

Attachment 2: Tables for FY 04-05 Services by County and Top Tens

F1. FY 04-05 Services by County

Exhibits F1a – F1d show the number of unique clients who received the following medical services and the average cost per full time equivalent client. All tables show information by HIPAA Information Region.

Acute Care, including:

- Federally Qualified Health Centers
- Physician and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Prescription Drugs
- Inpatient Hospital
- Outpatient Hospital

F2. Top Tens

Exhibits F2a – F2j show expenditure and the number of unique clients treated for the top ten diagnoses and/or who received procedures for the following:

- Inpatient Hospital
- Outpatient Hospital
- Federally Qualified Health Centers
- Rural Health Centers
- Physician and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Dental
- Laboratory
- Durable Medical Equipment and Supplies
- Prescription Drugs

Exhibits F2k and F2l show the top 10 prescriptions drug expenditures and the top ten prescription drugs by number of prescriptions filled.

The following should be noted:

- Only clients with a HIPAA Informational Region designation are included.

- The Department's decision support system (MMIS-DSS), extracts data on a different time span and from a different source (i.e., Medicaid Management Information System) than the Colorado Financial Reporting System. This decision support system contains a full extract of all county level data in the MMIS.
- The Department administers the following Home and Community Based Services waivers: Elderly Blind and Disabled, Persons with Mental Illness, Children with Autism, Consumer Directed Care for the Elderly, Persons Living with AIDS, and Persons with Brain Injury.
- The Department of Human Services administers the following Home and Community Services waivers: Developmentally Disabled, Supported Living Services, Children's Extensive Support, and Children's Habilitation Residential Program.
- The inpatient diagnosis related groups (DRGs) were categorized to improve the interpretation and evaluation of services (tables E4a and E4b). Research and reasonableness were used to determine the DRG categories As far as the naming of categories through the consultation of the ICD-9 (International Classification of Diseases). The logic was to create specific DRG categories without creating too many groupings, and that is partly why there is a group called *Non-Specific Symptoms, Disorders or Procedures*. Since the DRG descriptions were sometimes referring to diseases, sometimes to procedures, the term 'Disorders or Procedures' was often included in the names of categories, or groups.
- The outpatient diagnosis groupings are based on ICD-9's three-digit categories.
- For the top ten prescription drug tables, the number of prescriptions filled was preferred to the number of prescriptions because it provides better insight on the frequency of pharmacy Medicaid payments. Excluded from the analysis were claims where the payment was zero.
- It is important to mention that the totals at the bottom of each of the top ten tables reflect the sum of unique client count/expenditures for the top ten groupings only. These sums should not be mistaken for the totals of clients, services and expenditures for a type of medical service.

**F1a: FY 04-05 Unduplicated Client Count for Selected Acute Care Service Categories
by HIPAA Information Region**

HIPAA Information Region	Federally Qualified Health Centers	Physician and EPSDT*	Pharmacy Prescriptions	Inpatient Hospital	Outpatient Hospital
Garfield, Moffat, Rio Blanco	1,108	4,533	4,494	769	2,516
Eagle, Grand, Jackson, Pitkin, Routt, Summit	90	3,694	2,674	582	1,126
Mesa	60	8,072	6,277	709	3,191
Delta, Montrose, Ouray, San Miguel	105	3,836	3,277	483	1,659
Archuleta, Dolores, La Plata, Montezuma, San Juan	2,730	5,767	5,976	793	3,333
Gunnison, Chaffee, Lake, Fremont, Park, Custer	580	6,162	6,906	877	3,899
Hinsdale, Saguache, Mineral, Conejos, Rio Grande, Alamosa, Costilla	4,954	4,883	6,475	722	2,809
Huerfano, Las Animas, Baca, Otero, Crowley, Bent, Prowers, Kiowa	3,325	8,276	9,921	1,147	5,125
Pueblo	4,684	19,083	19,787	2,286	11,293
El Paso, Teller	14,084	33,538	33,211	5,035	20,096
Washington, Morgan, Logan, Yuma, Phillips, Sedgwick	2,000	5,004	6,023	709	2,963
Elbert, Lincoln, Kit Carson, Cheyenne	632	1,605	1,874	217	883
Douglas	230	3,225	3,052	421	1,528
Boulder, Broomfield	5,950	9,694	9,699	1,773	5,886
Larimer	4,561	12,488	12,276	1,661	6,320
Weld	7,310	13,542	12,501	2,145	7,212
Adams	13,226	29,327	25,400	5,037	17,094
Arapahoe	6,923	28,412	23,450	4,320	15,913
Jefferson, Gilpin, Clear Creek	4,583	22,106	20,918	2,904	11,415
Denver	28,240	38,573	36,132	8,186	24,023
Statewide	102,859	251,306	240,009	40,516	144,536

