D7291	\$152.03
D7310	\$189.92
D7510	\$148.48
D7880	\$461.69
D7910	\$190.61
D7961	\$211.21
D7962	\$211.21
D9110	\$79.43
D9222	\$147.79
D9223	\$100.15
D9230	\$49.72
D9239	\$147.79
D9243	\$100.15
D9248	\$169.83
D9420	\$106.18
D9440	\$79.59
D9944	\$473.96
D9945	\$473.96
D9946	\$473.96
D9951	\$145.04
D9997	\$29.00

D7280	\$142.07
D7285	\$106.53
D7286	\$94.71
D7291	\$89.96
D7310	\$99.45
D7510	\$94.71
D7910	\$30.77
D7961	\$142.07
D7962	\$165.74
D9110	\$47.34
D9230	\$21.29
D9239	\$56.83
D9243	\$21.32
D9248	\$105.36
D9420	\$47.34
D9440	\$71.03
D9944	\$203.63
D9945	\$168.12
D9946	\$153.91
D9951	\$11.84
D9991	\$11.84
D9992	\$23.68
D9993	\$11.84
D9994	\$11.84

D7241	\$335.70
D7250	\$134.28
D7260	\$402.84
D7261	\$352.49
D7272	\$335.70
D7310	\$140.99
D7413	\$335.70
D7414	\$473.34
D7415	\$476.69
D7471	\$285.35
D7472	\$352.49
D7473	\$241.70
D9215	\$26.86
D9222	\$87.28
D9223	\$87.28
D9420	\$100.71

Appendix D.2 - Specialty Care Benchmark State Rate Crosswork

Note:

- 1. Health First Colorado reimburses for skin substitutes based on the composition. There are four skin substitute groups.
 - a. **Allogenic Acellula** Product is derived from human cells and does not contain living cells
 - b. **Allogenic Cellular** Product is derived from human cells and contains whole and/or living cells
 - c. **Xenogenic** Product is derived from a non-human species
 - d. **Injection** Injectable products
- 2. Medicare is not a valid comparator for these services.
- 3. Other states have different approaches to covering skin substitutes. States were selected because they had fee-for-service rates and cover similar skin substitute codes as Colorado.
- 4. The process for mapping the benchmark state rates into our skin substitute groups is as follows:
 - Step 1: Find benchmark state rates
 - Step 2: Include codes with more than 1 benchmark state rate
 - Step 3: Average the included rates within each skin substitute group for each state
 - Step 4: Apply the cost of living adjustment relative to Colorado [2024 Q3 COLA In](#) The Cost of Living Data Series was downloaded on 12/06/2024
 - Step 5: Find the average rate across the benchmark states for each skin substitute group

				Other States' Medicaid Rates (Normalized to Colorado Cost of Living)											Other States Repriced (after TPL and Copay)
Service Category	Skin Substitute Group	Description	Health First Colorado Rate July 2024	CO Repriced (after TPL and Copay)	New Mexico	Washington	Oregon	Oklahoma	Illinois	Arkansas	Maine	Georgia	Nevada	Average	
Specialty Care Services	Allogenic Acellular	Product is derived from human cells and does not contain living cells	\$93.70	\$12,181.00	\$135.65	\$85.43	\$103.12	\$137.33	\$113.30	\$143.57	\$87.42	\$98.12	\$112.53	\$112.94	\$14,682.30
Specialty Care Services	Allogenic Cellular	Product is derived from human cells and contains whole and/or living cells	\$31.59	\$32,664.06	\$45.80	\$34.13	\$37.92	\$41.30	\$38.10	\$35.76	\$37.51	\$38.32	\$41.41	\$38.92	\$40,240.84
Specialty Care Services	Xenogenic	Product is derived from a non-human species	\$14.85	\$564.30	\$48.46	\$11.07	\$30.33	\$13.40	\$32.43	\$13.54	\$31.38	\$35.17	\$38.67	\$28.27	\$1,074.37
Specialty Care Services	Injection	Injectable products	\$377.55		\$1,280.92		\$836.37		\$1,634.74				\$1,242.52	\$1,248.64	

2024 Q3 COLA Index

Cost-of-Living Adjustment		
State	Index	Adjusted to Colorado
CO	102.7	1.00
NM	92.9	1.11
WA	113.6	0.90
OR	110	0.93
OK	87.9	1.17
IL	95.5	1.08
AR	89	1.15
ME	113.5	0.90
GA	91.5	1.12
NV	100.1	1.03

Step 3										
For each state, the average of the Included rates for each skin substitute group was found.										
Group	Colorado Rate	New Mexico	Washington	Oregon	Oklahoma	Illinois	Arkansas	Maine	Georgia	Nevada
Allogenic Acellular	\$93.70	\$122.70	\$94.50	\$110.45	\$117.54	\$105.36	\$124.42	\$96.62	\$87.42	\$109.69
Allogenic Cellular	\$31.59	\$41.43	\$37.76	\$40.62	\$35.35	\$35.43	\$30.99	\$41.46	\$34.14	\$40.36
Xenogenic	\$14.85	\$43.83	\$12.25	\$32.49	\$11.47	\$30.15	\$11.74	\$34.68	\$31.33	\$37.69
Injection	\$377.55	\$1,158.69		\$895.82		\$1,520.13				\$1,211.07

Step 4											
2024 Q3 COLA Index	CO	NM	WA	OR	OK	IL	AR	ME	GA	NV	
adjusted to	1.00	1.11	0.90	0.93	1.17	1.08	1.15	0.90	1.12	1.03	Step 5
Group	Colorado Rate	New Mexico	Washington	Oregon	Oklahoma	Illinois	Arkansas	Maine	Georgia	Nevada	Average
Allogenic Acellular	\$93.70	\$135.65	\$85.43	\$103.12	\$137.33	\$113.30	\$143.57	\$87.42	\$98.12	\$112.53	\$112.94
Allogenic Cellular	\$31.59	\$45.80	\$34.13	\$37.92	\$41.30	\$38.10	\$35.76	\$37.51	\$38.32	\$41.41	\$38.92
Xenogenic	\$14.85	\$48.46	\$11.07	\$30.33	\$13.40	\$32.43	\$13.54	\$31.38	\$35.17	\$38.67	\$28.27
Injection	\$377.55	\$1,280.92	#VALUE!	\$836.37	#VALUE!	\$1,634.74	#VALUE!	#VALUE!	#VALUE!	\$1,242.52	#VALUE!

Cost-of-Living Adjustment (COLA) Index		
State	Index	Adjusted to Colorado
CO	102.7	1.00
NM	92.9	1.11
WA	113.6	0.90
OR	110	0.93
OK	87.9	1.17
IL	95.5	1.08
AR	89	1.15
ME	113.5	0.90
GA	91.5	1.12
NV	100.1	1.03

Appendix D3 - Early Intervention RCM Benchmark State Rate Crosswork

						Benchmark State Rate Comparison						
						Other States' Medicaid Rates (Normalized to Colorado Cost of Living)					Benchmark State Repriced (After TPL/Copay)	Benchmark Ratio
Service Category	Service Subcategory	Procedure Code + Modifier	Description	Colorado Medicaid FFS Rate (July 2024)	CO Repriced (less TPL & Copay Amount)	Louisiana	Maine	Missouri	North Carolina	Average Rate of Other States		
Early Intervention TCM	Early Intervention TCM	T1017TL	Targeted Case Management	\$17.85	\$4,106,946.00	\$30.94	\$22.77	\$25.05	\$24.84	\$25.90	\$5,959,810	68.91%
Early Intervention TCM	Early Intervention TCM	T1026TL	PED COMPR CARE PGK, PER HOUR	\$321.67	\$1,004,627.00	N/A	N/A	\$288.48	\$344.72	\$316.60	\$1,004,627	101.60%

Notes:

1. All rates from benchmark states are normalized to Colorado's cost of living index ensuring the rates reflect the economic conditions in each state.
CoLA rates were obtained here <https://www.c2er.org/>
The CoLA rates are from Q3 2024.

2. CO Repriced: The Colorado Medicaid July 2024 rates applied to the SFY24 utilization data and then reduced by Third Party Liability (TPL) payments and copay amounts.

3. Benchmark State Repriced: The average benchmark rates, normalized to Colorado Cost of Living, applied to the SFY24 utilization data and then reduced by Third Party Liability (TPL) payments and copay amounts.

4. Benchmark Ratio: This is the ratio related to Medicaid payment only, which is after TPL payments and Copay amount.
It is calculated by dividing the CO Repriced value by the Benchmark Repriced value.

2024 Q3 COLA Index

US State	CoLA	Abbreviation	Adj Factor
Colorado	102.7	CO	1.000
Louisiana	93.5	LA	1.098
Maine	113.5	ME	0.905
Missouri	89.0	MO	1.154
North Carolina	97.6	NC	1.052

Fee Schedules for these states were downloaded March 17th, 2025

Colorado			Louisiana						
HCPS+MOD	Service Description	Unit	HCPCS code	Modifier	Unit	Description	Waiver Service or program (If Applicable)	Rate	Monthly Rate, after CoLA
T1017TL	Targeted Case Management	15 minute	Z0199	EP	15 Minutes	Early Steps Support Coordination	Early Steps	\$28.17	\$30.94
T1026TL	PED COMPR CARE PGK, PER HOUR	Hourly	N/A		N/A	N/A	N/A	N/A	N/A

Link: https://www.lamedicaid.com/Provweb1/fee_schedules/OCDD_TCM.pdf
The fee schedule we're using is for Targeted Case Management related to Louisiana's Early Steps program.
Descrption of LA's Early steps program:
<https://ldh.la.gov/page/early-steps>
Fee schedules found here:
https://www.lamedicaid.com/Provweb1/fee_schedules/OCDD_Fee.htm
We are using the Targeted Case Management (EarlySteps) fee schedule.

Colorado			Maine						
HCPS+MOD	Service Description	Unit	HCPCS code	Modifier	Unit	Description	Waiver Service or program (If Applicable)	Rate	Rate , after CoLA
T1017TL	Targeted Case Management	15 minute	T1017	UD	15 Minute	Case Management Services	N/A	\$25.17	\$22.77
T1026TL	PED COMPR CARE PGK, PER HOUR	Hourly	N/A		N/A	N/A	N/A	N/A	N/A

Link: <https://www.maine.gov/dhhs/oms/providers/provider-bulletins/targeted-case-management-tcm-services-provided-section-9-indian-health-services-ihs-2024-01>
Maine has the same 15 minute for all targeted case management services regardless of the population being served.

Colorado			Missouri							
HCPS+MOD	Service Description	Unit	HCPCS code	Modifier	Unit	Description	Waiver Service or program (If Applicable)	Rate	Combined Rate	Rate after CoLA
T1017TL	Targeted Case Management	15 minute	T1017	HB, HO	15 minutes	TARGETED CASE MANAGEMENT ADULT,	N/A	\$ 18.59	\$21.71	\$25.05
			T1017	HB, HN	15 minutes	MASTER'S DEGREE LEVEL	N/A	\$ 24.82		
T1026TL	PED COMPR CARE PGK, PER HOUR	Hourly	N/A	N/A	Episode	Evaluation/Assessment	First Steps	\$ 250.00	N/A	\$288.48

For T1017TL we are using Missouri's Targeted Case Management rate:
Link: <https://dphhs.mt.gov/assets/BHDD/DDP/RatesInformation/TCMRateManualEffJuly2024.pdf>
This is the average of the rate for case managers with a bachelors degree and case managers with masters degrees.
Found in "Other Medical" fee schedule.
For T1026TL we are using the Missouri First Steps provider Rates Schedule:
<https://dese.mo.gov/media/pdf/provider-rates-schedule>
The "Evaluation/Assessment" rate in this fee schedule is the comparison rate we're using.
Even though the unit is per episode instead of hourly we decided with SME approval that this was a fair comparison because Assessments should only take 1 hour.

Colorado			North Carolina						
HCPS+MOD	Service Description	Unit	HCPCS code	Unit	Description	Waiver Service or program (If Applicable)	Rate	Hourly Rate	Rate after CoLA
T1017TL	Targeted Case Management	15 minute	T1017	15 minute	TARGET CASE MANAGEMENT - EARLY INTERV	Innovations Waiver	\$23.61	N/A	\$24.84
T1026TL	PED COMPR CARE PGK, PER HOUR	Hourly	T1023	15 minutes	SCREENING TO DETERMINE THE APPROPRIAT	Innovations Waiver	\$81.90	\$327.90	\$344.72

Link: https://ncdhhs.servicenowservices.com/fee_schedules
Fee schedule is in the "Childrens Developmental Services Agency*" fee schedule.
To find the NC fee schedule you need to search for the "Children Development Services Agency*" program.
The T1023 rate is a 15 minute rate so we converted it to an hourly rate.

2024 Q3 COLA Index

US State	CoLA	Abbreviation	Adj Factor
Colorado	102.7	CO	1.000
Louisiana	93.5	LA	1.098
Maine	113.5	ME	0.905
Missouri	89.0	MO	1.154
North Carolina	97.6	NC	1.052

Appendix D3 - Early Intervention RCM Benchmark State Rate Crosswork

Colorado FFS Rate Effevtive Date	Service Category	Service Subcategory	Procedure Code + Modifier	Description	Colorado Medicaid FFS Rate	CO Repriced	Benchmark State Rate Comparison						
							Other States' Medicaid Rates (Normalized to Colorado Cost of Living)					Benchmark State Repriced	Benchmark Ratio
							Louisiana	Maine	Massachusetts	Montana	Average Rate of Other States		
July 1, 2024 Rate	Targeted Case Management	Case Managment	T2023HI	TCM Monthly	\$156.72	\$51,621,578	\$201.23	\$194.04	\$169.10	\$179.63	\$186.00	\$59,167,102	87.25%
July 1, 2025 Rate	Targeted Case Management	Case Managment	T2023HI	TCM Monthly	\$164.33	\$54,128,215	\$201.23	\$194.04	\$169.10	\$179.63	\$186.00	\$59,167,102	91.48%

Notes:

1. All rates from benchmark states are normalized to Colorado's cost of living index ensuring the rates reflect the economic conditions in each state
COLA data obtained here <https://www.c2er.org/>

2. Louisiana's (LA) monthly case management rate covers quarterly monitoring visits in addition to case management activities Colorado covers under T2023 HI, for this reason we seperated LA's rate into two rates under the assumption that if LA were to seperate reimbursement
LA Rate 1: The service covered by T2023HI are calculated to be \$183.20 before CoLA adjustment
LA Rate 2: The service covered by T2024HI are calculated to be \$122.39 before CoLA adjustment

3. CO Repriced: The Colorado Medicaid Targeted Case Management - Case Management July 2024 and July 2025 rates were applied to the SFY24 utilization data.

4. Benchmark State Repriced: The average benchmark rates, normalized to Colorado Cost of Living, were applied to the SFY24 utilization data.

5. Benchmark Ratio: This ratio was calculated by dividing the CO Repriced amount by the Benchmark Repriced amount.

2024 Q3 COLA Index

US State	CoLA	Abbreviation	Adj Factor
Colorado	102.7	CO	1.000
Louisiana	93.5	LA	1.098
Maine	113.5	ME	0.905
Massachusetts	146.9	MA	0.699
Montana	94.0	MT	1.093

Fee Schedules for these states were downloaded March 13th, 2025

Colorado			Louisiana							
HCPS+MOD	Service Description	Unit	HCPCS code	Unit	Description	Waiver Service (If Applicable)	Monthly Rate	Split rate units	Monthly Rate split between Case Management and Monitoring visits	Monthly Rate after CoLA
T2023HI	Targeted Case Management - Per Member, Per Month	Monthly	T2023	Monthly	Support Coordination: Targeted Case Management	Community Choices Waiver	\$224.00	Monthly	\$183.20	\$201.23
T2024HI	Targeted Case Management - Monitoring Visit	Quarterly						Quarterly	\$122.39	\$134.43

Link https://www.lamedicaid.com/provweb1/fee_schedules/CommChoWaiverBillingCodesRate_Current.pdf
The fee schedule we are using is for Louisiana's community choices waiver

Louisiana pays Support Coordinators (LA's case managers) 1 monthly rate for all case management services, included in this rate are quarterly in person monitoring visits
Since Colorado reimburses for monitoring visits seperately we split Louisiana's rate into a case management and monitoring components.
See Lousiana supplemental sheet for the details of how Louisiana's rate was separated
Supporting Coordination description: <https://ldh.la.gov/page/support-coordination>

Colorado			Maine						
HCPS+MOD	Service Description	Unit	HCPCS code	Unit	Description	Waiver Service (If Applicable)	Rate/15 Min	Converted Monthly Rate	Monthly Rate after CoLA
T2023HI	Targeted Case Management - Per Member, Per Month	Monthly	T1017	15 Minute	Case Management Services	N/A	\$25.17	\$214.45	\$194.04

Link <https://www.maine.gov/dhhs/oms/providers/provider-bulletins/targeted-case-management-tcm-services-provided-section-9-indian-health-services-ihs-2024-01>
Maine has the same 15 minute for all case management services regardless of the population being served
Colorado Health First designed the monthly rate of T2023HI based on a 2.13 hours duration estimate of case management services.
This allows us to convert Maines 15 minute to Colorado's monthly rate using the following math:

(Maines 15 minute rate) * (hours Colorado expects providers to spend providing case management services each month per member)*(15 minute intervals in an hour)
 $25.17 * 2.13 * 4 = 214.45$

Colorado			Montana				
HCPS+MOD	Service Description	Unit	HCPCS code	Unit	Description	waiver service (if Applicable)	Monthly rate (15 min)
T2023HI	Targeted Case Management - Per Member, Per Month	Monthly	N/A	Monthly	Case Management	Developmental Disabilities 1915© 0208 Home	\$141.08
							Monthly Rate after CoLA
							\$154.14

Link <https://dphhs.mt.gov/assets/BHDD/DDP/RatesInformation/TCMRateManualEffJuly2024.pdf>
Montana was a state suggested when we reached out to providers for feedback on which benchmark states to use.
The reasoning given for using Montana as a benchmark state was that it had a DD waiver that included case management, this is why the rate from the DD waiver is being used for our analysis.

Colorado			Massachusetts				
HCPS+MOD	Service Description	Unit	HCPCS code	Unit	Description	waiver service (if Applicable)	Rate (15 min)
T2023HI	Targeted Case Management - Per Member, Per Month	Monthly	T2023	Monthly	Targeted case management, per month. (Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) program services for	N/A	\$241.88
							Monthly Rate after CoLA
							\$169.10

Link <https://www.mass.gov/doc/rates-for-medicine-services-effective-january-1-2025-0/download>

Massachusetts case management rate comes from the above fee schedule from 2025, the service description comes from a letter announcing a new rate, T2023, in 2023
<https://www.mass.gov/doc/administrative-bulletin-23-16-101-cmr-31700-rates-for-medicine-services-addition-of-a-certain-targeted-case-management-code-effective-july-7-2023-0/download>
Link to find Massachusetts fee schedules
<https://www.mass.gov/regulations/101-CMR-31700-rates-for-medicine-services>

2024 Q3 COLA Index

US State	CoLA	Abbreviation	Adj Factor
Colorado	102.7	CO	1.000
Louisiana	93.5	LA	1.098
Maine	113.5	ME	0.905
Massachusetts	146.9	MA	0.699
Montana	94.0	MT	1.093

TCM - Case Management

STATE	PROC CD	MODIFIERS	DESCRIPTION	Unit	RATE	EFF DATE	COMMENTS
CO	A0170	HI	TCM - Monitoring Visit, rural add-on -	1 unit, max of 4 per service plan year (* may not be	\$37.45	7/1/2024	modifier = HI
CO	T2023	HI	TCM - PMPM	1 unit, max of 12 per service plan year	\$156.72	7/1/2024	modifier = HI
CO	T2024	HI	TCM - Monitoring Visit (in-person)	1 unit, max of 4 per service plan year	\$104.70	7/1/2024	modifier = HI
CO	T2024	HI, GT	TCM - Monitoring Visit (phone or video)	1 unit, max of 4 per service plan year	\$87.45	7/1/2024	modifier = HI and GT
LA	T2023		HCPF has said that this rate is a combination of		\$224.00	1/1/2024	

CO Monthly Rates

T2023HI	\$	156.72	
T2024HI	\$	34.90	100%
T2024HIGT	\$	29.15	0%
T2024 blended rate:	\$	34.90	

% monthly PMPM: 81.8%
% monthly monitoring: 18.2%

LA Monthly Rates:

LA Rate: \$ 224.00
PMPM: \$ 183.20
Monitoring: \$ 40.80

LA Quarterly Rates:

Monitoring: \$ 122.39

[Support Coordination](#) | [La Dept. of Health](#)

Appendix D.5 - TCM - Transition Coordination Benchmark State Rate Crosswork

						Benchmark State Rate Comparison					
						Other States' Medicaid Rates (Normalized to Colorado Cost of Living)				Benchmark State Repriced	Benchmark Ratio
Service Category	Service Subcategory	Procedure Code + Modifier	Description	Colorado Medicaid FFS Rate (July 2024)	CO Repriced	Minnesota	Missouri	South Dakota	Average Rate of Other States		
Targeted Case Management	Transition Coordination	T1017UB	Targeted Case Management	\$ 27.29	\$ 4,765,822	\$ 17.92	\$ 25.05	\$ 23.84	\$ 22.27	\$3,889,268	122.50%

Notes:

1. All rates from benchmark states are normalized to Colorado's cost of living index ensuring the rates reflect the economic conditions in each state
COLA data obtained here <https://www.c2er.org/>

2. Missouri has 2 rates depending on the rendering providers education level (bachelors and masters). These two rates were averaged together

3. CO Repriced: The Colorado Medicaid Targeted Case Management - Transition Coordination July 2024 rates were applied to the SFY24 utilization data.

4. Benchmark State Repriced: The average benchmark rates, normalized to Colorado Cost of Living, were applied to the SFY24 utilization data.

5. Benchmark Ratio: This ratio was calculated by dividing the CO Repriced amount by the Benchmark Repriced amount.

Fee Schedules for these states were downloaded March 6th, 2025

Colorado			Missouri					
HCPS+MOD	Service Description	Unit	HCPCS code	Modifier	Description	Rate/15 Min	Rate/15 Min, after CoLA	Average Rate/15 Min after CoLA
T1017UB	Targeted Case Management	15 minutes	T1017	HB, HO	TARGETED CASE MANAGEMENT ADULT, BACHELOR'S DEGREE LEVEL	\$ 18.59	\$21.45	\$25.05
			T1017	HB, HN	TARGETED CASE	\$ 24.82	\$28.64	

Link <https://apps.dss.mo.gov/fmsFeeSchedules/DLFiles.aspx>
This is the average of the rate for case managers with a bachelors degree and case managers with masters degree
Found in "Other Medical" fee schedule

Colorado			Minnesota				
HCPS+MOD	Service Description	Unit	HCPCS code	Modifier	Description	Rate/15 Min	Rate/15 Min, after CoLA
T1017UB	Targeted Case Management	15 minutes	T1017	UD	Transition Coordination	\$ 16.63	\$17.92

Link https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_180320
MHM Demonstration and Supplemental Services Table (PDF).

Colorado			South Dakota				
HCPS+MOD	Service Description	Unit	HCPCS code	Modifier	Description	Rate/15 Min	Rate/15 Min, after CoLA
T1017UB	Targeted Case Management	15 minutes	T1016		Community Transition Coordination	\$ 21.43	\$23.84

Link <https://dhs.sd.gov/content/dam/digital/united-states/south-dakota/sdo/pdf/long-term-services-and-supports/provider-portal/fee-schedules/FY25-LTSS-Fee-Schedule.pdf>

2024 Q3 COLA Index

US State	CoLA	Abbreviation	Adj Factor
Colorado	102.7	CO	1.000
Minnesota	95.3	MN	1.078
South Dakota	92.3	SD	1.113
Missouri	89	MO	1.154



April 16, 2025

Subject: Colorado MPRRAC Dialysis Facility Pricing Methodology

For cycle 1, year 3 of the MPRRAC Rate Review project, Optumas began with the 2024 Medicare PPS base rate of \$271.02, which Medicare then adjusts by a cost of labor factor. This changed the share of the payment attributable to labor according to the local hospital wage index. In this case, the 2024 rate guide established the cost of labor as 55.2% of the dialysis service. The adjustment for the Denver Aurora-Lakewood metropolitan statistical area, Boulder, and Fort Collins was a small reduction, approximately 1-2%. The relatively lower cost-of-living cities of Mesa, Weld, and Pueblo received 4-9% reductions. Rural areas received a 2.6% increase to reflect typical costs associated with rural healthcare such as challenges around staffing and increased travel time and mileage.

Next, adjustments were applied for patient characteristics such as age and certain comorbidities. We were unable to adjust for some characteristics such as low body mass index, high body surface area, or onset of dialysis due to lack of available data.

Medicare would then apply an adjustment for low-volume facilities and high-cost outlier patients, which we were unable to duplicate due to lack of available data.

Next, adjustments were applied for training add-on (an additional \$95.60 for when the dialysis patient or a helper are being trained on performing the procedure at home) or home dialysis (a 57% reduction representing no need for facility payment).

Finally, Medicare would apply adjustments for TDAPA (Transitional Drug Add-on Payment Adjustment) and TPNIES (Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies), which we were unable to duplicate due to lack of available data.

The result of this process is the best approximation to reprice the Colorado Medicaid payment into what Medicare would have paid for a like patient, receiving a like service, in a like setting, performed by a like provider.

Conclusion

We recognize and appreciate the scrutiny surrounding the methodology used in this analysis. Optumas's goal was to develop the most accurate and context-specific benchmark possible for evaluating Colorado Medicaid dialysis payments against a Medicare-equivalent standard, subject to certain data limitations.

Relying on national averages or more generalized Medicare benchmarks is a valid approach with faster results. However, given our access to Colorado's full Medicaid claims database we can capture the actual utilization patterns and patient characteristics of the population of dialysis patients. National assumptions will fail to reflect the nuances of regional cost structures, local care delivery models, and unique patient population within Colorado's Medicaid program.

A granular, claim-by-claim repricing approach allowed us to build a Medicare-based model that is more

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relevant and precise for Colorado's landscape. While some of the Medicare adjustments (e.g., TDAPA, TPNIES, or low-volume facility status) could not be applied due to data limitations, the national benchmark with a single regional adjustment would not apply these detailed adjustments either.

We acknowledge certain limitations transparently and have documented where and why certain Medicare adjustments were excluded. Ultimately, our approach strikes a balance between technical feasibility and accuracy, using the best available data to deliver a Medicare benchmark that is fair, defensible, and tailored to the specific characteristics of the Colorado Medicaid population.

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COLORADO

Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211

Benefit Determination Recommendation Memo April 2025

Problem Statement:

Beginning January 1, 2024, CMS finalized the implementation of a separate add-on payment for Healthcare Common Procedure Coding System (HCPCS) code G2211. This add-on code better recognizes the resource costs associated with evaluation and management visits for primary care and longitudinal care. It is applicable for outpatient and office visits as an additional payment, recognizing the inherent costs involved when clinicians are the continuing focal point for all needed services or are part of ongoing care related to a patient's single, serious, or complex condition. HCPF has not added G2211 to the Health First Colorado fee schedule, but providers have requested coverage.

There is an overlap between the services included in G2211 and the Accountable Care Collaborative's (ACC) payments to Primary Care Medical Providers (PCMPs). The ACC is built on the premise that primary care is the foundation of a high-performing health care system. The medical home model will continue to be a key aspect of the ACC in Phase III to ensure that members have a focal point of care to help coordinate and address their clinical and social needs. For Phase III, HCPF is evolving from the traditional patient-centered medical home (PCMH) model developed decades ago to the more modern Accountable Care Organization (ACO) model.

A critical role of the Regional Accountable Entities (RAEs) will be to support providers in transitioning away from fee-for-service and the older PCMH model to the more modern ACO-like model, and to earn rewards associated with HCPF's evolving APMs and related value-based payments (VBPs). Such payments can create more flexibility in care delivery, while financially rewarding improvements in member health equity and outcomes, and improving the cost-effectiveness of health care delivery.



Recommendation:

The Physician Services benefit manager does not recommend adding procedure code G2211 (*office and outpatient E/M visit complexity add-on*) to the Health First Colorado fee schedule. This recommendation is based on two factors:

1. The Finance Office's budget impact analysis, and
2. Discussions with the ACC and CCQI Research teams regarding the intent of the RAE care coordination dollars and alignment with value-based payments and alternative payment models in ACC Phase III.

A contributing factor to the significant budget impact is that no specific diagnosis is required for G2211 to be billed, and CMS has not further specified the need or indication for additional medical record documentation while reporting G2211.

The potential positive impact on member outcomes by covering G2211 is diminished by the overlap of ACC Phase III activities and payments, meaning PCMPs will already be eligible for enhanced payments for being the focal point of care for members. Adding G2211 to the fee schedule is also out of alignment with the goals of ACC Phase III to move away from a fee-for-service model to support providers. **Therefore, the Physician Services benefit manager recommends not covering G2211 on the fee schedule, as the pros do not outweigh the cons of a significant total budget impact of \$95,079,589 (General Fund impact: \$29,950,070).**

Options Considered:

Option 2: Add G2211 to the Health First Colorado Fee Schedule.

Adding the procedure code to the Health First Colorado fee schedule would require a budget request, given the significant fiscal impact of \$29,950,070 on the General Fund.

Criteria Used:

The Department examined member impact, fiscal impact, and quality of care as the three criteria to inform the recommendation.



Options Chart:

	Member Impact	Fiscal Impact	Quality of Care
Recommendation: Status Quo	All members	\$0	Unchanged
Option 2: Add G2211 to the fee schedule	All members	\$95,079,589 in the first year of implementation; \$29,950,070 on the General Funds	Slight Increase

Evidence/Research:

Family medicine is financially undervalued compared with other medical specialties, and reimbursement fails to recognize the valuable longitudinal care provided to patients. According to one estimate, a primary care physician earns approximately \$80,000 less than a subspecialist peer in Medicare reimbursement over one year.¹ Recognizing the additional costs “involved when clinicians are the continuing focal point for all needed services, or are part of ongoing care related to a patient’s single, serious condition or a complex condition,” CMS created this add-on code which provides an additional payment to supplement the costs “associated with evaluation and management visits for primary care and longitudinal care.”²

Visit complexity is inherent to evaluation and management associated with medical care that serves as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. Per CMS, the provider should be addressing the majority of the patient’s health care needs with consistency and continuity over longer periods of time. This includes furnishing services to patients on an ongoing basis that result in care that is personalized to the patient. The services result in a comprehensive, longitudinal, and continuous relationship with the patient and involve delivery of team-based care that is accessible, coordinated with other practitioners and providers, and integrated with the broader health care landscape.

As mentioned above, no specific diagnosis is required for G2211 to be billed, and CMS has not further specified the need or indication for additional medical record documentation while reporting G2211. There are some additional limitations in reporting G2211. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) are reimbursed at an

¹ Neprash HT, Golberstein E, Ganguli I, et al. Association of evaluation and management payment policy changes with Medicare payment to physicians by specialty. *JAMA*. 2023;329(8):662-669.

