

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

(Expenditure amounts are rounded)

Ambulance – All Procedures

Procedure Code	Description	Expenditures
A0430	FIXED WING AIR TRANSPORT (ONE WAY)	\$876,517
A0435	FIXED WING AIR MILEAGE (PER MILE)	\$611,807
A0431	ROTARY WING AIR TRANSPORT (ONE WAY)	\$489,003
A0427	ADVANCED LIFE SUPPORT (ALS), EMERGENCY (LEVEL 1)	\$365,534
A0436	ROTARY WING AIR MILEAGE (PER MILE)	\$339,430
A0429	BASIC LIFE SUPPORT (BLS), EMERGENCY	\$318,211
A0425	GROUND MILEAGE (PER MILE)	\$202,195
A0428	BLS, NON-EMERGENCY	\$70,393
A0426	ALS, NON-EMERGENCY (LEVEL 1)	\$29,453
A0380	BLS, GROUND MILEAGE (PER MILE)	\$24,458
A0390	ALS MILEAGE (PER MILE)	\$16,359
A0433	ALS (LEVEL 2)	\$12,538
A0422	OXYGEN SUPPLIES, LIFE SUSTAINING (ALS OR BLS)	\$2,700
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	\$1,860
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	\$686
Total Expenditures		\$3,361,144

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

ASC – By Expenditures*

Procedure Code	Description	Expenditures
66984	CATARACT SURG W/IOL 1 STAGE	\$2,863
66982	CATARACT SURGERY COMPLEX	\$1,121
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT	\$113
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT	\$109
76519	ECHO EXAM OF EYE	\$53
99204	OFFICE/OUTPATIENT VISIT NEW (COMP HISTORY AND EXAM)	\$51
11642	REMOVAL OF MALIGNANT GROWTH OF FACE	\$38
92285	EXTERNAL OCULAR PHOTOGRAPHY	\$14
Total Expenditures		\$4,362

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

ASC – By Utilization*

Procedure Code	Description	Expenditures
66984	CATARACT SURG W/IOL 1 STAGE	\$2,863
66982	CATARACT SURGERY COMPLEX	\$1,121
92285	EXTERNAL OCULAR PHOTOGRAPHY	\$14
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT	\$113
99204	OFFICE/OUTPATIENT VISIT NEW (COMP HISTORY AND EXAM)	\$51
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT	\$109
11642	REMOVAL OF MALIGNANT GROWTH OF FACE	\$38
76519	ECHO EXAM OF EYE	\$53
Total Expenditures		\$4,362

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Behavioral Health – By Expenditures

Procedure Code	Description	Expenditures
90837	PSYCHOTHERAPY W PT (60 MIN)	\$1,396,522
99214	OFFICE/OUTPATIENT VISIT EST	\$483,360
99233	SUBSEQUENT HOSPITAL CARE	\$433,986
90834	PSYTX W PT 45 MINUTES	\$325,204
96101	PSYCHO TESTING BY PSYCH/PHYS	\$293,557
90791	PSYCHICATRIC DIAGNOSTIC EVAL	\$272,378
99213	OFFICE/OUTPATIENT VISIT EST	\$176,735
90833	PSYCHOTHERAPY W PT E/M (30 MIN)	\$133,135
90792	PSYCHIATRIC DIAGNOSTIC EVAL	\$116,537
90847	FAMILY PSYTX W/PT 50 MIN	\$113,948
96118	NEUROPSYCH TST BY PSYCH/PHYS	\$111,916
99231	SUBSEQUENT HOSPITAL CARE	\$83,208
96131	PSYCL TST EVAL PHYS/QHP EA	\$83,099
99215	OFFICE/OUTPATIENT VISIT EST	\$79,334
Total Expenditures		\$4,102,919

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Behavioral Health – By Utilization

