

Appendix B.2: Total SFY 2023 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ambulance – All Procedures

Procedure Code	Description	Expenditures
A0430	FIXED WING AIR TRANSPORT	\$868,501.52
A0431	ROTARY WING AIR TRANSPORT	\$593,139.18
A0435	FIXED WING AIR MILEAGE	\$587,488.80
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	\$487,426.92
A0436	ROTARY WING AIR MILEAGE	\$451,074.63
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	\$344,753.77
A0425	GROUND AMBULANCE MILEAGE	\$248,784.23
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	\$112,508.40
A0428	AMBULANCE SERVICE (BLS)	\$61,233.98
A0426	AMBULANCE SERVICE (ALS 1)	\$33,514.10
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	\$29,866.09
A0433	AMBULANCE SERVICE (ALS 2)	\$25,462.07
A0422	AMBULANCE SERVICE (ALS or BLS)	\$4,290.88
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	\$3,425.00
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	\$2,176.20
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	\$526.50
Total Expenditures		\$3,854,172.27

ASC – By Expenditure

Procedure Code	Description	Expenditures
43239	EGD, W BIOPSY	\$5,058.69
45385	CLNSOPY; W LSIN(S) RMVAL	\$4,703.05
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$4,133.99
66984	XCAPSL CTRCT RMVL W/O ECP	\$4,128.17
45380	CLNSCPY AND BPSY	\$2,881.95
66821	AFTR CTRCT LSR SURGERY	\$1,982.66
26055	TENDON SHEATH INCISION	\$1,441.13
67228	TREATMENT X10SV RETINOPATHY	\$1,097.11
45378	DIAG COLONOSCOPY	\$558.55
65093	REVISE EYE WTH IMPLNT	\$511.43
43248	EGD GDE WIRE NSRTN	\$474.00
91035	G-ESOPH RFLX TST W/ELCTRD	\$454.28
64721	CARPAL TUNNEL SURGERY	\$426.79
52000	CYSTOSCOPY	\$407.41
20611	DRN/NJX JNT/BRSA W/US	\$352.58
15823	RVSN OF UPPR EYELID	\$327.77
20670	RMVL OF SPRT MPLNT	\$305.13
28230	INCSN OF FOOT TNDN(S)	\$287.36
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$282.54
65855	TRBCLPLSTY LSR SRG	\$277.20
Total Expenditures		\$30,091.79

ASC – By Utilization¹

Procedure Code	Description	Expenditures
43239	EGD, W BIOPSY	\$5,058.69
45385	CLNSOPY; W LSIN(S) RMVAL	\$4,703.05
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$4,133.99
66984	XCAPSL CTRCT RMVL W/O ECP	\$4,128.17
45380	CLNSCPY AND BPSY	\$2,881.95
66821	AFTR CTRCT LSR SURGERY	\$1,982.66
26055	TENDON SHEATH INCISION	\$1,441.13
67228	TREATMENT X10SV RETINOPATHY	\$1,097.11
45378	DIAG COLONOSCOPY	\$558.55
43248	EGD GDE WIRE NSRTN	\$474.00
64721	CARPAL TUNNEL SURGERY	\$426.79
52000	CYSTOSCOPY	\$407.41
20611	DRN/NJX JNT/BRSA W/US	\$352.58
15823	RVSN OF UPPR EYELID	\$327.77
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	\$282.54
65855	TRBCLPLSTY LSR SRG	\$277.20
20610	DRAIN/INJ JOINT/BURSA	\$90.55
Total Expenditures		\$28,624.14

Behavioral Health – By Expenditures²

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	\$3,061,416.25
90834	PSYTX W PT 45 MINUTES	\$449,818.81
90791	PSYCH DIAGN EVAL	\$433,637.37
97153	ADAPTIVE BHVR TX BY TECH	\$422,649.22
90853	GROUP PSYCHOTHERAPY	\$210,576.20
96131	PSYCL TST EVAL PHYS/QHP EA	\$152,561.30
90832	PSYTX W PT 30 MINUTES	\$138,113.24
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$118,612.38
90847	FAMILY PSYTX W/PT 50 MIN	\$107,171.20
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$80,611.00
90792	PSYCH DIGNSTIC EVAL W MEDICAL SERVICES	\$74,358.90
96137	PSYCL/NRPSYC TST PHY/QHP	\$70,828.78
90833	PSYTX W PT W E/M 30 MIN	\$69,007.03
97151	BHV ID ASSMT BY PHYS/QHP	\$41,517.20
96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$36,366.33
90846	FAMILY PSYTX W/O PT 50 MIN	\$31,100.41
90785	PSYTX COMPLEX INTERACTIVE	\$26,782.07
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$20,485.83
96139	PSYCL/NRPSYC TST TECH EA	\$14,958.77
96133	NRPSYC TST EVAL PHYS/QHP EA	\$12,741.40
Total Expenditures		\$5,573,313.69