² “Calendar Year (CY) 2024 Medicare Physician Fee Schedule Final Rule.” *Centers for Medicare & Medicaid Services*, 2 Nov. 2023,



encounter-based rate, with G2211 bundled into this rate and not separately payable. In addition, Medicare will deny G2211 if it is reported with an outpatient E/M service and modifier -25 on the same day. Meaning that when another service or procedure is performed with the E/M service, G2211 cannot be added and billed.

Based on research completed by the Research & Analysis team in CCQI, states that are often referenced or aligned with Colorado policies (CA, MA, MN, NY, NC, OR, WA) were reviewed for inclusion of code G2211 in fee schedules. As only Oregon covered the code, Massachusetts noted that it was “non-payable” and the code was not listed in the other five state schedules, the search was broadened to include all states with Medicaid expansion. Of these 39 states, the code was located in the fee schedule of eight states: ID, IA, MD, MT, NJ, NM, OR, and VA, with fees ranging from \$8.22 (NJ) to \$21.54 (MT) and a mean of \$15.63.

Key Resources:

To inform the Benefit Determination Process, the Physician Services benefit manager reviewed the research analysis completed by the CCQI Research and Analysis team. To understand coverage of the new code, the benefit manager reviewed the CMS 2024 Medicare Physician Fee Schedule Final Rule and the MLN Matters article: How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211. Finally, the Department examined utilization data of the currently covered office E/M codes (99202-99215) to understand the potential fiscal impact of adding the code to the Health First Colorado fee schedule.

- CMS [2024 Medicare Physician Fee Schedule Final Rule](#)
- [CCQI Research](#): Benefit Determination Process: Complexity Add-on Code G2211
- MLN Matters Number: [MM13473](#)
- CMS’ Frequently Asked Questions (FAQs) [About Office/Outpatient \(O/O\) Evaluation and Management \(E/M\) Visit Complexity Add-On HCPCS Code G2211](#)
- Pristell C, Byun H, Park J. Continuity Matters: Financial Impact of the G2211 Code in Primary Care. Am Fam Physician. 2024 Aug;110(2):online. PMID: 39172668.

Implementation:

If the recommendation is approved:

- No Action Items

If the recommendation is not approved and G2211 is added to the fee schedule:

- Budget Request
 - Needed due to significant budget impact
- State Plan
 - No State Plan Amendment is needed to claim these services
- Colorado Revised Statutes
 - Nothing in CRS prohibits this coverage



- Code of Regulations
 - Nothing in CCR prohibits this coverage
- Systems configuration
 - No special configuration in the MMIS is needed
- Provider bulletin
 - Announcing coverage of G2211
- Policy Memo
 - Clarifying ACC Phase III PCMP incentives and G2211

For more information contact

Morgan Anderson (morgan.anderson@state.co.us)



Appendix G- Tariff Survey Analysis Results

Appendix G provides more detailed information on the survey sent to providers for completion regarding federal tariffs.

In May 2025, the Rates Review and Research Team received feedback from providers on the potential impact of federal tariffs on costs and the ability to provide services to Medicaid. To better understand provider experience, a short survey was sent to over 10,000 Colorado Medicaid providers via newsletter with a completion deadline of July 1, 2025.

Exactly 103 providers completed the survey during that time. The figures below detail provider feedback. In the survey, providers were asked if they received communication from suppliers regarding increased prices or reduced services. Any letters received from providers were shared with the MPRRAC. Some examples of specifics mentioned by providers were wiring, batteries, gel, foam padding, and therapy tools.

There are a few important notes about this survey. First is the high participation bias of respondents. That is, providers who have been impacted were more likely to respond to the survey. Secondly, due to resource limitation, this was not a real random survey. Its intended purpose was limited information gathering on provider experience regarding tariffs.

Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?

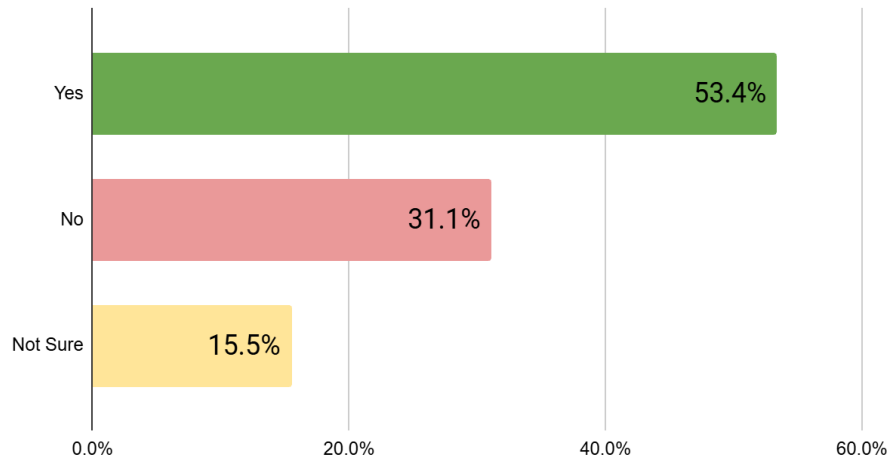


Figure 1

Figure 1 shows a breakdown of how many providers indicated increased costs due to tariffs. Of the 103 providers who completed the survey, 53.4% of providers indicated increased costs in equipment, supplies, and other materials due to federal tariffs.

If yes, what types of products or services have been most affected by these tariff-related cost increases?

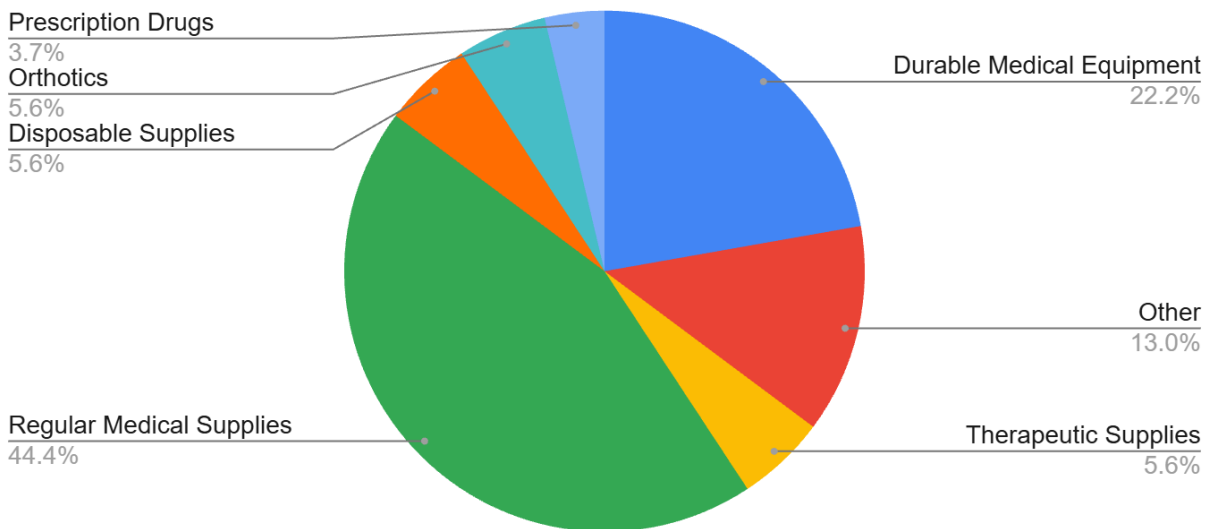


Figure 2

Figure 2 shows that of the providers who answered “yes”, the most indicated cost increases were on regular medical supplies including gloves, cotton swabs, and needles, and durable medical equipment.

Have these increased costs impacted your ability to provide services to Medicaid members?

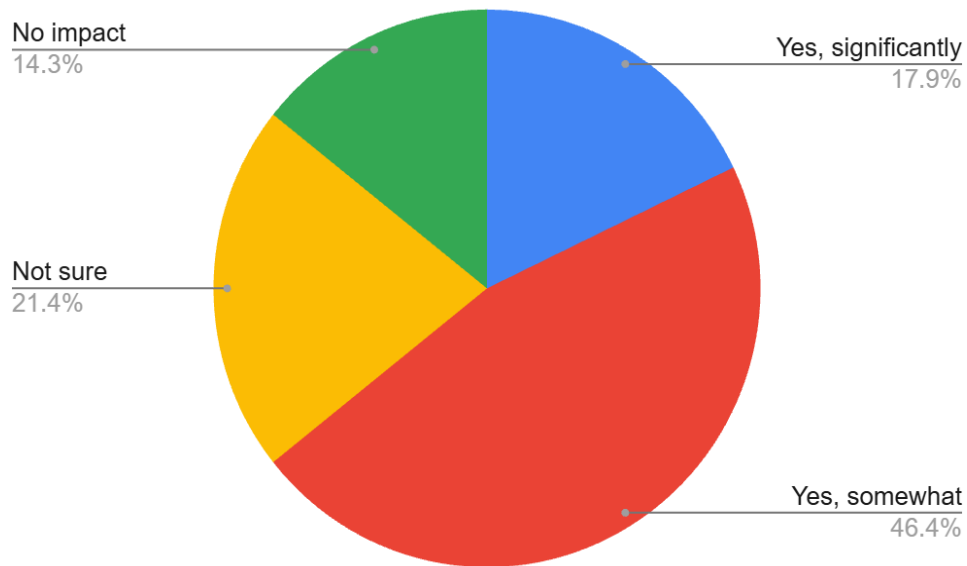


Figure 3

In Figure 3, of those respondent providers who answered “yes”, 17.9% indicated that the increased cost significantly impacted their ability to provide services to Medicaid members and 46.4% indicated that the increased cost somewhat impacted their ability to provide services to Medicaid members.

Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?

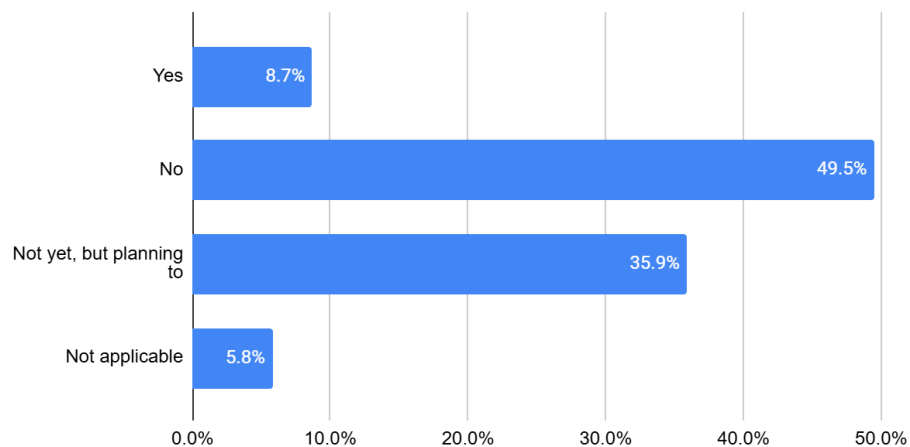


Figure 4

Figure 4 shows that most providers indicated that they have not had to change their billing practices or reduce services. Though 35% responded that they were planning to do so in the future. Figure 5 is the breakdown of how many providers received communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs. Providers who indicated “yes” were asked to share those communications with the MPRRAC.

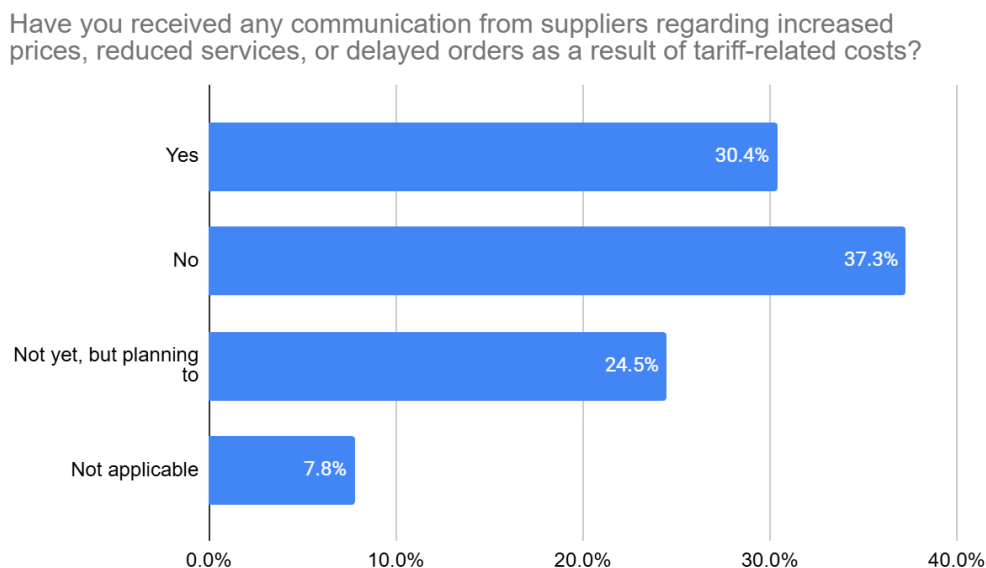


Figure 5

In summary, the department hoped to respond to feedback from providers expressing concern about the potential impact of federal tariffs on costs and their ability to deliver services to Medicaid members with a short survey to gather information about their concerns. This survey was distributed via newsletter to over 10,000 Colorado Medicaid providers, and 103 providers responded.

According to the survey results, 53% of respondents reported increased costs in equipment, supplies, and other materials due to federal tariffs. Among those, the most commonly affected items included regular medical supplies—such as gloves, cotton swabs, and needles—as well as durable medical equipment. Additionally, 17% of respondents stated that these cost increases significantly impacted their ability to provide Medicaid services, while 46% reported a moderate impact. Responses showed that most providers have not yet changed their billing practices or reduced services, though 35% indicated plans to do so in the future. Providers also noted receiving supplier communications about price increases or service reductions, with examples

of affected items including wiring, batteries, gel, foam padding, and therapy tools. Any such letters received were shared with the MPRRAC.

It was noted that the survey has a high participation bias, as providers who were impacted were more likely to respond. Due to resource constraints, the survey was not randomized and is intended solely to offer limited insight into provider experiences related to tariffs.

Following is the raw data received in the survey from providers. The date and time the survey was completed is listed as well as each question to the survey and the response by each participant.

Raw Data Table

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/22/2025 12:25:04	Optometry	More than 100	Yes	Yes	Durable Medical Equipment	Yes, significantly		Not yet, but planning to	Yes
5/22/2025 12:25:12	Behavioral Health	More than 100	Not sure	Not sure		Yes, significantly	General operational cost increases create increased financial burden	No	No
5/22/2025 12:25:32	Pediatrics	More than 100	No	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact	I anticipate supplies being more expensive, and possibly vaccines	No	Not yet, but planning to
5/22/2025 12:26:26	Pharmacy	More than 100	Yes		Over-the-counter (OTC) medicines	Yes, somewhat	Unable to supply the items due to cost	No	Yes
5/22/2025 12:26:52	optometry	More than 100	Yes	Yes	Durable Medical Equipment	Yes, somewhat	We have had to implement changes to our invoices, inventory, staff responsibilities	Not yet, but planning to	Yes
5/22/2025 12:32:30	pediatric speech and OT	More than 100	Yes		therapy equipment and materials, cleaning supplies	Yes, somewhat	we are not replacing therapy equipment or purchase new equipment at this time	Not yet, but planning to	Not yet, but planning to
5/22/2025 12:33:26	Optometry	Between 50 and 100	Yes		Durable Medical Equipment	Yes, somewhat	Frame prices have increased 40%. Lens prices have increased 30%.	Yes	Yes
5/22/2025 12:35:01	Speech therapy	Less than 10	Not sure	Yes		Yes, somewhat	Since reimbursement is effectively flat, I have begun turning away medicaid clients or discharging them to other providers. I cannot bear the increased cost of goods	Yes	Not yet, but planning to
5/22/2025 12:36:56	TCM-TC	Between 10 and 50	No	No		No impact		No	No
5/22/2025 12:36:57	Health Care	More than 100	Not sure	Yes	Prescription Drugs	Yes, somewhat		No	No
5/22/2025 12:38:02	speech pathology	More than 100	No	No	none and gas is much cheaper which is great for home visits	No impact	cumbersome and ridiculous prior authorization requirements have more of a cost impact than anything - too much red tape everywhere	No	No
5/22/2025 12:40:02	Early Intervention	Between 10 and 50	No	Yes		No impact		No	No

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/22/2025 12:40:30	Speech Therapy	Less than 10	No	Yes	Durable Medical Equipment	No impact		Not yet, but planning to	No
5/22/2025 12:42:23	Family Practice	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	increased cost of supplies to be able to provide services	Not yet, but planning to	Yes
5/22/2025 12:45:05	personal care	Between 10 and 50	Not sure	Not sure		Not sure		Not applicable	Not applicable
5/22/2025 12:47:23	Durable Medical Equipment	Between 50 and 100	Yes	Yes	Medical equipment including oxygen	Yes, significantly	Not yet but they are coming . We cannot afford to lose money on every item we deliver .	Not yet, but planning to	Yes
5/22/2025 12:52:47	Psychiatry	More than 100	No	No		No impact		No	No
5/22/2025 12:53:21	Adult day care and home care	More than 100	Yes	Yes	Durable Medical Equipment	Not sure		Not yet, but planning to	Not yet, but planning to
5/22/2025 12:53:24	ophthalmology	Between 50 and 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Not sure	medical supplies	No	No
5/22/2025 12:55:24	Occupational Therapy	More than 100	Yes	Not sure	Disposable Supplies	Yes, significantly		Not yet, but planning to	Not yet, but planning to
5/22/2025 12:56:16	Clinic/home services for kids with Autism	More than 100	Yes	Yes	therapeutic supplies nondurable	Yes, significantly	ability to purchase items; related, staff impact on demand for raises to compensate for their higher expenses	Not yet, but planning to	
5/22/2025 12:56:27	Cardiology	Between 10 and 50	No	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	Not yet, but planning to
5/22/2025 12:58:29	Family Practice	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Not sure		No	No
5/22/2025 13:01:39	Home health OT PT ST pediatrics	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Not sure		Not yet, but planning to	No

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/22/2025 13:03:02	Behavioral Health Therapy and Medication Management	More than 100	Yes	Yes	Computers, supplies for the office, gifts. We also lost a provider because her husband's company is closing due to tariffs.	Yes, significantly	We lost a provider who was seeing 15+ clients a week because her husband is losing her job due to tariff issues and she needs to find a different place to work for health insurance for her family.	Not yet, but planning to	No
5/22/2025 13:06:50	Pediatrics	More than 100	No	No	none	No impact	There have been no changes. Poor reimbursement for services from Colorado medicaid is what limits our ability to care for these patients. The mismanagement of 150 million dollars annually by HCPF is outrageous and hurting patients.	No	No
5/22/2025 13:07:00	FAMILY PRACTICE	More than 100	Yes		Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	We lose money serving Medicaid members, though will continue to care for those in need.	Yes	Not yet, but planning to
5/22/2025 13:09:11	PODIATRY	More than 100	Yes		Durable Medical Equipment	Not sure		No	Not applicable
5/22/2025 13:12:30	Physical therapist	Between 10 and 50	No	Not sure		No impact		No	Not applicable
5/22/2025 13:12:52	Pain Management	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Not sure		Not yet, but planning to	Not yet, but planning to
5/22/2025 13:22:07	Speech pathology	Between 10 and 50	Yes	Yes	Learning materials	Yes, somewhat	Increases in material costs impact my ability to provide quality, individualized services to my clients	Not yet, but planning to	Not yet, but planning to
5/22/2025 13:26:03	Acute Care	Between 50 and 100	Not sure	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		Not applicable	Not yet, but planning to
5/22/2025 13:29:13	Internal med	More than 100	No	No		No impact		No	No
5/22/2025 13:30:30	family medicine/mind body medicine	Less than 10	Not sure	Not sure		Not sure		Not yet, but planning to	Not applicable
5/22/2025 13:32:16	Outpatient Physical Therapy	Between 50 and 100	Not sure	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	No
5/22/2025 13:33:51	Pediatric dentistry	More than 100	Yes	Yes	Disposable Supplies	Yes, somewhat		Not yet, but planning to	Yes

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/22/2025 13:36:33	aquatic therapy	Between 10 and 50	Yes	Yes	Disposable Supplies	Yes, somewhat	Generally trying to reduce equipment needs; have not replaced some therapy equipment that I typically would	No	No
5/22/2025 13:37:03	Pediatric Speech Language Therapy	Between 10 and 50	No	Yes	Disposable Supplies	Yes, somewhat	Serving fewer medicaid patients with feeding therapy needs, which require disposable supplies	Not yet, but planning to	Not yet, but planning to
5/22/2025 13:38:16	DME POS Cranial Remolding	More than 100	Yes	Yes	Orthotics	Yes, somewhat	gathering materials to manufacture our Cranial Remolding Orthosis	Yes	Yes
5/22/2025 13:50:44	Early Intervention	Not sure	No	Yes	Durable Medical Equipment	Yes, significantly		No	No
5/22/2025 13:54:59	Physical Therapy	More than 100	No	No		No impact		No	No
5/22/2025 13:56:17	Psychiatry	More than 100	No	Yes	Prescription Drugs	Yes, significantly	Patients unable to afford medications	Yes	Not yet, but planning to
5/22/2025 13:59:29	Speech therapy	Between 10 and 50	Yes		Durable Medical Equipment	Yes, significantly	Feeding therapy materials are more expensive and I am unable to provide families with feeding therapy tools (i.e. adaptive straws, adaptive spoons, adaptive cups, etc)	Not yet, but planning to	Not yet, but planning to
5/22/2025 14:01:49	vision care	More than 100	Yes	Yes	Durable Medical Equipment	Yes, somewhat	it has become necessary to reduce the number of completely covered materials	Not yet, but planning to	Yes
5/22/2025 14:06:38	Assisted-living for individuals living with brain injuries	Between 10 and 50	Yes		Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	Any increase in costs equal a decreased ability to provide livable wages to staff, and it becomes challenging to provide services without Cuts	Not applicable	Not yet, but planning to
5/22/2025 14:15:48	Mental Health	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		Yes	Yes
5/22/2025 14:30:13	Pediatric OT and ST	Between 50 and 100	No	No		No impact		No	No
5/22/2025 14:30:32	Pediatrics	Between 10 and 50	Yes	Yes	Disposable Supplies	Yes, somewhat	Monitoring, Metering, Carefully observing reimbursement rates and considering decreasing Medicaid service provision if rates don't increase.	No	Yes
5/22/2025 14:41:40	Outpatient Physical Therapy	More than 100	No	No	Nothing at this time	No impact	N/A	No	No

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/22/2025 14:43:09	Family	Between 50 and 100	No	No		Not sure		No	No
5/22/2025 14:52:18	Family Practice	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat		No	Yes
5/22/2025 14:58:06	Internal Medicine	More than 100	Yes		Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat		No	Not yet, but planning to
5/22/2025 15:10:27	Therapies	Between 10 and 50	Not sure	Yes	Disposable Supplies	Not sure		No	No
5/22/2025 15:20:29	BMH CORP LLC	Between 50 and 100	Yes		Prescription Drugs	No impact		No	Not applicable
5/22/2025 16:15:56	Intellectual and Developmental Disabilities	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	Yes
5/22/2025 16:22:28	Physical Therapy	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	Yes
5/22/2025 16:38:15	Optical	More than 100	No	Not sure	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		Not applicable	Not applicable
5/22/2025 16:48:12	Speech-Language Pathology	Between 10 and 50	Yes			Yes, significantly		Not yet, but planning to	Not yet, but planning to
5/22/2025 16:59:17	Family Medicine	Between 50 and 100	Not sure	Yes	Prescription Drugs	No impact		No	Yes
5/22/2025 17:16:55	Physical Therapy	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	Impact our bottom line and ability to hire as needed due to increased cost as well as ordering the supplies needed	Not yet, but planning to	Yes
5/22/2025 17:19:08	Physical Therapy	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	The cost is presently absorbed by the clinic, if costs become too high we will consider dropping Medicaid from our insurance.	No	Yes
5/22/2025 17:32:41	Mental Health	More than 100	No	Yes	Prescription Drugs	Yes, significantly	slow payments from Medicaid	Not yet, but planning to	Not yet, but planning to

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/22/2025 18:49:00	orthopedics	Between 10 and 50	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	overall having issues with increasing costs to do business, cost of living in our area and hiring/retaining staff, and decrease or no increase in reimbursement	Not yet, but planning to	No
5/22/2025 23:37:53	Speech-Language Pathology		No	No		No impact		No	No
5/23/2025 8:05:01	K-12 public education	More than 100	Not sure	Not sure		No impact		No	No
5/23/2025 8:08:25	Immunizations	More than 100	Not sure	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Not sure		No	Not yet, but planning to
5/23/2025 8:35:42	Physical Therapy	More than 100	No	Yes		Not sure		Not yet, but planning to	Not yet, but planning to
5/23/2025 8:49:00	Physical Therapy	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	general costs	No	No
5/23/2025 9:40:02	Neuroetch	Between 50 and 100	Yes	Yes	Durable Medical Equipment	Yes, significantly	Component pricing for wiring, lithium ion batteries, and hydro gel	Not yet, but planning to	Yes
5/23/2025 10:19:52	In home pediatric therapy	Between 50 and 100	No	No		No impact		No	No
5/23/2025 10:48:25	Psychiatry	Between 50 and 100	No	Not sure		Not sure		No	No
5/23/2025 10:58:56	Pediatrics	More than 100	Yes	Yes	so far, tariff charges have been added to Xerox and Phone Service bills	Not sure		Not yet, but planning to	Yes
5/23/2025 11:45:47	Diabetes Durable Medical Equipment	More than 100	Yes	Yes	Durable Medical Equipment	Not sure		No	Yes
5/23/2025 12:37:54	Urgent Care	More than 100	No	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	No
5/23/2025 14:55:27	Speech Language Pathology	Between 50 and 100	Yes	Yes	Therapy tests and materials	Not sure		Not applicable	Not yet, but planning to

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/24/2025 8:57:49	General Dentistry	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	Put off buying other equipment to control costs as cannot quit or reduce supply usage more than already have.	Yes	Yes
5/24/2025 22:51:46	DME	Between 10 and 50	Yes	Yes	Durable Medical Equipment	No impact		No	Not yet, but planning to
5/26/2025 10:35:43	Urgent Care	More than 100	Not sure	Yes		Not sure		Not yet, but planning to	No
5/26/2025 11:16:58	Pediatric Care	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		Not yet, but planning to	Not yet, but planning to
5/26/2025 11:20:49	OUT PATIENT PT/OT/SLP	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		Not yet, but planning to	Yes
5/26/2025 13:35:02	DME	More than 100	Yes	Yes	Durable Medical Equipment	Yes, somewhat	costs are now higher than reimbursements on several products	Not yet, but planning to	No
5/27/2025 6:37:41	Interventional Radiology/Vascular	More than 100	Yes		Procedure supplies	Yes, significantly	With supply increases and CO Medicaid's funding cuts, we can no longer treat a large population of Medicaid.	Yes	Yes
5/27/2025 8:20:07	Prowers County Public Health - SECO CMA	More than 100	Yes	Yes	Durable Medical Equipment	Yes, somewhat	The ability to order Walkers, canes, other tools of ambulation.	Yes	No
5/27/2025 8:48:36	Outpatient Mental Health	More than 100	No	No		No impact		No	No
5/27/2025 8:49:23	Outpatient Mental Health	More than 100	No	No		No impact		No	No
5/27/2025 15:26:22	Surgery	More than 100	Not sure	Not sure		No impact		No	No
5/27/2025 15:49:27	all pharmacy	More than 100	Not sure	Not sure		Not sure		Not yet, but planning to	Not yet, but planning to
5/27/2025 16:07:47	Psychiatry	More than 100	Not sure	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	No

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
5/27/2025 17:56:25	Pharmacy	More than 100	Yes	Yes	Prescription Drugs	Yes, somewhat	cost of good sold is increasing which reduces our gross margins	No	Yes
5/27/2025 19:31:22	Physical Therapy	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, somewhat	Increased DME and orthotics pricing	Not yet, but planning to	Yes
5/29/2025 13:14:27	Pediatric Occupational Therapy	Between 10 and 50	No	No		No impact		No	Not applicable
5/30/2025 9:01:45	Pediatric Orthotics, Cranial Remolding Orthoses	More than 100	Not sure	Yes	Orthotics	Yes, somewhat	Foam padding has been back ordered (RESTON FOAM) and prices double when this happens. We first experienced this with covid, prices from manufactures went up. We are expecting the same to happen again with Tariffs.	Not yet, but planning to	Not yet, but planning to
5/31/2025 17:36:37	Pediatric Physical therapy	Between 10 and 50	No	Not sure		No impact		Not applicable	Not applicable
6/4/2025 9:14:58	DMEPOS	Between 10 and 50	Yes	Yes	Orthotics and DME equally	Not sure		No	Yes
6/4/2025 10:57:56	Orthotics	More than 100	Yes	Yes	Orthotics	Not sure	In the short term, we can eat some price hikes in order to continue to service our patients. But long term we would have to adjust our services unless Medicaid adjusted the reimbursement to reflect the increased costs.	Not yet, but planning to	Yes
6/4/2025 20:51:26	Durable Medical Equipment	Between 10 and 50	No	Yes	Durable Medical Equipment	No impact		No	Yes
6/8/2025 17:42:17	Pediatric Dentistry	More than 100	Yes	Yes	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Not sure		Not yet, but planning to	Not yet, but planning to
6/9/2025 12:53:02	Home Health	More than 100	No	Not sure		No impact		No	No
6/11/2025 13:27:55	Pediatric Occupational Therapy	Between 10 and 50	No	No		No impact		No	No
6/16/2025 16:10:03	Children's Hospital Colorado	More than 100	Yes	Yes	All of these with the exception of OTC medicines - Estimate \$7M - \$12M impact per year in increased expenses	No impact	We are assessing the impact	Not yet, but planning to	Yes

Timestamp	What is your/your facility's specialty?	How many Colorado Medicaid members does your facility serve on average each year?	Have you experienced increased costs in equipment, supplies, or other materials due to federal tariffs initiated on April 2, 2025?	If not, do you anticipate increased costs in equipment, supplies, or other materials due to the recent federal tariffs?	If yes, what types of products or services have been most affected by these tariff-related cost increases?	Have these increased costs impacted your ability to provide services to Medicaid members?	If yes, please share specific examples of what changes have affected your operations:	Have you had to change your billing practices, reduce services, or delay orders as a result of tariff-related costs?	Have you received any communication from suppliers regarding increased prices, reduced services, or delayed orders as a result of tariff-related costs? (If so, please consider sharing this with us via HCPF_RateReview@state.co.us).
6/17/2025 21:03:47	Optometry	More than 100	Yes		Eyewear	Yes, somewhat	Leaner margins, higher costs mean we are looking to cut what we add to glasses in an effort to offset tariff issues.	Not yet, but planning to	Yes
6/24/2025 11:05:43	Family, Internal and OB GYN	More than 100	No	Not sure	Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	No impact		No	No
6/28/2025 14:38:55	Consulting for home health, hospice, DME, pharmacy ,assisted living, adult day programs	More than 100	Yes		Regular Medical Supplies (e.g. medical gloves, cotton swabs, needles, etc.)	Yes, significantly	difficulty is supporting patients to get better	Not yet, but planning to	Yes

Cost of Living Data Series

Missouri had the sixth lowest cost of living in the United States for the third quarter in 2024. In general, the most expensive areas to live were Hawaii, Alaska, the Northeast, and the West Coast. The least expensive areas were the Midwest and Southern states.

