Appendix B.2: Total Wyoming SFY 2024 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ambulance – All Procedures

Procedure Code	Description	Expenditures
A0430	FIXED WING AIR TRANSPORT	$1,049,874.45
A0435	FIXED WING AIR MILEAGE	$719,969.20
A0431	ROTARY WING AIR TRANSPORT	$675,082.49
A0436	ROTARY WING AIR MILEAGE	$532,630.72
A0427	AMBLNCE SRVCE (ALS - EMRGNCY)	$516,163.86
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	$386,512.35
A0425	GROUND AMBULANCE MILEAGE	$274,452.67
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	$96,530.89
A0428	AMBULANCE SERVICE (BLS)	$70,143.51
A0426	AMBULANCE SERVICE (ALS 1)	$39,776.63
A0433	AMBULANCE SERVICE (ALS 2)	$32,583.33
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	$25,388.17
A0422	AMBULANCE SERVICE (ALS or BLS)	$4,827.24
A0998	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	$3,013.50
A0398	ROUTINE DISPOSABLE SUPPLIES (ALS)	$2,808.00
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	$1,209.00
A6533	GC STCKNG THIGHLNGTH 18-30	$216.24
Total Expenditures		**$4,431,182.25**

ASC – By Expenditure

Procedure Code	Description	Expenditures
43239	EGD BIOPSY SINGLE/MULTIPLE	$11,949.80
45378	DIAGNOSTIC COLONOSCOPY	$5,705.14
45385	COLONOSCOPY W/ LESION REMOVAL	$4,640.43
45380	COLONOSCOPY AND BIOPSY	$3,797.45
66821	AFTER CATARACT LASER SURGERY	$1,449.70
58661	LAPAROSCOPY REMOVE ADNEXA	$1,209.74
43235	EGD DIAGNOSTIC BRUSH WASH	$1,021.39
66982	XCAPSL CTRC RMVL CPLX WO ECP	$623.47
66984	XCAPSL CTRC RMVL W/O ECP	$601.24
26055	INCISE FINGER TENDON SHEATH	$489.67
67840	REMOVE EYELID LESION	$437.74
64718	REVISE ULNAR NERVE AT ELBOW	$415.39
91035	G-ESOPH REFLX TST W/ELECTROD	$318.00
43248	EGD GUIDE WIRE INSERTION	$298.24
52648	LASER SURGERY OF PROSTATE	$251.78
64635	DESTROY LUMB/SAC FACET JNT	$218.90
52000	CYSTOSCOPY	$179.95
20611	DRAIN/INJ JOINT/BURSA W/US	$176.06
14061	TIS TRNFR E/N/E/L10.1-30SQCM	$171.00
15260	SKIN FULL GRAFT EEN & LIPS	$171.00
Total Expenditures		**$34,126.09**

ASC – By Utilization[1]

Procedure Code	Description	Expenditures
66984	XCAPSL CTRCT RMVL W/O ECP	$601.24
43239	EGD, W BIOPSY	$11,949.80
45380	CLNSCPY AND BPSY	$3,797.45
45385	CLNSOPY; W LSIN(S) RMVAL	$4,640.43
43248	EGD GDE WIRE NSRTN	$298.24
66821	AFTR CTRCT LSR SURGERY	$1,449.70
45378	DIAG COLONOSCOPY	$5,705.14
66982	XCAPSL CTRCT RMVL CPLX WO ECP	$623.47
20611	DRN/NJX JNT/BRSA W/US	$176.06
26055	TENDON SHEATH INCISION	$489.67
43235	EGD	$1,021.39
64721	CARPAL TUNNEL SURGERY	$47.16
52000	CYSTOSCOPY	$179.95
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	$218.90
20680	REMOVAL OF IMPLANT DEEP	$0.00
20610	DRAIN/INJ JOINT/BURSA	$72.34
64718	REVISE ULNAR NERVE AT ELBOW	$415.29
Total Expenditures		**$31,686.33**

[1] Procedure codes 20680, 29881, and 43249 were among the top 20 utilized procedure codes for SFY 2024. Please note, while units of service were available for this procedure code, expenditure data was not.

