Medicaid Telehealth Utitlization Trends, 2018-2021

Note: Claim Count by year won't necessarily match the Claim Count number in the table, because (1) a single claim could include more than one procedure code, and (2) as previously noted, these reports query the data we have at a particular point in time, and that data is updated constantly.

Source: Kansas Department of Health and Environment

BEHAVIO	RAL HEALTH TELEHEALTH CLAIMS		NON-BEH	AVIORAL HEALTH TELEHEALTH CLAIMS	
		Claim Count			Claim Count
2018		3,667	2018		21,456
90792	PSYCH DIAG EVAL W/MED SRVCS	917	99214	OFFICE/OUTPATIENT VISIT EST	8,368
90837	PSYTX PT&/FAMILY 60 MINUTES	764	99213	OFFICE/OUTPATIENT VISIT EST	6,720
90832	PSYTX PT&/FAMILY 30 MINUTES	588	Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	1,520
90791	PSYCH DIAGNOSTIC EVALUATION	498	92508	TREATMENT OF SPEECH LANGUAGE VOICE CO	1,229
90833	PSYTX PT&/FAM W/E&M 30 MIN	315	92507	TREATMENT OF SPEECH LANGUAGE VOICE CO	944
90834	PSYTX PT&/FAMILY 45 MINUTES	224	99215	OFFICE/OUTPATIENT VISIT EST	630
90785	PSYTX COMPLEX INTERACTIVE	140	99204	OFFICE/OUTPATIENT VISIT NEW	270
90839	PSYTX CRISIS INITIAL 60 MIN	97	99205	OFFICE/OUTPATIENT VISIT NEW	252
90847	FAMILY PSYCHOTHERAPY CONJOINT PSYCHOTHE	96	H0031	MENTAL HEALTH ASSESSMENT BY NON PHYSICI	224
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	15	G0407	INPT/TELE FOLLOW UP 25	204
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	8	G0408	INPT/TELE FOLLOW UP 35	196
99366	TEAM CONF W/PAT BY HC PROF	3	99212	OFFICE/OUTPATIENT VISIT EST	151
90840	PSYTX CRISIS EA ADDL 30 MIN	1	99232	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	127
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT B	1	99233	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	96
2019		4,198	99309	NURSING FAC CARE SUBSEQ	92
90792	PSYCH DIAG EVAL W/MED SRVCS	1,215	99203	OFFICE/OUTPATIENT VISIT NEW	88
90832	PSYTX PT&/FAMILY 30 MINUTES	633	H2021	COM WRAP AROUND SV 15 MIN	82
90837	PSYTX PT&/FAMILY 60 MINUTES	599	G0427	INPT TELEHEALTH CON 55M	61
90834	PSYTX PT&/FAMILY 45 MINUTES	544	99211	OFFICE/OUTPATIENT VISIT EST	56
90791	PSYCH DIAGNOSTIC EVALUATION	514	99202	OFFICE/OUTPATIENT VISIT NEW	21
90833	PSYTX PT&/FAM W/E&M 30 MIN	223	99223	INITIAL HOSPITAL CARE PER DAY FOR THE	20
90839	PSYTX CRISIS INITIAL 60 MIN	178	H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	15
90785	PSYTX COMPLEX INTERACTIVE	86	99231	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	14
90847	FAMILY PSYCHOTHERAPY CONJOINT PSYCHOTHE	71	99308	NURSING FAC CARE SUBSEQ	11
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	57	99222	INITIAL HOSPITAL CARE PER DAY FOR THE	10
