Methodology for Utah Education and Telehealth Network Order #1613

The Utah All Payers Claim Database was used for this data dashboard. The data was pulled from the raw data servers after two months of runout is received. Care is taken to ensure that claims are only counted once by removing any secondarily paid claims and prior versions of the claims.

Only certain professional claims are used for this analysis. The CPT procedure codes used to identify qualified claims and the procedure cost are the following 99201-99205 (new patient office or other outpatient visit), 99211-99215 (established patient office or other outpatient visit), various telehealth claims (99421-99423, 98966-98968, 99441-99443, 98970-98972, 98968, 99443, G2010, G2012, G0425-G0427, G0406-G0408, G0459, G0508, and G0509).

Telehealth claims were identified by one of three different methods. 1) Specific CPT codes, 2) Procedure modifier of '95','GQ', or 'GT', or 3) Place of service indicator of '02' or '10'.

Behavioral health claims are identified by CPT code between 90785 and 90899 or a Principal Diagnosis code starting with a "F".

Urban, Rural, or Frontier classifications were derived from mapping a member's zip code to a county. Urban counties have a population density of 100 or more people per sq. mile; Rural counties have a population density of fewer than 99 but greater than 6 people per sq. mile; and Frontier counties have 6 or fewer people per sq. mile.

Allowed amounts were created from both the plan paid amounts and the member liability amounts.

For the top 5 procedure and top 5 diagnosis per month tables, telehealth claims were broken into mental health and non-mental health categories based on the primary diagnosis code starting with an 'F' or not.

Please email Matt McCullough at mattm@utn.org with any questions.