¹ Procedure codes 20680, 43249, and G0105 were among the top 20 utilized procedure codes for SFY 2023. Please note, while units of service were available for this procedure code, expenditure data was not.

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.

Behavioral Health – By Utilization²

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	\$3,061,416.25
90834	PSYTX W PT 45 MINUTES	\$449,818.81
90791	PSYCH DIAGN EVAL	\$433,637.37
97153	ADAPTIVE BHVR TX BY TECH	\$422,649.22
90853	GROUP PSYCHOTHERAPY	\$210,576.20
96131	PSYCL TST EVAL PHYS/QHP EA	\$152,561.30
90832	PSYTX W PT 30 MINUTES	\$138,113.24
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$118,612.38
90847	FAMILY PSYTX W/PT 50 MIN	\$107,171.20
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$80,611.00
90792	PSYCH DIGNSTIC EVAL W MEDICAL SERVICES	\$74,358.90
96137	PSYCL/NRPSYC TST PHY/QHP	\$70,828.78
90833	PSYTX W PT W E/M 30 MIN	\$69,007.03
97151	BHV ID ASSMT BY PHYS/QHP	\$41,517.20
96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$36,366.33
90846	FAMILY PSYTX W/O PT 50 MIN	\$31,100.41
90785	PSYTX COMPLEX INTERACTIVE	\$26,782.07
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$20,485.83
96139	PSYCL/NRPSYC TST TECH EA	\$14,958.77
97156	FAM ADAPT BHV TX GDN PHY/QHP	\$10,667.50
Total Expenditures		\$5,571,239.79

Dental – By Expenditures

Procedure Code	Description	Expenditures
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	\$923,127.23
D2392	RESIN-BSD CMPSTE - 2 SRFCs, PSTRIOR	\$903,274.30
D2930	PREFBRICTD STNLESS STL CRWN -	\$835,137.25
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$817,962.45
D1110	PROPHYLAXIS - ADULT	\$738,382.37
D1120	PROPHYLAXIS - CHILD	\$671,788.91
D2391	RESIN-BSD CMPST 1 SRFCE, PSTRIOR	\$572,261.10
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	\$559,170.11
D7240	REMLV IMPCTD TOOTH COMPLTLY BONY	\$518,028.83
D1351	SEALANT - PER TOOTH	\$472,036.17
D7210	REM IMP TOOTH W MUCOPER FLP	\$385,837.08
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$334,909.99
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$314,429.58
D0140	LIMITED ORAL EVAL - PRBLM FCSD	\$286,884.68
D2740	CROWN - PORCELAIN/CERAMIC	\$253,086.46
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	\$239,625.92
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$227,134.26
D0220	INTRORAL - PERIPCL FRST RADGRPHC	\$226,315.17
D2150	AMLGAM - 2 SURFCS, PRMRY OR PMNNT	\$223,965.94
D2393	RESIN-BSD CMPST - 3 SRFCs, PSTRIOR	\$205,392.88
Total Expenditures		\$9,708,750.68

