

Appendix B.1: Comparison of Wyoming Medicaid Rates to Benchmarks, by Service Area

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

Ambulance – All Procedures

Note: All procedure codes billed by providers with the 341600000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare**	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
A0430	FIXED WING AIR TRANSPORT	\$2,874.22	\$3,785.90	\$3,461.93	\$4,761.59	\$1,925.82	\$1,933.49	\$2,157.16	\$5,232.65	N/A
A0431	ROTARY WING AIR TRANSPORT	\$3,341.71	\$4,401.68	\$3,126.85	\$5,536.06	\$1,925.82	\$1,106.40*	\$2,511.22	\$5,630.05	N/A
A0435	FIXED WING AIR MILEAGE	\$8.85	\$10.75	\$8.28	\$14.18	\$6.14	\$12.90	\$13.08	\$17.47	N/A
A0436	ROTARY WING AIR MILEAGE	\$23.62	\$28.66	\$20.02	\$37.79	\$15.86	\$25.81	\$13.08	\$39.74	N/A
A0427	ALS1-EMERGENCY	\$291.24	\$540.66	\$386.59	\$448.95	\$292.18	\$387.24	\$479.85	N/A	N/A
A0429	BLS-EMERGENCY	\$245.26	\$455.30	\$325.55	\$378.06	\$246.04	\$189.93	\$404.08	\$1,176.11*	\$529.00
A0425	GROUND MILEAGE	\$5.49	\$9.15	\$6.41	\$8.12	\$4.34	\$6.35	\$4.74	\$11.05	N/A
A0380	BASIC LIFE SUPPORT MILEAGE	\$5.49	N/A	N/A	N/A	\$4.34	N/A	N/A	N/A	N/A
A0428	BLS	\$153.29	\$284.56	\$178.03	\$236.29	\$153.75	\$154.89	\$252.55	N/A	N/A
A0426	ALS 1	\$183.94	\$341.47	\$213.64	\$283.55	\$184.51	\$387.24	\$303.07	N/A	N/A
A0433	ALS 2	\$421.54	\$782.54	\$559.54	\$649.79	\$422.86	\$387.24	\$694.52	N/A	N/A
A0390	ADVANCED LIFE SUPPORT MILEAGE	\$5.49	N/A	N/A	N/A	\$4.34	N/A	N/A	N/A	N/A
A0422	AMBULANCE 02 LIFE SUSTAINING	\$24.38	N/A	\$15.48	N/A	\$14.68	N/A	N/A	\$22.16	N/A
A0398	ALS ROUTINE DISPOSABLE SUPPLS	\$11.70	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
A0998	AMBULANCE RESPONSE/TREATMENT	\$165.75	N/A	N/A	\$189.77	N/A	N/A	N/A	\$56.72	N/A
A0382	BASIC SUPPORT ROUTINE SUPPLS	\$9.75	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

** Medicare reimbursement rates for A0425, A0426, A0428, A0429, and A0433 vary based on the geographic location of the provider. Rates shown in this report may differ based on provider's ZIP code.

Average Ambulance Comparison (by Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	65%	90%	46%

Ambulance-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Wyoming Medicaid reimburses ambulance providers for services at either the lower of the Medicaid fee schedule or the provider's usual and customary charge. Providers receive a fixed base rate for transport, with mileage and disposable supplies reimbursed separately. There are separate fee schedules for basic life support (ground), advanced life support (ground), additional advanced life support (ground), and air ambulance services. Additionally, effective July 1, 2023, Wyoming ground ambulance providers may be eligible for supplemental payments. Providers can submit payment rates negotiated between the provider and commercial insurance companies to the Wyoming Department of Health	Health First Colorado uses Healthcare Common Procedural Coding System (HCPCS) from the Centers for Medicare & Medicaid Services (CMS) to submit claims, and to identify and reimburse emergency medical transportation services.¹	In Idaho, enrolled ambulance providers are reimbursed on a fee-for-service basis based on the level of service provided. Providers must bill Medicaid recipients at the same rate as the general public, their usual and customary fee. Idaho Medicaid covers medically necessary ambulance services. A conditional treat and release payment may be provided at the Basic Life Support (BLS) or Advanced Life Support (ALS) level if a patient is treated at the scene but not transported.²	For ambulance services where there is a set fee in the fee schedule, Montana Medicaid reimburses the lower amount of the usual and customary charge, or the amount from the fee schedule. For supplies and equipment without a set fee in the fee schedule, the amount reimbursed is seventy-five percent (75%) of the manufacturer's suggested retail price. If there is no manufacturer's suggested retail price, the provider's acquisition cost must be at least fifty percent (50%) of the charged amount.³	Nebraska Medicaid ambulance providers are reimbursed under a fee schedule, subject to provider's submitted charge vs. schedule cap. Covered services include medically necessary and reasonable ambulance services required to transport a client to obtain, or after receiving, a Medicaid covered service. Nebraska Medicaid pays for covered ambulance services at the lower of the providers submitted charge or the allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee schedule in effect for that date of service. If it is determined that transport is medically necessary, but ground ambulance would have been appropriate, payment for an air ambulance	In South Dakota, ambulance providers are reimbursed for a base fee, loaded mileage, and other medically necessary services, at the lower of the department's fee schedule or the providers usual and customary charge. For patients that receive medically necessary care at the pick-up point but are not transported, the provider is reimbursed the base fee. Supplies and add-on services (e.g., oxygen, defibrillation supplies, extra attendants) are considered included in the base rate and may not be billed separately. Only one mileage charge is allowed per trip, if multiple patients are transported, subsequent patients' base rates may be reduced. Payment is for the level of medical service required, not	In Utah, ground ambulance providers are reimbursed based on a base rate and modifiers for mileage for the loaded ambulance, oxygen, airway management, and waiting time. Providers may also bill separately for disposable supplies, medications, and administering medications provided the patient did not refuse assessment/treatment. Ambulance providers may not charge a base rate when no transport occurs. Air ambulance and water ambulance are covered for select circumstances.⁶

¹ Colorado Department of Health Care Policy & Financing, "Emergency Medical Transportation Billing Manual." Available online: <https://hcpf.colorado.gov/emt-manual#covBenLim>

² Idaho Medicaid, "Idaho Medicaid Provider Handbook Transportation Services," (August 2023). Available online:

<https://www.idmedicaid.com/Provider%20Guidelines/Transportation%20Services.pdf>

³ Administrative Rules of Montana, "37.86.2605 Ambulance Services, Reimbursement." Available online: <https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/63b85853-bde6-4100-959f-1034df286558>

⁶ Utah Office of Administrative Rules, "Ground Ambulance Transportation Revenues, Rates, and Charges," (July 2024). Available online:

<https://adminrules.utah.gov/public/rule/R911-8/Current%20Rules>

Ambulance-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
to determine eligibility for the supplemental payments. Supplemental payments, calculated annually, are available to compensate ground ambulance providers for the ambulance services provided to Medicaid fee-for-service (FFS) members.				service will be limited to the amount allowable for ground transport. ⁴	the vehicle dispatched. ⁵	

Ambulatory Surgery Centers (ASC) – By Expenditures

Note: All procedure codes billed by providers with the 261QA1903X taxonomy are included in this analysis.

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
42820	REMOVE TONSILS AND ADENOIDS	\$2,605.89	\$2,917.35	\$1,349.51	\$2,370.82	\$2,917.35	\$637.00*	\$443.62*	\$220.17*	N/A
69436	CREATE EARDRUM OPENING	\$678.62	\$657.38	\$1,349.51	\$572.63	\$657.38	\$413.00	\$443.62*	\$119.90*	N/A
58661	LAPAROSCOPY REMOVE ADNEXA	\$2,567.54	\$2,860.32	\$1,338.88	\$2,323.27	\$2,860.32	\$1,662.00	\$543.40*	\$492.23*	N/A
43239	EGD BIOPSY SINGLE/MULTIPLE	\$403.37	\$503.39	\$464.48	\$403.80	\$503.39	\$413.00	\$387.12	\$275.50	\$1,143.69
58571	TLH W/T/O 250 G OR LESS	\$4,580.52	\$4,896.00	\$739.02*	\$3,899.21	\$4,896.00	N/A	N/A	\$685.67*	N/A
42830	REMOVAL OF ADENOIDS	\$1,432.67	\$1,394.45	\$1,338.88	\$1,132.58	\$1,394.45	\$1,662.00	\$543.40	\$160.69*	\$2,518.03
47562	LAPAROSCOPIC CHOLECYSTECTOMY	\$2,567.54	\$2,860.32	\$1,939.69	\$2,323.27	\$2,860.32	\$1,233.00	\$543.40*	\$497.15*	\$8,539.51
42825	REMOVAL OF TONSILS	\$2,605.89	\$2,917.35	\$1,338.88	\$2,370.82	\$2,917.35	\$1,662.00	\$543.40*	\$202.59*	N/A
42826	REMOVAL OF TONSILS	\$1,432.67	\$1,394.45	\$1,338.88	\$1,132.58	\$1,394.45	\$637.00	\$543.40	\$193.10*	\$3,204.29

⁴ Nebraska Department of Health and Human Services, "Title 471 Nebraska Medical Assistance Program Services Chapter 4 Ambulance Services," (May 2022). Available online: [Title 471, Chapter 4 : Ambulance Services \(2022\)](#)

⁵ South Dakota Medicaid Billing and Policy Manual, "Ground Ambulance," (December 2024). Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Ground_Ambulance.pdf

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29888	KNEE ARTHROSCOPY/SURGERY	\$3,183.43	\$4,628.28	\$1,689.73	\$3,861.77	\$4,628.28	\$1,662.00	\$443.62*	\$732.32*	\$9,697.93
45380	COLONOSCOPY AND BIOPSY	\$525.11	\$632.96	\$464.48	\$525.66	\$632.96	\$413.00	\$387.12*	\$318.65	\$1,331.67
66984	XCAPSL CTRC RMVL W/O ECP	\$1,036.97	\$1,214.31	\$848.38	\$1,016.49	\$1,214.31	\$1,000.00	\$543.40	\$400.98	\$2,112.88
42821	REMOVE TONSILS AND ADENOIDS	\$1,432.67	\$1,394.45	\$1,338.88	\$1,132.58	\$1,394.45	\$637.00	\$543.40	\$229.79*	N/A
27698	REPAIR OF ANKLE LIGAMENT	\$3,183.43	\$4,580.12	\$464.48*	\$3,718.40	\$4,580.12	\$785.00*	\$387.12*	\$481.08*	N/A
31255	NSL/SINS NDSC W/TOT ETHMDCT	\$3,045.59	\$2,425.84	\$1,338.88	\$1,976.01	\$2,425.84	\$1,000.00*	\$543.40*	\$241.56*	N/A
45385	COLONOSCOPY W/LESION REMOVAL	\$525.11	\$632.96	\$464.48	\$525.66	\$632.96	\$413.00	\$387.12	\$335.06	\$1,940.67
31253	NSL/SINS NDSC TOTAL	\$3,045.59	\$2,425.84	\$464.48*	\$1,976.01	\$2,425.84	\$1,233.00	N/A	\$373.45*	N/A
64718	REVISE ULNAR NERVE AT ELBOW	\$859.16	\$924.93	\$464.48	\$770.95	\$924.93	\$413.00	\$387.12	\$455.36	\$9,315.00*
52356	CYSTO/URETERO W/LITHOTRIPSY	\$2,302.50	\$2,521.60	\$545.67*	\$2,122.07	\$2,521.60	N/A	N/A	\$308.23*	N/A
29806	SHO ARTHRS SRG CAPSULORRAPHY	\$3,183.43	\$3,510.84	\$441.76*	\$2,913.62	\$3,510.84	\$1,183.00	N/A	\$796.31*	N/A

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

Average ASC Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	93%	121%	36%

Ambulatory Surgery Centers (ASC) – By Utilization

Note: All procedure codes billed by providers with the 261QA1903X taxonomy are included in this analysis.

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
69436	CREATE EARDRUM OPENING	\$678.62	\$657.38	\$1,349.51	\$572.63	\$657.38	\$413.00	\$443.62	\$119.90*	\$762.75
43239	EGD BIOPSY SINGLE/MULTIPLE	\$403.37	\$503.39	\$464.48	\$403.80	\$503.39	\$413.00	\$387.12	\$275.50	\$1,143.69
66984	XCAPSL CTRC RMVL W/O ECP	\$1,036.97	\$1,214.31	\$848.38	\$1,016.49	\$1,214.31	\$1,000.00	\$543.40	\$400.98	\$2,112.88
42820	REMOVE TONSILS AND ADENOIDS	\$2,605.89	\$2,917.35	\$1,349.51	\$2,370.82	\$2,917.35	\$637.00*	\$443.62*	\$220.17*	\$2,982.21
45380	COLONOSCOPY AND BIOPSY	\$525.11	\$632.96	\$464.48	\$525.66	\$632.96	\$413.00	\$387.12	\$318.65	\$1,331.67
45385	COLONOSCOPY W/LESION REMOVAL	\$525.11	\$632.96	\$464.48	\$525.66	\$632.96	\$413.00	\$387.12	\$335.06*	\$1,940.67

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43248	EGD GUIDE WIRE INSERTION	\$403.37	\$503.39	\$464.48	\$403.80	\$503.39	\$413.00	\$387.12	\$302.86	N/A
66821	AFTER CATARACT LASER SURGERY	\$258.65	\$294.52	\$464.48	\$258.93	\$294.52	\$413.00	\$288.53	\$246.00	N/A
64635	DESTROY LUMB/SAC FACET JNT	\$859.16	\$924.93	\$405.53	\$770.95	\$924.93	\$413.00	\$288.53	\$324.74	\$667.50
64721	CARPAL TUNNEL SURGERY	\$859.16	\$924.93	\$464.48	\$770.95	\$924.93	\$413.00	\$387.12	\$335.72	\$1,257.12
43249	ESOPH EGD DILATION <30 MM	\$846.72	\$864.15	\$464.48	\$714.31	\$864.15	\$413.00	\$387.12	\$775.45	\$2,230.39
45378	DIAGNOSTIC COLONOSCOPY	\$406.70	\$489.47	\$464.48	\$407.12	\$489.47	\$413.00	\$387.12	\$250.77	\$2,099.78*
20611	DRAIN/INJ JOINT/BURSA W/US	\$131.80	\$55.64	\$75.90	\$48.92	\$55.64	N/A	N/A	\$73.83	\$987.04*
42830	REMOVAL OF ADENOIDS	\$1,432.67	\$1,394.45	\$1,338.88	\$1,132.58	\$1,394.45	\$1,662.00	\$543.40	\$160.69*	\$2,518.03
42826	REMOVAL OF TONSILS	\$1,432.67	\$1,394.45	\$1,338.88	\$1,132.58	\$1,394.45	\$637.00	\$543.40	\$193.10*	\$3,204.29
26055	INCISE FINGER TENDON SHEATH	\$715.17	\$838.29	\$464.48	\$703.33	\$838.29	\$413.00	\$387.12	\$433.83	N/A
31256	EXPLORATION MAXILLARY SINUS	\$1,666.39	\$1,610.31	\$1,349.51	\$1,345.31	\$1,610.31	\$637.00	\$443.62	\$134.54*	N/A
64718	REVISE ULNAR NERVE AT ELBOW	\$859.16	\$924.93	\$464.48	\$770.95	\$924.93	\$413.00	\$387.12	\$455.36	\$9,315.00*
30140	RESECT INFERIOR TURBINATE	\$1,432.67	\$1,394.45	\$386.27*	\$1,132.58	\$1,394.45	\$552.00	\$387.12	\$219.52*	N/A
42821	REMOVE TONSILS AND ADENOIDS	\$1,432.67	\$1,394.45	\$621.04	\$1,132.58	\$1,394.45	\$637.00	\$543.40	\$229.79*	\$762.75

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

Average ASC Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	99%	127%	50%

Ambulatory Surgical Centers-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Wyoming Medicaid reimburses ASC using a system similar to the Outpatient Prospective Payment System (OPPS). The system uses Medicare's relative weights and the Wyoming Medicaid payment method for each procedure code based on each	In Colorado, there are ten categories of ASC surgical procedures. The reimbursement is the lesser of the maximum allowable payment amount and the billed charges. The billed charges must be the usual	Idaho Medicaid reimburses medically necessary services as the lesser of the usual and customary fees and the Medicaid maximum allowance from the department's fee schedule. For fees where the Medicare amount is	Montana ASC facilities are reimbursed one hundred percent (100%) of the Medicare allowable amount for reimbursement. To determine the Medicare allowable amount for ASC services to Medicaid members under this	Nebraska Medicaid reimburses ASC facilities using the Medicare ASC group rates as established in 471-000-409. Payment for facility services in an ASC is the lower of the published group rate or the provider's submitted charge. If	In South Dakota, the reimbursement is based on the department's fee schedule. If only one procedure is performed in a single operative session, the reimbursement rate is one hundred percent	In Utah, a prospective rate is used to cover the cost of services, supplies, nursing services, equipment, etc., as specified in <u>\$416.61</u> . Services that do not directly relate to the performance of surgical procedures are not included in this rate, such as physician

Ambulatory Surgical Centers-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
service's OPPS status code. Medicaid adopted Medicare's OPPS status indicators for most services, with some adjustments to address Medicaid policies. Payment is the lower of the provider's usual and customary charge or the calculated Medicaid amount. Services are paid based on one of the following (by status indicator): 1) Ambulatory Payment Classification (APC) fee schedule, 2) separate Medicaid fee schedule, or 3) a percentage of charges.	and customary amounts and cannot be adjusted for the anticipated Medicaid payment. ⁷	available, Medicaid rates are set at ninety percent (90%) of the Medicare fee schedule. The initial covered procedure is covered at one hundred percent (100%), and each additional covered procedure is covered at fifty percent (50%) of the established rate. ⁸	rule, the department adopts and incorporates by reference the methodology at <u>42 CFR part 416</u> , subpart F, and the schedule listing the allowable amounts for ASC services in the Medicare Claims Processing Manual. ⁹	only one procedure is performed in a single operative session, the reimbursement rate is one hundred percent (100%) of Medicare group rate. For more than one procedure in a single operative session, the procedure with the highest reimbursement rate is reimbursed at one hundred percent (100%) and each additional is reimbursed at fifty percent (50%) of the fee schedule amount. ¹⁰	(100%) of the fee schedule amount. For more than one procedure in a single operative session, the procedure with the highest reimbursement rate is reimbursed at one hundred percent (100%) and each additional is reimbursed at fifty percent (50%) of the fee schedule amount. ¹¹	or other medical services. For more than one procedure in a single operative session, the procedure with the highest reimbursement rate is reimbursed at one hundred percent (100%) and each additional is reimbursed at fifty percent (50%) of the fee schedule amount.

⁷ Colorado Department of Health Care Policy and Financing, "Ambulatory Surgery Centers (ASC) Billing Manual." Available online: <https://hcpf.colorado.gov/asc-manual>

⁸ Idaho Medicaid, "Idaho Medicaid Provider Handbook Ambulatory Surgical Centers." Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Ambulatory%20Surgical%20Centers.pdf>

⁹ Administrative Rules of Montana, "37.86.1406 Clinic Services, Reimbursement." Available online: <https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E1406>

¹⁰ Nebraska Department of Health and Human Services, "26-000 Ambulatory Surgical Center (ASC) Services", (May 2013). Available online (may need to navigate to ASC chapter): https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-26.pdf

¹¹ South Dakota Medicaid, "Billing and Policy Manual," (March 2024). https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Ambulatory_Surgical_Centers.pdf

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Behavioral Health – By Expenditures

Note: Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and T codes that Wyoming uses; therefore, no rate comparisons were possible for those codes.

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
90837	PSYTX W PT 60 MINUTES	\$108.90	\$153.62	\$139.51	\$130.51	\$200.81	\$258.13	\$135.24	\$153.95	\$206.10
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$20.50	N/A	\$17.88	N/A	N/A	\$18.28	N/A	\$19.02	N/A
90791	PSYCH DIAGNOSTIC EVALUATION	\$154.90	\$166.06	\$164.92	\$147.44	\$227.19	\$238.40	\$153.04	\$42.27*	\$189.82
90834	PSYTX W PT 45 MINUTES	\$87.33	\$103.73	\$96.09	\$88.53	\$136.23	\$193.60	\$91.76	\$123.71	\$147.72
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$20.50	N/A	26.20	N/A	N/A	\$18.28	N/A	\$36.27	N/A
97151	BHV ID ASSMT BY PHYS/QHP	\$19.15	N/A	\$39.61	N/A	N/A	\$27.42	N/A	\$36.27	N/A
90853	GROUP PSYCHOTHERAPY	\$30.91	\$27.97	\$24.36	\$23.63	\$36.49	\$52.44	\$27.22	\$10.37	\$21.33
96131	PSYCL TST EVAL PHYS/QHP EA	\$79.11	\$82.47	\$104.87	\$73.42	\$112.93	N/A	\$84.52	\$168.79	\$124.05
90832	PSYTX W PT 30 MINUTES	\$55.71	\$78.59	\$68.76	\$67.05	\$103.26	\$129.07	\$69.48	\$69.31	\$77.30
90792	PSYCH DIAG EVAL W/MED SRVCS	\$164.96	\$186.58	\$178.40	\$164.77	\$255.67	\$333.40	\$171.22	\$42.27*	\$246.11
90847	FAMILY PSYTX W/PT 50 MIN	\$107.46	\$102.36	\$90.09	\$88.33	\$134.87	\$173.93	\$90.68	\$34.66*	\$253.50
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$116.32	\$132.41	\$101.69	\$158.12	N/A	\$117.37	\$168.79	\$145.79
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$38.82	\$35.82	\$49.84	\$31.36	\$49.67	N/A	\$37.41	\$84.39	N/A
90785	PSYTX COMPLEX INTERACTIVE	\$10.06	\$14.15	\$4.54	\$12.54	\$19.34	Not Covered	N/A	N/A	N/A
96132	NRPSYC TST EVAL PHYS/QHP 1ST	\$116.99	\$124.34	\$134.51	\$108.77	\$169.16	N/A	\$126.31	\$168.79	N/A
97156	FAM ADAPT BHV TX GDN PHY/QHP	\$20.50	N/A	N/A	N/A	N/A	\$27.42	N/A	\$36.27	N/A
90846	FAMILY PSYTX W/O PT 50 MIN	\$85.54	\$98.15	\$92.01	\$84.29	\$128.71	\$164.27	N/A	\$34.66	N/A
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$41.94	\$40.50	\$68.10	\$34.68	\$54.95	N/A	\$41.20	\$84.39	N/A
96139	PSYCL/NRPSYC TST TECH EA	\$34.12	\$33.56	\$19.25	\$28.23	\$46.60	N/A	\$30.10	\$28.07	N/A
90833	PSYTX W PT W E/M 30 MIN	\$28.75	\$72.27	\$67.93	\$61.14	\$94.87	\$92.81	\$63.41	\$69.31	N/A

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

Average Behavioral Health Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	77%	36%

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Behavioral Health – By Utilization

Note: Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and T codes that Wyoming uses; therefore, no rate comparisons were possible for those codes.

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
97153	ADAPTIVE BEHAVIOR TX BY TECH	\$20.50	N/A	\$17.88	N/A	N/A	N/A	N/A	\$19.02	N/A
90837	PSYTX W PT 60 MINUTES	\$108.90	\$153.62	\$139.51	\$130.51	\$200.81	\$258.13	\$135.24	\$153.95	\$206.10
97155	ADAPT BEHAVIOR TX PHYS/QHP	\$20.50	N/A	26.20	N/A	N/A	N/A	N/A	\$36.27	N/A
97151	BHV ID ASSMT BY PHYS/QHP	\$19.15	N/A	\$39.61	N/A	N/A	N/A	N/A	\$36.27	N/A
90834	PSYTX W PT 45 MINUTES	\$87.33	\$103.73	\$96.09	\$88.53	\$136.23	\$193.60	\$91.76	\$123.71	\$147.72
90785	PSYTX COMPLEX INTERACTIVE	\$10.06	\$14.15	\$4.54	\$12.54	\$19.34	N/A	N/A	N/A	\$47.69*
90853	GROUP PSYCHOTHERAPY	\$30.91	\$27.97	\$24.36	\$23.63	\$36.49	\$52.44	\$27.22	\$10.37	\$21.33
90832	PSYTX W PT 30 MINUTES	\$55.71	\$78.59	\$72.75	\$67.05	\$103.26	\$129.07	\$69.48	\$69.31	\$77.30
90791	PSYCH DIAGNOSTIC EVALUATION	\$154.90	\$166.06	\$164.92	\$147.44	\$227.19	\$238.40	\$153.04	\$42.27*	\$189.82
96131	PSYCL TST EVAL PHYS/QHP EA	\$79.11	\$82.47	\$104.87	\$73.42	\$112.93	N/A	\$84.52	\$168.79	\$124.05
96137	PSYCL/NRPSYC TST PHY/QHP EA	\$38.82	\$35.82	\$49.84	\$31.36	\$49.67	N/A	\$37.41	\$84.39	\$67.04
97154	GRP ADAPT BHV TX BY TECH	\$3.54	N/A	11.33	N/A	N/A	N/A	N/A	N/A	N/A
90847	FAMILY PSYTX W/PT 50 MIN	\$107.46	\$102.36	\$95.09	\$88.33	\$134.87	\$173.93	\$90.68	\$34.66*	N/A
97156	FAM ADAPT BHV TX GDN PHY/QHP	\$20.50	N/A	N/A	N/A	N/A	N/A	N/A	\$36.27	N/A
90792	PSYCH DIAG EVAL W/MED SRVCS	\$164.96	\$186.58	\$178.40	\$164.77	\$255.67	\$333.40	\$171.22	\$42.27*	N/A
96130	PSYCL TST EVAL PHYS/QHP 1ST	\$103.98	\$116.32	\$132.41	\$101.69	\$158.12	N/A	\$117.37	\$168.79	N/A
90833	PSYTX W PT W E/M 30 MIN	\$28.75	\$72.27	\$67.93	\$61.14	\$94.87	\$92.81	\$63.41	\$69.31	N/A
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	\$41.94	\$40.50	\$68.10	\$34.68	\$54.95	N/A	\$41.20	\$84.39	N/A
96139	PSYCL/NRPSYC TST TECH EA	\$34.12	\$33.56	\$19.25	\$28.23	\$46.60	N/A	\$30.10	\$28.07	N/A
90846	FAMILY PSYTX W/O PT 50 MIN	\$85.54	\$98.15	\$92.01	\$84.29	\$128.71	\$164.27	N/A	\$34.66	N/A

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

Average Behavioral Health Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	79%	69%

Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
State Medicaid programs are required to cover certain behavioral health services, including medically necessary inpatient hospital services, outpatient hospital services, home health services, physician services and nursing facility services. Medicaid programs have the option of covering additional services to address mental health and substance use disorders. In addition to services included in the state plan, many states offer various waivers targeted at addressing behavioral health conditions.						
Wyoming Medicaid offers a variety of behavioral services through outpatient and community-based providers including mental health assessments, individual group therapy, rehabilitation, peer specialist services, targeted case management, and medically necessary psychiatric (and substance use disorder) services. Wyoming's combined 1915(b) & (c) waivers, the Care Management Entity (CME) and the Children's Mental	Colorado Medicaid offers behavioral health services through an Accountable Care Collaborative (ACC), which established seven Regional Accountable Entities (RAEs) to coordinate Medicaid members' primary care, mental health, and substance abuse disorder services. ^{14, 15} Currently, RAEs earn financial incentives for achieving contractually defined performance and programmatic objectives through Key Performance Indicators (KPIs), the Performance	Idaho Medicaid offers behavioral health services through various waivers and private partnerships. Beginning in 2013, the state implemented a statewide Idaho Behavioral Health Plan (IBHP) with the managed care partner, Optum Idaho. Effective July 1, 2024, Idaho transitioned to a partnership with Magellan Healthcare to cover all behavioral health services, including	Montana Medicaid offers behavioral health services through the Medicaid state plan and home and community based waivers. Through the Montana Additional Services and Populations 1115 Waiver, Montana expands mental health services for adults 18 and older who do not qualify for Medicaid and who have a Severe Disabling Mental Illness (SDMI). ²³ Montana's Healing and Ending Addiction through Recovery and	Nebraska Medicaid program covers medically necessary psychiatric, and substance use disorder (SUD) services for individuals ages 21 and older, including outpatient services, day treatment, substance use disorder treatment, and hospital services. Nebraska Medicaid also provides coverage for children and adolescent mental health and SUD outpatient services, middle	The Division of Behavioral Health offers behavioral health services through contracts with 11 community mental health centers (CMHC) across the state. CMHCs provide screenings and assessments, specialized outpatient services, individual therapy, group therapy, and crisis intervention. ²⁹ Services available for people deemed to have serious mental illnesses (SMIs) include Comprehensive	Utah Medicaid offers behavioral health services through the state plan, various waivers, and policies. ³² Most Medicaid members receive mental health benefits through Prepaid Mental Health Plans (PMHP). The 1915(b) Prepaid Mental Health Plan waiver allows Medicaid to enroll members into behavioral health plans statewide. ^{33,34,35} The Division of Substance Abuse

¹⁴ Colorado Department of Health Care Policy & Financing. (2024). *Report to the community*. Available online: <https://hcpf.colorado.gov/2024-report-to-community>

¹⁵ Colorado Department of Health Care Policy & Financing, *Behavioral Health Services*. Available online:

<https://hcpf.colorado.gov/sites/hcpf/files/BH%20Fact%20Sheet%20%26%20FAQs%2007.20.18.pdf>

²³ Montana DPHHS, *Section 1115 Waiver for Additional Services and Populations*. Available online:

<https://dphhs.mt.gov/montanahealthcareprograms/medicaid/medicaid1115waiver>

²⁹ South Dakota Department of Social Services, *Behavioral Health Services*. Available online: <https://dss.sd.gov/behavioralhealth/services.aspx>

³² Utah Division of Integrated Healthcare, *Behavioral Health Services Provider Manual*, (2024). Available online:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Behavioral%20Health%20Services/BehavioralHealthServices11-24.pdf>

³³ Utah Department of Health and Human Services, *Mental Health Services*. Available online: <https://medicaid.utah.gov/mental-health-services/>

³⁴ Utah Medicaid, Member Guide 2024 Available online: <https://medicaid.utah.gov/Documents/pdfs/MedicaidMemberGuide2024.pdf>

³⁵ Medicaid, *1915(b) Waiver: UT.0002.R11.02 – Jan 01, 2024*, (2024). Available online: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Downloads/UT_Utah-Prepaid-Mental-Health-Plan_UT-0002.pdf

Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Health Waiver (CMH) respectively, form a home and community-based program that uses an evidence-based model for intensive care coordination to provide community-based alternatives to youth deemed to have a serious emotional disturbance (SED) or serious and persistent mental illness as an alternative to institutional care. ^{12, 13}	Pool, and the Behavioral Health Incentive Program. Effective July 1, 2025, Colorado Medicaid will transition to phase III of the ACC, reduce the number of RAE regions from seven to four, and align with other value-based payment programs to create a comprehensive payment reform system to improve access and enhance quality of care.¹⁶ Colorado utilizes the state's Behavioral Health Administration (BHA) to support technology, infrastructure, policy, and planning	inpatient, outpatient, and residential care, under the IBHP.^{19, 20} The IBHP-Magellan contract covers inpatient, residential and various outpatient mental health and substance use disorder services for Medicaid participants who are not enrolled in Idaho Medicaid Plus or the Medicare Medicaid Coordinated Plan. These plans offer behavioral health services as a covered benefit.²¹ Idaho Medicaid also operates several waivers including an Idaho Behavioral	Treatment (HEART) 1115 waiver expands community-based, inpatient and residential, recovery, and pre-release covered services for Medicaid members 18 and older who meet needs-based and risk-factor criteria.²⁴ In addition, the state offers a Behavioral Health SDMI Waiver, to expand access to long-term services and supports for individuals with SDMI in a community setting rather than a nursing facility.²⁵ In July 2023, Montana allocated \$300 million to the Behavioral Health System for	intensity services, day treatment, and hospital services.²⁷ On June 28, 2019, Nebraska was approved for a Substance Use Disorder Demonstration Waiver, with the expectation of enhancing existing substance abuse services in more convenient locations, thereby allowing patients to receive more comprehensive, required treatments. Additionally, Nebraska provides an approved 1115 waiver for IMD payment exclusion for	Assistance with Recovery and Empowerment Services (CARE) and Individualized and Mobile Program of Assertive Community Treatment (IMPACT). The State also offers specialized outpatient services available for youth deemed to have a serious emotional disturbance (SED). Effective June 1, 2023, South Dakota implemented a 16% inflationary rate increase for CMHC and SUD clinics. CMHC services are paid on an FFS basis and are not bundled unless a part of a	and Mental Health, Local Mental Health Authorities (LMHAs) and Local Substance Abuse Authorities (LSAA) oversee mental health and SUD services to Medicaid members across Utah's counties. Medicaid match funds are provided to the local agencies based on the unique Medicaid match need of each county.³⁶ Additionally, Utah offers an approved 1115 waiver to cover substance use disorder treatment in

¹² Wyoming Department of Health, *Care Management Entity*. Available online: <https://health.wyo.gov/healthcarefin/medicaid/childrens-mental-health-waiver/>

¹³ Wyoming Department of Health, *WY 1915b Waiver Renewal*. Available online: <https://health.wyo.gov/healthcarefin/medicaid/wy-1915b-waiver-renewal-july-1-2019/>

¹⁶ Colorado Department of Health Care Policy and Financing, *ACC Phase III Draft Contract Review Guide*, Available online: <https://hcpf.colorado.gov/sites/hcpf/files/ACC%20Phase%20III%20Draft%20Contract%20Review%20Guide%202-13-24.pdf>

¹⁹ Idaho Department of Health and Welfare, *Behavioral Health*. Available online: <https://healthandwelfare.idaho.gov/Medical/Medicaid/MedicaidMentalHealthManagedCare/tabid/1861/Default.aspx>

²⁰ Idaho Department of Health and Welfare, *Medicaid Information Release MA24-10*, (2024). Available online: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=30100&dbid=0&repo=PUBLIC-DOCUMENTS>

²¹ Idaho Department of Health and Welfare, *Behavioral Health and Social Service Providers Provider Handbook*, (2024). Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Behavioral%20Health%20and%20Social%20Services.pdf>

²⁴ Montana Department of Public Health and Human Services, *MT HEART Amendment Approval*, February 26, 2024, <https://dphhs.mt.gov/assets/heartinitiative/MTHEARTAmendmentApproval02262024.pdf>.

²⁵ Medicaid.gov, *Section 1115 Demonstrations*. Available online: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

²⁷ Nebraska DHHS, *Medicaid Services*. Available online: <http://dhhs.ne.gov/Pages/Medicaid-Services.aspx>

³⁶ Utah Office of Administrative Rules, *R523-2 LMHA and LSAA*. Available online: <https://adminrules.utah.gov/public/rule/R523-2/Current%20Rules?>

Behavioral Health – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	advancements to streamline access to behavioral health services across the state.¹⁷ A State published Mental Health and Substance Use Disorder (SUD) Parity Report was released in June 2024. The report reviews Mental Health and SUD benefits in comparison to medical and surgical benefits.¹⁸	Health Transformation 1115 Waiver, allowing reimbursement for services for adults in Institutions for Mental Diseases (IMDs) and residential settings.²²	Future Generations (BHSFG) to reform and expand its behavioral health and developmental disabilities service systems.²⁶	substance use disorder treatment.²⁸	specific list of specialized outpatient services.³⁰ As of July 1, 2023, South Dakota expanded Medicaid eligibility to include adults aged 18 to 64 with incomes up to 138% of the federal poverty level. This expansion provides broader access to behavioral health services for low-income adults.³¹	institutions for Mental Disease (IMDs).³⁷ Effective July 1, 2022, the State passed legislation that requires an inflationary increase to Utah Medicaid's prepaid mental health plans.³⁸
CY 2024 Provisional All Drug Overdose Death Rate per 100,000³⁹						
23.8	30.8	20.8	17.3	9.0	11.4	21.7

¹⁷ Colorado Department of Health Care Policy and Financing, *BHA Administration Community Services High-Level Program Group FAQ*, (2023). Available online: https://hcpf.colorado.gov/sites/hcpf/files/APPROVED%20BHA%20FAQ_accessible.pdf

¹⁸ Colorado HCPF, *Mental Health and Substance Use Disorder Parity Report*. Available online: https://hcpf.colorado.gov/sites/hcpf/files/2024%20MHPAEA%20Parity%20Report%20Full%20Version_0.pdf

²² Idaho Department of Health and Welfare. *Idaho behavioral health transformation waiver*. Available online <https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/idaho-behavioral-health-transformation-waiver>

²⁶ Montana Department of Public Health and Human Services, *Future Generations*, <https://dphhs.mt.gov/FutureGenerations/Index>.

²⁸ Medicaid.gov, *Section 1115 Demonstrations*. Available online: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/index.html>

³⁰ State Plan Amendment (SPA) - #23-0013 <https://www.medicaid.gov/medicaid/spa/downloads/SD-23-0013.pdf>

³¹ South Dakota Legislative Research Council. (2023). *Medicaid Expansion in South Dakota: Overview and Implementation*. Available online https://dss.sd.gov/docs/medicaid/advisorycommittee/2023/05.10.23/Medicaid_Expansion_and_Changes.pdf

³⁷ Utah Medicaid, Section 1115 Demonstration Amendment – Behavioral Health Services for Adults with IMD. Available online: <https://medicaid.utah.gov/Documents/pdfs/Utah%201115%20Amendment-%20Behavioral%20Health%20Services-IMD-Public%20Comment%20Draft-Final.pdf>

³⁸ Utah, *Utah's Mental Health System*, <https://le.utah.gov/interim/2021/pdf/00001946.pdf>

³⁹ KFF, Provisional 2024 Opioid Overdose Death Rates and All Drug Overdose Death Rates per 100,000 Population (Age-Adjusted): <https://www.kff.org/other/state-indicator/provisional-2022-opioid-overdose-death-rates-and-all-drug-overdose-death-rates-per-100000-population-age-adjusted/>

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Dental – By Expenditures

Note: Dental not covered under Medicare.

Procedure Code	Description	WY Rate	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$117.00	\$140.59	\$139.67	\$153.48	\$101.45	\$169.32	\$85.68	N/A
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$42.66	\$41.96	N/A	\$23.02	\$27.06	\$32.62	\$17.87	N/A
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$39.00	\$38.35	\$32.22	\$26.86	\$29.77	\$43.32	\$24.08	N/A
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$165.75	\$198.49	N/A	\$153.48	\$156.90	N/A	\$111.34	N/A
D1110	PROPHYLAXIS - ADULT	\$60.94	\$97.50	\$54.66	\$57.56	\$44.64	\$71.95	\$49.67	N/A
D1120	PROPHYLAXIS - CHILD	\$42.66	\$73.04	N/A	\$38.37	\$35.17	N/A	\$38.80	N/A
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$262.70	\$296.18	\$148.49	\$276.26	\$273.23	\$441.74	\$194.06	N/A
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$85.84	\$109.07	\$70.22	\$84.41	\$89.27	\$137.83	\$71.40	N/A
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$95.06	\$110.02	\$109.56	\$76.74	\$79.81	\$135.68	\$67.06	N/A
D1351	SEALANT - PER TOOTH	\$34.13	\$57.10	N/A	\$30.70	\$33.82	\$42.91	\$29.50	N/A
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$160.88	\$174.54	\$115.49	\$153.48	\$125.81	\$238.11	\$94.71	N/A
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$42.66	\$31.20	\$20.84	\$38.37	\$25.72	\$50.80	\$35.71	N/A
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$73.13	\$55.21	\$39.69	\$61.39	\$48.69	\$93.40	\$63.26	N/A
D2740	CROWN - PORCELAIN/CERAMIC	\$731.25	\$849.16	N/A	\$767.40	\$459.90	\$816.59	\$501.12	N/A
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$54.85	\$53.14	\$27.15	\$38.37	\$29.77	\$66.16	\$27.96	N/A
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$18.29	\$13.21	\$22.20	\$19.19	\$8.11	\$23.67	\$13.98	N/A

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$42.66	\$61.03	\$40.88	\$38.37	\$29.77	\$65.96	\$35.71	N/A
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN PRIMARY TOOTH	\$197.44	\$134.46	N/A	\$230.22	\$181.25	N/A	N/A	N/A
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$29.25	\$22.20	\$15.87	\$23.02	\$17.60	\$39.88	\$24.08	N/A
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$143.94	\$172.40	\$149.30	\$207.20	\$117.68	\$205.03	\$100.60	N/A

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

Average Dental Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	Medicare does not cover this service.	108%	N/A

Dental – By Utilization

Note: Dental not covered under Medicare.

Procedure Code	Description	WY Rate	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$39.00	\$38.35	\$32.22	\$26.86	\$29.77	\$43.32	\$24.08	N/A
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$42.66	\$41.96	N/A	\$23.02	\$27.06	\$32.62	\$17.87	N/A
D1120	PROPHYLAXIS - CHILD	\$42.66	\$73.04	N/A	\$38.37	\$35.17	N/A	\$38.80	N/A
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$18.29	\$13.21	\$22.20	\$19.19	\$8.11	\$23.67	\$13.98	N/A
D1351	SEALANT - PER TOOTH	\$34.13	\$57.10	N/A	\$30.70	\$33.82	\$42.91	\$29.50	N/A
D1110	PROPHYLAXIS - ADULT	\$60.94	\$97.50	\$54.66	\$57.56	\$44.64	\$71.95	\$49.67	N/A
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$17.06	\$13.21	\$21.17	\$9.59	\$6.75	\$19.66	\$10.85	N/A
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$117.00	\$140.59	\$139.67	\$153.48	\$101.45	\$169.32	\$85.68	N/A
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$29.25	\$22.20	\$15.87	\$23.02	\$17.60	\$39.88	\$24.08	N/A
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$42.66	\$31.20	\$20.84	\$38.37	\$25.72	\$50.80	\$35.71	N/A

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D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$85.84	\$109.07	\$70.22	\$84.41	\$89.27	\$137.83	\$71.40	N/A
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$95.06	\$110.02	\$109.56	\$76.74	\$79.81	\$135.68	\$67.06	N/A
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$42.66	\$61.03	\$40.88	\$38.37	\$29.77	\$65.96	\$35.71	N/A
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$165.75	\$198.49	N/A	\$153.48	\$156.90	N/A	\$111.34	N/A
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$54.85	\$53.14	\$27.15	\$38.37	\$29.77	\$66.16	\$27.96	N/A
D9230	INHALATION OF NITROUS OXIDE/ANALGESIA, ANXIOLYSIS	\$30.48	\$33.62	\$24.46	\$34.53	\$37.87	\$44.16	N/A	N/A
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$73.13	\$55.21	\$39.69	\$61.39	\$48.69	\$93.40	\$63.26	N/A
D7210	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$160.88	\$174.54	\$115.49	\$153.48	\$125.81	\$238.11	\$94.71	N/A
D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	\$262.70	\$296.18	\$148.49	\$276.26	\$273.23	\$441.74	\$194.06	N/A
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) - REMOVAL OF PULP CORONAL TO THE DENTINOCEMENTAL JUNCTION AND APPLICATION OF MEDICAMENT	\$104.81	\$93.06	\$49.61	\$115.11	\$94.69	N/A	\$37.27	N/A

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

Average Dental Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	Medicare does not cover this service.	110%	N/A

Adult Dental (Age 21 and Over) - Benefits Provided

	Wyoming ⁴⁰	Colorado ⁴¹	Idaho ⁴²	Montana ⁴³	Nebraska ⁴⁴	South Dakota ⁴⁵	Utah ⁴⁶
Benefits Covered	Members aged 21 and older are eligible for preventative and emergency dental services only. This includes up to two preventive visits per calendar year (basic cleanings, exams, x-rays), extractions and repair or reline of existing dentures or partial dentures. Restorative services (e.g., fillings, crowns), endodontics, periodontics, implants, fixed prosthodontics, and orthodontics are not allowed for adults.	Benefits include annual dental exams, cleanings, diagnostic and restorative services (such as x-rays and fillings) and extractions. Other services such as root canals, crowns, partial dentures, complete dentures, and periodontal scaling may also be available with prior authorization.	Benefits include preventive and diagnostic benefits (cleanings, exams, and x-rays), and restorative and therapeutic services (fillings, extractions, and dentures).	Members are eligible for most medically necessary dental services. Benefits include preventative, diagnostic and therapeutic services. Members are eligible for a dental exam and cleaning every 6 months and two porcelain crowns per calendar year.	Members are eligible for most medically necessary dental services. Benefits include preventative and diagnostic benefits (cleanings, exams, and x-rays), and restorative and therapeutic services (fillings, extractions, and dentures). Prior authorization may be required for some services.	Within service limits, members are eligible for two exams per year, two cleanings per year, two fluoride treatments per year, fillings, dental sealants on permanent molars, x-rays, removal of teeth, permanent crowns on front teeth, root canals on front teeth, and partial and full dentures (every 5 years).	Adult dental services are covered for members who are pregnant, disabled, blind, age 65 or older, or eligible for Targeted Adult Medicaid programs and are receiving treatment in a Substance Use Disorder Treatment Program, or qualify for Early Periodic Screening, Diagnostic and Treatment (EPSDT).
Service Limits	Members receive preventative only and emergency services only.	No service limits.	Benefits are capped by service type. Members may access one routine dental exam and x-rays per year, one cleaning per 6 months, one filling	\$1,125 per member, per benefit year cap on adult dental procedures, excluding diagnostic, dentures, preventative, and anesthesia services. Aged, Blind, and	Effective January 1, 2024, dental services will transition to managed care. Until that date, an adult annual dollar limit of \$750 applied; as of January 1, 2024, the annual dollar	\$2,000 per member, per fiscal year cap on adult dental procedures, excluding dentures (partial and full), emergency services, and preventative	Traditional and non-pregnant adult Medicaid members receive emergency dental services only.

⁴⁰ Wyoming Medicaid Dental Services. Available online: <https://health.wyo.gov/wp-content/uploads/2018/02/Dental-Services.pdf>

⁴¹ Health First Colorado, *No annual benefit limit for adult dental care*, (2023). Health First Colorado. Available online: <https://www.healthfirstcolorado.com/2023/08/no-annual-benefit-limit-for-adult-dental-care/>

⁴² MCNA Dental, *Participant Handbook for Idaho Smiles Dental Medicaid Program*. Available online: <https://handbooks.mcna.net/mh-id-en>

⁴³ Montana DPHHS, *Dental*. Available online: <https://dphhs.mt.gov/MontanaHealthcarePrograms/Dental>

⁴⁴ Nebraska DHHS, *Medicaid Dental Care*. Available online: <https://dhhs.ne.gov/Pages/Medicaid-Dental-Care.aspx>

⁴⁵ South Dakota Department of Social Services, *Dental Services*. Available online: <https://dss.sd.gov/medicaid/recipients/dental.aspx>

⁴⁶ Utah Department of Health, *Dental Coverage and Plans*. Available online: <https://medicaid.utah.gov/dental-coverage-and-plans/>

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	Wyoming ⁴⁰	Colorado ⁴¹	Idaho ⁴²	Montana ⁴³	Nebraska ⁴⁴	South Dakota ⁴⁵	Utah ⁴⁶
			per tooth per 24 months, etc.	Adult Disabled Medicaid Members are not subject to the annual treatment services cap. Coverage for dentures is limited unless a medical necessity exception is approved.	maximum has been removed.	services (exams, cleanings, and fluoride treatments).	

Developmental Centers – All Procedures

Note: All procedure codes billed by providers with the 261Q00000X taxonomy are included in this analysis. Only CPT codes were included in this analysis because Medicare and other states do not consistently use the H and G codes Wyoming uses; no rate comparisons were possible for those codes. We excluded the following HCPCS codes from this analysis: H2019, and H0031.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92507	TX SP LANG VOICE COMM INDIV	\$61.46	\$74.79	\$77.01	\$64.40	\$100.62	\$41.13	\$23.52	\$57.34	N/A
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$34.53	\$34.97	\$30.49	\$48.36	\$22.85	\$32.77	\$32.92	N/A
92508	TX SP LANG VOICE COMM GROUP	\$23.00	\$23.53	\$20.79	\$20.30	\$32.09	\$20.56	\$21.68	\$18.13	N/A
92523	SPEECH SOUND LANG COMPREHEN	\$164.01	\$222.67	\$197.61	\$192.12	\$300.60	\$204.50	\$203.07	\$171.19	N/A
97110	THERAPEUTIC EXERCISES	\$28.39	\$28.70	\$32.14	\$24.63	\$38.68	\$22.85	\$26.18	\$26.54	N/A
92526	ORAL FUNCTION THERAPY	\$77.27	\$82.55	\$74.24	\$71.21	\$111.61	\$50.27	\$82.89	\$63.42	N/A
97150	GROUP THERAPEUTIC PROCEDURES	\$17.97	\$17.38	\$15.37	\$15.10	\$23.30	\$22.85	\$15.99	\$16.32	N/A
97165	OT EVAL LOW COMPLEX 30 MIN	\$69.72	\$100.26	\$88.12	\$85.00	\$133.59	\$73.12	\$90.33	\$91.67	N/A
97166	OT EVAL MOD COMPLEX 45 MIN	\$69.72	\$100.26	\$88.12	\$85.00	\$133.59	\$73.12	\$90.33	\$91.67	N/A
97162	PT EVAL MOD COMPLEX 30 MIN	\$71.88	\$97.67	\$87.52	\$84.20	\$132.28	\$73.12	\$89.43	\$90.79	N/A
97161	PT EVAL LOW COMPLEX 20 MIN	\$71.88	\$97.67	\$87.52	\$84.20	\$132.28	\$73.12	\$89.43	\$90.79	N/A
97116	GAIT TRAINING THERAPY	\$24.80	\$28.70	\$25.72	\$24.63	\$38.68	N/A	\$26.18	\$26.54	N/A
97112	NEUROMUSCULAR REEDUCATION	\$29.11	\$31.94	\$33.55	\$28.25	\$44.40	\$22.85	\$30.07	\$30.43	N/A

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92610	EVALUATE SWALLOWING FUNCTION	\$61.46	\$68.56	\$74.44	\$71.50	N/A	\$79.97	\$84.39	\$63.84	N/A
97533	SENSORY INTEGRATION	\$25.88	\$60.40	\$57.36	\$25.01	\$50.94	N/A	\$55.84	\$55.41	N/A
97163	PT EVAL HIGH COMPLEX 45 MIN	\$71.88	\$97.67	\$87.52	\$84.20	\$132.28	\$73.12	\$89.43	\$90.79	N/A
97164	PT RE-EVAL EST PLAN CARE	\$48.88	\$67.44	\$60.52	\$58.13	\$91.83	\$45.57	\$62.06	\$62.81	N/A
92522	EVALUATE SPEECH PRODUCTION	\$78.94	\$108.18	\$96.89	\$93.65	\$146.74	\$100.73	\$98.77	\$83.67	N/A
97167	OT EVAL HIGH COMPLEX 60 MIN	\$69.72	\$100.26	\$90.05	\$85.00	\$133.59	\$73.12	\$90.33	\$91.67	N/A

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

Average Developmental Center Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	80%	84%	N/A

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DMEPOS – Purchase Rate – By Expenditures

Note: All procedure codes billed by providers with the 332B00000X, 335E00000X and 332S00000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
A4353	INTERMITTENT URINARY CATH	\$8.39	\$9.79	\$7.67	\$8.60	\$9.79	\$8.73	\$8.81	\$7.17	N/A
A9276	DISPOSABLE SENSOR, CGM SYS	\$15.38	N/A	Code is Manually Priced	\$15.18	MSRP	N/A	N/A	N/A	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$10.96	N/A	\$10.06	\$9.77	\$6.95	\$15.28	N/A	\$8.24	N/A
E0431	PORTABLE GASEOUS O2	Rental	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E0466	HOME VENT NON-INVASIVE INTER	Rental	N/A	N/A	\$10,052.37	N/A	N/A	N/A	N/A	N/A
E0483	HI FREQ CHEST WALL OSCIL SYS	\$13,784.94	N/A	N/A	\$13,055.40	\$14,854.10	N/A	N/A	N/A	N/A
E0784	EXT AMB INFUSN PUMP INSULIN	\$5,111.24	N/A	N/A	\$4,936.05	\$5,430.80	\$5,179.53	\$5,068.80	\$3,956.11	N/A
E1007	PWR SEAT COMBO W/SHEAR	\$8,631.50	N/A	\$9,142.01	\$8,872.47	\$9,719.60	\$10,696.39	\$9,110.88	\$7,080.21	N/A
E1390	OXYGEN CONCENTRATOR	Rental	N/A	N/A	\$1,520.64	N/A	N/A	N/A	N/A	N/A
E2510	SGD W MULTI METHODS MSG/ACCS	\$8,556.48	\$9,456.56	\$8,177.52	\$8,311.43	\$9,456.56	\$8,440.10	\$8,510.90	\$6,928.96	N/A
K0861	PWC GP3 STD MULT POW OPT S/B	\$6,349.20	N/A	\$5,976.52	\$6,013.20	\$10,262.50	\$6,143.01	\$6,157.50	\$5,013.01	N/A
T4526	ADULT SIZE PULL-ON MED	\$1.09	N/A	\$0.96	\$0.62	\$0.99	\$1.07	Price by Report	\$0.64	N/A
T4527	ADULT SIZE PULL-ON LG	\$1.28	N/A	\$1.14	\$0.74	\$1.14	\$1.19	Price by Report	\$0.87	N/A
T4528	ADULT SIZE PULL-ON XL	\$1.40	N/A	\$1.13	\$0.82	\$1.26	\$1.19	Price by Report	\$0.87	N/A
T4533	YOUTH SIZE BRIEF/DIAPER	\$1.07	N/A	\$0.66	\$0.48	\$0.88	\$0.98	Price by Report	\$0.71	N/A
T4534	YOUTH SIZE PULL-ON	\$1.24	N/A	\$1.14	\$0.52	\$1.01	\$0.98	Price by Report	\$0.71	N/A
T4535	DISPOSABLE LINER/SHIELD/PAD	\$0.75	N/A	\$0.50	\$0.34	\$0.63	\$0.54	Price by Report	\$0.44	N/A

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Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
T4537	REUSABLE UNDERPAD BED SIZE	\$16.57	N/A	N/A	N/A	MSRP	IC + 30%	Price by Report	N/A	N/A
T4541	LARGE DISPOSABLE UNDERPAD	\$0.60	N/A	N/A	\$0.25	\$0.33	\$0.62	Price by Report	N/A	N/A
T4544	ADLT DISP UND/PULL ON ABV XL	\$1.70	N/A	\$1.62	N/A	N/A	\$1.19	N/A	\$2.50	N/A

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

Average DMEPOS Purchase Rate Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	118%	N/A