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category in that specific HIPAA Information Region only. Statewide totals represent an unduplicated client count for the entire State. Statewide totals are not the sum of all HIPAA Information Regions as a specific client may receive a service in one or multiple service categories, or may have received the same service in the same service category in one or multiple HIPAA Information Regions.
*Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

F1b: FY 04-05 Average Cost per Full Time Equivalent Client for Selected Acute Care Service Categories by HIPAA Information Region

HIPAA Information Region	Federally Qualified Health Centers	Physician and EPSDT*	Pharmacy Prescriptions	Inpatient Hospital	Outpatient Hospital
Garfield, Moffat, Rio Blanco	\$133.02	\$421.11	\$940.35	\$773.52	\$342.30
Eagle, Grand, Jackson, Pitkin, Routt, Summit	\$10.44	\$523.60	\$600.59	\$906.82	\$260.47
Mesa	\$1.00	\$173.19	\$312.62	\$277.45	\$127.70
Delta, Montrose, Ouray, San Miguel	\$4.46	\$222.01	\$481.19	\$415.54	\$120.05
Archuleta, Dolores, La Plata, Montezuma, San Juan	\$145.69	\$359.53	\$861.91	\$517.97	\$221.63
Gunnison, Chaffee, Lake, Fremont, Park, Custer	\$26.43	\$363.90	\$1,135.93	\$549.19	\$274.26
Hinsdale, Saguache, Mineral, Conejos, Rio Grande, Alamosa, Costilla	\$280.32	\$224.27	\$623.94	\$511.61	\$199.31
Huerfano, Las Animas, Baca, Otero, Crowley, Bent, Prowers, Kiowa	\$117.40	\$337.06	\$1,121.61	\$535.61	\$240.04
Pueblo	\$116.41	\$365.05	\$917.81	\$459.64	\$251.75
El Paso, Teller	\$185.14	\$366.09	\$755.19	\$540.47	\$243.83
Washington, Morgan, Logan, Yuma, Phillips, Sedgwick	\$135.42	\$324.70	\$1,123.24	\$529.41	\$306.69
Elbert, Lincoln, Kit Carson, Cheyenne	\$115.65	\$280.75	\$930.32	\$564.43	\$315.63
Douglas	\$20.84	\$406.15	\$764.70	\$612.88	\$324.84
Boulder, Broomfield	\$216.59	\$330.31	\$895.86	\$717.10	\$267.93
Larimer	\$124.64	\$438.19	\$1,011.77	\$576.26	\$232.20
Weld	\$186.70	\$355.48	\$664.96	\$660.88	\$265.81
Adams	\$154.20	\$344.84	\$592.32	\$749.12	\$242.51
Arapahoe	\$68.16	\$363.99	\$594.22	\$665.32	\$259.69
Jefferson, Gilpin, Clear Creek	\$72.44	\$417.22	\$954.35	\$714.00	\$288.24
Denver	\$252.12	\$274.15	\$615.12	\$931.06	\$283.14
Statewide	\$146.50	\$338.78	\$738.86	\$659.80	\$253.76

