

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

(Expenditure amounts are rounded to the nearest cent, data accessed 2/25/2021)

Ambulance – All Procedures

Procedure Code	Description	Expenditures
A0430	FIXED WING AIR TRANSPORT (ONE WAY)	\$639,482.66
A0435	FIXED WING AIR MILEAGE (PER MILE)	\$431,335.22
A0431	ROTARY WING AIR TRANSPORT (ONE WAY)	\$395,317.07
A0427	ADVANCED LIFE SUPPORT (ALS), EMERGENCY (LEVEL 1)	\$369,570.87
A0429	BASIC LIFE SUPPORT (BLS), EMERGENCY	\$301,901.52
A0436	ROTARY WING AIR MILEAGE (PER MILE)	\$296,114.15
A0425	GROUND MILEAGE (PER MILE)	\$147,989.80
A0428	BLS, NON-EMERGENCY	\$75,287.60
A0380	BLS, GROUND MILEAGE (PER MILE)	\$54,333.20
A0390	ALS MILEAGE (PER MILE)	\$41,367.76
A0426	ALS, NON-EMERGENCY (LEVEL 1)	\$28,110.34
A0433	ALS (LEVEL 2)	\$9,944.05
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	\$1,630.00
A0422	OXYGEN SUPPLIES, LIFE SUSTAINING (ALS OR BLS)	\$1,300.00
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	\$384.00
A0998	AMBULANCE RESP, NO TRANSPORT	\$170.00
Total Expenditures		\$2,794,238.24

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Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

ASC – All Procedures *

Procedure Code	Description	Expenditures
66984	CATARACT SURG W/IOL 1 STAGE	\$1,505.58
66982	CATARACT SURGERY COMPLEX	\$795.43
99204	OFFICE/OUTPATIENT VISIT NEW (COMP HISTORY AND EXAM)	\$124.24
76519	ECHO EXAM OF EYE	\$53.47
0191T	INSERT ANT SEGMENT DRAIN INT	\$40.33
99205	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$23.59
64483	INJECTION, ANESTHETIC AGENT	\$22.99
99203	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT	\$21.46
92285	EXTERNAL OCULAR PHOTOGRAPHY	\$14.52
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATA	\$14.45
64493	INJ PARAVERT F JNT L/S 1 LEV	\$9.25
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$5.22
99152	NEWBORN RESUSCITATION: CARE OF THE HIGH	\$2.51
Total Expenditures		\$2,633.04

* 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 2020 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)	\$1,317,881.57
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$687,152.38
99214	OFFICE/OUTPATIENT VISIT EST	\$457,805.41
99233	SUBSEQUENT HOSPITAL CARE	\$337,716.99
90834	PSYTX W PT 45 MINUTES	\$312,621.72
90791	PSYCHICATRIC DIAGNOSTIC EVAL	\$288,669.27
96131	PSYCL TST EVAL PHYS/QHP EA	\$221,748.31
99213	OFFICE/OUTPATIENT VISIT EST	\$166,783.42
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$141,967.76
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$110,224.04
90833	PSYCHOTHERAPY W PT E/M (30 MIN)	\$109,912.47
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$105,911.38
96113	DEVEL TST PHYS/QHP EA ADDL	\$103,977.96
Total Expenditures		\$4,362,372.68

* Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H, T, and G codes that Wyoming uses

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Appendix B.2: Total SFY 2020 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)	\$1,317,881.57
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$687,152.38
99214	OFFICE/OUTPATIENT VISIT EST	\$457,805.41
99233	SUBSEQUENT HOSPITAL CARE	\$337,716.99
90834	PSYTX W PT 45 MINUTES	\$312,621.72
96131	PSYCL TST EVAL PHYS/QHP EA	\$221,748.31
99213	OFFICE/OUTPATIENT VISIT EST	\$166,783.42
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$110,224.04
90833	PSYCHOTHERAPY W PT E/M (30 MIN)	\$109,912.47
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$105,911.38
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$95,204.98
Total Expenditures		\$3,922,962.67

* Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H, T, and G codes that Wyoming uses