Procedure Code	Description	Expenditures
90837	PSYCHOTHERAPY W PT (60 MIN)	\$1,396,523
99214	OFFICE/OUTPATIENT VISIT EST	\$483,361
90834	PSYTX W PT 45 MINUTES	\$325,205
90833	PSYCHOTHERAPY W PT E/M (30 MIN)	\$133,136
99233	SUBSEQUENT HOSPITAL CARE	\$433,986
99213	OFFICE/OUTPATIENT VISIT EST	\$176,736
96101	PSYCHO TESTING BY PSYCH/PHYS	\$293,557
90785	INTERACTIVE COMPLEXITY	\$28,652
97150	GROUP THERAPEUTIC PROCEDURES	\$56,458
90853	GROUP MEDICAL PSYCHOTHERAPY	\$74,094
90832	PSYTX W PT 30 MINUTES	\$67,119
Total Expenditures		\$3,468,827

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Dental – By Expenditures

Procedure Code	Description	Expenditures
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$765,800
D0120	PERIODIC ORAL EVALUATION	\$663,090
D1206	TOPICAL FLUORIDE VARNISH	\$655,598
D2930	PREFABRICATED CROWN	\$636,410
D1120	PROPHYLAXIS, CHILD	\$614,713
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$501,085
D7140	EXTRACTION ERUPTED TOOTH	\$482,538
D1110	PROPHYLAXIS, ADULT	\$473,688
D1351	SEALANT	\$388,164
D7240	REMOVAL IMPACTED TOOTH	\$272,067
D7210	REM IMP TOOTH W MUCOPER FLP	\$271,904
D0150	ORAL EVALUATION	\$236,932
D0140	LIMITED ORAL EVALUATION	\$228,316
D0274	BITEWINGS FOUR IMAGES	\$220,904
D2150	AMALGAM	\$217,986
D0330	PANORAMIC IMAGE	\$217,301
D8670	PERIODIC ORTHODONTIC TX VISIT	\$209,100
D0272	DENTAL BITEWINGS TWO IMAGES	\$188,740
D2740	CROWN PORCELAIN/CERAMIC	\$178,379
D3220	THERAPEUTIC PULPOTOMY	\$174,075
Total Expenditures		\$7,596,790

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Dental – By Utilization

Procedure Code	Description	Expenditures
D0120	PERIODIC ORAL EVALUATION	\$662,034
D1206	TOPICAL FLUORIDE VARNISH	\$654,235
D1120	PROPHYLAXIS, CHILD	\$613,483
D1351	SEALANT	\$386,428
D1110	PROPHYLAXIS, ADULT	\$473,038
D0220	INTRAORAL PERIAPICAL FIRST	\$135,633
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$765,128
D0272	DENTAL BITEWINGS TWO IMAGES	\$188,404
D7140	EXTRACTION ERUPTED TOOTH	\$481,628
D0230	INTRAORAL PERIAPICAL EA ADD	\$95,937
D0150	ORAL EVALUATION	\$236,477
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$497,965
D0274	BITEWINGS FOUR IMAGES	\$220,764
D0140	LIMITED ORAL EVALUATION	\$229,981
D2930	PREFABRICATED CROWN	\$635,730
D0330	PANORAMIC IMAGE	\$218,081
D9230	ANALGESIA	\$73,914
D2150	AMALGAM	\$217,986
D7210	REM IMP TOOTH W MUCOPER FLP	\$277,184
D3220	THERAPEUTIC PULPOTOMY	\$173,903
Total Expenditures		\$7,237,933

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Developmental Center – By Expenditures and Utilization

Procedure Code	Description	Expenditures
92507	SPEECH/HEARING THERAPY	\$314,456
97530	THERAPEUTIC ACTIVITIES	\$244,505
92508	SPEECH/HEARING THERAPY	\$107,777
97110	THERAPEUTIC EXERCISES	\$57,702
92523	SPEECH SOUND LANG COMPREHEN	\$21,700
H2019	THERAPEUTIC BEHAVIORAL SERVICE, 15 MIN	\$20,147
97150	GROUP THERAPEUTIC PROCEDURES	\$18,104
97112	NEUROMUSCULAR REEDUCATION	\$10,565
92526	ORAL FUNCTION THERAPY	\$6,656
97165	OT EVAL LOW COMPLEX 30 MIN	\$3,933
97161	PT EVAL LOW COMPLEX 20 MIN	\$2,285
97116	GAIT TRAINING THERAPY	\$1,221
G9012	CASE MANAGEMENT	\$883
92522	EVALUATE SPEECH PRODUCTION	\$405
97162	PT EVAL MOD COMPLEX 30 MIN	\$369
97166	OT EVAL MOD COMPLEX 45 MIN	\$286
97163	PT EVAL HIGH COMPLEX 45 MIN	\$221
97164	PT RE-EVAL EST PLAN CARE	\$124
H2021	COMMUNITY-BASED WRAP AROUND SERVICE	\$108
97168	OT RE-EVAL EST PLAN CARE	\$84
Total Expenditures		\$811,531