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent unduplicated average cost per full time equivalent client information presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Average cost per full time equivalent client is total payments divided by a calculated full time eligible as determined by client eligibility months for that specific HIPAA Information Region only. Statewide averages represent the average for the entire State. Statewide averages are not an average of all HIPAA Information Regions as a specific client may receive a service in one or multiple service categories, or may have received the same service in the same service category in one or multiple HIPAA Information Regions. *Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

**F1c: FY 04-05 Unduplicated Client Count for Home and Community Based Services (HCBS)
Waiver Programs, Program for All-Inclusive Care for the Elderly (PACE), and Long Term Care Service
Categories by HIPAA Information Region**

HIPAA Information Region	HCBS Waiver Programs Administered by HCPF*	HCBS Waiver Programs Administered by DHS*	Program for All-Inclusive Care for the Elderly	Home Health	Nursing Facilities (Class I and Class II)
Garfield, Moffat, Rio Blanco	366	124	0	64	284
Eagle, Grand, Jackson, Pitkin, Routt, Summit	131	53	0	98	69
Mesa	594	142	0	153	312
Delta, Montrose, Ouray, San Miguel	385	34	0	164	324
Archuleta, Dolores, La Plata, Montezuma, San Juan	605	107	0	147	303
Gunnison, Chaffee, Lake, Fremont, Park, Custer	646	172	0	176	562
Hinsdale, Saguache, Mineral, Conejos, Rio Grande, Alamosa, Costilla	885	92	0	377	313
Huerfano, Las Animas, Baca, Otero, Crowley, Bent, Prowers, Kiowa	1,096	256	0	259	751
Pueblo	1,424	559	0	764	879
El Paso, Teller	1,653	751	0	1,095	1,345
Washington, Morgan, Logan, Yuma, Phillips, Sedgwick	511	174	0	116	575
Elbert, Lincoln, Kit Carson, Cheyenne	122	34	0	38	131
Douglas	249	101	2	126	213
Boulder, Broomfield	778	534	3	453	739
Larimer	842	473	0	437	839
Weld	683	370	0	451	610
Adams	1,131	701	304	889	1,372
Arapahoe	1,370	830	157	881	1,245
Jefferson, Gilpin, Clear Creek	1,585	992	343	800	1,807
Denver	3,034	869	447	1,579	1,943
Statewide	17,407	6,927	1,187	8,687	13,936

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category in that specific HIPAA Information Region only. Statewide totals represent an unduplicated client count for the entire State. Statewide totals are not the sum of all HIPAA Information Regions as a specific client may receive a service in one or multiple service categories, or may have received the same service in the same service category in one or multiple HIPAA Information Regions.
*Department Health Care Policy and Financing (HCPF), Department of Human Services (DHS).

**F1d: FY 04-05 Average Cost per Unduplicated Client Home and Community Based Services
(HCBS) Waiver Programs, Program for All-Inclusive Care for the Elderly (PACE), and Long Term Care
Service Categories by HIPAA Information Region**