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Dental – By Expenditures

Procedure Code	Description	Expenditures
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$652,714.46
D2930	PREFABRICATED CROWN	\$612,986.72
D1206	TOPICAL FLUORIDE VARNISH	\$596,239.58
D0120	PERIODIC ORAL EVALUATION	\$572,671.00
D1120	PROPHYLAXIS, CHILD	\$518,618.35
D7140	EXTRACTION ERUPTED TOOTH	\$427,245.17
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$423,665.75
D1110	PROPHYLAXIS, ADULT	\$393,466.00
D1351	SEALANT	\$306,509.25
D7240	REMOVAL IMPACTED TOOTH	\$300,171.25
D7210	REM IMP TOOTH W MUCOPER FLP	\$258,455.40
D0140	LIMITED ORAL EVALUATION	\$217,329.52
D0150	ORAL EVALUATION	\$190,287.00
D0330	PANORAMIC IMAGE	\$187,157.50
D0274	BITEWINGS FOUR IMAGES	\$183,567.20
D0272	DENTAL BITEWINGS TWO IMAGES	\$165,304.00
D2150	AMALGAM	\$159,133.90
D2740	CROWN PORCELAIN/CERAMIC	\$155,301.00
D3220	THERAPEUTIC PULPOTOMY	\$141,664.40
D2393	RESIN BASED COMPOSITE 3 SURFACE	\$136,272.00
Total Expenditures		\$6,598,759.45

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Dental – By Utilization

Procedure Code	Description	Expenditures
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$652,714.46
D2930	PREFABRICATED CROWN	\$612,986.72
D1206	TOPICAL FLUORIDE VARNISH	\$596,239.58
D0120	PERIODIC ORAL EVALUATION	\$572,671.00
D1120	PROPHYLAXIS, CHILD	\$518,618.35
D7140	EXTRACTION ERUPTED TOOTH	\$427,245.17
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$423,665.75
D1110	PROPHYLAXIS, ADULT	\$393,466.00
D1351	SEALANT	\$306,509.25
D7210	REM IMP TOOTH W MUCOPER FLP	\$258,455.40
D0140	LIMITED ORAL EVALUATION	\$217,329.52
D0150	ORAL EVALUATION	\$190,287.00
D0330	PANORAMIC IMAGE	\$187,157.50
D0274	BITEWINGS FOUR IMAGES	\$183,567.20
D0272	DENTAL BITEWINGS TWO IMAGES	\$165,304.00
D2150	AMALGAM	\$159,133.90
D0220	INTRAORAL PERIAPICAL FIRST	\$123,134.24
D0230	INTRAORAL PERIAPICAL EA ADD	\$89,250.00
D9230	ANALGESIA	\$88,806.80
D1330	ORAL HYGIENE INSTRUCTIONS	\$17,596.39
Total Expenditures		\$6,184,138.23

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Developmental Center – By Expenditures and Utilization

Procedure Code	Description	Expenditures
92507	SPEECH/LANG/HEARING THERAPY	\$182,962.14
97530	THERAPEUTIC ACTIVITIES, DIRECT	\$128,563.77
92508	SPEECH/LANG/HEARING THERAPY	\$49,909.42
97110	THERAPEUTIC PROC. 15MIN	\$35,687.24
92523	SPEECH SOUND LANG COMPREHEN	\$12,986.58
97150	THERAPEUTIC PROCEDURES	\$7,630.02
H2019	THERAPEUTIC BEHAVIORAL SERVICE, 15 MIN	\$5,228.49
92526	TREATMENT OF SWALLOWING	\$2,931.88
97165	OT EVAL LOW COMPLEX 30 MIN	\$2,206.50
97112	THERAPEUTIC PROC. 15MIN	\$1,920.55
97161	PT EVAL LOW COMPLEX 20 MIN	\$1,474.40
97116	THERAPEUTIC PROC 15MIN	\$1,347.79
97162	PT EVAL MOD COMPLEX 30 MIN	\$737.20
92522	EVALUATE SPEECH PRODUCTION	\$485.76
97163	PT EVAL HIGH COMPLEX 45 MIN	\$147.44
92610	EVALUATION PHARYNGEAL FUNCTION	\$126.06
G9012	CASE MANAGEMENT	\$84.12
97168	OT RE-EVAL EST PLAN CARE	\$47.18
97167	OT EVAL HIGH COMPLEX 60 MIN	\$36.86
97535	SELF CARE MNGMENT TRAINING	\$30.96
Total Expenditures		\$434,544.36

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Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