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

DMEPOS – Purchase Rate – By Expenditures

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	\$1,025,584
V5140	BINAURAL, BEHIND THE EAR	\$342,447
E0466	HOME VENT NON-INVASIVE INTER	\$337,844
A9276	DISPOSABLE SENSOR, CGM SYS	\$334,033
E0784	EXTERNAL AMBULATORY INF. PUMP	\$180,793
B4035	ENTERAL FEED SUPP PUMP PER D	\$172,253
B4189	PARENTERAL NUTRITION SOLUTION: 10 TO 51 GRAMS OF PROTEIN	\$159,466
A4353	INTERMITTENT URINARY CATHETER	\$125,418
T4535	DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT	\$122,721
E1007	POWER SEATING SYSTEM FOR W/C	\$115,390
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$98,109
V5261	HEARING AID	\$97,343
E0431	PORTABLE GASEOUS OXYGEN SYSTEM	\$90,996
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$82,215
B4197	PARENTERAL NUTRITION SOLUTION: 74 TO 100 GRAMS OF PROTEIN	\$81,274
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$79,211
A9277	EXTERNAL TRANSMITTER, CGM	\$71,568
K0861	POWER WHEELCHAIR, #3 STANDARD, MULT PWR	\$63,443
T4526	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$59,876
B4185	PN SOLN NOS 10 GRAMS LIPIDS	\$57,484
Total Expenditures		\$3,697,468

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

DMEPOS – Purchase Rate – By Utilization

Procedure Code	Description	Expenditures
T4535	DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT	\$122,721
J7613	ALBUTEROL, INHALATION SOLUTION	\$1,344
B4160	ENTERAL FORMULA, FOR PEDIATRICS	\$45,615
J7620	ALBUTEROL, UP TO 2.5 MG	\$2,688
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$98,109
A4351	INTERMITTENT URINARY CATHETER	\$42,382
T4541	INCONTINENCE PRODUCT, LARGE	\$26,153
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$82,215
T4526	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$59,876
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$79,211
B4149	ENTERAL FORMULA, BLENDERIZED NAT FOODS	\$51,565
B4152	ENTERAL FORMULAE; CATEGORY II	\$10,030
T4534	DISP INCONTINENCE PRODUCT, YOUTH	\$37,675
T4533	DISP INCONTINENCE PRODUCT, YOUTH	\$32,868
A4332	LUBRICANT	\$1,078
J7626	BUDESONIDE INHALATION SOLUTION	\$8,022
A4353	INTERMITTENT URINARY CATHETER	\$125,418
T4525	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$19,710
J7605	ARFORMOTEROL NON-COMP UNIT	\$26,723
A9276	DISPOSABLE SENSOR, CGM SYS	\$334,033
Total Expenditures		\$873,403

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Home Health – All Procedures

Revenue Code	Description	Expenditures
0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$274,690
0551	SKILLED NURSING - VISIT CHARGE	\$210,197
0570	HOME HEALTH AIDE (HOME HEALTH) - GENERAL CLASSIFICATION	\$34,370
0421	PHYSICAL THERAPY - VISIT CHARGE	\$31,941
0431	OCCUPATIONAL THERAPY - VISIT CHARGE	\$10,985
0571	HOME HEALTH AIDE (HOME HEALTH) - VISIT CHARGE	\$4,277
0441	SPEECH THERAPY - VISIT CHARGE	\$2,197
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$1,690
Total Expenditures		\$570,347

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Laboratory – By Expenditures

