

1999-2001 MAX OT Validation Table
State: VA

| Measure | Expected Range | 1999 | | 2000 | | 2001 | | % Change 1999-2000 | % Change 2000 - 2001 | Cross Year Change Within Expected Range (+/-15%) |
|---|----------------|------------|--------------|------------|--------------|------------|--------------|--------------------|----------------------|--|
| | | Value | Within Range | Value | Within Range | Value | Within Range | | | |
| All OT Claims | | | | | | | | | | |
| Total Number of Claims | N/A | 12,517,544 | N/A | 12,748,512 | N/A | 13,485,386 | N/A | 1.85 | 5.78 | Yes |
| * | N/A | 11.86 | N/A | 14.90 | N/A | 19.19 | N/A | 25.63 | 28.78 | No |
| % Encounter Claims (Claim Type=3) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Supplemental Claims | N/A | 13.15 | N/A | 13.92 | N/A | 16.21 | N/A | 5.81 | 16.52 | No |
| Total FFS Claims (Claim Type=2, and MAX TOS | N/A | 9,386,737 | N/A | 9,075,081 | N/A | 8,711,507 | N/A | -3.32 | -4.01 | Yes |
| Total FFS Claims Excluding Capitation Payments | 5-20 | 16.78 | Yes | 14.33 | Yes | 15.89 | Yes | -14.60 | 10.87 | Yes |
| % Crossover | > 1% | 0.59 | No | 0.67 | No | 0.73 | No | 13.46 | 8.54 | Yes |
| % Adjusted Claims | N/A | . | N/A | 78.28 | N/A | 84.30 | N/A | N/A | 7.70 | Yes |
| % Standard Adjustments | N/A | \$428 | N/A | \$415 | N/A | \$450 | N/A | -3.10 | 8.52 | Yes |
| Average Paid per HMO Cap Clms (TOS 20) | N/A | 14.92 | N/A | 16.35 | N/A | 18.11 | N/A | 9.59 | 10.74 | Yes |
| % Claims(TOC 1,2) TOS 21: PHP Cap Payments | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Claims(TOC 1,2) TOS 22: PCCM Cap Pay. | N/A | 0.00 | N/A | 0.00 | N/A | 1.95 | N/A | N/A | N/A | N/A |
| Average Paid per HMO Cap Clms (TOS 20) | \$75-\$300 | \$170 | Yes | \$188 | Yes | \$206 | Yes | 10.45 | 9.71 | Yes |
| Average Paid per PHP Cap Clms (TOS 21) | \$20-\$250 | . | No | . | No | . | No | N/A | N/A | N/A |
| Average Paid per PCCM Cap Clms (TOS 22) | 3-5 | . | No | . | No | \$3 | Yes | N/A | N/A | N/A |
| Non-Crossover Claims (Type of Claim=1, Crossover Claim Indicator=0, excluding capitation claims) **capitation claims were included in 199 | | | | | | | | | | |
| Total Number of Claims | N/A | 7,811,559 | N/A | 7,774,489 | N/A | 7,327,267 | N/A | -0.47 | -5.75 | Yes |
| % Claims with> \$0 Paid | >95% | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Claims with< \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | N/A | N/A | N/A |
| % Claims with Span Bill | N/A | 7.93 | N/A | 8.47 | N/A | 9.57 | N/A | 6.86 | 12.93 | Yes |
| % OPD Claims with Span Bill/ All OPD Claims(TOS 11) | N/A | 6.50 | N/A | 7.09 | N/A | 7.71 | N/A | 9.19 | 8.70 | Yes |
| % HH Claims with Span Bill/All HH Claims (TOS 13) | N/A | 88.33 | N/A | 89.53 | N/A | 88.05 | N/A | 1.36 | -1.66 | Yes |
| % Other Claims with Span Bills/All Other Claims | N/A | 7.83 | N/A | 8.39 | N/A | 9.53 | N/A | 7.14 | 13.60 | Yes |
| % Claims W/ Service Place 11- Office | 50-90 | 42.07 | No | 39.08 | No | 41.43 | No | -7.12 | 6.02 | Yes |
| % Claims W/ Service Place 12 - Home | >0-5 | 6.92 | No | 7.46 | No | 8.33 | No | 7.69 | 11.71 | Yes |
| % Claims W/ Service Place 21 - Hospital | >0-5 | 7.17 | No | 7.07 | No | 7.88 | No | -1.32 | 11.33 | Yes |
| % Claims W/ Service Place 32 - NF | >0-5 | 0.00 | No | 0.00 | No | 0.00 | No | N/A | N/A | N/A |
| % Claims W/ Service Place 23 - ER | 1-10 | 2.71 | Yes | 2.45 | Yes | 2.51 | Yes | -9.74 | 2.41 | Yes |
| % Claims w/ Service Place 22 - OPD | >0-10 | 2.90 | Yes | 2.65 | Yes | 2.70 | Yes | -8.66 | 1.84 | Yes |
| % Claims W/ Service Place 99 - Unknown/Other | <5 | 0.67 | Yes | 0.81 | Yes | 0.82 | Yes | 19.76 | 1.10 | N/A |
| % Claims with TPL | >0 - 15 | 0.91 | Yes | 1.01 | Yes | 1.14 | Yes | 10.29 | 12.54 | Yes |
| Aver. TPL Paid -claims with TPL | N/A | \$97 | N/A | \$104 | N/A | \$104 | N/A | 7.07 | 0.63 | Yes |
| PERCENT CLAIMS/MAX TOS | | | | | | | | | | Yes |
| % claims MAX TOS 08: Physicians | 10-35 | 29.11 | Yes | 24.89 | Yes | 26.21 | Yes | -14.50 | 5.28 | Yes |
| % claims MAX TOS 09: Dental | 2-20 | 5.29 | Yes | 4.71 | Yes | 4.92 | Yes | -10.97 | 4.54 | Yes |
| % claims MAX TOS 10: Other Practitioners | 0.5-8 | 1.37 | Yes | 0.57 | Yes | 0.62 | Yes | -58.22 | 9.22 | Yes |
| % claims MAX TOS 11: OPD | 3-25 | 5.59 | Yes | 5.01 | Yes | 5.12 | Yes | -10.35 | 2.10 | Yes |
| % claims MAX TOS 12: Clinic | 2-25 | 5.94 | Yes | 4.73 | Yes | 4.79 | Yes | -20.37 | 1.34 | Yes |
| % claims MAX TOS 13: HH | >0-25 | 0.21 | Yes | 0.18 | Yes | 0.16 | Yes | -15.61 | -8.95 | Yes |
| % claims MAX TOS 15: Lab/Xray | 4-20 | 24.93 | No | 26.48 | No | 26.94 | No | 6.23 | 1.72 | Yes |

