

Attachment 3
Top Diagnoses, Procedures, Durable Medical Equipment and Supplies, Dental, and Laboratory Services

The following tables provide more detailed information for several Medical Services Premiums categories in a unique way. The table exhibits the top 10 client counts, services utilized, expenditures and a general overview of the distribution of the most commonly used medical services. The tables are presented in different ways. For example, certain tables (e.g., Inpatient) include top diagnosis related groups (DRGs), while other tables (e.g., Outpatient) include top diagnoses codes. Other tables (e.g., Outpatient Surgical) include top procedure codes.

Claims analysis are allocated and defined by service categories as outlined in the Medical Services Premiums Exhibits. Where applicable, diagnosis codes are collapsed to three digit diagnosis groupings rather than default codes (e.g., all 493.xx diagnoses were recoded to 493).

It is important to note that claims pulled from the Department's decision support system, Business Objects of America (BOA), will not tie precisely to Colorado Financial Support System (COFRS). Business Objects of America database extracts data on a different time span and from a different source (i.e., Medicaid Management Information System) than the Colorado Financial Reporting System. The decision support system contains a full extract of all paid claims in the MMIS. Certain Colorado Financial Reporting System -only transactions, however, are not triggered by a paid claim in the MMIS resulting in a variance between the two systems. Therefore, total expenditures presented for high expenditure clients in BOA will not reconcile exactly to total expenditures in COFRS

Table 1. Top 10 Inpatient Diagnosis Related Groups (DRGs) for FY 04-05

Table 1a: Top 10 Medicaid Inpatient Diagnosis Related Groups (DRG) by Client Counts for FY 04-05

	DRG Code	Diagnosis Related Group Code Description	Unique Client Counts
1	373	Vaginal Delivery without Complicating Diagnoses	14,644
2	371	Cesarean Section without Comorbidity or Complications	3,262
3	372	Vaginal Delivery without Complicating Diagnoses	2,932
4	370	Cesarean Section with Comorbidity or Complications	1,847
5	098	Bronchitis and Asthma Age 0-17	1,203
6	390	Neonate with Other Significant Problems	885
7	374	Vaginal Delivery with Sterilization and/or dilation and curettage	876
8	091	Simple Pneumonia and Pleurisy Age 0-17	868

	DRG Code	Diagnosis Related Group Code Description	Unique Client Counts
9	383	Other Antepartum Diagnoses with Medical Complications	860
10	389	Full Term Neonate with Major Problems	557
		Total Count of Unique Clients for Top 10 DRGs	27,934

Table 1b: Top 10 Medicaid Inpatient Diagnosis Related Groups (DRG) by Services for FY 04-05

	DRG Code	Diagnosis Related Group Code Description	Count of Services
1	373	Vaginal Delivery without Complicating Diagnoses	14,879
2	371	Cesarean Section without Comorbidity or Complications	3,334
3	372	Vaginal Delivery without Complicating Diagnoses	2,977
4	370	Cesarean Section with Comorbidity or Complications	1,863
5	098	Bronchitis and Asthma Age 0-17	1,282
6	383	Other Antepartum Diagnoses with Medical Complications	1,049
7	091	Simple Pneumonia and Pleurisy Age 0-17	938
8	390	Neonate with Other Significant Problems	912
9	374	Vaginal Delivery with Sterilization and/or dilation and curettage	891
10	389	Full Term Neonate with Major Problems	583
		Total Count of Services for Top 10 DRGs	28,708

Table 1c: Top 10 Medicaid Inpatient Diagnosis Related Groups (DRG) by Expenditures for FY 04-05