Procedure Code	Description	Expenditures
88305	TISSUE EXAM BY PATHOLOGIST	\$54,042
80307	DRUG TEST PRSMV CHEM ANLYZR	\$53,012
87491	CHYLM D TRACH DNA AMP PROBE	\$46,402
87591	N. GONORRHOEAE DNA AMP PROB	\$44,947
88175	CYTOPATH C/V AUTO FLUID REDO	\$43,571
87624	HPV HIGH-RISK TYPES	\$24,842
84443	ASSAY THYROID STIM HORMONE	\$17,217
80361	OPIATES 1 OR MORE	\$13,494
80346	BENZODIAZEPINES1-12	\$8,932
85025	COMPLETE CBC W/AUTO DIFF WBC	\$8,266
80053	COMPREHEN METABOLIC PANEL	\$7,644
80369	SKELETAL MUSCLE RELAXANT 1/2	\$6,651
80061	LIPID PANEL	\$5,220
84439	ASSAY OF FREE THYROXINE	\$4,129
87086	URINE CULTURE/COLONY COUNT	\$3,565
87081	CULTURE SCREEN ONLY	\$3,380
36415	ROUTINE VENIPUNCTURE	\$2,997
85027	COMPLETE CBC AUTOMATED	\$2,955
86003	ALLG SPEC IGE CRUDE XTRC EA	\$2,493
81001	URINALYSIS AUTO W/SCOPE	\$1,089
Total Expenditures		\$354,848

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Laboratory – By Utilization

Procedure Code	Description	Expenditures
88175	CYTOPATH C/V AUTO FLUID REDO	\$43,571
36415	ROUTINE VENIPUNCTURE	\$2,997
87491	CHYLM D TRACH DNA AMP PROBE	\$46,402
87591	N. GONORRHOEAE DNA AMP PROB	\$44,947
88305	TISSUE EXAM BY PATHOLOGIST	\$54,042
85025	COMPLETE CBC W/AUTO DIFF WBC	\$8,266
84443	ASSAY THYROID STIM HORMONE	\$17,217
87086	URINE CULTURE/COLONY COUNT	\$3,565
80307	DRUG TEST PRSMV CHEM ANALYZR	\$53,012
87081	CULTURE SCREEN ONLY	\$3,380
87624	HPV HIGH-RISK TYPES	\$24,842
80053	COMPREHEN METABOLIC PANEL	\$7,644
80361	OPIATES 1 OR MORE	\$13,494
86003	ALLG SPEC IGE CRUDE XTRC EA	\$2,493
80061	LIPID PANEL	\$5,220
80346	BENZODIAZEPINES1-12	\$8,932
84439	ASSAY OF FREE THYROXINE	\$4,129
85027	COMPLETE CBC AUTOMATED	\$2,955
81001	URINALYSIS AUTO W/SCOPE	\$1,089
80369	SKELETAL MUSCLE RELAXANT 1/2	\$6,651
Total Expenditures		\$354,848

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Maternity – By Expenditures*

Procedure Code	Description	Expenditures
59400	OBSTETRIC CARE INCL ANTEPART CARE, VAGINAL DEL AND POSTPARTUM CARE	\$1,998,744
59510	OBSTETRIC CARE INCL ANTEPART CARE, CESAREAN DEL AND POSTPARTUM CARE	\$765,492
59409	VAGINAL DEL ONLY	\$313,779
59410	VAGINAL DEL ONLY; INCLUDING POSTPARTUM CARE	\$232,655
59426	ANTEPARTUM CARE (>6 VISITS)	\$218,432
59025	FETAL NON-STRESS TEST	\$182,464
59514	CESAREAN DELIVERY ONLY	\$177,175
59515	OFFICE/OUTPATIENT VISIT EST	\$117,980
59425	CESAREAN DEL, W POSTPART CARE	\$88,411
59610	D & C AFTER DELIVERY	\$19,526
59412	ANTEPARTUM MANIPULATION	\$15,136
59430	CARE AFTER DELIVERY	\$10,086
59612	VAGINAL DEL ONLY, AFTER CESAREAN DELIVERY	\$8,129
59614	VAGINAL DEL ONLY AFTER PREV CESAREAN DEL; INCLUDING POSTPARTUM CARE	\$7,587
99213	OFFICE/OUTPATIENT VISIT EST	\$3,694
59618	DELIVERY PROCEDURES AFTER PREVIOUS CESAREAN DELIVERY	\$2,608
Total Expenditures		\$4,161,898