Behavioral Health – By Expenditures[2]

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	$3,739,110.56
97153	ADAPT BEHAV TX BY TECH	$737,894.36
90834	PSYTX W PT 45 MINUTES	$495,846.34
90791	PSYCH DIAGNOSTIC EVALUATION	$425,234.82
90853	GROUP PSYCHOTHERAPY	$209,697.45
97155	ADAPT BEHAV TX PHYS/QHP	$139,366.18
96131	PSYCL TST EVAL PHYS/QHP EA	$138,391.44
90832	PSYTX W PT 30 MIN	$129,528.73
90847	FAMILY PSYTX W/PT 50 MIN	$114,463.56
90792	PSYCH DIAG EVAL W/MED SRVCS	$96,150.07
96130	PSYCL TST EVAL PHYS/QHP 1ST	$67,270.84
97151	BHV ID ASSMT BY PHYS/QHP	$66,282.59
96137	PSYCL/NRPSYC TST PHY/QHP EA	$51,743.58
96132	NRPSYC TST EVAL PHYS/QHP 1ST	$40,635.19
90785	PSYTX COMPLEX INTERACTIVE	$30,160.78
90846	FAMILY PSYTX W/O PT 50 MIN	$22,103.15
96139	PSYCL/NRPSYC TST TECH EA	$20,657.91
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	$13,242.58
97156	FAM ADAPT BHV TX GDN PHY/QHP	$12,956.00
90833	PSYTX W PT W E/M 30 MIN	$8,276.38
Total Expenditures		**$6,559,012.51**

Behavioral Health – By Utilization[2]

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	$3,739,110.56
97153	ADAPT BEHAV TX BY TECH	$737,894.36
90853	GROUP PSYCHOTHERAPY	$209,697.45
90834	PSYTX W PT 45 MINUTES	$495,846.34
97155	ADAPT BEHAV TX PHYS/QHP	$139,366.18
90785	PSYTX COMPLEX INTERACTIVE	$30,160.78
90832	PSYTX W PT 30 MIN	$129,528.73
97151	BHV ID ASSMT BY PHYS/QHP	$66,282.59
90791	PSYCH DIAGNOSTIC EVALUATION	$425,234.82
96131	PSYCL TST EVAL PHYS/QHP EA	$138,391.44
90847	FAMILY PSYTX W/PT 50 MIN	$114,463.56
96137	PSYCL/NRPSYC TST PHY/QHP EA	$51,743.58
96127	BRIEF EMOTIONAL/BEHAV ASSMT	$265.40
96130	PSYCL TST EVAL PHYS/QHP 1ST	$67,270.84
90792	PSYCH DIAG EVAL W/MED SRVCS	$96,150.07
97156	FAM ADAPT BHV TX GDN PHY/QHP	$12,956.00
96139	PSYCL/NRPSYC TST TECH EA	$20,657.91
90833	PSYTX W PT W E/M 30 MIN	$8,276.38
90846	FAMILY PSYTX W/O PT 50 MIN	$22,103.15
96132	NRPSYC TST EVAL PHYS/QHP 1ST	$40,635.19
Total Expenditures		**$6,546,035.33**

[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.

Dental – By Expenditures

Procedure Code	Description	Expenditures
D2392	RESIN-BSD CMPSTE - 2 SURFCS,	$1,045,100.36
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	$1,008,246.63
D1206	TPICL APPLCTN OF FLRIDE VRNSH	$947,227.27
D2930	PREFBRICTD STNLESS STL CRWN -	$937,033.59
D1110	PROPHYLAXIS - ADULT	$791,168.60
D1120	PROPHYLAXIS - CHILD	$744,330.97
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	$672,876.38
D7240	REMVL IMPCTD TOOTH COMPLTLY BONY	$634,686.45
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	$630,940.50
D1351	SEALANT - PER TOOTH	$537,423.90
D7210	REM IMP TOOTH W MUCOPER FLP	$406,815.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$361,734.69
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	$342,548.86
D2740	CROWN - PORCELAIN/CERAMIC	$338,485.93
D0140	LIMITED ORAL EVAL - PRBLM FCSD	$325,080.99
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	$264,267.97
D0220	INTRORAL - PERIPCL FRST RADGRPHC	$264,048.71
D2150	AMLGAM - 2 SURFCS, PRMRY OR PMNNT	$249,670.00
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	$248,944.56
D2393	RESIN-BSD CMPST - 3 SRFCS, PSTRIOR	$245,048.77
Total Expenditures		**$10,995,680.13**