	DRG Code	Diagnosis Related Group Code Description	FY 04-05 Expenditures
1	373	Vaginal Delivery without Complicating Diagnoses	\$39,723,551
2	371	Cesarean Section without Comorbidity or Complications	\$17,609,493
3	370	Cesarean Section with Comorbidity or Complications	\$13,551,991
4	372	Vaginal Delivery without Complicating Diagnoses	\$10,826,936
5	801	Neonates Less Than 1,000 Grams	\$7,962,866
6	483	Tracheostomy with Mechanical Ventilator 96+ Hours or PDS Except for Face, Mouth, and Neck	\$6,904,114
7	541	Tracheostomy with Mechanical Ventilator 96+ Hours or PDS Except for Face, Mouth, and Neck with Major Organs	\$6,874,392
8	475	Respiratory System Diagnosis with Ventilator	\$4,730,966
9	802	Neonates, 1,000 - 1,499 Grams	\$4,175,171
10	148	Major Small and Large Bowel Procedures with Complications	\$3,711,002
		Total Expenditures for Top 10 DRGs	\$116,070,483

Sources for tables Table 1a – 1c: Business Objects of America query, August 22, 2005

Note: 1) Data based on dates paid for twelve months of FY 04-05.

2) The analyses in the above tables counts clients as well as services and expenditures where the DRG code was present. “Inpatient” is defined using the set criteria of “Inpatient Hospitals” as defined in the Medical Services Premiums’ exhibits.

Table 2. Top 10 Outpatient Diagnoses for FY 04-05

Table 2a: Top 10 Medicaid Outpatient Client Counts by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Unique Client Counts
1	780	General Symptoms	10,898
2	465	Acute Upper Respiratory Infections	10,113
3	786	Symptoms Involving Respiratory System	10,109
4	382	Suppurative and Unspecified Otitis Media (Ear)	9,882
5	789	Symptoms Involving Abdomen and Pelvis	8,753
6	787	Symptoms Involving Digestive System	6,308
7	V28	Antenatal Screening	5,486
8	648	Current Conditions in The Mother (Complicating Pregnancy)	5,173
9	644	Early or Threatened Labor	4,990
10	719	Other and Unspecified Disorders of Joint	4,841
		Total Count of Unique Clients for Top 10 Outpatient Diagnosis Groups	76,553

Source: Business Objects of America query, August 17, 2005

Table 2b: Top 10 Medicaid Outpatient Services by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Count of Services
1	719	Care Involving Use of Rehabilitation Procedures	12,672
2	521	Symptoms Involving Abdomen and Pelvis	11,808
3	646	Symptoms Involving Respiratory System	11,248
4	959	General Symptoms	10,358
5	466	Suppurative and Unspecified Otitis Media (Ear)	10,172
6	873	Current Conditions in The Mother (Complicating Pregnancy)	10,107
7	783	Acute Upper Respiratory Infections	9,438
8	781	Early or Threatened Labor	9,362
9	V28	Asthma	8,871
10	585	Chronic Renal Failure	8,837

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Count of Services
		Total Count of Services for Top 10 Outpatient Diagnosis Groups	102,873

Source: Business Objects of America query, August 17, 2005

Table 2c: Top 10 Medicaid Outpatient Expenditures by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	FY 04-05 Expenditures
1	648	Symptoms Involving Abdomen and Pelvis	\$1,589,928
2	787	General Symptoms	\$1,299,847
3	V58	Symptoms Involving Respiratory System	\$1,272,742
4	493	Diseases of Hard Tissues of Teeth	\$1,209,241
5	V57	Chronic Renal Failure	\$1,193,086
6	724	Symptoms Involving Head and Neck	\$1,192,896
7	474	Current Conditions In The Mother (Complicating Pregnancy)	\$1,192,463
8	382	Symptoms Involving Digestive System	\$1,162,321
9	996	Other and Unspecified Procedures and Aftercare	\$1,064,566
10	644	Asthma	\$1,048,829
		Total Expenditures for Top 10 Outpatient Diagnosis Groups	\$12,225,918

Source: Business Objects of America query, August 17, 2005.

Note: 1) Data based on dates paid for twelve months of FY 04-05.

2) Outpatient data below for FY 04-05 is based on paid dates for Medicaid clients. In addition, “Outpatient Services” is defined using the set criteria of ‘Outpatient Hospitals’ as defined in the Medical Services Premiums’ exhibits. The first three digits of the diagnosis code provide aggregate categories of disease states.