* Cross year change for encounter claims is expected to be +15%, no negative.

** Capitation Claims might be found in either in the All OT Claims or the FFS Non-Crossover section of the table.

1999-2001 MAX OT Validation Table
State: VA

| Measure | Expected Range | 1999 | | 2000 | | 2001 | | % Change 1999-2000 | % Change 2000 - 2001 | Cross Year Change Within Expected Range (+/-15%) |
|--|----------------|---------|--------------|---------|--------------|---------|--------------|--------------------|----------------------|--|
| | | Value | Within Range | Value | Within Range | Value | Within Range | | | |
| % claims MAX TOS 16: Drugs | <3 | 0.00 | Yes | 0.00 | Yes | 0.11 | Yes | N/A | N/A | N/A |
| % claims MAX TOS 49: Other Services | <25 | 2.59 | Yes | 2.03 | Yes | 2.32 | Yes | -21.51 | 14.10 | Yes |
| % claims MAX TOS 51: DME | >3 | 4.41 | Yes | 4.64 | Yes | 5.11 | Yes | 5.25 | 10.08 | Yes |
| % claims MAX TOS 26: Transportation | >1 | 11.93 | Yes | 14.34 | Yes | 9.21 | Yes | 20.22 | -35.77 | No |
| % claims MAX TOS 24: Sterilizations | N/A | 0.02 | N/A | 0.02 | N/A | 0.01 | N/A | -14.06 | -10.06 | Yes |
| % claims MAX TOS 25: Abortions | N/A | 0.04 | N/A | 0.03 | N/A | 0.03 | N/A | -9.02 | -4.09 | Yes |
| % claims MAX TOS 30: PCS | >0 | 1.84 | Yes | 2.06 | Yes | 2.30 | Yes | 12.00 | 11.55 | Yes |
| % claims MAX TOS 31: TCM | >0 | 0.28 | Yes | 0.26 | Yes | 0.25 | Yes | -8.06 | -4.73 | Yes |
| % claims MAX TOS 33: Rehabilitation | >0 | 0.83 | Yes | 0.92 | Yes | 0.98 | Yes | 11.26 | 6.40 | Yes |
| % claims MAX TOS 34: PT/OT/hear/speech | >1 | 0.04 | No | 0.06 | No | 0.06 | No | 65.71 | 7.30 | N/A |
| % claims MAX TOS 35: Hospice | >0 | 0.02 | Yes | 0.02 | Yes | 0.02 | Yes | 13.63 | -5.44 | Yes |
| % claims MAX TOS 36: Nurse Midwife | N/A | 0.06 | N/A | 0.03 | N/A | 0.04 | N/A | -50.78 | 22.30 | N/A |
| % claims MAX TOS 37: Nurse Practitioner | N/A | 0.27 | N/A | 0.32 | N/A | 0.33 | N/A | 18.43 | 2.73 | N/A |
| % claims MAX TOS 38: Private Nursing | N/A | 0.16 | N/A | 0.17 | N/A | 0.22 | N/A | 9.34 | 30.46 | N/A |
| % claims MAX TOS 39: Religious Non-Med | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 52: Residential Care | N/A | 0.85 | N/A | 0.91 | N/A | 1.05 | N/A | 7.86 | 14.62 | Yes |
| % claims MAX TOS 53: Psych. Services | >1 | 3.37 | Yes | 6.58 | Yes | 8.00 | Yes | 95.01 | 21.69 | No |