Dental – By Utilization

Procedure Code	Description	Expenditures
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	$1,008,246.63
D1206	TPICL APPLCTN OF FLRIDE VRNSH	$947,227.27
D1120	PROPHYLAXIS - CHILD	$744,330.97
D1351	SEALANT - PER TOOTH	$537,423.90
D0220	INTRORAL - PERIPCL FRST RADGRPHC	$264,048.71
D1110	PROPHYLAXIS - ADULT	$791,168.60
D2392	RESIN-BSD CMPSTE - 2 SURFCS,	$1,045,100.36
D0230	INTRAORL - PERIPCL ADTNL RADGRPHC	$150,564.42
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	$248,944.56
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	$342,548.86
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	$630,940.50
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	$672,876.38
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	$264,267.97
D0140	LIMITED ORAL EVAL - PRBLM FCSD	$325,080.99
D2930	PREFBRICTD STNLESS STL CRWN -	$937,033.59
D9230	INHLTION NITRS OXIDE/ANLGSIA,	$163,667.87
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$361,734.69
D7210	REM IMP TOOTH W MUCOPER FLP	$406,815.00
D7240	REMVL IMPCTD TOOTH COMPLTLY BONY	$634,686.45
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	$228,605.48
Total Expenditures		**$10,705,313.20**

Developmental Center – All Procedures

Procedure Code	Description	Expenditures
92507	SPEECH/HEARING THERAPY	$423,488.40
97530	THERAPEUTIC ACTIVITIES	$310,562.85
92508	SPEECH/HEARING THERAPY	$114,561.21
92523	SPCH SOUND LANG COMPREHEN	$41,166.51
97110	THERAPEUTIC EXERCISES	$24,314.92
92526	ORAL FUNCTION THERAPY	$7,263.38
97165	OT EVAL LOW COMPLEX 30 MIN	$5,995.92
97150	GRP THRPTC PROCEDURES	$4,995.48
97166	OT EVAL MOD COMPLEX 45 MIN	$4,950.11
97162	PT EVAL MOD COMPLEX 30 MIN	$4,744.08
97116	GAIT TRAINING THERAPY	$3,694.80
97112	NURMSCLAR REEDUCATION	$3,494.64
97161	PT EVAL LOW COMPLEX 20 MIN	$2,441.76
92609	USE OF SPEECH DEVICE SERVICE	$1,126.06
92610	EVLT SWALLOWING FNCTN	$245.84
92522	EVALUATE SPEECH PRODUCTION	$229.88
97163	PT EVAL HIGH COMPLEX 45 MIN	$215.64
97164	PT RE-EVAL EST PLAN CARE	$195.52
97130	THER IVNTJ EA ADDL 15 MIN	$194.04
97533	SENSORY INTEGRATION	$181.16
Total Expenditures		**$954,062.20**

DMEPOS – Purchase Rate – By Expenditures[3]

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	$1,642,325.17
E0466	HOME VENT NON-INVASIVE INTER	$1,202,310.48
B4035	ENTERAL FEED SUPP PUMP PER D	$399,551.67
T4535	DSPSBLE LNR/SHLD/PAD	$328,012.70
T4527	ADULT SIZE PULL-ON LG	$296,082.06
T4528	ADULT SIZE PULL-ON XL	$262,759.01
T4534	YOUTH SIZE PULL-ON	$262,745.54
E0483	HI FRQ CHST WALL OSCIL SYS	$257,644.40
A4353	INTERMITTENT URINARY CATH	$256,478.77
T4526	ADULT SIZE PULL-ON MED	$254,755.80
E1007	PWR SEAT COMBO W/SHEAR	$229,300.04
T4541	LARGE DISPOSABLE UNDERPAD	$184,385.88
K0861	PWC GP3 STD MULT POW OPT S/B	$162,817.63
A9276	DSPSBLE SNSR, CGM SYS	$162,715.05
E0431	PORTABLE GASEOUS 02	$154,882.99
E0784	EXT AMB INFUSN PMP INSLIN	$153,799.60
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	$126,456.92
E0601	CONT ARWY PRSSR DVC	$116,515.19
T4533	YOUTH SIZE BRIEF/DIAPER	$104,842.59
A7031	RPLCMNT FCEMSK INTERFA	$98,065.52
Total Expenditures		**$6,656,447.01**

DMEPOS – Purchase Rate – By Utilization[3]