HIPAA Information Region	HCBS Waiver Programs Administered by HCPF*	HCBS Waiver Programs Administered by DHS*	Program for All-Inclusive Care for the Elderly	Home Health	Nursing Facilities (Class I and Class II)
Garfield, Moffat, Rio Blanco	\$2,695.68	\$36,691.58	\$0.00	\$1,376.17	\$30,719.91
Eagle, Grand, Jackson, Pitkin, Routt, Summit	\$2,919.56	\$31,070.32	\$0.00	\$2,779.92	\$30,211.51
Mesa	\$6,445.99	\$27,900.83	\$0.00	\$13,903.60	\$22,016.26
Delta, Montrose, Ouray, San Miguel	\$4,570.46	\$9,393.98	\$0.00	\$4,146.09	\$24,897.25
Archuleta, Dolores, La Plata, Montezuma, San Juan	\$5,220.66	\$29,383.95	\$0.00	\$11,065.86	\$26,459.83
Gunnison, Chaffee, Lake, Fremont, Park, Custer	\$6,152.89	\$28,043.75	\$0.00	\$5,932.61	\$26,682.84
Hinsdale, Saguache, Mineral, Conejos, Rio Grande, Alamosa, Costilla	\$4,709.44	\$31,537.14	\$0.00	\$2,362.28	\$26,839.30
Huerfano, Las Animas, Baca, Otero, Crowley, Bent, Prowers, Kiowa	\$4,570.74	\$24,852.25	\$0.00	\$4,342.45	\$29,236.84
Pueblo	\$6,957.68	\$36,979.06	\$0.00	\$7,091.24	\$27,383.25
El Paso, Teller	\$6,382.12	\$29,639.62	\$0.00	\$13,659.15	\$31,798.92
Washington, Morgan, Logan, Yuma, Phillips, Sedgwick	\$3,666.06	\$25,784.34	\$0.00	\$3,578.81	\$25,665.02
Elbert, Lincoln, Kit Carson, Cheyenne	\$5,434.79	\$29,550.50	\$0.00	\$3,794.74	\$30,966.21
Douglas	\$6,144.90	\$17,390.66	\$21,898.25	\$9,324.90	\$33,066.15
Boulder, Broomfield	\$5,208.64	\$28,578.84	\$23,159.67	\$7,742.53	\$31,109.76
Larimer	\$3,779.98	\$29,536.56	\$0.00	\$7,559.99	\$26,965.15
Weld	\$4,589.27	\$28,677.19	\$0.00	\$8,569.84	\$27,822.37
Adams	\$6,604.14	\$29,938.39	\$28,244.40	\$7,590.55	\$28,751.93
Arapahoe	\$8,086.78	\$26,924.58	\$25,348.13	\$8,431.78	\$30,048.86
Jefferson, Gilpin, Clear Creek	\$7,361.49	\$38,761.29	\$26,872.43	\$9,095.38	\$31,417.90
Denver	\$9,200.62	\$24,306.13	\$29,733.98	\$8,409.68	\$29,636.81
Statewide	\$6,681.94	\$31,851.76	\$29,644.12	\$8,676.21	\$30,540.50

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent unduplicated average cost per full time equivalent client information presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Average cost per full time equivalent client is total payments divided by the unduplicated client count that specific HIPAA Information Region only. Statewide averages represent the average for the entire State. Statewide averages are not an average of all HIPAA Information Regions as a specific client may receive a service in one or multiple service categories, or may have received the same service in the same service category in one or multiple HIPAA Information Regions. *Department Health Care Policy and Financing (HCPF), Department of Human Services (DHS).

**F2a: FY 04-05 Top 10 Inpatient Hospital Diagnosis Categories
Ranked by Expenditures**

Rank	DRG Categories Descriptions	Expenditures	Unduplicated Client Count
1	Childbirth	\$86,917,133	22,934
2	Circulatory System Disorders or Procedures (including heart and cerebrovascular diseases)	\$31,549,101	1,606
3	Neonate Related Complications or Procedures	\$27,028,062	3,289
4	Pulmonary and/or Respiratory Related Disorders or Procedures	\$24,499,600	3,797
5	Digestive System Related Disorders or Procedures	\$19,373,890	2,480
6	Bone, Muscle, Joint or Connective Tissue Related Disorders or Procedures	\$14,304,454	1,447
7	Brain Injuries, Brain Disorders and/or Brain Related Procedures	\$6,355,810	587
8	Renal and/or Urinary System Related Disorders or Procedures	\$5,896,170	823
9	Pregnancy Related Complications or Procedures	\$5,826,080	1,721
10	Hematology (Blood) Related Disorders or Procedures	\$5,178,192	469
	Top Ten Total	\$226,928,492	39,153

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2b: FY 04-05 Top 10 Inpatient Hospital Diagnosis Related Groups (DRG)
Ranked by Expenditures**