| % claims MAX TOS 54: Adult Day Care | >0 | 0.88 | Yes | 1.04 | Yes | 1.20 | Yes | 18.32 | 16.20 | No |
| % claims MAX TOS 99: Unknown | <1 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | N/A | N/A | N/A |
| Average Medicaid Amount Paid For Selected MAX TOS (excluding claims with <=\$0 paid) | | | | | | | | | | Yes |
| Total | N/A | \$88 | N/A | \$98 | N/A | \$111 | N/A | 12.47 | 12.64 | Yes |
| 08: Physicians | \$20-90 | \$53 | Yes | \$58 | Yes | \$57 | Yes | 8.46 | -0.91 | Yes |
| 09: Dental | \$10-60 | \$35 | Yes | \$37 | Yes | \$40 | Yes | 5.27 | 7.25 | Yes |
| 10: Other Practitioner | \$10-100 | \$47 | Yes | \$42 | Yes | \$43 | Yes | -11.79 | 3.00 | Yes |
| 11: OPD | \$20-100 | \$180 | No | \$198 | No | \$216 | No | 9.66 | 9.47 | Yes |
| 12: Clinic | \$20-100 | \$49 | Yes | \$52 | Yes | \$53 | Yes | 5.71 | 3.12 | Yes |
| 13: HH | N/A | \$398 | N/A | \$420 | N/A | \$424 | N/A | 5.39 | 1.07 | Yes |
| 15: Lab/Xray | 10-60 | \$14 | Yes | \$15 | Yes | \$16 | Yes | 5.15 | 4.84 | Yes |
| 16: Drugs | 10-60 | . | No | . | No | \$15 | Yes | N/A | N/A | N/A |
| 19: Other Service | N/A | \$133 | N/A | \$257 | N/A | \$265 | N/A | 93.17 | 3.42 | Yes |
| 51: DME | N/A | \$81 | N/A | \$81 | N/A | \$81 | N/A | 0.35 | 0.12 | Yes |
| 26: Transportation | N/A | \$44 | N/A | \$46 | N/A | \$47 | N/A | 4.00 | 2.51 | Yes |
| 30: PCS | N/A | \$565 | N/A | \$541 | N/A | \$524 | N/A | -4.13 | -3.13 | Yes |
| 31: Targeted Case Management | N/A | \$38 | N/A | \$38 | N/A | \$38 | N/A | -0.17 | -0.73 | Yes |
| 33: Rehabilitation | N/A | \$393 | N/A | \$320 | N/A | \$306 | N/A | -18.48 | -4.54 | Yes |
| 34: PT/OT/speech/hear | N/A | \$36 | N/A | \$35 | N/A | \$33 | N/A | -2.38 | -5.71 | N/A |
| 35: Hospice | N/A | \$1,715 | N/A | \$1,799 | N/A | \$2,145 | N/A | 4.87 | 19.23 | No |
| 52: Residential Care | N/A | \$1,357 | N/A | \$1,610 | N/A | \$1,794 | N/A | 18.66 | 11.38 | Yes |
| 53: Psych. Services | N/A | \$203 | N/A | \$177 | N/A | \$204 | N/A | -12.78 | 15.24 | No |
| PERCENT OF CLAIMS BY PROGRAM TYPE (claim type 1) | N/A | \$552 | N/A | \$547 | N/A | \$548 | N/A | -0.83 | 0.19 | Yes |
| % Family Planning (code 2) | N/A | | | | | | | | | |
| % RHC (code 3) | N/A | 0.46 | N/A | 0.42 | N/A | 0.46 | N/A | -7.73 | 8.70 | Yes |
| | N/A | 1.44 | N/A | 1.35 | N/A | 1.37 | N/A | -6.43 | 1.18 | Yes |