Dental – By Utilization

Procedure Code	Description	Expenditures
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	\$923,127.23
D2392	RESIN-BSD CMPSTE - 2 SRFCS, PSTRIOR	\$903,274.30
D2930	PREFBRICTD STNLESS STL CRWN -	\$835,137.25
D1206	TPICL APPLCTN OF FLRIDE VRNSH	\$817,962.45
D1110	PROPHYLAXIS - ADULT	\$738,382.37
D1120	PROPHYLAXIS - CHILD	\$671,788.91
D2391	RESIN-BSD CMPST 1 SRFCE, PSTRIOR	\$572,261.10
D7140	EXTRCTN, ERUPTD TTH OR EXPD RT	\$559,170.11
D7240	REMVLT IMPCTD TOOTH COMPLTLY BONY	\$518,028.83
D1351	SEALANT - PER TOOTH	\$472,036.17
D7210	REM IMP TOOTH W MUCOPER FLP	\$385,837.08
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$334,909.99
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	\$314,429.58
D0140	LIMITED ORAL EVAL - PRBLM FCSD	\$286,884.68
D0150	CMRPHNSVE ORL EVAL NEW/ESTB PTNT	\$239,625.92
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	\$227,134.26
D0220	INTRORAL - PERIPCL FRST RADGRPHC	\$226,315.17
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	\$205,123.05
D9230	INHLTION NITRS OXIDE/ANLGSIA,	\$141,101.22
D0230	INTRAORL - PERIPCL ADTNL RADGRPHC	\$126,535.76
Total Expenditures		\$9,499,065.43

Developmental Center – All Procedures

Procedure Code	Description	Expenditures
92507	SPEECH/HEARING THERAPY	\$441,117.81
97530	THERAPEUTIC ACTIVITIES	\$345,619.44
92508	SPEECH/HEARING THERAPY	\$119,703.16
92523	SPCH SOUND LANG COMPREHEN	\$49,362.41
97110	THERAPEUTIC EXERCISES	\$24,131.50
92526	ORAL FUNCTION THERAPY	\$8,575.16
97165	OT EVAL LOW COMPLEX 30 MIN	\$6,483.96
97112	NURMSCLAR REEDUCATION	\$5,470.38
97150	GRP THRPTC PROCEDURES	\$5,229.27
97166	OT EVAL MOD COMPLEX 45 MIN	\$4,880.40
97162	PT EVAL MOD COMPLEX 30 MIN	\$3,809.64
97161	PT EVAL LOW COMPLEX 20 MIN	\$3,594.00
97535	SLF CARE MNGMNT TRNNG	\$3,200.14
97116	GAIT TRAINING THERAPY	\$2,058.08
92522	EVALUATE SPEECH PRODUCTION	\$552.58
97167	OT EVAL HIGH COMPLEX 60 MIN	\$348.60
97163	PT EVAL HIGH COMPLEX 45 MIN	\$287.52
97533	SENSORY INTEGRATION	\$207.04
92610	EVLT SWALLOWING FNCTN	\$184.38
97168	OT RE-EVAL EST PLAN CARE	\$92.00
Total Expenditures		\$1,024,907.47

DMEPOS – Purchase Rate – By Expenditures³

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	\$1,690,709.69
E0466	HOME VENT NON-INVASIVE INTER	\$1,034,672.23
B4035	ENTERAL FEED SUPP PUMP PER D	\$391,573.62
T4535	DSPSBLE LNR/SHLD/PAD	\$334,180.95
T4527	ADULT SIZE PULL-ON LG	\$288,678.20
T4528	ADULT SIZE PULL-ON XL	\$266,437.26
T4526	ADULT SIZE PULL-ON MED	\$260,586.86
T4534	YOUTH SIZE PULL-ON	\$248,207.69
A4353	INTERMITTENT URINARY CATH	\$235,981.03
A9276	DSPSBLE SNSR, CGM SYS	\$196,525.58
E0483	HI FRQ CHST WALL OSCIL SYS	\$191,946.83
E0784	EXT AMB INFUSN PMP INSLIN	\$178,463.98
E1007	PWR SEAT COMBO W/SHEAR	\$135,940.95
E0431	PORTABLE GASEOUS O2	\$125,291.13
T4533	YOUTH SIZE BRIEF/DIAPER	\$119,197.15
E0601	CONT ARWY PRSSR DVC	\$104,114.23
A7031	RPLCMNT FCEMSK INTERFA	\$98,429.69
E2510	SGD W MLT MTHDS MSG/CCS	\$92,866.00
A7030	CPAP FULL FACE MASK	\$87,547.01
E0465	HOME VENT INVSV INTRFC	\$84,094.12
Total Expenditures		\$6,165,444.20