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Maternity – By Utilization*

Procedure Code	Description	Expenditures
59025	FETAL NON-STRESS TEST	\$182,465
59400	OBSTETRIC CARE,ANTEPART CARE, VAGINAL DEL AND POST CARE	\$1,998,745
59514	CESAREAN DELIVERY ONLY	\$177,175
59409	VAGINAL DEL ONLY	\$313,780
59510	OBSTETRIC CARE, ANTEPART CARE, CESAREAN DEL AND POST CARE	\$765,493
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$3,694
59426	ANTEPARTUM CARE (>6 VISITS)	\$218,433
59410	VAGINAL DEL ONLY; INC POST CARE	\$232,655
59425	ANTEPARTUM CARE ONLY (4-6 VISITS)	\$88,412
59430	CARE AFTER DELIVERY	\$10,087
59515	CESAREAN DEL, W POSTPART CARE	\$117,981
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$1,338
99214	OFFICE/OUTPATIENT VISIT EST (DET)	\$1,706
59412	ANTEPARTUM MANIPULATION	\$15,136
99212	OFFICE/OUTPATIENT VISIT EST	\$401
99202	OFFICE/OUTPATIENT VISIT NEW	\$284
Total Expenditures		\$4,127,785

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ophthalmology – By Expenditures*

Procedure Code	Description	Expenditures
92014	EYE EXAM AND EVAL, ESTAB PATIENT 1/>VST	\$60,008
92004	EYE EXAM NEW PATIENT	\$48,874
66984	CATARACT SURG W/IOL 1 STAGE	\$29,087
V2020	FRAMES; ORIGINAL PURCHASE	\$22,929
67028	INJECTION EYE DRUG	\$19,808
V2784	LENS, PLYCARBONATE OR EQUAL	\$15,382
99204	OFFICE/OUTPATIENT VISIT NEW	\$11,549
66982	CATARACT SURGERY COMPLEX	\$11,337
92134	CPTR OPHTH DX IMG POST SEGMENT	\$11,013
92340	FIT SPECTACLES MONOFOCAL	\$9,938
92015	DETERMINE REFRACTIVE STATE	\$9,800
V2103	SPHEROCYL, SINGLE VISION, PLANO .12 TO 2D CYL	\$9,765
67311	REVISE EYE MUSCLE	\$9,335
67228	TREATMENT X10SV RETINOPATHY	\$8,286
92012	EYE EXAM ESTABLISH PATIENT	\$7,917
99214	OFFICE/OUTPATIENT VISIT EST	\$7,912
99213	OFFICE/OUTPATIENT VISIT EST	\$7,391
92060	SPECIAL EYE EVALUATION	\$6,600
Total Expenditures		\$306,931

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ophthalmology – By Utilization*

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$60,201
92134	CPTR OPHTH DX IMG POST SEGMT	\$11,096
V2784	LENS, PLYCARBONATE OR EQUAL	\$15,232
92015	DETERMINE REFRACTIVE STATE	\$9,722
92004	EYE EXAM NEW PATIENT	\$48,631
67028	INJECTION EYE DRUG	\$19,874
V2020	FRAMES; ORIGINAL PURCHASE	\$22,855
92340	FIT SPECTACLES MONOFOCAL	\$9,873
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$9,635
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$5,819
66984	XCAPSL CTRC RMVL W/O ECP	\$28,875
99204	OFFICE/OUTPATIENT VISIT NEW	\$11,519
99214	OFFICE/OUTPATIENT VISIT EST	\$8,076
99213	OFFICE/OUTPATIENT VISIT EST	\$7,391
Total Expenditures		\$269,192

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Optician/Optomtry – By Expenditures

Procedure Code	Description	Expenditures
V2020	FRAMES; ORIGINAL PURCHASE	\$27,273
V2784	LENS, PLYCARBONATE OR EQUAL	\$8,252
V2103	SPHEROCYL, SINGLE VISION, PLANO .12 TO 2D CYL	\$7,446
V2100	SPHERE, SINGLE VISION, PLANO PLUS OR MINUS 4	\$6,921
V2104	SPHEROCYL, SINGLE VISION, PLANO 2.12 TO 4D CYLINDER	\$1,090
V2107	SPHEROCYL, SINGLE VISION, PLUS OR MINUS 4.25	\$1,053
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$885
V2105	SPHEROCYL, SINGLE VISION, PLANO 4.25 TO 6D CYLINDER	\$276
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12	\$190
V2108	SPHEROCYL, SINGLE VISION, PLUS OR MINUS 4.25D	\$180
V2111	SPHEROCYL, SINGLE VISION, PLUS OR MINUS 7.25, .25D TO 2.25 D CYLINDER	\$94
V2200	SPHERE, BIFOCAL, PLANO PLUS OR MINUS 4D	\$84
V2203	SPHEROCYL, BIFOCAL, PLANO PLUS OR MINUS 4DH	\$59
Total Expenditures		\$53,803