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|---|----------------|-----------|--------------|-----------|--------------|-----------|--------------|--------------------|----------------------|--|
| | | Value | Within Range | Value | Within Range | Value | Within Range | | | |
| (code 4) | N/A | 0.60 | N/A | 0.57 | N/A | 0.60 | N/A | -5.32 | 4.60 | Yes |
| % FQHC (code 5) | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % IHS (code 6,7) | N/A | 2.23 | N/A | 2.45 | N/A | 2.77 | N/A | 9.86 | 12.99 | Yes |
| AVERAGE EXPENDITURES BY PROGRAM | | | | | | | | | | |
| Family Planning (code 2) | N/A | \$92 | N/A | \$87 | N/A | \$78 | N/A | -4.93 | -10.55 | Yes |
| RHC (code 3) | N/A | \$49 | N/A | \$49 | N/A | \$52 | N/A | -0.90 | 5.37 | Yes |
| FQHC (code 4) | N/A | \$63 | N/A | \$68 | N/A | \$67 | N/A | 7.69 | -1.75 | Yes |
| IHS (code 5) | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| Waiver (code 6-7) | N/A | \$580 | N/A | \$561 | N/A | \$540 | N/A | -3.30 | -3.64 | Yes |
| % Claims with DX | > 60 | 66.88 | Yes | 65.13 | Yes | 70.04 | Yes | -2.61 | 7.53 | Yes |
| % Claims with DX (MAX TOS 8, 11, 12) | 85-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Claims with 1 DX that have 2 DX | N/A | 9.94 | N/A | 9.44 | N/A | 5.48 | N/A | -5.04 | -41.96 | No |
| % Claims with DX, where length=3 | 5-25 | 31.00 | No | 25.77 | No | 17.52 | Yes | -16.85 | -32.01 | No |
| % Claims with DX, where length=4 | 40-70 | 51.09 | Yes | 55.34 | Yes | 60.97 | Yes | 8.33 | 10.16 | Yes |
| % Claims with DX, where length=5 | 20-55 | 17.91 | No | 18.88 | No | 21.47 | Yes | 5.40 | 13.71 | Yes |
| % OPD Claims with Service Code or UB-92/OPD Claims (TOS 11) | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % HH Claims with Service Code or UB-92/HH Claims (TOS13) | N/A | 2.06 | N/A | 44.32 | N/A | 100.00 | N/A | 2048.76 | 125.61 | No |
| % Other Claims with Service Codes /All Other Claims (Excluding OPD/HH) | 98-100 | 98.04 | Yes | 97.82 | No | 97.57 | No | -0.22 | -0.26 | Yes |
| % CPT-4 Service Code Indicator (code 01)/Claims with Service Codes | N/A | 73.25 | N/A | 73.01 | N/A | 70.20 | N/A | -0.34 | -3.84 | Yes |
| % HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes | N/A | 4.54 | N/A | 4.46 | N/A | 4.74 | N/A | -1.71 | 6.27 | Yes |
| % Other National Code Indicator (codes 2-5, 7-9)/Claims with Service Codes | N/A | 6.57 | N/A | 6.15 | N/A | 6.34 | N/A | -6.33 | 3.00 | Yes |
| % State Specific Serv. Indicator (10-87)/Claims with Service Codes | N/A | 15.64 | N/A | 16.38 | N/A | 18.72 | N/A | 4.72 | 14.29 | N/A |
| % CPT-4 Format Codes- 5n/Claims with CPT-4 | 98-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % HCPCS Format Codes Cnnnn or Cnnnn /Claims with HCPCS | 98-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Claims with TOS 08 with Physician Specialty | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| FFS Crossover Claims (Type of Claim=1), Crossover Claim Indicator=1, excluding capitation claims | | | | | | | | | | |
| Total Number of Claims | N/A | 1,575,178 | N/A | 1,300,592 | N/A | 1,384,240 | N/A | -17.43 | 6.43 | Yes |
| % Claims with> \$0 Paid | >95% | 96.41 | Yes | 100.00 | Yes | 100.00 | Yes | 3.72 | 0.00 | Yes |
| % Claims with< \$0 Paid | 0 | 0.00 | Yes | 0.00 | Yes | 0.00 | Yes | N/A | N/A | N/A |
| % Claims with Span Bill | N/A | 8.24 | N/A | 7.57 | N/A | 7.17 | N/A | -8.02 | -5.32 | Yes |
| % OPD Claims with Span Bill/ All OPD Claims(TOS 11) | N/A | 10.19 | N/A | 11.55 | N/A | 13.07 | N/A | 13.42 | 13.15 | Yes |
| % HH Claims with Span Bill/All HH Claims (TOS 13) | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| % Other Claims with Span Bills/All Other Claims | N/A | 7.89 | N/A | 6.74 | N/A | 5.92 | N/A | -14.65 | -12.12 | Yes |
| PERCENT CLAIMS/MAX TOS (excluding 20-22) | | | | | | | | | | |