DMEPOS – Purchase Rate – By Utilization

Note: All procedure codes billed by providers with the 332B00000X, 335E00000X and 332S00000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
T4535	DISPOSABLE LINER/SHIELD/PAD	\$0.75	N/A	\$0.50	\$0.34	\$0.63	\$0.54	Price by Report	\$0.44	N/A
T4541	LARGE DISPOSABLE UNDERPAD	\$0.60	N/A	N/A	\$0.25	\$0.33	\$0.62	Price by Report	N/A	N/A
T4534	YOUTH SIZE PULL-ON	\$1.24	N/A	\$1.14	\$0.52	\$1.01	\$0.98	Price by Report	\$0.71	N/A
T4527	ADULT SIZE PULL-ON LG	\$1.28	N/A	\$1.14	\$0.74	\$1.14	\$1.19	Price by Report	\$0.87	N/A
T4526	ADULT SIZE PULL-ON MED	\$1.09	N/A	\$0.96	\$0.62	\$0.99	\$1.07	Price by Report	\$0.64	N/A
T4528	ADULT SIZE PULL-ON XL	\$1.40	N/A	\$1.13	\$0.82	\$1.26	\$1.19	Price by Report	\$0.87	N/A
T4533	YOUTH SIZE BRIEF/DIAPER	\$1.07	N/A	\$0.66	\$0.48	\$0.88	\$0.98	Price by Report	\$0.71	N/A
T4522	ADULT SIZE BRIEF/DIAPER MED	\$0.68	N/A	\$0.84	\$0.60	\$0.74	\$1.07	Price by Report	\$0.71	N/A
A4351	STRAIGHT TIP URINE CATHETER	\$1.85	\$2.15	\$1.53	\$1.89	\$2.15	\$2.26	\$1.94	\$1.58	N/A
T4532	PED SIZE PULL-ON LG	\$1.14	N/A	\$0.71	\$0.54	\$0.97	\$0.98	Price by Report	\$0.47	N/A
T4523	ADULT SIZE BRIEF/DIAPER LG	\$0.80	N/A	\$1.01	\$0.72	\$0.86	\$1.19	Price by Report	\$0.83	N/A
A4216	STERILE WATER/SALINE, 10 ML	\$0.53	\$0.62	N/A	\$0.47	\$0.62	N/A	\$0.48	\$0.46	N/A
T4544	ADLT DISP UND/PULL ON ABV XL	\$1.70	N/A	\$1.62	\$2.41	\$2.01	\$1.19	Price by Report	\$2.50	N/A

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Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
T4530	PED SIZE BRIEF/DIAPER LG	\$0.85	N/A	\$0.53	\$0.47	\$0.76	\$0.98	Price by Report	\$0.52	N/A
B4035	ENTERAL FEED SUPP PUMP PER D	\$10.96	N/A	\$10.06	\$9.77	\$6.95	\$15.28	N/A	\$8.24	N/A
T4525	ADULT SIZE PULL-ON SM	\$0.90	N/A	\$0.73	\$0.54	\$0.82	\$0.98	Price by Report	\$0.56	N/A
A4332	LUBE STERILE PACKET	\$0.14	\$0.15	\$0.13	\$0.14	\$0.15	\$0.13	\$0.14	\$0.11	N/A
T4524	ADULT SIZE BRIEF/DIAPER XL	\$0.92	N/A	\$1.03	\$0.77	\$0.98	\$1.19	Price by Report	\$0.96	N/A
T4521	ADULT SIZE BRIEF/DIAPER SM	\$0.59	N/A	\$0.73	\$0.48	\$0.61	\$0.98	Price by Report	\$0.62	N/A
T4542	SMALL DISPOSABLE UNDERPAD	\$0.45	N/A	N/A	\$0.24	N/A	\$0.62	N/A	N/A	N/A

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

Average DMEPOS Purchase Rate Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	88%	118%	N/A

DMEPOS - Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
DMEPOS are reimbursed at the lower of the Wyoming Medicaid DMEPOS fee schedule or the provider's usual and customary charge. Effective July 1, 2023, the payment for the purchase of new DMEPOS is the lesser of ninety percent (90%) of the rural or non-rural rate established by Medicare DMEPOS and determined by the area in which the member resides based on the zip code for rural/non-rural locations	In Colorado, providers enrolled in Medicaid are reimbursed at the lower of the usual and customary charge or the fee schedule. Covered DMEPOS must be medically necessary and prescribed by an authorized prescriptive authority for use by an eligible member.	In Idaho, DME is reimbursed on a fee-for-service basis that is calculated at ninety percent (90%) of the Medicare fee schedule. Usual and customary fees are paid up to Medicaid Maximum allowance listed in the Numerical Fee Schedule. Reimbursable items or services include	In Montana, reimbursement for durable medical equipment is limited to items that are found on the department's fee schedule.⁵⁰ The Department will pay the lowest of the provider's usual and customary charge or the department's fee schedule maintained in accordance with the methodology	In Nebraska, the provider reimbursement is the lesser of the submitted charge and the amount on the Nebraska Medicaid Practitioner Fee Schedule.⁵² On the fee schedule, the amount is one of four things; unit value multiplied by the conversion factor, the invoice	South Dakota reimburses at the lesser of a provider's usual and customary charge or the amount listed on the DMEPOS fee schedule. DME are reimbursed at the lesser of the provider's usual and customary amount or ninety percent (90%) of the South Dakota rural state, as published by Medicare.	Utah Medicaid pays the rate established by the state agency through a competitive bidding process for select DME.⁵⁵ The maintenance, repair, and replacement of medically necessary equipment is considered a covered service when criteria for services are met. Criteria include a physician order, prior

⁵⁰ Administrative Rules of Montana, "37.86.1802 Prosthetic Devices, Durable Medical Equipment, and Medical Supplies, General Requirements." Available online: <https://rules.mt.gov/gateway/ruleno.asp?RN=37.86.1802>

⁵² Nebraska Department of Health and Human Services, "Chapter 7-000 DMEPOS," (February 2024). Available online: https://www.nebraska.gov/rules-and-regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-07.pdf

⁵⁵ The Code of Federal Regulations, "42 CFR 440.170 Attachment 4.19-B Page 11," (July 2024). Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-B.pdf

DMEPOS - Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
from the CMS Zip code file or the provider's usual and customary charge. If there is no DMEPOS fee or a fee cannot be determined by the Medicaid agency, the provider will be reimbursed a fee calculated through the action acquisition cost plus shipping plus a percentage of billed charges. The payment for rental of DMEPOS is the lesser of the provider's usual and customary charge or ten percent (10%) of the Medicaid agency established fee, for a period not to exceed ten (10) months. After the rental benefits are paid for ten (10) months, the DMEPOS become the property of the Wyoming Medicaid member unless otherwise authorized by the Medicaid Agency through specific coverage criteria. Finally, the payment for repair of DME is fifty percent (50%) of the Medicaid Agency established fee. Of note, as of April 1, 2025, Wyoming Medicaid changed the reimbursement policy for medical equipment maintenance, repairs, and warranties. Under this new	Rental reimbursements cannot exceed the purchase price of the item. When the purchase price of the item is reached, the rental is considered purchased and no additional reimbursement will be made. Certain DMEPOS items require a prior authorization request (PAR) before services are rendered; approval of a PAR confirms only that the item is medically necessary and does not guarantee payment.⁴⁸	initial set-up, freight, postage delivery, installation, instruction, fitting (except as detailed in prosthetics and orthotics), adjustment, measurement, demurrage, facility visits or transportation. Rental payments are based on 1/10 of the Medicaid allowance and durable medical equipment is considered purchased after ten months of payment.⁴⁹	described in ARM 37.86.1807 for prosthetic devices, durable medical equipment, medical supplies and related maintenance, repair, and service. The amount of the provider's usual and customary charge may not exceed the reasonable charge usually and customarily charged by the provider to all payers. The charge is considered reasonable if less than or equal to the manufacturer's suggested list price. Select items and services require prior authorization to be eligible for reimbursement. Rental equipment, maintenance and repair, and items not listed may follow special rules for reimbursement. Convenience/ comfort items, environmental control items, and	cost, the maximum allowable amount, or the reasonable charge determined by the Medicaid Division.⁵³	If no amount is established, payment will be seventy-five percent (75%) of the lesser of the provider's usual and customary charge for supplies or MSRP or ninety percent (90%) of the lesser of the provider's usual and customary charge for supplies or MSRP. Providers cannot bill South Dakota Medicaid at a higher rate than MSRP. Capped rental items are considered purchased after 12 rental payments have been made without a break in rental payments of three or more consecutive months. A new rental period begins when a break in rental payments of three or more consecutive months occurs. Equipment maintenance and repairs are charged at the lesser of the provider's usual and customary charge or	authorization, Medicaid-covered benefit equipment, member owned equipment, or if the member is actively using equipment. Select DME is reimbursable as a capped rental for 12 months only. The equipment is considered to be paid for in full and owned by the member after 12 consecutive months.⁵⁶

⁴⁸ Colorado Department of Health Care Policy and Financing, "DMEPOS." Available online: <https://hcpf.colorado.gov/DMEPOS-manual>

⁴⁹ Idaho Medicaid, "Idaho Medicaid Provider Handbook Suppliers," (November 2024). Available online <https://www.idmedicaid.com/Provider%20Guidelines/Suppliers.pdf>

⁵³ Nebraska Department of Health and Human Services, Attachment 4.19-B Item 7c, Page 1, (July 2024). Available online:

<https://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19b%20Item%207c%20-%20Medical%20supplies,%20equipment,%20and%20appliances%20for%20suitable%20use%20in%20the%20home.pdf>

⁵⁶ Utah Medicaid, "Utah Medicaid Provider Manual Division of Medicaid and Health Financing Medical Supplies and Durable Medical Equipment," (September 2022). Available online: [https://medicaid-manuals.dhhs.utah.gov/Medical Supplies and DME/medical supplies and dme.htm](https://medicaid-manuals.dhhs.utah.gov/Medical%20Supplies%20and%20DME/medical%20supplies%20and%20dme.htm)

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DMEPOS - Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
policy, repairs and modifications are covered to make equipment operable and will not exceed the cost of replacement. ⁴⁷			automobile/household modifications are not covered under the DMEPOS program. ⁵¹		the purchase price of a new piece of equipment. ⁵⁴	

End-Stage Renal Disease (ESRD) - All Procedures

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
90962	ESRD SERV 1 VISIT P MO 20+	\$156.34	\$185.15	\$167.07	\$167.87	\$264.42	\$114.25	\$181.27	\$150.99	N/A
90959	ESRD SERV 1 VST P MO 12-19	\$268.83	\$295.87	\$267.79	\$270.54	\$425.14	\$196.51	\$310.33	\$243.56	N/A
90964	ESRD HOME PT SERV P MO 2-11	\$440.62	\$469.24	\$428.67	\$431.98	\$677.64	\$319.90	\$488.76	N/A	N/A
90965	ESRD HOME PT SERV P MO 12-19	\$419.78	\$451.89	\$410.77	\$414.69	\$650.43	\$306.19	\$480.23	N/A	N/A
90967	ESRD SVC PR DAY PT <2	\$18.69	\$15.82	\$15.90	\$14.60	\$22.86	\$13.71	\$16.58	\$13.11	N/A
90958	ESRD SRV 2-3 VSTS P MO 12-19	\$420.14	\$452.81	\$411.77	\$415.69	\$651.75	\$306.19	\$475.56	\$374.05	N/A
90968	ESRD SVC PR DAY PT 2-11	\$15.09	\$15.51	\$14.25	\$14.30	\$22.42	\$11.42	\$16.25	\$12.86	N/A
90945	DIALYSIS ONE EVALUATION	\$67.57	\$78.18	\$70.52	\$70.88	\$111.57	\$212.04	\$82.49	\$63.80	N/A
90993	DIALYSIS TRAINING INCOMPL	\$14.15	N/A	\$549.20	\$20.73	\$22.47	Not Covered	N/A	N/A	N/A

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

Average ESRD Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	95%	91%.	N/A

⁴⁷ Wyoming Medicaid, "New Policy for Repairs and Warranties," (April 1, 2025). Available online:

[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjZrKmJw6iMAxVnhIkEHZxeDwYQFnoECBEQAQ&url=https%3A%2F%2Fwyomingmedicaid.com%2Fportal%2Fsites%2Fdefault%2Ffiles%2Finline-](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjZrKmJw6iMAxVnhIkEHZxeDwYQFnoECBEQAQ&url=https%3A%2F%2Fwyomingmedicaid.com%2Fportal%2Fsites%2Fdefault%2Ffiles%2Finline-files%2FManuals_and_Bulletins%2FNew_Policy_for_Repairs_and_Warranties.pdf&usq=AOvVaw1OrCTaO7YNsZsRigGpy69w&opi=89978449)

[files%2FManuals_and_Bulletins%2FNew_Policy_for_Repairs_and_Warranties.pdf&usq=AOvVaw1OrCTaO7YNsZsRigGpy69w&opi=89978449](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjZrKmJw6iMAxVnhIkEHZxeDwYQFnoECBEQAQ&url=https%3A%2F%2Fwyomingmedicaid.com%2Fportal%2Fsites%2Fdefault%2Ffiles%2Finline-files%2FManuals_and_Bulletins%2FNew_Policy_for_Repairs_and_Warranties.pdf&usq=AOvVaw1OrCTaO7YNsZsRigGpy69w&opi=89978449)

⁵¹ Administrative Rules of Montana, "37.86.1806," Available online: <https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E86%2E1806>

⁵⁴ South Dakota Medicaid, "Billing and Policy Manual DMEPOS," (June 2024). Available online:

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Durable_Medical_Equipment.pdf

End-Stage Renal Disease (ESRD) – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Effective October 1, 2023, Wyoming Medicaid converted their payment methodology to use the average Medicare projected per treatment amount, which is calculated by using data from the most recent Center for Medicare and Medicaid Services (CMS) Final ESRD Prospective Payment Systems (PPS) Facility Level Impact File, which contains calendar year payment projections. Free-standing ESRD claims and claim adjustments with a date of service between January 1, 2021, and August 31, 2023, will be reimbursed at 8.88% percent of billed charges. For dates of service on or after October 1, 2023, reimbursement will follow the new Medicare based per	Dialysis services for outpatient hemodialysis, outpatient peritoneal dialysis, continuous ambulatory peritoneal dialysis (CAPD), and continuous cycling peritoneal dialysis (CCPD) are reimbursed at the lower of the composite Medicare rate ceiling or the individual center's Medicare facility rate. Effective February 1, 2019, End-Stage Renal Disease (ESRD) is considered an emergency medical condition for purposes of coverage under Emergency Medicaid Services (EMS) in Colorado. This means that recipients of EMS can receive care and services related to the treatment of ESRD, including scheduled dialysis at free-standing facilities, home dialysis, and	Hospital outpatient dialysis units receive reimbursement of 20% of billed charges. All other charges are reimbursed according to the Numerical Fee Schedule. Hospitals subject to Diagnosis-Related Group (DRG) reimbursement receive DRG payments for inpatient services. All other providers are reimbursed according to the Numerical Fee Schedule.⁶⁰	Montana Medicaid reimburses dialysis services, including hemodialysis, peritoneal dialysis, continuous ambulatory peritoneal dialysis (CAPD), and continuous cycling peritoneal dialysis (CCPD), through a composite rate system. This bundled rate encompasses all routine dialysis-related services provided at dialysis facilities, including training services, evaluations, laboratory tests, medications, supplies, and equipment necessary for dialysis. Medicaid does not separately reimburse for additional ESRD-related services outside of the composite rate.⁶¹ For SFY 2024, the composite rate for free-standing dialysis clinics is set at \$271.02 per treatment,	N/A	Reimbursement is based on the State's upper payment limits (UPL) for either inpatient hospital, outpatient hospital, physician services, or freestanding clinics, depending on the location of services rendered. Freestanding ESRD dialysis providers bill for dialysis service at their usual and customary charges, with a maximum allowable amount of \$481.28 per dialysis procedure. Freestanding dialysis clinics may only bill CPT code 90999 for all dialysis procedures. Home dialysis is an approved self-treatment for recipients undergoing outpatient treatment. Provider to recipient home dialysis training	Utah Medicaid covers hemodialysis and peritoneal dialysis treatments provided by an ESRD facility or performed at home under supervision. Payments are reimbursed through a composite rate, limited to one unit per person per day and includes all routine dialysis-related services. Dialysis services that occur overnight, such as continuous cycling peritoneal dialysis (CCPD), are also eligible for one composite payment per session.⁶⁵ The dialysis reimbursement rate is based on Medicare's ESRD Prospective Payment System (PPS). Utah Medicaid pays a composite rate per dialysis session, which includes all training services, evaluations, laboratory tests, supplies, medications, and equipment necessary

⁶⁰ Idaho Medicaid, Hospital Provider Handbook, (2024). Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Hospital.pdf>

⁶¹ Montana Department of Public Health and Human Services, *Dialysis Clinic Services Manual*, (2017). Available online: <https://medicaidprovider.mt.gov/manuals/dialysisclinicservicesmanual>

⁶⁵ Utah Department of Health, *Medicaid Administrative Code - R414-19A-5: Service Coverage*, (2024). Available online: <https://medicaid.utah.gov/Documents/pdfs/mcac/2023%20Minutes/MCAC%20Rule%20Summary%206-15-23.pdf>

End-Stage Renal Disease (ESRD) – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
treatment amount for free standing units. ⁵⁷	vascular access procedures. Necessary home dialysis equipment and supplies are considered a reimbursable component of home dialysis. The dialysis center is responsible for provision, installation, and maintenance of equipment and supplies in the home setting.⁵⁸ For SFY 2024, Colorado Medicaid paid the lesser of charges or the posted provider rate, (between \$190.68 and \$244.73 per treatment depending on locality). This composite rate also covers routine		effective July 1, 2023. ⁶²		is a reimbursable service. ^{63,64}	to perform dialysis whether services occur in facility or at home. Clinic services are reimbursed on the type of service rendered and payments are capped at the amount Medicare pays.^{66,67} For CY 2023, the Medicare reimbursement rate for free-standing dialysis clinics was \$265.57, while the CY 2024 rate settled at \$271.02.⁶⁸

⁵⁷ Wyoming Medicaid, *New ESRD Payment Methodology & Billing Requirements*. Available online: https://www.wyomingmedicaid.com/portal/sites/default/files/inline-files/Manuals_and_Bulletins/ESRD_Reimbursement_Effective_Date.pdf

⁵⁸ Colorado Department of Health Care Policy & Financing, *Dialysis Billing Manual*. Available online: <https://hcpf.colorado.gov/dialysis-manual#emMedESRD>

⁶² Montana Department of Public Health and Human Services, *Dialysis Fee Schedule (Effective July 1, 2023, Version 2), (2024)*. Available online: <https://medicaidprovider.mt.gov/docs/feeschedules/2024/DialysisFeeSchedule070123v2.pdf>

⁶³ South Dakota DDS, *Renal Dialysis Fee Schedule*. Available online: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Other_Services/Renal_Dialysis_SF24.pdf

⁶⁴ South Dakota DDS, *Renal Dialysis Services Billing and Policy Manual*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Renal_Dialysis.pdf

⁶⁶ Utah Department of Health. (2024). *Utah Medicaid State Plan Amendment, Attachment 4.19-B*. Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-B.pdf

⁶⁷ Utah Department of Health. (2017). *Utah Medicaid Provider Manual - General Information*. Available online: [https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Archives/End%20Stage%20Renal%20Disease%20\(Archived%20October%202017\)/EndStageRenalDisease.pdf](https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Archives/End%20Stage%20Renal%20Disease%20(Archived%20October%202017)/EndStageRenalDisease.pdf)

⁶⁸ CMS, “Calendar Year 2024 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Final Rule (CMS-1782-F)”. Available online: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-2024-end-stage-renal-disease-esrd-prospective-payment-system-pps-final-rule-cms-1782-f>

End-Stage Renal Disease (ESRD) – Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	services performed with the treatment. ⁵⁹					

Federally Qualified Health Center (FQHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
States are required by CMS to calculate annual Prospective Payment System (PPS) reimbursement rates for all FQHCs. States are not required to reimburse facilities using the PPS methodology. The federal government also allows states the option to use an alternative payment method (APM). States may reimburse under an APM if each individual FQHC agrees to the APM method and the APM reimbursement rate, which is equal to or greater than the facilities' PPS reimbursement rate. PPS is the Payment System for FQHCs, as defined by Sec. 702 of Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA). Payments are based on provider cost reports in accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The PPS per visit rate is the average of a FQHC's reasonable costs for providing Medicaid services divided by the total number of visits by Medicaid patients during state fiscal year 1999 and 2000. Rates are updated annually for inflation based on the MEI. Effective January 1, 2024, CMS approved FQHCs and RHCs to receive fee for service reimbursement under HCPCS code G0511 for services delivered by community health workers. Services may include, but are not limited to, chronic care management, community health integration, and remote monitoring services.							
General	In Wyoming, FQHCs are reimbursed according to the PPS. The State established a baseline rate for each individual facility based on 100 percent of a facility's average costs per encounter during state fiscal year 1999 and 2000. FQHCs are paid a prospective rate, based on the base period costs for the calendar year, per visit, inflated	For physical health services, Colorado reimburses FQHC's the higher of the PPS rate or the average of the PPS and APM rates. Dental and specialty behavioral health services rates are calculated separately. New FQHC facility PPS rates are determined using a facility cost report from the first year of the FQHC's operation.	In Idaho, FQHCs are reimbursed according to the PPS. The state establishes separate per-encounter rates for medical/mental health and for dental services. New FQHC rates are determined based on the rate of other local comparable facilities or, in the absence of other FQHCs, through the cost report process.	In Montana, FQHCs are reimbursed according to the PPS. All services eligible for an encounter payment are reimbursed per visit at a facility-specific PPS rate. New facilities receive the Medicare rate for the FQHC facility and are adjusted after the first two full years of the facility's cost reports.	In Nebraska, FQHCs are reimbursed at the higher of the PPS or the APM calculated rate. The APM rate must result in payment at least equal to the PPS rate. New FQHCs receive an interim rate based on the average PPS rate for all Nebraska FQHCs. The PPS or APM base rate is computed once an initial cost report is received,	South Dakota Medicaid reimburses FQHCs under PPS per encounter and does not offer an APM rate. Facilities must submit annual cost reports that include the actual costs incurred during the reported period and the total number of visits for services furnished. New FQHC rates are based on a statewide average until a prospective	In Utah, FQHCs have the option of being reimbursed under PPS or APM as long as the APM rate is no less than what the FQHC would have received under PPS. Utah also pays supplemental payments to facilities for the difference between (1) payments paid by accountable care organizations that contract with FQHCs and (2) payments the facilities are

⁵⁹ Colorado Department of Health Care Policy and Financing, *Freestanding Dialysis Clinic Fee Schedule SFY 2024*. Available online: https://hcpf.colorado.gov/sites/hcpf/files/07_CO_Fee%20Schedule_Dialysis_07.2023_V1.1.pdf

Federally Qualified Health Center (FQHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	forward using the MEI, and adjusted for changes in services. The rate is intended to cover all qualifying services and supplies included in a Medicaid eligible visit. New FQHC rates are determined using a settled or “as filed” Medicare cost report until a settled cost report from the facility is available. ⁶⁹	The State also offers facilities the option of receiving the average of the PPS and APM rate. The APM rate is calculated as the lower of the FQHC’s service specific annual rate or service specific base rate. A facility’s annual rate is calculated using the FQHC’s current year’s audited and inflated cost report and the facility’s inflated rate after audit. The State calculates the facility base rates annually using audited cost reports from the past three years for each provider. The FQHC base rate setting process will restart for cost reports with a fiscal year end of May 31, 2022, and later. Base rates will be set on either one year’s worth of data for the first	For FQHCs that participate in Medicaid managed care, Idaho Medicaid pays a quarterly supplemental payment to facilities for the difference between payments paid by the Medicaid managed care entity that contracts with FQHCs and the payments the facilities are entitled to under PPS. Idaho Medicaid also calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses FQHCs for providing long-acting reversible contraception (LARCs) and non-surgical trans-cervical permanent contraceptive	Montana Medicaid offers an enhanced PPS rate for facilities that participate in Promising Pregnancy Care and calculates reimbursement rates for additional services outside of the PPS rate. For example, the State reimburses separately for LARCs outside of the PPS rate. ⁷²	and the interim rate is retroactively settled. The established base rate is updated annually for inflation based on the MEI. FQHC APM rates are then periodically rebased using the most recently available cost reports and other relevant data. The State calculates facility APM rates by multiplying a facility’s Medicaid allowable costs by the blended average cost per visit for the past three years, projected using a three-year trend of the MEI. For FQHCs that participate in Medicaid managed care, Nebraska Medicaid pays a quarterly supplemental payment to FQHCs for the difference	rate can be calculated from two full years of submitted cost reports. ⁷⁴	entitled to under PPS. FQHCs may choose to receive reimbursement under the APM at the start of each FQHC fiscal year. For federal requirements, FQHCs calculate a ratio of covered beneficiary charges to total charges applied to allowable cost. As part of this process, FQHCs allocate allowable costs to Medicaid. Utah Medicaid uses that data and multiplies the Medicaid allowable costs by the Medicaid charge percent (ratio of beneficiary charges to total charges) to calculate the APM rate. FQHCs that opt for reimbursement under the APM model must submit annual cost reports

⁶⁹ Wyoming Medicaid Rules, “Chapter 37 Federally Qualified Health Centers and Rural Health Clinics” Available online: <https://rules.wyo.gov/Search.aspx?mode=1>

⁷² Montana Administrative Rules, “Rural Health Clinics and Federally Qualified Health Centers, Reimbursement.” Available online: <https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/4ed17880-c7ea-424d-85e2-aeb26b1224e8>

⁷⁴ South Dakota DDS, FQHC and RHC Services. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/FQHC_and_RHC.pdf

Federally Qualified Health Center (FQHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		submitted report, the weighted average of two years' worth of data for the second submitted report, or audited, calculated, inflated, and weighted average encounter rate for the past 3 years. Base rates are inflated annually using the MEI. Effective July 1, 2020, a portion of the FQHCs physical health and specialty behavioral health APM rates are at-risk based on the FQHC's quality modifier. An FQHC's quality modifier is determined by the FQHC's performance on quality indicators in the previous Calendar Year.⁷⁰	devices outside of the PPS rate.⁷¹		between payments paid by the Medicaid managed care entity that contracts with FQHCs and the payments the FQHCs are entitled to under PPS.⁷³		and other cost information to Utah Medicaid. If the FQHC receives less reimbursement than they would have been eligible for under the PPS rate, Utah Medicaid pays the difference to the FQHC.⁷⁵

⁷⁰ Code of Colorado Regulations. Medical Assistance- Section 8.700 Federally Qualified Health Centers. Available online:

<https://www.coloradosos.gov/CCR/GenerateRuleList.do?deptID=16&agencyID=129>

⁷¹ Idaho Medicaid, "Provider Handbook." Available online: <https://www.idmedicaid.com/Provider%20Guidelines/IHS.%20FQHC%20and%20RHC%20Services.pdf>

⁷³ Nebraska Medicaid. "State Plan Amendment 4.19-B." Available online: <http://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19b%20Item%202c%20-%20Federally-qualified%20health%20centers;%20telehealth.pdf#search=payment%20methodology%20FQHC>

⁷⁵ Utah Medicaid, "Rural Health Clinics and Federally Qualified Health Centers Services". Available online:

https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rural%20Health%20Clinic%20And%20FQHC/RHC_FQHC.pdf

Rural Health Clinics (RHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
States are required by CMS to calculate annual PPS reimbursement rates for all RHCs. They are not required to reimburse facilities using the PPS methodology. The federal government also allows states the option to use an alternative payment method (APM). States may reimburse under an APM if each individual RHC agrees to the APM method and the APM reimbursement rate is equal to or greater than the facilities' PPS reimbursement rate. PPS is the Prospective Payment System (PPS) for RHCs, as defined by Sec. 702 of Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act (BIPA). Payments are based on provider cost reports in accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The PPS per visit rate is the average of a RHC's reasonable costs for providing Medicaid services divided by the total number of visits by Medicaid patients during state fiscal year 1999 and 2000. Rates are updated annually for inflation based on the MEI. Effective January 1, 2024, CMS approved FQHCs and RHCs to receive fee for service reimbursement under HCPCS code G0511 for services delivered by community health workers. Services may include, but are not limited to, chronic care management, community health integration, and remote monitoring services.							
General	In Wyoming, RHCs are reimbursed according to the PPS. The state established a baseline rate for each individual facility based on 100 percent of a facility's average costs per encounter during state fiscal year 1999 and 2000. RHCs are paid a prospective rate, based on the base period costs for the calendar year, per visit, inflated forward using the MEI, and adjusted for changes in services. New RHC rates are determined using a settled or "as filed" Medicare cost report until a settled cost	Colorado reimburses the higher of the APM or PPS rate per encounter. Colorado increasingly uses APMs in managed care, but PPS remains the statutory floor. APM rates differ for hospital based and freestanding RHCs. For hospital-based RHCs, the State reimburses an APM rate based on actual costs incurred by the clinic. For freestanding RHCs, the State reimburses an APM rate of the	Idaho reimburses RHCs according to the PPS. New RHC rates are determined based on the rate of other comparable local facilities or, in the absence of other RHCs, through the cost report process. For RHCs that participate in Medicaid managed care, Idaho Medicaid pays a quarterly supplemental payment to facilities for the difference	Montana Medicaid reimburses RHCs according to the PPS. New facilities receive the Medicare rate for the RHC facility and are adjusted after the first two full years of the facilities' cost reports. ⁷⁹ Montana Medicaid offers an enhanced PPS rate for facilities that participate in Promising Pregnancy Care and calculates reimbursement rates for additional	In Nebraska, independent RHCs and RHCs associated with hospitals that have 50 beds or more are reimbursed the PPS rate, while RHCs associated with hospitals that have fewer than 50 beds are reimbursed the lower Medicare rate for the RHC. ⁸¹	In South Dakota, RHCs are reimbursed according to the PPS. Facilities must submit annual cost reports to the Department of Social Services that include the actual costs incurred during the reported period and the total number of visits for services furnished. New RHC rates are based on a statewide average until a facility has	Utah Medicaid reimburses RHC according to the PPS. Behavioral and mental health claims are billed directly to Utah Medicaid. In cases when the payment amounts under the PPS are different from payment amounts made by managed care entities/ACOs, then the state will make supplemental payments to cover the difference. ⁸³

⁷⁹ Montana Administrative Rules, "37.86.4412 Rural Health Clinics and Federally Qualified Health Centers, Reimbursement". Available online: <https://rules.mt.gov/gateway/RuleNo.asp?RN=37.86.4412>

⁸¹ Nebraska Department of Health and Human Services, "34-005 Rural Health Clinics Prospective Payment System". Available online: <https://dhhs.ne.gov/Pages/Medicaid-State-Plan.aspx>

⁸³ Utah Medicaid, "Rural Health Clinics and Federally Qualified Health Centers Services". Available online: https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Rural%20Health%20Clinic%20And%20FQHC/RHC_FQHC.pdf

Rural Health Clinics (RHC)

Description	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	report from the facility is available. ⁷⁶	Medicare upper payment limit. PPS rates are calculated for new freestanding RHCs. The PPS rate is calculated based on the average of other freestanding RHC PPS rates in the new RHC's Regional Accountable Entity (RAE). For new hospital-based RHCs, the PPS rate is calculated based on an average of two year's audited cost and visit data from the RHC's Medicare cost report. ⁷⁷	between payments paid by the Medicaid managed care entity that contracts with RHCs and the payments the facilities are entitled to under PPS. ⁷⁸	services outside of the PPS rate. For example, the State reimburses separately for long-acting reversible contraceptives (LARCs) outside of the PPS rate. ⁸⁰		submitted two full years of cost reports for the state to calculate a prospective rate. ⁸²	

*BIPA PPS is the Prospective Payment System (PPS) for RHCs, as defined by Sec. 702 of Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA).