Table 3. Top 10 Outpatient Procedures Codes for FY 04-05

Table 3a: Top 10 Medicaid Outpatient Surgical Procedure Codes by Client Counts for FY 04-05

	Surgical Procedure Code	Surgical Procedure Code Description	Unique Client Counts
1	86.59	Close Skin/Subculture Tissue, Other Site	3,018
2	93.54	Application Splint	2,131
3	99.29	Injection/Infusion Other Therapeutic or Prophylactic Substance, Heparin	1,312
4	23.41	Application of Crown	956
5	75.34	Other Fetal Monitoring	857
6	23.20	Restoration of Tooth By Filling	783
7	96.54	Dental Scaling Polish, and Debride.	749
8	20.01	Myringotomy with Insertion of Tube	669
9	23.70	Root Canal Not Otherwise Specified	581
10	75.35	Other Diagnosis Procedure On Fetus and Amnion	526
		Total Count of Unique Clients for Top 10 Outpatient Procedures	11,582

Table 3b: Top 10 Medicaid Outpatient Surgical Procedure Codes by Services for FY 04-05

	Surgical Procedure Code	Surgical Procedure Code Description	Count of Services
1	86.59	Close Skin/Subculture Tissue, Other Site	3,149
2	93.54	Application Splint	2,264
3	99.29	Injection/Infusion Other Therapeutic or Prophylactic Substance, Heparin	2,180
4	75.34	Other Fetal Monitoring	1,584
5	20.01	Myringotomy with Insertion of Tube	1,310
6	23.41	Application of Crown	1,240
7	23.20	Restoration of Tooth By Filling	1,072
8	75.35	Other Diagnosis Procedure On Fetus and Amnion	856
9	96.54	Dental Scaling Polish, and Debride.	761
10	23.70	Root Canal Not Otherwise Specified	649
		Total Count of Services for Top 10 Outpatient Procedures	15,065

Source: Outpatient procedure data was pulled via Business Objects of America system queries on August 17, 2005.

Note: 1) Data based on dates paid for twelve months of FY 04-05. Outpatient data is defined using the set criteria of “Outpatient Hospitals” as defined in the Medical Services Premiums’ exhibits.

3) Unique client count by surgery code is the number of unique clients having that surgery code service regardless of the number of times that code occurred on either a single or multiple claims.

4) Each unique surgery code on an outpatient claim is counted as a unique service. Multiple services can be counted from a single claim or from multiple claims.

Table 4. Top 10 Medicaid Federally Qualified Health Centers Diagnoses for FY 04-05

Table 4a: Top 10 Medicaid Federally Qualified Health Centers Client Counts by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Unique Client Counts
1	V20	Health Supervision of Infant or Child	42,229
2	V72	Special Investigations and Examinations	22,063
3	465	Acute Upper Respiratory Infections	16,125
4	V22	Normal Pregnancy	10,143
5	382	Suppurative and Unspecified Otitis Media (Ear)	8,804
6	462	Acute Pharyngitis	5,176
7	079	Viral Infection	4,449
8	466	Acute Bronchitis and Bronchiolitis	3,775
9	780	General Symptoms	3,432
10	372	Disorders of Conjunctiva	3,332
		Total Count of Unique Clients for Top 10 FQHC's Diagnosis Groups	119,528

Table 4b: Top 10 Medicaid Federally Qualified Health Centers Services by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Count of Services
1	V20	Health Supervision of Infant or Child	73,162
2	V72	Special Investigations and Examinations	41,591
3	V22	Normal Pregnancy	39,550
4	465	Acute Upper Respiratory Infections	20,421
5	382	Suppurative and Unspecified Otitis Media (Ear)	11,534
6	521	Diseases of Hard Tissues of Teeth	6,405
7	V30	Single Liveborn	5,495
8	462	Acute Pharyngitis	5,434
9	466	Acute Bronchitis and Bronchiolitis	4,948
10	493	Asthma	4,542
		Total Count of Services for Top 10 FQHC's Diagnosis Groups	213,082