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Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Optician/Optomety – By Utilization

Procedure Code	Description	Expenditures
V2784	LENS, PLYCARBONATE OR EQUAL	\$427,222
92015	DETERMINE REFRACTIVE STATE	\$161,795
V2103	SPHEROCYL, SINGLE VISION, PLANO .12 TO 2D CYL	\$231,910
V2020	FRAMES; ORIGINAL PURCHASE	\$524,845
92014	EYE EXAM AND EVAL, ESTAB PATIENT 1/>VST	\$687,250
V2100	SPHERE, SINGLE VISION, PLANO PLUS OR MINUS 4	\$128,282
92004	EYE EXAM NEW PATIENT	\$468,023
92340	FIT SPECTACLES MONOFOCAL	\$97,788
92250	EYE EXAM WITH PHOTOS	\$60,857
92065	ORTHOPTIC/PLEOPTIC TRAINING	\$54,519
V2104	SPHEROCYL, SINGLE VISION, PLANO 2.12 TO 4D CYLINDER	\$32,539
99213	OFFICE/OUTPATIENT VISIT EST (EXPANDED)	\$40,323
V2107	SPHEROCYL, SINGLE VISION, PLUS OR MINUS 4.25	\$18,501
92012	EYE EXAM ESTABLISH PATIENT	\$30,522
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$31,232
99214	OFFICE/OUTPATIENT VISIT EST (DETAILED)	\$23,971
99212	OFFICE/OUTPATIENT VISIT EST (SELF-LIMITED OR MINOR)	\$12,490
92134	CPTR OPHTH DX IMG POST SEGMT	\$4,082
92083	VISUAL FIELD EXAMINATION(S)	\$12,194
99203	OFFICE/OUTPATIENT VISIT NEW	\$17,494
Total Expenditures		\$3,065,839

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician & Other – By Expenditures

Procedure Code	Description	Expenditures
99213	OFFICE/OUTPATIENT VISIT EST	\$3,903,221
99214	OFFICE/OUTPATIENT VISIT EST	\$3,391,686
99284	EMERGENCY DEPT VISIT	\$1,335,184
99285	EMERGENCY DEPT VISIT	\$1,288,793
99203	OFFICE/OUTPATIENT VISIT NEW	\$905,322
99391	PER PM REEVAL EST PAT INFANT	\$741,136
99283	EMERGENCY DEPT VISIT	\$692,454
90460	IM ADMIN 1ST/ONLY COMPONENT	\$669,803
99232	SUBSEQUENT HOSPITAL CARE	\$634,233
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$607,178
99392	PREV VISIT EST AGE 1-4	\$578,340
99233	SUBSEQUENT HOSPITAL CARE	\$543,700
99212	OFFICE/OUTPATIENT VISIT EST	\$402,832
87880	STREP A ASSAY W/OPTIC	\$118,232
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$75,966
90471	IMMUNIZATION ADMIN	\$58,204
71046	X-RAY EXAM CHEST 2 VIEWS	\$57,505
93010	ELECTROCARDIOGRAM REPORT	\$49,929
71045	X-RAY EXAM CHEST 1 VIEW	\$21,241
36415	ROUTINE VENIPUNCTURE	\$14,004
Total Expenditures		\$16,088,963

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician & Other – By Utilization*

Procedure Code	Description	Expenditures
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$607,178
99213	OFFICE/OUTPATIENT VISIT EST	\$3,903,221
99214	OFFICE/OUTPATIENT VISIT EST	\$3,391,686
90460	IM ADMIN 1ST/ONLY COMPONENT	\$669,803
95004	PERCUT ALLERGY SKIN TESTS	\$134,700
Total Expenditures		\$8,706,588