DMEPOS – Purchase Rate – By Utilization³

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	\$1,690,709.69
B4035	ENTERAL FEED SUPP PUMP PER D	\$391,573.62
T4535	DSPSBLE LNR/SHLD/PAD	\$334,180.95
T4527	ADULT SIZE PULL-ON LG	\$288,678.20
T4528	ADULT SIZE PULL-ON XL	\$266,437.26
T4526	ADULT SIZE PULL-ON MED	\$260,586.86
T4534	YOUTH SIZE PULL-ON	\$248,207.69
A4353	INTERMITTENT URINARY CATH	\$235,981.03
T4533	YOUTH SIZE BRIEF/DIAPER	\$119,197.15
T4541	LG DISPOSABLE UNDERPAD	\$83,229.40
A4216	STERILE WATER/SALINE, 10 ML	\$65,794.12
T4532	PED SIZE PULL-ON LG	\$58,689.45
T4522	ADULT SIZE BRIEF/DIAPER MED	\$53,655.36
T4523	ADULT SIZE BRIEF/DIAPER LG	\$50,704.37
A4351	STRAIGHT TIP URINE CATHETER	\$49,443.86
T4544	XL DISPOSABLE UNDERPAD	\$47,556.60
A4352	COUDE TIP URNRY CTHTR	\$39,217.00
T4525	ADULT SIZE PULL-ON SM	\$39,019.87
T4530	PED SIZE BRIEF/DIAPER LG	\$28,302.84
T4524	ADULT SIZE BRIEF/DIAPER XL	\$20,934.43
Total Expenditures		\$4,372,099.75

³ J codes were removed for analysis.

Home Health – All Procedures

Revenue Code	Description	Expenditures
0550	SKILLED NURSING - GEN CLASSIFICATION	\$380,659.50
0551	SKILLED NURSING - VISIT CHARGE	\$109,554.61
0421	PHYSICAL THERAPY - VISIT	\$65,476.34
0431	OCCUPATIONAL THERAPY - VISIT	\$29,625.80
0571	HOME HEALTH AIDE - VISIT CHARGE	\$9,529.32
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	\$8,818.57
0570	HOME HEALTH AIDE – GEN CLASSIFICATION	\$1,126.29
0561	MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$760.50
0424	PHYSICAL THERAPY - EVAL OR RE-EVAL	\$507.04
Total Expenditures		\$606,057.97

Laboratory – By Expenditures

Procedure Code	Description	Expenditures
81420	FETAL CHRMOML ANEUPLOIDY	\$482,654.93
87798	DETECT AGENT NOS DNA AMP	\$309,260.25
88305	TISSUE EXAM BY PATHOLOGIST	\$73,363.92
87591	N. GNRRHAE DNA AMP PROB	\$72,702.66
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$72,348.91
87631	RESP VIRUS 3-5 TRGTS	\$57,229.06
88175	CYTOPATH C/V AUTO FLUID REDO	\$47,243.39
81519	ONCLGY BRST MRNA	\$37,761.80
87624	HPV HIGH-RISK TYPES	\$30,881.50
87481	CANDIDA DNA AMP PRB	\$28,765.17
87661	TRICHOMONAS VAGINALIS AMPLIF	\$27,993.05
80050	GENERAL HEALTH PANEL	\$26,708.82
87640	STPH A DNA AMP PRB	\$25,877.82
82306	VITAMIN D 25 HYDROXY	\$23,077.31
88307	TSSUE EXM BY PTHLGST	\$22,954.66
80081	OBSTETRIC PANEL	\$22,906.88
87653	STRP B DNA AMP PRB	\$22,345.53
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$19,384.32
84443	ASSAY THYROID STIM HORMONE	\$17,904.62
87581	M.PNEUMON DNA AMP PRB	\$17,711.37
Total Expenditures		\$1,439,075.97