Table 4c: Top 10 Medicaid Federally Qualified Health Centers Expenditures by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	FY 04-05 Expenditures
1	V20	Health Supervision of Infant or Child	\$11,053,759
2	V72	Special Investigations and Examinations	\$6,078,780
3	V22	Normal Pregnancy	\$5,872,437
4	465	Acute Upper Respiratory Infections	\$2,958,525
5	382	Suppurative and Unspecified Otitis Media (Ear)	\$1,662,804
6	650	Normal Delivery	\$802,283
7	521	Diseases of Hard Tissues of Teeth	\$794,752
8	462	Acute Pharyngitis	\$790,089
9	V25	Contraceptive Management	\$708,046
10	466	Acute Bronchitis and Bronchiolitis	\$692,666
		Total Expenditures for Top 10 FQHC's Diagnosis Groups	\$31,414,142

Sources for Tables Table 4a – 4c: Business Objects of America query, August 17, 2005

Notes on tables Table 4a – 4c:

- 1) Federally Qualified Health Centers data based on paid dates for twelve months of FY 04-05 for Medicaid clients.
- 2) Federally Qualified Health Centers data are delineated by the set criteria of “FQHCs” as defined in the Medical Services Premiums’ exhibits.

Table 5. Top 10 Medicaid Rural Health Center by Diagnoses for FY 04-05

Table 5a: Top 10 Medicaid Rural Health Centers Unique Client Counts by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Unique Client Counts
1	V20	Health Supervision of Infant or Child	4,718
2	465	Acute Upper Respiratory Infections	3,502
3	382	Suppurative and Unspecified Otitis Media (Ear)	2,963
4	462	Acute Pharyngitis	2,043
5	466	Acute Bronchitis and Bronchiolitis	1,994
6	461	Acute Sinusitis	1,755
7	079	Viral Infection in Condition Classified	1,333
8	780	General Symptoms	1,301
9	786	Symptoms Involving Respiratory System	1,159
10	789	Symptoms Involving Abdomen and Pelvis	1,053
		Total Count of Unique Clients for Top 10 Rural Health Center Diagnosis Groups	21,821

Table 5b: Top 10 Medicaid Rural Health Centers Services by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Count of Services
1	V20	Health Supervision of Infant or Child	4,532
2	382	Suppurative and Unspecified Otitis Media (Ear)	2,336
3	465	Acute Upper Respiratory Infections	1,916
4	466	Acute Bronchitis and Bronchiolitis	1,255
5	V22	Normal Pregnancy	1,252
6	461	Acute Sinusitis	1,130
7	462	Acute Pharyngitis	1,017
8	V72	Special Investigations and Examinations	1,014
9	780	General Symptoms	868
10	460	Acute Nasopharyngitis	781
		Total Count of Services for Top 10 Rural Health Center Diagnosis Groups	16,101

Table 5c: Top 10 Medicaid Rural Health Center Expenditures by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	FY 04-05 Expenditures
1	V20	Health Supervision of Infant or Child	\$433,315
2	382	Suppurative and Unspecified Otitis Media (Ear)	\$242,990
3	465	Acute Upper Respiratory Infections	\$238,335
4	466	Acute Bronchitis and Bronchiolitis	\$201,795
5	V22	Normal Pregnancy	\$164,754
6	461	Acute Sinusitis	\$162,025
7	462	Acute Pharyngitis	\$120,215
8	V72	Special Investigations and Examinations	\$108,432
9	780	General Symptoms	\$90,726
10	460	Acute Nasopharyngitis	\$81,571
		Total Expenditures for Top 10 Rural Health Center Diagnosis Groups	\$1,844,159

Sources for Table 5a – 5c: Business Objects of America query, August 11, 2005

Notes: 1) Data based on dates paid for twelve months of FY 04-05.

2) The analyses in the above tables (5a – 5c) counts clients as well as services and expenditures where the principle diagnosis code was present. ‘Rural Health Centers’ is defined using the set criteria of “RHCs” as defined in the Medical Services Premiums’ exhibits.