MERIC derives the cost of living index for each state by averaging the indices of participating cities and metropolitan areas in that state. Missouri’s cost of living index for the third quarter 2024 was 89.0.

Cities across the nation participate in the Council for Community & Economic Research (C2ER) survey on a volunteer basis. Price information in the survey is governed by C2ER collection guidelines which strive for uniformity.

2024 Third Quarter Average Cost of Living

Rank	State	Index	Grocery	Housing	Utilities	Transportation	Health	Misc.
1	West Virginia	84.8	98.4	61.3	96.4	93.1	96.8	91.2
2	Kansas	86.7	94.6	70.7	100.8	92.2	92.6	90.3
3	Mississippi	87.5	96.8	72.2	89.4	90.1	95.6	93.8
4	Oklahoma	87.9	96.5	74.7	96.5	90.6	99.3	90.5
5	Alabama	88.8	97.8	71.4	100.5	90.3	90.1	95.8
6	Missouri	89.0	97.0	78.6	98.0	88.3	91.6	91.7
7	Arkansas	89.0	95.5	75.2	90.4	91.5	85.8	97.1
8	Tennessee	90.0	97.1	82.8	86.0	88.1	87.6	94.8
9	Iowa	90.4	96.5	75.4	92.9	98.2	96.7	96.3
10	Indiana	91.3	97.0	77.3	92.1	101.6	97.7	96.1
11	Georgia	91.5	97.4	79.2	100.4	95.7	97.9	94.8
12	North Dakota	92.1	96.1	79.8	81.2	100.2	105.7	99.2
13	Michigan	92.3	98.7	78.5	98.6	100.6	90.6	97.2
14	South Dakota	92.3	98.4	89.7	85.5	96.0	101.2	91.3
15	Texas	92.6	95.9	81.3	107.3	92.4	94.9	96.5

Rank	State	Index	Grocery	Housing	Utilities	Transportation	Health	Misc.
16	Nebraska	92.8	99.3	79.5	87.1	97.4	101.4	99.8
17	Kentucky	92.9	99.5	77.8	85.7	100.0	101.4	101.0
18	New Mexico	92.9	97.4	84.9	82.9	89.8	105.1	99.5
19	Louisiana	93.5	96.6	84.4	81.1	97.4	95.2	101.5
20	Montana	94.0	98.7	84.6	83.0	101.8	96.6	99.8
21	Ohio	94.9	98.5	87.6	95.6	96.9	97.1	98.2
22	Pennsylvania	94.9	99.1	83.5	104.4	103.9	91.7	97.7
23	South Carolina	95.2	99.6	86.4	99.3	94.2	93.4	100.0
24	Minnesota	95.3	102.0	80.3	98.0	98.3	104.9	102.0
25	Wyoming	95.4	100.6	90.1	92.0	95.0	100.5	97.9
26	Illinois	95.5	98.3	84.2	99.4	107.7	100.6	98.2
27	North Carolina	97.6	98.9	95.6	95.4	91.7	104.3	100.1
28	Maryland	98.9	102.4	82.2	113.1	103.0	92.2	107.3
29	Wisconsin	99.3	98.1	98.5	86.4	101.7	105.4	102.3
30	Nevada	100.1	103.4	106.8	96.6	115.1	84.1	91.3
31	Delaware	100.2	102.1	96.5	97.3	103.0	101.5	102.2
32	Virginia	100.5	99.2	103.8	98.9	96.3	106.3	99.2
33	Idaho	102.0	101.9	99.1	77.7	109.2	101.4	108.7
34	Florida	102.4	106.7	107.7	98.6	98.4	95.3	99.4
35	Puerto Rico	102.5	110.0	102.4	148.1	93.8	71.0	94.4
36	Colorado	102.7	100.7	107.6	88.6	100.8	103.5	103.7
37	Utah	109.5	98.6	129.7	101.7	113.4	89.8	100.9
38	Oregon	110.0	103.0	131.7	90.9	113.3	112.0	98.4
39	New Hampshire	111.5	100.3	116.2	121.3	104.1	110.3	112.5
40	Connecticut	111.7	102.5	117.2	135.2	105.5	112.3	107.0

Rank	State	Index	Grocery	Housing	Utilities	Transportation	Health	Misc.
41	Rhode Island	112.4	102.7	114.4	141.2	96.7	107.1	113.2
42	Arizona	112.8	101.7	136.0	108.3	102.0	89.7	106.2
43	Maine	113.5	101.4	135.8	111.0	107.7	112.9	102.6
44	Washington	113.6	103.5	126.7	94.4	119.9	116.4	109.7
45	Vermont	114.1	106.4	133.1	110.7	95.4	113.3	108.5
46	New Jersey	114.8	103.6	138.2	100.7	106.4	106.7	107.6
47	New York	123.4	103.8	170.2	97.5	108.3	111.6	105.9
48	Alaska	123.4	125.1	117.8	157.4	115.7	146.4	117.6
49	District of Columbia	138.1	104.7	213.0	100.5	108.4	114.8	112.5
50	California	144.7	112.4	209.1	137.7	130.2	106.5	116.8
51	Massachusetts	146.9	104.5	226.0	146.1	109.5	130.1	113.6
52	Hawaii	184.6	135.9	302.6	210.0	133.7	123.7	124.9
**	U.S.	100.0	100.0	100.0	100.0	100.0	100.0	100.0

All of the participating Missouri cities had a composite index below the national average for the third quarter in 2024. The city with the lowest cost of living index for this time period was Joplin with an index of 85.2. The city

Cost of Living Indices for Participating Missouri Cities - Third Quarter 2024

Metro	Index	Grocery	Housing	Utilities	Transport.	Health	Misc.
Joplin MO	85.2	94.6	68.1	108.3	81.3	94.5	89.4
Missouri	89.0	97.0	78.6	98.0	88.3	91.6	91.7
Springfield MO	89.6	96.2	79.7	83.0	89.8	97.3	95.5
St. Louis MO-IL	89.7	99.3	78.9	97.2	95.1	83.4	91.8
Kansas City MO-KS	90.1	98.1	84.2	104.7	88.8	83.4	88.9
Columbia MO	90.5	96.7	82.1	96.8	86.7	99.4	93.1

See <https://www.c2er.org/> (<https://www.c2er.org/>) for details and more data products.

Quick Links

- **Research for Recovery** (</data/research-for-recovery>)
- **Cost of Living** (</data/cost-living-data-series>)
- **Gross Domestic Product** (</data/gross-domestic-product-data-series>)
- **County Average Wages** (</data/county-average-wages>)
- **Income Measures** (</data/income-measures>)
- **Industry Projections** (</data/industry/industry-projections>)
- **Purchasing Manager's Index** (</data/pmi>)
- **Unemployment** (</data/unemployment>)
- **Exports** (</data/exports>)

Appendix I - Stakeholder Feedback

Appendix I contains all public stakeholder feedback that HCPF has received via email and verbally at the Medicaid Provider Rate Review Public Meetings. Email feedback is verbatim and unaltered from public stakeholders and did not undergo editing or factual verification by HCPF. All verbal feedback has been summarized to the best of HCPF's ability. The feedback in this appendix may not reflect HCPF's views and opinions on the rates of the Year 3 Services under review.

The feedback in this appendix was collected from October 1, 2024 through October 1, 2025.

Some feedback was redacted, edited, or removed due to Protected Health Information (PHI).

All meeting recordings and meeting minutes can be found on [HCPF's Rate Review website](#).

	1
Appendix I - Stakeholder Feedback	1
Dialysis and Dialysis-related Services	4
Dental for People with Intellectual and Developmental Disabilities (DIDD)	10
Durable Medical Equipment (DME)	15
Prosthetics, Orthotics, Enteral Formula, and Other & Disposable Supplies (POS)	19
Laboratory and Pathology Services	24
Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy (PT/ OT/ ST)	25
Specialty Care Services	62
Targeted Case Management (TCM)	64
Vision Services	69
Physician Services - Allergy and Immunology	77
Physician Services - Cardiology	78
Physician Services - Dermatology	79
Physician Services - ED and Hospital Evaluation and Management (E&M)	80
Physician Services - Ear, Nose, and Throat (ENT)	81
Physician Services - Family Planning	82
Physician Services - Gastroenterology	83
Physician Services - Gynecology	84
Physician Services - Health Education	85
Physician Services - Medication Injections and Infusions	86
Physician Services - Neuro/Psychological Testing Services	87
Physician Services - Neurology	96
Physician Services - Primary Care Evaluation and Management	97
Physician Services - Radiology	102
Physician Services - Respiratory	103
Physician Services - Sleep Study	104
Physician Services - Vaccines Immunizations	105
Physician Services - Vascular	106
Multiple Services	107
Verbal Feedback from Quarterly MPRRAC Meetings	122

Dialysis and Dialysis-related Services

Jackson Williams

Dialysis Patient Citizens

Dialysis Patient Citizens (DPC) writes to offer its comments on the Medicaid Provider Rate Quarterly Review with respect to dialysis reimbursements.

DPC's membership, currently about 30,000, is restricted to kidney disease patients and their family members. DPC is a patient-led organization. Our by-laws require that the President, Vice President and at least 51% of the Board be current dialysis patients. The non-dialysis patients serving on our Board are former dialysis patients with kidney transplants. Our volunteer board members have represented their peers on CMS technical expert panels and/or advisory committees of other health care organizations such as the National Quality Forum and Patient- Centered Outcomes Research Institute. DPC also conducts periodic Membership Surveys to ascertain patients' experiences with their care and views on health policy issues. DPC is committed to promoting access to high-quality dialysis care for individuals with ESRD; to prevention of, delayed onset of, and safe transition to ESRD among individuals with chronic kidney disease; and access to kidney transplantation as well as to other alternatives to dialysis that may emerge.

DPC has 905 members in Colorado. As America's healthiest state, Colorado has a low incidence rate of end-stage renal disease but a disproportionately higher prevalence rate, as Colorado patients tend to live longer on dialysis than their counterparts elsewhere.

During the recent years of rising inflation and labor shortages, CMS' updates to Medicare payments for dialysis significantly lagged increases in input costs. Last year, CMS granted a net increase in the base rate of only 0.8% for a year in which wages, according to Bureau of Labor Statistics, rose 4.2%.

The Medicare Payment Advisory Commission this month found that dialysis providers' Medicare margin was -1.1 percent in 2022 and -0.2 percent in 2023. The Commission projects a 2025 margin of 0 percent with many rural and low-volume facilities operating in the red. This occurs at a time in which a Supreme Court decision has emboldened many employers to gut their insurance coverage for dialysis, further weakening the financing of our nation's precious kidney care infrastructure.

Needless to say, for Medicaid payments limited to just 80% of Medicare rates, it is important to update payments to mitigate clinics' losses when serving a very vulnerable population.

We would like to take this opportunity to discuss the issue of healthcare workforce shortages and the need for robust federal and state commitments to paying these essential workers commensurate with their value to society. According to a ZipRecruiter analysis of Labor Department data, health care has one of the most severe labor shortages among U.S. industry sectors, with 55.6% of job openings unfilled and just 0.29 unemployed workers per opening.

In 2023 we collected survey data and beneficiary reports illustrating how dialysis patients were impacted by acute workforce shortages in the wake of the pandemic. What dialysis patients saw firsthand was how fragile our health care system is and perhaps a preview of future years.

CMS statistics show increases in the median time patients spent in an Emergency Department. The hospital industry reports that there are 94,000 fewer workers at hospitals than there were four years ago. Comparing numbers from a 2017 survey on physician appointment wait times by Meritt Hawkins to a 2024 secret shopper study conducted by ECG Management Consultants, average new patient physician appointment wait times have increased significantly. In 2024, the average wait time for the third next available appointment across 11 medical specialties in 23 U.S. metro areas was 38 days.

It is delusional to think that bare-bones Medicare reimbursements, which continue to fall short of inflation, and lower-still Medicaid reimbursements, will allow health care providers to offer competitive compensation as secular demographic factors shrink the pool of available workers.

According to BLS's most recent forecast, "The slower birth rates of the 1970's will cause the population ages 55 to 64 to decrease much faster than any other age group. Meanwhile, the 65 and older age group will experience fast growth as all baby boomers age into that category by 2032. This age group's projected 14.4 million increase in population accounts for over three quarters of the overall projected population growth. Of that 14.4 million increase, about 10.6 million comes from the 75 and over age group, as most of the baby boomers age into that Bracket. "Slower projected growth in the population is expected to constrain growth in the civilian labor force over the projections period... The labor force participation rate is projected to fall from 62.2 percent in 2022 to 60.4 percent in 2032. The

principal factor driving the projected decline in the labor force participation rate is a greater share of individuals over the age of 65.”

BLS projects that healthcare will account for 45% of all new job openings by 2032. We worry that policymakers’ failure to take labor shortage dynamics seriously will severely hinder providers’ ability to fill those positions. Of course we realize that many occupations comprise “essential workers” and we do not suggest that healthcare vocations’ value trumps, say, the value of first responder or national defense vocations. But all such positions, mostly funded by government, provide outsize value to our society and must be compensated in proportion to that value, lest they go unfilled.

Thank you for your consideration of our views.

Rob Sikorski
DaVita

DaVita Inc. (“DaVita”) appreciates the opportunity to submit comments to the Medicaid Provider Rate Review Advisory Committee (“MPRRAC”) for provider Medicaid rates currently under review. DaVita provides quality life-saving care to patients diagnosed with kidney failure, also known as End Stage Renal Disease (“ESRD”) and has the privilege of caring for 2,500 Coloradans in need of dialysis care, including many Medicaid recipients, across our 36 outpatient clinics in the state. Additionally, DaVita is proud to call Colorado home with our world headquarters located in downtown Denver. We are one of the largest providers of dialysis services across the U.S., providing care for 208,000 patients nationally.

DaVita respectfully requests MPRRAC consider increasing the hemodialysis reimbursement rate for treatments billed with revenue codes 821, 831, 841, and 851. A rate increase for dialysis providers in Colorado would be consistent with the program’s goal of meeting an 80% benchmark of a provider segment’s Medicare Fee-For-Service (“FFS”) rate and will help ensure the state’s provider network remains strong.

In the 2023 rate review year, Medicaid raised rates in two Colorado regions by over 10% (18.6% in Boulder and 13% in Fort Collins). Additionally, Greeley received a rate increase of 9.3%. Due to the three-year review cycle, these increases were implemented to align Colorado Medicaid with methodology changes to the Medicare

Prospective Payment System during non-review years. In order to meet Colorado Medicaid's stated benchmark of 80% of the Medicare FFS rate, reimbursement rates in several regions would require substantial increases in 2026. For example, the Colorado Springs region would require a 14% increase in 2026 to meet the benchmark. Similarly, the Denver and Rural Colorado regions would require increases of 8.7% and 7.4% respectively to meet the target. Currently, DaVita's average Colorado Medicaid reimbursement rate for hemodialysis is \$221.02 per treatment.

It is also important to note that given changes in the wage index methodology for Medicare FFS in 2025, absent regional rate increases, Colorado Medicaid will fall even further behind its 80% Medicare pricing benchmark goal (Colorado Medicare FFS rates will see a 3.4% total increase in 2025).

DaVita, like most other healthcare providers, has been adversely impacted by a combination of the lingering economic effects of the COVID-19 pandemic, unprecedented inflation, and high labor costs due in part to continued staffing challenges we have seen throughout the country and especially in Colorado. When faced with operational challenges, providers may be forced to reduce the availability of dialysis treatment times or consolidate clinics, which in turn could make it more difficult for dialysis patients in the state to access and receive dialysis care. Any disruption in treatment, especially those clinics in rural areas of the state, can lead to serious health complications. Dialysis patients are a vulnerable patient population and studies show that even one missed treatment is associated with a 40 percent greater risk of hospitalization and more than doubles the risk of mortality in the subsequent 30 days. Given these factors, it's vital for state Medicaid reimbursement rates for hemodialysis to be adjusted.

DaVita respectfully requests that MPRRAC increase the hemodialysis reimbursement rate to better align with the Medicare FFS rate and address the financial and operational challenges that dialysis providers continue to face in today's healthcare climate. DaVita welcomes the opportunity to further discuss these comments and looks forward to collaborating on this matter.

[DaVita PowerPoint Attachment](#)

Wendy Schrag Fresenius Medical Care

Fresenius Medical Care provides life sustaining dialysis to 1,755 Coloradans in 27 outpatient dialysis clinics.

This is the number of patients we serve with Medicaid in the following categories:

- Primary Medicaid: 216 (10%)
- Primary Medicaid Managed Care: 45 (2%)
- Secondary Medicaid: 490 (23%)
- Secondary Medicaid Managed Care: 64 (3%)

Most of the patients we serve with Medicaid as their primary insurance have fee for service Medicaid vs managed Medicaid. Colorado's current fee for service payment per treatment is \$228. That is well under our cost per treatment of \$348. This results in an annual loss per patient of \$17,000. Colorado also coordinates secondary payment. We get some reimbursement for our 490 patients who are dually eligible for Medicare and Medicaid but not the full 20%.

We request an increase in codes 821 (In Center Hemodialysis, Home Hemodialysis, Home Hemodialysis Training), 841 (Continuous Ambulatory Peritoneal Dialysis (CAPD) & Training), and 851 (Continuous Cycling Peritoneal Dialysis (CCPD) & Training) to close the gap in the amount that we lose serving each patient with Medicaid as their primary insurance.

We also request an expansion of Colorado's managed Medicaid plans. There are only two options for managed Medicaid plans and they are county specific and not available for all of our patients. According to a recent study by Kaiser Family Foundation, 75% of Medicaid beneficiaries nationwide are in a managed care plan. Colorado is one of only 5 states that has less than 50% of its Medicaid population in a managed care plan. Especially for complex medical conditions like kidney failure, managed Medicaid may help to manage costs, utilize resources effectively, and ensure quality care.

References:

Elizabeth Hinton and Jada Raphael. 10 Things to Know About Medicaid Managed Care. Kaiser Family Foundation, February 27, 2025. <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/>

Wendy Schrag
Fresenius Medical Care

Thank you for your decision at the July meeting to bring some codes up to the 80% of Medicare amount. In addition, we request an increase above the 80% of Medicare amount for codes 821 (In Center Hemodialysis, Home Hemodialysis, Home Hemodialysis Training), 841 (Continuous Ambulatory Peritoneal Dialysis (CAPD) & Training), and 851 (Continuous Cycling Peritoneal Dialysis (CCPD) & Training) to close the gap in the amount that we lose serving each patient with Medicaid as their primary insurance.

Dental for People with Intellectual and Developmental Disabilities (DIDD)

Stephen Rogers, D.D.S

Dear Members of the Medicaid Provider Rate Review Advisory Committee,

I am writing today to express my deep concerns with proposed cuts to Medicaid dental rates in HCPF's state budget request. I am a dentist at Lakeside Kids and Special Needs Dentistry, working alongside Dr. Shaheen Moezzi, who is providing verbal testimony on this matter. Our clinic relies heavily on Medicaid funding. With the new rates that were approved by the legislature last year, we've expanded our clinic and hired more providers.

In October, we provided dental exams and procedures for 57 patients with special needs, and we are able to deliver high quality care by very experienced providers. Our facility provides high quality dentistry to adults and children with IDD, through experienced dental providers who are in a community-based setting. This allows for continuity of care outside of an institution or hospital.

The Medicaid rate increase allowed us to build out a second operating room this summer and recruit additional dentists and anesthesia providers. We doubled our capacity this past summer. Our wait time was previously 6-9 months to treat these patients. Our wait list is down to 3-4 months currently.

Appropriate rates allow for more community-based settings to provide care for these patients with special needs, which can help avoid costly emergency room and hospital visits. Even with the greatly appreciated rate increases of this past year, there is still a substantial unmet need for the special needs population. Cutting these Medicaid rates now would only exacerbate the existing challenges for this vulnerable population to access care. I urge you to oppose the proposed cuts to dental rates and share your opposition with the Joint Budget Committee.

Thank you for your work on these important issues.

Peter Shelley, D.D.S

Dear Members of the Medicaid Provider Rate Review Advisory Committee,

I am writing to express my concern over the proposed reductions in Medicaid reimbursement rates for dental codes, specifically for endodontic procedures and related services.

I'm specifically concerned about the D3330 code and similar endodontic and endodontic retreatment codes. I was also talking with a general dental colleague and he said if he refers his patient to a Medicaid endodontist provider it takes at least three months for them to get treatment due to lengthy waitlists. As you know, endodontic needs often require emergency and timely treatment, and there is clearly a backlog of cases and need for providers. In addition, when patients in pain can't get timely treatment, they are given antibiotics and prescription pain meds, neither of which are good for either the individual or for society.

I earnestly urge you to strive to keep the reimbursement rates at or above their current levels. Support in this matter is vital for the continued provision of high-quality endodontic care to Medicaid patients.

Lauren Harvey
Colorado Dental Association

I hope you're well today. Thanks for reaching out about the DIDD Dental rate review.

CDA's Medicaid committee discussed this and would like to share this feedback:

1. We agree about using the ADA 2022 data (with necessary adjustments if required), as that represents the reality of costs to provide services.
2. We also suggest another option of using the CO Dept of Labor and Employment Division of Workers' Compensation 2025 Medical Fee Schedule - Exhibit 3 Dental fees. This medical fee schedule has been vetted by the state government, and could be considered similarly to a disability as its intended for those who are injured/temporarily disabled.
3. If other states are utilized for review/comparison, it would be important to us to know how those other states set their Medicaid rates. On that note, we know that Delaware bases their Medicaid dental fee schedule on the National Dental Advisory Service (NDAS) annual Comprehensive Fee Report, which is also a good representation of actual cost for services.

Thank you and please let me know if you have questions for us, or how else we can assist in your analysis.

Kevin M. Patterson, D.D.S., MS
Colorado Dental Association

I am submitting this testimony in response to the proposed cuts to adult dental Medicaid rates, which were only recently raised to an acceptable level after extensive collaboration between the Colorado Dental Association (CDA) Medicaid Committee, the Colorado Department of Health Care Policy & Financing (HCPF), and MPRRAC. The work of this Advisory Committee was essential to increasing access to oral healthcare for all Coloradans, and I appreciate the care and expertise you all put into advocating for increased dental rates in the Medicaid program.

I submit this testimony as the current President of the Colorado Dental Association and a practicing oral-maxillofacial surgeon who has been a Medicaid provider since completing my residency and medical school in 1998.

As an oral-maxillofacial surgeon who provides hospital and emergency room coverage for seven Front Range hospitals, I see firsthand how the lack of accessible oral healthcare puts uninsured Colorado residents at significant risk for severe oro-facial infections. These infections, when untreated, can escalate to a serious health crisis requiring aggressive and costly operating room interventions. Left untreated, these infections often necessitate invasive treatment to drain abscesses in the head and neck, potentially leading to extended ICU stays or even death.

Most of these infections could have been prevented with access to routine preventive and restorative dental care, or timely endodontic treatment, which would address the dental issues before they become surgical emergencies. For years, inadequate reimbursement rates discouraged providers from enrolling in Medicaid, leading to a shortage of dental providers willing to offer necessary care for low-income individuals in Colorado.

The recent increase in reimbursement for a selection of preventive, restorative, and endodontic codes was a crucial step forward. It brought real hope to our mission to improve the oral health of Coloradans. With these new rates, the CDA has been able to collaborate more effectively with HCPF and DentaQuest to encourage more providers to enroll in Medicaid. This progress, given sufficient time, would result in increased access to essential dental care, including preventive, restorative, and endodontic services, for thousands of Coloradans in need.

Colorado's dental Medicaid program is uniquely cost-effective: the state pays only 20 cents on the dollar, with the federal government covering the remaining 80% of Medicaid dental expenses. This means that for every dollar cut from Colorado's Medicaid dental program, the state loses four dollars in federal funding. Put another way, for every five dollars of dental care provided under Medicaid, Colorado pays only one dollar. Cutting \$1 million from adult dental Medicaid, therefore, results in \$5 million of care lost to the state's most vulnerable residents.

What began as a significant victory for Colorado Medicaid enrollees is now at risk of becoming a devastating setback. The CDA has worked tirelessly to emphasize the importance of Medicaid enrollment, providing guidance to both members and non-members through the often-complex enrollment process. The recent rate increase was positively received by providers, resulting in a noticeable increase in dentists willing to enroll or consider enrolling in Medicaid. However, this momentum will not be sustained if the proposed cuts are approved.

For these reasons, we urge you to express your opposition to the proposed cuts to dental Medicaid funding. Colorado's Medicaid recipients deserve consistent access to preventive, restorative, and endodontic care, which not only improves their quality of life but also reduces the costly emergency interventions that arise from deferred dental care.

Lauren Harvey
Colorado Dental Association

The Colorado Dental Association appreciates the work of the MPRRAC and your support for access to dental care. The MPRRAC may have seen a press release from CIVHC - Colorado's All Payers Claims Database - regarding a new resource now available to the public on dental fees and payments. That data, which was already reported to the state through mandatory reporting, is now available in a public dashboard on CIVHC's website: <https://civhc.org/get-data/public-data/dental-health-analysis/>. This resource may be useful for future legislative and budget discussions on dental rates, particularly in lieu of the now-defunct ADA fee survey.

CDA appreciates the MPRRAC identifying those DIDD codes that have reimbursement set below the Medicaid dental codes, and prioritizing those codes for increases. As noted at the July 18 MPRRAC meeting, CDA advocated to look at the nexus of higher utilization DIDD codes and those which are undervalued compared to Medicaid dental codes. Based on DIDD code utilization data we received from HCPF, a few codes that

stand out for higher utilization and lower reimbursement are: D1110 Prophylaxis adult; D1206 Topical Fluoride Varnish; D4910 Periodontal Maintenance; D4342 Periodontal scaling 1 to 3 teeth; D4341 Periodontal Scaling & Root planing. These are just a selection of codes that have higher utilization and lower reimbursement. We agree with the MPPRAC's overall goal that all DIDD codes should be set above Medicaid codes. Additionally, there are some anesthesia related codes that do not appear to be on the DIDD fee schedule at all, but it should be noted that these procedures require more time, effort, and collaboration to ensure safe treatment for the IDD population, given their often complex medical histories. Those anesthesia codes that don't appear to be included in the DIDD fee schedule are: D9219 Eval for deep sedation/general anesthesia; D9222 Deep Sedation/General anesthesia first 15 minutes; D9223 Deep sedation/general anesthesia each 15 minute increment. Thank you for your work on this and for allowing us to provide comment.

Durable Medical Equipment (DME)

Kelli Ore
CAMES

Good afternoon members of the committee, and members of HCPF, my name is Kelli Ore, and I am representing CAMES today. My employer provides respiratory, sleep therapy, enteral nutrition, and many other DME services for the entire state. We have 26 locations in Colorado, several in small rural communities, and in some of our locations, we are the only provider of the above-mentioned services.

As a former MPRRAC board member, I would first like to thank you all for your dedication, time, and thoughtful investigation of the categories of service currently under review. I understand the severity of rate recommendations, and the potential impact on providers and suppliers to keep participants safe, healthy, and in their homes.

As many of you know, Medicare rates are based on covered services and were designed for a population of patients at or above age 65, not to mention the rates established by the flawed competitive bidding implementation.

The DME PDAC (which stands for Pricing, Data Analysis and Coding) reviews a DME item to determine which healthcare common procedure coding system (HCPCS code) the item falls into, with no consideration for covered vs non-covered, cost, or reimbursement. If there is a code that best describes the item manufactured, the item is classified or designated under that code. For example, B4155 has 474 items that are classified under that one code. All 474 manufactured items have drastically different costs to the supplier, but the reimbursement is the same. More than half of the items classified under this code are not covered by Medicare. This is just one example of hundreds of codes that fall into this scenario.

There are several hundred formulas manufactured for complex metabolic conditions, organic blends, and food allergens for infants, pediatric, and youth participants that would be impossible to provide if the rates are adjusted to the benchmark. Eliminating the ability to provide these critical formulas would jeopardize the health of this population.

The federal government matches DME expenditures by Colorado Medicaid for the pediatric population (up to age 21) at 100% which has allowed for some additional

consideration in rates for items that aren't typically covered by Medicare and/or the Medicare rates are insufficient for the codes due to the population majority being serviced within the scope of the code.

For HCPCS K0739, DME providers worked with HCPF, and the disability community to establish a fair and equitable rate that allowed DME suppliers to conduct repairs in the homes of Colorado Medicaid participants. Many participants are unable to bring their equipment to a supplier to conduct repairs due to lack of transportation, and/or the inability to transport the item. Suppliers of CRT, and other items requiring repair by a skilled technician are only reimbursed for the time they spend repairing a piece of equipment in the home, regardless of the time spent driving to various locations.

An example of the current rate vs the benchmark rate is sending technician to the home to conduct a minor repair to a DME item:

A 2.5 hour round trip drive, and two units of K0739 = \$58.34 at the current rate, and \$32.10 at 100% of Medicare rates. The cost to the supplier for just the hourly wage of a skilled technician at \$22.00/hour (which is the low end of wages for a skilled technician) = \$55.00

The example given doesn't take into consideration the additional cost for fleet management, tools, gas, insurance, etc. Suppliers cannot sustain losses in every scenario and stay in business; therefore, the only solution would be to eliminate the service or narrow their service area. Our organization has worked with HCPF for decades to transparently show our costs for these items and services and establish rates that allow a broader service reach to all participants in Colorado.

We understand the fiscal responsibility for the current budget, and preservation of the Medicaid program for our future. We aren't coming to you today asking for rate increases, we are asking for preservation of the current rates to allow suppliers to continue to service every participant in Colorado. Reducing the rates to the benchmark for the codes that currently exceeds them will result in suppliers exiting the program and leaving participants with an inability to obtain the DME that allows them to be independent at home and in our community.

I appreciate the opportunity to speak with you today, and I look forward to answering any questions that you may have.

Craig Hospital

Craig Hospital appreciates the opportunity to provide input regarding the Medicaid

Provider Rate Review Advisory Committee’s (MPRRAC) current review of durable medical equipment (DME) codes, including complex rehabilitation technology (CRT) and enteral nutrition supports.

As a nationally recognized center for specialty rehabilitation of individuals with spinal cord injury and brain injury, we serve a population with highly specialized and ongoing clinical needs. Many of our patients require access to customized DME—particularly CRT and nutritional support equipment—in order to maintain health, mobility, and independence in the community.

Access to timely, individualized, and high-quality DME is essential to the long-term stability of these individuals. The availability of this equipment often determines whether someone can safely live at home, avoid unnecessary hospitalizations, and participate meaningfully in their community. Limitations or delays in access to appropriate DME can lead to avoidable complications, higher health care costs, and reduced quality of life.

While we defer to the appropriate stakeholders to address questions of reimbursement methodology, we want to emphasize the critical clinical role DME plays in helping individuals with complex neurological injuries remain safely supported outside of institutional settings. Any policy changes under consideration should carefully account for the impact on access to this medically necessary equipment.

We appreciate MPRRAC’s ongoing efforts to ensure that Medicaid services remain accessible, appropriate, and responsive to the needs of Coloradans with disabilities.

