

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

(Expenditure amounts are rounded to the nearest cent)

**Ambulance – All Procedures**

Procedure Code	Description	Expenditures
A0430	AMBULANCE SERVICE	\$959,869.30
A0435	AIR MILEAGE	\$654,807.12
A0431	AMBULANCE SERVICE	\$412,514.22
A0427	AMBULANCE SERVICE	\$392,451.82
A0429	AMBULANCE SERVICE	\$333,385.34
A0436	AIR MILEAGE	\$319,136.63
A0425	AMBULANCE MILEAGE	\$144,474.85
A0428	AMBULANCE SERVICE	\$68,884.67
A0390	ALS MILEAGE (PER MILE)	\$43,181.21
A0380	AMBULANCE SERVICE, BLS, GROUND MILEAGE	\$35,938.55
A0426	AMBULANCE SERVICE	\$18,196.27
A0433	AMBULANCE	\$7,739.06
A0382	AMBULANCE SERVICE, BLS DISPOSABLE SUPP	\$1,887.75
A0422	AMBULANCE SERVICE, (ALS OR BLS)	\$1,510.12
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	\$211.20
<b>Total Expenditures</b>		<b>\$3,394,188.11</b>

**ASC – All Procedures \***

Procedure Code	Description	Expenditures
66984	XCAPSL CTRC RMVL W/O ECP	\$3,199.21
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$489.15
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY	\$179.94
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$105.23
99204	OFFICE O/P NEW MOD 45-59 MIN	\$94.54
99213	OFFICE O/P EST LOW 20-29 MIN	\$64.33
28232	TENOTOMY, OPEN, FLEXOR;	\$63.96
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH MEDICAL	\$22.30
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATA	\$8.79
92020	GONIOSCOPY WITH MEDICAL DIAGNOSTIC EVAL	\$0.87
<b>Total Expenditures</b>		<b>\$4,228.32</b>

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

**Behavioral Health – By Expenditures\***

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	\$1,712,623.41
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$1,518,200.79
99214	OFFICE O/P EST MOD 30-39 MIN	\$484,775.21
99233	SUBSEQUENT HOSPITAL CARE, PER DAY	\$469,241.84
90834	PSYTX W PT 45 MINUTES	\$339,143.34
90791	PSYCHICATRIC DIAGNOSTIC EVALUATION	\$313,030.68

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

Procedure Code	Description	Expenditures
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$202,967.14
99213	OFFICE O/P EST LOW 20-29 MIN	\$155,344.49
96131	PSYCL TST EVAL PHYS/QHP EA	\$150,294.18
90833	PSYTX W PT W E/M 30 MIN	\$132,480.40
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$115,770.14
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$115,098.95
90832	PSYTX W PT 30 MINUTES	\$111,999.50
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$103,912.75
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$97,761.64
90847	FAMILY MEDICAL PSYCHOTHERAPY (CONJOINT P	\$93,594.97
99223	INITIAL HOSPITAL CARE, PER DAY	\$83,819.97
96113	DEVEL TST PHYS/QHP EA ADDL	\$64,606.59
97150	THERAPEUTIC PROCEDURES	\$59,519.62
96133	NRPSYC TST EVAL PHYS/QHP EA	\$54,306.75
<b>Total Expenditures</b>		<b>\$6,378,492.36</b>