Procedure Code	Description	Expenditures
T4535	DSPSBLE LNR/SHLD/PAD	$328,012.70
T4541	LARGE DISPOSABLE UNDERPAD	$184,385.88
T4526	ADULT SIZE PULL-ON MED	$254,755.80
T4527	ADULT SIZE PULL-ON LG	$296,082.06
T4534	YOUTH SIZE PULL-ON	$262,745.54
T4528	ADULT SIZE PULL-ON XL	$262,759.01
T4533	YOUTH SIZE BRIEF/DIAPER	$104,842.59
T4522	ADULT SIZE BRIEF/DIAPER MED	$54,615.20
A4351	STRAIGHT TIP URINE CATHETER	$58,940.36
A4216	STERILE WATER/SALINE, 10 ML	$38,008.74
T4523	ADULT SIZE BRIEF/DIAPER LG	$52,883.32
T4532	PED SIZE PULL-ON LG	$61,396.12
T4544	XL DISPOSABLE UNDERPAD	$76,073.81
A4353	INTERMITTENT URINARY CATH	$256,478.77
B4035	ENTERAL FEED SUPP PUMP PER D	$399,551.67
T4530	PED SIZE BRIEF/DIAPER LG	$30,871.53
T4525	ADULT SIZE PULL-ON SM	$32,175.15
A4332	LUBE STERILE PACKET	$1,336.37
E1390	OXYGEN CONCENTRATOR	$1,642,325.17
A4352	COUDE TIP URNRY CTHTR	$45,456.97
Total Expenditures		**$4,443,696.76**

[3] J codes were removed for analysis.

Home Health – All Procedures

Revenue Code	Description	Expenditures
0550	SKILLED NURSING - GENERAL CLASSIFICATION	$380,659.50
0551	SKILLED NURSING - VISIT CHRG	$109,554.61
0421	PHYSICAL THERAPY - VISIT	$65,476.34
0431	OCCUPATIONAL THERAPY - VISIT	$29,625.80
0571	HH AIDE - VISIT CHRG	$9,529.32
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	$8,818.57
0570	HH AIDE - GENERAL CLASSIFICATION	$1,126.29
0561	HH MEDICAL SOCIAL SERVICES - VISIT CHRG	$760.50
Total Expenditures		**$605,550.93**

Laboratory – By Expenditures

Procedure Code	Description	Expenditures
81420	FETAL CHROM ANEUPLOIDY	$648,214.14
87798	DETECT AGNT NOS DNA AMP	$265,813.96
87631	RESP VIRUS 3-5 TARGETS	$65,116.92
88305	TISSUE EXAM BY PATH	$54,779.95
87491	CHLMYD TRACH DNA AMP PRBE	$51,631.99
87591	N.GONORRHOEAE DNA AMP PRB	$49,900.36
87481	CANDIDA DNA AMP PRBE	$42,119.44
87507	IADNA-DNA/RNA PRBE TQ 12-25	$27,223.84
80050	GENERAL HEALTH PANEL	$23,811.72
80081	OBSTETRIC PANEL	$21,564.68
87661	TRICHOMONAS VAGINALIS AMPLIF	$21,349.60
88175	CYTOPATH C/V AUTO FLUID REDO	$20,953.83
81528	ONCOLOGY COLORECTAL SCR	$20,609.10
87640	STAPH A DNA AMP PRBE	$19,594.46
82306	VITAMIN D 25 HYDROXY	$19,512.80
87801	DETECT AGNT MULT DNA AMPLI	$16,782.32
87635	SARS-COV-2 COVID-19 AMP PRB	$16,710.96
87624	HPV HIGH-RISK TYPES	$15,614.77
87653	STREP B DNA AMP PRBE	$15,075.52
84443	ASSAY THYROID STIM HORMONE	$14,991.11
Total Expenditures		**$1,431,371.47**

Laboratory – By Utilization

Procedure Code	Description	Expenditures
87798	DETECT AGNT NOS DNA AMP	$265,813.96
36415	ROUTINE VENIPUNCTURE	$3,295.08
85025	COMP CBC W/AUTO DIFF WBC	$9,050.65
86003	ALLG SPEC IGE CRUDE XTRC EA	$9,427.22
80053	COMPREHEN METABOLIC PANEL	$9,910.63
87491	CHLMYD TRACH DNA AMP PRBE	$51,631.99
87591	N.GONORRHOEAE DNA AMP PRB	$49,900.36
88305	TISSUE EXAM BY PATH	$54,779.95
87086	URINE CULTURE/COLONY COUNT	$4,296.64
87481	CANDIDA DNA AMP PRBE	$42,119.44
84443	ASSAY THYROID STIM HORMONE	$14,991.11
83036	HEMOGLOBIN GLYCOSYLATED A1C	$6,274.94
80061	LIPID PANEL	$9,108.92
81420	FETAL CHROM ANEUPLOIDY	$648,214.14
88175	CYTOPATH C/V AUTO FLUID REDO	$20,953.83
82306	VITAMIN D 25 HYDROXY	$19,512.80
84439	ASSAY OF FREE THYROXINE	$5,774.56
87081	CULTURE SCREEN ONLY	$3,265.65
87661	TRICHOMONAS VAGINALIS AMPLIF	$21,349.60
87640	STAPH A DNA AMP PRBE	$19,594.46
Total Expenditures		**$1,269,265.93**