90840	PSYTX CRISIS EA ADDL 30 MIN	36	99201	OFFICE/OUTPATIENT VISIT NEW	9
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	24	G0406	INPT/TELE FOLLOW UP 15	9
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT B	7	92523	SPEECH SOUND LANG COMPREHEN	7
H0038	SELF HELP/PEER SERVICES PER 15 MINUTES	3	T1017	TARGETED CASE MANAGEMENT EACH 15 MINUTE	6
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	3	99354	PROLONG E&M/PSYCTX SERV O/P	5
99366	TEAM CONF W/PAT BY HC PROF	2	G0425	INPT/ED TELECONSULT30	5
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATME	2	G0426	INPT/ED TELECONSULT50	4
H2017	PSYSOC REHAB SVC PER 15 MIN	1	99304	NURSING FACILITY CARE INIT	2

2020		399,694	99310	NURSING FAC CARE SUBSEQ	2
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATME	130,207	99406	BEHAV CHNG SMOKING 3 10 MIN	2
90837	PSYTX PT&/FAMILY 60 MINUTES	87,542	92522	EVALUATE SPEECH PRODUCTION	1
90834	PSYTX PT&/FAMILY 45 MINUTES	53,572	97802	MEDICAL NUTRITION INDIV IN	1
90832	PSYTX PT&/FAMILY 30 MINUTES	38,294	99221	INITIAL HOSPITAL CARE PER DAY FOR THE	1
H2017	PSYSOC REHAB SVC PER 15 MIN	16,784	S5110	PARENT SUPPORT AND TRAINING	1
90847	FAMILY PSYCHOTHERAPY CONJOINT PSYCHOTHE 14,064 2019		41,598		
H0038	SELF HELP/PEER SERVICES PER 15 MINUTES	12,188	92507	TREATMENT OF SPEECH LANGUAGE VOICE CO	10,288
90791	PSYCH DIAGNOSTIC EVALUATION	9,385	99214	OFFICE/OUTPATIENT VISIT EST	10,086
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	8,765	92508	TREATMENT OF SPEECH LANGUAGE VOICE CO	9,176
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUN	6,001	99213	OFFICE/OUTPATIENT VISIT EST	7,107
90792	PSYCH DIAG EVAL W/MED SRVCS	4,069	Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	1,946
90785	PSYTX COMPLEX INTERACTIVE	3,769	99215	OFFICE/OUTPATIENT VISIT EST	666
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	3,754	99232	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	520
99366	TEAM CONF W/PAT BY HC PROF	2,652	99204	OFFICE/OUTPATIENT VISIT NEW	320
90853	GROUP PSYCHOTHERAPY OTHER THAN OF A MUL	1,893	99233	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	263
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1,553	99212	OFFICE/OUTPATIENT VISIT EST	159
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE	1,446	99205	OFFICE/OUTPATIENT VISIT NEW	153
99368	TEAM CONF W/O PAT BY HC PRO	1,380	G0407	INPT/TELE FOLLOW UP 25	145
90833	PSYTX PT&/FAM W/E&M 30 MIN	1,072	G0408	INPT/TELE FOLLOW UP 35	117
90839	PSYTX CRISIS INITIAL 60 MIN	494	H0031	MENTAL HEALTH ASSESSMENT BY NON PHYSICI	114
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT B	357	99203	OFFICE/OUTPATIENT VISIT NEW	73