Paul Hogfeldt
CAMES

Good Morning/Afternoon, members of the committee and HCPF. My name is Paul Hogfeldt, and I serve as President of the Colorado Association of Medical Equipment Services (CAMES), representing durable medical equipment providers across our state. Durable Medical Equipment (DME) such as ventilators, oxygen, power wheelchairs, wound care, and enteral supplies are critical for Medicaid members, allowing them to live and thrive in their homes instead of institutional settings like hospitals or nursing facilities.

CAMES and our providers understand the need for responsible fiscal management of Medicaid funds and take our role very seriously. The services we provide are crucial in keeping Medicaid members at home where they prefer to be and is the most cost-effective setting while achieving positive health outcomes.

Over the past 20+ years, CAMES has worked closely with Colorado Medicaid on rate setting, providing open discussions on provider costs to furnish DME items. This transparency has resulted in the current rates compared to the proposed benchmarks.

In 2013, Medicare implemented the Competitive Bidding Program. This program is a federal cost-containment initiative that sets reimbursement rates for DME based on the lowest bids submitted, without accounting for quality of service or experience of the suppliers awarded the bids. Essentially, it's a race to the bottom of patient care in an effort to save funds resulting in unsustainably low rates that don't reflect actual provider costs, especially in rural or underserved areas. The competitive bidding program has led to a 17.3% reduction in the number of DME providers in Colorado over the past decade. Since 2018, Colorado Medicaid has aligned many of its DME rates with Medicare's competitive bidding program, resulting in rate reductions up to 30% for essential equipment and supplies, while the cost to deliver the services has risen dramatically, especially during the period of the PHE and those costs have not rebalanced post PHE.

Inflation has driven up fuel, freight, labor, and supply costs by over 34%, and proposed tariffs on medical goods threaten to raise costs even further. A recent example of this was the announcement of a 10% cost increase from a major enteral pump and supply manufacturer that went into effect on July 1st.

I grew up in a home with multiple siblings with special needs who used ventilators, oxygen, mobility equipment, and enteral supplies. Without access to these items, my siblings would have had to live full-time in a hospital.

Rebalancing the DME rates that are over the benchmark by utilizing flawed rates will yield a significant access to care impact on all Colorado Medicaid participants. Limiting access to crucial services in the home setting, where the cost can be 50-80% less expensive than a facility, is not the answer.

We urge the committee to consider the real-world consequences of further rate reductions. Without sustainable rates, we risk losing even more providers, and with them, the ability to serve Colorado's most vulnerable residents. Thank you for your time.

Prosthetics, Orthotics, Enteral Formula, and Other & Disposable Supplies (POS)

Trina Bassak

About Kids Physical Therapy

I am a physical therapist in the state of Colorado and wanted to reach out to let you know how integral cranial remolding orthosis are to the plan of care for the little ones that qualify. In my over 30 years experience, these infants and toddlers that have the orthosis progress more rapidly and reach their goals for improved symmetry and muscle balance during development. This allows them to progress in their gross motor skills with more normal movement patterns. Particularly, infants with torticollis will benefit as it allows them to move more symmetrically especially for rolling while their cranial structure is being remolded. This in turn allows them to develop better eye hand coordination for reaching on both sides. The orthosis assist in laying the foundation for development in many areas including gross motor, fine motor, visual motor with more symmetry and avoiding muscle imbalance that will interfere with normal movement patterns. It is a very multi-disciplinary approach to treating development of the infants/toddlers with head shape anomalies and the orthotist involved in their care is essential.

As each orthosis has to be custom measured to fit the infant/toddler, critical components to be considered include the time required for fitting/fabricating, orthotist education and competence, orthotist experience and materials required as well as the frequent adjustments that are made with growth. I am sure there are other pieces I have not considered in addition to those mentioned. The rate for S1040 cranial remolding orthosis is appropriate and in today's rising costs, may even be low.

I am sorry to not be able to attend the virtual review due to scheduling conflicts but am happy to provide additional information if needed.

Tim Littlefield, CTSO

My name is Tim Littlefield, and I am a biomedical engineer and have been exclusively involved in the care of infants with plagiocephaly for nearly 30 years. While others will be providing information on the clinical aspects of this treatment, my purpose

today is to share with you some of the regulatory, design, and manufacturing considerations for these products.

While it is not uncommon for people to look at these devices and conclude they are just a simple piece of foam and plastic, the opposite is quite true. These devices are highly regulated by the Food and Drug Administration as Class II (medium risk) neurological devices which require additional controls to ensure they are both manufactured correctly, and that clinical care is provided properly. They were classified this way because the FDA understood that this is a very special treatment population we are dealing with, infants, who are unable to communicate with rapidly growing heads, and only a small window of time (3 -12 months) to correct their deformity.

The manufacturing of these devices is performed in FDA registered facilities, which undergo regular inspection to ensure the devices are made in compliance with 21 CFR 820 Quality System (QS) requirements. These requirements cover the full life cycle of the product from design, purchasing, production, inspection, auditing, training, validation, corrective actions, compliant handling...the list goes on. In total there are roughly 25 subsections to our Quality System, all of which need to be overseen by a large quality department.

From a manufacturing perspective, it should be appreciated that these are not off-the-shelf; small, medium and large mass-produced devices, but are in fact custom-made to address each patient's unique deformity. Production requires many sophisticated technologies from advanced 3D imaging systems to custom AI/Machine Learning design software, to CNC controlled machining centers and vacuum forming equipment.

Along with their custom nature, I also wanted to highlight that these devices are also very time sensitive to produce - we have 7 to 10 calendar days from when we take the original 3D image to have the finished product back in the clinic for fitting by the clinical staff. As this often includes a weekend and shipping time, it means that we have only 2 to 3 days to produce the device in manufacturing.

After the initial fitting of the product, each patient is followed throughout the course of their treatment. We know how every baby is doing, and if something isn't right we take action quickly. These products are under warranty, and if any product needs to be remade, for any reason (illness, dog chewed the band, etc.), the third-party payor will not be billed.

As you can see, there is actually a lot of time, effort, and oversight that goes into the design and manufacturing of these devices. Not even considering the clinical time and effort, or the looming tariff uncertainty, we feel that the current reimbursement rate is fair and appropriate and recommend that the rate remain unchanged at this time.

Thank you again for the opportunity to share this information.

Chella Leicht
Premier Kids Care

We are provider with Virginia Medicaid. Our NPI number is 1447321674.

Our Company, Premier Kids Care, is enrolled as a DME provider with CO Medicaid. I am reaching out to you in an effort to negotiate a better rate for codes A4231 (steel infusion sets) which are supplies that go with the Insulin pump.

We really need some help. The pediatrics members of CO Medicaid which we take care of with type 1 diabetes are being prescribed steel canula infusion sets (code A4231) that go with their insulin pump. The Doctors choose or change patients to the steel infusion sets (A4231) because the plastic canula infusion sets (Code A4230) tend to kink, and patients end up with an infection and could end up in the hospital. They also tend to fall out because patients are skinny, frail, play sports, etc.

CO Medicaid reimburses below our cost on the steel infusion sets (code A4231). We are seeing more patients being prescribed or having to change to the steel canula because of all the issues. Would you consider negotiating a better reimbursement rate for code A4231? Please find attached some information about the differences between infusion sets.

I have attached some information concerning the different infusion sets. I can send some clinical information as well.

Thanks for your consideration.

Summary of why we are requesting to renegotiate reimbursement rates on these two codes:

- *Code A4231 - We are being reimbursed lower than out cost. This is a steel infusion set, and we must pay more for this infusion set than we do the*

soft/plastic infusion set and it is reimbursed substantially less. The soft infusion set (code A4230) reimburses at a better rate. We are asking that you increase the reimbursement for code A4231 at least to the same amount of reimbursement as code A4230.

Jim Melancon
Aveanna Healthcare

On behalf of Aveanna Healthcare and our Medical Solutions division and our Colorado patients and families to whom we provide services, we support the rate recommendations made by MPRRAC for this category [Other & Disposable Supplies] and would urge HCPF to adopt the recommendations.

Kristen Thessing
Cranial Kids

[Link to feedback 1](#)
[Link to Feedback 2](#)

Maggie Baumer
Hanger

Thank you for your patience. We created the attached spreadsheet listing the states with which we recommend Colorado align itself in terms of prosthetic and orthotic code reimbursement. We had one recommendation for a code addition, L2006, which describes a custom fabricated, single or double upright KAFO with an adjustable microprocessor control feature which provides resistance to stance and swing phase knee joint motion (see attached info from CMS on pages 15 and 16 for the rationale behind the coverage and payment of this category of devices).

For codes without a Medicare rate, we recommend a reimbursement methodology based on a calculation of our true cost (including clinician time, administrative cost, overhead, etc.) + 20%. If you have to rely on a supplier invoice, we recommend reimbursement at invoice + 70% for all orthotic and prosthetic codes. Please see attached spreadsheet. We are happy to discuss these items with you and have marked

the calendar for the first public hearing on March 21st. Please let us know if there is anything additional you need.

[Link to feedback](#)

Jim Melancon
Aveanna Healthcare

On behalf of Aveanna Healthcare and our Medical Solutions division, we support the recommendation of the MPRRAC regarding enteral nutrition therapy formula rates and urge HCPF to adopt the recommendation.

Laboratory and Pathology Services

Dr. Patrick Long
Sequence MD

I will be speaking on the Critical aspects of Genetic Testing, specifically Whole Genome (81425/81426) and the addition of coding for whole exome (81425/81426) with focus on the population of CO, the recent AAP guidelines and diagnosis implications.

Whitney Glover
GeneDx

Providing comment on Laboratory and Pathology Services, specifically exome and genome sequencing (CPT 81415, 81416, 81417, 81425, 81426, 81427). Exome and genome sequencing are standard of care for diagnosing complex pediatric rare disease. Clear coverage and reimbursement are critical to ensure access to these guideline supported services.

Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy (PT/ OT/ ST)

Carrie Eckenhoff

Altius Physical Therapy & Wellness

I will not be able to attend this meeting but would like to learn about how PT reimbursement may be affected in the near or distant future.

We are Medicaid providers of outpatient physical therapy. Currently it is working well for us although the PAR process is an administrative burden. If rates drop > 8% beyond current levels it will be unsustainable for us to continue in this capacity.

I am not sure what feedback you are looking for for the meeting but I wanted to provide this if it's helpful.

Ellen Jensby

Alliance

- Make no change to “Pediatric Comprehensive Care Package” (T1026+TL), currently 101.60% of the benchmark, but only based on two other states (Missouri and North Carolina)
 - Increase the following EI therapy codes to 100% of the benchmark:
 - Therapeutic Activities (97530, currently at 97.80%)
 - Sensory Integration (97533, currently at 91.10%)
 - Oral Function Therapy (92526, currently at 86.60%)
 - Restructure or significantly increase:
 - Speech/Hearing Therapy (92507, currently at 93.40%) to better attract SLPs
 - Make no change to:
 - Therapeutic Exercises (97110, currently at 108.80%)
-

Jessi Hogan
Summit Speech Therapy

Thank you so much for taking the time to meet with me last week and for your patience with my response. I will speak for all the SLP's in the state and say THANK YOU for your inquiry into helping us gain increased reimbursement for the important work that we do by utilizing all possible avenues.

Regarding speech language pathology codes that are considered preventative in nature - please see below for a list of our most commonly used codes and a brief description for each. I have broken the codes up into two different areas, evaluation codes (92523, 92610, 92607) and treatment codes (92507, 92508, 92609, 92526).

We view our evaluations as preventative tools in which we are able to identify deficits early, determine appropriate interventions, and provide recommendations that reduce or eliminate the risk of further functional decline, medical complications, and costly interventions. The evaluations serve as the gateway to targeted, evidence-based therapy, caregiver training, and compensatory strategies. Similar to our OT and PT counterparts, speech-language pathology is not a modality, but a comprehensive approach to prevent and manage conditions. Our treatment codes are used to not only rehabilitate deficits but actively prevent further decline in communication, cognitive, and swallowing abilities. Early and ongoing intervention leverages neuroplasticity to improve deficits, teaches compensatory strategies to the patients and caregivers and promotes functional independence. By mitigating decline and complications through therapy, these services reduce reliance on costly interventions such as hospitalizations, surgeries, long-term care, and high-cost durable medical equipment, such as feeding tubes.

CPT 92523 - Evaluation of Speech Sound Production with Evaluation of Language Comprehension and Expression

- Identifies early deficits in speech and language that, if untreated, can contribute to academic failure, social isolation, and mental health concerns — all of which lead to increased educational and healthcare costs.
- Prevents escalation of communication disorders that could otherwise result in the need for long-term special education services or institutional placement.
- Guides early intervention strategies that harness neuroplasticity and optimize developmental outcomes.

- Prevents frustration-related behavioral issues, which can lead to additional assessments, interventions, and healthcare use.
- Ensures that comorbid issues (e.g., cognitive, auditory processing deficits) are identified early, preventing compounding impairments.

CPT 92610 - Evaluation of Oral and Pharyngeal Swallowing Function

- Detects swallowing dysfunction before significant complications occur, such as aspiration pneumonia, malnutrition, dehydration, or respiratory failure – all of which drive up healthcare costs through hospitalization, surgery, and long-term care.
- Allows for early implementation of safe feeding techniques, dietary modifications, and therapeutic interventions to reduce the risk of choking, aspiration, and associated medical events.
- Prevents unnecessary progression to more invasive and costly interventions (e.g., feeding tube placement) by guiding timely, evidence-based therapy.
- Reduces emergency room visits and hospital admissions for food or liquid aspiration and related pulmonary complications.

CPT 92607 - Evaluation for Prescription for Speech-Generating Augmentative and Alternative Communication Device

- Prevents communication isolation in individuals with severe expressive deficits, which can contribute to frustration, behavioral challenges, mental health decline, and increased reliance on costly personal assistance or institutional care.
- Ensures timely and appropriate device selection to minimize trial-and-error costs, reduce abandonment of technology, and support effective communication.
- Facilitates continued participation in medical decision-making, reducing risk for medical errors, inappropriate care decisions, and adverse outcomes.
- Promotes patient safety and autonomy by ensuring reliable communication means, reducing reliance on high-cost supports like full-time aides or unnecessary emergency medical interventions.
- When conducted early, prevents secondary effects of prolonged communication deprivation, such as learned helplessness and social withdrawal.

CPT 92507 - Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder

- Prevents deterioration in communication and cognitive function, especially in progressive or chronic conditions (e.g., Parkinson's, ALS, dementia, stroke).
- Reduces long-term costs by delaying or preventing the need for augmentative communication devices, intensive caregiver support, or institutional care.
- Supports neuroplasticity through targeted exercises, helping individuals retain and strengthen communication pathways.
- Home exercise programs and caregiver training enhance carryover and reduce dependence on ongoing therapy.

CPT 92508 - Group Treatment of Speech, Language, Voice, Communication, and/or Auditory Processing Disorder

- Provides opportunities for social communication practice, reducing isolation and mental health decline (e.g., depression, anxiety), which are linked to increased healthcare utilization.
- Facilitates peer support, promoting adherence to therapeutic strategies and home programs.
- Prevents regression in functional communication skills by maintaining active use of speech and language in real-life settings.
- Helps slow decline in cognitive-communication abilities through structured, interactive tasks.

CPT 92609 - Therapeutic Services for the Use of Speech-Generating Device (SGD)

- Prevents loss of functional communication in individuals with severe speech impairments, reducing frustration, behavioral issues, and secondary mental health concerns.
- Supports consistent communication to reduce medical errors, improve safety, and promote participation in care decisions.
- Reduces cost burden by preventing unnecessary hospitalizations related to communication breakdowns.
- Ensures optimal use of technology to minimize the need for higher-cost assistive devices or additional caregiver assistance.
- Provides early intervention with SGDs, preventing withdrawal from social interaction and community engagement.

CPT 92526 - Treatment of Swallowing Dysfunction and/or Oral Function for Feeding

- Prevents progression of dysphagia, reducing the risk of aspiration pneumonia, malnutrition, dehydration, and hospital admissions.

- Reduces need for expensive interventions like gastrostomy (feeding) tubes, associated surgeries, and long-term tube feeding supplies.
- Decreases cost of special diets and modified foods by improving or maintaining safe oral intake.
- Improves feeding efficiency, lowering caregiver burden and associated indirect costs.
- Early intervention can eliminate or delay the need for enteral feeding and prevent secondary complications (e.g., gastrointestinal distress, respiratory infections).

Thank you again for your time, we truly appreciate the work you and the committee are doing. Please don't hesitate to reach out with any more questions you may have.

American Speech-Language-Hearing Association

[Link to feedback](#)

Chris Edmundson

American Physical Therapy Association

APTA would like to go on record stating that we believe that the exclusion of exercise codes as a preventative treatment option is a big oversight of the MPRRAC.

XXXXX

My XXX age XXX, has been on Medicaid due to being on the CES waiver. XXX has profound autism, is nonverbal, incontinent, no sense of safety, high threshold for pain, minimal body awareness, with significant behaviors including SIBs, which is Self Injurious Behavior. XXX also has PICA, which is an eating disorder where XXX eats non food items. XXX also is a compulsive eater, and will eat until XXX vomits, unless supervised. XXX also needs supervision while eating so that XXX doesn't choke on XXX food, that must be cut up into bite size pieces. So, 24/7 supervision is required.

XXX goes to a special school for autism and has anywhere from one to one supervision, to sometimes two to one on tougher days. If you can imagine, therapy is a big part of XXX life. Without the therapy services we get through Medicaid we would have been

lost. As XXX, I stay home with XXX, bringing XXX to and from school, maintaining XXX therapy schedules, doctor visits, food preparation, and overall supervision. XXX was one of the students on the L-76 school bus with the para that was charged with 13 counts of abuse in the LPS school district one year ago, so driving XXX myself is the only option. This leaves me with barely 5 hours a day that I am not supervising XXX.

Most nights XXX doesn't sleep more than 2-4 hours, which means my sleep is constantly disrupted. I love XXX very much, XXX will be moving to an adult waiver on XXXX. We will lose many services for XXX, which is sad because XXX thrives with these services. XXX is learning life skills, things that come so normal to any neurological individual, but is extremely challenging for XXX. XXX needs guidance and assistance with every aspect of her XXX.

XXX uses an electronic communication device we lovingly refer to as "XXX talker". XXX is in speech therapy to help XXX learn many forms of communication since XXX has no spoken word.

XXX is in aquatic therapy due to XXX lack of safety with water. XXX is slowly learning how to float, which is a life saving skill. Without aquatic therapy XXX would have no safety awareness and if you look at the statistics, water related death is one of the number one causes of death for people with autism. XXX also receives hippotherapy and OT.

Therapists provide life altering skills for individuals. Giving them a chance of possibly finding some sort of independence, feeling self worth, being proud of accomplishments, and finding their place in an unforgiving society.

Please do not take away these services. XXX is just one in thousands that need these services to thrive.

XXXXX

Dear Department of Health Care Policy & Financing,

I am XXX in the community that receives Outpatient PT, OT, SLP for XXX. XXX has an ultra rare genetic condition, DeSanto-Shinawi Syndrome. And the therapies XXX has received has been life changing for XXX. I am writing today to request and advocate that you do NOT cut rates for the services XXX receives. These services have given XXX the ability to progress in mobility, gross/fine motor, and speech challenges that make XXX life much harder day-to-day. XXX therapy providers show up daily with passion, vigor, and knowledge in improving XXX life. Cutting these services could

cause many of his providers, including but not limited to, XXXX, to go out of business. And these children that have such specialized and high needs would be left without medically necessary services. And that would be truly detrimental for them. Thank you.

XXXXX

Dear Department of Health Care Policy & Financing,

I am XXX advocate in the community XXXX receives Outpatient PT, OT, SLP, Durable Medical Equipment and Orthotics. I am writing today to request and advocate that you do NOT cut rates for the services XXX receives. These services are important for XXX and without these services they would decline in function, struggle exponentially, or even have to be hospitalized. These services offer XXX to have mobility, autonomy, and have the chance to play a role in society. Please do not cut rates for Outpatient PT, OT, SLP, Durable Medical Equipment/Prosthetics or Orthotics. Cutting these services could cause my current provider, XXX, to go out of business, then XXX would be left without medically necessary services. Thank you.

XXXXX

Thank you for the opportunity to submit a written comment regarding Medicaid provider Rates, I appreciate an opportunity to give my experience and feedback.

I'm a XXXXXX with severe special needs. We are life long Colorado Residents and XXX has been on a medicaid exception waiver due to XXX disabilities for much of XXX life. We are very thankful for Medicaid, I do not want to think of what XXX life would be like without it. XXX therapies in particular have been very beneficial for XXX. XXX in a wheelchair with limited mobility and extremely tight muscles, and uses a "talker" assistive device to speak. With therapy XXX regularly works on properly stretching spastic inactive muscles, moving to increase blood flow, works on fine motor skills, and learns simple tasks we all take for granted but are very hard for XXX. These are the types of benefits XXX gets that literally extend XXX life and make it possible to participate in this world. XXX has come to trust and listen to XXX OT (XXX) and Speech Therapist (XXX) as friends, so XXX works much better. They are invaluable resources to us.

Due to Medicaid's low reimbursement we've always struggled to get doctors and therapists across the board. Many won't accept Medicaid patients. It's vital that we look out for the ones that will. I would like to advocate in any way I can that we do

not cut the rates for services. These rates are already well below standard, further lowering them would risk them going out of business or not accepting Medicaid patients, both tragic outcomes when it's already a struggle to find the services we need. Therapy services are not large wealth generating businesses, they simply don't have the option to absorb these cuts. Please do not cut rates for OT/PT/SLP. The impact to XXXX losing these services would be substantial to XXX life.

Laura Morgan, Life Wheels On, P.C.

Becky Breaux, Center for Innovative Design and Engineering

Krista Covell-Pierson, Covell Care and Rehabilitation

Cathy Bodine, Center for Innovative Design and Engineering

Jay Manush, Center for Innovative Design and Engineering

Aleaza Goldberg, Center for Innovative Design and Engineering

Claire Simpson, Center for Innovative Design and Engineering

Michelle Lange, Access to Independence, Inc.

To Whom it May Concern,

We are writing to request a reimbursement review for Current Procedural Terminology (CPT) code 97755. Health First Colorado members who require a complex rehabilitation technology evaluation or assessment must receive an initial Assistive Technology Assessment from a licensed speech, physical, or occupational therapist under HB14-1211. Service providers must request a PAR to use procedural code 97755. Under the PAR, members can receive 20 units of 97755 per day and 60 units per year.

As service providers who regularly use the Assistive Technology Assessment PAR for CRT service provision, we regularly bill two hours or more of this code per date of service due to the complexity and time-consuming nature of assistive technology and CRT services. The option to bill for longer visits ensures that we can provide comprehensive person-centered assessments, conduct equipment trials, engage in shared decision-making with the client and equipment supplier, and provide individualized care plans that accommodate the unique health, transportation, and caregiving needs of members.

While the Assistive Technology Assessment PAR accommodates the time-consuming nature of face-to-face services, we spend significant non-billable time during assistive technology and CRT service provision. Non-billable activities can include the following:

- collaborating with physicians, case managers, or other healthcare providers

- coordinating services for equipment trials and fit/deliveries
- acquiring and setting up equipment in preparation for trials and training
- writing detailed and lengthy letters of medical necessity
- preparing funding packets
- researching technology options and costs
- communicating with payors
- responding to pended requests and denials

As a result, service providers in this area regularly spend significant time on non-billable tasks, which threatens the sustainability of these services. These problems are not unique to our organizations. Below is a summary of recent studies from the field:

1. Productivity rates at Shirley Ryan Ability lab in Chicago

An internal productivity assessment at the Rehabilitation Institute of Chicago (now the Shirley Ryan Ability Lab) found that therapist productivity in a seating clinic was typically 25-30% lower than in a standard outpatient rehab setting. This was in part due to the time-intensive nature of wheelchair assessments, equipment trials, fittings, and required follow-up documentation and coordination, much of which is non-billable yet essential for ethical, person-centered, and effective care. The author concluded that these non-billable expenses contributed to the closure of another seating clinic in Chicago and reduced access to care.

Citation: Pedersen JP, Harmon D, Kirschner KL. Is an appropriate wheelchair becoming out of reach? *PM R*. 2014;6(7):643-649.
doi:10.1016/j.pmrj.2014.06.001. PMID: 25059898

2. Reimbursement for services at the University of Pittsburgh CRT Clinic

A study presented at the 2025 International Seating Symposium reported that an average power wheelchair evaluation included 83 minutes of billable time and 64 minutes of non-billable time. The non-billable tasks—such as detailed documentation for letters of medical necessity (LMNs), coordinating with multiple parties, and managing order status—are integral to delivering medically necessary CRT services and ensuring proper follow-up. The study concluded that current reimbursement does not cover the costs of clinician salaries (relative to average salaries in the region), let alone clinic operating costs.

Citation: Pacheco Busquets M, Morrow C, Schein R, Schmeler M. Maintaining productivity standards in a seating and mobility clinic: Documenting all clinician tasks [Conference session]. International Seating Symposium; March 2024; Pittsburgh, PA.

3. Workload analysis for AT Services at the University of Illinois Chicago (UIC)

In this study, researchers conducted an 18-month survey with occupational and speech therapists providing Augmentative and Alternative Communication assessments and training at the Assistive Technology Unit at UIC. Analysis revealed that clinicians spent 56.3% of their time on non-billable tasks. After accounting for non-billable time, their reimbursement averaged \$10.56 per hour. Researchers questioned the sustainability of providing these services as a result.

Citation: Bay et al., 2025. Workload analysis for AT services: a program evaluation. Poster presentation. ATIA, January 29-31st, 2025, Orlando Florida

4. Reimbursement for services at a specialized seating and wheeled mobility clinic in Colorado

An ethnographic study published in 2024 found that clinicians at an outpatient seating and wheeled mobility clinic in Colorado reported spending 35-50% of their time on non-billable tasks and experienced insufficient reimbursement for face-to-face services. Health First Colorado members at the study site regularly received services under an Assistive Technology Assessment PAR. Nevertheless, the clinic received insufficient funding to cover operational costs. To offset financial losses, the organization supplemented their income through annual fundraising events and grant awards. This research also included interview data with clinicians in Colorado and other U.S states who reported similarly high non-billable workloads and a tendency for well-respected seating and wheeled mobility clinics in the U.S. to go out of business over the past decade.

Citation: Breaux, R. D. (2024). Person-centered care or payer-centered care?

An ethnographic study of an outpatient seating and wheeled mobility clinic (Order No. 31633473). Available from Dissertations & Theses @ University of Colorado at Denver; Dissertations & Theses @ University of Colorado System; ProQuest Dissertations & Theses A&I. (3143168198). Retrieved from <https://aurarialibrary.idm.oclc.org/login?url=https://www.proquest.com/dissertations-theses/em-person-centered-care-payer-ethnographic-study/docview/3143168198/se-2>

Summary:

These findings demonstrate that clinicians delivering assistive technology and CRT services incur substantial non-billable workload and operational costs not captured in current reimbursement levels. Without adjustment, the current structure disincentivizes providers from offering these essential services, thereby threatening access to appropriate technology for individuals with complex disabilities.

Given these problems, we respectfully ask the committee to consider a reimbursement increase in this area. The current HCPF reimbursement rates for commonly billed OT, PT, and ST clinical codes are as follows:

- 97530 - Therapeutic Activity: \$34.97
- 97110 - Therapeutic Exercise: \$32.14
- 97140 - Manual Therapy: \$29.98
- 92609 - Untimed ST code for AAC Treatment: \$92.36 (Sessions typically last 60-90 minutes).

We recommend that HCPF increase reimbursement as follows:

- CPT 97755 - Assistive Technology Assessment by at least 30% above the current rate for CPT 97530 (Therapeutic Activity), which is currently reimbursed at \$34.97. Thus it would be reimbursed at \$45.46 or more.
- Consider reimbursement for non-billable time, such as a maximum of one hour per client.

These requests are based on both peer-reviewed research and current clinic operations data that highlight the significantly higher complexity, time investment, and non-billable workload associated with CRT-related evaluations and interventions. These changes would help offset the disparity in clinician effort, ensure continued access to CRT services in Colorado, and promote sustainability in specialized assistive technology and wheelchair clinics.

Thank you for your consideration of this request. We welcome the opportunity to provide additional data or collaborate in any review processes that support equitable and evidence-based reimbursement for these specialty services.

Kim Ramey

Unfortunately I wasn't able to attend the meeting today but would love to get some follow-up information about what was discussed as far as the rates.

I am a physical therapist working with early intervention and struggle with the current rates and if they go down it's going to be even more difficult. I work in a rural community and a lot of our time is spent driving from one family to another and we are not getting reimbursed for mileage either. In addition to living in a rural community if I don't drive to see these families and clients they have almost zero

resources to seek outpatient Pediatric Therapy and many of the families don't have access or ability to drive down to Denver for further services.

Thanks in advance for your consideration and attention to my email. I'll be anxiously awaiting information and feedback.

American Physical Therapy Association

The Profession of Physical Therapy

Physical therapy (PT) is a vital healthcare profession dedicated to improving mobility, function, and quality of life through evidence-based care. Physical therapists (PTs) are movement experts who optimize physical abilities, prevent injuries, and address chronic pain or limitations caused by illness, injury, or surgery. PTs conduct comprehensive evaluations that integrate a review of the patient's health history, medications, and overall medical condition. This includes a review of all body systems and a physical examination including assessments of neurologic, cardiopulmonary and musculoskeletal function. This may include testing of reflexes, strength, range of motion, balance, posture, functional movement patterns and more. Treatment plans incorporate therapeutic exercise, manual therapy, patient education, neuromuscular re-education, functional retraining, pain management techniques, and other thermal and electrotherapeutic modalities to support healing and enhance patient outcomes.

- **Educational Requirements:**
 - PTs are required to earn a Doctor of Physical Therapy (DPT) degree from an accredited program, typically a three-year post-graduate program combining rigorous coursework with extensive clinical training.
- **Licensing and Specialization:**
 - PTs must pass the National Physical Therapy Examination (NPTE) to obtain licensure. Many pursue advanced certifications in areas such as sports rehabilitation, orthopedics, pediatrics, geriatrics, genitourinary and reproductive health..

The Value of Physical Therapy

- **Improving Patient Outcomes and Quality of Life:**
 - PTs empower patients to regain mobility, manage chronic conditions, and recover from injuries or surgeries.
 - Early physical therapy intervention reduces pain, prevents complications, and avoids more invasive and costly treatments like surgery or opioid use.

- **Reducing Healthcare Costs:**
 - Numerous peer reviewed studies demonstrate that access to physical therapy leads to reduced total healthcare expenditures.
- Early physical therapy reduces opioid prescriptions by 89% and unnecessary imaging or surgeries by 28%.
- Total medical costs for an episode of low back pain care were \$2726.23 lower for patients receiving early physical therapy.
- According to data from Optum, referral to physical therapy within the first 2 weeks of injury are critical for controlling overall healthcare costs.
- Preventative care and rehabilitation provided by PTs lead to significant savings for payers, including Medicaid, by addressing issues before they escalate.
- **Workforce Contributions:**
 - PTs help injured workers return to their jobs faster, reducing lost work time and increasing productivity.