Maternity – All Procedures[4]

Procedure Code	Description	Expenditures
59400	OB CARE	$1,374,296.75
59510	C-SECTION DELIVERY	$489,083.59
59409	OB CARE	$402,771.64
59025	FETAL NON-STRESS TEST	$253,868.04
59426	ANTEPARTUM CARE ONLY	$252,460.67
59514	C-SECTION DELIVERY ONLY	$216,655.84
59430	CARE AFTER DELIVERY	$180,738.35
59425	ANTEPARTUM CARE ONLY	$57,534.64
59610	VBAC DELIVERY	$17,211.57
59412	ANTEPARTUM MANIPULATION	$10,417.47
59612	VBAC DELIVERY ONLY	$9,638.71
59620	ATTEMPTED VBAC DELIVERY ONLY	$1,932.14
59000	AMNIOCENTESIS DIAGNOSTIC	$1,296.00
59414	DELIVER PLACENTA	$704.25
59015	CHORION BIOPSY	$169.28
Total Expenditures		**$3,268,778.94**

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

Ophthalmology – By Expenditures[5]

Procedure Code	Description	Expenditures
66984	XCAPSL CTRC RMVL W/O ECP	$42,943.65
92014	EYE EXAM&TX ESTAB PT 1/>VST	$34,626.60
99214	OFFICE O/P EST MOD 30 MIN	$22,177.28
99204	OFFICE O/P NEW MOD 45 MIN	$20,871.18
67028	INJECTION EYE DRUG	$19,726.35
92004	COMPRE OPH EXAM NEW PT 1/>	$17,654.59
V2784	LENS POLYCARB OR EQUAL	$14,426.20
V2020	VISION SVCS FRAMES PURCHASES	$12,435.19
92134	CPTR OPHTH DX IMG POST SEGMT	$10,583.59
99213	OFFICE O/P EST LOW 20 MIN	$7,900.55
92060	SENSORIMOTOR EXAMINATION	$7,680.16
92015	DETERMINE REFRACTIVE STATE	$6,252.06
92340	FIT SPECTACLES MONOFOCAL	$5,854.17
66982	XCAPSL CTRC RMVL CPLX WO ECP	$5,704.68
99203	OFFICE O/P NEW LOW 30 MIN	$4,197.42
66821	AFTER CATARACT LASER SURGERY	$4,194.18
92136	OPHTHALMIC BIOMETRY	$4,018.69
67311	REVISE EYE MUSCLE	$3,690.10
92083	EXTENDED VISUAL FIELD XM	$2,932.25
92133	CMPTR OPHTH IMG OPTIC NERVE	$2,834.78
Total Expenditures		**$250,703.67**

Ophthalmology – By Utilization[5]

Procedure Code	Description	Expenditures
92134	CPTR OPHTH DX IMG POST SEGMT	$10,583.59
92014	EYE EXAM&TX ESTAB PT 1/>VST	$34,626.60
99214	OFFICE O/P EST MOD 30 MIN	$22,177.28
67028	INJECTION EYE DRUG	$19,726.35
92015	DETERMINE REFRACTIVE STATE	$6,252.06
V2784	LENS POLYCARB OR EQUAL	$14,426.20
66984	XCAPSL CTRC RMVL W/O ECP	$42,943.65
99213	OFFICE O/P EST LOW 20 MIN	$7,900.55
99204	OFFICE O/P NEW MOD 45 MIN	$20,871.18
92136	OPHTHALMIC BIOMETRY	$4,018.69
92004	COMPRE OPH EXAM NEW PT 1/>	$17,654.59
92340	FIT SPECTACLES MONOFOCAL	$5,854.17
V2020	VISION SVCS FRAMES PURCHASES	$12,435.19
92060	SENSORIMOTOR EXAMINATION	$7,680.16
92133	CMPTR OPHTH IMG OPTIC NERVE	$2,834.78
92083	EXTENDED VISUAL FIELD XM	$2,932.25
99212	OFFICE O/P EST SF 10 MIN	$1,701.05
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$2,133.28
66821	AFTER CATARACT LASER SURGERY	$4,194.18
99203	OFFICE O/P NEW LOW 30 MIN	$4,197.42
Total Expenditures		**$245,143.22**