\* 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

**Behavioral Health – By Utilization\***

Procedure Code	Description	Expenditures
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$1,518,200.79
90837	PSYTX W PT 60 MINUTES	\$1,712,623.41
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$202,967.14
99214	OFFICE O/P EST MOD 30-39 MIN	\$484,775.21
90834	PSYTX W PT 45 MINUTES	\$339,143.34
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$103,912.75
99233	SUBSEQUENT HOSPITAL CARE, PER DAY	\$469,241.84
90833	PSYTX W PT W E/M 30 MIN	\$132,480.40
99213	OFFICE O/P EST LOW 20-29 MIN	\$155,344.49
97150	THERAPEUTIC PROCEDURES	\$59,519.62
90832	PSYTX W PT 30 MINUTES	\$111,999.50
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$115,770.14
90791	PSYCHICATRIC DIAGNOSTIC EVALUATION	\$313,030.68
96131	PSYCL TST EVAL PHYS/QHP EA	\$150,294.18
97151	BHV ID ASSMT BY PHYS/QHP	\$37,480.32
90785	INTERACTIVE COMPLEXITY	\$13,937.70
S9480	INTENSIVE OP PSY SERVICES	\$134,631.70
90853	GROUP MEDICAL PSYCHOTHERAPY	\$30,602.95
96113	DEVEL TST PHYS/QHP EA ADDL	\$64,606.59
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$115,098.95
<b>Total Expenditures</b>		<b>\$6,265,661.70</b>

\* 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 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

**Dental – By Expenditures**

Procedure Code	Description	Expenditures
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$749,376.56
D2930	PREFABRICATED CROWN	\$739,711.55
D0120	PERIODIC ORAL EVALUATION	\$716,208.88
D1206	TOPICAL FLUORIDE VARNISH	\$713,920.15
D1120	PROPHYLAXIS, CHILD	\$620,959.41
D7140	EXTRACTION ERUPTED TOOTH	\$519,794.43
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$480,880.91
D1110	PROPHYLAXIS, ADULT	\$475,035.92
D7240	REMOVAL IMPACTED TOOTH	\$417,058.48
D1351	SEALANT	\$395,736.44
D7210	REM IMP TOOTH W MUCOPER FLP	\$336,776.05
D0274	BITEWINGS FOUR IMAGES	\$242,200.31
D0140	LIMITED ORAL EVALUATION	\$241,984.89
D2740	CROWN PORCELAIN/CERAMIC	\$239,924.55
D0330	PANORAMIC IMAGE	\$231,886.75
D0150	ORAL EVALUATION	\$210,703.33
D0272	DENTAL BITEWINGS TWO IMAGES	\$195,433.00
D3220	THERAPEUTIC PULPOTOMY	\$183,831.40
D2150	AMALGAM	\$173,482.60
D2393	RESIN BASED COMPOSITE 3 SURFACE	\$169,168.81
<b>Total Expenditures</b>		<b>\$8,054,074.42</b>

**Dental – By Utilization**

Procedure Code	Description	Expenditures
D0120	PERIODIC ORAL EVALUATION	\$716,208.88
D1206	TOPICAL FLUORIDE VARNISH	\$713,920.15
D1120	PROPHYLAXIS, CHILD	\$620,959.41
D1351	SEALANT	\$395,736.44
D0220	INTRAORAL PERIAPICAL FIRST	\$147,047.91
D1110	PROPHYLAXIS, ADULT	\$475,035.92
D0272	DENTAL BITEWINGS TWO IMAGES	\$195,433.00
D2392	RESIN-BASED COMPOSITE 2 SURFACES	\$749,376.56
D7140	EXTRACTION ERUPTED TOOTH	\$519,794.43
D0230	INTRAORAL PERIAPICAL EA ADD	\$97,656.50
D0274	BITEWINGS FOUR IMAGES	\$242,200.31
D2391	RESIN-BASED COMPOSITE 1 SURFACE	\$480,880.91
D0150	ORAL EVALUATION	\$210,703.33
D2930	PREFABRICATED CROWN	\$739,711.55
D0140	LIMITED ORAL EVALUATION	\$241,984.89
D9230	ANALGESIA	\$109,571.38
D0330	PANORAMIC IMAGE	\$231,886.75
D1330	ORAL HYGIENE INSTRUCTIONS	\$24,201.50
D7210	REM IMP TOOTH W MUCOPER FLP	\$336,776.05
D3220	THERAPEUTIC PULPOTOMY	\$183,831.40
<b>Total Expenditures</b>		<b>\$7,432,917.27</b>