Challenges Faced by the Physical Therapy Profession

Despite the immense value that PTs provide, the profession faces significant financial and systemic challenges, particularly related to the burden of educational debt and low payment rates, including Medicaid. Disproportionate Educational Debt Burden Studies published in BMC Medical Education and Physical Therapy Education illustrate the disproportionate impact of educational debt on PTs:

- PTs face one of the highest debt-to-income (DTI) ratios in healthcare, ranging from 157% to 197%, compared to
 - Primary care physicians: 110%
 - Nurse practitioners: 92%-117%
 - Physician assistants: 93%-104%
- The elevated DTI ratio is due to:
 - High tuition costs for DPT programs.
 - Relatively lower median salaries compared to other doctorate-level healthcare providers.
- Unlike physicians and other advanced practitioners, PTs have fewer loan forgiveness opportunities, making repayment significantly more challenging.

Workforce Sustainability Issues

- **Declining Enrollment and Reduced Availability:**
 - The rising cost of DPT education discourages students, especially those from lower socioeconomic backgrounds, from pursuing careers in physical therapy.
 - Workforce shortages result as fewer students enter the profession, and financial strain forces some PTs to leave the field.

- Many of the PTs who remain in the field choose to work for practices that are not in network with insurance, Medicare or Medicaid to attain higher salaries.
- **Geographic and Specialty Imbalances:**
 - PTs with high debt are less likely to work in rural or underserved areas where salaries are often lower, exacerbating healthcare disparities.
 - High debt also deters PTs from pursuing specialties like geriatrics or pediatrics, which offer lower compensation but are vital for patient care.
- **Burnout and Job Dissatisfaction:**
 - The stress of managing high debt contributes to burnout, further exacerbating workforce shortages.

The Case for Increasing Medicaid Payment Rates in Colorado

- **Low Payment Challenges:**
 - Medicaid payment rates for physical therapy services in Colorado are often below the cost of providing care.
 - These low rates discourage PT practices from accepting Medicaid patients, limiting access to care for low-income populations.
 - These payment rates lead to lower salaries for PTs working in practices that accept Medicaid and other insurances. The result is a decline in businesses that are willing to accept Medicaid and other insurance with more PTs choosing to work for practices that do not accept Medicaid.
- **Justification from HCPF Documents:**
 - The HCPF Regional Health Equity Plan FY23-24 and the HCPF Performance Plan emphasize:
 - **Improving Access to Care:** We know that only 6-10% of patients who are appropriate for physical therapy are able to access our services. The need to eliminate barriers to care in underserved and rural areas aligns with increasing Medicaid payment rates, which would encourage more PTs to serve Medicaid populations.
 - **Enhancing Maternal and Child Health Outcomes:** Physical therapists play a pivotal role in managing prenatal and postpartum health, including alleviating pregnancy-related pain, improving pelvic health, and supporting postpartum recovery. These interventions align with HCPF's health equity goals to reduce disparities and improve outcomes for vulnerable populations.
 - **Reducing Long-Term Healthcare Costs:** By addressing musculoskeletal issues early, PTs prevent complications that would otherwise require

costly interventions. PT reduces total healthcare costs by preventing hospitalizations, surgeries and long-term opioid prescriptions. This cost-saving strategy supports HCPF's objective of reducing total healthcare expenditures.

- Improving Financial Viability:
 - Increasing Medicaid payment rates would help offset the financial strain on PT practices, enabling them to remain in network and serve Medicaid patients without incurring losses.
- Sustaining the Workforce:
 - Higher payment rates would encourage PTs to remain in the profession and provide care in underserved and rural areas, addressing geographic imbalances.

CPT Codes Relevant to the PT Profession

- Most commonly used codes in bold

29580	29581	29584	90901	90912	90913	95851
95852	95885	95886	95887	95992	97012	97014
97016	97032	97035	97110	97112	97113	97116
97124	97140	97150	97161	97162	97163	97164
97530	97535	97550	97551	97552	97597	97598
97602	97605	97606	97750	97760	97761	97762
97763	98960	98961	98962	98975	98976	98977
98980	98981	G0283	20560	20561		

Comparison States

- Cost of Living Index
 - Colorado - 98.4
 - Alaska 104.9 - Moderately higher than CO
 - New Mexico - 94.8 - Moderately lower than CO
 - North Dakota - 97.3 - Similar to CO
 - Arizona - 98.6 - Similar to CO
 - Texas- 91.5- Moderately lower than CO
- Demographics

- Colorado shares some demographic similarities with Texas, Arizona, North Dakota, Alaska, and New Mexico—such as youthful populations in some cases and diverse racial compositions in others.
- An important similarity between CO, NM, TX and AZ is that they have large urban centers along with significant portions of the population residing in rural areas. This dichotomy creates considerable challenges for physical therapy practices to provide monetary incentives for physical therapists to work in rural areas.
- Medicaid payment rates - The following list are states with Medicaid payment rates that the American Physical Therapy Association believes are appropriate for comparison with Colorado
 - Alaska - These payment rates would provide Colorado providers with good payment rates that would allow us to sustain a healthy workforce and meet the needs of Coloradans for many years to come.
 - New Mexico - NM has higher payment rates than Colorado despite a lower cost of living. These payment rates would provide fair payment that would likely allow practices to provide fair salaries to providers, retain this critical workforce and serve more Coloradans to help drive down total healthcare costs.
 - North Dakota- These payment rates are higher than CO despite having a similar cost of living. Even still, we believe these payment rates are not sustainable for CO and will lead to challenges retaining businesses and providers willing to accept Medicaid in the coming years.
 - Arizona - These payment rates are also very similar to CO with a similar cost of living. We believe these payment rates are not sustainable for CO and will lead to challenges retaining businesses and providers willing to accept Medicaid in the coming years.
 - Texas - In spite of the much lower cost of living, the payment rates for 97161, 97162, 97163 and 97164 are much more appropriate than that of Colorado. Making this change alone would add much resilience to the workforce in CO. We do not believe that the entirety of the TX fee schedule is an appropriate comparison.

Summary and Recommendations

Physical therapy is an essential health profession that improves patient outcomes, reduces healthcare costs, and enhances quality of life. However, the challenges posed by high educational debt and low payment rates jeopardize its sustainability.

Increasing Medicaid payment rates for physical therapists in Colorado is essential to:

- Meet HCPF's performance goals
- Ensure access to high-quality care for patients with Medicaid.

- Support PTs in managing their educational debt and continuing to provide care.
- Reduce long-term healthcare costs by promoting physical therapy as a first-line treatment.

Investing in the physical therapy profession is not only an equitable solution for providers but also A cost-effective measure to improve health outcomes and reduce disparities for Coloradans. The American Physical Therapy Association recommends an increase in payment rates of 10% for all physical therapy codes.

References

1. Lucio G, Bensken WP, Flanagan MB, West PR, Patel RS. Educational Debt Among Health Professions Students: A Growing Crisis. *BMC Med Educ.* 2023;23(1):4634. doi:10.1186/s12909-023-04634-7.
2. Harris JM, Felsenthal G. Debt Burden in Physical Therapy: An Emerging Crisis. *Phys Ther Educ.* 2022;37(2):93-101.
3. American Physical Therapy Association. The Economic Value of Physical Therapy. Available at: <https://www.valueofpt.com/>. Accessed January 9, 2025.
4. Missouri Economic Research and Information Center (MERIC). Cost of Living Data Series: 2024 Third Quarter Average Cost of Living Index. Missouri Department of Economic Development. Published 2024. Accessed January 9, 2025. <https://meric.mo.gov/data/cost-living-data-series>
5. United States Census Bureau. QuickFacts: Colorado; Texas; Arizona; North Dakota; Alaska; New Mexico. Published 2024. Accessed January 9, 2025. <https://www.census.gov/quickfacts>
6. Colorado Department of Health Care Policy and Financing. RAE 4 Health Equity Plan FY23-24. Published 2023. Accessed January 9, 2025. <https://hcpf.colorado.gov/sites/hcpf/files/RAE%204%20Health%20Equity%20Plan%20FY23-24.pdf>
7. Colorado Department of Health Care Policy and Financing. Performance Plan. Accessed January 9, 2025. <https://hcpf.colorado.gov/performance-plan>
8. Hiligsman M, Cooper C, Arden N. Health economics in the field of osteoarthritis: An expert's consensus paper from the European Society for Clinical and Economic Aspects of Osteoporosis and Osteoarthritis (ESCEO). *Arthritis and Rheumatism* 2013; 43: 303-313.
9. Fritz, JM, Childs JD, Wainner RS, Flynn TW. Primary care referral of patients with low back pain to physical therapy: Impact on future health care utilization and costs. *Spine* 2012; 37: 2114-2121.
10. Elton D. Leveraging data to improve the quality and affordability of spine care: Colorado Version. *Optum Health* 2015: 1-45.

Occupational Therapy Association of Colorado

Report: Benchmarking and Medicaid Reimbursement for Occupational Therapy in Colorado

Introduction

The importance of occupational therapy (OT) in healthcare cannot be overstated, as it helps individuals regain independence, manage chronic conditions, and recover from injuries. Occupational therapists (OTs) and occupational therapy assistants (OTAs) work in a variety of settings, providing essential care that supports independent living and enhances mental and physical health. OT interventions reduce barriers to daily activities, improve client outcomes, and help prevent more costly medical interventions. With the increasing demand for OT services, it is crucial to evaluate Medicaid reimbursement rates and workforce sustainability. This report aims to provide a comparative analysis of Medicaid reimbursement in Colorado, benchmarking it against other states with similar demographics and healthcare challenges. Additionally, this report discusses OT practices, the financial challenges faced by OT providers, and the implications of payment rates on access to care.

Comparison of States for Benchmarking

Colorado's Medicaid payment structure is an important consideration when assessing the sustainability of its OT workforce and the broader impact on healthcare delivery. To benchmark Colorado's OT Medicaid reimbursement rates, it is necessary to compare with states that face similar challenges, including operating with both urban and rural service areas, diverse populations, and the need for quality OT services. States such as Alaska, New Mexico, North Dakota, and Texas provide useful comparisons due to their similar demographics and geographic considerations.

1. **Alaska** offers Medicaid reimbursement rates that are higher than Colorado's, which helps sustain a workforce and meet healthcare demands in rural areas.
2. **Arizona's** rates are similar to Colorado's but are seen as unsustainable, particularly for retaining OT providers long term.
3. **New Mexico and North Dakota** provide Medicaid reimbursement rates that are higher than Colorado's, despite having a lower cost of living, which supports workforce retention.
4. **Texas**, despite its lower cost of living, provides better reimbursement rates for key therapy codes, which may offer useful insights for Colorado if similar adjustments were made.

CPT Codes

95851	95852	96110	96112	96113	96125	96127	97010
97018	97022	97035	97042	97110	97112	97113	97116
97124	97129	97130	97139	97140	97150	97165	97166
97167	97168	97530	97533	97535	97537	97542	97545
97546	97550	97551	97552	97750	97755		

Occupational Therapy in Colorado

OT is a critical component of healthcare in Colorado, supporting individuals with physical, cognitive, and mental health challenges. It contributes significantly to reducing healthcare costs by promoting early intervention and managing chronic diseases. However, OT providers face significant financial challenges, particularly related to Medicaid reimbursement rates.

According to a 2025 survey conducted by the Occupational Therapy Association of Colorado (OTAC), many providers have experienced substantial changes in their practices due to payment cuts in the past two years. Some respondents reported reduced purchasing of clinical tools or an expanded range of services as employers adjusted to these financial constraints. Furthermore, increased productivity requirements were noted by some, while a few participants also reported wage stagnation. Despite these challenges, the majority of survey respondents accept various Medicaid plans, including Health Colorado Inc. and CHP+. However, issues such as prior authorization delays, visit limits, and insufficient reimbursement were frequently reported. For instance, 33% of respondents noted challenges with prior authorizations, and 50% mentioned visit limits. These challenges have led to a backlog in services, with 53% of respondents maintaining a waitlist for Medicaid patients, and 66% of those reporting wait times of 1-3 months.

Challenges in Provider Participation and Workforce Sustainability

The OTAC survey data reveals significant barriers to participation in certain insurance plans, particularly Medicaid. These include low reimbursement rates, administrative burdens, and exclusions based on practice models, such as mobile outpatient services being excluded from major insurers. Survey participants also reported challenges with specific insurance plans like CHP+ and Cigna, which posed difficulties in negotiating reimbursement rates and meeting administrative requirements.

A major concern expressed by providers was the sustainability of their practices under current Medicaid payment structures. Many of them indicated that despite a lower cost of living in Colorado compared to other states, the payment rates were insufficient to maintain a viable practice. For example, mobile outpatient services, which provide essential care in rural or underserved urban areas, faced exclusions from some of the major insurers, further limiting access to care for vulnerable populations.

Debt-to-Income Ratio and Financial Pressures

The financial pressure on healthcare professionals, including occupational therapists, is another critical factor that affects workforce retention and service delivery. A 2023 report from SoFi revealed that health professionals, including OTs, carry significant student loan debt. The report highlighted that OTs rank 14th in terms of student debt among healthcare professionals, with high student loan balances impacting their ability to sustain a work-life balance and make financial decisions. This issue is exacerbated by the low reimbursement rates offered by Medicaid and other insurers, making it more difficult for providers to absorb these financial burdens.

Conclusion and Recommendations

The findings from the OTAC survey and the comparison of Medicaid reimbursement rates in other states suggest that Colorado's Medicaid provider rates for OT services are insufficient to sustain a growing and diverse workforce. Increasing Medicaid reimbursement rates by 10% would be an important step toward improving the financial viability of OT practices and expanding access to care, especially in rural and underserved areas. Such an increase would align with Colorado's broader healthcare goals, including improving health outcomes, reducing healthcare disparities, and promoting equitable access to rehabilitative care.

Investing in OT services, particularly by adjusting Medicaid payment rates, would not only benefit healthcare providers but also help reduce long-term healthcare costs by preventing complications and reducing hospitalizations. Higher reimbursement rates would also support the recruitment and retention of qualified OT providers, ensuring that Coloradans have access to the services they need to maintain health and independence.

References

1. Missouri Economic Research and Information Center. (2024). Cost of living data series. <https://meric.mo.gov/data/cost-living-data-series>.
2. American Occupational Therapy Association. (2025). Frequently used OT CPT and HCPCS codes. <https://www.aota.org/-/media/corporate/files/advocacy/federal/coding/2025-frequently-used-ot-cpt-and-hcpcs-codes.pdf>

3. Occupational Therapy Association of Colorado. (2025). OTAC State Medicaid reimbursement survey.
 4. Significant Student Debt of Occupational Therapists PostGraduation One to Five Years: Their Debt Context and Impact on Personal and Professional Lives.
<https://encompass.eku.edu/cgi/viewcontent.cgi?article=1938&context=jote>
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Molly Hahn-Floyd

Occupational Therapy Association of Colorado

We didn't receive a direct request from HCPF regarding preventative codes, but APTA Colorado and CSHA let us know that you're seeking this information. As with physical and speech therapy, occupational therapy (OT) includes several codes that represent preventative care. OT practitioners are uniquely qualified to modify daily activities and environments to enhance safety, promote independence, and prevent health complications that often lead to higher healthcare costs.

For example:

- Supporting a client in modifying their bathroom to reduce the risk of falls, injury, and hospitalization.
- Properly assessing and fitting an individual to their wheelchair to reduce the risk of pressure ulcers and improve long-term mobility and skin integrity.

Below is a breakdown of occupational therapy codes that reflect preventative care and risk reduction:

Occupational Therapy Evaluations

OT evaluations are foundational for identifying functional limitations, assessing safety risks, and developing proactive intervention plans. They help prevent complications by identifying impairments early and promoting independence in daily living.

- 97165 - Occupational therapy evaluation, low complexity
Includes a brief history, 1-3 performance deficits, and a straightforward clinical decision-making process.
- 97166 - Occupational therapy evaluation, moderate complexity
Includes an expanded review of history, 3-5 performance deficits, and moderate clinical decision-making.
- 97167 - Occupational therapy evaluation, high complexity
Comprehensive review of medical and therapy history, more than 5 performance deficits, and complex decision-making.
- 97168 - Re-evaluation of occupational therapy

Used when there is a documented change in functional status or a need to update the plan of care.

Therapeutic Interventions

These codes represent services that help individuals maintain independence, reduce the likelihood of injury, and prevent hospitalizations or institutional care.

- 97129 - Therapeutic interventions targeting cognitive functions such as attention, memory, reasoning, and problem-solving; includes compensatory strategies to support daily function.
- 97530 - Therapeutic activities using dynamic movements to improve functional performance in real-life tasks.
- 97533 - Sensory integrative techniques to enhance the brain's ability to process sensory input and produce appropriate responses to the environment.
- 97535 - Training in self-care and home management tasks such as ADLs, safety, use of adaptive equipment, and meal preparation.
- 97537 - Community and work reintegration training including transportation, money management, shopping, and vocational activities.
- 97542 - Wheelchair management including assessment, fitting, training, and education to reduce secondary complications such as pressure injuries.
- 97545 - Initial two hours of work hardening/conditioning to prepare individuals for return to work and prevent re-injury.
- 97546 - Each additional hour of work hardening/conditioning (billed in conjunction with 97545).

Caregiver Training

Educating caregivers plays a critical role in reducing complications and promoting safe and effective care at home.

- 97550 - Individual caregiver training to support a patient's ADLs, safety, communication, and mobility needs (initial 30 minutes).
- 97551 - Each additional 15 minutes of individual caregiver training.
- 97552 - Group caregiver training provided face-to-face with multiple caregivers, focusing on improving patient care and reducing risks.
- G0543 - Group caregiver training for individuals with chronic conditions, focusing on direct care strategies to prevent complications like pressure ulcers and infections.

Modalities

These are physical agent modalities used to reduce pain, promote healing, and improve movement—supporting long-term function and independence.

- 97010 - Application of hot or cold packs to reduce inflammation or pain.

- 97018 - Use of paraffin baths to relieve joint stiffness and pain.
- 97022 - Whirlpool treatments to improve circulation and soft tissue mobility.
- 97024 - Diathermy (e.g., microwave), to deliver deep heat for muscle relaxation and tissue healing.
- G0281 - Electrical stimulation specifically for wound care to promote healing.
- G0283 - Unattended electrical stimulation for non-wound care therapeutic goals.
- G0329 - Electromagnetic therapy for chronic ulcers (Stage III and IV) not responding to standard care, supporting prevention of further deterioration.

Next Steps & Follow-Up

Please feel free to reach out with any questions. You can reach me (Molly Hahn-Floyd) directly at 719-210-3737 or email Heidi Kunugi at heidikunugi@gmail.com.

We also heard that occupational therapy will be discussed during the upcoming rate review meeting on Friday, July 18. Would it be helpful for us to attend that meeting? If so, will you share what topics will be covered and if there's anything else we can provide ahead of time beyond the information above? Thank you for your time and support, and we look forward to continuing this conversation.

Molly Hahn-Floyd

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Lauren Preston
Pediatric Therapy of Colorado

Pediatric occupational therapy is the definition of preventative care by supporting early development, identifying delays, and promoting functional independence. Through early intervention, occupational therapists help children build essential skills for daily living, learning, and social participation. By addressing sensory processing, motor skills, and self-regulation early on, OT reduces the risk of academic struggles, behavioral issues, and long-term disability. Pediatric OT a vital component of early and proactive healthcare. Medicaid is a large part of this and helps millions of children each day.

Early intervention occupational therapy for children can significantly reduce overall healthcare costs by addressing developmental delays before they escalate into more complex, costly issues. By promoting functional skills, reducing the need for specialized services, OT not only supports healthier outcomes but also decreases the long-term economic burden on healthcare, educational, and social systems.

It would be a disservice to not invest in further generations and by doing this increase overall healthcare costs long-term. I implore you and your colleagues to act in accordance with the society we aspire to; one that supports those in need, building them up to their full potential to contribute to their communities – not see them as the weakest links, most readily disregarded when budgets are tight.

Katy Owens, Acute Care Occupational Therapist

I am an occupational therapist in Colorado. I work for UCHHealth, and I also own a private practice that specializes in chronic pain. A few years ago, Colorado passed a bill that mandates 6 visits with an OT for any patients that may be prescribed an opioid. I depend on this law and access to Medicaid to see patients in my private practice. Cutting Medicaid would be devastating to me personally, as well as my patients.

Beyond myself, I know other private practice practitioners who would be absolutely devastated by significant cuts to Medicaid.

I understand that balancing a budget is complex and multifaceted. But in this current political climate, with threats of Medicaid at the national level, consider the gravity of Colorado maintaining Medicaid benefits.

Holly Ross

Community Aquatics n' Occupational Engagement

Dear Department of Health Care Policy & Financing,

I am a small business owner in the state of Colorado that takes Medicaid and provides outpatient OT services. More specifically I specialize in aquatic therapy and drowning prevention for those with disabilities. Currently, I am the only provider in the state that can perform these services together because of my specialized training. I have actively looked for another provider like me and have not found one that accepts Medicaid. With 19 clients on the waitlist, I am actively hiring, training providers, and helping more patients in the community. If outpatient OT rates were to be cut, I will lose providers that work for me, and subsequently those clients will lose services and have nowhere to go. I could even go out of business and there would be no way for these families to get services. I also run free disability events for families & children with disabilities with resource fairs that allow families to access the community and navigate services to fit their needs. My company has been in business for 5 years and we are a vital sector for outpatient OT services. If cuts happen and my company goes out of business, those with severe disabilities, medical complexities, high behaviors,

and high needs will go without services. Please do not cut Outpatient OT rates. Thank you for your time.

Heather McLaughlin
Rocking Horse Occupational Therapy

I am an occupational therapist, living in Golden, working out of Longmont, specializing in pediatrics . I am writing to express my concern about potential cuts in therapy rates.

I utilize horse movement as a therapy tool to enhance my clients' improvement. While horses tend to be far more therapeutic than a therapy ball, they are also far more expensive to maintain. 94% of my current caseload are Medicaid recipients, all with significant special needs. If these cuts go into effect I will have further difficulty affording this unique intervention. This would result in decreased access to a beneficial intervention for these highly involved clients, many of whom do not tend to respond well to traditional therapies. 2/3 of our barn budget is already being paid for by private and community donations.

I completely understand that Colorado is in an uncomfortable position, needing to make difficult decisions around funding. Please consider, for those of us who work primarily with Medicaid clients, getting a pay cut at this time when everything is becoming increasingly and perhaps exponentially more expensive, will have a bigger negative effect than at other times.

A better solution to saving money might be to better regulate commercial insurances, who are in the business of denying claims for profit. Ensure that they are not wilfully complicating the system so as to ultimately withhold payment, and ensure that their rates are equal to or higher than Medicaid rates.

Thank you for your time and consideration.

Jill Hawks
Alpine Speech Therapy, LLC

Hello, my name is Jill Hawks. I am a speech-language pathologist (SLP) and the owner of a pediatric outpatient private practice in Denver, CO. I also have the honor of serving as the President-Elect for the Colorado Speech and Hearing Association (CSHA) for 2025.

In my practice, I provide speech-language services to children from birth to age 18 in home-based, community-based, and teletherapy settings. I am also a contracted early intervention provider. I am committed to ensuring that all children—regardless of their financial situation—have access to high-quality speech therapy services; which is why I accept Medicaid clients, even though my practice otherwise operates on a private-pay model.

However, the current Medicaid reimbursement rates create significant challenges that make it unsustainable for me, and many other non-clinic-based outpatient providers, to maintain a majority Medicaid caseload. The primary concerns include:

1. As a mobile provider, I drive throughout the Denver metro area. Given the financial constraints of Medicaid reimbursement, I have to be highly selective in accepting new clients based on the areas I already serve. Additionally, Medicaid policies prohibit me from charging a no-show or late cancellation fee. If a client does not show up for a session, I lose up to an hour of billable time, including travel, with no way to recoup those costs.
2. The primary billing code I use, 92507, is untimed, meaning that regardless of the complexity or duration of care required, I receive the same reimbursement rate of \$72.01 per session limited to one per day. This structure creates inequities across providers and clinics and often forces me to compensate for the low reimbursement rate by taking on more private-pay clients, limiting my capacity to serve Medicaid beneficiaries.
3. Like all businesses, private practices are impacted by inflation and the increasing costs of operation. As a solo provider, I face mounting expenses while also striving to earn a livable wage in Colorado. Without appropriate reimbursement, maintaining a practice that serves Medicaid clients becomes increasingly difficult.

In summary, increasing Medicaid reimbursement rates would allow outpatient SLPs like myself to:

- Provide equitable and appropriate therapy time under the current untimed code structure.
- Sustainably balance travel demands for home-based and community-based services.
- Mitigate the financial burden of last-minute cancellations and no-shows.

By ensuring adequate reimbursement, we can continue delivering essential speech-language services to clients who need them most. Thank you for your time and support in advocating for fair Medicaid reimbursement rates for outpatient SLPs in Colorado.

Linda Falk
Colorado Speech Language and Hearing Association

Good afternoon members of the Medicaid Rate Review Advisory Committee,

My name is Linda Falk. I am a speech-language pathologist and board member of the Colorado Speech Language and Hearing Association. I work for a critical access hospital in northeastern Colorado. In our organization we serve, acute inpatient, swing beds, extended care patients, and outpatient.

There is limited access to speech therapy services in my area. When I first returned to the area, I was the only medical SLP in a 30-mile radius. Recently, Sterling (30-miles away) lost their SLP, which has created more of a burden to find services. I may now be the only SLP for a 60-mile radius or further.

In my setting I serve patients from the pediatric to geriatric populations with Medicaid. Many of them must drive 40 miles 1-way to receive my speech therapy services. This is a great burden to the family and caregivers. Due to the rural area, weather also plays a factor in being able to attend therapy, leading to cancelations when roads are icy or closed.

Another challenge for Medicaid therapy services is the reimbursement rate for multiple disciplines. At our facility due to reimbursement, we only treat 1 therapy/day, due to not receiving full payment if all 3 therapies are provided in 1 day. This again, leads to a great burden to the families that are traveling a great distance for multiple days.

Rural health care challenges are not new; however, low reimbursement rates impact the burden to fill therapy vacancies with facilities having to increase the pay rate to attract therapist or use traveling companies. This is a huge cost to any organization. If therapist cannot be maintained this interrupts care and creates more burdens. This leads to families driving to the front range for services or not receiving therapy at all.

Holly Ross
CANOE - Building Blocks OT LLC

I am a small business owner in the state of Colorado that takes Medicaid and provides outpatient OT services. More specifically I specialize in aquatic therapy and drowning prevention for those with disabilities. Currently, I am the only provider in the state that can perform these services together because of my specialized training. I have actively looked for another provider like me and have not found one that accepts Medicaid. With 19 clients on the waitlist, I am actively hiring, training providers, and helping more patients in the community. If outpatient OT rates were to be cut, I will lose providers that work for me, and subsequently those clients will lose services and have no where to go. I could even go out of business and there would be no way for these families to get services. I also run free disability events for families & children with disabilities with resource fairs that allow families to access the community and navigate services to fit their needs. My company has been in business for 5 years and we are a vital sector for outpatient OT services. If cuts happen and my company goes out of business, those with severe disabilities, medical complexities, high behaviors, and high needs will go without services. Please do not cut Outpatient OT rates. Thank you for your time.

Heidi Kunugi
Occupational Therapy Association of Colorado

The Occupational Therapy Association of Colorado (OTAC) urges the Colorado Department of Health Care Policy and Financing (HCPF) to take immediate action to increase Medicaid provider rates for occupational therapy (OT) services. Occupational therapy is a critical component of Colorado's healthcare system, helping individuals regain independence, manage chronic conditions, and recover from injuries. OT providers play a vital role in improving patient outcomes and reducing long-term healthcare costs by preventing complications and unnecessary hospitalizations. However, Colorado's Medicaid reimbursement rates for OT services are falling behind other states with similar demographics and healthcare challenges, jeopardizing the financial stability of OT practices and threatening patient access to essential care. States like New Mexico and North Dakota, despite having lower costs of living, offer higher Medicaid payment rates, supporting workforce sustainability and provider retention. Even Texas, with its significantly lower cost of living, provides better reimbursement for key therapy codes, which helps maintain a resilient OT workforce. If Colorado does not adjust its Medicaid rates, the state will continue to face provider shortages and longer wait times, disproportionately impacting underserved and rural communities.

The OTAC's 2025 survey underscores the financial strain on Colorado's OT workforce. Many providers have faced reduced access to clinical tools, increased productivity demands, and stagnant wages due to inadequate reimbursement rates. Alarming, 53% of respondents report maintaining a waitlist for Medicaid patients, with 66% indicating wait times of 1-3 months. Prior authorization delays and visit limits further restrict access to care. Additionally, high student loan debt among OT professionals, combined with low Medicaid reimbursement, has created unsustainable financial pressure, making it difficult to retain qualified providers. OTAC strongly recommends a 10% increase in Medicaid reimbursement rates to align Colorado with other states and support the financial viability of OT practices. Increasing rates would expand access to OT services, particularly in rural and underserved areas, reduce wait times, and strengthen Colorado's healthcare infrastructure. We urge Colorado policymakers to act swiftly to secure the future of OT services and ensure that all Coloradans have access to the rehabilitative care they need to maintain health and independence.

Alexa Herbers

Colorado Speech Language and Hearing Association

Hi my name is Alexa Herbers. I am a speech-language pathologist and pediatric private practice owner in Denver. Additionally, I serve as the State Advocate for Reimbursement for the Colorado Speech and Hearing Association (CSHA) and am on the Committee on Medicaid for the American-Speech-Language-Hearing Association (ASHA).

Within my private practice, I am an early intervention provider. The Colorado Department of Early Childhood and state early intervention program allots a speech therapy stipend to speech therapy providers who bill Medicaid. This stipend allows speech language pathologists, who are billing Medicaid at a low reimbursement, to be paid equally with other therapeutic disciplines. No other type of provider needs to receive this stipend. A state program recognizing and compensating for the low reimbursement rates that speech therapists receive speaks for itself.

Every day SLPs in Colorado are making the difficult decision on whether or not they can afford to work with Medicaid beneficiaries. With SLPs accepting fewer Medicaid patients, delays in care can serve as not only a significant detriment to the patients but yield longer time within programs, longer stays in inpatient settings, and longer use of speech therapy intervention. Prolonged or delayed care ultimately costs payer sources more and affects patients' quality of life. With a higher reimbursement rate these needs can be met.

Thank you for hearing us today and considering making these changes.

Molly Hahn-Floyd
Occupational Therapy Association of Colorado

As president of the Occupational Therapy Association of Colorado (OTAC), I urge the Colorado Department of Health Care Policy and Financing (HCPF) to take immediate action to increase Medicaid provider rates for occupational therapy (OT) services. Occupational therapy is a critical component of Colorado's healthcare system, helping individuals regain independence, manage chronic conditions, and recover from injuries. OT providers play a vital role in improving patient outcomes and reducing long-term healthcare costs by preventing complications and unnecessary hospitalizations. However, Colorado's Medicaid reimbursement rates for OT services are falling behind other states with similar demographics and healthcare challenges, jeopardizing the financial stability of OT practices and threatening patient access to essential care. States like New Mexico and North Dakota, despite having lower costs of living, offer higher Medicaid payment rates, supporting workforce sustainability and provider retention. Even Texas, with its significantly lower cost of living, provides better reimbursement for key therapy codes, which helps maintain a resilient OT workforce. If Colorado does not adjust its Medicaid rates, the state will continue to face provider shortages and longer wait times, disproportionately impacting underserved and rural communities.