Home Health – All Procedures

Note: Maternity procedure codes and diagnosis codes are excluded in this service area analysis.

Revenue Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
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⁷⁶ Wyoming Medicaid Rules, "Chapter 37 Federally Qualified Health Centers and Rural Health Clinics" Available online: <https://rules.wyo.gov/Search.aspx>

⁷⁷ CO Administrative Rules, MSB 21-07-20-C Revision to the Rural Health Center Rules Concerning Reimbursement, Section 8.740. Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11717&fileName=10%20CCR%202505-10%208.700>

⁷⁸ Idaho Medicaid, "Provider Handbook IHS, FQHC, and RHC Services". Available online: <https://www.idmedicaid.com/Provider%20Guidelines/IHS,%20FQHC%20and%20RHC%20Services.pdf>

⁸⁰ Montana Administrative Rules, "37.86.4413 Rural Health Clinics and Federally Qualified Health Centers, Establishment Of Interim Payment For New RHC or FQHC". Available online: <https://rules.mt.gov/browse/collections/aec52c46-128e-4279-9068-8af5d5432d74/policies/4ed17880-c7ea-424d-85e2-aeb26b1224e8>

⁸² South Dakota DDS, "FQHC and RHC Services". Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/FQHC_and_RHC.pdf

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

0550	SKILLED NURSING - GENERAL CLASSIFICATION	\$120.91	\$172.73	\$130.85	\$222.68	N/A	\$100.21	\$90.40	\$112.83	N/A
0551	SKILLED NURSING - VISIT CHARGE	\$120.91	\$172.73	\$130.85	\$222.68	\$85.45	N/A	\$90.40	\$75.10	N/A
0421	PHYSICAL THERAPY - VISIT	\$82.39	\$188.79	\$143.02	\$196.77	\$85.45	\$116.38	\$118.68	\$103.83	N/A
0431	OCCUPATIONAL THERAPY - VISIT	\$82.39	\$190.08	\$144.01	\$207.65	\$85.45	\$116.38	\$118.68	\$100.12	N/A
0571	HOME HEALTH (HH) AIDE - VISIT CHARGE	\$54.74	\$78.20	\$41.45	\$111.29	\$42.49	\$61.89	\$43.52	\$49.43	N/A
0570	HOME HEALTH (HH) AIDE - GENERAL CLASSIFICATION	\$54.74	\$78.20	\$41.45	\$111.29	N/A	N/A	\$43.52	\$28.00	N/A
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	\$82.39	\$205.22	\$155.48	\$203.10	\$85.45	\$116.38	\$94.08	\$98.64	N/A
0561	HOME HEALTH (HH) MEDICAL SOCIAL SERVICES - VISIT CHARGE	\$193.80	\$276.85	N/A	N/A	N/A	N/A	\$130.28	N/A	N/A

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

Average Home Health Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	60%	82%	N/A

Home Health-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Wyoming reimburses home health providers per visit for services at either the lower of the Wyoming Medicaid fee schedule or the provider's usual and customary charge. Home health providers who serve individuals under the Community	Colorado provides home health services through various home and community-based (HCBS) services waivers. Under the waivers, participants can access both personal care assistance at home as well as other supports	Idaho reimburses providers up to the Medicare or Medicaid percentile cap for home health on a per visit basis. Providers are reimbursed at their usual and customary charge rates, with mileage included if deemed reasonable.	Montana provides home health services through the Medicaid State Plan and its Big Sky Waiver. The State Plan services, called Montana Community First Choice/Personal Assistance Program (CFC/PAS), provides services to elderly or	Nebraska provides home health services through the Medicaid State Plan and its Aged and Disabled Waiver. The State Plan services, called personal assistance services (PAS), are open to all Medicaid members with a	In South Dakota, home health is provided through the state plan and the HOPE Waiver. ⁹² Home health that is medically necessary is provided to Medicaid/CHIP Full Coverage members.	Utah reimburses medically necessary home health services through the Medicaid State Plan and various waivers. ⁹⁵ Services are covered if they are provided under the care of a physician and

⁹² South Dakota Department of Human Services, "Long Term Services and Supports Home & Community-Based Options and Person-Centered Excellence (Hope) Waiver." Available online: <https://dhs.sd.gov/ltss/titlexix.aspx>

⁹⁵ Utah Department of Health Medicaid, "Medicaid for Long-Term Care and Waiver Programs." Available online: <https://medicaid.utah.gov/medicaid-long-term-care-and-waiver-programs/>

Home Health-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Choices Waiver are reimbursed using the Community Choices Waiver fee schedule.	to help individuals remain in their homes. Colorado also allows waiver participants to self-direct services through Colorado Consumer Directed Attendant Support Services (CDASS). ⁸⁴ Services are billed using a rate and fee schedule with daily and annual limits. ⁸⁵	For dual enrolled members, home health services are fully covered by Medicare and Medicaid including coinsurance and deductible costs. ⁸⁶	disabled members that require in-home care services. Members can receive care from the state (agency-based), or they can hire and train a care provider who is then reimbursed through a provider agency. Under the CFC/PAS program, certain family members can be paid caregivers, but spouses, parents, and legal guardians are excluded. ⁸⁷ The Big Sky Waiver provides nursing home level of care to elderly and physically disabled members in their home, assisted living facility or adult foster care home. In Montana, providers enrolled in Medicaid are reimbursed off the fee schedule. ⁸⁸	chronic medical condition or disability who need assistance with daily activities in their homes. Members can self-direct PAS services and family members to be paid caregivers. ⁸⁹ The Aged and Disabled Waiver provides various services, including assisted living support, adult day care, and home care services. However, it does not include personal care services provided at home. The goal of the waiver is to help elderly Medicaid members remain in their homes or assisted living facilities and prevent the need for nursing home level of care. ⁹⁰ In Nebraska, providers enrolled in Medicaid are	For Postpartum Care, home health is provided for medical issues that can harm the life of the mother or baby. For Qualified Medicare Beneficiaries, only co-payments and deductibles from Medicare A and B are covered. For Pregnancy Related Coverage Only and Unborn Children Prenatal Care, coverage is only for pregnancy-related services and only if the medical issues can harm the mother or baby's life. Medicaid Renal Coverage members have coverage only for outpatient dialysis, home dialysis, supplies, equipment and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other	furnished by, or under the supervision of, a registered nurse and comply with Utah Administrative Code R414-1-30. Utah home health services require prior authorization except for the initial 60-day recertification assessments. ⁹⁶

⁸⁴ Colorado Department of Health Care Policy & Financing, "Consumer- Directed Attendant Support Services (CDASS)." Available online: <https://hcpf.colorado.gov/consumer-directed-attendant-support-services>

⁸⁵ Colorado Department of Health Care Policy & Financing, "Home Health Billing Information." Available online: https://hcpf.colorado.gov/hh-billing_manual#hhbillingInfo

⁸⁶ Idaho Medicaid Provider Handbook, "Home Health and Hospice Services," (August 2023). Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Home%20Health%20and%20Hospice%20Services.pdf>

⁸⁷ Montana DPHHS, "Community First Choice Program Agency Based Policy Manual." Available online: <https://dphhs.mt.gov/sltc/CFC-ABPoIMan>

⁸⁸ Montana Medicaid, "Montana Healthcare Fee Schedule Home Health Services," Available online: <https://medicaidprovider.mt.gov/docs/feeschedules/2022FS/July2022Proposed/ProposedJuly2022HomeHealthFeeSchedule04292022.pdf>

⁸⁹ Nebraska Department of Health and Human Services, "Personal Assistance Services Provider Handbook." Available online: <https://dhhs.ne.gov/Pages/MLTC-PH-PAS.aspx>

⁹⁰ Nebraska Department of Health and Human Services, "Services on the Aged and Disabled Waiver." Available online: <https://dhhs.ne.gov/Pages/Medicaid-Aged-and-Disabled-Waiver.aspx>

⁹⁶ Utah Medicaid Division of Medicaid and Health Financing, "Home Health Services," (September 2024). Available online: <https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Home%20Health%20Services/HomeHealth.pdf>

Home Health-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
				reimbursed off the fee schedule. ⁹¹	sources and non-emergency travel reimbursement to renal failure related appointments. ⁹³ Claims are submitted using procedure codes and reimbursed to the usual and customary charge or the Home Health Services fee schedule. ⁹⁴	

Hospice

Note: WY, CO, ID, NE, and UT rates are based on average rates for all counties.

Comparable Procedure Code ⁹⁷	Revenue Code	Description	WY Rate (Oct 2024)	Medicare Rate (Oct 2024)	CO Rate (Oct 2024)	ID Rate (Oct 2024)	MT Rate (Oct 2024)	NE Rate (Oct 2024)	SD Rate (Oct 2024)	UT Rate (Oct 2024)	Commercial Rate
T2042	0651	Routine Care (1-60 days)	\$219.59	\$224.62	\$244.63	\$208.00	\$216.16	\$204.70	\$224.91	\$224.91	N/A
T2042	0651	Routine Care (61+ days)	\$172.96	\$176.92	\$193.12	\$163.83	\$170.27	\$161.23	\$177.15	\$177.15	N/A
T2043	0652	Continuous Care (Hourly)	\$65.72	\$67.44	\$72.80	\$15.42*	\$1,556.28*	\$60.56	\$1,619.22*	\$67.47	N/A

⁹¹ Nebraska Department of Health and Human Services, "471-000-509 Nebraska Medicaid Home Health Agency Fee Schedules, Available online: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/Home%20Health%20Agency%20July%201%202024.pdf>

⁹³ South Dakota Medicaid Billing and Policy Manual, "Renal Dialysis Services," (December 2023). Available online: [Renal_Dialysis.pdf](#)

⁹⁴ South Dakota Medicaid Billing and Policy Manual, "Home Health Agency Services," (February 2024). Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Home_Health.pdf

⁹⁷ Comparable procedure codes are included as a crosswalk to allow for benchmarking to other states.

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T2044	0655	Respite Care (total)	\$508.02	\$518.78	\$599.51	\$508.13	\$524.85	\$500.74	\$546.08	\$546.08	N/A
T2045	0656	General Inpatient Care	\$1,144.84	\$1,170.04	\$1,283.20	\$1,085.39	\$1,124.56	\$1,068.92	\$1,170.04	\$1,170.04	N/A

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

Average Hospice Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	98%	81%	N/A

Hospice-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Wyoming Medicaid reimburses hospice providers outside of nursing facilities with a per diem rate based on Medicare statute under Part A of Title XVIII. Rates are adjusted annually based on Medicare's rate adjustment. Room and board reimbursement rates for hospice services provided to individuals residing in a nursing facility are reimbursed at one hundred percent (100%) of the statewide average Medicaid nursing home room and board	In Colorado, hospice room and board for SNF/NF, hospice inpatient respite, hospice general inpatient care, and hospice physician services are reimbursed on per diem rates. Hospice routine home care is billed per diem at a different amount for days 1-60 and 60+. Additionally, the Continuous Home Care and Service Intensity Add-On is billed by the hour. For SNF/NF, the hospice bills Care First Colorado ninety-five	In Idaho, hospice is reimbursed using a prospective rate determined by the Department. The prospective rate covers all services related to the terminal illness, regardless of if the services are performed by a provider with a hospice or non-hospice designation. ¹⁰⁰	In Montana, provider reimbursement is consistent with Medicare and varies by service category. Per day service categories include routine home care, continuous home care, inpatient respite care, general inpatient care, and service intensity add-on. Payment for hospice routine home care is determined by the length of service, with days 1-60 reimbursed at the RHC high rate and days beyond sixty (60) reimbursed at the RHC low rate. ¹⁰¹	Nebraska reimburses hospice services through the Medicaid hospice benefit, which follows the Medicaid hospice payment rates established by the Centers of Medicare and Medicaid Services (CMS). ¹⁰²	In South Dakota, hospice services are reimbursed at the lesser of the billed charge and the department's fee schedule amount. Reimbursement is based on the category of hospice care and intensity of services provided each day to the recipient. The length of time the recipient is in hospice care on a cumulative basis without a 60-day break in stay determines the maximum reimbursement rate for routine home care. If readmission occurs	Hospice reimbursement in Utah is based on the Medicare rate, which varies by region. The rates are based on the region that the client resides in, not the location of the provider. Medicaid does not apply Medicare's aggregate caps. ¹⁰⁵

¹⁰⁰ Idaho Medicaid, "Idaho Medicaid Provider Handbook Home Health and Hospice Services," (August 2023). Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Home%20Health%20and%20Hospice%20Services.pdf>

¹⁰¹ Administrative Rules of Montana, "37.40.830 Hospice, Reimbursement." Available online: <https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E40%2E830>

¹⁰² Nebraska Administrative Rules, "Title 471, Chapter 36: Hospice Services" Available online: <https://dhhs.ne.gov/Pages/Title-471.aspx>

¹⁰⁵ Utah Medicaid, "Utah Medicaid Provider Manual Hospice Care Services," (March 2023). Available online: <https://medicaid-documents.dhhs.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Hospice/HospiceCareServices.pdf>

Hospice-Covered Services

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
rate, effective July 1, 2024. Room and board reimbursement rates for hospice services provided in an inpatient hospice facility may not exceed fifty percent (50%) of the established nursing home room and board rate.⁹⁸ Of note, effective July 1, 2023, if a Medicare-certified hospice provider does not submit hospice quality data, that provider will receive modified reimbursement.	percent (95%) of the per diem rate that is provided by the SNF/NF. The room and board payment is passed through the hospice to the SNF/NF.⁹⁹				after 60 days, the cumulative day calculation starts over. If a recipient is a live discharge from hospice and is then readmitted to hospice within 60 days of being discharged, the recipient's days from his or her initial admission will count towards their total day count.¹⁰³ A hospice provider will receive ninety-five percent (95%) of the per diem rate that would have been paid to the facility for a recipient receiving routine home care or continuous home care in a skilled nursing facility, ICF-IID, or swing bed.¹⁰⁴	

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Inpatient hospital services are reimbursed by Wyoming Medicaid using an APR DRG payment methodology	The Colorado inpatient payment system uses APR DRG version 33 to reimburse general hospitals, critical access hospitals, and	Idaho reimburses in-state inpatient charges using a final prospective payment APR-DRG rate, excluding non-state-	Montana reimburses hospital providers using the lesser of the per-stay APR-DRG	In Nebraska, inpatient hospital services are reimbursed based on a prospective system using a DRG or per diem rate. DRG	South Dakota calculates provider specific MS-DRG base rates for all hospitals in the state and annually calculates	Utah reimburses inpatient services using MS-DRG version 42 and updates the version annually. For claims

⁹⁸ Reimbursement for room and board in an inpatient hospice facility is made using state funds only.

⁹⁹ Colorado Department of Health Care Policy and Financing, "Hospice Billing Manual." Available online: <https://hcpf.colorado.gov/hospice-billing-manual#revCode>

¹⁰³ South Dakota Medicaid Billing and Policy Manual, "Hospice Services," (September 2024). Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Hospice_Services.pdf

¹⁰⁴ South Dakota Administrative Rules, "67:16:36:05. Reimbursement for room and board." Available online: <https://sdlegislature.gov/Rules/Administrative/31557>

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
that classifies patients according to reason of admission, severity of illness, and risk of mortality. The APR DRG payment methodology uses diagnosis, procedure, and other claim level information to assign a DRG and a severity of illness (SOI). Each APR DRG and SOI combination has its own weight, which reflects the resources it takes to care for that patient. Payment is calculated by multiplying that weight by the hospital specific base rate, with claims eligible to receive a cost-based outlier payment if claim costs exceed the outlier threshold associated with the service. Providers receive a provider and service specific cost-to-charge ratio for the calculation	pediatric hospital claims with a discharge date between July 1, 2020, through September 30, 2024. Inpatient claims with a discharge date after October 1, 2024, will be reimbursed with APR-DRG version 40. DRG hospitals are reimbursed a DRG base payment, which is the DRG relative weight multiplied by the Medicaid inpatient base rate. For the purpose of reimbursement, DRG hospitals are assigned to either a pediatric, urban safety net, rural, or urban hospital peer group. Colorado applies various methodologies to calculate Medicaid inpatient base rates for in-network DRG hospitals, including	owned hospitals, the Department of Veteran's Affairs Medical Center, in-state critical access hospitals, and all out-of-state providers not captured in the preceding list. Idaho reimburses non-public providers at the lower of customary charges or reasonable costs. Public providers that furnish services free of charge, or at a nominal charge, are reimbursed fair compensation that is equivalent to the reasonable cost.¹¹²	rate or billed charges.¹¹³ Four specific DRG base rates are calculated for general hospitals in-state, border, and most out-of-state hospitals, centers of excellence, inpatient rehab facilities, and long-term acute care (LTAC) providers.^{114,115} As of October 1, 2023, the DRG system has a cost outlier threshold of \$75,000 and a marginal cost percentage of 50 percent. The hospital specific cost to charge ratio (CCR) is used to calculate claim costs with out-of-state provider's receiving a state specific CCR.	providers receive one of four different base rates for metro acute, other urban acute, rural acute, and children's hospitals for FFS services. Critical access hospitals (CAH) are reimbursed a per diem based on a reasonable cost of providing the services.¹¹⁸ As of July 1, 2023, Nebraska moved to APR DRG version 40.1. The SFY 2024 DRG peer group base rates are: • Children's Hospitals (1A): \$10,270 • Metro Acute (1B): \$8,556 • Other Urban Acute (2): \$8,306	state specific MS-DRG weights using the most recently available version of MS-DRGs.¹²¹ The South Dakota MS-DRG system uses charge-based outliers with hospital specific charge outlier thresholds. The outlier threshold in Federal Fiscal Year (FFY) 2024 was \$182,180.¹²²	with a discharge date between July 1, 2023, through September 30, 2024, Utah reimburses inpatient services using MS-DRG versions 40a and 41.¹²³ Utah pays urban hospitals under its MS-DRG payment methodologies and considers hospitals in six counties as urban. Non-urban hospitals are reimbursed at 89 percent of net covered charges.¹²⁴ The MS DRG in versions 40a, 41, and 42 base rate for urban Utah hospitals is \$11,606.¹²⁵ Payments for hospital services are further adjusted by a budget adjustment factor and a provider

¹¹² Idaho Department of Health, *16.03.09 Medicaid Basic Plan Benefits*. Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

¹¹³ Montana DPHHS, *Attachment 4.19A Service 1 Inpatient Hospital Services*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/MT-23-0020.pdf>

¹¹⁴ Montana DPHHS, *Hospital Inpatient*. Available online: <https://medicaidprovider.mt.gov/01#186035117-fee-schedules---hospital---apr-drg>

¹¹⁵ Montana DPHHS, *Montana Healthcare Programs Inpatient Hospital Payment Method as of October 1, 2023*. Available online: <https://medicaidprovider.mt.gov/docs/aprdrgr/APRDRGFrequentlyAskedQuestionsOctober2023.pdf>

¹¹⁸ Nebraska Rules and Regulations, *Title 471 Chapter 10-Hospital Services*. Available online: <https://govdocs.nebraska.gov/epubs/H8900/R471.0046-2022.pdf>

¹²¹ South Dakota DSS, *Inpatient Hospital Payment Methodology*. Available online:

https://dss.sd.gov/docs/medicaid/medicaidstateplan/4_GeneralProgramAdministration/4.19/Attachment_4.19_A_Inpatient_Hospital_Payment_Methodology.pdf

¹²² South Dakota DSS, *Outlier Threshold*. Available online: https://dss.sd.gov/docs/medicaid/providers/feeschedules/Hospital_Services/Outlier_Threshold_CY24.pdf

¹²³ Utah Department of Health, *Inpatient Hospital Resources DRG*. Available online: <https://medicaid.utah.gov/stplan/inpatientdrg/>

¹²⁴ Utah Medicaid, *Utah State Plan Attachment 4.19-A Inpatient Hospital*. Available online: <https://medicaid.utah.gov/stateplan/spa/4.19-A.pdf>

¹²⁵ Utah Department of Health, *Inpatient Hospital Resources DRG*. Available online: <https://medicaid.utah.gov/stplan/inpatientdrg/>

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
of these outlier payments. ¹⁰⁶	rate calculation starting date adjustments, a General Assembly Funding rate adjustment, application of cost add-ons, additional specialty care rate adjustments, and an annual adjustment. The peer group base rate is used for new in-network and border-state hospitals. Out-of-network hospitals receive reimbursement equivalent to 90% of the average inpatient base rate for the corresponding peer group. Non-DRG hospitals are reimbursed a per diem rate and include psychiatric, long-term care, rehabilitation, spine/brain injury treatment specialty,		Montana uses APR DRG version 40¹¹⁶ weights and re-centers the weights to 1. Neonate and normal newborn APR DRGs have a policy adjustment factor of 1.5. DRG base rates are: • General Hospital: \$5,660 • Center of Excellence: \$8,430 • LTAC \$7,640 • Inpatient Rehab Facilities \$6,790¹¹⁷	• Rural Acute (3): \$7,870^{119,120}		specific DSH factor.¹²⁶

¹⁰⁶ Wyoming Medicaid, "Chapter 30: Reimbursement of Inpatient Hospital Services". Available online: <https://rules.wyo.gov/Search.aspx>

¹¹⁶ Montana DPHHS, Montana Healthcare Programs Inpatient Hospital Payment Method as of October 1, 2023. Available online: <https://medicaidprovider.mt.gov/docs/aprdrgr/APRDRGfrequentlyAskedQuestionsOctober2023.pdf>

¹¹⁷ Montana DPHHS, *DRG Calculator*. Available online:

[https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedicaidprovider.mt.gov%2Fdocs%2Ffeeschedules%2F2024%2F20231001 Final APR DRG Calculator.xls&wdOrigin=BROWSELINK](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmedicaidprovider.mt.gov%2Fdocs%2Ffeeschedules%2F2024%2F20231001%20Final%20APR%20DRG%20Calculator.xls&wdOrigin=BROWSELINK)

¹¹⁹ Nebraska, *Provider Bulletin 20-33*. Available online: <https://dhhs.ne.gov/Medicaid%20Provider%20Bulletins/Provider%20Bulletin%202023-20.pdf>

¹²⁰ Nebraska DHHS, Nebraska Medicaid Acute Inpatient Hospital Rate Components. Available online: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/APR-DRG%20Hospital%20Rates%20SFY2024.pdf>

¹²⁶ Utah Medicaid, *Utah State Plan Attachment 4.19-A Inpatient Hospital*. Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-A.pdf

Hospital - Inpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	and specialty-acute hospitals.^{107,108,109,110} Effective July 1, 2023, all hospital base rates were increased by 3 percent and are as follows: • Average In-State Rural DRG base rate \$7,381.15. • Average In-State Urban DRG base rate \$6,905.16.¹¹¹					

Hospital - Outpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Outpatient hospital services are paid based on the Outpatient Prospective Payment System (OPPS), based on Medicare's Ambulatory Payment Classifications (APC) system. Three conversion factors based on hospital type:	Colorado uses an Enhanced Ambulatory Patient Grouping (EAPG) System to reimburse hospital outpatient services.¹²⁷ Providers are assigned to different hospital peer groups, each with its own conversion factor: • Pediatric Hospitals • Urban Hospitals	Outpatient hospital services include preventive, diagnostic, therapeutic, rehabilitative or palliative items, and services furnished by or under the direction of a physician or dentist. The payment for hospital outpatient services will not be more than the combined payments the provider is allowed to	Outpatient services include preventive, diagnostic, therapeutic, rehabilitative, and palliative care provided under the direction of a physician, dentist, or other practitioner as permitted by federal law. Montana Medicaid uses an OPPS system with Medicare's relative weights and a state-specific	Effective January 1, 2020, Nebraska Medicaid transitioned to pay providers via the Enhanced Ambulatory Patient Groups (EAPG) under version 3.14. The updated payment approach does not apply to Critical Access	Medicare prospective payment system hospitals are reimbursed using South Dakota Medicaid's outpatient perspective payment system (OPPS). Under OPPS, services are reimbursed using ambulatory	Outpatient hospital services are paid based on the Outpatient Prospective Payment System (OPPS), based on Medicare's Ambulatory Payment Classifications (APC) system. Three conversion