Laboratory – By Utilization

Procedure Code	Description	Expenditures
87798	DETECT AGENT NOS DNA AMP	\$309,260.25
88305	TISSUE EXAM BY PATHOLOGIST	\$73,363.92
87591	N. GNRRHAE DNA AMP PROB	\$72,702.66
87491	INFEC AGEN DETEC BY NUCLEIC ACID	\$72,348.91
88175	CYTOPATH C/V AUTO FLUID REDO	\$47,243.39
87624	HPV HIGH-RISK TYPES	\$30,881.50
87481	CANDIDA DNA AMP PRB	\$28,765.17
87661	TRICHOMONAS VAGINALIS AMPLIF	\$27,993.05
87640	STPH A DNA AMP PRB	\$25,877.82
82306	VITAMIN D 25 HYDROXY	\$23,077.31
84443	ASSAY THYROID STIM HORMONE	\$17,904.62
86003	ALLG SPEC IGE CRUDE XTRC EA	\$13,653.62
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9,879.62
80053	COMPREHEN METABOLIC PANEL	\$9,861.56
80061	LIPID PANEL	\$9,582.30
84439	ASSAY OF FREE THYROXINE	\$6,872.95
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$6,164.68
87086	URINE CULTURE/COLONY COUNT	\$4,797.16
36415	ROUTINE VENIPUNCTURE	\$3,907.47
87081	CULTURE SCREEN ONLY	\$3,694.01
Total Expenditures		\$797,831.97

Maternity – All Procedures⁴

Procedure Code	Description	Expenditures
59400	OBSTETRICAL CARE	\$1,445,600.30
59510	CESAREAN DELIVERY	\$549,340.05
59409	OBSTETRICAL CARE	\$399,632.56
59025	FETAL NON-STRESS TEST	\$245,771.81
59514	CESAREAN DELIVERY ONLY	\$236,876.46
59426	ANTEPARTUM CARE ONLY	\$206,543.95
59430	CARE AFTER DELIVERY	\$178,246.98
59425	ANTEPARTUM CARE ONLY	\$47,726.83
59610	VBAC DELIVERY	\$17,429.44
59612	VBAC DELIVERY ONLY	\$9,110.12
59412	ANTEPARTUM MANIPULATION	\$5,746.24
59620	ATTEMPTED VBAC DELIVERY ONLY	\$2,125.35
59000	AMNIOCENTESIS DIAGNOSTIC	\$794.00
59001	AMNIOCENTESIS THERAPEUTIC	\$353.38
59414	DELIVER PLACENTA	\$287.65
Total Expenditures		\$3,345,585.12

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

Ophthalmology – By Expenditures⁵

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$46,101.20
66984	XCAPSL CTRCT RMVL W/O ECP	\$42,255.61
92004	EYE EXAM NEW PATIENT	\$28,238.33
67028	NJCTN EYE DRG	\$24,713.59
99204	OFFICE O/P NEW MOD 45-59 MIN	\$24,393.86
V2784	LENS POLYCARB OR EQUAL	\$23,378.93
99214	OFFICE O/P EST MOD 30-39 MIN	\$20,565.94
V2020	VISION SVCS FRAMES PURCHASES	\$19,344.70
66982	XCAPSL CTRCT RMVL CPLX WO ECP	\$17,601.01
92134	CPTR OPHTH DX IMG POST SEGMT	\$12,407.08
92015	DETERMINE REFRACTIVE STATE	\$9,364.99
67228	TREATMENT X10SV RETINOPATHY	\$9,180.71
99213	OFFICE O/P EST LOW 20-29 MIN	\$8,941.58
92340	FIT SPECTACLES MONOFOCAL	\$8,573.32
92060	SPECIAL EYE EVALUATION	\$7,175.22
92083	VISUAL FIELD EXAMINATION(S)	\$5,951.26
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$5,731.20
92136	OPHTHALMIC BIOMETRY	\$5,670.62
67113	REPAIR RETINAL DETACH CPLX	\$5,153.94
67108	REPAIR DETACHED RETINA	\$4,994.00
Total Expenditures		\$329,737.09

Ophthalmology – By Utilization⁵ above

Procedure Code	Description	Expenditures
92134	CPTR OPHTH DX IMG POST SEGMT	\$12,407.08
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$46,101.20
V2784	LENS POLYCARB OR EQUAL	\$23,378.93
67028	NJCTN EYE DRG	\$24,713.59
99214	OFFICE O/P EST MOD 30-39 MIN	\$20,565.94
92015	DETERMINE REFRACTIVE STATE	\$9,364.99
99204	OFFICE O/P NEW MOD 45-59 MIN	\$24,393.86
99213	OFFICE O/P EST LOW 20-29 MIN	\$8,941.58
92136	OPHTHALMIC BIOMETRY	\$5,670.62
92004	EYE EXAM NEW PATIENT	\$28,238.33
V2020	VISION SVCS FRAMES PURCHASES	\$19,344.70
66984	XCAPSL CTRCT RMVL W/O ECP	\$42,255.61
92340	FIT SPECTACLES MONOFOCAL	\$8,573.32
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$5,731.20
92133	CMPTN OPHTH IMG OPTIC NERVE	\$3,344.55
92083	VISUAL FIELD EXAMINATION(S)	\$5,951.26
92060	SPECIAL EYE EVALUATION	\$7,175.22
76519	ECHO EXAM OF EYE	\$1,134.70
99212	OFFICE O/P EST SF 10-19 MIN	\$1,478.51
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$4,924.28
Total Expenditures		\$303,689.47

