

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Ambulance – By Expenditures

Procedure Code	Description	Expenditures
A0430	FIXED WING AIR TRANSPORT	\$834,339.47
A0435	FIXED WING AIR MILEAGE	\$527,073.13
A0431	ROTARY WING AIR TRANSPORT	\$481,985.43
A0436	ROTARY WING AIR MILEAGE	\$379,735.91
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	\$305,740.91
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	\$275,524.98
A0425	GROUND AMBULANCE MILEAGE	\$189,279.92
A0428	AMBULANCE SERVICE (BLS)	\$69,935.84
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	\$66,084.22
A0426	AMBULANCE SERVICE (ALS 1)	\$27,306.56
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	\$15,210.34
A0433	AMBULANCE SERVICE (ALS 2)	\$14,753.90
A0422	AMBULANCE SERVICE (ALS or BLS)	\$2,625.30
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	\$2,106.00
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	\$1,326.00
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	\$844.30
Total Expenditures		\$3,193,172.21

Ambulance – By Utilization¹

Procedure Code	Description	Expenditures
A0435	FIXED WING AIR MILEAGE	\$527,073.13
A0425	GROUND AMBULANCE MILEAGE	\$189,279.92
A0436	ROTARTY WING AIR MILEAGE	\$379,735.91
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	\$66,084.22
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	\$15,210.34
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	\$275,524.98
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	\$305,740.91
A0428	AMBULANCE SERVICE (BLS)	\$69,935.84
A0430	FIXED WING AIR TRANSPORT	\$834,339.47
A0426	AMBULANCE SERVICE (ALS)	\$27,306.56
A0431	ROTARTY WING AIR TRANSPORT	\$481,985.43
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	\$2,106.00
A0422	AMBULANCE SERVICE (ALS or BLS)	\$2,625.30
A0433	AMBULANCE SERVICE (ALS)	\$14,753.90
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	\$844.30
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	\$1,326.00
Total Expenditures		\$3,193,872.21

ASC – By Expenditure

¹ Procedure code A0434 was among the top 20 utilized procedure codes for SFY 2022. Please note, while units of service were available for this procedure code, expenditure data was not.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Procedure Code	Description	Expenditures
43239	EGD, W BIOPSY	\$4,106.85
66982	XCAPSL CTRCT RMVL CPLX	\$3,953.66
66984	XCAPSL CTRCT RMVL W/O ECP	\$3,779.34
45385	CLNSOPY; W LSIN(S) RMVAL	\$3,317.14
64483	NJX(S); TRNSFRMINL EPIDRL	\$1,477.82
66821	AFTR CTRCT LSR SURGERY	\$1,389.86
45380	CLNSCPY AND BPSY	\$1,303.58
45378	DIAG COLONOSCOPY	\$1,098.48
26055	TENDON SHEATH INCISION	\$837.52
64493	NJX(S); LUMBAR OR SACRAL	\$677.98
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$590.63
68816	PROBE NL DUCT W/ BALLOON	\$568.57
27603	INCSN DRINGE, LG OR ANKL	\$461.83
26160	RMV TNDN SHTH LSN	\$461.47
52000	CYSTOSCOPY	\$346.64
45388	CLNSCPY W/ ABLATION	\$309.34
43248	EGD GDE WIRE NSRTN	\$290.59
62321	NJX INTRLMNR CRV/THRC	\$222.83
62323	NJX INTRLMNR LMBR/SAC	\$203.97
12032	INTMD RPR S/A/T/EXT 2.6-7.5	\$202.43
Total Expenditures		\$25,600.53

ASC – By Utilization

Procedure Code	Description	Expenditures
66984	XCAPSL CTRCT RMVL W/O ECP	\$3,779.34
43239	EGD, W BIOPSY	\$4,106.85
64483	NJX(S); TRNSFRMINL EPIDRL	\$1,477.82
64493	NJX(S); LUMBAR OR SACRAL	\$677.98
43248	EGD GDE WIRE NSRTN	\$290.59
45385	CLNSOPY; W LSIN(S) RMVAL	\$3,317.14
66821	AFTR CTRCT LSR SURGERY	\$1,389.86
45380	CLNSCPY AND BPSY	\$1,303.58
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$590.63
66982	XCAPSL CTRCT RMVL CPLX	\$3,953.66
62323	NJX INTRLMNR LMBR/SAC	\$203.97
64490	NJX(S); CRVCL OR THORCIC	\$140.94
26055	TENDON SHEATH INCISION	\$837.52
64721	CARPAL TUNNEL SURGERY	\$111.58
45378	DIAG COLONOSCOPY	\$1,098.48
62321	NJX INTRLMNR CRV/THRC	\$222.83
76519	ECHO EXAM OF EYE	\$0.00
43235	EGD	\$79.48
20610	DRAIN/INJ JOINT/BURSA	\$83.23
64479	NJX AA&/STRD TFRM EPI C/T	\$82.19
Total Expenditures		\$23,747.67