Table 6. Top 10 Medicaid Physician/EPSTD by Diagnoses for FY 04-05

Table 6a: Top 10 Medicaid Physician/EPSTD Client Counts by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Unique Client Counts
1	V20	Health Supervision of Infant or Child	60,385
2	465	Acute Upper Respiratory Infections	32,594
3	786	Symptoms Involving Respiratory System	31,731
4	780	General Symptoms	26,999
5	367	Disorders of Refraction and Accommodation	24,924
6	382	Suppurative and Unspecified Otitis Media (Ear)	23,206
7	789	Symptoms Involving Abdomen and Pelvis	19,910
8	V06	Need For Prophylactic Vaccination	18,051
9	462	Acute Pharyngitis	17,649
10	V04	Need For Vaccination and Inoculation	16,730
		Total Count of Unique Clients for Top 10 EPSTD/Physician by Diagnosis Groups	272,179

Table 6b: Top 10 Medicaid Physician/EPSTD Services by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	Count of Services
1	V20	Health Supervision of Infant or Child	240,906
2	367	Disorders of Refraction and Accommodation	93,749
3	786	Symptoms Involving Respiratory System	76,696
4	780	General Symptoms	55,196
5	465	Acute Upper Respiratory Infections	54,004
6	789	Symptoms Involving Abdomen and Pelvis	53,370
7	V22	Normal Pregnancy	50,467
8	V06	Need For Prophylactic Vaccination	49,243
9	382	Suppurative and Unspecified Otitis Media (Ear)	44,992
10	V25	Contraceptive Management	42,932
		Total Count of Services for Top 10 EPSTD/Physician by Diagnosis Groups	761,555

Table 6c: Top 10 Medicaid Physician/EPSTD Expenditures by Diagnosis Groups for FY 04-05

	Principal Diagnosis Group	Principal Diagnosis Group Code Description	FY 04-05 Expenditures
1	650	Normal Delivery	\$6,343,975
2	V20	Health Supervision of Infant or Child	\$5,322,241
3	V22	Normal Pregnancy	\$3,923,088
4	786	Symptoms Involving Respiratory System	\$2,749,842
5	789	Symptoms Involving Abdomen and Pelvis	\$2,716,029
6	780	General Symptoms	\$2,690,940
7	V25	Contraceptive Management	\$2,518,182
8	765	Disorder Related To Short Gestation and Low Birth Weight	\$2,441,547
9	654	Abnormality of Organs/Soft Tissues of Pelvis (During Pregnancy)	\$2,293,506
10	367	Disorders of Refraction and Accommodation	\$2,196,721
		Total Expenditures for Top 10 EPSTD/Physician by Diagnosis Groups	\$33,196,070

Source: Business Objects of America query, August 17, 2005

Notes on tables Table 6a-6c:

- 1) Physician/EPSTD data based on paid dates for twelve months of FY 04-05.
- 2) Physician/EPSTD data are delineated by the set criteria of “Physician Services and EPSTD” as defined in the Medical Services Premiums’ exhibits.

Table 7. Top 10 Procedures for Dental for FY 04-05

Table 7a: Top 10 Procedures for Medicaid Dental by Client Counts for FY 04-05

Procedure Code	Procedure Code Description	Unique Client Count
D1330	Oral Hygiene Instruction	72,389
D0220	Radiographs-Itraoral periapical-First Film	64,429
D0272	Radiographs-Bitewings-Two Films	62,202
D0120	periodic oral Exam	54,329
D0230	Radiographs-Intraoral periapical-Each Additional	51,269
D1201	Topical Applied Fluoride (Includes Prophylaxis)	48,433
D0150	Comprehensive oral Evaluation	39,281
D0140	Limited oral Evaluation-Problem Focus	26,714
D0330	Radiographs-Panoramic Film	26,017
D1120	Prophalaxis-Child	19,274
	Total Count of Unique Clients for Top 10 Dental Procedures	464,337

Table 7b: Top 10 Procedures for Medicaid Dental by Services Rendered for FY 04-05