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician Specialist – By Expenditures*

Procedure Code	Description	Expenditures
99285	EMERGENCY DEPT VISIT (COMP)	\$1,252,888
99284	EMERGENCY DEPT VISIT (DET)	\$1,137,087
99214	OFFICE/OUTPATIENT VISIT EST (DET)	\$681,567
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$517,653
99283	EMERGENCY DEPT VISIT (EXP MOD)	\$463,426
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$307,956
99204	OFFICE/OUTPATIENT VISIT NEW (COMP)	\$172,662
G6015	INTENSITY MODULATED TREATMENT THERAPY	\$157,170
99291	CRITICAL CARE FIRST HOUR	\$146,433
88305	TISSUE EXAM BY PATHOLOGIST	\$133,119
78815	PET IMAGE W/CT SKULL-THIGH	\$130,540
99202	OFFICE/OUTPATIENT VISIT NEW (EXP)	\$130,415
74177	DIAGNOSTIC IMAGING, ABDOMEN	\$124,263
99212	OFFICE/OUTPATIENT VISIT EST (SELF-LIMITED OR MINOR)	\$123,756
99232	SUBSEQUENT HOSPITAL CARE	\$118,309
Total Expenditures		\$5,597,244

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician Specialist – By Utilization*

Procedure Code	Description	Expenditures
95004	PERCUT ALLERGY SKIN TESTS	\$134,700
99213	OFFICE/OUTPATIENT VISIT EST	\$517,653
99284	EMERGENCY DEPT VISIT	\$1,137,087
Total Expenditures		\$1,789,440

*Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Primary Care – By Expenditures*

Procedure Code	Description	Expenditures
T1015	CLINIC ENCOUNTER, PER VISIT	\$19,773,549
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$3,540,070
99214	OFFICE VISIT - 25 MIN.	\$2,891,725
99391	PER PM REEVAL EST PAT INFANT	\$740,244
90460	IM ADMIN 1ST/ONLY COMPONENT	\$676,483
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLAN	\$633,716
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$613,283
99392	PREV VISIT EST AGE 1-4	\$578,493
99232	SUBSEQUENT HOSPITAL CARE	\$534,502
99233	SUBSEQUENT HOSPITAL CARE	\$462,411
99215	OFFICE/OUTPATIENT VISIT EST (COMP)	\$408,705
99204	OFFICE/OUTPATIENT VISIT NEW (COMP)	\$365,063
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	\$353,694
99393	PREV VISIT EST AGE 5-11	\$298,023
99212	OFFICE/OUTPATIENT VISIT EST (SELF-LIMITED OR MINOR)	\$262,597
99291	CRITICAL CARE FIRST HOUR	\$257,623
99223	INITIAL HOSPITAL CARE	\$256,301
99283	EMERGENCY DEPT VISIT (EXP MOD)	\$252,214
99284	EMERGENCY DEPT VISIT	\$251,777
99394	PREV VISIT EST AGE 12-17	\$226,125
Total Expenditures		\$33,376,598

* Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2019 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2019 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Primary Care – By Utilization*

Procedure Code	Description	Expenditures
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLAN	\$633,716
99213	OFFICE/OUTPATIENT VISIT EST (EXP)	\$3,540,070
T1015	CLINIC ENCOUNTER, PER VISIT	\$19,773,549
99214	OFFICE VISIT - 25 MIN.	\$2,891,725
90460	IM ADMIN 1ST/ONLY COMPONENT	\$676,483
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$75,966
99232	SUBSEQUENT HOSPITAL CARE	\$534,502
99391	PER PM REEVAL EST PAT INFANT	\$740,244
99212	OFFICE/OUTPATIENT VISIT EST (SELF-LIMITED OR MINOR)	\$262,597
36415	ROUTINE VENIPUNCTURE	\$14,004
87880	STREP A ASSAY W/OPTIC	\$118,232
90471	IMADM PRQ ID SUBQ/IM NJXS 1 VACCINE	\$58,204
99203	OFFICE/OUTPATIENT VISIT NEW (DET)	\$613,283
99392	PREV VISIT EST AGE 1-4	\$578,493
Total Expenditures		\$30,511,068

*Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.