¹⁰⁷ Colorado DHCPF, "8.300 Hospital Services". Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8700&fileName=10%20CCR%202505-10%208.300>

¹⁰⁸ Colorado DHCPF, *Inpatient Hospital Reimbursement*. Available online: <https://hcpf.colorado.gov/inpatient-hospital-payment>

¹⁰⁹ Colorado Medicaid, "Revision to the Medical Assistance Act Rule Concerning Payment for Inpatient Hospital Services 8.300.1". Available online: <https://hcpf.colorado.gov/sites/hcpf/files/Doc%2002%20MSB%2023-12-20-A%20Initial%20-%20Apr%202024%20-%20Copy.pdf>

¹¹⁰ Medicaid.gov, *Colorado SPA 16-005*. Available online: <https://www.medicare.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-16-0005.pdf>

¹¹¹ Colorado Department of Healthcare Policy and Financing, *Official 30-day Inpatient Hospital Rate Review – Posting Date: May 30, 2024*. Available online: <https://hcpf.colorado.gov/sites/hcpf/files/SFY%202025%20Inpatient%20Hospital%20RATES%2030-DAY%20REVIEW%20POSTING%20PDF.pdf>

¹²⁷ Colorado Department of Health Care Policy and Financing, *Outpatient Hospital Payment*. Available online: <https://hcpf.colorado.gov/outpatient-hospital-payment>

Hospital - Outpatient

Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
- General Acute - Critical Access - Children's	- Rural Hospitals - Rehabilitation Hospitals - Pediatric Hospitals - Long-Term Acute Care Hospitals - Rehabilitation Hospitals Effective July 1, 2024, a Colorado State Plan Amendment (SPA) updated a 2.0% rate increase for outpatient hospital services.¹²⁸	receive from the participants and carriers or intermediaries for providing comparable services under Medicare. Services are paid via a fee schedule.¹²⁹ For services not included in the fee schedule, Idaho reimburses based on reasonable costs based on previous year cost settlements. Services paid at cost through SFY 2021 had a 5.8% reduction of operating costs and a 10% reduction of capital costs applied.	conversion factor that applies to all hospitals.¹³⁰ A Montana State Plan Amendment, effective July 1, 2024, updated the outpatient payment methodology paid under OPPS. For each outpatient service or procedure, the fee is 100% of the Ambulatory Payment Classification (APC) rate. Where no APC rate has been assigned, outpatient services will be paid by the applicable Medicare fee. Unless otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.¹³¹	Hospitals. Outpatient services delivered at Critical Access Hospitals are reimbursed 100 percent of the reasonable cost of providing the services as deemed by Medicare reimbursement standards.¹³²	payment classifications (APC) that have an associated relative weight, hospital specific conversion factor and a hospital specific ratio of cost to charge (RCC). Medicaid critical access hospitals are reimbursed at 90 percent of their usual and customary charge for the service provided.¹³³	factors based on hospital type: - General Acute - Critical Access - Children's

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-ID)

ICF-ID	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	Wyoming reimburses ICF/ID facilities via prospective per diem rate based on costs. The provider's per diem rate shall be	In Colorado, state-operated ICFs are paid a retrospective per diem rate calculated as total allowable costs determined by audit, divided	In Idaho, providers of ICF/ID facilities are paid a per diem rates based on audited historical cost reports, adjusted for inflation. Total payments include	In Montana, ICFs are paid a per diem rate equal to the actual allowable cost incurred by the provider during the fiscal year, determined retrospectively,	In Nebraska, ICFs are paid a prospective per diem rate based on cost reports from two years prior to the end of the rate period. Routine services, injections,	In South Dakota, ICFs are paid a prospective per diem rate established annually by calculating allowable costs, divided by the occupancy factor (audited). Add-on	In Utah, ICFs are paid a per diem reimbursement rate calculated for each facility consisting of a property component (computed using the Fair Rental Value methodology) and a

¹²⁸ Medicaid State Plan Amendments, CO-24-0017. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/CO-24-0017.pdf>

¹²⁹ Idaho Department of Health and Welfare, 16.03.09 Medicaid Basic Plan Benefits. Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

¹³⁰ Montana DPHHS, Hospital Outpatient Services Manual. Available online: <https://medicaidprovider.mt.gov/manuals/hospitaloutpatientservicesmanual>

¹³¹ Medicaid State Plan Amendments, MT-24-0008. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/MT-24-0008.pdf>

¹³² Nebraska Total Care, 2022 Provider Billing Guide. Available online: [https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/ProviderRelations/NTC Nebraska Total Care Provider Billing Guide 508.pdf](https://www.nebraskatotalcare.com/content/dam/centene/Nebraska/PDFs/ProviderRelations/NTC%20Nebraska%20Total%20Care%20Provider%20Billing%20Guide%20508.pdf)

¹³³ South Dakota Medicaid, Billing and Policy Manual- Outpatient Hospital Services. Available online: [https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Outpatient Hospital Services.pdf](https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Outpatient%20Hospital%20Services.pdf)

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	determined utilizing either a desk review or audited cost report and is adjusted annually by the SNF Market Basket index. Costs are not subject to any form of cap or maximum rate for the Wyoming Life Resource Center.	by total resident days. ¹³⁴	/ account for property reimbursement, capped costs, exempt costs, and excluded costs. Capped costs include all allowable costs and are divided by the total participant days to arrive the final per diem rate. ¹³⁵	divided by the total patient days of service during the rate year, minus the amount of the Medicaid recipient's patient contribution. ¹³⁶	and transportation are included in per diem rates; however, costs for meeting licensure standards and ancillary services are also considered allowable (as defined in SPA 4.19-D). The State defines several limitations in SA 4.19-D Section 31-008.05 that may impact rate determination for non-state-operated facilities. ¹³⁷	payments for extra services can be included by the determination made by the State Office of Adult Services and Aging. ¹³⁸	flat rate component for all other services. In some cases, add-on payments may be made to facilities. Utah also reserves additional funds for quality and capital improvement incentives, distributed to providers who meet the criteria in SPA 4.19-D Section 1195 based on their proportion of Medicaid ICF/ID patient days. ¹³⁹
Hospital Provider Tax in Place for ICF-ID Facilities ¹⁴⁰	No	Yes	Yes	No	Yes	Yes	Yes

¹³⁴ Code of Colorado Regulations Department of Health Care Policy and Financing, *10 CCR 2505-10 8.400*. Available online:

<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6240&fileName=10%20CCR%202505-10%208.400>

¹³⁵ Idaho Department of Health and Welfare, *16.03.10-Medicaid Enhanced Plan Benefits*. Available online: <https://adminrules.idaho.gov/rules/current/16/160310.pdf>

¹³⁶ Administrative Rules of Montana, *Rule 37.40.336*. Available online: <https://rules.mt.gov/gateway/RuleNo.asp?RN=37%2E40%2E336>

¹³⁷ Nebraska DHHS, *SPA Attachment 4.19-D*. Available online: <https://dhhs.ne.gov/Medicaid%20State%20Plan/Attachment%204.19d%20-%20Rates%20for%20Nursing%20Facility%20Services.pdf>

¹³⁸ South Dakota DHS, *SPA Attachment 4.19-D*. Available online: <https://dhs.sd.gov/content/dam/digital/united-states/south-dakota/sdo/pdf/budget-and-finance/attach4.19-dpaymentmethodologies.pdf>

¹³⁹ Utah Medicaid, *SPA Attachment 4.19-D*. Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-D.pdf

¹⁴⁰ KFF, *States with an intermediate care facility for those with intellectual disabilities provider tax in place*. Available online: <https://www.kff.org/medicaid/state-indicator/states-with-an-intermediate-care-facility-for-those-with-intellectual-disabilities-icf-ids-provider-tax-in-place/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

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Laboratory – By Expenditures

Note: All procedure codes billed by providers with the 291U00000X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
81420	FETAL CHROMOML ANEUPLOIDY	\$759.05	\$759.05	\$759.05	\$683.15	\$759.04	Not covered	\$759.05	Not Covered	\$783.24
87798	DETECT AGENT NOS DNA AMP	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$26.21
87631	RESP VIRUS 3-5 TARGETS	\$154.74	\$142.63	\$142.63	\$128.37	\$142.63	\$142.63	\$142.63	\$110.99	\$98.03
87481	CANDIDA DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$24.44
81220	CFTR GENE COM VARIANTS	\$487.03	\$556.60	\$556.60	\$500.94	\$556.60	\$556.60	\$556.60	\$556.60	\$454.21
87491	CHLMYD TRACH DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$33.26
81361	HBB GENE COM VARIANTS	\$157.33	\$174.81	N/A	\$157.33	\$174.81	Not covered	\$174.81	\$134.43	N/A
87591	N.GONORRHOEAE DNA AMP PROB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$32.68
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$497.70	\$416.78	\$416.78	\$375.10	\$416.77	\$416.78	\$416.78	\$386.31	\$375.10
88305	TISSUE EXAM BY PATHOLOGIST	\$63.97	N/A	\$66.10	\$59.30	\$94.51	N/A	\$69.15	\$58.48	\$87.66
87651	STREP A DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$28.60
87653	STREP B DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$25.45
87640	STAPH A DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$32.95
87581	M.PNEUMON DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$24.54
87486	CHLMYD PNEUM DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$23.91
80050	GENERAL HEALTH PANEL	\$53.63	N/A	\$36.87	N/A	\$64.37	\$43.62	\$70.51	\$44.84	\$34.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$42.00	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$27.17	\$26.14
82306	VITAMIN D 25 HYDROXY	\$36.29	\$29.60	\$29.60	\$26.64	\$29.59	\$29.60	\$29.60	\$40.37	\$31.58
80307	DRUG TEST PRSMV CHEM ANALYZR	\$70.03	\$62.14	\$50.70	\$55.93	\$62.14	\$62.14	\$62.14	\$51.50	\$63.04
81528	ONCOLOGY COLORECTAL SCR	\$457.98	\$508.87	\$508.87	\$457.98	\$508.87	Not covered	\$508.87	Not Covered	\$558.28

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

Average Laboratory Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	114%	114%	137%

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Laboratory – By Utilization

Note: All procedure codes billed by providers with the 291U00000X taxonomy are included in this analysis and appendix.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
87798	DETECT AGENT NOS DNA AMP	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$26.21
86003	ALLG SPEC IGE CRUDE XTRC EA	\$5.87	\$5.22	\$5.22	\$4.70	\$5.22	\$5.22	\$5.22	\$4.05	\$28.52*
36415	COLL VENOUS BLD VENIPUNCTURE	\$2.51	\$9.09	\$3.00	\$7.95	\$9.09	\$8.83	\$9.09	\$3.70	\$2.78
85025	COMPLETE CBC W/AUTO DIFF WBC	\$9.60	\$7.77	\$7.77	\$6.99	\$7.77	\$7.77	\$7.77	\$6.66	\$9.09
80053	COMPREHEN METABOLIC PANEL	\$12.96	\$10.56	\$10.56	\$9.50	\$10.56	\$10.56	\$10.56	\$8.99	\$13.65
87481	CANDIDA DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$24.44
87491	CHLMYD TRACH DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$33.26
84443	ASSAY THYROID STIM HORMONE	\$20.12	\$16.80	\$16.80	\$15.12	\$16.80	\$16.80	\$16.80	\$22.91	\$21.25
87591	N.GONORRHOEAE DNA AMP PROB	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$42.82	\$32.68
87086	URINE CULTURE/COLONY COUNT	\$4.64	\$8.07	\$35.09*	\$7.26	\$8.07	\$8.07	\$8.07	\$9.22	\$8.71
81420	FETAL CHRMOML ANEUPLOIDY	\$759.05	\$759.05	\$759.05	\$683.15	\$759.04	Not covered	\$759.05	Not Covered	\$783.24
80061	LIPID PANEL	\$13.65	\$13.39	\$759.05*	\$12.05	\$13.39	\$13.39	\$13.39	\$18.97	\$15.45
87651	STREP A DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$28.60
87653	STREP B DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$25.45
87640	STAPH A DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$43.33	\$32.95
83036	HEMOGLOBIN GLYCOSYLATED A1C	\$9.31	\$9.71	\$9.71	\$8.74	\$9.70	\$9.71	\$9.71	\$13.23	\$10.71
82306	VITAMIN D 25 HYDROXY	\$36.29	\$29.60	\$29.60	\$26.64	\$29.59	\$29.60	\$29.60	\$40.37	\$31.58
87581	M.PNEUMON DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$24.54
87486	CHLMYD PNEUM DNA AMP PROBE	\$43.04	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$37.65	\$23.91
87661	TRICHOMONAS VAGINALIS AMPLIF	\$42.00	\$35.09	\$35.09	\$31.58	\$35.08	\$35.09	\$35.09	\$27.17	\$26.14

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

Average Laboratory Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	110%	113%	121%

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Maternity – All Procedures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
59400	OBSTETRICAL CARE	\$2,270.54	\$2,270.54	\$2,428.11	\$1,919.32	\$3,199.23	\$1,853.20	\$2,220.16	\$2,117.06	\$5,932.13
59510	CESAREAN DELIVERY	\$2,512.67	\$2,512.67	\$2,676.71	\$2,118.75	\$3,556.14	\$2,316.50	\$2,445.01	\$2,117.06	N/A
59409	OBSTETRICAL CARE	\$883.05	\$743.40	\$797.78	\$629.93	\$1,051.70	\$972.93	\$718.80	\$700.68	N/A
59025	FETAL NON-STRESS TEST	\$52.11	\$46.69	\$50.03	\$39.20	\$64.93	\$74.10	\$52.19	\$36.51	\$167.46
59426	ANTEPARTUM CARE ONLY	\$887.00	\$970.84	\$1,043.06	\$818.53	\$1,363.29	\$83.51*	\$953.37	\$899.02	\$1,642.94
59430	CARE AFTER DELIVERY	\$201.26	\$248.28	\$271.40	\$210.67	\$350.36	\$83.51*	\$247.45	\$230.07	\$370.05
59514	CESAREAN DELIVERY ONLY	\$993.74	\$840.05	\$948.69	\$709.40	\$1,192.42	\$1,343.57	\$808.09	\$700.68	N/A
59425	ANTEPARTUM CARE ONLY	\$495.61	\$530.70	\$570.01	\$447.72	\$745.25	\$83.51*	\$521.66	\$491.39	\$745.56
59610	VBAC DELIVERY	\$2,368.28	\$2,368.28	\$2,530.12	\$1,996.03	\$3,352.74	\$2,223.84	\$2,302.69	\$2,219.16	N/A
59612	VBAC DELIVERY ONLY	\$990.87	\$838.22	\$899.20	\$706.91	\$1,191.40	\$1,343.57	\$804.54	\$793.63	N/A
59412	ANTEPARTUM MANIPULATION	\$112.13	\$95.56	\$123.26	\$80.47	\$135.35	\$324.31	\$92.16	Not Covered	N/A
59618	ATTEMPTED VBAC DELIVERY	\$2,538.04	\$2,538.04	\$2,713.40	\$2,139.62	\$3,594.13	\$2,687.14	\$2,468.00	\$2,379.08	N/A
59414	DELIVER PLACENTA	\$99.19	\$84.08	\$100.73	\$70.70	\$119.09	\$231.65	\$80.46	Not Covered	N/A
59620	ATTEMPTED VBAC DELIVERY ONLY	\$966.07	\$867.84	\$1,024.66	\$732.18	\$1,234.31	\$1,714.21	\$833.25	\$822.19	N/A
59000	AMNIOCENTESIS DIAGNOSTIC	\$137.29	\$111.54	\$120.01	\$93.78	\$156.54	\$61.75	\$110.61	\$88.11	N/A
59015	CHORION BIOPSY	\$169.28	\$148.72	\$159.29	\$124.91	\$209.47	\$185.25	\$140.87	\$118.75	N/A
59001	AMNIOCENTESIS THERAPEUTIC	\$194.79	\$165.13	\$177.00	\$139.18	\$234.31	\$185.25	\$159.16	\$133.83	N/A

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

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

Average Maternity Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	108%	98%	49%

Nursing Facility

Note: The reimbursement descriptions for nursing facilities described below do not include supplemental payments made outside of the per diem rate payments.

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	In Wyoming, provider-specific per diem rates are established for each nursing facility and rebased annually using cost reports from two calendar years prior to the rate year. Rates are comprised of components for property costs, exempt costs (cost-based), operating costs (price-based), health care costs (case mix adjusted), and bed range adjustments. State-operated facilities are reimbursed based on cost plus inflation. The health care component is adjusted quarterly based on each facility's case mix acuity. Additional	In Colorado, provider-specific per diem rates are established for each nursing facility and rebased annually. There are three components to the current Medicaid reimbursement methodology for nursing facilities: Health care: Divided into two components: direct health care (salaries, taxes, benefits and contracted services of Registered Nurses (RNs), Licensed Practice Nurses (LPNs), and Certified Nursing Assistants (CNAs)) and other or indirect health care (ancillary	In Idaho, nursing facilities are reimbursed the actual operating costs of providing a high level of care, to the extent the costs are reasonable. In general, the methodology is a cost-based prospective reimbursement system with an acuity adjustment for direct care costs, allowances for margin payments related to indirect and direct care costs, and subject to the application of a BAF. Rates are set quarterly, and payments are made through a prospective price-based system, which includes case mix adjustments.	In Montana, nursing facilities are reimbursed using a price-based reimbursement methodology. The rate for each facility is determined using the operating component and the direct resident care component. The operating component is 80% of the statewide nursing facility rate. The direct resident care component is 20% of the statewide rate and is adjusted for the acuity of the Medicaid residents served in each facility.¹⁴⁵	In Nebraska, nursing facilities are paid a facility-specific prospective per diem rates, one rate corresponding to each level of care, based on the facility's allowable costs incurred and documented during the base year report period. The rates are based on financial, acuity, and statistical data submitted by facilities, and are subject to the component maximums and minimums. Each facility's prospective rates are the sum of the following components: the direct nursing component adjusted by the information factor and weighted for level of care, the support services	In South Dakota, a provider-specific per diem rates are established for each nursing facility. Rates are comprised of two components: a direct care component based on the Multi-state Medicare/ Medicaid Payment Index (M3PI) on a resident-specific basis and a non-direct care component established on a facility-specific basis using all other allowable costs. Payment to out-of-state nursing facilities providing services to South Dakota residents is the lesser of the Medicaid rate established by the state in which the	In Utah, provider-specific case-mix adjusted per diem rates are established for each nursing facility. The baseline per diem rate for all residents in the facility consists of a case mix component, a flat rate component, and a property component. A new case mix index is calculated quarterly and applied to a new aggregate rate at the beginning of the quarter. The flat rate is a fixed amount paid for all Medicaid residents and reflects the proportion of the overall nursing home rate that is considered to not

¹⁴⁵ Montana DPHHS, *Nursing Facility and Swing Bed Manual How payment is calculated*. Available online: <https://medicaidprovider.mt.gov/manuals/nursingfacilitymanual>

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Nursing Facility

Note: The reimbursement descriptions for nursing facilities described below do not include supplemental payments made outside of the per diem rate payments.

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	reimbursement is provided monthly for extraordinary needs, determined on a per case basis. Adjustment payments are also made based on the Provider Assessment and Upper Payment Limit (UPL) programs.¹⁴¹	services, food, social services, activities, medical supplies, medical records department expenses, and health care consultants). Administrative & General: Including salaries, taxes and benefits and/or contracted services of the nursing home administrator as well as dietary, housekeeping, laundry & linen and plan operations departments. Interest, lease and depreciation expense for movable equipment are	Final payments are retroactively adjusted on a quarterly basis following receipt of the finalized Medicare cost report and any information requested by the Department.¹⁴⁴		component adjusted by the inflation factor, the fixed cost component, the nursing facility quality assessment component, and the quality measures component.¹⁴⁶	facility is located or the South Dakota statewide average Medicaid rate for all in-state facilities.¹⁴⁷	be variable in nature.¹⁴⁸

¹⁴¹ Wyoming Administrative Rules. *Medicaid Chapter 7: Wyoming Nursing Home Reimbursement System*. Available online: <https://rules.wyo.gov/Search.aspx?mode=7>

¹⁴⁴ Idaho Department of Health and Welfare, *16.03.10- Medicaid Enhanced Plan Benefits*. Available online: <https://adminrules.idaho.gov/rules/current/16/160310.pdf>

¹⁴⁶ Nebraska Department of Health and Human Services, *Chapter 45 Rates for Nursing Facility Services*. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-45.pdf

¹⁴⁷ South Dakota Medicaid Billing and Policy Manual, *Skilled Nursing Facility and Nursing Facility Services*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Skilled_Nursing_Facilities_and_Nursing_Facilities.pdf

¹⁴⁸ Utah, *State Plan Attachment 4.19-D*. Available online: https://medicaid.utah.gov/stateplan/spa/A_4-19-D.pdf

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Nursing Facility

Note: The reimbursement descriptions for nursing facilities described below do not include supplemental payments made outside of the per diem rate payments.

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		also included here. Fair Rental Value: The property of the facility, including land, building, and fixed equipment is appraised every four years by an independent contractor. The appraisal value is based on a depreciated cost value. Along with audited asset additions, it is used to calculate a Fair Rental Value component of the rate.^{142 143}					
Nursing Facility Provider Tax¹⁴⁹	Yes	Yes	Yes	Yes	Yes	No	Yes
Per Diem Rates (SFY 2024)	Range: \$218.31 - \$311.21 Average: \$253.31	Range: \$208.83 - \$387.70 Average: \$284.51	Range: \$156.93 - \$828.33 Average: \$254.09	Range: \$278.75 - \$288.87 Average: \$283.00	Rate is not publicly available.	Range: \$162.10 - \$682.49 Average: \$248.01	Range: \$217.36- \$265.70 Average: \$235.52

¹⁴² Department of Health Care Policy and Financing, *Section 8.400 Long Term Care, Nursing Facility Care, Adult Day Care Services*. Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6329&fileName=10>

¹⁴³ SB 06-131 Committee and HB 07-1183 Committee, *Summary Report*. Available online: <https://spl.cde.state.co.us/artemis/hcpmonos/hcp12n932007internet/>

¹⁴⁹ KFF, *States with a Nursing Facility Provider Tax in Place*. Available online: <https://www.kff.org/medicaid/state-indicator/states-with-a-nursing-facility-provider-tax-in-place/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

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

Average Nursing Facility Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	97%	N/A	N/A

Physician and Other – By Expenditures

Note: Codes included for services provided by physicians and other health professionals, including office visits, therapeutic and other services.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$197.06
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$140.05
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$34.53	\$34.97	\$30.49	\$48.36	\$22.85	\$32.77	\$32.92	\$124.82*
99284	EMERGENCY DEPT VISIT MOD MDM	\$114.29	\$114.00	\$104.15	\$99.68	\$157.55	\$114.25	\$113.54	\$91.08	\$387.16
97110	THERAPEUTIC EXERCISES	\$28.39	\$28.70	\$32.14	\$24.63	\$38.68	\$22.85	\$26.18	\$26.54	\$53.91
99285	EMERGENCY DEPT VISIT HI MDM	\$169.28	\$165.22	\$155.27	\$144.46	\$228.20	\$169.09	\$164.45	\$131.99	\$458.04
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$284.08
99215	OFFICE O/P EST HI 40 MIN	\$130.10	\$173.87	149.29	\$166.36	\$238.04	\$108.03	\$158.30	\$134.03	\$275.15
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$187.29
97112	NEUROMUSCULAR REEDUCATION	\$29.11	\$31.94	33.55	\$28.25	\$44.40	\$22.85	\$30.07	\$30.43	\$67.23
92507	TX SP LANG VOICE COMM INDIV	\$61.46	\$74.79	72.01	\$64.40	\$100.62	\$41.13	\$23.52	\$57.34	\$145.25
97140	MANUAL THERAPY 1/> REGIONS	\$26.24	\$27.09	29.98	\$22.71	\$35.61	\$27.42	\$24.08	\$24.47	\$50.33
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	86.06	\$89.46	\$129.15	N/A	\$96.22	\$74.08	\$155.30
99233	SBSQ HOSP IP/OBS HIGH 50	\$96.32	\$112.42	97.95	\$98.33	\$154.56	\$91.40	\$102.12	\$88.82	\$180.42
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$261.85	241.33	\$225.55	\$359.20	\$191.94	\$243.14	\$204.55	\$512.86
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$91.96	\$102.99	\$137.51	N/A	\$102.34	\$79.23	\$175.58
99232	SBSQ HOSP IP/OBS MODERATE 35	\$67.21	\$75.24	\$65.13	\$65.35	\$102.73	\$54.84	\$67.88	\$59.04	\$133.21
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.15	\$21.17	\$18.86	\$21.32	Not Covered	\$20.30	\$14.10	\$32.12
99283	EMERGENCY DEPT VISIT	\$60.38	\$66.90	\$58.60	\$58.56	\$92.58	\$75.40	\$66.74	\$53.52	\$335.83*
99205	OFFICE O/P NEW HI 60 MIN	\$185.45	\$212.88	\$191.02	\$202.54	\$290.71	\$144.04	\$192.21	\$167.16	\$354.10

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

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Average Physician and Other Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	90%	93%	45%

Physician and Other – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
97530	THERAPEUTIC ACTIVITIES	\$29.83	\$34.53	34.97	\$30.49	\$48.36	\$22.85	\$32.77	\$32.92	\$124.82*
97110	THERAPEUTIC EXERCISES	\$28.39	\$28.70	32.14	\$24.63	\$38.68	\$22.85	\$26.18	\$26.54	\$53.91
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	75.5	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$140.05
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$197.06
97140	MANUAL THERAPY 1/> REGIONS	\$26.24	\$27.09	29.98	\$22.71	\$35.61	\$27.42	\$24.08	\$24.47	\$50.33
97112	NEUROMUSCULAR REEDUCATION	\$29.11	\$31.94	33.55	\$28.25	\$44.40	\$22.85	\$30.07	\$30.43	\$67.23
99284	EMERGENCY DEPT VISIT MOD MDM	\$114.29	\$114.00	104.15	\$99.68	\$157.55	\$114.25	\$113.54	\$91.08	\$387.16
95004	PERQ TESTS W/ALRGNC XTRCS	\$6.11	\$3.47	3.41	\$2.84	\$4.84	\$3.19	\$3.89	\$2.66	\$432.44*
92507	TX SP LANG VOICE COMM INDIV	\$61.46	\$74.79	72.01	\$64.40	\$100.62	\$41.13	\$23.52	\$57.34	\$145.25
99232	SBSQ HOSP IP/OBS MODERATE 35	\$67.21	\$75.24	65.13	\$65.35	\$102.73	\$54.84	\$67.88	\$59.04	\$133.21
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$13.82	12.91	\$11.81	\$19.34	\$8.22	\$13.00	\$10.69	\$383.98*
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$187.29
99285	EMERGENCY DEPT VISIT HI MDM	\$169.28	\$165.22	155.27	\$144.46	\$228.20	\$169.09	\$164.45	\$131.99	\$458.04
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$284.08
99215	OFFICE O/P EST HI 40 MIN	\$130.10	\$173.87	\$149.29	\$166.36	\$238.04	\$108.03	\$158.30	\$134.03	\$275.15
71045	X-RAY EXAM CHEST 1 VIEW	\$17.38	\$25.06	\$27.06	\$7.05	\$33.85	\$39.07	\$25.22	\$14.55	\$177.03*
36415	COLL VENOUS BLD VENIPUNCTURE	\$2.51	N/A	\$3.00	\$7.95	\$9.09	\$8.83	\$9.09	\$3.70	\$6.77
99233	SBSQ HOSP IP/OBS HIGH 50	\$96.32	\$112.42	\$97.95	\$98.33	\$154.56	\$91.40	\$102.12	\$88.82	\$180.42
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$86.06	\$89.46	\$129.15	N/A	\$96.22	\$74.08	\$155.30
99212	ANES IPER UPR ABD NOS	\$38.45	\$54.57	\$52.59	\$51.77	\$74.69	\$33.24	\$49.82	\$42.05	\$95.46