90836	PSYTX PT&/FAM W/E&M 45 MIN	176	G0427	INPT TELEHEALTH CON 55M	71
99367	TEAM CONF W/O PAT BY PHYS	83	99223	INITIAL HOSPITAL CARE PER DAY FOR THE	63
90840	PSYTX CRISIS EA ADDL 30 MIN	69	92523	SPEECH SOUND LANG COMPREHEN	52
90838	PSYTX PT&/FAM W/E&M 60 MIN	66	99309	NURSING FAC CARE SUBSEQ	42
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAG	58	99211	OFFICE/OUTPATIENT VISIT EST	34
99408	AUDIT/DAST 15 30 MIN	1	H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	24
2021		207,266	99354	PROLONG E&M/PSYCTX SERV O/P	22
90837	PSYTX PT&/FAMILY 60 MINUTES	61,941	H2021	COM WRAP AROUND SV 15 MIN	21
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATME	42,698	92522	EVALUATE SPEECH PRODUCTION	17
90834	PSYTX PT&/FAMILY 45 MINUTES	31,415	99202	OFFICE/OUTPATIENT VISIT NEW	17
90832	PSYTX PT&/FAMILY 30 MINUTES	19,774	G0426	INPT/ED TELECONSULT50	12
90847	FAMILY PSYCHOTHERAPY CONJOINT PSYCHOTHE	6,912	T1017	TARGETED CASE MANAGEMENT EACH 15 MINUTE	12
90791	PSYCH DIAGNOSTIC EVALUATION	6,700	99201	OFFICE/OUTPATIENT VISIT NEW	11
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUN	5,954	99308	NURSING FAC CARE SUBSEQ	8
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	5,082	99402	PREVENTIVE COUNSELING INDIV	7
H0038	SELF HELP/PEER SERVICES PER 15 MINUTES	5,053	G0406	INPT/TELE FOLLOW UP 15	7
H2017	PSYSOC REHAB SVC PER 15 MIN	4,331	99310	NURSING FAC CARE SUBSEQ	6
90792	PSYCH DIAG EVAL W/MED SRVCS	3,404	G0425	INPT/ED TELECONSULT30	6
90853	GROUP PSYCHOTHERAPY OTHER THAN OF A MUL	2,475	97803	MED NUTRITION INDIV SUBSEQ	5
90785	PSYTX COMPLEX INTERACTIVE	2,156	G0508	CRIT CARE TELEHEA CONSULT 60	5
99366	TEAM CONF W/PAT BY HC PROF	2,149	99231	SUBSEQUENT HOSPITAL CARE PER DAY FOR T	3

H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE	1,897	92521	EVALUATION OF SPEECH FLUENCY	2
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1,502	97530	THERAPEUTIC ACTIVITIES DIRECT ONE ON O	2
T1019	PERSONAL CARE SERVICES PER 15 MINUTES	1,472	99222	INITIAL HOSPITAL CARE PER DAY FOR THE	2
90833	PSYTX PT&/FAM W/E&M 30 MIN	737	T1027	FAMILY TRAINING AND COUNSELING FOR CHILD	2
99368	TEAM CONF W/O PAT BY HC PRO	648	92524	BEHAVRAL QUALIT ANALYS VOICE	1
90839	PSYTX CRISIS INITIAL 60 MIN	354	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/	1
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT B	342	92567	TYMPANOMETRY IMPEDANCE TESTING	1
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAG	85	96110	DEVELOPMENTAL SCREEN W/SCORE	1
90836	PSYTX PT&/FAM W/E&M 45 MIN	65	97153	ADAPTIVE BEHAVIOR TX BY TECH	1
90840	PSYTX CRISIS EA ADDL 30 MIN	51	97155	ADAPT BEHAVIOR TX PHYS/QHP	1