DMEPOS – Purchase Rate – By Expenditures

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	\$1,168,647.12
E0466	HOME VENT NON-INVASIVE INTER	\$414,655.45
V5140	BINAURAL, BEHIND THE EAR	\$363,971.26
A9276	DISPOSABLE SENSOR, CGM SYS	\$274,360.67
B4035	ENTERAL FEED SUPP PUMP PER D	\$192,480.40
T4535	DISP LINER/SHIELD/GUARD/PAD/UNDERGARMENT	\$156,542.77
V5261	HEARING AID	\$146,124.64
E0784	EXTERNAL AMBULATORY INF. PUMP	\$137,929.84
E1007	POWER SEATING SYSTEM FOR W/C	\$128,459.54
A4353	INTERMITTENT URINARY CATHETER	\$122,924.64
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$121,054.90
E0431	PORTABLE GASEOUS OXYGEN SYSTEM	\$107,840.97
B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDE	\$104,009.34
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$95,108.80
B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDE	\$93,021.60
T4526	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$86,866.07
E0465	HOME VENT INVASIVE INTERFACE	\$82,890.36
B4185	PN SOLN NOS 10 GRAMS LIPIDS	\$72,388.76
K0861	POWER WHEELCHAIR, #3 STANDARD, MULT PWR	\$69,315.46
E1161	MANUAL W/C	\$68,171.64
Total Expenditures		\$4,006,764.23

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Appendix B.2: Total SFY 2020 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	\$156,542.77
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$121,054.90
T4541	INCONTINENCE PRODUCT, LARGE	\$33,840.20
J7677	REVEFENACIN INH NON-COM 1MCG	\$3,448.43
J7620	ALBUTEROL, UP TO 2.5 MG	\$2,639.47
J7613	ALBUTEROL, INHALATION SOLUTION	\$860.54
T4526	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$86,866.07
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$95,108.80
A4351	INTERMITTENT URINARY CATHETER	\$34,209.90
T4534	DISP INCONTINENCE PRODUCT, YOUTH	\$57,539.12
B4160	ENTERAL FORMULA, FOR PEDIATRICS	\$20,695.96
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$55,204.65
A4332	LUBRICANT	\$1,420.81
J7626	BUDESONIDE INHALATION SOLUTION	\$10,523.43
T4525	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$22,038.90
T4533	DISP INCONTINENCE PRODUCT, YOUTH	\$25,979.51
A4353	INTERMITTENT URINARY CATHETER	\$122,924.64
T4544	ADLT DISP UND/PULL ON ABV XL	\$16,018.89
B4150	ENTERAL FORMULAE; CATEGORY I	\$9,961.05
B4035	ENTERAL FEED SUPP PUMP PER D	\$192,480.40
Total Expenditures		\$1,069,358.44

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Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Home Health – All Procedures

Revenue Code	Description	Expenditures
0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$741,229.80
0551	VISIT CHARGE	\$136,217.71
0421	PHYSICAL THERAPY - VISIT CHARGE	\$66,542.80
0570	HOME HEALTH AIDE - GENERAL CLASS	\$40,072.20
0431	OCCUPATIONAL THERAPY - VISIT CHARGE	\$24,901.05
0571	HOME HEALTH AIDE - VISIT CHARGE	\$8,344.35
0441	SPEECH THERAPY - VISIT CHARGE	\$4,035.60
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$1,170.00
0270	MED/SUR SUPPLIES & DEVICES - GEN CLASS	\$205.75
Total Expenditures		\$1,022,719.26

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Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Laboratory – By Expenditures

Procedure Code	Description	Expenditures
87491	INFECTIOUS AGENT DETECTION	\$45,928.15
87591	INFECTIOUS AGENT DETECTION	\$44,862.76
88305	LEVEL IV - SURGICAL PATHOLOGY	\$43,236.64
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$29,745.83
80081	OBSTETRIC PANEL	\$20,556.48
87624	HPV HIGH-RISK TYPES	\$16,858.16
80307	DRUG TEST PRSMV CHEM ANALYZR	\$15,777.67
84443	THYROID STIMULATING HORMONE (TSH)	\$14,811.73
80361	OPIATES 1 OR MORE	\$11,785.77
87661	TRICHOMONAS VAGINALIS AMPLIF	\$11,717.76
87801	INFECTIOUS AGENT DETECTION	\$9,620.34
87798	INFECTIOUS AGENT DETECTION	\$9,490.10
80050	GENERAL HEALTH PANEL	\$8,998.48
85025	BLOOD COUNT;	\$7,962.58
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	\$7,406.78
80346	BENZODIAZEPINES1-12	\$7,213.40
88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IM	\$7,017.18
80053	COMPREHENSIVE METABOLIC PANEL	\$6,977.25
88307	LEVEL V - SURGICAL PATHOLOGY	\$6,670.11
87512	INFECTIOUS AGENT DETECTION	\$6,562.50
Total Expenditures		\$333,199.67

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Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Laboratory – By Utilization