Rank	DRG Number	Description	Expenditures	Unduplicated Client Count
1	373	Vaginal Delivery without Complicating Diagnoses	\$38,892,216	14,324
2	371	Cesarean Section without Complicating Diagnoses	\$16,892,059	3,126
3	370	Cesarean Section with Complicating Diagnoses	\$13,498,932	1,840
4	541	Tracheostomy with Mechanical Ventilator	\$11,017,660	115
5	372	Vaginal Delivery with Complicating Diagnoses	\$10,434,779	2,815
6	801	Neonates Less than 1,000 Grams	\$8,312,922	115
7	475	Respiratory System Diagnosis with Ventilator	\$5,165,588	230
8	802	Neonates, 1,000 - 1,499 Grams	\$4,760,553	170
9	803	Neonates, 1500 - 1,999 Grams	\$4,439,322	361
10	148	Major Small and Large Bowel Procedures with Complications	\$3,536,647	124
		Top Ten Total	\$116,950,679	23,220

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2c: FY 04-05 Top 10 Outpatient Hospital Principal Diagnosis Categories
Ranked by Expenditures**

Rank	Principal Diagnosis Group Number	Description	Expenditures	Unduplicated Client Count
1	789	Other Symptoms Involving Abdomen and Pelvis	\$4,542,648	8,667
2	780	General Symptoms	\$3,696,282	11,024
3	786	Symptoms Involving Respiratory System and Other Chest Symptoms	\$3,500,390	10,085
4	521	Diseases of Hard Tissues of Teeth	\$2,569,223	1,769
5	585	Chronic Renal Failure	\$2,008,854	184
6	784	Symptoms Involving Head and Neck	\$1,713,035	4,110
7	648	Current Conditions in Mother (Complicating Pregnancy, Childbirth, and Puerperium)	\$1,617,140	5,166
8	V58	Other and Unspecified Aftercare	\$1,376,685	1,514
9	787	Symptoms Involving Digestive System	\$1,303,406	6,317
10	493	Asthma	\$1,247,402	3,695
		Top Ten Total	\$23,575,064.02	52,531

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2d: FY 04-05 Top 10 Outpatient Surgical Procedures
Ranked by Expenditures**

Rank	Surgical Procedure Code	Description	Expenditures	Unduplicated Client Count
1	99.29	Injection or Infusion of Other Therapeutic or Prophylactic Substance	\$765,263	827
2	23.70	Root Canal, Not Otherwise Specified	\$756,255	357
3	23.41	Application of Crown	\$733,858	373
4	51.23	Laparoscopic Cholecystectomy	\$691,332	258
5	28.3	Tonsillectomy with Adenoidectomy	\$626,655	392
6	86.59	Closure of Skin and Subcutaneous Tissue of Other Sites	\$597,893	2741
7	66.29	Other Bilateral Endoscopic Destruction or Occlusion of Fallopian Tubes	\$556,730	348
8	20.01	Myringotomy with Insertion of Tube	\$527,303	544
9	93.54	Application of Splint	\$431,941	1977
10	89.17	Polysomnogram	\$349,042	183
		Top Ten Total	\$6,036,273	8,000

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

F2e: FY 04-05 Top 10 Federally Qualified Health Center (FQHC) Principal Diagnosis Categories Ranked by Expenditures

Rank	Principal Diagnosis Group Number	Description	Expenditures	Unduplicated Client Count
1	V20	Health Supervision of Infant or Child	\$11,653,343	41,680
2	V72	Special Investigations and Examinations	\$6,228,109	21,960
3	V22	Normal Pregnancy	\$6,054,218	8,747
4	465	Acute Upper Respiratory Infections of Multiple or Unspecified Sites	\$3,016,777	15,124
5	382	Suppurative and Unspecified Otitis Media	\$1,693,980	8,054
6	521	Diseases of Hard Tissues of Teeth	\$909,798	3,524
7	650	Normal Delivery	\$850,241	1,176
8	462	Acute Pharyngitis	\$794,134	4,737
9	V25	Contraceptive Management	\$741,096	2,988
10	466	Acute Bronchitis and Bronchiolitis	\$729,211	3,357
		Top Ten Total	\$32,670,907	111,347