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

**Developmental Center – By Expenditures and Utilization**

Procedure Code	Description	Expenditures
92507	SPEECH, LANGUAGE OR HEARING THERAPY	\$307,664.10
97530	THERAPEUTIC ACTIVITIES, DIRECT (1 ON 1)	\$237,341.10
92508	SPEECH, LANGUAGE OR HEARING THERAPY	\$78,941.37
92523	SPEECH SOUND LANG COMPREHEN	\$28,180.79
97110	THERAPEUTIC PROC. 1/MORE AREAS EA. 15MIN	\$27,264.00
97150	THERAPEUTIC PROCEDURES	\$7,944.37
97112	THERAPEUTIC PROC. 1/MORE AREAS, EA.15MIN	\$6,583.35
97116	THERAPEUTIC PROC. 1/MORE AREAS, EA.15MIN	\$4,635.90
97165	OT EVAL LOW COMPLEX 30 MIN	\$4,048.80
97166	OT EVAL MOD COMPLEX 45 MIN	\$4,029.66
97162	PT EVAL MOD COMPLEX 30 MIN	\$3,210.89
97161	PT EVAL LOW COMPLEX 20 MIN	\$2,373.82
H2019	THERAPEUTIC BEHAVIORAL SERVICE, 15 MIN	\$1,872.86
92526	TREATMENT OF SWALLOWING	\$1,723.58
97167	OT EVAL HIGH COMPLEX 60 MIN	\$465.86
97163	PT EVAL HIGH COMPLEX 45 MIN	\$368.60
92522	EVALUATE SPEECH PRODUCTION	\$323.84
97533	SENSORY INTEGRATIVE TECHNIQUES	\$181.77
H0031	MENTAL HEALTH ASSESSMENT	\$168.24
97164	PT RE-EVAL EST PLAN CARE	\$147.86
<b>Total Expenditures</b>		<b>\$717,470.76</b>

**DMEPOS – Purchase Rate – By Expenditures**

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	\$1,284,689.18
E0466	HOME VENT NON-INVASIVE INTER	\$538,352.26
A9276	DISPOSIBLE SENSOR, CGM SYS	\$248,973.27
B4035	ENTERAL FEED SUPP PUMP PER D	\$209,905.89
T4535	DISPLINER/SHIELD/GUARD/PAD/UNDERGARMENT	\$196,988.33
V5261	HEARING AID	\$194,913.41
T4527	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$155,203.57
A4353	INTERMITTENT URINARY CATHETER	\$149,047.12
E1007	POWER SEATING SYSTEM FOR W/C	\$148,927.29
E0784	EXTERNAL AMBULATORY INF. PUMP	\$145,883.62
T4528	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$143,488.82
T4526	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$120,270.28
V5140	BINAURAL, BEHIND THE EAR	\$114,099.36
E0431	PORTABLE GASEOUS OXYGEN SYSTEM	\$110,236.02
B4197	PARENTERAL NUTRITION SOLUTION; COMP	\$106,466.57
E0483	PULSE GENERATOR SYSTEM	\$83,937.76
L8680	IMPLT NEUROSTIM ELCTR EACH	\$81,349.76
T4534	DISP INCONTINENCE PRODUCT, YOUTH	\$81,060.79
E0465	HOME VENT INVASIVE INTERFACE	\$77,081.07
K0861	POWER WHEELCHAIR, #3 STANDARD, MULT PWR	\$75,860.56
<b>Total Expenditures</b>		<b>\$4,266,734.93</b>