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Behavioral Health – By Expenditures²

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	\$2,302,410.18
97153	ADAPTIVE BHVR TX BY TECH	\$1,302,116.74
90834	PSYTX W PT 45 MINUTES	\$393,876.13
99214	OFFICE O/P EST MOD 30-39 MIN	\$361,924.86
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$354,760.96
99233	SBSQNT HSPTL CARE, PER DAY.	\$317,549.46
96131	PSYCL TST EVAL PHYS/QHP EA	\$129,514.35
90832	PSYTX W PT 30 MINUTES	\$116,408.79
99213	OFFICE O/P EST LOW 20-29 MIN	\$106,293.75
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$105,329.00
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$91,927.51
90847	FAMILY PSYTX W/PT 50 MIN	\$76,326.43
90853	GROUP PSYCHOTHERAPY	\$74,984.36
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$74,566.99
90833	PSYTX W PT W E/M 30 MIN	\$72,538.31
90792	PSYCH DIGNSTIC EVAL W MEDICAL SERVICES	\$66,365.49
97150	GRP THRPTC PROCEDURES	\$61,657.05
97151	BHV ID ASSMT BY PHYS/QHP	\$57,004.12
99223	INITIAL HSPTL CARE, PER DAY	\$50,534.81
96133	NRPSYC TST EVAL PHYS/QHP	\$44,130.30
Total Expenditures		\$6,160,219.59

Behavioral Health – By Utilization²

Procedure Code	Description	Expenditures
97153	ADAPTIVE BHVR TX BY TECH	\$1,302,116.74
90837	PSYTX W PT 60 MINUTES	\$2,302,410.18
90834	PSYTX W PT 45 MINUTES	\$393,876.13
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$105,329.00
99214	OFFICE O/P EST MOD 30-39 MIN	\$361,924.86
97150	GRP THRPTC PROCEDURES	\$61,657.05
90853	GROUP PSYCHOTHERAPY	\$74,984.36
90832	PSYTX W PT 30 MINUTES	\$116,408.79
99233	SBSQNT HSPTL CARE, PER DAY.	\$317,549.46
97151	BHV ID ASSMT BY PHYS/QHP	\$57,004.12
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	\$354,760.96
96137	PSYCL/NRPSYC TST PHY/QHP	\$74,566.99
90833	PSYTX W PT W E/M 30 MIN	\$72,538.31
99213	OFFICE O/P EST LOW 20-29 MIN	\$106,293.75
90785	PSYTX COMPLEX INTERACTIVE	\$14,963.10
96131	PSYCL TST EVAL PHYS/QHP EA	\$129,514.35
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$91,927.51
90847	FAMILY PSYTX W/PT 50 MIN	\$76,326.43
99212	OFFICE O/P EST SF 10-19 MIN	\$21,869.73
99232	SBSQNT HSPTL CARE, PER DAY	\$41,323.50
Total Expenditures		\$6,077,345.32

² Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H, T, G, and S codes that Wyoming uses.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Dental – By Expenditures

Procedure Code	Description	Expenditures
D0120	PERIDC ORAL EVAL – ESTAB PATIENT	\$817,657.14
D2392	RESIN-BSD CMPSTE - 2 SURFCS	\$808,325.78
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$736,703.88
D2930	PREFBRICTD STNLESS STL CRWN -	\$734,474.63
D1110	PROPHYLAXIS - ADULT	\$627,906.52
D1120	PROPHYLAXIS - CHILD	\$612,102.71
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	\$519,954.62
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	\$518,341.83
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$466,238.98
D1351	SEALANT - PER TOOTH	\$398,612.49
D7210	REM IMP TOOTH W MUCOPER FLP	\$335,458.57
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$276,131.96
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$267,332.40
D0140	LIMITED ORAL EVAL - PROBLEM FOCUSED	\$253,285.48
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	\$209,026.67
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$205,469.43
D2740	CROWN - PORCELAIN/CERAMIC	\$203,411.00
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	\$192,763.64
D2929	PRFB PRCLN/CRMIC CRWN PMRY TTH	\$188,826.05
D2150	AMLGAM - 2 SURFCS, PRMRY OR PMNNT	\$187,410.95
Total Expenditures		\$8,559,434.73