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

Average Physician and Other Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	91%	94%	38%

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Physician Specialist – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99284	EMERGENCY DEPT VISIT MOD MDM	\$114.29	\$114.00	\$104.15	\$99.68	\$157.55	\$114.25	\$113.54	\$91.08	\$416.76
99285	EMERGENCY DEPT VISIT HI MDM	\$169.28	\$165.22	\$155.27	\$144.46	\$228.20	\$169.09	\$164.45	\$131.99	\$443.33
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$204.00
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$145.34
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$297.35
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$191.21
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$261.85	\$241.33	\$225.55	\$359.20	\$191.94	\$243.14	\$204.55	\$514.55
99283	EMERGENCY DEPT VISIT LOW MDM	\$60.38	\$66.90	\$58.60	\$58.56	\$92.58	\$75.40	\$66.74	\$53.52	\$403.26*
78815	PET IMAGE W/CT SKULL-THIGH	\$2,233.46	N/A	\$1,263.60	N/A	\$708.91*	\$1,103.91	\$339.31*	\$1,325.02	\$5,384.54
74177	CT ABD & PELVIS W/CONTRAST	\$223.58	\$296.25	\$273.31	\$253.41	\$410.50	\$530.72	\$301.19	\$223.72	\$1,913.4*
99215	OFFICE O/P EST HI 40 MIN	\$130.10	\$173.87	\$149.29	\$166.36	\$238.04	\$108.03	\$158.30	\$134.03	\$299.33
93306	TTE W/DOPPLER COMPLETE	\$266.67	\$187.34	\$215.13	\$160.52	\$258.84	\$333.61	\$194.42	\$144.23	\$739.79
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$13.82	\$115.05*	\$11.81	\$19.34	\$8.22	\$13.00	\$10.69	\$402.12*
43239	EGD BIOPSY SINGLE/MULTIPLE	\$323.10	\$354.66	\$115.05	\$304.36	\$495.56	\$265.52	\$369.31	\$275.50	\$654.80
99205	OFFICE O/P NEW HI 60 MIN	\$185.45	\$212.88	\$186.02	\$202.54	\$290.71	\$144.04	\$192.21	\$167.16	\$377.60
99232	SBSQ HOSP IP/OBS MODERATE 35	\$67.21	\$75.24	\$65.13	\$65.35	\$102.73	\$54.84	\$67.88	\$59.04	\$127.67
70553	MRI BRAIN STEM W/O & W/DYE	\$334.53	\$312.73	\$356.52	\$267.00	\$431.56	\$641.69	\$323.80	\$440.31	\$1,849.8*
73721	MRI JNT OF LWR EXTRE W/O DYE	\$209.54	\$199.47	\$226.12	\$169.71	\$274.66	\$436.17	\$206.20	\$169.00	\$1,564.9*
88305	TISSUE EXAM BY PATHOLOGIST	\$75.79	\$69.38	\$66.10	\$59.30	\$94.51	\$110.75	N/A	\$58.48	\$151.06
45380	COLONOSCOPY AND BIOPSY	\$444.21	\$410.71	\$259.60	\$351.45	\$570.60	\$232.30	\$423.35	\$318.65	\$1,183.11

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

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Average Physician Specialist Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	94%	99%	36%

Physician Specialist – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$204.00
99284	EMERGENCY DEPT VISIT MOD MDM	\$114.29	\$114.00	\$104.15	\$99.68	\$157.55	\$114.25	\$113.54	\$91.08	\$416.76
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$145.34
95004	PERCUT ALLERGY SKIN TESTS	\$6.11	\$3.47	\$3.41	\$2.84	\$4.84	\$3.19	\$3.89	\$2.66	\$428.60*
95165	ANTIGEN THERAPY SERVICES	\$11.86	\$13.82	\$12.91	\$11.81	\$19.34	\$8.22	\$13.00	\$10.69	\$402.12*
99285	EMERGENCY DEPT VISIT HI MDM	\$169.28	\$165.22	\$155.27	\$144.46	\$228.20	\$169.09	\$164.45	\$131.99	\$443.33
71045	X-RAY EXAM CHEST 1 VIEW	\$17.38	\$25.06	\$27.06	\$20.83	\$33.85	\$39.07	\$25.22	\$14.55	\$173.84*
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$297.35
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$191.21
99283	EMERGENCY DEPT VISIT LOW MDM	\$60.38	\$66.90	\$58.60	\$58.56	\$92.58	\$75.40	\$66.74	\$53.52	\$403.26*
80305	DRUG TEST PRSMV DIR OPT OBS	\$13.12	N/A	\$12.60	\$11.34	\$12.60	N/A	N/A	\$11.99	\$20.23
88305	TISSUE EXAM BY PATHOLOGIST	\$75.79	\$69.38	\$66.10	\$59.30	\$94.51	\$110.75	N/A	\$58.48	\$151.06
71046	X-RAY EXAM CHEST 2 VIEWS	\$27.07	\$32.50	\$35.56	\$27.36	\$44.40	\$52.09	\$33.21	\$22.17	\$153.02*
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$7.68	\$8.35	\$6.75	\$10.55	\$26.28	93010	\$6.07	\$24.21
74177	CT ABD & PELVIS W/CONTRAST	\$223.58	\$296.25	\$273.31	\$253.41	\$410.50	\$530.72	\$301.19	\$223.72	\$1,913.47*
70450	CT HEAD/BRAIN W/O DYE	\$103.27	\$104.70	\$117.65	\$88.88	\$143.27	\$237.22	\$107.49	\$147.26	\$822.49*
45380	COLONOSCOPY AND BIOPSY	\$444.21	\$410.71	\$259.60	\$351.45	\$570.60	\$232.30	\$423.35	\$318.65	\$1,183.11
95024	IQ TESTS W/ALLERGENIC XTRCS	\$6.83	\$7.36	\$6.89	\$6.32	\$10.55	\$4.57	\$7.27	\$5.79	\$228.42*
99212	OFFICE O/P EST SF 10 MIN	\$38.45	\$54.57	\$47.49	\$51.77	\$74.69	\$33.24	\$49.82	\$42.05	\$97.71
99232	SBSQ HOSP IP/OBS MODERATE 35	\$67.21	\$75.24	\$65.13	\$65.35	\$102.73	\$54.84	\$67.88	\$59.04	\$127.67

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

Average Physician Specialist Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	94%	94%	30%

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Primary Care – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$144.64
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$208.28
99215	OFFICE O/P EST HI 40 MIN	\$130.10	\$173.87	\$149.29	\$166.36	\$238.04	\$108.03	\$158.30	\$134.03	\$284.77
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$86.06	\$89.46	\$129.15	\$89.32	N/A	\$74.08	\$157.68
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$282.09
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$186.79
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$91.96	\$102.99	\$137.51	\$94.91	N/A	\$79.23	\$175.41
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.15	\$21.17	\$18.86	\$21.32	N/A	\$20.30	\$14.10	\$33.01
99233	SBSQ HOSP IP/OBS HIGH 50	\$96.32	\$112.42	\$97.95	\$98.33	\$154.56	\$91.40	\$102.12	\$88.82	\$187.10
99232	SBSQ HOSP IP/OBS MODERATE 35	\$67.21	\$75.24	\$65.13	\$65.35	\$102.73	\$54.84	\$67.88	\$59.04	\$122.91
99223	1ST HOSP IP/OBS HIGH 75	\$180.42	\$164.87	\$165.22	\$143.60	\$225.69	\$130.24	\$157.06	\$129.69	\$336.86
99205	OFFICE O/P NEW HI 60 MIN	\$185.45	\$212.88	\$186.02	\$202.54	\$290.71	\$144.04	\$192.21	\$167.16	\$400.44
99393	PREV VISIT EST AGE 5-11	\$86.97	N/A	\$91.66	\$102.60	\$137.07	\$100.49	\$102.01	\$78.99	\$174.82
99472	PED CRITICAL CARE SUBSQ	\$380.25	\$376.88	\$408.43	\$327.65	\$515.91	\$297.05	\$472.45	\$296.45	N/A
99291	CRITICAL CARE FIRST HOUR	\$249.78	\$261.85	\$241.33	\$225.55	\$359.20	\$191.94	\$243.14	\$204.55	\$410.98
99284	EMERGENCY DEPT VISIT MOD MDM	\$114.29	\$114.00	\$104.15	\$99.68	\$157.55	\$114.25	\$113.54	\$91.08	\$299.90
99222	1ST HOSP IP/OBS MODERATE 55	\$122.20	\$123.65	\$112.35	\$107.85	\$170.35	\$100.54	\$121.57	\$97.82	\$263.95
87633	RESP VIRUS 12-25 TARGETS	\$502.73	N/A	\$416.78	\$375.10	\$416.77	\$416.78	N/A	\$387.03	\$889.89
99469	NEONATE CRIT CARE SUBSQ	\$373.78	\$364.51	\$397.68	\$320.93	\$502.81	\$365.60	\$462.54	\$289.24	N/A
99394	PREV VISIT EST AGE 12-17	\$95.60	N/A	\$100.42	\$116.24	\$149.82	\$106.07	\$111.45	\$86.28	\$185.82

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

Average Physician Specialist Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	91%	96%	50%

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Primary Care – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$144.64
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$208.28
90460	IM ADMIN 1ST/ONLY COMPONENT	\$20.48	\$22.15	\$21.17	\$18.86	\$21.32	N/A	\$20.30	\$14.10	\$33.01
36415	ROUTINE VENIPUNCTURE	\$2.51	N/A	\$3.00	\$7.95	\$9.09	\$8.83	\$9.09	\$3.70	\$6.56
99391	PER PM REEVAL EST PAT INFANT	\$78.35	N/A	\$86.06	\$89.46	\$129.15	\$89.32	N/A	\$74.08	\$157.68
99232	SBSQ HOSP IP/OBS MODERATE 35	\$67.21	\$75.24	\$65.13	\$65.35	\$102.73	\$54.84	N/A	\$59.04	\$122.91
99215	OFFICE O/P EST HI 40 MIN	\$130.10	\$173.87	\$149.29	\$166.36	\$238.04	\$108.03	\$158.30	\$134.03	\$284.77
99392	PREV VISIT EST AGE 1-4	\$87.33	N/A	\$91.96	\$102.99	\$137.51	\$94.91	\$102.34	\$79.23	\$175.41
99233	SBSQ HOSP IP/OBS HIGH 50	\$96.32	\$112.42	\$97.95	\$98.33	\$154.56	\$91.40	\$102.12	\$88.82	\$187.10
87804	INFLUENZA ASSAY W/OPTIC	\$14.33	N/A	\$16.55	\$14.90	\$16.54	\$16.55	N/A	\$15.67	\$36.75
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$186.79
96110	DEVELOPMENTAL SCREEN W/SCORE	\$20.85	N/A	\$18.39	\$6.80*	\$15.39	\$16.45	\$14.18	\$7.87	\$18.79
99212	OFFICE O/P EST SF 10 MIN	\$38.45	\$54.57	\$47.49	\$51.77	\$74.69	\$33.24	\$49.82	\$42.05	\$99.96
87880	STREP A ASSAY W/OPTIC	\$14.70	N/A	\$16.53	\$14.88	\$16.53	\$16.53	N/A	\$15.67	\$49.42
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$5.66	\$4.44	\$18.39	\$3.62	\$6.15	\$45.70*	\$5.56	\$4.45	\$5.07
97110	THERAPEUTIC EXERCISES	\$28.39	\$28.70	\$32.14	\$24.63	\$38.68	\$22.85	\$26.18	\$26.54	\$108.89
96372	THER/PROPH/DIAG INJ SC/IM	\$21.92	\$13.82	\$14.89	\$11.84	\$18.90	\$15.99	\$12.70	\$10.67	\$28.37
93010	ELECTROCARDIOGRAM REPORT	\$8.98	\$7.68	\$8.35	\$6.75	\$10.55	\$26.28	\$7.78	\$6.07	\$19.41
90837	PSYTX W PT 60 MINUTES	\$108.90	\$153.62	\$134.51	\$130.51	\$200.81	N/A	\$135.24	\$153.95	\$518.54*
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$282.09

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

Average Primary Care Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	94%	95%	52%

Public Health, Federal

Wyoming ¹⁵⁰	Colorado ¹⁵¹	Idaho ¹⁵²	Montana ^{153, 154}	Nebraska ¹⁵⁵	South Dakota ¹⁵⁶	Utah ^{157, 158}
Reimbursement to Indian Health and Tribal (IHS) clinics is based on a federally mandated encounter rate published by the U.S. Department of Health and Human Services (HHS), with the federal government reimbursing state Medicaid Agencies at 100% of costs. Reimbursements are all-inclusive and encounter based.^{159, 160} IHS/Tribal facilities may enter into care coordination agreements with non-IHS/Tribal providers to furnish services for patients who are Tribal Medicaid beneficiaries. Care coordination agreements allow non-IHS/Tribal providers and IHS/Tribal facilities to seek reimbursement for services provided to Tribal Medicaid beneficiaries. Per the grace period granted by CMS, effective February 11, 2025, tribal facilities that bill for Medicaid beneficiaries' services outside of their "four walls" must change provider enrollment designation from "clinic" to a Federally Qualified Health Center (FQHC).¹⁶¹						
In Wyoming, reimbursement to IHS/Tribal 638 facilities is made on an encounter basis and based on the approved all-inclusive rates published each year in the Federal Register by the U.S. Department of Health and Human Services.	In Colorado, IHS/Tribal 638 providers are reimbursed per encounter based on HHS approved rates. Reimbursement for multiple encounters on the same date of service is permitted only if the services are categorically	Idaho Medicaid reimburses Indian Health Service (IHS) clinics through an all-inclusive rate for each participant encounter. Providers must be enrolled to receive reimbursement from Idaho Medicaid. The all-inclusive rate for his reimbursement is	In Montana, IHS/Tribal 638 facilities are operated according to the Medicaid State Plan and reflected in the current fee schedule. The facilities and providers must be enrolled in Montana	In Nebraska, IHS/Tribal 638 providers are reimbursed per encounter based on HHS approved rates for services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program.	In South Dakota, IHS/Tribal 638 providers are reimbursed per encounter based on HHS approved rates. All covered encounters except for inpatient hospital encounters are reimbursed at the	In Utah, providers must be enrolled to receive reimbursement from Utah Medicaid. Medicaid reimburses Indian Health Service clinics (IHS) through an all-inclusive rate for each participant encounter.

¹⁵⁰ Wyoming Department of Health, *Tribal Provider Manual*. Available online: <https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/Institutional-UBManual-and-Bulletins>

¹⁵¹ Colorado Indian Health Services Billing Manual. Available online: <https://hcpf.colorado.gov/IHS-billing-manual>

¹⁵² CMS Bulletin, *Federal Funding for Services*. Available online: <https://www.medicare.gov/federal-policy-guidance/downloads/sho022616.pdf>

¹⁵³ Montana DPHHS, *Indian Health Services Manual*. Available online: <https://medicaidprovider.mt.gov/manuals/indianhealthservicetribal638>

¹⁵⁴ Montana DPHHS, *Tribal 638 Provider Manual*. Available online: <https://securemedicaidprovider.mt.gov/manuals/tribal638providermanual>

¹⁵⁵ Nebraska Department of Health and Human Services, *Chapter 11-000 Indian Health Services*. Available online: [https://dhhs.ne.gov/Guidance%20Docs/Indian%20Health%20Services%20\(IHS\)%20and%20Tribal%20638%20Provider%20Bulletin.pdf](https://dhhs.ne.gov/Guidance%20Docs/Indian%20Health%20Services%20(IHS)%20and%20Tribal%20638%20Provider%20Bulletin.pdf)

¹⁵⁶ South Dakota Medicaid, *Billing and Policy Manual, Indian Health Services and Tribal 638 Facilities*. Available online:

https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/IHS_and_Tribal_638_Facilities.pdf

¹⁵⁷ Utah Medicaid, *Medicaid Manual, Physician Services*. Available online: <https://medicaid-documents.dhhs.utah.gov/Documents%2Fmanuals%2Fpdfs%2FMedicaid+Provider+Manuals%2FPhysician+Services%2FPhysician+Services+Manual%2FPhysicianServices.pdf>

¹⁵⁸ Indian Health Service, *Indian Health Manual, Laboratory Services*. Available online: <https://www.ihs.gov/ihs/pc/part-3/p3c6/>

¹⁵⁹ CMS Bulletin, *Federal Funding for Services*. Available online: <https://www.medicare.gov/federal-policy-guidance/downloads/sho022616.pdf>

¹⁶⁰ CMS, *Comparing Reimbursement Rates*. Available online: <https://www.cms.gov/training-education/partner-outreach-resources/american-indian-alaska-native/ltss-ta-center/information/ltss-financing>

¹⁶¹ CMCS Informational Bulletin. Available online: <https://www.medicare.gov/sites/default/files/2023-09/cib090823.pdf>

Public Health, Federal

Wyoming ¹⁵⁰	Colorado ¹⁵¹	Idaho ¹⁵²	Montana ^{153, 154}	Nebraska ¹⁵⁵	South Dakota ¹⁵⁶	Utah ^{157, 158}
Reimbursement for multiple encounters on the same date of service is permitted only if the services are categorically different and/or are provided for distinct and separate diagnoses. Different allowable services include practitioner services, mental health services, optometry services, dental services, physical therapy, occupational therapy, and speech therapy services. Reimbursements paid by Wyoming Medicaid for services requested by facility practitioners in accordance with care coordination agreements are eligible for federal matching funds at the enhanced federal matching rate (FMAP) of 100 percent. Care coordination agreements allow non-IHS/Tribal providers and IHS/Tribal facilities to seek reimbursement for services provided to Tribal Medicaid beneficiaries.	different and/or are provided for distinct and separate diagnoses. The following outpatient services are covered: physician services, mental health services, hospital outpatient services, podiatry services, optometry services, radiology services, and laboratory services.	established by the Federal Office of Management and Budget as published annually in the Federal Register.	Healthcare Programs. Unless otherwise stated, the payment methodology follows IHS facility reimbursement, which is paid with federal funds according to rates prescribed by the Centers for Medicare and Medicaid Services (CMS) and established by the U.S. Public Health Services as set forth in the Federal Register.	The IHS will bill all outpatient encounter charges provided on the same day for the same Medicaid client as one outpatient charge per day. The inpatient hospital per diem rate for inpatient medical care provided by IHS facilities is published annually in the Federal Register or Federal Register Notices.	outpatient encounter rate. Inpatient hospital encounters are reimbursed at the inpatient encounter rate.	The all-inclusive rate for IHS is established by the Federal Office of Management and Budget as published annually in the Federal Register.

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Prescription Drugs

Note: Prescription drug reimbursement information for Colorado, Idaho, Montana, Nebraska, Utah, South Dakota, and Wyoming is as of December 2024.¹⁶²

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Ingredient Costs ¹⁶³	In Wyoming, reimbursement is based on the lower of National Average Drug Acquisition Cost (NADAC), no NADAC Wholesale Acquisition Cost (WAC) plus 0%, Federal Upper Limit (FUL), State Maximum Allowed Cost (SMAC), Ingredient Cost submitted, Gross Amount Due (GAD), or Provider's Usual and Customary (U&C). (Reimbursement for claims that pay GAD or U&C does not include the \$10.65 PDF). 340B products, Federal Supply Schedule (FSS), and Nominal Price should not bill more than the average acquisition cost (AAC). Drugs purchased outside of 340B and provided by 340B contact pharmacies are not covered. Prescription-administered drugs (PAD) submitted under the medical benefits will be reimbursed at 100% of ASP. PADs without an ASP will be reimbursed at WAC plus 0%.	In Colorado, ingredient cost for all drugs for retail pharmacies, rural, mail order, specialty, government, institutional and long-term care pharmacies shall be based upon the lower of the U&C charge to the public or the allowed ingredient cost. The allowed ingredient cost is the lesser of average acquisition cost (AAC), NACAC, or submitted ingredient cost. If the AAC and National Average Drug Acquisition Cost (NADAC) is not available, the allowed ingredient cost is the lesser of Maximum Allowable Cost (MAC) or the submitted drug ingredient cost. Physician-administered drugs (PAD) are reimbursed at ASP - 3.3%, excepting injectable opioid antagonists, which are reimbursed at ASP +2.2%. PADs without ASP are reimbursed at WAC.	In Idaho, reimbursement is based on the Average Acquisition Cost (AAC) or the Wholesale Acquisition Cost (WAC) if the AAC is not available.	In Montana, reimbursement is based on the lower of Average Acquisition Cost (AAC), Submitted Ingredient Cost, Wholesale Acquisition Cost (WAC) or Federal Upper Limit (FUL).	Reimbursement is based on the lower of National Average Drug Acquisition Cost (NADAC), Federal Upper Limit (FUL), Maximum Allowable Cost (MAC), or Provider's Usual and Customary (U&C). If NADAC pricing is not available: - WAC plus 0% will be included in the lower of logic (legend, non-legend, specialty drugs, long-term care). - ASP plus 6% and when ASP is unavailable, WAC plus 6.8% or manual pricing at actual acquisition cost (physician administered drugs). - AAC (340B purchased drugs, FSS, nominal price); the lesser of NADAC, WAC plus 0%, ASP plus 6%, FUL (clotting factor).	In South Dakota reimbursement is based on Provider's Usual and Customary (U&C), State Maximum Allowed Cost (SMAC), National Average Drug Acquisition Cost (NADAC), or Wholesale Acquisition Cost (WAC).	In Utah, reimbursement is based on the lower of Utah Wholesale Acquisition Cost (WAC), Federal Upper Limit (FUL), Utah Maximum Allowable Cost National Average Drug Acquisition Cost (NADAC) or Submitted Ingredient Cost.

¹⁶² Medicaid.gov, *State Prescription Drug Resources*. Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/index.html>

¹⁶³ Medicaid.gov, *Medicaid Covered Outpatient Prescription Drug Reimbursement Information by State*. Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/downloads/medicaid-prescription-reimbursement.pdf>

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Prescription Drugs

Note: Prescription drug reimbursement information for Colorado, Idaho, Montana, Nebraska, Utah, South Dakota, and Wyoming is as of December 2024.¹⁶²

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Professional Dispensing Fee ¹⁶⁴	Dispensing fee: \$10.65	Dispensing fees range from \$9.31 to \$13.40, depending on the annual volume of prescriptions filled by a pharmacy. Pharmacies are surveyed on volume annually. Government pharmacies are not to use the tiered professional dispensing fee and are reimbursed a \$0.00 professional dispensing fee. Rural pharmacies are reimbursed at the professional dispensing fee of \$14.14. Enhanced professional dispensing fee for clotting factor drugs are \$0.03 per unit.	Dispensing fees range from \$11.51 to \$15.11, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fees range from \$12.46 to \$17.01, depending on the annual volume of prescriptions filled by a pharmacy.	Dispensing fee: \$10.02	Dispensing fee: \$10.50	Dispensing fees: \$9.99 (urban in-state), \$10.15 (rural in-state), or \$9.99 (out-of-state). \$716.54 for hemophilia clotting factor dispensed by the contracted pharmacy and in accordance with the hemophilia disease management program.
State Maximum Allowance Cost (MAC) ¹⁶⁵	Yes	No	Yes	No	Yes	Yes	Yes

Average Prescription Drugs Comparison	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	90%	N/A	N/A

¹⁶⁴ Medicaid.gov, Medicaid Covered Outpatient Prescription Drug Reimbursement Information by State. Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/downloads/medicaid-prescription-reimbursement.pdf>

¹⁶⁵ Medicaid.gov, Medicaid Covered Outpatient Prescription Drug Reimbursement Information by State. Available online: <https://www.medicaid.gov/medicaid/prescription-drugs/state-prescription-drug-resources/medicaid-covered-outpatient-prescription-drug-reimbursement-information-state/index.html#:~:text=Pharmacy%20Benefit%20Manager-,Professional%20dispensing%20fee%20is%3A,%2415.34%20for%20compounded%20prescriptions>

Psychiatric Residential Treatment Facility (PRTF)

Per Diem	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Per Diem Rate Ranges (SFY 2024)	\$444 - \$514	\$803.71	N/A	\$458.92	\$448.31	\$411.37	Not Covered
Median Rate (in-state)	\$479.00	\$803.71	N/A	\$458.92	\$448.31	\$411.37	Not Covered

Average PRTF Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	90%	N/A	N/A

School-Based Services

School-Based Services (SBS) programs reimburse local education agencies ((LEAs) local school districts and BOCES) for providing health related services to Medicaid eligible students in a school-based setting. Since the 1970s, the federal government has required schools to provide all children with disabilities with appropriate services as mandated under the Individuals with Disabilities Education Act (IDEA). Under the SBS Program, LEAs can draw down federal Medicaid dollars for IDEA required services provided to Medicaid eligible students with a disability in a school-based setting. The SBS Program includes health related services such as occupational therapy, physical therapy, speech therapy, nursing services, counseling services, and audiology services.

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Reimbursement Methodology	Wyoming currently operates a school-based Medicaid program, allowing the 48 LEAs to voluntarily participate. At this time, BOCES are not eligible to bill Wyoming Medicaid	Colorado pays school districts interim payments based on a monthly rate according to a one-twelfth methodology; whereas interim payments are based upon historical Certified	Idaho reimburses school districts in accordance with established Medicaid rates using a fee-for-service basis. Providers must accept DHW's payment as payment in full.	Montana Healthcare Programs covers health-related services provided to children in a school setting when all the following are met: The child qualifies for Individuals with Disabilities	Nebraska pays schools for direct services and administrative claims through time studies and an annual cost report. Interim rates are calculated based on these reports,	In South Dakota, payment is limited to the federal share of a school district's established rate and the district is responsible for the state share of the claim. Rates are established	Utah makes monthly interim payments based on reported annual costs to providers for health services. These payments are reconciled at year end through a cost reconciliation process. In an

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	for school-based services. As of July 2022, CMS approved Wyoming's SPA, authorizing the SBS Program. Reimbursement for services is based upon the Wyoming Medicaid fee schedule. Reimbursement will be the lesser of the LEA's billed charges or the Wyoming Medicaid fee schedule rate. LEAs will remit funds reimbursed to the Department of Education, which will get recirculated into the School Foundation Program Account.	Public Expenditures and divided equally amongst 12 months. Interim payments are tied to claim submissions by each district and are reconciled during the cost reporting process. Colorado offers Medicaid administrative claiming.¹⁶⁶	Providers must give DHW immediate access to all information required to review compliance with these rules and regulations. Medicaid reimbursable health related services include: 1. Behavioral Intervention/Behavioral Consultation 2. Skills Building/Community Based Rehabilitation Services (CBRS)/School-Based Service 3. Nursing Services/School-Based Service 4. Personal Care Services (PCS)/School-Based Service 5. Transportation/School-Based Service 6. Medical Equipment and Supplies/School-Based Service	Education Act (IDEA). • The services are written into an Individual Education Plan (IEP). The services are not free. Providers may not bill Montana Healthcare Programs for any services that are generally offered to all members without charge. School-based services provided to Montana Healthcare Programs members include the following: • Therapy services (physical therapy, occupational therapy, speech language pathology) • Audiology • Private duty nursing • School psychology and mental health services (including clinical social work and clinical professional counseling)	and payments are reconciled at year end. Nebraska allows for administrative claiming to enroll eligible children in Medicaid and assist in access to services.¹⁶⁹	for each district annually based on the projected cost of the service or a contracted rate. Costs and revenues are settled annually through cost reconciliation. The administrative claiming program allows for additional reimbursement for outreach activities not claimable in the fee-for-service program.¹⁷⁰	effort to minimize overpayments, LEAS are given the option to be paid at either 80% or 90% of the total calculated amount. LEAs are asked to submit claims for Medicaid covered services, although they will not be paid for claim charges. All claims will be submitted to Medicaid with a \$0.00 charge, as LEAs are only paid through the monthly interim payment. Rates are based on the LEA's actual, certified costs provided in their most recent annual cost report from the previous fiscal year.¹⁷¹

¹⁶⁶ Colorado Department of Health Care Policy and Financing, *School Health Services*. Available online: <https://www.colorado.gov/pacific/hcpf/school-health-services>

¹⁶⁹ Nebraska DHHS, *Nebraska School-Based Services*. Available online: <https://dhhs.ne.gov/Pages/Medicaid-Provider-School-Based-Services.aspx>

¹⁷⁰ South Dakota SSD, *South Dakota Billing and Policy Manual*. Available online: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/School_Districts.pdf

¹⁷¹ Medicaid.gov, *SPA*. <https://www.medicare.gov/medicaid/spa/downloads/UT-21-0019.pdf>

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Reimbursement	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
			7. Therapy Services ¹⁶⁷	- Personal care (provided by paraprofessional) - Other diagnostic, preventative and rehabilitative services - Specialized transportation - Orientation and Mobility Specialist services, for blind and low vision Administrative claiming funds activities related to referring individuals to services, assisting families in accessing Medicaid services, and seeking appropriate providers.¹⁶⁸			

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Ambulance	Effective July 1, 2023, Wyoming ground ambulance providers may be eligible for supplemental payments. Providers can submit payment rates negotiated between the	Colorado operates a Public EMS Supplemental Payment Program that provides annual payments to publicly owned EMS providers (e.g., city, county, fire, district, or hospital district	Idaho offers a Ground Emergency Medical Transportation (GEMT) Supplemental Reimbursement program for government-owned or operated EMS providers.	*None ¹⁷⁴	*None	*None	*None

¹⁶⁷ Idaho Medicaid, *Provider Handbook*. Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Agency%20Professional.pdf>

¹⁶⁸ Montana DPHHS, *School-Based Services Manual*. Available online: <https://medicaidprovider.mt.gov/manuals/schoolbasedservicesmanual>

¹⁷⁴ In May 2025, Montana enacted House Bill (HB) 56 authorizing a ground ambulance supplemental payment program. The program will impose a 5.75% assessment on provider revenue to draw down federal matching funds, with payments distributed based on Medicaid transport volume. Implementation is pending CMS approval.

