

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.3: Analysis of RBRVS Services Areas with Wyoming Medicaid Rates Greater Than Medicare

(N/A = Not applicable because the service is not covered, or the reimbursement methodology is not comparable)

Maternity – By Expenditures

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare Rate	WY Conversion Factor	Medicare Conversion Factor	WY RVUs	Medicare RVUs
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$2,329.18	\$2,179.52	36.86	36.0896	63.19	61.53
01967	ANESTH/ANALG VAG DELIVERY	N/A	N/A	N/A	36.0896	N/A	0
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$2,574.30	\$2,413.54	36.86	36.0896	69.84	68.24
59409	VAGINAL DELIVERY ONLY	\$905.65	\$831.05	36.86	36.0896	24.57	23.53
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$909.70	\$854.47	36.86	36.0896	24.68	24.06
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$1,154.45	\$1,070.37	36.86	36.0896	31.32	30.29
59514	CAESAREAN DELIVERY ONLY	\$1,019.17	\$937.90	36.86	36.0896	27.65	26.59
01961	ANESTH CS DELIVERY	N/A	N/A	N/A	36.0896	N/A	0
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPAR	\$1,400.31	\$1,301.84	36.86	36.0896	37.99	36.89
59025	FETAL NON-STRESS TEST	\$53.44	\$48.84	36.86	36.0896	1.45	1.37
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$508.29	\$479.90	36.86	36.0896	13.79	13.52
01968	ANES/ANALG CS DELIVER ADD-ON	N/A	N/A	N/A	36.0896	N/A	0
01960	ANESTH VAGINAL DELIVERY	N/A	N/A	N/A	36.0896	N/A	0
59610	ROUTINE OBSTETRIC CARE	\$2,440.86	\$2,289.15	36.86	36.0896	66.22	64.74
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDUR	\$206.41	\$211.96	36.86	36.0896	5.6	5.96
59612	VAGINAL DELIVERY ONLY	\$1,016.23	\$937.24	36.86	36.0896	27.57	26.59
59618	ROUTINE OBSTETRIC CARE	\$2,608.95	\$2,443.94	36.86	36.0896	70.78	69.12
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	36.86	36.0896	1.79	2.11
59614	VAGINAL DELIVERY ONLY	\$1,264.26	\$1,165.22	36.86	36.0896	34.31	33.05
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	36.86	36.0896	2.54	3.06

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Maternity Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	104%	114%	71%

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Appendix B.3: Analysis of RBRVS Services Areas with Wyoming Medicaid Rates Greater Than Medicare

Maternity – By Utilization

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare Rate	WY Conversion Factor	Medicare Conversion Factor	WY RVUs	Medicare RVUs
01961	ANESTH CS DELIVERY	N/A	N/A	N/A	36.0896	N/A	0
01960	ANESTH VAGINAL DELIVERY	N/A	N/A	N/A	36.0896	N/A	0
01968	ANES/ANALG CS DELIVER ADD-ON	N/A	N/A	N/A	36.0896	N/A	0
59025	FETAL NON-STRESS TEST	\$53.44	\$48.84	36.86	36.0896	1.45	1.37
01967	ANESTH/ANALG VAG DELIVERY	N/A	N/A	N/A	36.0896	N/A	0
59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$2,329.18	\$2,179.52	36.86	36.0896	63.19	61.53
59514	CAESAREAN DELIVERY ONLY	\$1,019.17	\$937.90	36.86	36.0896	27.65	26.59
59409	VAGINAL DELIVERY ONLY	\$905.65	\$831.05	36.86	36.0896	24.57	23.53
59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPAR	\$2,574.30	\$2,413.54	36.86	36.0896	69.84	68.24
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$909.70	\$854.47	36.86	36.0896	24.68	24.06
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT E	\$1,154.45	\$1,070.37	36.86	36.0896	31.32	30.29
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$508.29	\$479.90	36.86	36.0896	13.79	13.52
59515	CESAREAN DELIVERY ONLY INCLUDING POSTPAR	\$1,400.31	\$1,301.84	36.86	36.0896	37.99	36.89
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDUR	\$206.41	\$211.96	36.86	36.0896	5.6	5.96
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	36.86	36.0896	1.79	2.11
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	36.86	36.0896	2.54	3.06
59000	AMNIOCENTESIS, ANY METHOD	\$140.80	\$123.46	36.86	36.0896	3.82	3.47
99203	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$98.04	\$108.69	36.86	36.0896	2.66	3.03
99212	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$39.44	\$45.94	36.86	36.0896	1.07	1.28
59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHO	\$115.00	\$105.84	36.86	36.0896	3.12	3