Dental – By Utilization

Procedure Code	Description	Expenditures
D0120	PERIDC ORAL EVAL – ESTAB PATIENT	\$817,657.14
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$736,703.88
D1120	PROPHYLAXIS - CHILD	\$612,102.71
D1351	SEALANT - PER TOOTH	\$398,612.49
D1110	PROPHYLAXIS - ADULT	\$627,906.52
D0220	INTRORAL - PERIPCL FRST RADGRPHC IMAGE	\$157,034.19
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$205,469.43
D2392	RESIN-BSD CMPSTE - 2 SURFCS	\$808,325.78
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$276,131.96
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	\$519,954.62
D0230	INTRAORL - PERIPCL ADTNL RADGRPHC	\$101,899.95
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	\$518,341.83
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	\$209,026.67
D0140	LIMITED ORAL EVAL - PROBLEM FOCUSED	\$253,285.48
D2930	PREFBRICTD STNLESS STL CRWN -	\$734,474.63
D9230	INHLTION NITRS OXIDE/ANLGSIA,	\$121,002.78
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$267,332.40
D7210	EXTRCTN, ERPTD TOOTH REQ REMOVAL	\$335,458.57
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	\$192,763.64
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$466,238.98
Total Expenditures		\$8,359,723.65

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Developmental Center – All Procedures

Procedure Code	Description	Expenditures
92507	SPEECH/HEARING THERAPY	\$347,977.19
97530	THERAPEUTIC ACTIVITIES	\$269,001.26
92508	SPEECH/HEARING THERAPY	\$74,710.63
92523	SPCH SOUND LANG COMPREHEN	\$29,114.77
97110	THERAPEUTIC EXERCISES	\$23,279.80
97150	GRP THRPTC PROCEDURES	\$9,270.80
97166	OT EVAL MOD COMPLEX 45 MIN	\$5,577.60
97165	OT EVAL LOW COMPLEX 30 MIN	\$4,528.80
97162	PT EVAL MOD COMPLEX 30 MIN	\$3,162.72
97112	NURMSCLAR REEDUCATION	\$3,053.59
92526	ORAL FUNCTION THERAPY	\$2,240.83
97116	GAIT TRAINING THERAPY	\$2,231.57
97161	PT EVAL LOW COMPLEX 20 MIN	\$2,228.28
97167	OT EVAL HIGH COMPLEX 60 MIN	\$766.92
92522	EVALUATE SPEECH PRODUCTION	\$236.82
97168	OT RE-EVAL EST PLAN CARE	\$230.00
97129	THER IVNTJ 1ST 15 MIN	\$172.48
97130	THER IVNTJ EA ADDL 15 MIN	\$172.48
97163	PT EVAL HIGH COMPLEX 45 MIN	\$143.76
97533	SENSORY INTEGRATION	\$103.50
Total Expenditures		\$778,203.80

DMEPOS – Purchase Rate – By Expenditures³

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	\$1,634,959.53
E0466	HOME VENT NON-INVASIVE INTER	\$765,711.13
B4035	ENTERAL FEED SUPP PUMP PER D	\$325,933.53
T4527	ADULT SIZE PULL-ON LG	\$264,674.24
T4535	DSPSBLE LNR/SHLD/PAD	\$262,057.54
T4526	ADULT SIZE PULL-ON MED	\$245,487.88
T4528	ADULT SIZE PULL-ON XL	\$225,071.35
A9276	DSPSBLE SNSR, CGM SYS	\$210,659.61
T4534	YOUTH SIZE PULL-ON	\$206,555.37
E1007	PWR SEAT COMBO W/SHEAR	\$204,248.48
A4353	INTERMITTENT URINARY CATH	\$188,486.71
A4554	DISPOSABLE UNDERPADS	\$174,715.93
E0784	EXT AMB INFUSN PMP INSLIN	\$164,400.05
B4161	EF PED HDRLYZD/AMNO ACID	\$145,426.15
K0861	PWC GP3 STD MULT POW OPT S/B	\$120,964.19
B4197	PARNTRAL NTRITION SOLUTION; COMPOUNDE	\$115,169.60
E0431	PORTABLE GASEOUS O2	\$106,898.93
T4533	YOUTH SIZE BRIEF/DIAPER	\$101,200.97
A7031	RPLCMNT FCEMSK INTERFA	\$87,337.19
A7030	CPAP FULL FACE MASK	\$81,268.64
Total Expenditures		\$5,631,227.02