Procedure Code	Procedure Code Description	Count of Services
D1330	Oral Hygiene Instruction	97,057
D0220	Radiographs-Itraoral periapical-First Film	88,090
D0272	Radiographs-Bitewings-Two Films	79,646
D0230	Radiographs-Intraoral periapical-Each Additional	74,118
D0120	periodic oral Exam	72,570
D1201	Topical Applied Fluoride (Includes Prophylaxis)	62,496
D2140	Amalgam One Surface permanent	43,665
D0140	Limited oral Evaluation-Problem Focus	42,054
D0150	Comprehensive oral Evaluation	41,556
D1351	Sealant - First permanent Molar	40,843
	Total Count of Services for Top 10 Dental Procedures	642,095

Table 7c: Top 10 Procedures for Medicaid Dental by Expenditures for FY 04-05

Procedure Code	Procedure Code Description	FY 04-05 Expenditures
D2930	Prefabricated Stainless Steel Crown-Prim	\$3,553,713
D1201	Topical Applied Fluoride (Includes Prophylaxis)	\$2,433,033
D2391	Post 1 Surface Resinbased Composition	\$2,031,354
D2140	Amalgam One Surface permanent	\$1,918,238
D7140	Extraction Erupted Tooth	\$1,757,607
D3220	Therapeutic Pulpotomy	\$1,601,372
D0272	Radiographs-Bitewings-Two Films	\$1,269,877
D7210	Surgical Remove Erupted Tooth Required Elevation	\$1,268,549
D2150	Amalgam Two Surfaces permanent	\$1,230,391
D0120	Periodic Oral Exam	\$1,228,399
	Total Expenditures for Top 10 Dental Procedures	\$18,292,533

Sources of tables Table 7a – 7c: Business Objects of America query 8/15/2005.

Notes on tables Table 7a – 7c:

- 1) Data based on dates paid for twelve months of FY 04-05.
- 2) Client counts include “Dental Services” as defined on the Medical Services Premiums’ exhibits.

Table 8. Top 10 Lab Tests for FY 04-05

Table 8a: Top 10 Procedures for Medicaid Laboratory Services by Client Count

Procedure Code	Procedure Code Description	Unique Client Count
85025	Hemogram and Platelet Count Automated	50,922
87081	Culture Screen Only	31,181
87086	Urine Culture/Colony Count	29,200
80053	Comprehensive Metabolic Panel	25,631
80048	Basic Metabolic Panel	22,832
81001	Urinalysis, Auto with Scope, Laboratory Test	22,556
87491	Chlamydia Trachomatis, (DNA or RNA), Amplified Probe Technique	20,515
84443	Thyroid Stimulus Hormone	18,838
87591	Neisseria Gonorrhoeae, (DNA or RNA), Amplified Probe Technique	16,916
80061	Lipid Panel	14,995
	Total Count of Unique Clients for Top 10 Procedures for Laboratory Services	253,586

Table 8b: Top 10 Procedures for Medicaid Laboratory Services

Procedure Code	Procedure Code Description	Count of Services
85025	Hemogram and Platelet Count Automated	95,486
87086	Urine Culture/Colony Count	42,032
80053	Comprehensive Metabolic Panel	41,251
87081	Culture Screen Only	37,445
80048	Basic Metabolic Panel	36,039
81001	Urinalysis, Auto with Scope, Laboratory Test	33,450
87491	Chlamydia Trachomatis, (DNA or RNA), Amplified Probe Technique	26,676
84443	Thyroid Stimulus Hormone	25,430
87591	Neisseria Gonorrhoeae, (DNA or RNA), Amplified Probe Technique	21,537
81003	Urinalysis, Auto, without Scope, Laboratory Test	20,780
	Total Count of Services for Top 10 Procedures for Laboratory Services	380,126