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

**DMEPOS – Purchase Rate – By Utilization**

Procedure Code	Description	Expenditures
T4535	DISPLINER/SHIELD/GUARD/PAD/UNDERGARMENT	\$196,988.33
T4541	INCONTINENCE PRODUCT, LARGE	\$47,523.41
T4527	DISP INCONTINENCE PRODUCT, ADULT	\$155,203.57
T4526	DISP INCONTINENCE PRODUCT, ADULT	\$120,270.28
T4528	DISP INCONTINENCE PRODUCT, ADULT	\$143,488.82
A4351	INTERMITTENT URINARY CATHETER	\$29,828.09
T4534	DISP INCONTINENCE PRODUCT, YOUTH	\$81,060.79
B4152	ENTERAL FORMULAE; CATEGORY II	\$5,912.88
T4525	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$28,768.46
A4353	INTERMITTENT URINARY CATHETER	\$149,047.12
T4533	DISP INCONTINENCE PRODUCT, YOUTH	\$30,018.46
B4161	ENTERAL FORMULA, FOR PEDIATRICS	\$51,214.11
A4332	LUBRICANT	\$972.18
T4532	DISP INCONTINENCE PRODUCT, PEDIATRIC	\$28,166.16
B4035	ENTERAL FEED SUPP PUMP PER D	\$209,905.89
E1390	OXYGEN CONCENTRATOR	\$1,284,689.18
B4160	ENTERAL FORMULA, FOR PEDIATRICS	\$10,863.40
T4523	DISPOSABLE INCONTINENCE PRODUCT, ADULT	\$12,956.40
A9276	Disposable sensor, CGM sys	\$248,973.27
A4352	INTERMITTENT URINARY CATHETER; COUD	\$34,035.08
<b>Total Expenditures</b>		<b>\$2,206,411.47</b>

**Home Health – All Procedures**

Procedure Code	Description	Expenditures
0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$549,927.10
0551	VISIT CHARGE	\$223,202.44
0421	PHYSICAL THERAPY - VISIT CHARGE	\$84,123.86
0570	HOME HEALTH AIDE - GENERAL CLASS	\$63,713.08
0431	OCCUPATIONAL THERAPY - VISIT CHARGE	\$34,448.88
0571	HOME HEALTH AIDE - VISIT CHARGE	\$21,655.12
0441	SPEECH THERAPY - VISIT CHARGE	\$13,614.63
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$1,867.82
0424	PHYSICAL THERAPY - EVALUATION OR RE-EVAL	\$230.00
0270	MED/SUR SUPPLIES & DEVICES - GEN CLASS	\$48.33
<b>Total Expenditures</b>		<b>\$992,831.26</b>

**Laboratory – By Expenditures**

Procedure Code	Description	Expenditures
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$54,517.52
87491	INFECTIOUS AGENT DETECTION	\$48,733.42
87591	INFECTIOUS AGENT DETECTION	\$45,359.63
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$29,903.05
81420	FETAL CHRMOML ANEUPLOIDY	\$29,292.09
88305	LEVEL IV - SURGICAL PATHOLOGY	\$27,305.30
80081	OBSTETRIC PANEL	\$22,373.90
U0004	2019-NCOV CORONAVIRUS, SARS-COV-2/2019-N	\$22,200.00

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

Procedure Code	Description	Expenditures
87633	RESP VIRUS 12-25 TARGETS	\$21,311.08
84443	THYROID STIMULATING HORMONE (TSH)	\$17,705.82
80050	GENERAL HEALTH PANEL	\$16,895.89
87624	HPV HIGH-RISK TYPES	\$16,351.03
81519	ONCOLOGY BREAST MRNA	\$15,492.00
87798	INFECTIOUS AGENT DETECTION	\$14,745.28
80307	DRUG TEST PRSMV CHEM ANALYZR	\$13,977.45
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	\$13,724.05
87801	INFECTIOUS AGENT DETECTION	\$12,833.57
87661	TRICHOMONAS VAGINALIS AMPLIF	\$12,275.49
80361	OPIATES 1 OR MORE	\$11,577.46
80053	COMPREHENSIVE METABOLIC PANEL	\$9,629.33
<b>Total Expenditures</b>		<b>\$456,203.36</b>