Procedure Code	Description	Expenditures
87491	INFECTIOUS AGENT DETECTION	\$45,928.15
86003	ALLERGEN SPECIFIC IGE; QUANTITIVE	\$6,128.36
87591	INFECTIOUS AGENT DETECTION	\$44,862.76
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$29,745.83
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR	\$2,260.08
88305	LEVEL IV - SURGICAL PATHOLOGY	\$43,236.64
85025	BLOOD COUNT;	\$7,962.58
84443	THYROID STIMULATING HORMONE (TSH)	\$14,811.73
87086	CULTURE, BACTERIAL	\$3,198.61
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR	\$2,925.37
80053	COMPREHENSIVE METABOLIC PANEL	\$6,977.25
80361	OPIATES 1 OR MORE	\$11,785.77
87624	HPV HIGH-RISK TYPES	\$16,858.16
84439	THYROXINE;	\$4,071.06
85027	BLOOD COUNT;	\$2,694.34
80061	LIPID PANEL	\$4,386.65
80346	BENZODIAZEPINES1-12	\$7,213.40
87661	TRICHOMONAS VAGINALIS AMPLIF	\$11,717.76
82950	GLUCOSE;	\$1,414.94
80358	DRUG SCREENING METHADONE	\$5,446.90
Total Expenditures		\$273,626.34

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Maternity – By Expenditures*

Procedure Code	Description	Expenditures
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$2,121,451.22
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$692,545.03
59409	VAGINAL DELIVERY ONLY	\$286,067.51
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$184,521.93
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$180,512.96
59514	CAESAREAN DELIVERY ONLY	\$169,084.99
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPAR	\$110,532.04
59025	FETAL NON-STRESS TEST	\$66,361.37
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$57,428.45
59610	ROUTINE OBSTETRIC CARE	\$12,654.04
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDUR	\$8,797.14
59612	VAGINAL DELIVERY ONLY	\$7,113.61
59618	ROUTINE OBSTETRIC CARE	\$5,217.90
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$2,784.59
59614	VAGINAL DELIVERY ONLY	\$2,529.32
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$1,981.81
Total Expenditures		\$3,909,583.91

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Maternity – By Utilization*

Procedure Code	Description	Expenditures
59025	FETAL NON-STRESS TEST	\$66,361.37
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$2,121,451.22
59514	CAESAREAN DELIVERY ONLY	\$169,084.99
59409	VAGINAL DELIVERY ONLY	\$286,067.51
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$692,545.03
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$184,521.93
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$180,512.96
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$57,428.45
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPAR	\$110,532.04
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDUR	\$8,797.14
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$2,784.59
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$1,981.81
59000	AMNIOCENTESIS, ANY METHOD	\$1,830.40
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$1,088.44
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$390.45
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHO	\$805.00
Total Expenditures		\$3,886,183.33

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ophthalmology – By Expenditures*

Procedure Code	Description	Expenditures
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$53,187.35
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$37,042.32
66984	XCAPSL CTRC RMVL W/O ECP	\$22,508.69
67028	INTRAVITREAL INJECTION OF A PHARMACOLOG	\$18,502.23
V2020	FRAMES; ORIGINAL PURCHASE	\$16,087.33
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE	\$13,719.50
V2784	LENS, PLYCARBONATE OR EQUAL	\$11,787.00
92134	CPTR OPHTH DX IMG POST SEGMENT	\$9,485.81
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$9,381.00
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$8,635.94
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$8,239.44
92015	DETERMINATION OF REFRACTIVE STATE	\$7,926.97
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$7,726.46
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$7,511.80
67311	STRABISMUS SURGERY, RECESSIO OR RESECTI	\$7,316.77
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAK	\$7,084.80
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE M	\$6,560.17
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$6,519.48
Total Expenditures		\$259,223.06

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ophthalmology – By Utilization*

Procedure Code	Description	Expenditures
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$53,187.35
92134	CPTR OPHTH DX IMG POST SEGMENT	\$9,485.81
V2784	LENS, PLYCARBONATE OR EQUAL	\$11,787.00
67028	INTRAVITREAL INJECTION OF A PHARMACOLOG	\$18,502.23
92015	DETERMINATION OF REFRACTIVE STATE	\$7,926.97
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$37,042.32
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$7,511.80
V2020	FRAMES; ORIGINAL PURCHASE	\$16,087.33
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAK	\$7,084.80
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$8,239.44
66984	XCAPSL CTRC RMVL W/O ECP	\$22,508.69
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR	\$4,642.52
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$8,635.94
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$5,639.84
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$7,726.46
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE M	\$6,560.17
92133	CMPTTR OPHTH IMG OPTIC NERVE	\$1,946.94
Total Expenditures		\$234,515.61