³ J codes were removed for analysis.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

DMEPOS – Purchase Rate – By Utilization³

Procedure Code	Description	Expenditures
T4535	DSPSBLE LNR/SHLD/PAD	\$262,057.54
T4526	ADULT SIZE PULL-ON MED	\$245,487.88
T4527	ADULT SIZE PULL-ON LG	\$264,674.24
T4541	LARGE DISPOSABLE UNDERPAD	\$66,625.39
T4534	YOUTH SIZE PULL-ON	\$206,555.37
T4528	ADULT SIZE PULL-ON XL	\$225,071.35
B4160	EF PED CALORIC DENSE>/=0.7KC	\$67,623.70
T4533	YOUTH SIZE BRIEF/DIAPER	\$101,200.97
T4522	ADULT SIZE BRIEF/DIAPER MED	\$56,502.94
A4351	STRAIGHT TIP URINE CATHETER	\$40,052.60
A4216	STERILE WATER/SALINE, 10 ML	\$67,372.40
B4161	EF PED HDRLYZD/AMNO ACID	\$145,426.15
B4149	EF BLENDERIZED FOODS	\$66,057.88
T4523	ADULT SIZE BRIEF/DIAPER LG	\$47,842.32
B4152	ENTERAL FORMULAE; CATEGORY II	\$10,357.12
B4150	EF COMPLET W/INTACT NUTRIENT	\$19,791.76
A4353	INTERMITTENT URINARY CATH	\$188,486.71
T4530	PED SIZE BRIEF/DIAPER LG	\$31,531.72
T4532	PED SIZE PULL-ON LG	\$40,553.01
T4525	ADULT SIZE PULL-ON SM	\$32,234.62
Total Expenditures		\$2,185,505.67

Home Health – All Procedures

Revenue Code	Description	Expenditures
0550	SKILLED NURSING - GEN CLASSIFICATION	\$615,512.76
0551	SKILLED NURSING - VISIT CHARGE	\$118,564.19
0421	PHYSICAL THERAPY - VISIT	\$60,483.86
0431	OCCUPATIONAL THERAPY - VISIT	\$27,765.43
0570	HOME HEALTH AIDE- GEN CLASSIFICATION	\$8,400.33
0571	HOME HEALTH AIDE - VISIT CHARGE	\$5,500.64
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	\$5,355.35
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$2,535.00
0424	PHYSICAL THERAPY - EVAL OR RE-EVAL	\$507.04
Total Expenditures		\$844,624.60

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Laboratory – By Expenditures

Procedure Code	Description	Expenditures
81420	FETAL CHROMOML ANEUPLOIDY	\$152,237.33
U0004	COV-19 TST NON-CDC HGH THRU	\$70,975.00
U0003	COV-19 AMP PRB HGH THRUPUT	\$65,275.00
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$47,721.74
87591	N. GNRRHAE DNA AMP PROB	\$46,402.07
U0005	INFEC AGEN DETEC AMPLI PROBE	\$43,300.00
87798	DETECT AGENT NOS DNA AMP	\$37,567.31
88175	CYTOPATH C/V AUTO FLUID REDO	\$34,501.45
88305	TISSUE EXAM BY PATHOLOGIST	\$33,663.45
80081	OBSTETRIC PANEL	\$19,238.20
87624	HPV HIGH-RISK TYPES	\$18,952.82
80050	GENERAL HEALTH PANEL	\$17,830.49
80307	DRUG TST PRSMV CHEM ANALYZR	\$17,706.09
87801	DETECT AGNT MULT DNA AMPLI	\$17,331.07
82306	VITAMIN D 25 HYDROXY	\$17,258.87
84443	ASSAY THYROID STIM HORMONE	\$15,380.68
87661	TRICHOMONAS VAGINALIS AMPLIF	\$15,081.58
86003	ALLG SPEC IGE CRUDE XTRC EA	\$11,693.04
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$10,451.70
87150	DNA/RNA AMPLIFIED PROBE	\$9,644.66
Total Expenditures		\$702,212.55