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

Optician/Optomety – By Expenditures⁶

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$796,814.24
V2020	VISION SVCS FRAMES PURCHASES	\$546,055.52
92004	EYE EXAM NEW PATIENT	\$499,470.63
V2784	LENS POLYCARB OR EQUAL	\$482,898.10
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$251,743.17
92015	DETERMINE REFRACTIVE STATE	\$186,500.62
92340	FIT SPECTACLES MONOFOCAL	\$102,833.02
V2100	LENS SPHER SINGLE PLANO 4.00	\$102,636.12
V2410	LENS VARIAB ASPHERICITY SING	\$86,628.40
92250	EYE EXAM WITH PHOTOS	\$81,760.63
99213	OFFICE O/P EST LOW 20-29 MIN	\$67,408.09
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$64,805.41
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$57,230.70
92012	EYE EXAM ESTABLISH PATIENT	\$39,391.71
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$28,527.41
99214	OFFICE O/P EST MOD 30-39 MIN	\$26,778.31
99204	OFFICE O/P NEW MOD 45-59 MIN	\$20,687.13
V2107	SPHEROCYLINDER 4.25D/12-2D	\$19,738.19
92083	VISUAL FIELD EXAMINATION(S)	\$19,095.04
92002	EYE EXAM NEW PATIENT	\$18,301.58
Total Expenditures		\$3,499,304.02

Optician/Optomety – By Utilization

Procedure Code	Description	Expenditures
V2784	LENS POLYCARB OR EQUAL	\$482,898.10
92015	DETERMINE REFRACTIVE STATE	\$186,500.62
92014	EYE EXAM&TX ESTAB PT 1/>VST	\$796,814.24
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$251,743.17
V2020	VISION SVCS FRAMES PURCHASES	\$546,055.52
92004	EYE EXAM NEW PATIENT	\$499,470.63
V2100	LENS SPHER SINGLE PLANO 4.00	\$102,636.12
92340	FIT SPECTACLES MONOFOCAL	\$102,833.02
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$57,230.70
92250	EYE EXAM WITH PHOTOS	\$81,760.63
99213	OFFICE O/P EST LOW 20-29 MIN	\$67,408.09
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING	\$64,805.41
V2410	LENS VARIAB ASPHERICITY SING	\$86,628.40
92012	EYE EXAM ESTABLISH PATIENT	\$39,391.71
V2107	SPHEROCYLINDER 4.25D/12-2D	\$19,738.19
99212	OFFICE O/P EST SF 10-19 MIN	\$14,794.89
99214	OFFICE O/P EST MOD 30-39 MIN	\$26,778.31
V2105	SPHEROCYLINDER 4.00D/4.25-6D	\$14,025.80
92134	CPTR OPHTH DX IMG POST SEGMENT	\$6,934.31
92083	VISUAL FIELD EXAMINATION(S)	\$19,095.04
Total Expenditures		\$3,467,542.90

Physician & Other – By Expenditures⁷

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$4,157,402.78
99214	OFFICE O/P EST MOD 30-39 MIN	\$4,089,616.31
99284	EMERGENCY DEPT VISIT	\$1,704,793.03
99285	EMERGENCY DEPT VISIT	\$1,365,560.43
99204	OFFICE O/P NEW MOD 45-59 MIN	\$1,164,739.90
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$1,046,565.96
97530	THERAPEUTIC ACTIVITIES	\$808,202.05
99215	OFFICE O/P EST HI 40-54 MIN	\$745,528.32
99391	PER PM REEVAL EST PAT INFANT	\$588,859.75
99283	EMERGENCY DEPT VISIT	\$585,233.48
74177	CT ABD & PELV W/CONTRAST	\$583,576.24
99233	SBSQNT HSPTL CARE, PER DAY.	\$579,134.95
99392	PREV VISIT EST AGE 1-4	\$576,662.01
99232	SBSQNT HSPTL CARE, PER DAY	\$524,005.74
90460	IM ADMIN 1ST/ONLY COMPONENT	\$520,245.00
99472	PED CRITICAL CARE SUBSQ	\$482,619.73
99291	CRITICAL CARE FIRST HOUR	\$473,699.52
92507	SPEECH/HEARING THERAPY	\$471,696.93
99212	OFFICE O/P EST SF 10-19 MIN	\$365,721.07
99223	INITIAL HSPTL CARE, PER DAY	\$344,539.25
Total Expenditures		\$21,178,402.45