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XXXXX

I am XXX in the community that receives Outpatient Occupational Therapy. I am writing today to request and advocate that you do NOT cut rates for the services XXX receive. These services are important for XXX and without these services they would decline in function and struggle exponentially. These services offer XXX to have mobility, autonomy, and have the chance to play a role in society. Please do not cut rates for Outpatient occupational therapy . Cutting these services could cause my current provider, XXX, to go out of business, then my XXX would be left without medically necessary services that are helping XXX thrive. Thank you.

XXXXX

XXX is non-speaking autistic. The services provided by outpatient OT and SP have been pivotal in XXX progress of learning specifically working with OT in the pool learning how to swim, has been the most effective for XXX something XXX looks forward to every time and has impacted all of XXX other learning and other services. Without this guidance, I would not know how to move forward in teaching XXX not only how to swim, but doing the important aspects of occupational therapy and speech necessary. Without the services, XXX would be hindered in her growth and development.

Lauren Preston
Pediatric Therapy of Colorado

We are a company that helps children with disabilities through OT. We have witnessed firsthand the critical role that occupational therapy plays in promoting the health, development, and well-being of children, especially those from low-income and underserved backgrounds. Pediatric OT addresses a wide range of developmental, physical, and cognitive challenges, enabling children to participate more fully in their daily lives, improve their academic performance, and develop the skills they need for lifelong success. OT services have been shown to significantly improve motor skills, sensory processing, behavioral issues, and social participation.

Many children from disadvantaged backgrounds do not have access to these essential services due to barriers such as financial limitations and a lack of available providers within their communities. Research demonstrates that early access to OT can prevent the need for more intensive interventions later in life, which ultimately results in long-term savings for Medicaid and other public health systems.

OT helps children become more successful academically and socially, improving their quality of life and increasing their chances of academic achievement and social inclusion. Given the proven effectiveness of pediatric OT and its potential to improve outcomes for children with disabilities, developmental delays, and behavioral health concerns, I urge you to consider Increasing Medicaid coverage for pediatric occupational therapy. The increase rates of Medicaid would not only align with the values of equity and inclusion but also improve the lives of thousands of children who deserve a brighter future.

Thank you for your time and consideration. I hope that all children, regardless of their background or socioeconomic status, have access to the therapies they need to succeed.

Cece Landis
Pediatric Therapy of Colorado

My profession is the base foundation towards giving quality of life for others and I creating independent lives so people can live in harmony. Please keep this in mind when debating whether to cut funding which aids anyone needing support to become independent in life because the disability community is a community which anyone can become apart of at any time in their lives.

Kim Gully
Paradigm Health Solutions

Medicaid outpatient cuts would cause clients with disabilities to lose care for OT, PT, SLP, and ABA increasing problems with their disabilities and mental health which would also put strain on their families who depend on these services. My DPT could lose her practice which would also cause me to lose my job which would impact multiple families who depend on our services as well as my livelihood.

Ava Solman
Pediatric Therapy of Colorado

I am advocating for increasing the Medicaid reimbursement rates for Occupational Therapy. We are a field that focuses on increasing functioning in daily life and independence. When individuals are able to be independent and actively engage in daily tasks effectively and efficiently, their quality of life, health and wellbeing increases, and this saves a significant amount of healthcare costs.

I specialize in Occupational Therapy for individuals experiencing PTSD. The CDC calculates that childhood trauma is our single largest public health issue—more costly than cancer or heart disease—and one that is largely preventable by early prevention and intervention. Providing intervention for children who have survived trauma not only helps children heal and move through development milestones in order to become healthy, functional, productive adults but it also prevents disease later in life, again, saving on healthcare costs.

Due to the impact Occupational Therapy has on the wellbeing of all humans, the positive impact on healthcare costs, decreasing the burden on healthcare facilities, and the inflation costs of housing, goods and services, I am strongly advocating for an increase in Medicaid reimbursement for Occupational Therapy services. Occupational Therapist make a huge positive impact on people's lives and an increase in reimbursement rates will allow us to continue this important work. When therapists are able to meet their own financial, health and wellbeing needs, we are able to best support those needs for others.

Thank you for your time and careful consideration!

Chris Edmundson
Integral Physical Therapy

During the last MPRRAC meeting you requested that the APTA send along research on exercise as preventative healthcare. Please see the attached document with a sampling of some of this research in various domains of health.

Please let us know if you have any questions or require additional information.

[Link to feedback](#)

Orthomerica

[Link to letter](#)

Specialty Care Services

Dave Richard

I am a former Medicaid director in NC and now consult with organizations on health care issues. One organization I represent is Kerecis who produces a skin graft product made from fish skin. [a link to their website is below.]

Colorado just recently approved coverage of the product using code Q4158. We are appreciative of the decision to approve coverage but are concerned with the rate assigned.

We are writing to determine how to request an off-cycle review of the rate established for Kerecis Omega3 skin graft product.

Unlike other skin graft products our product comes in various sizes which allows for the physician to fit the graft to the size of the wound without the waste that occurs with other products.

Colorado has priced this at \$14.35 regardless of size. This amount would not cover the cost of the product especially when considering that it comes in different sizes. Most states and Medicare price the produce per centimeter. For example, Georgia Medicaid just approved Kerecis at \$100 dollars per centimeter.

We have a significant amount of additional information we can provide to you to consider an off-cycle review but wanted to first contact you on how to formally request such a review.

Intact Fish Skin for Tissue Regeneration - [Kerecis.com](https://www.kerecis.com)

Jason Brabson

Heart & Soul Paratransit

I'm an NEMT provider in Larimer County. As of July 1st the rate change for Extra large Wheel Chair transportation was reduced by 95% with no warning and without any official reduction. This was done by reclassifying the billing code. This will reduce our revenue by over 80% and severely limit our ability to provide services.

My question is, was this approved by the Rate committee and is standard practice to change a billing code that significantly reduces the ability of a provider to survive and continue to provide critical services?

Is there any way to get the billing changed back to allow providers some time to prepare for such a massive reduction in revenue?

Targeted Case Management (TCM)

Ellen Jensby
Alliance

I have been talking to a couple of our member experts and, although they are out next week for the holiday, will be back in the office the following week and we believe we can pull together a couple of state examples by Tuesday the 7th at latest.

There are a few nuances that require a bit more digging than I originally thought:

- Although Colorado pays TCM as a “per member per month”, that is a term typically reserved for managed care configurations in which the managed care entity gets paid for the service regardless of whether or how much they provide. Colorado’s PMPM is really just a monthly billing unit, which can only be billed if a service is provided in a given month. So far, we are unaware of other states that have a monthly billing unit, which is why we need a bit more time.
- In some states, the state agency itself is responsible for intake, assessment, and sometimes other functions that our CMAs do in Colorado. This has impacts on the TCM rate, because those dollars must be spread across a wider range of activities than just what is in the definition of TCM. So, we want to be careful to exclude any states whose CM activities do not closely mirror Colorado’s.
- We also think that states who have a managed care configuration can be excluded. Kansas is one of these, although the information we found online is convoluted with respect to how TCM fits in. Our expert will look into this as well.

Our member volunteers who have been researching this got me an update earlier today, but we are not as far along as we had hoped to be with the details of the states we are looking at. However, I will share with you as much as I can with a promise that we are going to continue to work on this and will offer more information in the future.

First, it’s important to note that states may have more than one type of case management service for different waivers/programs/populations. This has made our research more complicated, but we have reviewed states and eliminated those that have different case management models (including Managed Care for long-term services and supports, Waiver Case Management, or Administrative Case Management) as these are structured differently from TCM. To find the below list of states, our

volunteers reviewed at least one IDD waiver in the state and determined that the state uses TCM for this population. Because people with IDD typically have higher needs and utilization related to case management, we felt this is the best population to use for comparison purposes. Those states are:

Alaska
Alabama
Maine
Missouri
Montana
Nebraska
Nevada
Oklahoma

I will note we have not made it deeply into these states' financing mechanisms, so they may not all be good comparisons, but this list should at least be a place to start.

Two states you had noted in your email, Kansas and Florida, are a bit more complicated and our research is pending for these -

- Kansas lists TCM for its waivers, but we know the state has managed care, so we are working to understand how TCM is impacted by this alternative model. Colorado does not have a managed care system, so there may be fundamental differences that make comparison impractical.
- Florida - as far as we can tell, Florida uses Waiver Case Management for its IDD waivers, not TCM. It appears to use TCM for other populations/programs, but a deeper dive is needed to determine whether it could truly be compared to Colorado due to the different populations served.

As I noted in my last email, we continue to struggle with a few concerns of which we would love your contractor and SMEs to be aware:

- We have not yet found any other states that pay TCM based on a monthly unit as Colorado does.
- When comparing to other states, it is important to look at the number of people being served as well as the population served. E.g., if TCM is only used for one waiver with 1,000 enrollees, the way it is done will likely look substantially different from Colorado, where Case Management agencies are doing TCM for tens of thousands of enrollees across multiple waivers. Population needs also vary. We know that people on the EBD waiver require

very different levels of case management than people on IDD waivers, for example.

- As mentioned in my last email, we continue to find many states that separate intake and level-of-care determinations from the case management agencies, performing these activities out of the state agency itself. This is fundamentally different from CO, where the CMA is responsible for these activities as well as TCM, and therefore they have the added complexity of managing both a state contract that is a federal subaward and a fee-for-service program, which drives additional admin costs for CMAs.
- Again, we want to emphasize the importance of clarifying for MPRRAC members that Colorado's "per member per month" is NOT the same as a PMPM under a managed care system, where the managed care entity is paid a set amount per enrolled member regardless of how much service each person receives. This model provides a stable source of revenue for the managed care entity and allows them flexibility to work within that revenue on a risk-basis. Colorado's model, however, is a monthly fee-for-service unit that can only be accessed once a contact is made with the member, so revenues are less stable and fluctuate more. We will likely be articulating this further in later comments.

Thank you for your attention to this, and we look forward to learning more about these states with you.

Kim Tenure

Developmental Pathways

Hello, my name is Kim Tenure, and I'm the Associate Director of Disability Policy at Developmental Pathways and we are a member of Alliance, so I am also speaking on behalf of them.

The LTC/LTSS system just went through a massive systems change with a number of complications that put our organization (Case Management Agencies (CMAs) across the state) in crisis mode. These changes included the launch of a new technology system that replaced a 20 year old legacy system, PHE unwind, and Case Management Redesign that aimed at simplifying the system, but also changed the number of CMAs from 44 to 15. We are still in the stabilizations phase from those changes and are struggling to hire and retain enough staff to perform essential case management functions.

Additionally, there are also a number of new systems changes planned for this year. Our staff are experiencing severe burnout and fatigue trying to keep up with constantly changing responsibilities and processes.

We are all still getting used to the new system and contract requirements, and we are of course always communicating with HCPF on our challenges and trying to find solutions.

While we are beginning to capture data on funding gaps, one area we have already identified is funding for intake work, which doesn't have a discreet billing line but is built into the rate for TCM. However, we cannot bill for TCM unless a Medicaid member actually becomes enrolled, and that only happens with about 30% of those who come to intake.

So, while the initial benchmark analysis at least in part supports our experience that funding is not adequate to support our workload and adequate compensation for case managers who have incredibly demanding jobs.

We are collaborating with all CMAs to understand the challenges they face and identify solutions.

Germaine Seufert
Consultants for Children, Inc.

Our providers who offer Targeted Case Management Services are highly skilled, licensed and can provide other services if they want to. To keep the services for clients at a high quality, I would like to advocate the rates not be reduced. Understanding the multiple arenas children with disabilities are in and the need for assisting with these families at this higher level of care needed related to case management to ensure the providers involved are providing what the child and family need to reduce the long term cost for these children is clear. If they meet their goals as a younger person, they will be set up better for long term success and less dependent on medical, educational and behavioral providers.

Please consider not reducing the Targeted Case Management rates.

As a provider with 117 clients, mostly in rural Colorado, rates being reduced would impact our ability to provide this service for our clients.

Thank you for your consideration.

Kathleen Leubner
Pediatric Therapy of Colorado

Early Intervention is such a vital service for children and families that need that in-home support. In my role as an OT, I empower parents to best support their children's development and allow them to thrive.

Vision Services

Janelle Shumaker
Hero Practice Services

Dear MPRRAC,

My name is Janelle Shumaker, and I partner with a group of children's dental and vision practices dedicated to serving underserved communities. I have extensive experience working with providers across seven states, all of whom accept Medicaid. In Colorado, I collaborate with 11 children's vision practices along the Front Range and support a CO Rural Vision program that addresses the significant lack of access to vision care in rural areas.

I am writing to formally submit comments on the rate review process for the three-year review of eyeglasses and vision services for Colorado Medicaid. Recently, I attended the online MPRRAC Rate Review Meeting and reviewed Appendix D, Benchmark States Rationale, as well as the Budget Proposal Summary and HCPF's recommendations on using a percentage of Medicare as a baseline for Medicaid fees.

In Appendix D, the benchmark states for vision services include Arizona, California, Louisiana, Nevada, and Oklahoma. I would like to formally request the removal of California from this comparison. California has some of the lowest vision fees in the country, which often do not justify the chair time for providers to see Medicaid patients.

Additionally, California has an extremely low utilization rate for children on Medicaid receiving vision services. In 2022, only 17.49% of children on Medicaid received a comprehensive eye exam.

Typically, low utilization rates are linked to poor reimbursement. I urge MPRRAC to consider using New Mexico as a benchmark state instead of California. As a neighboring state to Colorado, New Mexico's demographics, including the cost-of-living index, are much more comparable than those of California. New Mexico's current Medicaid fees reflect the state's investment in vision services and highlight the importance of eye care for children, especially as it impacts their learning in the classroom. Poor vision can significantly hinder a child's ability to read, engage in classroom activities, and overall academic performance.

In the Budget Agenda Summary, section R-09 Provider Rate Adjustments, HCPF proposes using Medicare as a benchmark for provider rates. Their proposal includes adjusting provider rates that exceed 95% of Medicare. This is a valid benchmark across various healthcare categories. Colorado's vision rates do not exceed this benchmark and adjusting them based on states with low utilization rates could negatively impact Medicaid members. I understand that 91% of the codes being reviewed will use the Medicare benchmark, while 9% will use the state comparison. However, I am concerned about the benchmark range, which spans from 40% to 143%. California significantly skews this range when considering the blended rates among the six comparison states. This could lead to an unfair comparison and potentially influence reviewers' opinions based on an inappropriate benchmark.

Please consider using New Mexico in place of California for the comparison state. If the MPRRAC has any questions regarding my request, I am happy to participate in further discussions.

Sincerely,
Janelle Shumaker
VP, Payor Relations
Hero Practice Services

<https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2022-23-Preventive-Services-Report.pdf>

<https://www.viennaeyecarecenter.com/the-impact-of-poor-vision-on-childrens-learning-abilities/>

<https://hcpf.colorado.gov/sites/hcpf/files/HCPF%202025-2026%20Budget%20Agenda%20Summary-B.pdf>

Emily McCourt
Children's Hospital Colorado

Thanks for the opportunity to provide input for the MPRACC. I thought a lot about this and have solicited input from many of my colleagues. In the vision / eyeglasses category, I would propose the following 6 changes:

1. Aspheric glasses - This should be restricted to patients with refraction above or below 8 diopters (+ or -8 or higher) and if indicated is medically necessary by the prescribing ophthalmologist or optometrist.
2. Glasses for patients over 21 years old - Glasses benefits should be extended to patients who are adults who also carry a diagnosis of intellectual disability. For many patients this could be the difference between being able to work. Could restrict to those with refractive errors of more than +/- 2.00 diopters if needed.
3. Contact lenses - This should be extended from aphakia and keratoconus diagnosis to patients with ocular surface disease, corneal irregularities, neurotrophic cornea, corneal scarring. Contacts for these indications are not cosmetic; instead these should be considered medical equipment for vision since in these cases glasses cannot correct their refractive error.
4. Corneal Collagen Crosslinking 0402T - The ophthalmology community is thrilled that this vision saving procedure is covered by Colorado Medicaid but with the low reimbursement, many ophthalmologists are not providing this service to patients with Medicaid. For example, Tricare pays \$9,259 per eye and Colorado Medicaid covers this at \$260.22. Commercial insurances pay between \$4k and 8k per eye. Poor reimbursement with low professional fees decreases access to care for patients who have Medicaid in Colorado. The professional fee for this should be increased.

Crosslinking has been proven to be cost saving long term in the treatment of keratoconus since it prevents the need for corneal transplantation, a surgery that is expensive, high risk, and usually results in multiple subsequent eye procedures.

5. Vision Therapy - This should not be a covered benefit and should be restricted. “Orthoptic and pleoptic vision therapy” is a treatment that is prescribed by optometrists for learning disorders and strabismus, but it has virtually no evidence supporting its efficacy. The American Academy of Pediatrics, American Academy of Ophthalmology, and American Association for Pediatric Ophthalmology and Strabismus all have policy statements discouraging the use of optometric vision therapy for most patients.

The only indication for which there is reliable evidence is a form of strabismus called convergence insufficiency. For all other indications vision therapy is not medically necessary or standard of care. 7 CPT codes that are typically used for vision therapy: 92065, 92066, 97110, 97112, 97530, 97532, 97533 - most of those codes are not eye-specific, but their use by an optometrist or ophthalmologist would almost exclusively be for vision therapy.

Private insurers and most state Medicaid plans do not routinely cover vision therapy for any indication other than convergence insufficiency since it is not an evidence-based treatment (see links below)

6. Refraction - 92015. Refraction is separate diagnostic test that is not included in the AMA definition of a comprehensive eye exam. Many state Medicaid programs pay ophthalmologists and optometrists when we perform a medically necessary refraction as part of EPSDT's legal requirements. (Below are links to other states' Medicaid policies for 92015 for comparison.)

Additionally, a refraction in a typical child is very different than a baby, non-verbal child, teenager with autism, etc. I propose if 92015 cannot be covered for every child, that it should be covered for patients with secondary diagnosis (Down Syndrome, intellectual disability, autism, medical eye disease, etc) which preclude a typical refraction - adults or children. This would help incentivize eye doctors to take care of our most vulnerable patients.

LINKS for vision therapy:

Joint American Academy of Pediatrics and American Academy of Ophthalmology statement:

<https://publications.aap.org/pediatrics/article/124/2/837/72351/Learning-Disabilities-Dyslexia-and-Vision?autologincheck=redirected>

Vision therapy not covered by United, Anthem, Aetna:

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/visual-information-processing-evaluation-orthoptic-vision-therapy.pdf>

https://le.anthem.com/pdf?x=OH_SH_PPO

https://www.aapc.com/codes/webroot/upload/general_pages_docs/document/mm_0221_coveragepositioncriteria_vision_therapy_orthoptics.pdf?srsId=AfmBOorregAh2za7l-qOBJks8yPlfTWKUfuVQL1VNjPvVYHrpeNrp9lQ

https://www.aetna.com/cpb/medical/data/400_499/0489.html

Links for other state Medicaid covering refraction

Texas: "Procedure code 92015 may be reimbursed to ophthalmologist or optometrist providers for refraction in addition to the eye examination procedure code 92002, 92004, 92012, or 92014." "Procedure code 92015 must be used to bill Texas Medicaid

for the refractive portion of the examination and is payable with a diagnosis of aphakia or ocular disease only."

https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2019/2019-10-2_Vision_and_Hearing_Srvs.pdf

Indiana: "Determination of refractive state (92015) performed by an optometrist or ophthalmologist is covered : A. Once every (12) months, for members under 21years of age B. Once every (24) months, for members 21 years of age and older"

<https://www.caresource.com/documents/medicaid-in-policy-reimburse-py-0814-20190920#:~:text=Refractive%20Services%2D%20The%20act%20or,the%20prescription%20of%20corrective%20lenses.&text=intermediate%2C%20established%20patient-,D.,does%20not%20confirm%20medical%20necessity.&text=Ill.,included%20in%20an%20eye%20exam.&text=all%2Dinclusive%20and%20is%20subject%20to%20updates.&text=Date%20Effective%2011/1/2019,active%20and%20has%20been%20archived.>

Kansas: "Refraction (92015) is not included in a basic eye exam. Refractions may be provided on the same date of service as the basic eye exam and billed as a separate procedure."

<https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/775-Vision-manual%20updatesV2.pdf>

Missouri: "An eye refraction (procedure code 92015) may be billed with the appropriate exam code when the exam includes the refraction. Eye refractions are not covered by Medicare but are covered by the MO HealthNet." (MO HealthNet is their state Medicaid program.) Code 92015 is reimbursed \$5 by Missouri Medicaid, in addition to the E/M or eye code when they're performed on the same day.

https://manuals.momed.com/collections/collection_archive/collection_opt/Print_05042017.pdf

Kentucky: 92015 is covered once per year.

<https://www.chfs.ky.gov/agencies/dms/DMSFeeRateSchedules/2023VisionFeeSchedule.pdf>

Nevada: Refraction is covered once per year. If refraction is medically necessary more frequently than once per year, prior authorization is required.

https://www.medicaid.nv.gov/Downloads/provider/web_announcement_3327_20240404.pdf

and

https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT60.pdf

New Hampshire: New Hampshire Medicaid explicitly pays \$21.84 extra when a routine eye exam includes a refraction, as shown by their definition and reimbursement of codes S0620 and S0621.

https://internal-prm.olmdev.com/dam/jcr:15dfa938-5065-405b-8125-8e365bc4ca6e/VSP%20New%20Hampshire%20Medicaid_01012023.pdf

Thank you again for the opportunity to provide input on how we can better help the children of Colorado. As both an ophthalmologist and a tax payer, I appreciate it! Feel free to reach out with questions and I'm happy to elaborate on any of these topics.

Colorado Optometric Association

Feedback on 2025 Eyeglasses and Vision Rate Review

The last significant increase in reimbursement for eye related services took place in 2015. Prior to that increase, Medicaid paid less than 30% of Medicare which did not allow for widespread provider participation. With the current fee schedule, almost 80% of Colorado optometrists are enrolled as providers for Health First Colorado. Eyeglass and Vision Services were last reviewed by the MPRRAC (Medicaid Provider Rate Review Advisory Committee) in 2022. At that time, those services were estimated to be at 57.4% of benchmark (even after the rate increase of 2015). The recommendation from that review was to increase any rate that fell below 80% of benchmark to 80% and to decrease any rate above 100% of benchmark to 100% with the following conclusion, "Given that vision rates are below 80% of the benchmark, this indicates that rates may be insufficient...and may not support appropriate reimbursement for high-value services."

While adjustments were made related to benchmark, we have found that the benchmark doesn't always reflect the actual cost of goods. For example, V2744 (photochromic tint) reimburses \$15.29 per lens while labs charge \$35 and V2750 (antireflective coating) reimburses \$17.79 per lens while labs charge \$25 for the lowest end version of each of these products. That would result in a significant loss to provide those options to Medicaid members. As of January 1, 2025, optometrists, along with all other physician providers, will be subjected to a 2.8% pay cut from CMS for Medicare services. The cost of operating a clinic and providing services and materials has increased significantly with inflation over the past few years. We would ask for no further cuts to eyeglass and vision services at this time as there are

very few services or materials that are being paid above benchmark and we want to maintain a strong network of Medicaid providers across the state.

Kris Ekeren
Colorado Optometric Association

Feedback on 2025 Eyeglasses and Vision Rate Review

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Matthew Scott
Colorado Optometric Association

The Colorado Optometric Association (COA) appreciates the work, communication and efforts of the Medicaid Provider Rate Review Advisory Committee. In light of the difficult budgetary times facing Colorado, we support and applaud the recommendation of the committee to increase reimbursement to 80% of benchmark for those codes that are currently reimbursed less than 80%. This will help ensure the continued participation of our strong network of providers across the state, especially those in underserved communities.

Physician Services - Allergy and Immunology

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Cardiology

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Dermatology

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - ED and Hospital Evaluation and Management (E&M)

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Ear, Nose, and Throat (ENT)

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Family Planning

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Gastroenterology

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Gynecology

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Health Education

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Medication Injections and Infusions

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Neuro/Psychological Testing Services

Lila Kimel

Kimel Psychological Services

I am really concerned about our testing code rates being so low. The state is not keeping up with the cost of living increases, yet my testing clinicians expect raises and bonuses every year to retain them. For testing, we bring in by the hour less than what a master's level psychotherapist makes for one hour of psychotherapy (in my practice this is \$156 per hour). Our testing rates are much lower than those of many other states. I am concerned that I will not be able to keep my small group psychology practice afloat, testing children and young adults for autism and other developmental disabilities if these rates do not go up.

Dr. Lisa Michelle Griffiths

Center for Valued Living, PLLC

Dear Members of the Joint Budget Committee and MPRRAC,

Thank you for your continued attention to the autism (ASD) crisis in Colorado and for supporting the need for psychological testing for ASD. Unfortunately, many psychologists, myself included, face significant barriers to attending public meetings where important issues like this are discussed, as they are often managing full clinical caseloads, running practices, or committed to pre-scheduled obligations. These meetings are typically scheduled as full-day or multi-day sessions without designated time slots for specific agenda items, making it difficult for providers to set aside entire days for when the specific issues we would be interested in are addressed. With this in mind, please accept this letter in lieu of me providing testimony at the July 18 and July 25 MPRRAC meetings, as I was unable to attend.

I am writing as a licensed psychologist and group practice owner who has long provided psychological testing services to Medicaid recipients across the state, particularly those seeking evaluation for Autism Spectrum Disorder (ASD). I am the only remaining provider at my practice able to offer these assessments, only offering 1-2 a month maximum; my capacity as a group practice owner is severely limited due to current reimbursement rates that make it financially unsustainable to retain qualified staff and my principal duties are to manage the practice. However, my passion and commitment to the ASD community is steadfast, and I hope that the

MPRRAC and JBC committees make updates to psychological testing reimbursement rates consistent with this proposal, which will enable me to hire more psychologists to do this important work.

Notably, our practice also offers psychological evaluations in bariatric assessments, which is a required component for clearance for surgery for Medicaid Members. We are one of the few practices in the state that specializes in this niche area, which requires extensive training and expertise. We collaborate with the bariatric department at UHC Health, as they have a many-months-long waitlist to complete psychological evaluations. While we supplement their ability to get evaluations done more quickly, our waitlist is lengthy as well, as again, we have trouble hiring psychologists who can live sustainably off Medicaid wages once our overhead is factored in. At present, we have one part time psychologist on staff who does these, and we get six to eight calls a week on average, but she can complete up to four per week maximum. I would like to hire more psychologists and train them to do this work as well.

Throughout the years of communication with HCPF, MPRRAC and the JBC, one core issue persists— the low reimbursement rates for psychological and neuropsychological testing services required for ASD diagnosis and care planning (as well as bariatric evaluations for our practice). The current (and historical) rates do not reflect the expertise, time, or resources required to deliver ethical, thorough, and clinically sound evaluations.

Below is a sample breakdown of the most commonly billed testing codes by testing psychologists and their current rates (as of July 1, 2025):

CPT Code	Description	Allowed Units	Rate
90791	Initial diagnostic intake (2 hrs, 1 unit allowed)	1	\$162.22 / \$167.56 (GT)
96136	First 30 min of test administration	1	\$69.16
96137*	Additional 30-min units (typically 7+)	Multiple	\$50.64

96132	First hour of interpretation/report writing (neuropsych)	1	\$136.66
96133*	Additional neuropsych hours (typically 8-10+)	Multiple	\$104.22
96130	First hour of interpretation/report writing (psych)	1	\$134.53
96131*	Additional psych testing hours	Multiple	\$106.55

As shown, most of the hours worked—especially on add-on codes (noted by a *) —are reimbursed at lower rates, despite being direct extensions of primary codes requiring the same level of expertise.

Furthermore:

- A full ASD battery requires 12-20+ hours of professional time.
- Each ASD evaluation incurs \$250-\$300 in non-reimbursable testing material costs (which are rising).
- Providers cannot bill Medicaid clients for no-shows, often resulting in lost revenue despite reserved clinical time.
- Overhead expenses and the need to pay licensed psychologists a livable wage further compound the financial burden.
- Also notable -- psychologists do not typically use CPT codes 96127, 96110, or 96113, despite these codes appearing among the top 10 most frequently utilized psychological testing codes in Colorado. These are codes typically used by other medical personnel.

Due to these unsustainable conditions, many providers have already ceased offering ASD evaluations to Medicaid recipients, including the entire assessment department at Wellpower, which just closed in June 2025 and will contribute to even fewer options for people to seek necessary care. Without immediate action, this access gap will continue to widen. We urge you to:

- Equalize reimbursement rates for primary and secondary/add-on codes by raising the rates of 96137 to match 96136, 96133 to match 96132, and 96131 to match 96130.

- Recognize that psychological testing for ASD and bariatric surgery is an essential, non-discretionary medical service that guides diagnosis, treatment planning, and service eligibility.
- Understand that improving rate structures now will reduce long-term state costs through earlier intervention, targeted care, and reduced strain on other public systems.

We appreciate the acknowledgment in the July 25 meeting that reducing rates is not the solution, and we support the proposal to align add-on and primary code reimbursement. We ask the JBC and MPRRAC to adopt this recommendation as part of the upcoming budget planning cycle.

Thank you for your time and commitment to ensuring equitable ASD and bariatric care in Colorado. I would welcome the opportunity to discuss this matter further with any committee members.

David Hatfield, Oliver Behavioral Consultants
Chrsitina Aegerter, ACTivation
Alexandra Ament, Kind-Minded Psych
William Boenig, Ascend Behavior Partners
Heather Carroll, Carroll Therapy Connections
Nancy Cason, Insights Colorado Assessment and Therapy
Nomita Chabildas, Licensed Clinical Therapist
Kata Colon, Elevated Insights
Bethany Coop, ClearPath Behavior Solutions
Ryan Cole, Brain and Body Integration
Claire Dumke, Insights Colorado Assessment and Therapy
Jennifer Geiger, Community Neuropsychology
Lisa Griffiths, Center for Valued Living, PLLC
Jackie Hansberger, Ascend Behavior Partners
Shannon Huntsberry, Shannon Huntsberry, LPC, LLC
Lauren Kerstein, Lauren H. Kerstein LCSW, P.C.
Lila Kopelioff, Kimel Psychological Services
Alex Littleton, Vivid Psychology Group
Nicole Da Lima Leitao, BehaviorSpan
Meghan Lee, Horizon Neuropsychological Services
Meade McCue, Developmental FX
Jonathan Mueller, Ascend Behavior Partners
Henrietta Pazos, New Horizons/ Nuevos Horizontes
Chelsea Quick, Action Behavior Centers

Jennifer Paz Ryan, Elevated Insights Assessment, LLC
Lisa Shanken, Tri-Wellness
Jeremy Sharp, Colorado Center for Assessment
James Tomash, BehaviorSpan
Abigail Wischkaemper, Soar Autism Center
Brian Wolff, Wolff Child Psychology
Deanna Zarei, Autism Insights, PLLC

Dear Members of the Medicaid Provider Rate Review Advisory Committee (MPRRAC),

We, the undersigned group of healthcare providers, psychologists, and organizations across Colorado, are writing to express our shared concern about the inadequacy of Medicaid reimbursement rates for psychological and neurodevelopmental evaluations used to diagnose Autism Spectrum Disorder (ASD), Intellectual and Developmental Disabilities (IDD), and Global Developmental Delay (GDD). These rates, which are scheduled for review by MPRRAC in 2025, are critically misaligned with both the complexity of the services provided and the qualifications required to deliver them. The result is a crisis in access to essential diagnostic services for children and families throughout the state; children are sitting on waiting lists for 12 to 24 months for ASD and developmental disability diagnoses during a time of peak neuroplasticity and a shrinking provider pool that is increasingly challenged to serve them. This is especially true for Colorado's growing Hispanic/Latinx communities who require assessment services in Spanish.