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|--|----------------|--------|--------------|--------|--------------|--------|--------------|--------------------|----------------------|--|
| | | Value | Within Range | Value | Within Range | Value | Within Range | | | |
| % claims MAX TOS 08: Physicians | N/A | 38.49 | N/A | 31.10 | N/A | 30.01 | N/A | -19.20 | -3.52 | Yes |
| % claims MAX TOS 10: Other Practitioners ^r | N/A | 3.49 | N/A | 3.39 | N/A | 3.27 | N/A | -2.68 | -3.60 | Yes |
| % claims MAX TOS 11: OPD | N/A | 14.84 | N/A | 17.37 | N/A | 17.48 | N/A | 17.00 | 0.64 | Yes |
| % claims MAX TOS 12: Clinic | N/A | 6.90 | N/A | 8.94 | N/A | 8.82 | N/A | 29.60 | -1.27 | Yes |
| % claims MAX TOS 13: HH | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 15: Lab/Xray | N/A | 9.59 | N/A | 4.54 | N/A | 4.54 | N/A | -52.68 | -0.02 | Yes |
| % claims MAX TOS 19: Other Services | N/A | 20.56 | N/A | 25.91 | N/A | 26.34 | N/A | 25.98 | 1.67 | Yes |
| % claims MAX TOS 51: DME | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 26: Transportation ⁿ | N/A | 5.17 | N/A | 7.37 | N/A | 7.87 | N/A | 42.55 | 6.74 | Yes |
| % claims MAX TOS 30: PCS | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | 131.21 | -28.41 | N/A |
| % claims MAX TOS 31: TCM | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 33: Rehabilitation | N/A | 0.48 | N/A | 0.57 | N/A | 0.57 | N/A | 18.70 | -0.98 | Yes |
| % claims MAX TOS 34: PT/OT/hear/speech | N/A | 0.01 | N/A | 0.00 | N/A | 0.01 | N/A | -75.21 | 114.76 | N/A |
| % claims MAX TOS 35: Hospice | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 52: Residential Care ^e | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 53: Psych. Services | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % claims MAX TOS 54: Adult Day Care | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| Average Amount Paid | N/A | \$44 | N/A | \$51 | N/A | \$48 | N/A | 14.50 | -5.82 | Yes |
| % Claims with DX | N/A | 100.00 | N/A | 100.00 | N/A | 100.00 | N/A | 0.00 | 0.00 | Yes |
| % Claims with DX (MAX TOS 8, 11, 12) | 85-100 | 100.00 | Yes | 100.00 | Yes | 100.00 | Yes | 0.00 | 0.00 | Yes |
| % Claims with 1 DX that have 2 DX | N/A | 0.00 | N/A | 0.00 | N/A | 0.00 | N/A | N/A | N/A | N/A |
| % Claims with DX, where length=3 | 5-25 | 32.83 | No | 31.89 | No | 28.02 | No | -2.88 | -12.11 | Yes |
| % Claims with DX, where length=4 | 40-70 | 43.18 | Yes | 44.03 | Yes | 47.20 | Yes | 1.97 | 7.21 | Yes |
| % Claims with DX, where length=5 | 20-55 | 23.99 | Yes | 24.08 | Yes | 24.77 | Yes | 0.40 | 2.86 | Yes |
| % OPD Claims with Service Code or UB-92/OPD Claims (TOS 11) | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| % HH Claims with Service Code or UB-92/HH Claims (TOS13) | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| % Other Claims with Service Codes/All Other Claims (Excluding OPD/HH) | 98-100 | . | No | . | No | . | No | N/A | N/A | N/A |
| % CPT-4 Service Code Indicator (code 01)/Claims with Service Codes | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| % HCPCS (II & III) Service Codes Indicator (code 06)/Claims with Service Codes | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |
| % Other Codes Indicator /Claims with Service Codes | N/A | . | N/A | . | N/A | . | N/A | N/A | N/A | N/A |

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