90838	PSYTX PT&/FAM W/E&M 60 MIN	39	97802	MEDICAL NUTRITION INDIV IN	1
99367	TEAM CONF W/O PAT BY PHYS	26	99221	INITIAL HOSPITAL CARE PER DAY FOR THE	1
H0049	ALCOHOL/DRUG SCREENING	3	99306	NURSING FACILITY CARE INIT	1
90863	PHARMACOLOGIC MGMT W/PSYTX	1	99307	NURSING FAC CARE SUBSEQ	1
			99355	PROLONG E&M/PSYCTX SERV O/P	1
			99407	BEHAV CHNG SMOKING > 10 MIN	1
			2020		273,917
			99213	OFFICE/OUTPATIENT VISIT EST	57,656
			99214	OFFICE/OUTPATIENT VISIT EST	45,244
			92507	TREATMENT OF SPEECH LANGUAGE VOICE CO	40,607
			92508	TREATMENT OF SPEECH LANGUAGE VOICE CO	22,699
			T1017	TARGETED CASE MANAGEMENT EACH 15 MINUTE	12,681
			S5110	PARENT SUPPORT AND TRAINING	11,322
			97530	THERAPEUTIC ACTIVITIES DIRECT ONE ON O	9,167
			H2021	COM WRAP AROUND SV 15 MIN	8,801
			H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY	8,765
			T1027	FAMILY TRAINING AND COUNSELING FOR CHILD	7,090
			99212	OFFICE/OUTPATIENT VISIT EST	5,485
			97129	THER IVNTJ 1ST 15 MIN	5,148
			97130	THER IVNTJ EA ADDL 15 MIN	4,380
			99402	PREVENTIVE COUNSELING INDIV	3,413
			G0153	HHCP SVS OF S/L PAT EA 15 MIN	3,134
			G0151	HHCP SERV OF PT EA 15 MIN	2,860
			G0152	HHCP SERV OF OT EA 15 MIN	2,523
			99203	OFFICE/OUTPATIENT VISIT NEW	1,961
			T1019	PERSONAL CARE SERVICES PER 15 MINUTES	1,890
			99215	OFFICE/OUTPATIENT VISIT EST	1,659
			99204	OFFICE/OUTPATIENT VISIT NEW	1,219
			92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/	941
			97155	ADAPT BEHAVIOR TX PHYS/QHP	902
			99201	OFFICE/OUTPATIENT VISIT NEW	888
			99309	NURSING FAC CARE SUBSEQ	861
			Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	845

971	110 THERAPEUTIC PROCEDURE ONE OR MORE AREAS
971	156 FAM ADAPT BHV TX GDN PHY/QHP
925	523 SPEECH SOUND LANG COMPREHEN
993	NURSING FAC CARE SUBSEQ
992	
994	404 PREVENTIVE COUNSELING INDIV
992	
T20	
971	112 THERAPEUTIC PROCEDURE ONE OR MORE AREAS
992	205 OFFICE/OUTPATIENT VISIT NEW
993	NURSING FAC CARE SUBSEQ
992	232 SUBSEQUENT HOSPITAL CARE PER DAY FOR T
G04	408 INPT/TELE FOLLOW UP 35
G91	150 MEDICAL HOME LEVEL III
992	233 SUBSEQUENT HOSPITAL CARE PER DAY FOR T
971:	153 ADAPTIVE BEHAVIOR TX BY TECH
S03	311 COMP MGMT CARE COORD ADV ILL 2
993	NURSING FAC CARE SUBSEQ
S02	281 MEDICAL HOME MAINTENANCE
S02	280 MEDICAL HOME INITIAL PLAN
978	B03 MED NUTRITION INDIV SUBSEQ 2
993:	PROLONG E&M/PSYCTX SERV O/P
G91	148 MEDICAL HOME LEVEL I
S51	190 WELLNESS ASSESSMENT PERFORMED BY NON PH
T10	NURSING ASSESSMENT / EVALUATION
H00	031 MENTAL HEALTH ASSESSMENT BY NON PHYSICI
G04	407 INPT/TELE FOLLOW UP 25
G04	427 INPT TELEHEALTH CON 55M
992	223 INITIAL HOSPITAL CARE PER DAY FOR THE
971	151 BHV ID ASSMT BY PHYS/QHP