Table 8c: Top 10 Procedures for Medicaid Laboratory Services by Expenditures

Procedure Code	Procedure Code Description	FY 04-05 Expenditures
87491	Chlamydia Trachomatis, (DNA or RNA), Amplified Probe Technique	\$1,197,480
87591	Neisseria Gonorrhoeae, (DNA or RNA), Amplified Probe Technique	\$965,277
85025	Hemogram and Platelet Count Automated	\$845,035
80053	Comprehensive Metabolic Panel	\$537,383
84443	Thyroid Stimulus Hormone	\$523,247
80101	Drug Screen, Single	\$430,784
87086	Urine Culture/Colony Count	\$424,019
80048	Basic Metabolic Panel	\$372,076
88142	Cytopath, C/V, Thin Layer	\$368,929
80055	Obstetric Panel	\$363,304
	Total Expenditures for Top 10 Procedures for Laboratory Services	\$6,027,535

Sources for tables Table 8a – 8c: Business Objects of America query August 15, 2005.

Notes: 1) Data based on dates paid for twelve months of FY 04-05.

2) Data for the tables below is based on paid dates for twelve months of FY 04-05 and includes independent laboratory claims based on the service category, “Lab and X-ray”, as defined in the Medical Services Premiums’ exhibits.

Table 9. Top 10 Durable Medical Equipment Client Counts, Services, and Expenditures by Procedures for FY 04-05

Table 9a: Top 10 Procedures for Medicaid Durable Medical Equipment and Supplies by Client Count

Procedure Code	Procedure Code Description	Unique Client Count
E1390	Oxygen Concentrator	7,205
S8121	Oxygen Contents Liquid, per Pound	5,329
E0570	Nebulizer, with Compressor	5,132
E0431	Portable Gaseous Oxygen System	4,298
A4253	Blood Glucose Test Strips, per 50 Strips Each	4,288
E0434	Portable Liquid Oxygen System Rental	4,220
A9901	Delivery/Set Up/Dispensing	3,228
E0443	Portable Oxygen Contents, Gas	3,126
A4554	Disposable Underpads	2,810
A4927	Non-Sterile Gloves	2,792
	Total Count of Unique Clients for Top 10 DME Procedures	42,428

Table 9b: Top 10 Procedures for Medicaid Durable Medical Equipment and Supplies by Services

Procedure Code	Procedure Code Description	Count of Services
S8121	Oxygen Contents Liquid, per Pound	47,070
E1390	Oxygen Concentrator	40,607
E0434	Portable Liquid Oxygen System Rental	24,324
E0431	Portable Gaseous Oxygen	21,785
E0443	Portable Oxygen Contents, Gas	18,487
A4253	Blood Glucose Test Strips, per 50 Strips Each	13,141
A9901	Delivery/Set Up/Dispensing	11,735
E0439	Stationary Liquid Oxygen	10,797
A4927	Non-Sterile Gloves	10,303
A4554	Disposable Underpads	10,215
	Total Count of Services for Top 10 DME Procedures	208,464

Table 9c: Top 10 Procedures for Medicaid Durable Medical Equipment and Supplies by Expenditures

Procedure Code	Procedure Code Description	FY 04-05 Expenditures
S8121	Oxygen Contents Liquid, per Pound	\$7,240,223
E1390	Oxygen Concentrator	\$5,435,436
E0434	Port Liquid Oxygen System Rental	\$1,274,723
E0445	Oximeter Non-Invasive	\$1,265,661
B4035	External Feeding Supply Kit Pump	\$999,059
E1399	Miscellaneous Durable Medical Equipment	\$981,014
B4150	Effectual Complete with Intact Nutrients	\$953,198
A9901	Delivery/Set Up/Dispensing	\$943,843
K0011	Standard Motor Power Chaise with Controls	\$926,375
A4253	Blood Glucose Test Strips, per 50 Strips Each	\$924,343
	Total Expenditures for Top 10 DME Procedures	\$ 20,943,873

Sources of tables Table 9a - 9c: Business Objects of America query 8/15/2005.

Notes on top 10 Durable Medical Equipment by Procedures tables:

1) Data based on dates paid for twelve months of FY 04-05.

2) Client counts as well as services, and expenditures include claims based on the service category, “Durable Medical Equipment”, as defined in the Medical Services Premiums’ exhibits.