Laboratory – By Utilization

Procedure Code	Description	Expenditures
U0005	INFEC AGEN DETEC AMPLI PROBE	\$43,300.00
U0004	COV-19 TST NON-CDC HGH THRU	\$70,975.00
86003	ALLG SPEC IGE CRUDE XTRC EA	\$11,693.04
36415	ROUTINE VENIPUNCTURE	\$2,755.22
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9,091.51
80053	COMPREHEN METABOLIC PANEL	\$9,566.91
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$47,721.74
87086	URINE CULTURE/COLONY COUNT	\$4,632.79
87591	N. GNRRHAE DNA AMP PROB	\$46,402.07
84443	ASSAY THYROID STIM HORMONE	\$15,380.68
88175	CYTOPATH C/V AUTO FLUID REDO	\$34,501.45
U0003	COV-19 AMP PRB HGH THRUPUT	\$65,275.00
87798	DETECT AGENT NOS DNA AMP	\$37,567.31
88305	TISSUE EXAM BY PATHOLOGIST	\$33,663.45
80061	LIPID PANEL	\$6,338.06
84439	ASSAY OF FREE THYROXINE	\$5,483.59
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$3,528.73
87081	CULTURE SCREEN ONLY	\$3,010.30
82306	VITAMIN D 25 HYDROXY	\$17,258.87
87088	CULTURE, BACTERIAL; URINE	\$2,023.95
Total Expenditures		\$470,169.67

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Maternity – All Procedures⁴

Procedure Code	Description	Expenditures
59400	OBSTETRICAL CARE	\$1,622,511.81
59510	CESAREAN DELIVERY	\$ 588,007.33
59409	OBSTETRICAL CARE	\$365,547.39
59426	ANTEPARTUM CARE ONLY	\$231,837.80
59025	FETAL NON-STRESS TEST	\$189,439.33
59514	CESAREAN DELIVERY ONLY	\$185,676.83
59430	CARE AFTER DELIVERY	\$105,680.31
59425	ANTEPARTUM CARE ONLY	\$47,016.51
59610	VBAC DELIVERY	\$20,642.24
59410	OBSTETRICAL CARE	\$20,026.79
59515	CESAREAN DELIVERY	\$12,549.53
59612	VBAC DELIVERY ONLY	\$10,106.84
59412	ANTEPARTUM MANIPULATION	\$7,756.51
59618	ATTEMPTED VBAC DELIVERY	\$4,685.14
59414	DELIVER PLACENTA	\$3,631.48
59614	VBAC CARE AFTER DELIVERY	\$2,466.20
59620	ATTEMPTED VBAC DELIVERY ONLY	\$2,125.34
59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	\$758.34
59001	AMNIOCENTESIS THERAPEUTIC	\$538.52
59000	AMNIOCENTESIS DIAGNOSTIC	\$411.87
Total Expenditures		\$3,421,416.11

⁴ Anesthesia codes and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Ophthalmology – By Expenditures⁵

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$49,916.10
66984	XCAPSL CTRCT RMVL W/O ECP	\$43,663.33
92004	EYE EXAM NEW PATIENT	\$28,773.55
99204	OFFICE O/P NEW MOD 45-59 MIN	\$23,999.48
99214	OFFICE O/P EST MOD 30-39 MIN	\$21,855.84
66982	XCAPSL CTRCT RMVL CPLX	\$18,244.22
V2784	LENS POLYCARB OR EQUAL	\$17,700.88
V2020	VISION SVCS FRAMES PURCHASES	\$14,128.05
92134	CPTR OPHTH DX IMG POST SEGMT	\$13,017.20
99213	OFFICE O/P EST LOW 20-29 MIN	\$9,326.12
67228	TREATMENT X10SV RETINOPATHY	\$8,701.18
92015	DETERMINE REFRACTIVE STATE	\$8,424.24
92060	SPECIAL EYE EVALUATION	\$7,917.03
92083	VISUAL FIELD EXAMINATION(S)	\$7,127.13
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$7,004.80
67113	REPAIR RETINAL DETACH CPLX	\$6,808.40
92340	FIT SPECTACLES MONOFOCAL	\$6,206.25
67108	REPAIR DETACHED RETINA	\$4,240.40
92136	OPHTHALMIC BIOMETRY	\$4,240.19
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$3,901.46
Total Expenditures		\$305,195.85