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	provider and commercial insurance companies to the Wyoming Department of Health to determine eligibility for the supplemental payments. Supplemental payments, calculated annually, are available to compensate ground ambulance providers for the ambulance services provided to Medicaid fee-for-service (FFS) members.	services). Payments are based on detailed cost reports and calculated using the provider's cost-to-charge ratio (CCR) to estimate actual Medicaid transport costs. Medicaid reimbursements are subtracted from those costs, and the difference is paid as a supplemental amount. Payments are issued on an interim basis and reconciled through audits under SPA CO-18-0017. ¹⁷²	Providers submit annual cost reports to calculate the allowable cost per Medicaid transport. Medicaid payments are subtracted from these calculated costs, and the difference is reimbursed as a supplemental payment. Final amounts are reconciled annually to ensure accuracy, in accordance with SPA ID-23-0014. ¹⁷³				
Inpatient	Non-state government owned providers who have a Medicaid deficit, identified as having costs greater than Medicaid payments during a given year, qualify for a Qualified Rate Adjustment (QRA) payment. Private providers with a Medicaid	Colorado provides an "Uncompensated Care Supplemental Hospital Medicaid Payment" that is calculated prospectively on a yearly Federal Fiscal Year (FFY) basis. The payment is distributed based on number of beds and "Essential	Idaho pays a supplemental payment to non-state government owned hospitals with a Medicaid deficit, and Idaho uses a cost-based method to calculate its inpatient UPL. Idaho distributes a pool of supplemental payments based on	In Montana, private hospitals receive a direct Graduate Medical Education (GME) lump sum based on GME information in the cost report. ¹⁸⁰ All in-state hospitals may receive a Hospital Reimbursement Adjustor, which is calculated based	The only identified supplemental payment made by Nebraska is for supplemental GME reimbursements. There are three types of GME payments made, all of which are paid at the claim level: Direct Medical Education: Calculated	In South Dakota, private providers receive a direct GME lump sum based on relevant information included in each provider's Medicare Cost Report. A set amount of GME funding is distributed based on Medicaid inpatient days and	Utah providers are eligible for direct GME payments. This predetermined amount of GME funding is distributed using allocation percentages that are directly listed in Utah's state plan. ¹⁸⁷

¹⁷² Medicaid.gov, *Colorado SPA 18-0017*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-18-0017.pdf>

¹⁷³ Medicaid.gov, *Idaho SPA 23-0014*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ID-23-0014.pdf>

¹⁸⁰ Medicaid.gov, *Montana SPA 18-0057*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0057.pdf>

¹⁸⁷ Medicaid.gov, *Utah SPA 13-018*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-13-018-Att.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	deficit also qualify for a Private Hospital Assessment payment. The QRA and private hospital assessments use the Medicare DRG payments as the maximum limit for eligible hospitals. The QRA and private hospital assessments are cost based for all other providers. These payments qualify for a federal match.	Access Hospital" qualification. Colorado also has a Hospital Quality Incentive Payment (HQIP) that is a payment per discharge based on a normalized score of four out of seven possible measures.¹⁷⁵ Colorado makes an additional supplemental payment for teaching hospitals, including separate payments for state universities, rural family medicine residency programs, and pediatric teaching hospitals.¹⁷⁶ There is also a payment for public providers that see a high volume of indigenous peoples and an "Urban	each hospital's proportion of total inpatient days in the base year of the supplemental payment calculation. Supplemental payments for private hospitals are calculated and distributed the same way as non-state government owned providers.¹⁷⁸ Idaho pays supplemental payments to in-state and private nursing home facilities. The UPL will use the average daily reimbursement rates for each facility.¹⁷⁹	on the proportion of Medicaid inpatient days for one provider out of total Medicaid inpatient days for all eligible hospitals. The result is adjusted for rural hospitals and cannot exceed the UPL.¹⁸¹	based on the number of intern and resident full-time equivalents from the cost report¹⁸² • Indirect Medical Education: Calculated based on eligibility for the same type of payment for Medicare • Managed Care Medical Education: Based on managed care discharge volume.¹⁸³ Nebraska added supplemental payments for graduate medical education services to qualified inpatient hospitals.¹⁸⁴	weighted intern and resident full-time equivalency taken from provider's cost reports. One provider, the Center for Family Medicine, is also eligible for direct GME payments based on the South Dakota Rural Residency program.¹⁸⁵ Supplemental payments were extended for qualifying, private hospitals and nursing facilities for an additional state fiscal year¹⁸⁶.	

¹⁷⁵ Medicaid.gov, *Colorado SPA 14-052*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-14-052.pdf>

¹⁷⁶ Medicaid.gov, *Colorado SPA 20-0016*. Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-20-0016.pdf>

¹⁷⁸ Medicaid.gov, *Idaho SPA 22-0005*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ID-22-0005.pdf>

¹⁷⁹ Medicaid.gov, *Idaho SPA 18-005*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/ID/ID-18-0005.pdf>

¹⁸¹ Medicaid.gov, *Montana SPA 18-0027*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MT/MT-18-0027.pdf>

¹⁸² Medicaid.gov, *Nebraska SPA 10-04*. Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-04-Ltr.pdf>

¹⁸³ Medicaid.gov, *Nebraska SPA 10-03*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-03-Att.pdf>

¹⁸⁴ Medicaid.gov, *Nebraska SPA 22-0005*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ne-22-0005.pdf>

¹⁸⁵ Medicaid.gov, *South Dakota SPA 18-005*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/SD/SD-18-005.pdf>

¹⁸⁶ Medicaid.gov, *South Dakota SPA 22-0006*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/SD-22-0006.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		Safety Net Provider" payment for reimbursement of uncompensated indigenous care. The state also provides supplemental payments based on metropolitan statistical areas and for large rural hospitals. Additionally, there is an inpatient hospital base rate supplement to bring providers up to the UPL after other supplements have been applied. ¹⁷⁷					
Outpatient	In Wyoming, non-state government owned and private hospitals with a Medicaid deficit qualify for QRA payments. Both the QRA and private hospital assessments are cost based and qualify for a federal match.	*None	*None	*None	Nebraska provides supplemental payments for dental services provided by public entities. ¹⁸⁸ Nebraska provides supplemental payments for graduate medical education services to qualified outpatient hospitals.	*None	Utah pays in-state government owned, non-state government owned, and private providers a supplemental payment equal to each provider's Medicaid deficit. Private rural hospitals receive an increased proportion of the

¹⁷⁷ Medicaid.gov, *Colorado SPA 17-0049*. Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/CO/CO-17-0049.pdf>

¹⁸⁸ Medicaid.gov, *Nebraska SPA 10-04*. Available online: <https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/NE/NE-10-04-Ltr.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
							supplemental payment pool.¹⁸⁹ The State updated the SPA to address the utilization trends for outpatient hospital upper payment limits.¹⁹⁰
Physician	In Wyoming, physicians and other professional service providers that are owned or operated by private or non-state government owned hospitals are eligible for a Professional Services Supplemental Payment (PSSP) effective July 1, 2020. The supplemental payment is calculated at an average commercial rate for all services. Medicaid payment amounts are subtracted from the estimated	The Colorado Medicaid physician supplemental payment program uses a calculated Medicare to commercial conversion factor to estimate the average commercial rate for eligible physician services provided by physicians, nurse anesthetists, physician assistants, clinical nurse specialists, nurse midwives, nurse practitioners, psychologists, clinical social workers, optometrists, and dentists that are employed by the University of	*None	*None	Nebraska makes supplemental payments for services provided by the University of Nebraska Medical Center and its affiliated practices, including physicians, nurse practitioners, midwives, nurse anesthetists, audiologists, optometrists, mental health practitioners, and psychologists. Nebraska Medicaid calculates an average commercial payment for physician services and paying the difference between the estimated	*None	*None

¹⁸⁹ Medicaid.gov, *Utah SPA 18-0003*. Available online: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/UT/UT-18-0003.pdf>

¹⁹⁰ Medicaid.gov, *Utah SPA 22-0009*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/UT-22-0009.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	commercial rate for each service to identify the available supplemental payments. Calculations are performed on an annual basis.	Colorado School of Medicine, a state-owned provider.¹⁹¹ To calculate a provider's average commercial rate, Colorado Medicaid first estimates the Medicare payment made for each service and then inflates the Medicare payment using the Medicare to commercial conversion factor. Medicaid paid amounts are subtracted from the estimated commercial rate for each service to calculate the available supplemental payments. Calculations are performed on a quarterly basis. Colorado updated its SPA to increase the supplemental payment pool for Rural Family Medicine Residency Development Payment, Family Medicine			commercial equivalent payments and Medicaid FFS and TPL payments. ¹⁹³		

¹⁹¹ Medicaid.gov, *Colorado SPA 21-0020*. Available online: <https://www.medicaid.gov/Medicaid/spa/downloads/CO-21-0020.pdf>

¹⁹³ Medicaid.gov, *Nebraska SPA 22-0002*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/ne-22-0002.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		Residency Program Payment, State University Teaching Hospital Payment, Pediatric Major Teaching Payment and the Urban Safety Net Provider Payment. ¹⁹²					
PRTF	Effective July 1, 2023, Wyoming Medicaid implemented a supplemental payment program for PRTFs that are located in the state and affiliated with privately owned hospitals. The program is designed to help eligible facilities recover the difference between Medicaid reimbursements and the estimated cost of care, as measured by Medicare equivalent rates. Each facility's eligibility and payment amount are determined through an annual calculation of its individual UPL, which is based on	*None	*None	Montana has an approved PRTF specific supplemental payment program designed to support direct care staffing in in-state PRTFs, effective July 1, 2024. The supplemental amount is calculated using each provider's share of direct care workers (DCWs) who serve Medicaid youth. Specifically, each PRTF reports its total DCWs, which is then adjusted by the percentage of Medicaid youth they serve. This adjusted count is divided by the statewide total to determine the provider's proportional share.	*None	*None	*None

¹⁹² Medicaid.gov, *Colorado SPA 22-0034*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/co-22-0034.pdf>

Supplemental Payments

Program Type	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	historical claims data. If the UPL exceeds the Medicaid allowed amount for a facility, the resulting gap qualifies the provider for a supplemental payment. These payments are distributed in equal quarterly installments. If no gap exists, no payment is made. The program ensures that total Medicaid payments, including both claims and supplemental funds, do not exceed the UPL for any facility. This approach helps ensure more equitable reimbursement for high-cost behavioral health services delivered to Medicaid fee for service members.			That share is applied to the total supplemental appropriation to determine the annual payment amount. In addition to the lump-sum payment, in-state PRTFs also receive a flat \$20 per day add on to the bundled Medicaid per diem rate. Together, these payments are intended to enhance wages and benefits for direct care staff, improve workforce stability, and support high quality residential behavioral services for Medicaid youth. ¹⁹⁴			

¹⁹⁴ Medicaid.gov, *Montana SPA 24-0004*. Available online: <https://www.medicaid.gov/medicaid/spa/downloads/MT-24-0004.pdf>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Medicaid previously referred to telehealth as telemedicine and has since redefined the term to telehealth. CMS defines Telehealth as a way to, “improve a patient’s health by permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site.” Telehealth is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance. Telecommunications may include technologies such as telephones, electronic mail systems, and remote patient monitoring devices to collect and transmit patient data. While all state Medicaid programs reimburse for some type of telehealth, policies vary across states with differences in how telehealth is defined, regulated, and reimbursed.¹⁹⁵							
Service and Reimbursement Coverage	Wyoming Medicaid reimburses for live video visits at the same rate as in-person visits for eligible providers and services. Wyoming terminated the state COVID 19 PHE on March 14th, 2022.¹⁹⁶ Post PHE policies require telehealth to be performed in real time with interactive audio and video, via telecommunications systems. This means that the member must be	Colorado Medicaid reimburses, at minimum, the same rate as the medical assistance program rate for a comparable in-person service for live video visits for all services covered by Health First Colorado. Colorado terminated the State PHE on July 8, 2021.¹⁹⁸ Post PHE policies require telehealth to be performed via two-way live interactive audio and	Idaho Medicaid reimburses a fee-for-service rate for two-way live video for eligible providers and services. Idaho terminated the COVID 19 PHE on April 15, 2022.²⁰¹ Post PHE policies require telehealth to be performed via real-time, full-motion two-way video and audio. Covered telehealth includes select	Montana Medicaid reimburses for medically necessary live video visits at the same rate of payment as services delivered in-person. The Montana Administration terminated the PHE on June 30, 2021.²⁰⁴ Post PHE policies do not provide reimbursement for consultations provided by telephone	Nebraska Medicaid reimburses eligible Medicaid live video at minimum, the same fee-for-service rate of in person services. Nebraska terminated the COVID 19 PHE on June 30, 2021.²⁰⁷ Post PHE policies allow for audio only services for the delivery of individual behavioral health services for an established patient and crisis	South Dakota Medicaid reimburses the lesser of the provider’s usual and customary charge or the fee schedule rate for live video for eligible providers and services. South Dakota terminated the COVID 19 PHE on June 30, 2021.²¹³ Post PHE policies require telehealth to be delivered via two-way audio and video. Two-way	Utah Medicaid reimburses for live video or audio for eligible providers and services. The reimbursement rate for telemedicine services is subject to reimbursement policies set by the state plan and may be based on 1) a monthly reimbursement rate; 2) a daily reimbursement rate; 3) an encounter rate.²¹⁵

¹⁹⁵ Center for Medicare and Medicaid Services, *Telehealth*. Available online: <https://www.medicare.gov/medicaid/benefits/telehealth/index.html>

¹⁹⁶ Wyoming Board of Medicine, *COVID-19 Information and Resources*. Available online: <https://wyomedboard.wyo.gov/resources/coronavirus-covid-19-information-and-resources>

¹⁹⁸ Colorado Governor, *Governor Polis Ends COVID-19 Health Emergency Order*. Available online: <https://www.colorado.gov/governor/news/5746-governor-polis-ends-covid-19-health-emergency-order>

²⁰¹ Idaho Official Government Website, *Public health disaster emergency declaration to end April 15*. Available online: <https://gov.idaho.gov/pressrelease/public-health-disaster-emergency-declaration-to-end-april-15/>

²⁰⁴ State of Montana Newsroom, *Governor Gianforte Ends State of Emergency in Montana*. Available online: <https://news.mt.gov/Governors-Office/Governor-Gianforte-Ends-State-of-Emergency-in-Montana>

²⁰⁷ Nebraska DHHS, Gov. Ricketts Ends Coronavirus State of Emergency. Available online: <https://dhhs.ne.gov/Pages/Gov-Ricketts-Ends-Coronavirus-State-of-Emergency.aspx>

²¹³ South Dakota Department of Social Services, *State of South Dakota Office of the Governor Executive Order 2020-34*. Available online: <https://sdsos.gov/general-information/executive-actions/executive-orders/assets/2020-34%20-%20.PDF>

²¹⁵ Utah State Legislature, *26-18-13 Telemedicine – Reimbursement – Rulemaking*. Available online: https://le.utah.gov/xcode/Title26/Chapter18/26-18-S13.html?v=C26-18-S13_2017050920170509

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	able to see <i>and</i> interact with the off-site practitioner at the time services are provided via telehealth technology. Communication between a healthcare practitioner and a member is not covered via telephone, email, or fax. In addition, group psychotherapy will no longer be covered, and Medicaid will not reimburse for the use or upgrade of technology. Currently, Wyoming reimburses both originating and distance sites; however, providers may not bill for both the originating (spoke) site and the distance (hub) site, unless the provider is at one location	video telecommunications equipment. Services may be provided via telephone, live chat, or interactive audiovisual modality for only FQHC, RHC, and IHS provider types. Covered services include services covered by the Health First Colorado benefit, provided within the scope and training of an enrolled provider's license, and appropriate to be rendered via telemedicine. Primary care and specialty providers are reimbursed as the "originating provider" when the member is present with the provider at the originating site. If no originating provider is present during a Telemedicine	services for children with developmental disabilities, early intervention services through the infant toddler program, interpretive services, occupational and physical therapists, physician/non-physician practitioner services, school-based services, and speech language pathologists. Fee for service reimbursement is not available for email or fax. Only one eligible provider may be reimbursed per service per participant per date of service. No reimbursement is available for the	(interactive audio), facsimile machine transmissions, or crisis hotlines. However, telehealth services may be provided using secure portal messaging, secure instant messaging, telephone communication, or audiovisual communication.²⁰⁵ Montana does not allow the originating and distant providers to be within the same facility or community. In addition, the same provider may not be reimbursed as both the originating and distance provider.²⁰⁶	management and intervention for an established patient.²⁰⁸ Telephone consultations with another physician may be covered by the State if the name of the consulting physician is indicated on or in the claim.²⁰⁹ Services will continue to be covered and reimbursed on the Medicaid fee-for-service program. Additionally, managed care contracts with managed care plans will be amended to add coverage of health care services. Lastly, the department will look to establish rates for transmission cost reimbursement for	audio services may be covered if the patient does not have access to face-to-face audio/visual telemedicine technology. Audio-only SUD services are covered for FQHCs, RHCs, and IHS facilities and reimbursed at the encounter rate. Reimbursement is limited to the lesser of the provider's usual and customary charge or the fee contained on the State fee schedule for live, two-way audio <i>and</i> video. FQHC/RHC and IHS/Tribal 638 providers may bill for audio-only evaluation and management services and be reimbursed at the	Utah Terminated the COVID 19 PHE on July 1, 2021.²¹⁶ Post PHE policies cover telehealth services such as consultation, evaluation and management, manual health, substance use disorder, teledentistry, and telepsychiatric consultations. Interprofessional telephone or internet assessments and management services are covered for consultative psychiatrists Services not otherwise covered by Utah Medicaid will not be covered when delivered via telehealth. The provider at the originating site receives no additional

²⁰⁵ Montana Legislation, *53-6-122 Telehealth Services – requirements—limitations*. Available online: https://leg.mt.gov/bills/mca/title_0530/chapter_0060/part_0010/section_0220/0530-0060-0010-0220.html

²⁰⁶ Montana Medicaid Provider Manual, *Telemedicine*. Available online: <https://medicaidprovider.mt.gov/manuals/generalinformationforprovidersmanual#604026797-telemedicine>

²⁰⁸ Nebraska Legislature, *71-8503 Nebraska Telehealth Act*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8503>

²⁰⁹ Nebraska DHHS, *471 NAC 18*. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-18.pdf

²¹⁶ Utah State Legislature, *HB 294 2021-11*. Available online: <https://le.utah.gov/~2021/bills/static/HB0294.html>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	and the member is at a different location even though the pay to provider is the same. ¹⁹⁷	Services appointment, then the location of the originating site is at the member's discretion and can include the member's home. A primary care provider may be reimbursed as the "distant provider" if they facilitate an in-person visit in the state of Colorado. Medical specialist providers may be reimbursed as the "distant provider." ¹⁹⁹ ²⁰⁰	use of equipment at the originating or remote sites. The place of service used should be the location of the participant. Telehealth services billed without being identified as such are not covered. Covered telehealth services may be reimbursed within limitations defined by the Department. ²⁰² ²⁰³		telehealth consultation. ²¹⁰ The reimbursement rate is <i>not</i> dependent on the distance between the health care practitioner and the patient. ^{211,212}	fee schedule rate. ²¹⁴	reimbursement for the use of telehealth services. ²¹⁷
Remote Patient Monitoring	Wyoming reimburses remote patient monitoring	Colorado reimburses remote patient monitoring for	Idaho does not reimburse remote	Montana does not reimburse remote patient monitoring.	Nebraska reimburses remote patient monitoring	South Dakota does not reimburse	Utah reimburses remote patient monitoring under

¹⁹⁷ Wyoming Department of Health CMS 1500 ICD-10 Manual effective 1/1/2023. Available online: <https://www.wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/CMS-1500-Provider-Manual>

¹⁹⁹ Colorado Department of Health Care Policy and Financing, *Telemedicine Provider Information* Available online: <https://hcpf.colorado.gov/provider-telemedicine>

²⁰⁰ Colorado Department of Health Care Policy and Financing, *Telemedicine Billing Manual*. Available online: <https://hcpf.colorado.gov/telemedicine-manual#covServ>

²⁰² Idaho Medicaid Provider Handbook. Available online:

<https://www.idmedicaid.com/General%20Information/General%20Information%20and%20Requirements%20for%20Providers.pdf>

²⁰³ Idaho Department of Health and Welfare, 16.03.09 Medicaid Basic Plan Benefits. Available online: <https://adminrules.idaho.gov/rules/current/16/160309.pdf>

²¹⁰ Nebraska Legislature, *71-8506 Medical assistance program; reimbursement; requirements*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8506>

²¹¹ Nebraska General Statewide Telehealth – COVID 19 FAQs. Available online at: <https://dhhs.ne.gov/Documents/COVID-19%20General%20Statewide%20Telehealth%20FAQ.pdf>

²¹² Nebraska Legislature, *Chapter 71-8506*. Available online: <https://nebraskalegislature.gov/laws/statutes.php?statute=71-8506>

²¹⁴ South Dakota Medicaid Billing and Policy Manual, Telemedicine Services. Available online:

<https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Professional/Telemedicine.pdf>

²¹⁷ Utah Medicaid Provider Manual. Available online: <https://medicaid.utah.gov/Documents/pdfs/SECTION1.pdf>

Telehealth/Telemedicine

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	procedure codes 99453, 99454, 99457 and 99458.	eligible individuals with certain chronic conditions.	patient monitoring.		under certain conditions. ²¹⁸	remote patient monitoring.	certain conditions. ²¹⁹
Licensure Agreements: Compacts that create a streamlined process for providers to be licensed in multiple states allowing them to practice telemedicine across state lines. ²²⁰	Interstate Medical Licensure Compact Audiology and Speech-Language Pathology Interstate Compact Nurse Licensure Compact EMS Personnel Licensure Interstate Compact Occupational Therapy Licensure Compact Psychology Interjurisdictional Compact Counseling Compact	Interstate Medical Licensure Compact Interstate Licensed Professional Counselor Compact Interjurisdictional Psychology Compact Member of the Physical Therapy Compact Nurse Licensure Compact EMS Compact Occupational Therapy Interstate Compact Audiology and Speech-Language Pathology Interstate Compact Interstate Licensed Professional Counselor Compact	Interstate Medical Licensure Compact Nurses Licensure Compact EMS Compact Member of the Audiology and Speech-Language Pathology Interstate Compact Psychology Interjurisdictional Compact	Interstate Medical Licensure Compact Nurse Licensure Compact Physical Therapy Compact Occupational Therapy Compact Audiology and Speech Language Pathology Compact Counseling Compact	Interstate Medical Licensure Compact Psychology Interjurisdictional Compact Nurse Licensure Compact Physical Therapy Compact EMS Compact Audiology and Speech Language Pathology Interstate Compact Counseling Compact Occupational Therapy Licensure Compact	Physical Therapy Compact Interstate Medical Licensure Compact Nurse Licensure Compact EMS Compact Occupational Therapy Compact	Interstate Medical Licensure Compact Psychology Interjurisdictional Compact Nurse Licensure Compact Physical Therapy Licensure Compact Audiology and Speech-language Pathology Interstate Compact Emergency Medical Services Compact Occupational Therapy Licensure Compact Counseling Compact Advanced Practice Registered Nurse (APRN) Compact Physician Assistant Compact

²¹⁸ NE Admin. Code Title 471 Sec. 1-004.01(F) & 1-004.07, Ch. 1, p. 7 & 9.