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Maternity Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	102%	112%	62%

WYOMING MEDICAID – SFY 2020 MEDICAID REIMBURSEMENT BENCHMARKING STUDY
Appendix B.3: Analysis of RBRVS Services Areas with Wyoming Medicaid Rates Greater Than Medicare

Ophthalmology – By Expenditures

Note: All procedure codes billed by providers with the 207W0000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare Rate	WY Conversion Factor	Medicare Conversion Factor	WY RVUs	Medicare RVUs
J0178	AFLIBERCEPT INJECTION	\$980.38	N/A	0.00	36.0896	N/A	0
J2778	RANIBIZUMAB INJECTION	\$380.22	N/A	0.00	36.0896	N/A	0
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$105.41	\$127.87	36.86	36.0896	2.86	3.55
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$128.27	\$152.14	36.86	36.0896	3.48	4.23
66984	XCAPSL CTRC RMVL W/O ECP	\$646.52	\$554.91	36.86	36.0896	17.54	15.45
67028	INTRAVITREAL INJECTION OF A PHARMACOLOG	\$179.13	\$102.68	36.86	36.0896	4.86	2.86
V2020	FRAMES; ORIGINAL PURCHASE	\$73.49	\$73.31	0.00	36.0896	N/A	0
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE	\$1,040.55	\$347.37	36.86	36.0896	28.23	9.67
V2784	LENS, PLYCARBONATE OR EQUAL	\$43.52	\$47.92	0.00	36.0896	N/A	0
92134	CPTR OPHTH DX IMG POST SEGMENT	\$37.83	\$41.40	0.00	36.0896	N/A	1.15
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$902.70	\$761.26	36.86	36.0896	24.49	21.2
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAM	\$68.55	\$89.71	36.86	36.0896	1.86	2.49
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	36.86	36.0896	1.79	2.11
92015	DETERMINATION OF REFRACTIVE STATE	\$19.53	N/A	36.86	36.0896	0.53	0.57
99204	OFFC/OTHER OP VST FOR EVAL & MGMT-NEW PT	\$150.75	\$165.98	36.86	36.0896	4.09	4.63
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$32.66	\$42.01	0.00	36.0896	N/A	0
67311	STRABISMUS SURGERY, RECESSIO OR RESECTI	\$504.61	\$606.67	36.86	36.0896	13.69	16.89
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAK	\$32.80	N/A	36.86	36.0896	0.89	0.99
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE M	\$55.29	\$64.50	36.86	36.0896	1.5	1.79
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$98.78	\$105.45	36.86	36.0896	2.68	2.94

*Rate excluded from analysis because it is considered an outlier, which we defined as greater than 300% higher or lower than Wyoming's Medicaid payment rate.

Average Ophthalmology Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY rate as % of Commercial Rate
	110%	112%	71%

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Physician and Other – By Utilization

Note: Anesthesia codes and codes for injectable drugs could not be benchmarked and therefore excluded from the analysis and appendix.