Ophthalmology – By Utilization⁵ above

Procedure Code	Description	Expenditures
92134	CPTR OPHTH DX IMG POST SEGMT	\$13,017.20
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$49,916.10
99214	OFFICE O/P EST MOD 30-39 MIN	\$21,855.84
92015	DETERMINE REFRACTIVE STATE	\$8,424.24
V2784	LENS POLYCARB OR EQUAL	\$17,700.88
99204	OFFICE O/P NEW MOD 45-59 MIN	\$23,999.48
99213	OFFICE O/P EST LOW 20-29 MIN	\$9,326.12
92004	EYE EXAM NEW PATIENT	\$28,773.55
66984	XCAPSL CTRCT RMVL W/O ECP	\$43,663.33
92136	OPHTHALMIC BIOMETRY	\$4,240.19
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$7,004.80
92083	VISUAL FIELD EXAMINATION(S)	\$7,127.13
V2020	VISION SVCS FRAMES PURCHASES	\$14,128.05
92340	FIT SPECTACLES MONOFOCAL	\$6,206.25
92133	CMPTR OPHTH IMG OPTIC NERVE	\$3,063.40
92060	SPECIAL EYE EVALUATION	\$7,917.03
76519	ECHO EXAM OF EYE	\$1,380.57
99212	OFFICE O/P EST SF 10-19 MIN	\$1,443.61
92025	CORNEAL TOPOGRAPHY	\$945.36
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$2,465.48
Total Expenditures		\$272,598.61

⁵ Anesthesia codes, J codes, and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Optician/Optomety – By Expenditures⁶

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$746,169.27
V2020	VISION SVCS FRAMES PURCHASES	\$491,324.84
92004	EYE EXAM NEW PATIENT	\$472,377.86
V2784	LENS POLYCARB OR EQUAL	\$430,891.48
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$221,955.34
92015	DETERMINE REFRACTIVE STATE	\$171,035.25
V2100	LENS SPHER SINGLE PLANO 4.00	\$100,402.86
92340	FIT SPECTACLES MONOFOCAL	\$91,759.98
92250	EYE EXAM WITH PHOTOS	\$76,135.76
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$72,564.23
99213	OFFICE O/P EST LOW 20-29 MIN	\$55,299.13
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$49,401.10
V2410	LENS VARIAB ASPHERICITY SING	\$46,123.24
92012	EYE EXAM ESTABLISH PATIENT	\$33,275.18
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$27,088.42
99214	OFFICE O/P EST MOD 30-39 MIN	\$23,829.64
V2107	SPHEROCYLINDER 4.25D/12-2D	\$19,759.60
99204	OFFICE O/P NEW MOD 45-59 MIN	\$16,757.95
92083	VISUAL FIELD EXAMINATION(S)	\$14,111.33
99212	OFFICE O/P EST SF 10-19 MIN	\$14,055.21
Total Expenditures		\$3,174,317.67

Optician/Optomety – By Utilization⁶

Procedure Code	Description	Expenditures
V2784	LENS POLYCARB OR EQUAL	\$430,891.48
92015	DETERMINE REFRACTIVE STATE	\$171,035.25
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$746,169.27
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$221,955.34
V2020	VISION SVCS FRAMES PURCHASES	\$491,324.84
92004	EYE EXAM NEW PATIENT	\$472,377.86
V2100	LENS SPHER SINGLE PLANO 4.00	\$100,402.86
92340	FIT SPECTACLES MONOFOCAL	\$91,759.98
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$72,564.23
92250	EYE EXAM WITH PHOTOS	\$76,135.76
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$49,401.10
99213	OFFICE O/P EST LOW 20-29 MIN	\$55,299.13
V2410	LENS VARIAB ASPHERICITY SING	\$46,123.24
92012	EYE EXAM ESTABLISH PATIENT	\$33,275.18
V2107	SPHEROCYLINDER 4.25D/12-2D	\$19,759.60
99214	OFFICE O/P EST MOD 30-39 MIN	\$23,829.64
99212	OFFICE O/P EST SF 10-19 MIN	\$14,055.21
92134	CPTR OPHTH DX IMG POST SEGMENT	\$6,580.94
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$27,088.42
92083	VISUAL FIELD EXAMINATION(S)	\$14,111.33
Total Expenditures		\$3,164,140.66

⁶ Additional Optometry procedure codes were identified with the inclusion of the Optometrist taxonomy code 152W00000X.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Physician & Other – By Expenditures⁷