Physician & Other – By Utilization⁷

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$4,157,402.78
99214	OFFICE O/P EST MOD 30-39 MIN	\$4,089,616.31
99284	EMERGENCY DEPT VISIT	\$1,704,793.03
99285	EMERGENCY DEPT VISIT	\$1,365,560.43
99204	OFFICE O/P NEW MOD 45-59 MIN	\$1,164,739.90
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$1,046,565.96
97530	THERAPEUTIC ACTIVITIES	\$808,202.05
99391	PER PM REEVAL EST PAT INFANT	\$588,859.75
99283	EMERGENCY DEPT VISIT	\$585,233.48
99233	SBSQNT HSPTL CARE, PER DAY.	\$579,134.95
99232	SBSQNT HSPTL CARE, PER DAY	\$524,005.74
90460	IM ADMIN 1ST/ONLY COMPONENT	\$520,245.00
92507	SPEECH/HEARING THERAPY	\$471,696.93
99212	OFFICE O/P EST SF 10-19 MIN	\$365,721.07
97110	THERAPEUTIC EXERCISES	\$157,971.47
95165	ANTIGEN THERAPY SERVICES	\$148,440.81
71045	X-RAY EXAM CHEST 1 VIEW	\$109,676.31
95004	PERCUT ALLERGY SKIN TESTS	\$100,004.71
93010	ELECTROCARDIOGRAM REPORT	\$60,165.80
36415	ROUTINE VENIPUNCTURE	\$15,545.61
Total Expenditures		\$18,563,582.09

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

Physician Specialist – By Expenditures⁸

Procedure Code	Description	Expenditures
99284	EMERGENCY DEPT VISIT	\$1,540,717.37
99285	EMERGENCY DEPT VISIT	\$1,334,788.98
99214	OFFICE O/P EST MOD 30-39 MIN	\$1,197,852.48
99213	OFFICE O/P EST LOW 20-29 MIN	\$593,657.00
99204	OFFICE O/P NEW MOD 45-59 MIN	\$565,471.40
74177	CT ABD & PELV W/CONTRAST	\$550,049.31
99283	EMERGENCY DEPT VISIT	\$445,176.11
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$379,704.96
88305	TISSUE EXAM BY PATHOLOGIST	\$251,098.59
71275	CT ANGIOGRAPHY CHEST	\$241,959.95
78815	PET IMAGE W/CT SKULL-THIGH	\$238,685.67
70450	CT HEAD/BRAIN W/O DYE	\$214,158.41
70553	MRI BRAIN STEM W/O & W/DYE	\$197,695.35
99291	CRITICAL CARE FIRST HOUR	\$193,692.82
73721	MRI JNT OF LWR EXTRE W/O DYE	\$168,069.53
43239	EGD, W BIOPSY	\$140,571.21
93306	TTE W/DOPPLR CMLTE	\$139,154.65
74176	CT ABD & PELV W/O CONTRAST	\$124,100.59
99215	OFFICE O/P EST HI 40-54 MIN	\$113,103.96
99232	SBSQNT HSPTL CARE, PER DAY	\$112,140.25
Total Expenditures		\$8,741,848.59