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

Optician/Optometry – By Expenditures

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	$715,850.55
V2020	VISION SVCS FRAMES PURCHASES	$482,566.04
92004	COMPRE OPH EXAM NEW PT 1/>	$444,144.07
V2784	LENS POLYCARB OR EQUAL	$425,656.71
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$221,258.67
92015	DETERMINE REFRACTIVE STATE	$172,877.26
V2410	LENS VARIAB ASPHERICITY SING	$123,488.84
92340	FIT SPECTACLES MONOFOCAL	$105,773.98
V2100	LENS SPHER SINGLE PLANO 4.00	$79,700.83
92250	EYE EXAM WITH PHOTOS	$79,609.02
99213	OFFICE O/P EST LOW 20 MIN	$70,324.43
92065	ORTHOP TRAING PFRMD PHYS/QHP	$58,558.90
V2104	SPHEROCYLINDR 4.00D/2.12-4D	$55,837.20
99214	OFFICE O/P EST MOD 30 MIN	$36,582.69
92012	EYE EXAM ESTAB PT	$34,537.89
99203	OFFICE O/P NEW LOW 30 MIN	$27,787.24
99204	OFFICE O/P NEW MOD 45 MIN	$22,926.15
92083	EXTENDED VISUAL FIELD XM	$19,856.87
92002	INTRM OPH EXAM NEW PT	$18,651.16
V2107	SPHEROCYLINDER 4.25D/12-2D	$17,523.53
Total Expenditures		**$3,213,512.03**

Optician/Optometry – By Utilization

Procedure Code	Description	Expenditures
V2784	LENS POLYCARB OR EQUAL	$425,656.71
92015	DETERMINE REFRACTIVE STATE	$172,877.26
92014	EYE EXAM&TX ESTAB PT 1/>VST	$715,850.55
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$221,258.67
V2020	VISION SVCS FRAMES PURCHASES	$482,566.04
92004	COMPRE OPH EXAM NEW PT 1/>	$444,144.07
92340	FIT SPECTACLES MONOFOCAL	$105,773.98
V2100	LENS SPHER SINGLE PLANO 4.00	$79,700.83
V2410	LENS VARIAB ASPHERICITY SING	$123,488.84
V2104	SPHEROCYLINDR 4.00D/2.12-4D	$55,837.20
92250	EYE EXAM WITH PHOTOS	$79,609.02
99213	OFFICE O/P EST LOW 20 MIN	$70,324.43
92065	ORTHOP TRAING PFRMD PHYS/QHP	$58,558.90
92012	EYE EXAM ESTAB PT	$34,537.89
99214	OFFICE O/P EST MOD 30 MIN	$36,582.69
V2107	SPHEROCYLINDER 4.25D/12-2D	$17,523.53
92083	EXTENDED VISUAL FIELD XM	$19,856.87
92134	CPTR OPHTH DX IMG POST SEGMT	$7,130.00
99212	OFFICE O/P EST SF 10 MIN	$12,037.53
V2105	SPHEROCYLINDER 4.00D/4.25-6D	$12,986.90
Total Expenditures		**$3,176,301.91**

Physician & Other – By Expenditures[6]

Procedure Code	Description	Expenditures
99214	OFFICE O/P EST MOD 30 MIN	$3,931,523.81
99213	OFFICE O/P EST LOW 20 MIN	$3,774,338.08
97530	THERAPEUTIC ACTIVITIES	$1,902,472.94
99284	EMERGENCY DEPT VISIT MOD MDM	$1,695,380.47
99285	EMERGENCY DEPT VISIT HI MDM	$1,500,017.47
97110	THERAPEUTIC EXERCISES	$1,375,104.97
99204	OFFICE O/P NEW MOD 45 MIN	$1,149,168.77
99203	OFFICE O/P NEW LOW 30 MIN	$910,188.80
99215	OFFICE O/P EST HI 40 MIN	$808,389.37
97140	MANUAL THERAPY 1/> REGIONS	$693,071.04
97112	NEUROMUSCULAR REEDUCATION	$650,608.64
92507	SPEECH/HEARING THERAPY	$613,242.89
99391	PER PM REEVAL EST PAT INFANT	$570,788.10
99232	SUBSEQ HOSP CARE PER DAY	$553,404.09
99392	PREV VISIT EST AGE 1-4	$523,513.29
99233	SUBSEQ HOSP CARE HI COMP	$506,144.09
99291	CRITICAL CARE FIRST HOUR	$490,236.65
99283	EMERGENCY DEPT VISIT LOW MDM	$477,565.46
99472	PED CRITICAL CARE SUBSQ	$474,552.00
90460	IM ADMIN 1ST/ONLY COMPONENT	$438,494.65
Total Expenditures		**$23,038,205.58**