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,769,547.75
99214	OFFICE O/P EST MOD 30-39 MIN	\$3,453,371.55
99285	EMERGENCY DEPT VISIT	\$1,438,841.55
99284	EMERGENCY DEPT VISIT	\$1,412,251.28
99204	OFFICE O/P NEW MOD 45-59 MIN	\$1,029,783.23
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$1,012,747.27
97530	THERAPEUTIC ACTIVITIES	\$767,147.79
99215	OFFICE O/P EST HI 40-54 MIN	\$629,396.09
99291	CRITICAL CARE FIRST HOUR	\$579,926.73
99233	SBSQNT HSPTL CARE, PER DAY.	\$578,248.07
99472	PED CRITICAL CARE SUBSQ	\$523,220.52
99232	SBSQNT HSPTL CARE, PER DAY	\$518,045.34
99283	EMERGENCY DEPT VISIT	\$507,881.00
99391	PER PM REEVAL EST PAT INFANT	\$461,822.78
92507	SPEECH/HEARING THERAPY	\$452,169.76
99392	PREV VISIT EST AGE 1-4	\$445,449.98
74177	CT ABD & PELV W/CONTRAST	\$427,483.19
99469	NEONATE CRIT CARE SUBSQ	\$427,376.86
90460	IM ADMIN 1ST/ONLY COMPONENT	\$334,387.66
99212	OFFICE O/P EST SF 10-19 MIN	\$334,248.07
Total Expenditures		19,103,346.47

Physician & Other – By Utilization⁷

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,769,547.75
99214	OFFICE O/P EST MOD 30-39 MIN	\$3,453,371.55
97530	THERAPEUTIC ACTIVITIES	\$767,147.79
95004	PERCUT ALLERGY SKIN TESTS	\$99,334.59
95165	ANTIGEN THERAPY SERVICES	\$132,370.56
90460	IM ADMIN 1ST/ONLY COMPONENT	\$334,387.66
99284	EMERGENCY DEPT VISIT	\$1,412,251.28
99232	SBSQNT HSPTL CARE, PER DAY	\$518,045.34
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$1,012,747.27
99285	EMERGENCY DEPT VISIT	\$1,438,841.55
99212	OFFICE O/P EST SF 10-19 MIN	\$334,248.07
71045	X-RAY EXAM CHEST 1 VIEW	\$97,452.17
99233	SBSQNT HSPTL CARE, PER DAY.	\$578,248.07
93010	ELECTROCARDIOGRAM REPORT	\$55,842.12
36415	ROUTINE VENIPUNCTURE	\$14,799.57
99283	EMERGENCY DEPT VISIT	\$507,881.00
99204	OFFICE O/P NEW MOD 45-59 MIN	\$1,029,783.23
92507	SPEECH/HEARING THERAPY	\$452,169.76
97110	THERAPEUTIC EXERCISES	\$130,805.30
99215	OFFICE O/P EST HI 40-54 MIN	\$629,396.09
Total Expenditures		\$16,768,670.72

⁷ Anesthesia, J, HCPC, and injectable drug codes could not be benchmarked and are therefore excluded from the analysis.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Physician Specialist – By Expenditures⁸

Procedure Code	Description	Expenditures
99285	EMERGENCY DEPT VISIT	\$1,310,195.15
99284	EMERGENCY DEPT VISIT	\$1,184,930.59
99214	OFFICE O/P EST MOD 30-39 MIN	\$895,042.40
99213	OFFICE O/P EST LOW 20-29 MIN	\$530,178.31
99204	OFFICE O/P NEW MOD 45-59 MIN	\$434,649.00
99283	EMERGENCY DEPT VISIT	\$368,210.53
74177	CT ABD & PELV W/CONTRAST	\$366,344.55
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$334,315.38
71275	CT ANGIOGRAPHY CHEST	\$237,152.49
88305	LEVEL IV - SURGICAL PATHOLOGY	\$201,785.66
99291	CRITICAL CARE FIRST HOUR	\$185,649.35
78815	PET IMAGE W/CT SKULL-THIGH	\$144,278.65
70450	CT HEAD/BRAIN W/O DYE	\$136,699.72
43239	EGD BIOPSY SINGLE/MULTIPLE	\$130,631.97
73721	MRI JNT OF LWR EXTRE W/O DYE	\$121,308.76
27130	ARTHROPLASTY, TOTAL HIP ARTHROPLASTY	\$112,687.15
70553	MRI BRAIN STEM W/O & W/DYE	\$110,292.16
45380	COLONOSCOPY AND BIOPSY	\$110,027.87
99215	OFFICE O/P EST HI 40-54 MIN	\$104,888.40
95165	ANTIGEN THERAPY SERVICES	\$104,501.62
Total Expenditures		\$7,123,769.71