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2f: FY 04-05 Top 10 Rural Health Center (RHC) Principal Diagnosis Categories
Ranked by Expenditures**

Rank	Principal Diagnosis Group Number	Description	Expenditures	Unduplicated Client Count
1	V20	Health Supervision of Infant or Child	\$467,143	3,048
2	382	Suppurative and Unspecified Otitis Media	\$255,647	1,567
3	465	Acute Upper Respiratory Infections of Multiple or Unspecified Sites	\$238,440	1,702
4	V72	Special Investigations and Examinations	\$202,034	630
5	V22	Normal Pregnancy	\$174,150	382
6	466	Acute Bronchitis and Bronchiolitis	\$130,987	852
7	462	Acute Pharyngitis	\$109,207	976
8	461	Acute Sinusitis	\$105,275	947
9	493	Asthma	\$96,580	475
10	780	General Symptoms	\$87,700	658
		Top Ten Total	\$1,867,163	11,237

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

F2g: FY 04-05 Top 10 Physician and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program Principal Diagnosis Categories Ranked by Expenditures

Rank	Principal Diagnosis Group Number	Description	Expenditures	Unduplicated Client Count
1	650	Normal Delivery	\$6,248,696	10,861
2	V20	Health Supervision of Infant or Child	\$5,859,413	61,960
3	V22	Normal Pregnancy	\$3,971,534	15,899
4	786	Symptoms Involving Respiratory System and Other Chest Symptoms	\$2,861,686	30,795
5	789	Other Symptoms Involving Abdomen and Pelvis	\$2,813,300	19,314
6	780	General Symptoms	\$2,787,237	26,688
7	765	Disorders Relating to Short Gestation and Unspecified Low Birth Weight	\$2,466,384	2,185
8	V25	Contraceptive Management	\$2,369,550	12,237
9	654	Abnormality of Organs and Soft Tissues of Pelvis	\$2,346,689	3,032
10	367	Disorders of Refraction and Accommodation	\$2,172,769	24,299
		Top Ten Total	\$33,897,259	207,270

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2h: FY 04-05 Top 10 Dental Procedures
Ranked by Expenditures**

Rank	Procedure Code	Description	Expenditures	Unduplicated Client Count
1	D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$3,579,270	13,902
2	D1201	Topical Application of Fluoride (Include Prophylaxis) - Child	\$2,451,226	48,506
3	D2391	Resin-Based Composite - One Surface, Posterior	\$2,020,005	13,614
4	D2140	Amalgam - One Surface, Primary or Permanent	\$1,923,785	18,405
5	D7140	Extraction, Erupted Tooth or Exposed Root	\$1,749,970	16,291
6	D3220	Therapeutic Pulpotomy	\$1,618,386	10,839
7	D0272	Bitewing - Two Films	\$1,279,895	62,345
8	D0120	Periodic Oral Examination	\$1,241,787	54,511
9	D7210	Surgical Removal of Erupted Tooth Requiring Elevation and Removal of Bone	\$1,228,765	5,547
10	D2150	Amalgam - Two Surfaces, Primary or Permanent	\$1,227,359	12,186
		Top Ten Total	\$18,320,447	256,146

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2i: FY 04-05 Top 10 Laboratory Procedures
Ranked by Expenditures**

Rank	Procedure Code	Description	Expenditures	Unduplicated Client Count
1	87491	Chlamydia Trachomatis, DNA, Amplified Probe Technique	\$1,177,187	20,092
2	87591	Neisseria Gonorrhoeae, DNA, Amplified Probe Technique	\$969,689	16,869
3	85025	Complete Blood Count with Automated White Blood Cells Differential	\$852,602	50,252
4	80053	Comprehensive Metabolic Panel	\$544,451	25,238
5	84443	Thyroid Stimulus Hormone	\$540,424	18,893
6	80101	Drug Screen, Single	\$438,559	3,156
7	87086	Urine Culture/Colony Count	\$415,796	28,058
8	80048	Basic Metabolic Panel	\$378,229	22,638
9	88142	Cytopathology, Cervical or Vaginal, Thin Layer	\$357,119	12,608
10	80055	Obstetric Panel	\$353,582	10,733
		Top Ten Total	\$6,027,638	208,537