²¹⁹ Utah Medicaid, *Provider Manual*. Available online:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf>

²²⁰ CCHP Licensure Compacts. Available online: <https://www.cchpca.org/topic/licensure-compacts/>

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Vision - Ophthalmology – By Expenditures

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
66984	XCAPSL CTRC RMVL W/O ECP	\$630.39	\$517.11	\$553.03	\$444.56	\$708.99	\$1,729.00	\$525.95	\$400.98	N/A
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	\$162.04
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$160.55
92014	COMPRES OPH EXAM EST PT 1/>	\$102.79	\$120.64	\$113.66	\$104.20	\$165.69	\$66.26	\$117.24	\$93.15	\$153.47
92004	COMPRES OPH EXAM NEW PT 1/>	\$125.07	\$142.63	\$136.32	\$123.62	\$196.02	\$79.97	\$143.94	\$110.45	\$176.16
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$57.64	\$44.77	\$10.00*	N/A	\$12.40*	\$50.66	N/A	N/A
92134	CPTRZ OPH DX IMG PST SGM RTA	\$37.83	\$31.21	\$38.46	\$33.34	\$53.19	\$40.21	\$39.87	\$29.89	\$59.47
66982	XCAPSL CTRC RMVL CPLX WO ECP	\$880.17	\$707.86	\$742.92	\$609.01	\$971.21	\$2,173.60	\$719.74	\$549.60	N/A
92060	SENSORIMOTOR EXAMINATION	\$53.91	\$61.61	\$60.11	\$52.71	\$83.96	\$49.81	\$56.85	\$47.14	\$85.01
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$88.18	\$68.48	\$4.00*	N/A	\$49.05	\$77.50	\$64.61	N/A
67113	REPAIR RETINAL DETACH CPLX	\$1,459.16	\$1,257.84	\$1,076.82	\$1,084.17	\$1,727.50	\$1,358.50	\$1,278.34	\$978.97	N/A
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$111.36
67311	REVISE EYE MUSCLE	\$492.02	\$435.21	\$463.62	\$372.60	\$595.22	\$1,111.50*	\$496.78	\$336.22	N/A
67228	TREATMENT X10SV RETINOPATHY	\$1,014.59	\$322.77*	\$334.08*	\$277.82*	\$444.08	\$741.00	\$329.34*	\$250.80*	N/A
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$181.96
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$15.63	\$17.80	\$25.06	\$18.28	\$13.82	\$5.00*	\$28.70
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$27.10	\$23.62	\$45.72	\$84.56	N/A	N/A	N/A
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$50.52	\$39.24	\$12.00	N/A	\$16.27	N/A	\$37.02	N/A
66821	AFTER CATARACT LASER SURGERY	\$263.44	\$317.80	\$263.05	\$273.03	\$438.50	\$389.02	\$327.07	\$246.00	N/A
92136	OPHTHALMIC BIOMETRY	\$73.32	\$45.44	\$49.59	\$38.93	\$61.98	\$87.74	\$52.34	\$34.86	\$109.06

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

Average Ophthalmology Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	109%	100%	66%

SFY 2025 Wyoming Medicaid Reimbursement Benchmarking Study

Vision - Ophthalmology – By Utilization

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

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92134	CPTRZ OPH DX IMG PST SGM RTA	\$37.83	\$31.21	\$38.46	\$33.34	\$53.19	\$40.21	\$39.87	\$29.89	\$59.47
66984	XCAPSL CTRC RMVL W/O ECP	\$630.39	\$517.11	\$553.03	\$444.56	\$708.99	\$1,729.00	\$525.95	\$400.98	N/A
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	\$160.55
67028	INJECTION EYE DRUG	\$174.67	\$107.99	\$114.80	\$92.63	\$148.06	\$475.47	\$109.92	\$83.56	\$168.50
92014	COMPRES OPH EXAM EST PT 1/2	\$102.79	\$120.64	\$113.66	\$104.20	\$165.69	\$66.26	\$117.24	\$93.15	\$153.47
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$165.69	\$110.80	\$145.95	\$126.56	\$162.04
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	\$111.36
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$57.64	\$44.77	\$10.00*	N/A	\$12.40*	\$50.66	N/A	N/A
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$15.63	\$17.80	\$25.06	\$18.28	\$13.82	\$5.00*	\$28.70
92136	OPHTHALMIC BIOMETRY	\$73.32	\$45.44	\$49.59	\$38.93	\$61.98	\$87.74	\$52.34	\$34.86	\$109.06
92060	SENSORIMOTOR EXAMINATION	\$53.91	\$61.61	\$60.11	\$52.71	\$83.96	\$49.81	\$56.85	\$47.14	\$85.01
92004	COMPRES OPH EXAM NEW PT 1/2	\$125.07	\$142.63	\$136.32	\$123.62	\$196.02	\$79.97	\$92,004.00*	\$110.45	\$176.16
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$27.10	\$23.62	\$45.72	\$84.56	N/A	N/A	N/A
92133	CMPTROPHTH IMG OPTIC NERVE	\$37.83	\$29.59	\$38.46	\$29.99	\$47.92	\$40.21	\$35.87	\$26.91	\$100.96
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$88.18	\$68.48	\$4.00*	N/A	\$49.05	\$77.50	\$64.61	N/A
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$50.52	\$39.24	\$12.00	N/A	\$16.27	N/A	\$37.02	N/A
92083	EXTENDED VISUAL FIELD XM	\$72.96	\$60.97	\$66.56	\$51.93	\$83.52	\$99.62	\$62.83	\$46.58	\$117.37
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	\$181.96
66821	AFTER CATARACT LASER SURGERY	\$263.44	\$317.80	\$263.05	\$273.03	\$438.50	\$389.02	\$327.07	\$246.00	N/A
83861	MICROFLUID ANALY TEARS	\$19.72	N/A	See CDL UPL Fee Schedule	\$20.23	\$22.48	\$22.48	N/A	\$17.30	N/A

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

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Average Ophthalmology Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	100%	97%	N/A

Vision – Optician/Optomtry – By Expenditures

Note: All procedure codes billed by providers with the 152W0000X and 156FX1800X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
92014	COMPRES OPH EXAM EST PT 1/2	\$102.79	\$120.64	\$113.66	\$104.20	\$165.69	\$66.26	\$117.24	\$93.15	N/A
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$88.18	\$68.48	\$4.00*	N/A	\$49.05	\$77.50	\$64.61	N/A
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$57.64	\$44.77	\$10.00*	N/A	\$12.40*	\$50.66	N/A	N/A
92004	COMPRES OPH EXAM NEW PT 1/2	\$125.07	\$142.63	\$136.32	\$123.62	\$196.02	\$79.97	\$143.94	\$110.45	N/A
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$50.52	\$39.24	\$12.00	N/A	\$16.27	N/A	\$37.02	N/A
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$15.63	\$17.80	\$25.06	\$18.28	\$13.82	\$5.00*	N/A
V2410	LENS VARIAB ASPHERICITY SING	\$90.40	\$143.49	\$111.45	\$15.00*	N/A	IC + 30%	\$128.30	N/A	N/A
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$27.10	\$23.62	\$45.72	\$84.56	N/A	N/A	N/A
92250	FUNDUS PHOTOGRAPHY W/I&R	\$62.90	\$35.41	\$39.48	\$30.52	\$48.80	\$105.56	\$36.54	\$27.40	N/A
V2100	LENS SPHER SINGLE PLANO 4.00	\$31.01	\$62.69	\$48.69	\$5.00*	N/A	\$14.41	N/A	\$45.93	N/A
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	N/A
92065	ORTHOP TRAING PFRMD PHYS/QHP	\$44.93	\$38.41	\$56.49	\$98.52	N/A	\$48.89	\$44.34	N/A	N/A
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$57.61	\$44.74	\$21.80	N/A	\$17.71	N/A	\$42.21	N/A
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	N/A
92012	INTRM OPH EXAM EST PATIENT	\$66.85	\$85.14	\$78.74	\$73.55	\$117.33	\$36.56	\$80.46	\$65.83	N/A
99203	OFFICE O/P NEW LOW 30 MIN	\$95.60	\$107.66	\$102.87	\$102.08	\$147.09	\$77.56	\$97.40	\$84.98	N/A
65778	COVER EYE W/MEMBRANE	\$812.60	\$1,217.18	\$1,093.40	\$875.15	\$1,434.81	\$129.67*	\$1,357.10	\$786.75	N/A
99204	OFFICE O/P NEW MOD 45 MIN	\$146.99	\$161.32	\$136.94	\$153.57	\$220.46	\$110.80	\$145.95	\$126.56	N/A
V2107	SPHEROCYLINDER 4.25D/12-2D	\$39.49	\$56.03	\$43.51	\$5.00*	N/A	\$18.82	N/A	\$41.06	N/A
92310	CONTACT LENS FITTING OU	\$88.77	N/A	\$97.26	\$81.55	\$131.35	\$109.68	\$32.19	\$73.95	N/A

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

Average Optician/Optometry Comparison (By Expenditures)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	82%	95%	N/A

Vision - Optician/Optometry – By Utilization

Note: All procedure codes billed by providers with the 152W0000X and 156FX1800X taxonomy are included in this analysis.

Procedure Code	Description	WY Rate	Medicare	CO Rate	ID Rate	MT Rate	NE Rate	SD Rate	UT Rate	Commercial Rate
V2784	LENS POLYCARB OR EQUAL	\$42.43	\$57.64	\$44.77	\$10.00*	N/A	\$12.40*	\$50.66	N/A	N/A
92015	DETERMINE REFRACTIVE STATE	\$19.05	N/A	\$15.63	\$17.80	\$25.06	\$18.28	\$13.82	\$5.00*	N/A
92014	COMPRES OPH EXAM EST PT 1/>	\$102.79	\$120.64	\$113.66	\$104.20	\$165.69	\$66.26	\$117.24	\$93.15	N/A
V2103	SPHEROCYLINDR 4.00D/12-2.00D	\$31.84	\$50.52	\$39.24	\$12.00	N/A	\$16.27	N/A	\$37.02	N/A
V2020	VISION SVCS FRAMES PURCHASES	\$71.65	\$88.18	\$68.48	\$4.00*	N/A	\$49.05	\$77.50	\$64.61	N/A
92004	COMPRES OPH EXAM NEW PT 1/>	\$125.07	\$142.63	\$136.32	\$123.62	\$196.02	\$79.97	\$143.94	\$110.45	N/A
92340	FIT SPECTACLES MONOFOCAL	\$31.99	N/A	\$27.10	\$23.62	\$45.72	\$84.56	N/A	N/A	N/A
V2100	LENS SPHER SINGLE PLANO 4.00	\$31.01	\$62.69	\$48.69	\$5.00*	N/A	\$14.41	N/A	\$45.93	N/A
V2104	SPHEROCYLINDR 4.00D/2.12-4D	\$34.70	\$57.61	\$44.74	\$21.80	N/A	\$17.71	N/A	\$42.21	N/A
V2410	LENS VARIAB ASPHERICITY SING	\$90.40	\$143.49	\$111.45	\$15.00*	N/A	IC + 30%	\$128.30	N/A	N/A
92250	FUNDUS PHOTOGRAPHY W/I&R	\$62.90	\$35.41	\$39.48	\$30.52	\$48.80	\$105.56	\$36.54	\$27.40	N/A
99213	OFFICE O/P EST LOW 20 MIN	\$64.33	\$88.11	\$75.50	\$83.62	\$119.92	\$49.86	\$79.94	\$67.43	N/A
92065	ORTHOP TRAING PFRMD PHYS/QHP	\$44.93	\$38.41	\$56.49	\$98.52	N/A	\$48.89	\$44.34	N/A	N/A
99214	OFFICE O/P EST MOD 30 MIN	\$91.28	\$123.91	\$106.67	\$118.20	\$169.11	\$74.79	\$112.75	\$95.52	N/A
92012	INTRM OPH EXAM EST PATIENT	\$66.85	\$85.14	\$78.74	\$73.55	\$117.33	\$36.56	\$80.46	\$65.83	N/A

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V2107	SPHEROCYLINDER 4.25D/12-2D	\$39.49	\$56.03	\$43.51	\$5.00*	N/A	\$18.82	N/A	\$41.06	N/A
V2105	SPHEROCYLINDER 4.00D/4.25-6D	\$35.30	\$49.23	\$40.56	\$21.80	N/A	\$19.46	N/A	\$36.07	N/A
99212	OFFICE O/P EST SF 10 MIN	\$38.45	\$54.57	\$47.49	\$51.77	\$74.69	\$33.24	\$80.46	\$42.05	N/A
92370	RPR&REFITG SPECT XCP APHAKIA	\$28.39	N/A	\$19.11	\$4.37*	N/A	\$22.85	\$32.39	N/A	N/A
92134	CPTRZ OPH DX IMG PST SGM RTA	\$37.83	\$31.21	\$38.46	\$33.34	\$53.19	\$40.21	\$39.87	\$29.89	N/A

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

Average Optician/Optometry Comparison (By Utilization)	WY Rate as % of Medicare	WY Rate as % of 6-State Average	WY Rate as % of Commercial Rate
	83%	96%	N/A

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
The Case Management Society of America defines case management as “a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote patient safety, quality of care, and cost-effective outcomes.” ²²¹							
Waiver Services: Case Management	In Wyoming, case management assists participants in gaining access to needed services regardless of the funding source. Case managers are responsible for conducting assessments and periodic reassessments of participant needs; facilitating the development of a person-centered service plan; initiating level of care evaluations; providing choice of services and providers; service coordination,	In Colorado, case management includes referral of needed Medicaid services that enable the child to remain in their community. ^{225,226}	In Idaho, case managers are responsible for acting as the primary coordinator and point of contact for both the family and providers. Main responsibilities include assisting with funds allocation, transition to adult services, and accessing personal care services, transportation, resources for job development, and service providers. ^{227,228}	In Montana, reimbursable case management activities include assessment and evaluation of needs, developing a plan of care, referral, and linkage to service providers to meet the needs identified in the plan of care, and monitoring to ensure needs are being met. Case management is reimbursed at a monthly rate and billed for every month that one of the above services is performed. ^{229,230}	In Nebraska, services coordinators are responsible for eligibility determinations and assessments of clients. They are also responsible for determining the best mix of services and resources to meet their clients’ needs and implementing the plan of care to achieve client goals. They also conduct periodic reviews. ^{232,233}	In South Dakota, case management requires the development of a person-centered Individualized Support Plan. Case managers are also required to develop a 24-hour individual back-up plan with paid and natural supports in addition to providing transition, assessment, and referral assistance. ²³⁴	In Utah, case management is intended to maintain the individual in the home in accordance with the person’s service needs. In addition to normal case management activities (assessment, service planning, referral, monitoring) case managers also assist individuals with accessing State Plan services as well as requesting a fair

²²¹ Case Management Society of America: What is a Case Manager. Available online: <https://cmsa.org/who-we-are/what-is-a-case-manager/>

²²⁵ Colorado Children’s Home and Community Based Services Waiver Application. Available online: <https://medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81116>

²²⁶ Colorado DPHCPF, *Medical Assistance – Section 8.500 10 CCR 2505-10 8.500*. Available online: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6591&fileName=10%20CCR%202505-10%208.500>

²²⁷ Idaho Developmental Disabilities Waiver Application. Available online: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>

²²⁸ Idaho Children’s DD Provider Handbook. Available online: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=6326&dbid=0&repo=PUBLIC-DOCUMENTS>

²²⁹ Montana Big Sky Waiver Application. Available online: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82371>

²³⁰ Montana Developmental Disabilities Program Manual of Service Reimbursement Rates and Procedures. Available online: <https://dphhs.mt.gov/assets/dsd/DDP/RatesInformation/DRAFTTCMRateManual2EffJuly2021.pdf>

²³² Nebraska HCBS for Aged & Adults & Children with Disabilities Waiver Application. Available online: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82441>

²³³ Nebraska HHS Finance and Support Manual, Title 480, Chapter 5. Available online: https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-480/Chapter-05.pdf

²³⁴ South Dakota Choices Waiver Application. Available online: <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83186>

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	referral, and other related activities to help the participant obtain needed services; and ongoing monitoring of plan implementation, IBA, and participant health and welfare; responding to crises; and quarterly observation of services.²²² Case management is reimbursed either at a 15-minute rate or a monthly rate. A minimum of two hours of direct services must be documented in order to bill using the monthly unit.^{223 224}			Case management assists members in gaining access to needed services based on an evaluation of their current state regardless of the funding source. Case managers are financially accountable for waiver expenditures and are reimbursed using a daily rate.²³¹			hearing for any denial of services or providers. Case management is paid in 15-minute increments at 124% of the TCM rate.^{235 236 237}

²²² Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

²²³ Wyoming Comprehensive Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

²²⁴ Wyoming Comprehensive and Supports Waiver Service Index. Available online at: <https://health.wyo.gov/wp-content/uploads/2023/10/DD-Waiver-Service-Index-edited-10.1.2023.pdf>

²³¹ Montana Severe and Disabling Mental Illness HCBS Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82396>

²³⁵ Utah New Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83336>

²³⁶ Utah New Choices Waiver Attachment B – Special Provisions. Available online at: <https://medicaid.utah.gov/Documents/pdfs/ltr/nc/attB/Case%20Management%20Services%20T1016%20and%20T2024%20-%20Att%20B.pdf>

²³⁷ Utah Waiver for Individuals Age 65 or Older Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83346>

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
CMS defines skilled care as “nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It’s health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition, and evaluate your care.” ²³⁸							
Waiver Services: Skilled Nursing	In Wyoming, skilled nursing services may be provided on a long-term basis and are not subject to a physician's review. Skilled nursing services may not include companionship or other diversional or recreational services. Skilled nursing services are medical care services, including the application of the nursing process (assessment, diagnosis, planning, intervention, evaluation) and the execution of a medical regimen. Skilled nursing services must require a level of expertise that non-medically trained providers cannot deliver. Providers may only be reimbursed for direct participant care, CNAs and non-licensed individuals cannot	In Colorado, skilled nursing is covered in the state plan and therefore there are not skilled nursing waiver services.	In Idaho, skilled nursing must be provided by an RN or LPN under the supervision of an RN. Nursing services include, but are not limited to, NG tube maintenance, volume ventilator maintenance, IV therapy/parenteral nutrition, injections, blood glucose and pressure monitoring. Nursing services are paid on a per-visit basis and are billed in 15-minute increments.²⁴⁰ Skilled nursing includes oversight, training, and skilled care that is within the scope of the Nurse Practice Act, provided by with an RN or LPN with RN supervision. Reimbursement rates	In Montana, private duty nursing service provides medical management, direct treatment, consultation, and training for the member and/or caregivers. Waiver services may only be used after State Plan home health nursing limits have been reached. Reimbursement is different for LPNs and RNs and services are billed in 15-minute increments.²⁴² Private duty nursing (PDN) services are delivered by an RN or LPN in the home. PDN services must be medically necessary and are only provided to members who require continuous in-home care that	N/A	In South Dakota, nursing services are provided by RNs who hold a current license under the provisions of SDCL chapter 36-9. Services are limited to those that are not covered under the State Plan. Nursing services are needed services that can only be provided by a licensed nurse such as periodic evaluation, counseling, and/or screening to promote and maintain an individual's optimal health status. Services are reimbursed in 15-	In Utah, skilled nursing respite is an intermittent service provided by an RN to relieve primary caregivers from the stress of providing continuous skilled care. This service is provided in a private residence.²⁴⁸ The reimbursement rate for skilled nursing respite care (agency) is based on the State Plan private duty nursing rates. The individual rate is equivalent to 63.7% of the agency-based rate.²⁴⁹

²³⁸ Centers for Medicare and Medicaid Services. Skilled Nursing Facility Care. Available online: <https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care#:~:text=Skilled%20care%20is%20nursing%20and,condition%2C%20and%20evaluate%20your%20care.>

²⁴⁰ Idaho Medicaid Provider Guidelines. Available online: <https://www.idmedicaid.com/Provider%20Guidelines/Nursing%20Services.pdf>

²⁴² Montana Waiver Services. Available online: <https://dphhs.mt.gov/BHDD/DisabilityServices/developmentaldisabilities/ddpmedicaidwaivers>

²⁴⁸ Utah Medically Complex Children's New Choices 1915(c) Waiver. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83376>

²⁴⁹ Utah HCBS Waiver for Technology Dependent, Medically Fragile Individuals Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83326>

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	provide these services. Rates for skilled nursing services are based on the State Plan and are paid in 15-minute increments. ²³⁹		differ by provider qualifications. ²⁴¹	cannot be provided by a Home Health Agency. Rates are calculated based on the number of PDN providers, entry level salaries, and employment costs from provider agencies. ^{243,244}		minute units. ^{245,246,247}	

²³⁹ Wyoming Community Choices Waiver (CCS). Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

²⁴¹ Idaho Aged and Disabled Waiver Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81471>

²⁴³ Montana DPHHS, *Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual*. Available online: <https://dphhs.mt.gov/assets/BHDD/WaiverManual/SDMIHCBS370PrivateDutyNursing.pdf>

²⁴⁴ Montana DPHHS, *1915(c) Home and Community Based Services Waiver*. Available online: <https://dphhs.mt.gov/assets/boardscouncils/August2019/1915cHomeCommunityBasedWaiverSummaries.pdf>

²⁴⁵ South Dakota DHS, *Assistive daily Living Services (ADLS) Waiver*. Available online: at: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/HCBS/Assistive_Daily_Living_Services.pdf

²⁴⁶ South Dakota DHS, *Services for People with Quadriplegia (ADLS Program)*. Available online: <https://dhs.sd.gov/en/rehabilitation-services/services-for-people-with-quadruplegia>

²⁴⁷ South Dakota DHS, *Nursing Services*. Available online: <https://dhs.sd.gov/en/ltss/nursing-services>

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Adult day care provides day-time programs for adults who need supervision when their caregivers are not available. There are two basic types of adult day care programs: social adult day care and adult day health care. ²⁵⁰							
Waiver Services: Adult Day Services	In Wyoming, adult day services include socialization and companionship, assistance with activities of daily living (ADLs), and supervision as specified in a program plan. Adult day services in the social model do not include ADL assistance. ²⁵¹ Adult day services consist of meaningful activities that maximize skills and abilities, keep participants engaged in the community, stimulate, and develop personal skills, introduce	In Colorado, adult day encompasses both health and social services needed to achieve optimal functioning of the individual. Services must be provided for four or more hours per day on a regular basis in an integrated community-based setting. Reimbursement is based on all-inclusive units, either for a partial day (3-5 hours) or full day (more than 5	In Idaho, adult day health is a supervised, structured service provided for four or more hours per day on a regular basis in a non-institutional, community setting. Adult day health provides a variety of social, recreational, and health activities, including assistance with activities of daily living. Services are billed in 15-minute increments. ²⁵⁸	In Montana, adult day provides a broad range of health, nutritional, recreational, and social services in a setting other than the home. Transportation is included as a part of day services. ^{259,260}	In Nebraska, adult day health services are structured social, habilitation, and health activities provided outside the client's home in a community-based setting. Transportation and therapies are not included and are billed separately. Adult day is a non-habilitative service consisting of meaningful day activities taking place in the community. Adult day includes social and recreational activities, staff to help meet participant needs, community	In South Dakota, adult day services provide regular care, supervision, and structured activities in a non-institutional, community-based setting. Services include both health and social activities needed to ensure optimal functioning of the individual. Services are reimbursed at an hourly rate. ^{264,265}	In Utah, adult day health services provide a supervised setting in which health and social services are provided on an intermittent basis to ensure the optimal functioning of the waiver participant. Adult day care is furnished four or more hours per day on a regularly scheduled basis as specified in the care plan in a community-based setting encompassing health and social services. Adult day

²⁵⁰ Key Messages and Tips for Providers: Institutional Long-Term Services and Supports. Available online: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/key-messages-Adult-Daycare-Ben-%5BApril-2016%5D.pdf>

²⁵¹ Wyoming Community Choices Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83651>

²⁵⁸ Idaho Adult DD Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81466>

²⁵⁹ Montana Home and Community Based Waiver Policy Manual. Available online at: <https://dphhs.mt.gov/assets/sltc/BigSkyWaiver/HCBSPolicyManual/700/BSW703.pdf>

²⁶⁰ Montana DPHHS Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual. Available online at: <https://dphhs.mt.gov/assets/BHDD/WaiverManual/SDMIHCBS300AdultDayHealth.pdf>

²⁶⁴ South Dakota HOPE Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83171>

²⁶⁵ South Dakota Division of Developmental Disabilities Resource & Planning Guide. Available online at:

https://dss.sd.gov/docs/medicaid/general_info/tribal/2021/01_26_21/Division_of_Developmental_Disabilities_Resource_Guide.pdf

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
	new leisure pursuits, establish relationships, and build on previously learned skills. Services are billed at a 15-minute rate. Reimbursement is also tiered by participant needs. ²⁵²	hours). ^{247F253,248F254,249F255,250F256,251F257}			involvement to the greatest extent possible, and assistance with ADLs and health maintenance. Adult day is paid at an hourly rate not including transportation. ^{261, 262, 263}		services are paid at a daily rate. ²⁶⁶

²⁵² Wyoming Comprehensive Waiver Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83686>

²⁵³ Colorado Elderly, Blind and Disabled Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81121>

²⁵⁴ Colorado HCBS Waiver for Community Mental Health Supports Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81106>

²⁵⁵ Colorado Persons with Brain Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81111>

²⁵⁶ Colorado Persons with Spinal Cord Injury Waiver Application. Available online at: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81166>

²⁵⁷ Colorado Medical Assistance Section 8.400 Long Term Care, Nursing Facility Care, Adult Day Care Services. Available online at: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=8701&fileName=10%20CCR%202505-10%208.400>

²⁶¹ Nebraska Developmental Disabilities Day Services Waiver Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82466>

²⁶² Nebraska HHS Division of Developmental Disabilities Policy Manual. Available online: <https://dhhs.ne.gov/Guidance%20Docs/DHHS-DD%20Policy%20Manual.pdf>

²⁶³ Nebraska Comprehensive Developmental Disabilities Services Waiver Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82446>

²⁶⁶ Utah Medicaid Provider Manual. Available online under directory, Medicaid Provider Manuals>All Inclusive Master Searchable Provider Manual: <https://medicaid.utah.gov/utah-medicaid-official-publications/>

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
Personal care “assists [participants] with activities of daily living and helps them remain in their homes and communities.” ²⁶⁷							
Waiver Services: Personal Care Services	In Wyoming, personal care consists of a range of assistance, enabling participants to accomplish tasks they would normally do for themselves if they did not have a disability. Services may be episodic, or ongoing and may include ADLs, IADLs, and some health-related services like range of motion exercises and medication administration. Services are billed in 15-minute increments with a maximum of 7,280 annual units for the Comprehensive waiver (Supports waiver does not have limits). ²⁶⁸	In Colorado, personal care services include assistance with ADLs such as eating, bathing, dressing, and hygiene. Services may also include light housework and assistance preparing meals, but not the cost of the meals. Services can also include going to appointments or the grocery store. ²⁶⁹ Personal care services must be furnished in the home and are reimbursed on an hourly basis. Personal care services include assistance enabling participants to complete tasks they would normally do for themselves if	N/A	In Montana, personal care services include supervision and monitoring; assistance with personal hygiene, bathing, dressing, eating, and ambulating; performing household tasks incidental to member's health needs. Personal care is only available through waivers if state plan services are insufficient. ²⁷¹	In Nebraska, personal care includes a range of assistance to help clients accomplish tasks that they would normally do themselves if they did not have a disability. This includes general household tasks, health-related services, and ADLs. Services are reimbursed in 15-minute increments. ²⁷²	In South Dakota, personal care includes in-home assistance with ADLs. These services can only be used when State Plan services have been exhausted. ⁸⁶ Personal attendant services include a range of assistance enabling waiver participants to perform services they would normally do themselves if they did not have a disability. Waiver services differ from State Plan services in that they must be participant directed. Personal care services include	In Utah, personal assistance is provisioned on an hourly or daily basis and includes supportive services specific to the needs of a medically stable individual who can direct their own care. Services include ADLs, chore and homemaking assistance, and transportation. Personal attendant services include physical and/or cognitive assistance with ADLs including eating, bathing, dressing, and hygiene. It may also include meal preparation, but not the cost of meals. Services must be

²⁶⁷ Medicaid Personal Care Services. Available online: <https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000368.asp>

²⁶⁸ Wyoming Department of Health HCBS Section Comprehensive and Supports Waiver Service Index. Available online: <https://health.wyo.gov/wp-content/uploads/2023/10/DD-Waiver-Service-Index-edited-10.1.2023.pdf>

²⁶⁹ Colorado Personal Care Services. Available online: https://hcpf.colorado.gov/long-term-services-supports-benefits-services-glossary#Personal_Care

²⁷¹ Montana Home and Community-Based Waiver for Individuals with Developmental Disabilities. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82381>

²⁷² Nebraska Medicaid Personal Assistance Services Rate Listing. Available online: <https://dhhs.ne.gov/Medicaid%20Practitioner%20Fee%20Schedules/Personal%20Assistance%20July%201%202021.pdf>

Waiver Services

	Wyoming	Colorado	Idaho	Montana	Nebraska	South Dakota	Utah
		they did not have a developmental disability. Assistance may be hands-on (i.e., doing the task) or prompting the individual to perform the task. Services may be provided on an episodic, emergency, or continual basis. ²⁷⁰				assistance with ADLs such as eating, bathing, personal hygiene. Personal care services are tiered based on the level of participant need and are reimbursed in 15-minute increments. ²⁷³	coordinated with state plan personal care services to avoid duplication. Rates are the same as those under the state plan unless the participant directed option is used. ²⁷⁴

²⁷⁰ Colorado Supported Living Services Waiver Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81146>

²⁷³ South Dakota ADLS Waiver Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83181>

²⁷⁴ Utah Community Supports Waiver for Individuals with ID and Other Related Conditions Application. Available online: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/83341>