**Laboratory – By Utilization**

Procedure Code	Description	Expenditures
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE	\$8,900.68
87491	INFECTIOUS AGENT DETECTION	\$48,733.42
87591	INFECTIOUS AGENT DETECTION	\$45,359.63
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR	\$2,573.90
85025	BLOOD COUNT	\$9,094.00
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL	\$29,903.05
84443	THYROID STIMULATING HORMONE (TSH)	\$17,705.82
87086	CULTURE, BACTERIAL	\$3,678.96
80053	COMPREHENSIVE METABOLIC PANEL	\$9,629.33
U0003	INFECTIOUS AGENT DETECTION BY NUCLEIC AC	\$54,517.52
88305	LEVEL IV - SURGICAL PATHOLOGY	\$27,305.30
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR	\$2,699.23
84439	THYROXINE	\$5,799.36
80061	LIPID PANEL	\$6,620.95
80361	OPIATES 1 OR MORE	\$11,577.46
83036	HEMOGLOBIN;	\$3,756.31
87624	HPV HIGH-RISK TYPES	\$16,351.03
82306	CALCIFEDIOL (25-OH VITAMIN D-3)	\$13,724.05
82728	FERRITIN	\$5,807.56
87798	INFECTIOUS AGENT DETECTION	\$14,745.28
<b>Total Expenditures</b>		<b>\$338,482.84</b>

**Maternity – By Expenditures\***

Procedure Code	Description	Expenditures
59400	OBSTETRICAL CARE	\$1,499,221.60
59510	CESAREAN DELIVERY	\$688,287.81
59409	VAGINAL DELIVERY ONLY	\$306,212.73
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$214,102.86
59410	OBSTETRICAL CARE	\$194,523.63
59514	CAESAREAN DELIVERY ONLY	\$129,371.43
59515	CESAREAN DELIVERY	\$83,754.49

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

Procedure Code	Description	Expenditures
59025	FETAL NON-STRESS TEST	\$63,859.93
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$53,052.57
59610	VBAC DELIVERY	\$19,465.96
59430	POSTPARTUM CARE ONLY (SEPARATE PROC	\$11,551.58
59614	VBAC CARE AFTER DELIVERY	\$6,500.13
59612	VAGINAL DELIVERY ONLY	\$5,995.90
99213	OFFICE O/P EST LOW 20-29 MIN	\$2,649.91
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,554.34
59412	EXTERNAL CEPHALIC VERSION	\$1,688.41
99202	OFFICE O/P NEW SF 15-29 MIN SF 15-29 MIN	\$1,421.73
99205	OFFICE O/P NEW MOD 45-59 MIN	\$1,131.66
99215	OFFICE O/P EST HI 40-54 MIN	\$924.02
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$676.52
<b>Total Expenditures</b>		<b>\$3,286,947.21</b>

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

**Maternity – By Utilization\***

Procedure Code	Description	Expenditures
59025	FETAL NON-STRESS TEST	\$63,859.93
59400	OBSTETRICAL CARE	\$1,499,221.60
59409	VAGINAL DELIVERY ONLY	\$306,212.73
59514	CAESAREAN DELIVERY ONLY	\$129,371.43
59510	CESAREAN DELIVERY	\$688,287.81
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$214,102.86
59410	OBSTETRICAL CARE	\$194,523.63
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$53,052.57
59430	POSTPARTUM CARE ONLY (SEPARATE PROC)	\$11,551.58
59515	CESAREAN DELIVERY	\$83,754.49
99213	OFFICE O/P EST LOW 20-29 MIN	\$2,649.91
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,554.34
99202	OFFICE O/P NEW SF 15-29 MIN SF 15-29 MIN	\$1,421.73
59412	EXTERNAL CEPHALIC VERSION	\$1,688.41
59610	VBAC DELIVERY	\$19,465.96
99212	OFFICE O/P EST SF 10-19 MIN	\$312.55
99215	OFFICE O/P EST HI 40-54 MIN	\$924.02
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$676.52
59614	VBAC CARE AFTER DELIVERY	\$6,500.13
59612	VAGINAL DELIVERY ONLY	\$5,995.90
<b>Total Expenditures</b>		<b>\$3,286,128.10</b>