Physician Specialist – By Utilization⁸

Procedure Code	Description	Expenditures
99284	EMERGENCY DEPT VISIT	\$1,540,717.37
99285	EMERGENCY DEPT VISIT	\$1,334,788.98
99214	OFFICE O/P EST MOD 30-39 MIN	\$1,197,852.48
99213	OFFICE O/P EST LOW 20-29 MIN	\$593,657.00
99204	OFFICE O/P NEW MOD 45-59 MIN	\$565,471.40
74177	CT ABD & PELV W/CONTRAST	\$550,049.31
99283	EMERGENCY DEPT VISIT	\$445,176.11
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$379,704.96
88305	TISSUE EXAM BY PATHOLOGIST	\$251,098.59
70450	CT HEAD/BRAIN W/O DYE	\$214,158.41
99232	SBSQNT HSPTL CARE, PER DAY	\$112,140.25
95165	ANTIGEN THERAPY SERVICES	\$108,855.94
71045	X-RAY EXAM CHEST 1 VIEW	\$96,333.43
99212	OFFICE O/P EST SF 10-19 MIN	\$86,438.18
95004	PERCUT ALLERGY SKIN TESTS	\$79,681.87
71046	X-RAY EXAM CHEST 2 VIEWS	\$64,277.16
80305	DRUG TEST PRSMV DIR OPT OBS	\$31,156.68
73630	X-RAY EXAM OF FOOT	\$30,997.41
95024	ICUT ALLERGY TEST DRUG/BUG	\$27,582.25
93010	ELECTROCARDIOGRAM REPORT	\$24,138.03
Total Expenditures		\$7,734,275.81

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

Primary Care – By Expenditures⁹

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,567,358.58
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,907,530.30
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$672,939.28
99215	OFFICE O/P EST HI 40-54 MIN	\$631,237.78
99204	OFFICE O/P NEW MOD 45-59 MIN	\$614,231.20
99391	PER PM REEVAL EST PAT INFANT	\$583,453.60
99392	PREV VISIT EST AGE 1-4	\$572,819.49
90460	IM ADMIN 1ST/ONLY COMPONENT	\$519,716.82
99233	SBSQNT HSPTL CARE, PER DAY.	\$495,181.63
99472	PED CRITICAL CARE SUBSQ	\$430,525.48
99232	SBSQNT HSPTL CARE, PER DAY	\$403,061.37
99393	PREV VISIT EST AGE 5-11	\$316,232.84
99212	OFFICE O/P EST SF 10-19 MIN	\$282,158.90
99223	INITIAL HSPTL CARE, PER DAY	\$281,897.61
99291	CRITICAL CARE FIRST HOUR	\$280,107.56
99469	NEONATE CRIT CARE SUBSQ	\$264,449.34
99284	EMERGENCY DEPT VISIT	\$263,980.14
99205	OFFICE O/P NEW MOD 45-59 MIN	\$248,253.43
99394	PREV VISIT EST AGE 12-17	\$225,647.94
76816	OB US FLLW-UP PR FETUS	\$192,918.15
Total Expenditures		\$13,753,701.44

Primary Care – By Utilization⁹

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20-29 MIN	\$3,567,358.58
99214	OFFICE O/P EST MOD 30-39 MIN	\$2,907,530.30
99203	OFFICE O/P NEW LOW 30-44 MINSF 15-29 MIN	\$672,939.28
99215	OFFICE O/P EST HI 40-54 MIN	\$631,237.78
99204	OFFICE O/P NEW MOD 45-59 MIN	\$614,231.20
99391	PER PM REEVAL EST PAT INFANT	\$583,453.60
99392	PREV VISIT EST AGE 1-4	\$572,819.49
90460	IM ADMIN 1ST/ONLY COMPONENT	\$519,716.82
99233	SBSQNT HSPTL CARE, PER DAY.	\$495,181.63
99232	SBSQNT HSPTL CARE, PER DAY	\$403,061.37
99212	OFFICE O/P EST SF 10-19 MIN	\$282,158.90
87880	STREP A ASSAY W/OPTIC	\$109,208.08
87804	INFLUENZA ASSAY W/OPTIC	\$86,656.98
96372	THER/PROPH/DIAG INJ SC/IM	\$83,989.78
90670	PCV13 VCCNE IM	\$72,426.14
90471	IMMUNIZATION ADMIN	\$69,154.09
93010	ELECTROCARDIOGRAM REPORT	\$35,790.94
95004	PERCUT ALLERGY SKIN TESTS	\$26,703.53
36415	ROUTINE VENIPUNCTURE	\$14,049.47
81003	URINALYSIS AUTO W/O SCOPE	\$7,226.15
Total Expenditures		\$11,754,894.11

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