The reimbursement methodology currently relies on Medicare, which does not reflect realistic market costs for these services nor ensures adequate access to care. Most evaluations use the following billing codes:

- 96130 - Psychological testing evaluation (first hour)
- 96131 - Each additional hour of psychological evaluation services
- 96132 - Neuropsychological testing evaluation services (first hour)
- 96133 - Each additional hour of neuropsychological evaluation services
- 96136 - Psychological or neuropsychological test administration and scoring (first 30 minutes)
- 96137 - Each additional 30 minutes of test administration and scoring

These codes are central to conducting comprehensive evaluations that meet clinical standards and payer requirements. However, the current Medicaid reimbursement for these codes is insufficient to cover the actual cost of services. A minimum increase of 30% is necessary across these codes to make them financially sustainable and to support continued provider participation.

Any reduction in reimbursement for these codes would exacerbate existing access issues, leading to longer waitlists, fewer participating providers, and growing inequities in care. This is especially problematic because:

- The current average reimbursement (~\$105/hour) is significantly below market rates and professional compensation for similarly complex services.
- These evaluations must be performed by doctoral-level clinicians with extensive training, yet they are reimbursed at a rate less per hour than master's-level clinicians for supervision and \$20 less per hour than master's-level mental health therapists for psychotherapy.
- Evaluations are reimbursed 25-40% less than psychotherapy rates, even though they require more clinical expertise and training, integration of testing data, and responsibility.
- Currently, there is no reimbursement for translating evaluation reports from providers to families which means bilingual providers who evaluate do not receive compensation for the necessary time spent serving clients.
- Testing material prices have increased significantly in 2025, making protocols expensive and the cost of rendering services even higher. Now, most test makers are requiring payment for each “use” of their online materials and each time a test is scored.

Due to these disparities, many qualified psychologists opt out of providing evaluations for Medicaid, and we are seeing the direct impact:

- Waitlists of 12-24 months for ASD evaluations, with higher waitlists for Spanish or bilingual (English/Spanish) speakers.
- A shrinking provider pool, with only around 20 provider groups statewide conducting evaluations for Medicaid-covered patients.
- Families having fewer options for evaluations, with private pay costing between \$200- \$250 per hour, or \$2,500 to \$5,000 for a total evaluation, which is simply unaffordable for most families.
- Providers unable to hire psychologists and neuropsychologists in testing practices due to low compensation rates. Most potential employees would rather take jobs at practices that are able to pay them more and don't accept Medicaid clients.

This gap in access has broad implications. Most commercial plans will not authorize habilitative treatments (like ABA) without a formal ASD diagnosis. Since many of those plans align their reimbursement structures to Medicaid fee schedules, low Medicaid rates affect the entire system, further restricting access for families regardless of funding source.

Additionally, we want to highlight that two billing codes—96110 (developmental screening) and 96127 (emotional/behavioral screening)—have historically not been open to psychologists and other qualified providers under Medicaid. These codes are

not included in the April 2025 Behavioral Health Billing Manual. We believe enabling access to these codes would provide a valuable mechanism for early screening and identification and should be considered as part of this year's review.

We respectfully urge the Committee to take the following actions:

1. Increase reimbursement rates by at least 30% for codes 96130, 96131, 96132, 96133, 96136, and 96137 to come closer to alignment with market benchmarks.
2. Avoid any reduction in rates, which would further limit access and deepen disparities.
3. Open billing codes 96110 and 96127 to qualified providers and include them in future billing manuals to support screening and early intervention.
4. Ensure all rates reflect the skill, time, and qualifications required to deliver these complex and essential evaluations.

The reimbursement crisis surrounding these codes is not a technical issue—it is a frontline access issue that affects children's ability to receive timely diagnoses and life-changing treatment. Without reform, we will continue to see reduced provider participation, increased delays in care, and worsening outcomes for the most vulnerable children in our state.

We thank you for your consideration of these concerns and are prepared to support the Committee in developing sustainable, data-informed solutions that promote access, equity, and clinical excellence.

Elizabeth Freudenthal
Children's Hospital Colorado

Neurological/psychological testing: HCPF released guidance in 2020 that providers use 96127 for autism-only screenings using only a single tool, M-CHAT--Modified Checklist for Autism in Toddlers. Providers need to use 96110 for secondary same-day screenings (other tools, autism only). Then 96110EP for all other screenings outside of autism-specific tools/screenings.

https://hcpf.colorado.gov/sites/hcpf/files/Bulletin_0620_B2000449.pdf

The peer states used for benchmarking are not using the codes in this way, which is unique to Colorado. We request that HCPF revise its analysis in consultation with pediatric primary care and developmental providers to ensure that it's accurate. Thank you.

Jennifer Rudnik
Health Solutions

Hello to all the Stakeholders on the call and thank you for the opportunity to speak today. My name is Jennifer Rudnik, and I'm here to urge the state to consider creating an increased reimbursement rate for PHQ-9 follow-up visits within integrated healthcare systems. These follow-ups are a critical component of identifying and managing depression—a condition that affects over 20% of adults in Colorado during their lifetime according to Colorado Health Access Survey, 2021. In an integrated care model, behavioral health is not siloed. It is woven into the very fabric of primary care, and throughout the new BHA Rules which allows us to reach patients earlier, more effectively, and more equitably. But despite the proven value of early mental health intervention, the current reimbursement rates for PHQ follow-up visits are disproportionately low or \$0. This discourages providers from investing in the time and resources needed for regular, structured follow-ups—especially when these visits often involve complex care coordination, motivational interviewing, and safety planning. We know that PHQ follow-ups are not simply checking a box. They are an evidence-based strategy tied to better outcomes, lower hospitalization rates, and long-term cost savings for the healthcare system. Without fair reimbursement, providers face a financial disincentive to continue this crucial work, particularly in underserved and rural areas where behavioral health access is already fragile. By increasing reimbursement rates, Colorado can reaffirm its commitment to whole-person care, reduce the burden of untreated mental illness, and support the sustainability of integrated care teams who are on the frontlines of the mental health crisis. Thank you for considering this request—not just as a financial adjustment, but as an investment in health equity, patient outcomes, and the future of healthcare in Colorado.

Dr. Cassie Littler
American Academy of Pediatrics, Colorado Chapter

AAP-CO Recommendation: Protect kids by protecting benchmark ratio for all codes. Federal law mandates coverage of EPSDT services for children. Further, these 5 codes are critical in supporting a child's access to preventive developmental and behavioral health services.

Developmental & Behavioral Health Screens

- 96110 - Developmental screen with scoring (EPSDT)
- 96110-EP - Developmental screen with scoring (EPSDT)

- 6127 - Behavioral/emotional screen (autism spectrum disorder screening; EPSDT)
 - G8431 - Positive depression screen, follow-up documented
 - G8510 - Negative depression screen, no follow-up required
-

Mike Hart

Alliance Neurodiagnostics, LLC

We are in support of the 80% of Medicare recommendation as the current rates are below the cost to provide the services to members. Ambulatory EEG is critical for patients that cannot easily access hospital-based EMUs.

Physician Services - Neurology

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Primary Care Evaluation and Management

Neal Walia

Colorado Academy of Family Physicians

Please find attached a comment letter from the Colorado Academy of Family Physicians (CAFP) regarding the FY25-26 Medicaid Provider Rate Review process. Our comments focus specifically on primary care Evaluation and Management (E/M) codes under consideration by the Medicaid Provider Rate Review Advisory Committee (MPRRAC).

We appreciate the opportunity to contribute feedback and thank you for your continued work to ensure Colorado's Medicaid payment systems are equitable and supportive of primary care.

Dear Dr. Adamson and members of the Committee,

On behalf of the Colorado Academy of Family Physicians (CAFP), which represents more than 2,500 family physicians, residents, and medical students statewide, thank you for the opportunity to comment on this year's Medicaid Provider Rate Review process.

At this time of significant financial constraint, we ask that the Committee adopt a clear, consistent standard across all primary care codes: no code currently reimbursed at less than 100% of benchmark should be cut. This standard is a key advocacy priority for our membership and aligns with the intent of HB19-1233, which directed the state to strengthen investment in advanced primary care across all populations and settings.

This year's review includes numerous codes that are central to the delivery of primary care services across clinical, home-based, and long-term care settings. These include:

- Preventive visits (99381-99396): Initial and periodic preventive exams for patients across the lifespan.
- Home visits (99341-99345 for new patients, 99347-99350 for established patients): E/M services delivered in the patient's residence.
- Nursing facility (NF) visits and discharge management (99304-99310, 99315-99316): E/M services for initial, subsequent, and discharge care in facility settings.
- Preventive counseling and behavioral interventions (99401-99404 for counseling, 99406-99407 for tobacco cessation).

- Prolonged services and advance care planning (99415-99417 for prolonged clinical services, 99497 for advance care planning).

Many of these codes fall below the 100% benchmark, with some—such as 99305, 99306, 99308-99310, 99315-99316, 99401, and 99415—reimbursed at levels closer to 84% or lower. These services are not ancillary; they are core components of how family physicians deliver continuous, relationship-based care to patients across the lifespan, particularly in rural and underserved communities.

We also note that a number of these codes were reviewed and validated through the state's APM 2 stakeholder process, and reductions would directly contradict the consensus and technical rigor of that multi-year effort. Reversing those recommendations could risk undermining provider confidence in the state's process and jeopardizing progress toward Colorado's long-term primary care investment goals.

We support thoughtful stewardship of Medicaid resources—but cuts to these primary care services would generate minimal budgetary relief while causing significant disruption to care delivery, workforce stability, and access for patients. We encourage MPRRAC to work with the Department and the Joint Budget Committee to protect and strengthen the primary care infrastructure our Medicaid program depends on.

Thank you for your consideration and for your continued leadership in ensuring Medicaid payment systems are fair, evidence-based, and community-informed. We are grateful for your service.

Dr. Britt Severson

I own and operate an independent primary care clinic in Denver, which is becoming rare to find due to financial constraints of running a private practice in primary care. More and more primary care providers have stopped taking Medicaid or stopped taking insurance altogether and moved to a direct primary care model just to keep their doors open. The reimbursement rates have been too low for Medicaid for primary care. We are the providers who spend thousands of non-reimbursable hours doing refill requests, prior authorizations, medical equipment orders, FMLA forms and processing referrals because we manage all of the patient's medications and healthcare while the specialists just see them and makes recommendations and get reimbursed at a higher rate. With only the primary care income I cannot pay my staff and I have a hard time making a competitive salary offer for a physician compared to

bigger groups like Kaiser. We have had to supplement our primary care income with procedures otherwise we could not stay open.

I love caring for patients and I especially love caring for my medicaid population but without improvements in reimbursement rates we may have to consider stopping taking Medicaid in the future. Please consider showing primary care providers their value through increasing their reimbursement rates for E/M codes for Medicaid. We are the providers who help keep patients out of the ER, hospitals, specialists and urgent cares.

**Colorado Academy of Family Physicians
Colorado Chapter of the American Academy of Pediatrics
Pediatric Care Network
Children's Hospital Colorado**

I'm writing on behalf of the Colorado Chapter of the American Academy of Pediatrics; The Colorado Academy of Family Physicians, the Pediatric Care Network, and Children's Hospital Colorado.

This group of provider organizations wants to thank the MPRRAC for their careful, thoughtful investments in primary care through the rate review process this year. We'd also like to support the MPRRAC's July request to add coverage of G2211 for reasons outlined in the attached letter.

Please let me or this whole group know if there are ways that we can collaborate with the committee, provide additional information, or support this request in any way that could help.

Dear Dr. Adamson and members of the Medicaid Provider Rate Review Advisory Committee,

We are a coalition of pediatric and family medicine primary care practitioners from across Colorado. We are writing to thank you for your approval of a wide variety of recommendations that, if approved by the Colorado Legislature, would infuse much-needed funding into the medical homes that serve around half a million young people enrolled in Colorado Medicaid.

In addition, we want to thank you for asking that the Department of Health Care Policy and Financing address your recommendation to add coverage of CPT code

G2211. We were disappointed with HCPF's response to your request, however. We disagree with their rationale, as explained below, and ask that you move forward with your recommendation.

HCPF's rationale for continuing exclusion of this code, as presented at your August 22 meeting, was that Regional Accountable Entities (RAEs) are paid for this service. HCPF reasons that RAEs are responsible for complex care coordination, and G2211 captures that service.

HCPF's rationale represents an incorrect understanding of G2211.

Our practices use this code as it is defined by national coding standards: a reflection of the time, resources and effort that physicians invest in building long-term relationships with patients whose complex conditions are best treated in a medical home model.

The Centers for Medicare and Medicaid Services (CMS) added G2211 to the 2024 Physician Fee Schedule in recognition of its importance to primary care. Over time, our relationships with our patients are the reason they trust and rely on a medical home, which remains the best way to provide whole-person, whole-family care, especially for people with complex needs.

G2211 is not defined as care coordination or care management, which is the RAEs' responsibility even as most of our practices provide those services as well. In addition, one-time or short-term care is excluded, even if that care involves some level of complexity. G2211 is reserved to capture only the ways we work to support our patients' long-term needs by getting to know what they need and the best ways to care for them throughout their lives.

Many of our practices bill this code to every payer regardless of coverage, because relationship-building with each patient is central to our care models.

We ask that you include this recommendation in your final report. We are available to provide any additional information that may help your committee and HCPF determine the impact of adding this code to coverage.

Thanks again for your service to Colorado, and for your support of primary care throughout this MPRRAC Cycle.

Sincerely,

Colorado Chapter, American Academy of Pediatrics
Colorado Academy of Family Physicians
Pediatric Care Network
Children's Hospital Colorado

Physician Services - Radiology

Dr. Sarah Milla, Pediatric Radiologist/ Neuroradiologist

Thank you for your work on behalf of healthcare! Pediatric Radiology sees children from all walks of life-- and we image them with care and compassion no matter what their background or circumstances are. I am hoping that decisions can help support the most vulnerable population that cannot advocate for themselves!

There is a severe nation-wide shortage of radiologists and maintaining current reimbursement rates is critical to our specialty, particularly for hospitals like Denver Health and Children's Hospital where Medicaid makes up a large portion of patients. Reducing radiological codes above 100% of Medicare would be very challenging to us to maintain the patient access and services we provide at present. We would also like to make sure that all codes are minimally above 80% of Medicare.

As radiologists, we do not choose our patient portfolio or makeup. We simply interpret imaging for any patient that needs it or comes into our Emergency Room and we are happy to do so, especially at Denver Health where that is our core mission. However, we have to be reimbursed for that cost and if rates are not keeping up with those in other states, radiologists will simply leave Colorado. That is the major concern I have, and I am hopeful that this committee will not recommend any additional cuts to radiological codes. I am also fully aware of the budget situation in the state, but I would argue that radiology is a core, critical service that affects multiple other specialties. No other specialty can do their work without diagnostic imaging, so I ask the committee to consider that in their decision making.

Physician Services - Respiratory

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Sleep Study

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Vaccines Immunizations

No public feedback was received between October 1, 2024 through October 1, 2025.

Physician Services - Vascular

No public feedback was received between October 1, 2024 through October 1, 2025.

Multiple Services

Ellen Jensby

Alliance

Services: Targeted Case Management, Early Intervention Targeted Case Management, PT/OT/SLP codes used by Early Intervention providers, and Physician Services - Neuro/Psychological Testing Services

Dear MPRRAC members,

Alliance is pleased to offer the following comments for your consideration as you review rates for **Targeted Case Management, Early Intervention Targeted Case Management, PT/OT/SLP codes used by Early Intervention providers, and Physician Services-Neuro/Psychological Testing Services**. Alliance is a statewide, non-profit association of Case Management Agencies, Community Centered Boards, Early Intervention Brokers, and Provider Agencies serving primarily Coloradans with intellectual and developmental disabilities (IDD). These comments reflect the experience of our Case Management Agency, Early Intervention Broker, and behavioral services provider members.

Early Intervention Targeted Case Management and PT, OT, and ST codes

Colorado's Early Intervention program offers services to infants and toddlers aged zero to three who have developmental disabilities and delays or are at risk of having developmental delays. These services include, but are not limited to, Physical Therapy, Occupational Therapy, Speech Language Therapy, and Developmental Intervention, which are designed to support healthy child development during the period of life when the brain is highly neuroplastic. Additionally, families receive service coordination (case management) performed by private organizations called Early Intervention Brokers, which contract with the Colorado Department of Early Childhood to perform many aspects of the program's administration and service delivery. EI services are funded by several different sources, with Medicaid covering the cost of certain services for Medicaid-eligible children. For these children, who make up 40% of children served by Early Intervention, service coordination is funded through Early Intervention Targeted Case Management.

Early Intervention has impressive results. Well established evidence from large national studies has demonstrated that up to half of all children who receive EI services do not go on to need Special Education when entering Kindergarten, and economists estimate a 13% return on investment per child per annum for high-quality 0-5 programs, with the highest return being for programs targeted towards the earliest years, such as Early Intervention. ([Dr. James Heckman, "Heckman Equation" García, Jorge Luis, James J. Heckman, Duncan Ermini Leaf, and María](#)

José Prados. “The Life-cycle Benefits of an Influential Early Childhood Program.” (2016))

Because children with Medicaid come from low-income households and may not have access to other resources, timely access to Early Intervention services is especially important for them.

HCPF’s benchmark analysis found that Colorado’s EI TCM rate is low compared to other states. This finding is consistent with the experience of EI Brokers, who consistently report difficulty recruiting and retaining Support Coordinators to perform this work. Although funding streams for EI Support Coordination are blended, 40% of children are enrolled in Medicaid and receive EI TCM. Therefore, adequate Medicaid rates are a large component of this challenge. Because of Early Intervention’s cost-saving nature and the lack of a comparable service in Medicare or private insurance, we believe the MPRRAC should recommend that EI TCM be increased to 100% of the benchmark established by HCPF’s analysis. Such a recommendation would be consistent with the MPRRAC’s past recommendations.

While the PT, OT, and Speech codes have analogs in Medicare, several are currently below benchmark. Because these EI services are so impactful and cost-saving long-term and are particularly important for Medicaid-enrolled children who may lack access to other resources, we recommend increasing most of them to 100% of the benchmark as well.

With respect to Speech Therapy, Speech Language Pathologists working in EI must bill Speech/Hearing Therapy (92507), which is an encounter code, meaning that, regardless of session length, they can only receive a set amount in reimbursement. By contrast, PTs and OTs bill a code that reimburses \$34.97 per 15-minute unit. A typical EI session, regardless of therapy type, is 60 minutes long. Therefore, a PT or OT can make \$139.88 per session while an SLP can only make \$72.01 per session. Due to this discrepancy, Early Intervention Colorado has implemented a supplemental payment for SLPs to attract them to the program, at significant cost to the state. The Medicaid rate for this service should be examined, either by restructuring the unit or increasing the rate, to better attract SLPs to serve the Medicaid population.

Alliance request for MPRRAC recommendation:

- Increase Early Intervention TCM (T1017+TL) to 100% of the benchmark, currently 73.60% of benchmark.
- Make no change to “Pediatric Comprehensive Care Package” (T1026+TL), currently 101.60% of the benchmark, but only based on two other states (Missouri and North Carolina)
- Increase the following EI therapy codes to 100% of the benchmark:

- Therapeutic Activities (97530, currently at 97.80%)
- Sensory Integration (97533, currently at 91.10%)
- Oral Function Therapy (92526, currently at 86.60%)
- Restructure or significantly increase:
 - Speech/Hearing Therapy (92507, currently at 93.40%) to better attract SLPs
- Make no change to:
 - Therapeutic Exercises (97110, currently at 108.80%)

Targeted Case Management

Targeted Case Management is a comprehensive service through which Case Management Agencies and Case Managers (or Service Coordinators) assist individuals and families to access long-term supports. TCM services include intake, eligibility determination, service plan development, arranging services through a variety of providers, service coordination, service monitoring, navigating Colorado's long-term care system, and more. Case Management is the lynchpin for anyone needing to access long-term services, including Home and Community-Based Services waivers for people with disabilities.

In 2023-24, Colorado underwent a massive systems change called Case Management Redesign, consolidating the delivery of case management services which had previously been bifurcated by population. This occurred at the same time as the implementation of a new state database to manage case management activities (the Care and Case Management System or CCM), as well as the unwind of the Public Health Emergency which required thousands to be redetermined eligible for Medicaid benefits. Colorado is still in a stabilization period for TCM, and the transition has been incredibly challenging for Case Management Agencies and people receiving long-term services to navigate. Additionally, Colorado is in the process of implementing additional system changes this summer, which have exacerbated retention and turnover issues among Case Managers.

We appreciate HCPF's willingness to work with us in identifying states for its benchmark analysis. Our members did a deep dive into other states and found only one - Montana - we felt was a good comparison given the unique ways Colorado has structured its TCM benefit and the roles and responsibilities of our Case Management Agencies. States structure their case management services in a variety of ways, and very few are alike. For example, in some states, government agencies conduct intake, enrollment, and even TCM activities rather than a network of private providers. States also have a variety of ways that they set up payment for TCM, and Colorado's choice to use a monthly service unit is quite unique. These nuances as well as others made finding comparable states very difficult and raises concerns about the validity of a benchmark analysis.

Despite these challenges, HCPF continued with its benchmark analysis, which finds that Colorado's TCM rate is low compared to the other selected states. Colorado CMAs are operating within a newly redesigned system with a new payment methodology and serving a large, diverse population of Medicaid members. While they are still getting their feet under them, so to speak, they are already beginning to see shortcomings with the TCM rate. And especially because CMAs are still stabilizing post-redesign, they are struggling with recruitment challenges and high turnover among Case Managers, which impacts service quality and the ability of Medicaid members to access services timely. Case Management is the gateway to the inherently cost-saving Medicaid waiver services that help people avoid costly institutional stays, and quality service coordination can help to reduce costs on its own. Finally, similar to EITCM, there is no Medicare or private rate to use in the benchmark analysis.

Alliance request for MPRRAC recommendation:

- Increase TCM rate to 100% of the benchmark, currently 87.25% of benchmark.

Physician Services - Neuro/Psychological Testing Services

Neuro/Psych testing is required for people with intellectual and developmental disabilities, including Autism Spectrum Disorder, to meet eligibility criteria for critical services and supports within Medicaid, including Home and Community-Based waiver services and behavioral therapies. These evaluations are time-consuming, expensive, and must be completed by a doctoral level clinician with extensive training, yet they are reimbursed \$7/hr less than Board Certified Behavior Analysis for supervision and \$20/hr less than master's-level mental health therapists. Due to this misalignment of the rate with respect to both the complexity of the services provided and the qualifications required of the provider to deliver them, many qualified psychologists opt out of providing evaluations for Medicaid, resulting in limited access to these essential diagnostic services.

HCPF's benchmark analysis uses Medicare rates as the comparison for the codes used for these evaluations (96130, 96131, 96132, 96133, 96136, and 96137). However, Medicare rates do not reflect realistic market costs for these services, resulting in a skewed benchmark analysis. Using data from Wyoming's recent rate review for these services ([see slide 4](#)), Colorado's 2025 rates are lower than surrounding states' 2023 rates, especially for 96133 and 96137, which account for the vast majority of billing:

	2025 current	2023							
	Colorado	Utah	Montana	Wyoming	Nebraska	South Dakota	AVERAGE	% Comparison	
96132 60 min	\$134.51	\$ 162.24	\$ 161.84	\$ 116.99	\$ 120.76	\$ 106.88	\$ 133.74	100.6% capped at 1 unit	
96133 60 min	\$102.58	\$ 162.24	\$ 125.52	\$ 89.23	\$ 66.60	\$ 106.88	\$ 110.09	93.2%	
96136 30 min	\$68.10	\$ 81.12	\$ 54.93	\$ 41.94	\$ 66.60	\$ 53.45	\$ 59.61	114.2% capped at 1 unit	
96137 30 min	\$49.84	\$ 81.12	\$ 49.48	\$ 38.82	\$ 31.08	\$ 53.45	\$ 50.79	98.1%	

Alliance members report that waiting lists for evaluations are growing because not many psychologists are willing to accept the Medicaid rate. Currently, wait list times for ASD evaluations are between 12 and 24 months, delaying the start of essential services. Out of desperation, some families elect to private-pay thousands of dollars for these evaluations rather than utilize their Medicaid benefits in order to get timely access to services, but this option is simply unaffordable for many.

Additionally, this gap has broader implications for the entire system because many commercial plans align their reimbursement structures to Medicaid fee schedules, keeping commercial rates artificially low.

Alliance members report that existing rates do not cover the cost to deliver the services, and a minimum 30% increase is needed to make them financially sustainable and support continued provider participation.

Finally, two billing codes—96110 (developmental screening) and 96127 (emotional/behavioral screening) have historically not been open to psychologists and other qualified providers under Medicaid. These codes are not included in the April 2025 Behavioral Health Billing Manual. Enabling access to these codes would provide a valuable mechanism for early screening and identification and should be considered as part of this year’s review.

Alliance request for MPRRAC recommendation:

- Increase the following codes by a minimum of 30%:
 - 96130 (PSYCL TST EVAL PHYS/QHP - 1ST hour)
 - 96131 (PSYCL TST EVAL PHYS/QHP - each additional hour)
 - 96132 (NRPSYC TST EVAL PHYS/QHP - 1ST hour)
 - 96133 (NRPSYC TST EVAL PHYS/QHP - each additional hour)
 - 96136 (PSYCL/NRPSYC TST PHY/QHP - 1ST hour)
 - 96137 (PSYCL/NRPSYC TST PHY/QHP - each additional hour)
- Open 96110 (developmental screening) and 96127 (emotional/behavioral screening) to qualified behavioral health providers

Alliance appreciates the MPRRAC’s thoughtful consideration of these community provider perspectives, and we are happy to provide additional information as requested by the committee or HCPF staff.

Elizabeth Freudenthal

Colorado Children's Hospital

Services: Pediatric Primary and Preventive Care, Neuro/Psychological Testing Services, Durable Medical Equipment

Thank you for the opportunity to provide feedback on this year's cycle of codes under MPRRAC review. Attached you'll find the letter outlining the Children's Hospital Colorado recommendations for maintaining or raising rates in three priority areas which we believe would be the state's best investment in short- and long-term savings and improved access to care: pediatric primary and preventive care; neuropsychology evaluations; and DME supplies needed for in-home infusion, port maintenance and central line needs.

Director of Medicaid Strategy and Initiatives Kevin J.D Wilson, Policy and Advocacy Specialist Erica Pike and I are available for any follow-up questions or comments from the HCPF team or from members of MPRRAC. Please don't hesitate to connect with us, as we'd love to be partners and collaborators in this process. Kevin, Erica and I could connect your teams with our clinical and business leaders in order to provide any additional information that may help.

Dear Dr. Adamson and members of the Medicaid Provider Rate Review Advisory Committee,

Thank you for accepting public input in the annual reimbursement rate review process for Medicaid providers in Colorado. We appreciate your service to Colorado Medicaid members and those who care for them. We also appreciate that your work on this committee has become even harder, as our state prepares to accommodate unprecedented cuts in federal funding for Medicaid and other public-serving healthcare programs.

Children's Hospital Colorado is one of the leading not-for-profit pediatric healthcare providers in the country, as well as the largest provider of Medicaid services for children in the state of Colorado. Like you, we care deeply about the health and well-being of children in our state, and we aim to preserve and expand their access to care within ever-tightening budget constraints. We hope to collaborate in pursuit of these shared goals.

In that spirit, we strongly urge the MPRRAC to prioritize increasing rates for three sets of codes that we have identified as highest priority for return on investment, short- and long-term cost savings, and improved health over the lifespan.

MPRRAC support to raise these rates would strengthen and potentially expand these provider networks, improving access to quality care and lowering costs over time:

- Pediatric primary care
 - Reduce short- and long-term costs across state agencies by keeping kids healthy and helping them become healthy adults
- Neuropsychological assessments
 - Support better community-based care by giving families and medical home providers the best understanding of each child's needs early enough to intervene most effectively
- DME supplies for in-home infusions
 - Keep kids out of the hospital with enough supplies to manage infusions, central lines, and ports at home

Costs associated with these services for children and youth are not adequately represented by the Department of Health Care Policy and Financing's (HCPF) "Medicare plus peer state" methodology. While this methodology may be applicable to adult populations, pediatric care requires substantively different models for care teams, administration, support staff, facilities and supplies.

As a result, many of the benchmark values for these services are not as relevant as methodologies based on full costs for providing this care in Colorado.

The remainder of this letter provides detailed information about each benefit area and priority codes.

Physician Services: Pediatric Primary Care

Well Visits, Evaluation and Management (E&M) Codes

HCPF partnered with pediatricians across the state over several years to develop an Alternative Payment Model (APM) specific to the care needs of children and youth. HCPF staff were very responsive throughout this process, leading to the proposal to create a separate APM for pediatrics known as PACK—Payment Alternatives for Colorado Kids. However, too many limitations prevented HCPF from implementing PACK in a way that would meet the needs expressed by pediatricians. These needs remain and are compounded by the sharp rise in uninsured kids since May 2023, capitation-based payment models, and a major contraction in the primary care safety net. Fee-for-service rates remain central to practice sustainability, especially since current payment reform models are not aligned with pediatric care. MPRRAC has an opportunity to bolster the pediatric medical home network by raising these rates.

Well-child visits allow pediatricians to complete a comprehensive assessment of a child, provide preventive care, and identify areas in a child's development that may

need evaluation. These visits have health and economic benefits and promote health equity.

However, according to CMS data through mandatory state-based Early and Periodic Screening, Diagnostic and Treatment (EPSDT) reporting, Colorado currently has one of the lowest rates of well-child visits in the country.

Currently, Colorado pediatricians are paid an average 96.07% of benchmarks for these priority pediatric primary care codes:

- Evaluation and Management (E&M)
 - 99202-5, 99381-5, 99391-5, 99417-8, 99202, 99211-5
- Screenings
 - G8431, G8510
 - 99173, 99177, 92567
 - 96110
- Routine well care
 - 96415-6
 - 83655
 - 87880
 - 81025
 - 81002

We recommend the MPRRAC advise HCPF to increase these to at least 110% of the benchmark in order to preserve access to pediatric primary care in the adverse fiscal environment described above.

Vaccine administration

Pediatric providers are contending with a growing wave of anti-vaccine misinformation. Providers now need to spend much more time counseling families on vaccine safety and answering questions to ensure families have accurate information to make an informed consent, and that time is not adequately compensated. We recommend the MPRRAC and HCPF raise vaccine administration rates to the federally allowed regional maximum: 90460, 90471-4. Furthermore, we respectfully urge the MPRRAC to maintain or raise injection code 96372 and RSV administration codes 96380-1.