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

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

**Ophthalmology – By Expenditures\***

Procedure Code	Description	Expenditures
92014	OPHTHALMOLOGICAL SERVICES: MED EXAM	\$51,884.83
92004	OPHTHALMOLOGICAL SERVICES: MED EXAM	\$40,185.90
66984	XCAPSL CTRC RMVL W/O ECP	\$37,026.54
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$22,986.33
67028	INTRAVITREAL INJECTION OF A PHARMACOLOG	\$20,707.16
67228	DESTRUCTION OF EXTENSIVE OR PROGRESS	\$20,057.99
V2020	FRAMES; ORIGINAL PURCHASE	\$19,557.21
99204	OFFICE O/P NEW MOD 45-59 MIN	\$16,433.64
V2784	LENS, PLYCARBONATE OR EQUAL	\$15,185.92
99214	OFFICE O/P EST MOD 30-39 MIN	\$12,625.32
92134	CPTR OPHTH DX IMG POST SEGMENT	\$11,421.25
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$9,604.08
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAK	\$8,405.82
99213	OFFICE O/P EST LOW 20-29 MIN	\$8,299.22
92015	DETERMINATION OF REFRACTIVE STATE	\$8,176.53
92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE	\$6,625.03
92012	OPHTHALMOLOGICAL SERVICES: MED EXAM	\$6,027.74
67311	STRABISMUS SURGERY	\$6,014.32
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR	\$5,895.99
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$5,055.81
<b>Total Expenditures</b>		<b>\$332,176.63</b>

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

**Ophthalmology – By Utilization\***

Procedure Code	Description	Expenditures
92014	OPHTHALMOLOGICAL SERVICES: MED EXAM	\$51,884.83
92134	CPTR OPHTH DX IMG POST SEGMENT	\$11,421.25
V2784	LENS, PLYCARBONATE OR EQUAL	\$15,185.92
92015	DETERMINATION OF REFRACTIVE STATE	\$8,176.53
92004	OPHTHALMOLOGICAL SERVICES: MED EXAM	\$40,185.90
67028	INTRAVITREAL INJECTION OF A PHARMACOLOG	\$20,707.16
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$9,604.08
V2020	FRAMES; ORIGINAL PURCHASE	\$19,557.21
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAK	\$8,405.82
99204	OFFICE O/P NEW MOD 45-59 MIN	\$16,433.64
66984	XCAPSL CTRC RMVL W/O ECP	\$37,026.54
99214	OFFICE O/P EST MOD 30-39 MIN	\$12,625.32
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR	\$5,895.99
99213	OFFICE O/P EST LOW 20-29 MIN	\$8,299.22
92136	OPHTHALMIC BIOMETRY	\$4,013.08
92133	CMPTR OPHTH IMG OPTIC NERVE	\$2,096.23
92060	SENSORIMOTOR EXAMINATION MULTIPLE M	\$6,625.03
92012	OPHTHALMOLOGICAL SERVICES: MED EXAM	\$6,027.74
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$2,860.62
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$5,055.81
<b>Total Expenditures</b>		<b>\$292,087.92</b>

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



**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

**Optician/Optomety – By Expenditures**

Procedure Code	Description	Expenditures
V2020	FRAMES; ORIGINAL PURCHASE	\$23,985.69
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$8,365.26
V2784	LENS, PLYCARBONATE OR EQUAL	\$6,008.58
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$4,655.62
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$1,036.47
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$712.99
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$390.00
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$284.20
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$122.27
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$118.65
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$107.10
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$58.50
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4	\$39.00
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$28.50
<b>Total Expenditures</b>		<b>\$45,912.83</b>

**Optician/Optomety – By Utilization**

Procedure Code	Description	Expenditures
V2784	LENS, PLYCARBONATE OR EQUAL	\$6,008.58
V2020	FRAMES; ORIGINAL PURCHASE	\$23,985.69
V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR	\$8,365.26
V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$4,655.62
V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$1,036.47
V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$712.99
V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION	\$390.00
V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO	\$284.20
V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.1	\$122.27
V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$107.10
V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$118.65
V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS O	\$58.50
V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR M	\$28.50
V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4	\$39.00
<b>Total Expenditures</b>		<b>\$45,912.83</b>