Physician & Other – By Utilization[6]

Procedure Code	Description	Expenditures
97530	THERAPEUTIC ACTIVITIES	$1,902,472.94
97110	THERAPEUTIC EXERCISES	$1,375,104.97
99213	OFFICE O/P EST LOW 20 MIN	$3,774,338.08
99214	OFFICE O/P EST MOD 30 MIN	$3,931,523.81
97140	MANUAL THERAPY 1/> REGIONS	$693,071.04
97112	NEUROMUSCULAR REEDUCATION	$650,608.64
90460	IM ADMIN 1ST/ONLY COMPONENT	$438,494.65
99284	EMERGENCY DEPT VISIT MOD MDM	$1,695,380.47
95004	PERCUT ALLERGY SKIN TESTS	$85,345.97
99232	SUBSEQ HOSP CARE PER DAY	$553,404.09
95165	ANTIGEN THERAPY SERVICES	$108,593.29
99203	OFFICE O/P NEW LOW 30 MIN	$910,188.80
92507	SPEECH/HEARING THERAPY	$613,242.89
99285	EMERGENCY DEPT VISIT HI MDM	$1,500,017.47
99212	OFFICE O/P EST SF 10 MIN	$296,111.31
99204	OFFICE O/P NEW MOD 45 MIN	$1,149,168.77
99233	SUBSEQ HOSP CARE HI COMP	$506,144.09
99215	OFFICE O/P EST HI 40 MIN	$808,389.37
93010	ELECTROCARDIOGRAM REPORT	$55,032.07
71045	X-RAY EXAM CHEST 1 VIEW	$73,772.28
Total Expenditures		**$21,120,405.00**

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

Physician Specialist – By Expenditures[7]

Procedure Code	Description	Expenditures
99284	EMERGENCY DEPT VISIT MOD MDM	$1,411,147.42
99285	EMERGENCY DEPT VISIT HI MDM	$1,341,311.12
99214	OFFICE O/P EST MOD 30 MIN	$1,183,040.19
99204	OFFICE O/P NEW MOD 45 MIN	$538,424.47
99213	OFFICE O/P EST LOW 20 MIN	$489,696.54
74177	CT ABD & PELV W/CONTRAST	$362,239.12
99203	OFFICE O/P NEW LOW 30 MIN	$303,847.21
99283	EMERGENCY DEPT VISIT LOW MDM	$260,530.19
78815	PET IMAGE W/CT SKULL-THIGH	$214,133.68
99291	CRITICAL CARE FIRST HOUR	$208,660.01
71275	CT ANGIOGRAPHY CHEST	$149,833.85
88305	TISSUE EXAM BY PATH	$137,510.87
70450	CT HEAD/BRAIN W/O DYE	$130,965.08
73721	MRI JNT OF LWR EXTRE W/O DYE	$129,067.93
93306	TTE W/DOPPLER COMPLETE	$127,644.05
70553	MRI BRAIN STEM W/O & W/DYE	$124,209.16
43239	EGD BIOPSY SINGLE/MULTIPLE	$120,242.66
99215	OFFICE O/P EST HI 40 MIN	$113,958.87
99472	PED CRITICAL CARE SUBSQ	$108,751.50
45380	COLONOSCOPY AND BIOPSY	$96,452.11
Total Expenditures		**$7,551,666.03**

Physician Specialist – By Utilization[7]