925	522 EVALUATE SPEECH PRODUCTION
9710	OT EVAL MOD COMPLEX 45 MIN
9710	PT EVAL LOW COMPLEX 20 MIN
994	BEHAV CHNG SMOKING 3 10 MIN
971	OT EVAL LOW COMPLEX 30 MIN
975	SELF CARE/HOME MANAGEMENT TRAINING EG
G04	406 INPT/TELE FOLLOW UP 15
992	SUBSEQUENT HOSPITAL CARE PER DAY FOR T
993	PROLONG E&M/PSYCTX SERV O/P
971	PT EVAL MOD COMPLEX 30 MIN
978	MEDICAL NUTRITION INDIV IN
993	NURSING FACILITY CARE INIT
971	152 BHV ID SUPRT ASSMT BY 1 TECH

S0221 MEDICAL CONFERENCE BY A PHYSICIAN WITH I	32
99305 NURSING FACILITY CARE INIT	31
99407 BEHAV CHNG SMOKING > 10 MIN	31
97167 OT EVAL HIGH COMPLEX 60 MIN	30
96110 DEVELOPMENTAL SCREEN W/SCORE	27
99222 INITIAL HOSPITAL CARE PER DAY FOR THE	25
99304 NURSING FACILITY CARE INIT	19
G0425 INPT/ED TELECONSULT30	19
G0426 INPT/ED TELECONSULT50	17
96112 DEVEL TST PHYS/QHP 1ST HR	16
99221 INITIAL HOSPITAL CARE PER DAY FOR THE	15
97533 SENSORY INTEGRATIVE TECHNIQUES TO ENHANC	13
96116 NEUROBEHAVIORAL STATUS EXAM	12
G9149 MEDICAL HOME LEVEL II	12
97163 PT EVAL HIGH COMPLEX 45 MIN	11
92524 BEHAVRAL QUALIT ANALYS VOICE	9
96113 DEVEL TST PHYS/QHP EA ADDL	9
92521 EVALUATION OF SPEECH FLUENCY	8
99495 TRANS CARE MGMT 14 DAY DISCH	5
99496 TRANS CARE MGMT 7 DAY DISCH	4
S9482 FAMILY STABILIZATION 15 MIN	4
92567 TYMPANOMETRY IMPEDANCE TESTING	3
97164 PT RE EVAL EST PLAN CARE	3
92587 EVOKED AUDITORY TEST LIMITED	2
97168 OT RE EVAL EST PLAN CARE	2
92551 PURE TONE HEARING TEST AIR	1
92557 COMPREHENSIVE AUDIOMETRY THRESHOLD EVALU	1
97760 ORTHOTIC MGMT&TRAING 1ST ENC	1
2021	192,485
99214 OFFICE/OUTPATIENT VISIT EST	39,169
99213 OFFICE/OUTPATIENT VISIT EST	34,612
92507 TREATMENT OF SPEECH LANGUAGE VOICE CO	29,785
92508 TREATMENT OF SPEECH LANGUAGE VOICE CO	23,520
S5110 PARENT SUPPORT AND TRAINING	7,959
H2021 COM WRAP AROUND SV 15 MIN	6,480
97530 THERAPEUTIC ACTIVITIES DIRECT ONE ON O	6,182
T1017 TARGETED CASE MANAGEMENT EACH 15 MINUTE	6,130
H0004 BEHAVIORAL HEALTH COUNSELING AND THERAPY	5,082
97129 THER IVNTJ 1ST 15 MIN	3,568
99212 OFFICE/OUTPATIENT VISIT EST	3,568
T1027 FAMILY TRAINING AND COUNSELING FOR CHILD	2,957
97130 THER IVNTJ EA ADDL 15 MIN	2,614
G0153 HHCP SVS OF S/L PAT EA 15 MIN	2,477

99402 PREVENTIVE COUNSELING INDIV	1,688
99215 OFFICE/OUTPATIENT VISIT EST	1,432
G0152 HHCP SERV OF OT EA 15 MIN	1,392
G0151 HHCP SERV OF PT EA 15 MIN	1,309
99203 OFFICE/OUTPATIENT VISIT NEW	1,209
G9150 MEDICAL HOME LEVEL III	802
99204 OFFICE/OUTPATIENT VISIT NEW	679
S0281 MEDICAL HOME MAINTENANCE	656
97155 ADAPT BEHAVIOR TX PHYS/QHP	625
S0311 COMP MGMT CARE COORD ADV ILL	598
97156 FAM ADAPT BHV TX GDN PHY/QHP	548
99211 OFFICE/OUTPATIENT VISIT EST	540