**Physician & Other – By Expenditures**

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,057,022.78
99214	OFFICE O/P EST MOD 30-39 MIN	\$3,056,747.28
99285	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$1,231,610.13
99284	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$1,019,468.26
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$787,926.48
99204	OFFICE O/P NEW MOD 45-59 MIN	\$734,235.69
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$681,331.97
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$671,036.39
90460	IM ADMIN 1ST/ONLY COMPONENT	\$638,043.52
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$598,056.34

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

Procedure Code	Description	Expenditures
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$576,771.74
99215	OFFICE O/P EST HI 40-54 MIN	\$551,931.35
99291	CRITICAL CARE, EVAL AND MANAGEMENT	\$541,421.30
99472	PED CRITICAL CARE SUBSQ	\$412,268.22
99469	NEONATE CRIT CARE SUBSQ	\$394,862.07
97530	THERAPEUTIC ACTIVITIES, DIRECT (1 ON 1)	\$387,865.94
99283	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$384,076.65
99223	INITIAL HOSPITAL CARE, PER DAY	\$336,480.28
99212	OFFICE O/P EST SF 10-19 MIN	\$316,781.77
99393	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$280,124.80
<b>Total Expenditures</b>		<b>\$16,658,062.96</b>

**Physician & Other – By Utilization\***

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,057,022.78
99214	OFFICE O/P EST MOD 30-39 MIN	\$3,056,747.28
90460	IM ADMIN 1ST/ONLY COMPONENT	\$638,043.52
97530	THERAPEUTIC ACTIVITIES, DIRECT (1 ON 1)	\$387,865.94
95165	PROFESSIONAL SERVICES	\$144,950.14
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$576,771.74
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE)	\$84,762.31
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$671,036.39
99284	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$1,019,468.26
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$787,926.48
93010	ELECTROCARDIOGRAM, WITH INTERPRETATION	\$54,930.77
99212	OFFICE O/P EST SF 10-19 MIN	\$316,781.77
99285	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$1,231,610.13
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$681,331.97
99283	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$384,076.65
97110	THERAPEUTIC PROC. 1/MORE AREAS EA. 15MIN	\$132,398.65
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$598,056.34
99204	OFFICE O/P NEW MOD 45-59 MIN	\$734,235.69
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR	\$15,349.14
71045	X-RAY EXAM CHEST 1 VIEW	\$28,406.83
<b>Total Expenditures</b>		<b>\$14,601,772.78</b>

**Physician Specialist – By Expenditures\***

Procedure Code	Description	Expenditures
99285	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$1,175,296.23
99284	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$873,391.39
99214	OFFICE O/P EST MOD 30-39 MIN	\$792,350.60
99213	OFFICE O/P EST LOW 20-29 MIN	\$488,608.00
99204	OFFICE O/P NEW MOD 45-59 MIN	\$330,765.72
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$321,891.83
99283	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$278,411.79
99291	CRITICAL CARE, EVAL AND MANAGEMENT	\$157,658.87
74177	CT ABD & PELV W/CONTRAST	\$153,423.71

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

Procedure Code	Description	Expenditures
88305	LEVEL IV - SURGICAL PATHOLOGY	\$141,996.28
43239	UPPER GASTROINTESTINAL ENDOSCOPY	\$123,433.49
78815	TUMOR IMAGING	\$113,726.53
99215	OFFICE O/P EST HI 40-54 MIN	\$112,153.84
45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC	\$110,847.53
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$104,060.87
99469	NEONATE CRIT CARE SUBSQ	\$98,107.41
95165	PROFESSIONAL SERVICES	\$97,008.89
99212	OFFICE O/P EST SF 10-19 MIN	\$88,177.02
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	\$79,966.97
99472	PED CRITICAL CARE SUBSQ	\$78,874.32
<b>Total Expenditures</b>		<b>\$5,720,151.29</b>