Procedure Code	Description	WY Rate	Medicare Rate	WY Conversion Factor	Medicare Conversion Factor	WY RVUs	Medicare RVUs
J0878	DAPTOMYCIN, INJECTION	N/A	N/A	0.00	36.0896	N/A	0
00170	ANESTH PROCEDURE ON MOUTH	N/A	N/A	N/A	36.0896	N/A	0
S0281	MEDICAL HOME PROGRAM, MAINTENANCE OF PLA	\$3.00	N/A	0.00	36.0896	N/A	0
J1050	MEDROXYPROGESTERONE ACETATE	N/A	N/A	0.00	36.0896	N/A	0
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	36.86	36.0896	1.79	2.11
J1439	INJ FERRIC CARBOXYMALTOS 1MG	N/A	N/A	0.00	36.0896	N/A	0
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	36.86	36.0896	2.54	3.06
00790	ANESTH SURG UPPER ABDOMEN	N/A	N/A	N/A	36.0896	N/A	0
00840	ANESTH SURG LOWER ABDOMEN	N/A	N/A	N/A	36.0896	N/A	0
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	N/A	N/A	0.00	36.0896	N/A	0
90460	IM ADMIN 1ST/ONLY COMPONENT	\$21.00	\$14.39	0.00	36.0896	N/A	0.4
S0280	MEDICAL HOME PROGRAM, INITIAL PLAN	\$3.00	N/A	0.00	36.0896	N/A	0
J9306	INJECTION, PERTUZUMAB, 1 MG	N/A	N/A	0.00	36.0896	N/A	0
00670	ANESTH SPINE CORD SURGERY	N/A	N/A	N/A	36.0896	N/A	0
Q9967	LOCM 300-399MG/ML IODINE, 1ML	N/A	N/A	0.00	36.0896	N/A	0
01480	ANESTH LOWER LEG BONE SURG	N/A	N/A	N/A	36.0896	N/A	0
00731	ANES UPR GI NDSC PX NOS	N/A	N/A	N/A	36.0896	N/A	0
J1453	FOSAPREPITANT INJECTION	N/A	N/A	0.00	36.0896	N/A	0
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, P	\$6.26	\$4.28	36.86	36.0896	0.17	0.12
00813	ANES UPR LWR GI NDSC PX	N/A	N/A	N/A	36.0896	N/A	0

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Average Physician and Other Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	116%	123%	70%

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Appendix B.3: Analysis of RBRVS Services Areas with Wyoming Medicaid Rates Greater Than Medicare

Physician Specialist – By Utilization

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

Procedure Code	Description	WY Rate	Medicare Rate	WY Conversion Factor	Medicare Conversion Factor	WY RVUs	Medicare RVUs
00170	ANESTH PROCEDURE ON MOUTH	N/A	N/A	N/A	36.0896	N/A	0
J1439	INJ FERRIC CARBOXYMALTOS 1MG	N/A	N/A	0.00	36.0896	N/A	0
00790	ANESTH SURG UPPER ABDOMEN	N/A	N/A	N/A	36.0896	N/A	0
00840	ANESTH SURG LOWER ABDOMEN	N/A	N/A	N/A	36.0896	N/A	0
Q9967	LOCM 300-399MG/ML IODINE,1ML	\$0.12	N/A	0.00	36.0896	N/A	0
J9306	INJECTION, PERTUZUMAB, 1 MG	N/A	N/A	0.00	36.0896	N/A	0
J1453	FOSAPREPITANT INJECTION	N/A	N/A	0.00	36.0896	N/A	0
00670	ANESTH SPINE CORD SURGERY	N/A	N/A	N/A	36.0896	N/A	0
00731	ANES UPR GI NDSC PX NOS	N/A	N/A	N/A	36.0896	N/A	0
01480	ANESTH LOWER LEG BONE SURG	N/A	N/A	N/A	36.0896	N/A	0
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, P	\$6.26	\$4.28	36.86	36.0896	0.17	0.12
00813	ANES UPR LWR GI NDSC PX	N/A	N/A	N/A	36.0896	N/A	0
99214	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$93.62	\$109.88	36.86	36.0896	2.54	3.06
95165	PROFESSIONAL SERVICES	\$12.16	\$14.75	36.86	36.0896	0.33	0.41
00400	ANESTH SKIN EXT/PER/ATRUNK	N/A	N/A	N/A	36.0896	N/A	0
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALU	\$117.21	\$120.62	36.86	36.0896	3.18	3.38
01400	ANESTH KNEE JOINT SURGERY	N/A	N/A	N/A	36.0896	N/A	0
00300	ANESTH HEAD/NECK/PTRUNK	N/A	N/A	N/A	36.0896	N/A	0
99213	OFFC/OTHER OP VST FOR EVAL & MGMT-ESTAB	\$65.97	\$75.74	36.86	36.0896	1.79	2.11
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	N/A	N/A	0.00	36.0896	N/A	0

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Average Physician Specialist Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	100%	94%	56%