Family Planning

An important part of adolescent well-care and prevention, birth control services are not appropriate to benchmark to Medicare. We recommend that implant insertion codes, 11981-3, stay at the same rates. Intrauterine device codes, 58300-1, should be

reimbursed at the same rates or higher than implant insertion because these clinical procedures are more complicated.

Physician Services: Neuropsychological Assessments

We recommend prioritizing raising rates for six codes that are used to help diagnose and treat the needs of young people with the most complicated conditions. The clinicians that assess patients at Children's Hospital Colorado have expertise in diagnosing children and youth who have combinations of conditions including brain injuries, congenital disorders, developmental and/or cognitive impairments, mental health conditions, and other health care needs. To diagnose children with this level of complexity, our teams use these three sets: 96116/21, 96132/3, and 96136/7.

The first two, 96116/21, are not included as the most commonly utilized codes, but our teams rely on them for reimbursement for multidisciplinary team care required to best understand and treat the needs of these patients.

96132/3, neuropsychological evaluation for first and subsequent hours, are required for diagnosing people with these complex conditions. They require a doctoral-level professional to integrate standardized test results, medical history, diagnostic interviewing, and neurobehavioral examination in order to provide a comprehensive diagnostic formulation. Because these evaluations typically take four to six hours, the additional time code 96133 is equally important and should be reimbursed the same rate as 96132.

96136/7 are used in conjunction with 96132/33 to account for time spent in face-to-face administration and scoring of the standardized neuropsychological tests required for the evaluation.

All these codes, so essential to the sustainability of our programs, are reimbursed significantly below the cost of hiring and retaining the professionals required to meet our community's needs. For contrast, our clinicians have colleagues in other states in the same roles whose Medicaid reimbursements pay for their entire salaries.

Because these reimbursements are so low, we struggle to find funding to retain clinical faculty. Practices, providers, and healthcare systems simply cannot hire more clinicians to meet community needs and shorten the one-to-two year waiting lists. We know that early diagnosis and treatment results in the best outcomes. The longer that children wait for a comprehensive diagnosis, the longer it takes to treat them effectively, and crucial developmental windows for intervention may be missed. Furthermore, their care will be more costly because they will require more and more expensive services over the course of their lives. In the long term, they may ultimately struggle to live and work independently as adults.

We believe that within budget neutrality, MPRRAC could find ways to increase these rates in order to prioritize safe, effective diagnosis and treatment of kids with highly complex needs.

Finally, 96127 is a screening code that is used differently in Colorado compared to other benchmark states. Because Colorado has designated that code to meet federal requirements to flag Autism Spectrum Disorder Screenings in claims, its benchmark should not be the same code in other states, which use it for much shorter, simpler services according to its definition.

Durable Medical Equipment

In order to safely discharge patients with complex needs from an inpatient stay at Children's Hospital Colorado, our providers and care coordinators work with Durable Medical Equipment (DME) providers, home health agencies, and pharmacies to ensure a safe transition back into home and community-based care. When children receive DME supplies at home and are able to live in their community, they avoid high cost, lengthy hospital stays. They are healthier and happier, and their families have more stability. For children and youth with ongoing home-infusion, central line management and port maintenance needs, we've been able to secure appropriate DME supplies without significant barriers to care. Such DME supplies include items related to central lines including needles, pumps, and pump stands.

A few of these codes are above the baseline, using HCPF's Medicare-based methodology. However, many are in the 70-80% range. And for parenteral nutrition, a form of intravenous nutrition that bypasses the gastrointestinal tract, most supply rates are significantly below the benchmark, some as low as 16%.

Medicare-based methodology for these DME supplies present two challenges for access-based analysis:

1. DME supplies for children and youth require much more variety, adaptability and flexibility than for adults. Kids' bodies change constantly, so DME and nutrition formulas need to change with them. Companies cannot benefit from economies of scale if they focus on supporting young people.
2. For children and youth with ongoing in-home DME needs, companies are not dropping off supplies once and exiting care. Instead, companies are often now part of care teams, supporting the frequent changes required by ongoing care for young people with complex care needs

In short, pediatric DME is more expensive.

For the handful of home-infusion supply rates above the baseline, those rates reflect years of collaboration between HCPF, suppliers and advocates to raise rates to a level that facilitates sustainable care.

However, for the rest, and especially for parenteral or total parenteral nutrition (TPN), the low DME rates are a significant factor in access barriers. Network adequacy for these specialized services has been a significant concern, and one that the Colorado General Assembly took up in the 2025 legislative session. Currently, there is a single pharmacy in Colorado providing access to parenteral nutrition for pediatric patients with Medicaid. On May 28, 2025, Governor Polis approved a bill to improve dispensing fees related to parenteral nutrition.⁴ We recommend that DME supply reimbursements also be raised to ensure adequate access to all the supplies needed for Colorado Medicaid patients who need this care.

According to the American Society for Parenteral and Enteral Nutrition, many infusion pharmacies have stopped supplying parenteral nutrition across the nation, particularly for children because of financial pressures.⁵ Last October, one large national company, an infusion pharmacy that provided an estimated 15% of infusion services across the country, drastically cut these services due to high overhead costs associated with providing infusion services, labor costs, reimbursement delays and supply shortages, according to KFF News.⁶ DME supplies for children and youth with complex care needs are keeping them safely at home and preventing short- and long-term costs associated with more frequent hospital visits, exacerbation of conditions, or unnecessary inpatient stays. Please maintain rates that are currently above the benchmark and raise the rest of these rates to at least 90% of benchmark: A4220-2, A4230-1, E0779-80, 82-83, E0791, J1642, and K0455.

In conclusion, our team has developed these recommendations after months of consultation with clinicians and business managers across our organization, as well as with several community partners. We believe that these three sets of prevention services would be among the most effective investments for the Colorado Medicaid program to improve health and lower costs over the short and long-term. We also believe these to be areas where valuable state resources would have the most impact in improving access to care.

Thank you again for your openness to public input. We look forward to collaborating with you through this rate review process. Please feel welcome to reach out to our team with any questions you might have.

Resources:

<https://www.cdc.gov/mmwr/pdf/other/su6302.pdf>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC3037784/>

Ellen Brilliant

Stacy Parra

David Keller

Cassie Littler

American Academy of Pediatrics

Services: Physicians Services - ENT, Physicians Services - Family Planning, Physicians Services - Neuro/Psychological Testing Services, Physicians Services - Primary Care E&M, Physicians Services - Vaccines Immunizations, Laboratory and Pathology Services, Vision Services

Dear Medicaid Provider Rate Review Advisory Committee:

On behalf of the American Academy of Pediatrics and our over 800 members, we strongly urge you to protect and enhance the pediatric codes currently under your review.

Unlike adult care, pediatric care has no Medicare equivalent. As such, many of the current pediatric codes listed were developed through rigorous, state-led processes to ensure children in Colorado receive equitable, preventive, and developmentally appropriate care. These carefully considered codes are not arbitrary—they are the result of:

- Robust HCPF-led stakeholder efforts, including APM 2 and the Payment Alternative for Colorado Kids (PACK) designed to improve child health outcomes and address payment inadequacy for pediatric care;
- State law, including HB19-1233, which mandates increased investment in primary care; and
- Legal precedent, which affirmed that Colorado must fully cover and pay for services under EPSDT (Early and Periodic Screening, Diagnostic, and Treatment), the federal standard that ensures children on Medicaid get the care they need when they need it.

These pediatric-specific codes are found across various subcategories under the physician services category. The specific codes include well child checks, immunizations, developmental and depression screenings, labs, and other essential care. In other words, the everyday tools pediatricians use to keep kids healthy, catch problems early, and make sure families get the help they need. A reduction in these

codes would undo years of careful policymaking and directly threaten access to care for Colorado's children.

Broadly speaking budget cuts disproportionately harm vulnerable communities, particularly children, who are the least equipped to bear the burden. Children are not little adults and having them lumped into broad budget decisions without consideration for their own unique needs can have unintended and harmful consequences for them and their care. Children have unique healthcare needs that require focused promotion, prevention, and early intervention strategies for long-term health. When payment for pediatric services is reduced or delayed, it puts kids' health at risk.

We know you have a difficult task in front of you and we acknowledge there are no simple solutions. However, one thing is clear: Colorado must prioritize the health and well-being of our children when vital budget decisions are being made. As pediatricians, we are guided by the principle to "do no harm." We ask the same of you when it comes to the youngest members of our state.

On behalf of AAP Colorado and the thousands of children and families served by our members, we thank you for your consideration to protect and enhance the Medicaid codes listed below that ensure all Colorado children, no matter where they live or what their family earns, have access to the care they need to grow and thrive.

Critical Pediatric Codes to Under Review as Outlined in 7/18 Meeting Agenda

MPRAAC Service Category: Physician Services

ENT

AAP-CO Recommendation: Protect kids by protecting benchmark ratio

Sensory & Other Screenings

- 92567 - Tympanometry

Family Planning

AAP-CO Recommendation: Protect kids by protecting benchmark ratio for all codes

Family Planning

- 11981 - Contraceptive implant insertion
- 11982 - Removal

- 11983 - Removal and reinsertion

Neuro/Psychological Testing Services

AAP-CO Recommendation: Protect kids by protecting benchmark ratio for all codes. Federal law mandates coverage of EPSDT

services for children. Further, these 5 codes are critical in supporting a child's access to preventive developmental and behavioral health services.

Developmental & Behavioral Health Screens

- 96110 - Developmental screen with scoring (EPSDT)
- 96110-EP - Developmental screen with scoring (EPSDT)
- 96127 - Behavioral/emotional screen (autism spectrum disorder screening; EPSDT)
- G8431 - Positive depression screen, follow-up documented
- G8510 - Negative depression screen, no follow-up required

Primary Care E&M

AAP-CO Recommendation: Protect kids by ENHANCING benchmark ratio for all codes to at least 100%. Under HB19-1233, Colorado is required to increase primary care investment, yet CIVHC data shows Medicaid primary care spending fell from 19.5% in 2022 to 19% in 2023. Aligning pediatric benchmarks with adult ratios supports this mandate.

Well Child Checks

- 99381-99385 - New patients (infant to age 18+)
- 99391-99395 - Established patients (infant to age 18+)

Office visits - acute and chronic or complex disease management

- 99202-99205 - New patients
- 99211-99215 - Established patients

Vaccines Immunizations

AAP-CO Recommendation: Protect kids by ENHANCING all benchmark ratios to a minimum of 100% and protect those already exceeding 100%. This is critical to safeguarding children's health and ensuring timely access to essential vaccines.

Immunizations

- 90471-90474 - Immunization administration (IM/oral/nasal)
- 96372 - Injection (therapeutic/prophylactic)
- 96380-96381 - RSV monoclonal antibody administration

MPRAAC Service Category: Laboratory and Pathology Services

AAP-CO Recommendation: Protect kids by ENHANCING all benchmark ratios to a minimum of 100% and protect those already exceeding 100%. This is critical to early identification of childhood disease and prevention.

Labs & Procedures

- 83655 - Lead screening (EPSDT)
- 87880 - Rapid strep test
- 81025 - Urine pregnancy test
- 81002 - Urinalysis (non-automated, no scope)
- 36415-36416 - Blood draw (venipuncture/capillary)

MPRAAC Service Category: Vision Services

AAP-CO Recommendation: Protect kids by ENHANCING all benchmark ratios to a minimum of 100% and protect those already exceeding 100%. This is essential to protecting children's eye health and supporting their development.

Vision Services

- 99173 - Visual acuity
 - 99177 - Instrument-based ocular screening
-

Verbal Feedback from Quarterly MPRRAC Meetings

The following are public comments given during the first three quarterly meetings of the Medicaid Provider Rate Review Advisory Committee (MPRRAC) public meetings. Each meeting is broken down by subcategories. Please note that some categories were reorganized, renamed, or added after the March meeting. Subcategories not listed did not have public comments. All feedback has been summarized to the best of HCPF's ability.

March 21, 2025

Dialysis and Dialysis-Related Services

- Two stakeholders requested rate increases for codes 821, 831, 841, and 851. One cited gaps between current rates and Medicare benchmarks (e.g., 14% increase needed in Colorado Springs, 8.7% in Denver). Stakeholders shared on the financial strain of serving 1700 patients across 27 clinics, and emphasized that missed dialysis treatments are linked to a 40% increase in hospitalization risk. A stakeholder shared that Medicaid reimbursement (\$228/treatment) falls well below actual costs (\$348), resulting in ~\$17,000 annual loss per patient. One stakeholder serves 90 patients in rural Colorado, where over 50% of patients rely on Medicaid. They requested rate increases to maintain clinic viability in rural areas.

Prosthetics, Orthotics and Disposable Supplies (POS)

- An advocate from a prosthetics provider group, representing 20 clinics in Colorado and affiliated with the Orthotics and Prosthetics Association, requested a reimbursement increase from 72% to 80% of Medicare rates, citing unsustainable reimbursement due to inflation and COVID-related impacts. Two commenters referenced a state benchmark analysis they had submitted and emphasized the importance of aligning with Medicare for specific codes, including L2006, L5973, and L6880, particularly for advanced prosthetic technologies. It was noted that approximately 99 codes are reimbursed under a cost-plus methodology that includes clinical and administrative time. A manufacturer representative supported increasing reimbursement rates to 80% of Medicare. Some stakeholders offered analysis of orthotics and prosthetics codes for the committee's consideration.

Speech Therapy

- Multiple SLPs, including clinic owners and providers from rural and urban areas, emphasized the challenges of delivering care under current Medicaid reimbursement rates. They noted geographic limitations, no-

show financial losses, travel burdens, and reimbursement structures that limit billing to one code per day. Several commenters pointed out that ST receives lower reimbursement than PT/OT despite providing similar levels of service and facing high demand. Stakeholders shared concerns about losing providers due to unsustainable rates and highlighted the negative impacts on access to care, especially in rural regions. Some raised questions about the higher reimbursement rate for the telehealth version of code 92507 compared to in-person, and called for clarification and realignment.

Neuro/Psychological Testing Services

- A representative from a pediatric hospital policy team noted that Colorado Medicaid requires the use of codes 96110 and 96127 in highly specific ways that differ from national practices. For example, 96127 is used specifically for autism screening in Colorado, whereas other states may use it more broadly and this may distort rate comparisons. The speaker also highlighted that these evaluations are complex and time-intensive, often requiring multiple sessions and extensive interviews. She requested a reconsideration of the analysis methodology.

Ophthalmology Services

- An ophthalmologist and surgeon expressed concern that current reimbursement rates are so low they no longer cover the cost of service. They stated that due to rising costs of staff, rent, equipment, and inflation, Medicaid rates make it financially unsustainable to continue seeing Medicaid patients, despite a desire to do so. They emphasized that Medicaid beneficiaries are at risk of losing access to vital surgical services.

Primary Care Evaluation and Management Services

- A representative from a pediatric health system emphasized the financial strain on safety net primary care providers during the Medicaid unwinding period. The loss of Medicaid enrollments and increase in uncompensated care were straining budgets. They advocated for increasing reimbursement for preventive E&M codes and vaccine administration, particularly given the challenges of implementing pediatric-specific payment reform within current models.

Targeted Case Management (TCM)

- A stakeholder from a regional case management agency and advocacy organization expressed appreciation for the complexity of this work but cautioned that using other states as benchmarks may be misleading due to differences in billing models, provider roles, and state policies. They requested greater transparency into HCPF's rate-setting process for

TCM. Another commenter from a disability policy organization voiced concern that current funding levels may be insufficient to support new requirements.

July 18, 2025 and July 25, 2025

DIDD Dental Services

- The Colorado Dental Association recommended looking at the utilization percentage of a rate in conjunction with the DIDD rate amount, to see which rates that are most highly utilized are also in need of an increase, to prioritize those rates, particularly when budget may be challenging to get any increases to rates.

Durable Medical Equipment

- Children's Hospital Colorado submitted a letter with the following DME code recommendations: DME supplies for children and youth with complex care needs are keeping them safely at home and preventing short- and long-term costs associated with more frequent hospital visits, exacerbation of conditions, or unnecessary inpatient stays. They asked that the committee please maintain rates that are currently above the benchmark and raise the rest of these rates to at least 90% of benchmark: A4220-2, A4230-1, E0779-80, 82-83, E0791, J1642, and K0455.

Orthotics

- There were nine public comments for Orthotics including several from Cranial Kids. Stakeholders talked about the importance of this service, the intricacy of the treatment, and encouraged MPRRAC not to lower rates.

Enteral Formula

- There were several public comments from stakeholders from Sentido Health and Aveanna Healthcare encouraging MPRRAC not to lower rates for enteral formula.

Laboratory and Pathology Services

- A clinical practicing medical geneticist and a representative from GeneDx commented on the complexity of lab testing.

Outpatient PT/OT/ST

- A stakeholder from Alliance representing early intervention brokers and providers spoke on the importance of the services.

Speech Therapy

- Stakeholders from Alliance and Aspen Speech Therapy encouraged the committee not to lower rates.

Family Planning

- A pediatric resident at Children’s Hospital Colorado and member of the Colorado Chapter of the American Academy of Pediatrics, emphasized the importance of access to adolescent contraceptive care through Medicaid and Title X-funded clinics. They advocated for maintaining high reimbursement rates for long-acting reversible contraceptives (LARCs), particularly implant insertion code 11981-11983, to preserve access. They also recommended increasing reimbursement for IUD insertion code 58300 due to its complexity and importance and cited a 50% drop in teen pregnancy following improved LARC access in Colorado.

Neuro/Psychological Testing Services

- A Clinical Psychologist highlighted a 1-2 year waitlist for children needing neuropsych testing, especially those who are neurodivergent. They pointed out confusion in mixing physician and clinical psychologist services in code groupings and stated an inability to access key codes: 96217, 96110, 96113. They cited inadequate Medicaid provider availability—fewer than 100 individuals statewide. They stressed that early intervention (ages 2-6) yields the best outcomes and that the waitlist is a major barrier. A Pediatrician at Peak Pediatrics, warned that payment reductions put pediatric patients at risk, given their unique needs and advocated for enhancing the benchmark ratios for 96110, 96127, G8431, and G8510. This provider supported that neuropsych provider shortages are real, and the waitlist concerns are not exaggerated. A Neuropsychologist at Children’s Hospital Colorado, called for raising rates on codes 96116, 96121, 96132, 96136, 96137. Providers questioned the relevance of Medicare benchmarks for pediatric care, noting that pediatric testing takes longer than for adults. A Clinical Psychologist and Clinic Owner described a wage inversion where Master’s-level therapists earn more than PhDs due to low assessment reimbursement.

Primary Care Evaluation and Management

- A Pediatrician at Peak Pediatrics serves a population that is 70% Medicaid. They described pediatric practices as being in crisis due to chronic underpayment, noting two closures in 2024 and difficulty retaining MAs and RNs, who are leaving for better-paying adult care roles. Cited a shortage of primary care physicians and difficulties attracting new providers. They urged that the "bread and butter" codes be brought to 100% of benchmark to ensure the survival of quality pediatric care in Colorado: 99381-99385, 99391-99395, 99202-99205 and 99211-99215.

Radiology

- A neuroradiologist at Denver Health and VP of the Colorado Radiologic Society emphasized the critical role of radiology in supporting all other specialties. Noted the impact of any reductions at hospitals like Denver Health and Children's Hospital Colorado, where Medicaid patients make up a large share. He advocated for maintaining at least 80% of Medicare reimbursement. A Pediatric Neuroradiologist with the Colorado Radiologic Society stressed that pediatric radiologists serve the most vulnerable populations often during crises and called for appropriate reimbursement, especially for children.

Vaccines and Immunizations

- A Pediatrician at Children's Hospital Colorado urged the committee to prioritize increases in pediatric-specific administration and requested increases for: 90460, 90471-90474, 96372, and RSV codes 96380-96381. HCPF's vaccine SME added that the state does not reimburse for the vaccine itself for members under 19 who qualify under the Vaccines for Children (VFC) Program and that the vaccine administration is capped at the VFC regional maximum of \$21.68. She expressed support for increasing rates to the allowable maximum and emphasized the importance of avoiding any reductions.
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August 22, 2025

Dialysis Facility

- The stakeholder from Fresenius Medical Care emphasized that three key codes: 821 (hemodialysis and home hemodialysis training), 841 (continuous ambulatory peritoneal dialysis and training), and 851 (continuous cycling peritoneal dialysis and training) are the most frequently billed in dialysis settings and remain under-reimbursed.

DIDD Dental Services

- The Director of Government Relations for the Colorado Dental Association, highlighted several frequently used and under-reimbursed codes: D1110, D1206, D4910, D4342, and D4341. They requested continued consideration to increase their reimbursement. She also flagged missing anesthesia codes (D9219, D9222, D9223) from the DIDD fee schedule, noting these procedures often require additional time due to underlying medical complexities.

Enteral Formula

- A representative from Aveanna Healthcare, thanked the MPRRAC for its recommendation to maintain current reimbursement rates for enteral formula.

Other and Disposable Supplies

- A representative from Aveanna Healthcare, expressed appreciation for MPRRAC's recommendation, noting its importance for many of the codes in this category, particularly those related to the provision of enteral nutrition therapy services. He highlighted challenges providers face, such as tariffs on supplies.

Outpatient PT/OT/ST

- A stakeholder from the American Physical Therapy Association thanked the Committee for increasing select physical therapy (PT) codes and submitting an inflation adjustment. He reiterated that the exclusion of exercise as preventive care is an oversight, emphasizing that evidence strongly supports exercise as a form of preventive healthcare. He urged MPRRAC to reconsider this classification, noting that while short-term costs may rise, long-term health outcomes and cost savings would justify the investment.

Neuro/Psychological Testing Services

- A representative from Children's Hospital Colorado expressed strong support for the July MPRRAC recommendations. She emphasized that telehealth is critical for pediatric neuro/psychological testing, as it can provide clinically superior assessments due to increased comfort for children with autism in familiar home environments. She said that codes without benchmarks remain significantly under-reimbursed despite the proposed 10% increase and that reflects approximately a 70% deficit. She stressed that Medicare benchmarks are not appropriate for pediatric testing due to differences in service complexity and duration.

Neurology

- A stakeholder from Alliance Neurodiagnostics, expressed support for the recommendation to align reimbursement for ambulatory EEG monitoring with the Medicare benchmark. He emphasized the importance of this service for vulnerable populations. He noted that current Medicaid rates are significantly below both the cost of delivering care and Medicare reimbursement levels. The primary codes he referenced were 95700 and 95715.



COLORADO

Department of Health Care
Policy & Financing

Appendix J - Glossary & County Reference Map

Appendix J provides explanations for common terms used throughout the 2025 Medicaid Provider Rate Review Analysis Report, as well as a reference map of counties in Colorado by classification.

Active Provider - Any provider who billed Medicaid at least once between State Fiscal Year (SFY) 2023- 2024 for one of the procedure codes under review.

Benchmark Rates - Rates to which Colorado Medicaid rates are compared.

Billing Provider - Based on the billing provider ID, which is generally associated with the entity enrolled with Medicaid. This can be agencies, large provider groups, or individuals.

Colorado Repriced - This amount represents the application of current Colorado Medicaid rates (July 2024) to the most recent and complete Colorado utilization data (SFY2023-24), minus the sum of TPL and copay amounts, obtained from claim data.

Comparison Repriced/Benchmark Repriced - This amount represents the application of comparators' most recently available fee schedule rates to the most recent and complete Colorado utilization data (SFY2023-24), minus the sum of TPL and copay amounts, obtained from claim data.

Cost of Living Adjustment - A method to normalize payment rates across benchmark states to ensure more accurate comparisons. The cost-of-living index (i.e., [C2ER Cost of Living Index](#)) indicates how the cost of living in that state compares to the average of the United States, which is set to 100. HCPF normalizes all benchmark states' Medicaid reimbursement rates to Colorado's cost of living. Specifically, each state's reimbursement rate is divided by the ratio of that state's cost of living index to Colorado's index. This adjustment ensures that rate comparisons account for differences in purchasing power across states and allows for a more accurate benchmark against Colorado's reimbursement levels.

County Classification - Three regional descriptors applied to counties by the Regional Accountable Entities (RAEs).¹

¹ ¹ County classifications are defined as the following: urban counties are any county in the contractor's service area with a total population equal to or greater than 100,000 people; rural counties are any county in the contractor's service area with a total population of less than 100,000 people; and frontier counties are any county in the contractor's service area with a population density less than or equal to 6 persons per square mile.

Distinct Utilizers - The total number of distinct members who utilized a service.

Drive Time - Calculates the percentage of Colorado Medicaid members that lived within certain drive time bands from SFY 2021-22 to SFY 2023-24 and the approximate time (in minutes) to reach providers.

Member-to-Provider Ratio - The number of total Medicaid members per active rendering provider within a geographic area; calculated as providers per 1,000 members. It allows for comparison across areas with large differences in population size.

Panel Size Estimate - The average number of clients seen per rendering provider.

Penetration Rate - The total share of enrolled Colorado Medicaid members who utilized a service; calculated per 1,000 members.

Per Utilizer Per Year (PUPY) Expenditure - Shows the average total expenditures per utilizer per year for the service category from SFY 2021-22 to SFY 2023-24 (July 1, 2021 - June 30, 2024) based on the line level claim data for each procedure code and/or revenue code. The PUPY expenditure metric is further stratified by payers (Colorado Medicaid, Commercial, Medicare FFS, Medicare Advantage), in order to compare these trends across payers.

Per Utilizer Per Year (PUPY) Utilization - Refers to the average total utilization per utilizer per year for the service category from SFY 2021-22 to SFY 2023-24 (July 1, 2021 - June 30, 2024). The PUPY utilization metric is further stratified by payers (Colorado Medicaid, Commercial, Medicare FFS, Medicare Advantage), in order to compare these trends across payers.

Provider Count - A distinct count of the number of providers who billed for the service. Whether the provider is a billing provider or rendering provider is identified in the report.

Provider Participation - Identifies the percentage of providers in Colorado that serve Medicaid members for the service category.

Rate Benchmark Comparison - This percentage represents how Colorado Medicaid payments compared to other payers. It is calculated by dividing the Colorado Repriced amount by the Comparison Repriced amount.

Rate Ratio - For each service code, and relevant modifier, the rate ratio is the division of the corresponding Colorado rate to the Benchmark Rate. For example, if procedure code 99217 has a Colorado Medicaid rate of \$56.08 and Medicare has a rate of \$73.94 then the resulting rate ratio is $\$56.08 / \$73.94 = 0.7585$, expressed as a percentage as 75.85%.

Rendering Provider - The provider who rendered, or directly provided, the service.

Special Provider - The Special Provider Analysis considers the percentage of Active Providers with only one Medicaid member for a particular service category during fiscal years 2022-2024 (July 1, 2021 - June 30, 2024).

Telemedicine Analysis - The first part of the telemedicine analysis considered the number of individual members that utilized services in a particular service category and what percentage of those members received at least one service through telemedicine. The second part of the telemedicine analysis considered the number of total visits in the service category and what percentage of those visits were delivered through telemedicine across fiscal years 2023 - 2024.

Total Members - The total number of enrolled Colorado Medicaid members.

Units - Quantities associated with a procedure; they may vary depending on type of service. The most common unit is one and represents the delivery of one unit of a service. Other services, such as physician- administered drugs, have a denomination reflected by the drug dosage (e.g., 1 mL, 5 mL, etc.). Some therapy and radiology services define units by time (e.g., 15 minutes). Not all payers share the same unit definitions and adjustments are sometimes incorporated to account for payer differences.

Utilizer Density - The number of distinct utilizers of a service in each county.

Utilizers per Provider - The average number of members seen per active provider, also called Panel Size.

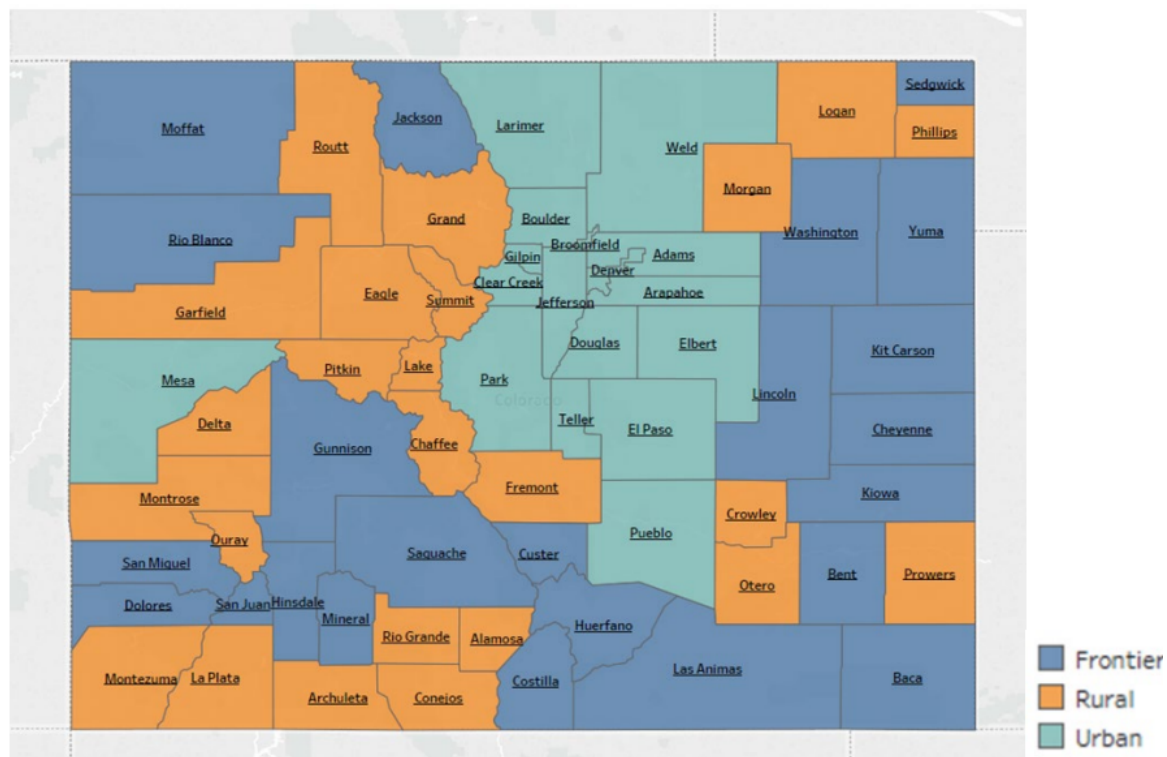


Figure 1. Colorado counties and RAE county classifications.

RAE County Classification					
Urban		Rural		Frontier	
Adams	Mesa	Alamosa	Logan	Baca	Las Animas
Arapahoe	Park	Archuleta	Montezuma	Bent	Lincoln
Broomfield	Pueblo	Chaffe	Montrose	Cheyenne	Mineral
Boulder	Teller	Conejos	Morgan	Costilla	Moffat
Clear Creek	Weld	Crowley	Otero	Custer	Rio Blanco
Denver		Eagle	Ouray	Dolores	Saguache
Douglas		Delta	Phillips	Gunnison	San Juan
Elbert		Fremont	Pitkin	Hinsdale	San Miguel
El Paso		Garfield	Prowers	Huerfano	Sedgwick
Gilpin		Grand	Rio Grande	Jackson	Washington
Jefferson		Lake	Routt	Kiowa	Yuma
Larimer		La Plata	Summit	Kit Carson	

Table 1. Colorado counties by RAE county classification.