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

**Physician Specialist – By Utilization\***

Procedure Code	Description	Expenditures
95165	PROFESSIONAL SERVICES	\$97,008.89
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE)	\$66,144.74
99214	OFFICE O/P EST MOD 30-39 MIN	\$792,350.60
99213	OFFICE O/P EST LOW 20-29 MIN	\$488,608.00
99284	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$873,391.39
99285	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$1,175,296.23
99283	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$278,411.79
71045	X-RAY EXAM CHEST 1 VIEW	\$23,337.75
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH	\$26,879.20
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$321,891.83
88305	LEVEL IV - SURGICAL PATHOLOGY	\$141,996.28
93010	ELECTROCARDIOGRAM, WITH INTERPRETATION	\$19,540.11
99212	OFFICE O/P EST SF 10-19 MIN	\$88,177.02
99204	OFFICE O/P NEW MOD 45-59 MIN	\$330,765.72
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$104,060.87
74177	CT ABD & PELV W/CONTRAST	\$153,423.71
95117	PROFESSIONAL SERVICES ALLERGEN IMMUN	\$19,824.12
71046	X-RAY EXAM CHEST 2 VIEWS	\$20,037.49
70450	COMPUTERIZED AXIAL TOMOGRAPHY	\$63,245.04
80305	DRUG TEST PRSMV DIR OPT OBS	\$23,360.56
<b>Total Expenditures</b>		<b>\$5,107,751.34</b>

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

**Primary Care – By Expenditures\***

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$2,905,016.10
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,596,178.81
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$722,764.03
90460	IM ADMIN 1ST/ONLY COMPONENT	\$701,297.56

**SFY 2021 Wyoming Medicaid Reimbursement Benchmarking Study**  
**Appendix B.2: Total SFY 2021 Medicaid Expenditures for Top Procedures Used in**  
**Analysis, By Service Area**

Procedure Code	Description	Expenditures
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$661,039.77
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$632,989.14
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$541,376.77
99215	OFFICE O/P EST HI 40-54 MIN	\$528,076.98
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$513,901.28
99204	OFFICE O/P NEW MOD 45-59 MIN	\$484,374.76
99291	CRITICAL CARE, EVAL AND MANAGEMENT	\$440,003.13
99472	PED CRITICAL CARE SUBSQ	\$356,208.30
99393	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$328,884.99
99223	INITIAL HOSPITAL CARE, PER DAY	\$325,291.90
99469	NEONATE CRIT CARE SUBSQ	\$318,845.37
99212	OFFICE O/P EST SF 10-19 MIN	\$257,543.10
99394	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$246,277.17
99205	OFFICE O/P NEW MOD 45-59 MIN	\$199,335.98
87633	RESP VIRUS 12-25 TARGETS	\$190,660.84
99284	EMERGENCY DEPARTMENT VISIT FOR EVAL	\$184,537.49
<b>Total Expenditures</b>		<b>\$13,134,603.47</b>

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

**Primary Care – By Utilization\***

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$2,905,016.10
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,596,178.81
90460	IM ADMIN 1ST/ONLY COMPONENT	\$701,297.56
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$513,901.28
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR T	\$661,039.77
99391	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$722,764.03
99212	OFFICE O/P EST SF 10-19 MIN	\$257,543.10
99392	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$632,989.14
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$541,376.77
36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR	\$15,292.02
93010	ELECTROCARDIOGRAM, WITH INTERPRETATION	\$39,248.37
95165	PROFESSIONAL SERVICES	\$61,651.31
90471	IMMUNIZATION ADMIN	\$62,329.95
99215	OFFICE O/P EST HI 40-54 MIN	\$528,076.98
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE)	\$26,638.83
96110	DEVELOPMENTAL SCREEN W/SCORE	\$89,991.08
96372	THER/PROPH/DIAG INJ SC/IM	\$78,329.35
87880	INFECTIOUS AGENT DETECTION	\$59,240.89
99204	OFFICE O/P NEW MOD 45-59 MIN	\$484,374.76
99393	PERIODIC PREVENTIVE MEDICINE REEVAL.	\$328,884.99
<b>Total Expenditures</b>		<b>\$11,306,165.09</b>

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