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Optician/Optomety – By Expenditures

Procedure Code	Description	Expenditures
V2020	FRAMES; ORIGINAL PURCHASE	\$22,423.14
V2784	LENS, PLYCARBONATE OR EQUAL	\$6,706.91
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$6,015.70
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$5,610.34
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$1,345.93
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$721.50
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$332.60
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$275.02
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$216.75
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$214.20
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$40.00
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS	\$39.00
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$39.00
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$39.00
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$29.00
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$28.50
V2715	PRISM, PER LENS	\$27.03
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4	\$19.50
Total Expenditures		\$44,123.12

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Optician/Optomety – By Utilization

Procedure Code	Description	Expenditures
V2784	LENS, PLYCARBONATE OR EQUAL	\$6,706.91
V2020	FRAMES; ORIGINAL PURCHASE	\$22,423.14
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$5,610.34
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$6,015.70
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$1,345.93
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$721.50
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$332.60
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$275.02
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$214.20
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$216.75
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$28.50
V2715	PRISM, PER LENS	\$27.03
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$40.00
V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS	\$39.00
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$39.00
V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$39.00
V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$29.00
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4	\$19.50
Total Expenditures		\$44,123.12

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician & Other – By Expenditures

Procedure Code	Description	Expenditures
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$3,301,239.59
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$3,097,986.64
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$1,179,731.69
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$1,173,487.35
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$760,782.86
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$631,831.95
90460	IM ADMIN 1ST/ONLY COMPONENT	\$578,513.05
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$569,351.26
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$565,688.20
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$538,628.32
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$532,649.41
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$495,885.79
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$487,861.80
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT	\$476,343.05
99215	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$446,951.64
99472	PED CRITICAL CARE SUBSQ	\$414,148.14
99469	NEONATE CRIT CARE SUBSQ	\$363,789.66
97530	THERAPEUTIC ACTIVITIES, DIRECT (1 ON 1)	\$325,617.04
Total Expenditures		\$15,940,487.44

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 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	\$487,861.80
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$3,301,239.59
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$3,097,986.64
90460	IM ADMIN 1ST/ONLY COMPONENT	\$578,513.05
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$153,441.00
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, P	\$97,249.47
Total Expenditures		\$7,716,291.55

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician Specialist – By Expenditures*

Procedure Code	Description	Expenditures
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$1,099,130.56
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$975,516.94
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$698,262.63
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$419,188.69
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$354,682.46
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$286,441.96
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$186,729.29
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT	\$145,861.48
78815	TUMOR IMAGING	\$132,407.60
74177	CT ABD & PELV W/CONTRAST	\$111,847.43
88305	LEVEL IV - SURGICAL PATHOLOGY	\$105,388.64
99215	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$104,579.67
Total Expenditures		\$4,620,037.35

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Physician Specialist – By Utilization*

Procedure Code	Description	Expenditures
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, P	\$79,174.36
99214	OFFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$698,262.63
95165	PROFESSIONAL SERVICES	\$79,726.20
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$975,516.94
99213	OFFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$419,188.69
Total Expenditures		\$2,251,868.82

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Primary Care – By Expenditures*

Procedure Code	Description	Expenditures
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$3,024,940.49
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$2,541,398.44
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$631,269.50
90460	IM ADMIN 1ST/ONLY COMPONENT	\$583,175.05
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$507,769.80
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$503,441.34
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$497,977.80
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$497,277.04
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$495,005.99
99215	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$380,620.33
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$366,773.08
99472	PED CRITICAL CARE SUBSQ	\$357,212.52
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT	\$347,336.18
99223	INITIAL HOSPITAL CARE, PER DAY	\$282,922.25
99469	NEONATE CRIT CARE SUBSQ	\$271,021.38
99393	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$252,779.24
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$226,759.99
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$224,885.11
Total Expenditures		\$11,992,565.53

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

SFY 2020 Wyoming Medicaid Reimbursement Benchmarking Study

Appendix B.2: Total SFY 2020 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Primary Care – By Utilization*

Procedure Code	Description	Expenditures
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$3,024,940.49
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$2,541,398.44
90460	IM ADMIN 1ST/ONLY COMPONENT	\$583,175.05
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$146,397.00
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$495,005.99
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$503,441.34
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$631,269.50
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$226,759.99
87880	INFECTIOUS AGENT DETECTION	\$86,192.57
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$497,277.04
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$497,977.80
Total Expenditures		\$9,233,835.21

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