Physician Specialist – By Utilization⁸

Procedure Code	Description	Expenditures
95165	ANTIGEN THERAPY SERVICES	\$104,501.62
99214	OFFICE O/P EST MOD 30-39 MIN	\$895,042.40
95004	PERCUT ALLERGY SKIN TESTS	\$78,339.14
99284	EMERGENCY DEPT VISIT	\$1,184,930.59
99213	OFFICE O/P EST LOW 20-29 MIN	\$530,178.31
99285	EMERGENCY DEPT VISIT	\$1,310,195.15
71045	RADIOLOG EXAM, CHEST; SINGLE VIEW	\$79,436.31
99283	EMERGENCY DEPT VISIT	\$368,210.53
88305	LEVEL IV - SURGICAL PATHOLOGY	\$201,785.66
95024	ICUT ALLERGY TEST DRUG/BUG	\$29,463.51
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$334,315.38
99204	OFFICE O/P NEW MOD 45-59 MIN	\$434,649.00
93010	ELECTROCARDIOGRAM REPORT	\$20,059.95
74177	CT ABD & PELV W/CONTRAST	\$366,344.55
70450	CT HEAD/BRAIN W/O DYE	\$136,699.72
71046	X-RAY EXAM CHEST 2 VIEWS	\$46,533.97
99212	OFFICE O/P EST SF 10-19 MIN	\$72,146.35
80305	DRUG TEST PRSMV DIR OPT OBS	\$24,728.58
99232	SBSQNT HSPTL CARE, PER DAY	\$91,329.21
99282	EMERGENCY DEPT VISIT	\$74,408.69
Total Expenditures		\$6,383,298.62

⁸ Anesthesia codes, J codes, and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.

SFY 2022 Wyoming Medicaid Reimbursement Benchmarking Study
Appendix B.2: Total SFY 2022 Medicaid Expenditures for Top Procedures Used in
Analysis, By Service Area

Primary Care – By Expenditures⁹

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,210,133.27
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,507,046.15
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$664,970.31
99204	OFFICE O/P NEW MOD 45-59 MIN	\$577,274.76
99215	OFFICE O/P EST HI 40-54 MIN	\$516,428.78
99233	SBSQNT HSPTL CARE, PER DAY.	\$486,511.51
99391	PER PM REEVAL EST PAT INFANT	\$457,827.19
99392	PREV VISIT EST AGE 1-4	\$439,596.64
99472	PED CRITICAL CARE SUBSQ	\$433,861.84
99232	SBSQNT HSPTL CARE, PER DAY	\$407,419.73
99291	CRITICAL CARE FIRST HOUR	\$378,315.15
90460	IM ADMIN 1ST/ONLY COMPONENT	\$334,328.27
99469	NEONATE CRIT CARE SUBSQ	\$324,812.42
99393	PREV VISIT EST AGE 5-11	\$266,080.54
99212	OFFICE O/P EST SF 10-19 MIN	\$258,604.48
99223	INITIAL HSPTL CARE, PER DAY	\$249,843.94
87426	INFECT AGENT ANTIGN DETCT IMMUNOASSY	\$237,958.99
99394	PREV VISIT EST AGE 12-17	\$225,071.27
99284	EMERGENCY DEPT VISIT	\$212,130.54
99205	OFFICE O/P NEW MOD 45-59 MIN	\$184,130.69
Total Expenditures		\$12,372,346.47

Primary Care – By Utilization⁹

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,210,133.27
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,507,046.15
90460	IM ADMIN 1ST/ONLY COMPONENT	\$334,328.27
99232	SBSQNT HSPTL CARE, PER DAY	\$407,419.73
36415	ROUTINE VENIPUNCTURE	\$13,293.34
99212	OFFICE O/P EST SF 10-19 MIN	\$258,604.48
99233	SBSQNT HSPTL CARE, PER DAY.	\$486,511.51
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$664,970.31
99391	PER PM REEVAL EST PAT INFANT	\$457,827.19
99392	PREV VISIT EST AGE 1-4	\$439,596.64
87880	STREP A ASSAY W/OPTIC	\$72,220.78
87426	INFECT AGENT ANTIGN DETCT IMMUNOASSY	\$237,958.99
93010	ELECTROCARDIOGRAM REPORT	\$33,803.81
99215	OFFICE O/P EST HI 40-54 MIN	\$516,428.78
99204	OFFICE O/P NEW MOD 45-59 MIN	\$577,274.76
90471	IMMUNIZATION ADMIN	\$64,488.96
96372	THER/PROPH/DIAG INJ SC/IM	\$68,129.89
81003	URINALYSIS AUTO W/O SCOPE	\$6,615.98
99393	PREV VISIT EST AGE 5-11	\$266,080.54
87804	INFLUENZA ASSAY W/OPTIC	\$47,097.34
Total Expenditures		\$10,669,830.72

⁹ Anesthesia codes, J codes, and codes for injectable drugs could not be benchmarked and are therefore excluded from the analysis.