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2j: FY 04-05 Top 10 Durable Medicaid Equipment and Supplies Procedures
Ranked by Expenditures**

Rank	Procedure Code	Description	Expenditures	Unduplicated Client Count
1	S8121	Oxygen Contents Liquid, per Pound	\$7,352,118	5,520
2	E1390	Oxygen Concentrator	\$5,865,646	7,548
3	E0434	Portable Liquid Oxygen	\$1,331,198	4,334
4	E0445	Oximeter Non-Invasive	\$1,304,929	740
5	B4035	Enteral Feeding Supply Kit; Pump Fed, per Day	\$1,027,401	634
6	B4150	Enteral Formula, Complete with Intact Nutrients	\$1,026,610	1,621
7	K0011	Standard Weight Frame Motorized/Power Wheelchair with Programmable Control	\$1,005,371	232
8	E1399	Miscellaneous Durable Medical Equipment	\$994,355	1,141
9	A9901	Durable Medical Equipment Delivery, Set-up and/or Dispensing Service Component of Another Code	\$945,618	3,458
10	A4253	Blood Glucose Test or Reagent Strips, per 50 Strips	\$915,305	3,986
Top Ten Total			\$21,768,553	29,214

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F2k: FY 04-05 Top 10 Prescription Drugs
Ranked by Expenditures**

Rank	Drug Name	Therapeutic Class	Expenditures	Unduplicated Client Count
1	Zyprexa	Antipsychotic	\$13,600,417	5,169
2	Seroquel	Antipsychotic	\$11,332,233	6,859
3	Risperdal	Antipsychotic	\$9,770,346	6,482
4	Depakote	Anti-Convulsant	\$6,231,123	6,088
5	Lipitor	Lipotropic (lowers cholesterol)	\$5,982,640	10,103
6	Abilify	Antipsychotic	\$5,642,631	2,866
7	Zoloft	Antidepressant	\$5,103,203	9,573
8	Advair	Bronchodilator and Corticosteroid	\$3,785,989	7,484
9	Synagis	Monoclonal Antibody (prevention/treatment of respiratory virus in infants)	\$3,744,263	480
10	Lamictal	Anti-Convulsant	\$3,585,201	1,808
		Top Ten Total	\$68,778,046	56,912

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and unduplicated client counts presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.

**F21: FY 04-05 Top 10 Prescription Drugs
Ranked by the Number of Prescriptions Filled**

Rank	Drug Name	Therapeutic Class	Total Prescriptions Filled	Expenditures
1	Hydrocodone	Analgesic	141,126	\$1,544,390
2	Albuterol	Bronchodilator	87,715	\$1,563,967
3	Lisinopril	Hypotensive (angiotensin converting enzyme inhibitor)	83,696	\$1,980,996
4	Furosemide	Diuretic (used in the treatment of edema and hypertension)	74,375	\$446,846
5	Ranitidine	Antacid	69,571	\$1,545,496
6	Lipitor	Lipotropic (lowers cholesterol)	66,194	\$5,982,640
7	Amoxicillin	Antibiotic	61,627	\$570,734
8	Warfarin Sodium	Anticoagulant	59,626	\$766,509
9	Oxycodone	Analgesic	57,026	\$1,941,544
10	Zoloft	Antidepressant	55,364	\$5,103,203
		Top Ten Total	756,320	\$21,446,326

Source: Medicaid paid claims from MMIS-DSS. Notes: To prevent expenditures and prescriptions filled presented in these tables from being skewed by accounting adjustments, data is based on those clients who had a paid claim with a date-of-service within the fiscal year and only claims processed up to three months after the end of the fiscal year have been included. Unduplicated client counts represent the number of unique clients who received a service in each category only.