Procedure Code	Description	Expenditures
99214	OFFICE O/P EST MOD 30 MIN	$1,183,040.19
99284	EMERGENCY DEPT VISIT MOD MDM	$1,411,147.42
95004	PERCUT ALLERGY SKIN TESTS	$65,599.09
99213	OFFICE O/P EST LOW 20 MIN	$489,696.54
95165	ANTIGEN THERAPY SERVICES	$81,154.12
99285	EMERGENCY DEPT VISIT HI MDM	$1,341,311.12
71045	X-RAY EXAM CHEST 1 VIEW	$58,275.02
99283	EMERGENCY DEPT VISIT LOW MDM	$260,530.19
99204	OFFICE O/P NEW MOD 45 MIN	$538,424.47
95024	ICUT ALLERGY TEST DRUG/BUG	$24,590.32
99203	OFFICE O/P NEW LOW 30 MIN	$303,847.21
88305	TISSUE EXAM BY PATH	$137,510.87
80305	DRUG TEST PRSMV DIR OPT OBS	$33,114.46
93010	ELECTROCARDIOGRAM REPORT	$18,668.97
74177	CT ABD & PELV W/CONTRAST	$362,239.12
71046	X-RAY EXAM CHEST 2 VIEWS	$44,411.85
70450	CT HEAD/BRAIN W/O DYE	$130,965.08
99212	OFFICE O/P EST SF 10 MIN	$72,922.72
99232	SUBSEQ HOSP CARE PER DAY	$80,286.38
95117	IMMUNOTHERAPY INJECTIONS	$16,580.78
Total Expenditures		**$6,654,315.92**

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

Primary Care – By Expenditures[8]

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20 MIN	$3,246,416.02
99214	OFFICE O/P EST MOD 30 MIN	$2,675,211.85
99215	OFFICE O/P EST HI 40 MIN	$684,568.06
99203	OFFICE O/P NEW LOW 30 MIN	$582,411.30
99204	OFFICE O/P NEW MOD 45 MIN	$580,590.64
99391	PER PM REEVAL EST PAT INFANT	$549,950.30
99392	PREV VISIT EST AGE 1-4	$495,218.37
99232	SUBSEQ HOSP CARE PER DAY	$461,992.04
99233	SUBSEQ HOSP CARE HI COMP	$449,470.67
90460	IM ADMIN 1ST/ONLY COMPONENT	$413,691.00
99472	PED CRITICAL CARE SUBSQ	$365,420.25
99223	1ST HOSP IP/OBS HIGH 75	$328,216.04
99393	PREV VISIT EST AGE 5-11	$302,945.83
99469	NEONATE CRIT CARE SUBSQ	$283,549.46
99291	CRITICAL CARE FIRST HOUR	$270,605.88
99284	EMERGENCY DEPT VISIT MOD MDM	$267,305.34
99205	OFFICE O/P NEW HI 60 MIN	$265,150.37
99222	INITIAL HOSP CARE MOD 50	$236,958.52
99212	OFFICE O/P EST SF 10 MIN	$218,568.60
99283	EMERGENCY DEPT VISIT LOW MDM	$214,371.33
Total Expenditures		**$12,892,611.87**

Primary Care – By Utilization[8]

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20 MIN	$3,246,416.02
99214	OFFICE O/P EST MOD 30 MIN	$2,675,211.85
90460	IM ADMIN 1ST/ONLY COMPONENT	$413,691.00
99232	SUBSEQ HOSP CARE PER DAY	$461,992.04
99391	PER PM REEVAL EST PAT INFANT	$549,950.30
36415	ROUTINE VENIPUNCTURE	$11,990.32
87880	STREP A ASSAY W/OPTIC	$84,378.37
99392	PREV VISIT EST AGE 1-4	$495,218.37
87804	INFLUENZA ASSAY W/OPTIC	$81,196.46
99233	SUBSEQ HOSP CARE HI COMP	$449,470.67
99203	OFFICE O/P NEW LOW 30 MIN	$582,411.30
99212	OFFICE O/P EST SF 10 MIN	$218,568.60
99215	OFFICE O/P EST HI 40 MIN	$684,568.06
90837	PSYTX W PT 60 MINUTES	$67,273.07
93010	ELECTROCARDIOGRAM REPORT	$34,974.56
99393	PREV VISIT EST AGE 5-11	$302,945.83
96110	DEVELOPMENTAL SCREEN W/SCORE	$96,862.08
96372	THER/PROPH/DIAG INJ SC/IM	$70,499.82
99204	OFFICE O/P NEW MOD 45 MIN	$580,590.64
99309	NURSING FAC CARE SUBSEQ	$57,876.56
Total Expenditures		**$11,166,085.92**

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