T1019 PERSONAL CARE SERVICES PER 15 MINUTES	482
92523 SPEECH SOUND LANG COMPREHEN	438
99309 NURSING FAC CARE SUBSEQ	436
97110 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	410
99202 OFFICE/OUTPATIENT VISIT NEW	385
92526 TREATMENT OF SWALLOWING DYSFUNCTION AND/	369
97112 THERAPEUTIC PROCEDURE ONE OR MORE AREAS	351
99205 OFFICE/OUTPATIENT VISIT NEW	319
99232 SUBSEQUENT HOSPITAL CARE PER DAY FOR T	313
S0280 MEDICAL HOME INITIAL PLAN	263
G9148 MEDICAL HOME LEVEL I	244
Q3014 TELEHEALTH ORIGINATING SITE FACILITY FEE	244
99233 SUBSEQUENT HOSPITAL CARE PER DAY FOR T	201
97153 ADAPTIVE BEHAVIOR TX BY TECH	189
99308 NURSING FAC CARE SUBSEQ	172
99404 PREVENTIVE COUNSELING INDIV	168
G0408 INPT/TELE FOLLOW UP 35	165
99310 NURSING FAC CARE SUBSEQ	159
97803 MED NUTRITION INDIV SUBSEQ	112
H0031 MENTAL HEALTH ASSESSMENT BY NON PHYSICI	112
T2038 COMMUNITY TRANSITION	106
99223 INITIAL HOSPITAL CARE PER DAY FOR THE	97
G0407 INPT/TELE FOLLOW UP 25	71
97161 PT EVAL LOW COMPLEX 20 MIN	65
97166 OT EVAL MOD COMPLEX 45 MIN	61
97165 OT EVAL LOW COMPLEX 30 MIN	59
97535 SELF CARE/HOME MANAGEMENT TRAINING EG	58
S0221 MEDICAL CONFERENCE BY A PHYSICIAN WITH I	57
S5190 WELLNESS ASSESSMENT PERFORMED BY NON PH	56
T1001 NURSING ASSESSMENT / EVALUATION	53
97162 PT EVAL MOD COMPLEX 30 MIN	51

92522 EVALUATE SPEECH PRODUCTION	50
99231 SUBSEQUENT HOSPITAL CARE PER DAY FOR T	49
99307 NURSING FAC CARE SUBSEQ	46
99354 PROLONG E&M/PSYCTX SERV O/P	41
G0427 INPT TELEHEALTH CON 55M	41
97151 BHV ID ASSMT BY PHYS/QHP	40
97533 SENSORY INTEGRATIVE TECHNIQUES TO ENHANC	38
G0406 INPT/TELE FOLLOW UP 15	35
G0426 INPT/ED TELECONSULT50	31
G9149 MEDICAL HOME LEVEL II	31
97802 MEDICAL NUTRITION INDIV IN	28
99407 BEHAV CHNG SMOKING > 10 MIN	28
99406 BEHAV CHNG SMOKING 3 10 MIN	27
99222 INITIAL HOSPITAL CARE PER DAY FOR THE	17
97168 OT RE EVAL EST PLAN CARE	16
96110 DEVELOPMENTAL SCREEN W/SCORE	12
92521 EVALUATION OF SPEECH FLUENCY	11
97152 BHV ID SUPRT ASSMT BY 1 TECH	11
97163 PT EVAL HIGH COMPLEX 45 MIN	10
97167 OT EVAL HIGH COMPLEX 60 MIN	10
99305 NURSING FACILITY CARE INIT	10
92524 BEHAVRAL QUALIT ANALYS VOICE	8
G0425 INPT/ED TELECONSULT30	7
96113 DEVEL TST PHYS/QHP EA ADDL	5
97140 MANUAL THERAPY 1/> REGIONS	5
97750 PHYSICAL PERFORMANCE TEST OR MEASUREMENT	5
99304 NURSING FACILITY CARE INIT	5
96112 DEVEL TST PHYS/QHP 1ST HR	4
96116 NEUROBEHAVIORAL STATUS EXAM	4
99306 NURSING FACILITY CARE INIT	4
92567 TYMPANOMETRY IMPEDANCE TESTING	2
92587 EVOKED AUDITORY TEST LIMITED	2
99221 INITIAL HOSPITAL CARE PER DAY FOR THE	2
99355 PROLONG E&M/PSYCTX SERV O/P	1
99496 TRANS CARE MGMT 7 DAY DISCH	1
T2021 DAY HABIL WAIVER PER 15 MIN	1