Appendix B.2: Total Wyoming SFY 2025 Medicaid Expenditures for Top Procedures Used in Analysis, By Service Area

Ambulance – All Procedures

Procedure Code	Description	Expenditures
A0430	FIXED WING AIR TRANSPORT	$942,995.72
A0431	FIXED WING AIR MILEAGE	$728,492.78
A0435	ROTARY WING AIR TRANSPORT	$708,021.02
A0436	ROTARY WING AIR MILEAGE	$629,194.18
A0427	AMBULANCE SERVICE (ALS - EMERGENCY)	$458,439.88
A0429	AMBULANCE SERVICE (BLS - EMERGENCY)	$322,984.47
A0425	GROUND AMBULANCE MILEAGE	$240,337.81
A0380	GROUND AMBULANCE MILEAGE (BLS) (PER MILE)	$83,512.55
A0428	AMBULANCE SERVICE (BLS)	$82,484.02
A0426	AMBULANCE SERVICE (ALS 1)	$27,086.77
A0433	AMBULANCE SERVICE (ALS 2)	$23,982.79
A0390	GROUND AMBULANCE MILEAGE (ALS) (PER MILE)	$14,514.66
A0422	AMBULANCE SERVICE (ALS OR BLS)	$3,559.48
A0398	AMBLNCE RSPNSE AND TRTMNT - NO TRNSPRT	$2,365.51
A0998	ROUTINE DISPOSABLE SUPPLIES (ALS)	$2,317.00
A0382	ROUTINE DISPOSABLE SUPPLIES (BLS)	$897.00
Total Expenditures		**$4,271,185.64**

ASC – By Expenditure

Procedure Code	Description	Expenditures
42820	RMVE TNSLS AND ADNDS	$551,221.76
69436	CRT ERDRM OPNNG	$189,611.38
58661	LAP RMVL ADNEXA	$82,994.62
43239	EGD BIOPSY SINGLE/MULTIPLE	$76,389.58
58571	TLH W/T/O 250 G OR LSS	$64,925.04
42830	RMVL OF ADNDS	$63,581.48
47562	LPRSCPC CHLCYSTCTMY	$62,258.22
42825	RMVL OF TNSLS	$60,453.90
42826	RMVL OF TNSLS	$53,378.71
29888	KNE ARTHRSCPY/SRGRY	$52,072.12
45380	COLONOSCOPY AND BIOPSY	$48,961.97
66984	XCAPSL CTRC RMVL W/O ECP	$47,643.80
42821	RMV TNSLS AND ADNDS	$43,284.74
27698	RPR OF ANKL LIGMNT	$33,756.06
31255	NSL/SINS NDSC W/TT ETHMDCT	$30,868.62
45385	CLNSCPY W/LSN RMVL	$28,481.23
31253	NSL/SINS NDSC TTL	$27,587.19
64718	RVS ULNR NRV AT ELBW	$26,548.88
52356	CYST/URETER W/LTHTRPSY	$24,460.05
29806	SH ARTHRS SRG CPSLRRPHY	$23,679.83
Total Expenditures		**$1,592,159.18**

ASC – By Utilization[1]

Procedure Code	Description	Expenditures
42820	RMVE TNSLS AND ADNDS	$551,221.76
69436	CRT ERDRM OPNNG	$189,611.38
43239	EGD BIOPSY SINGLE/MULTIPLE	$76,389.58
42830	RMVL OF ADNDS	$63,581.48
42826	RMVL OF TNSLS	$53,378.71
45380	COLONOSCOPY AND BIOPSY	$48,961.97
66984	XCAPSL CTRC RMVL W/O ECP	$47,643.80
42821	RMV TNSLS AND ADNDS	$43,284.74
45385	CLNSCPY W/LSN RMVL	$28,481.23
64718	REVISE ULNAR NERVE AT ELBOW	$26,548.88
64635	DSTRCTN NRLYTC AGNT, PRVRTBRL FCT JNT	$17,023.60
43249	ESPH EGD DLTN <30 MM	$16,172.89
64721	CARPAL TUNNEL SURGERY	$15,451.37
30140	RSCT INFRR TRBNT	$13,089.87
45378	DIGNSTC CLNSCPY	$10,250.61
43248	EGD GD WR INSRTN	$9,049.54
26055	INCS FNGR TNDN SHTH	$8,521.27
66821	AFTER CATARACT LASER SURGERY	$6,078.51
20611	DRN/NJX JNT/BRSA W/US	$1,219.88
31256	EXPLRTN MXLLRY SNS	$0.00
Total Expenditures		**$1,225,961.07**

[1] Please note, parameters for ACS services have changed to include all claims and are not professional claims exclusive.

Behavioral Health – By Expenditures[2]

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	$4,403,968.94
97153	ADAPT BEHAV TX BY TECH	$1,850,520.94
90791	PSYCH DIAGNOSTIC EVALUATION	$453,118.87
90834	PSYTX W PT 45 MINUTES	$437,829.76
97155	ADAPT BEHAV TX PHYS/QHP	$284,546.44
97151	BHV ID ASSMT BY PHYS/QHP	$148,917.60
90853	GROUP PSYCHOTHERAPY	$145,046.58
96131	PSYCL TST EVAL PHYS/QHP EA	$140,924.56
90832	PSYTX W PT 30 MIN	$137,457.00
90792	PSYCH DIAG EVAL W/MED SRVCS	$89,803.11
90847	FAMILY PSYTX W/PT 50 MIN	$86,101.05
96130	PSYCL TST EVAL PHYS/QHP 1ST	$63,057.36
96137	PSYCL/NRPSYC TST PHY/QHP EA	$56,017.02
90785	PSYTX COMPLEX INTERACTIVE	$54,327.17
96132	NRPSYC TST EVAL PHYS/QHP 1ST	$34,929.35
97156	FAM ADAPT BHV TX GDN PHY/QHP	$23,677.50
90846	FAMILY PSYTX W/O PT 50 MIN	$22,681.66
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	$16,137.82
96139	PSYCL/NRPSYC TST TCH EA	$13,010.36
90833	PSYTX W PT W E/M 30 MIN	$10,944.03
Total Expenditures		**$8,473,017.12**

Behavioral Health – By Utilization[2]

Procedure Code	Description	Expenditures
90837	PSYTX W PT 60 MINUTES	$4,403,968.94
97153	ADAPT BEHAV TX BY TECH	$1,850,520.94
90834	PSYTX W PT 45 MINUTES	$437,829.76
90791	PSYCH DIAGN EVAL	$453,118.87
97155	ADAPT BEHAV TX PHYS/QHP	$284,546.44
97151	BHV ID ASSMT BY PHYS/QHP	$148,917.60
90853	GROUP PSYCHOTHERAPY	$145,046.58
96131	PSYCL TST EVAL PHYS/QHP EA	$140,924.56
90832	PSYTX W PT 30 MINUTES	$137,457.00
90792	PSYCH DIAG EVAL W/MED SRVCS	$89,803.11
90847	FAMILY PSYTX W/PT 50 MIN	$86,101.05
96130	PSYCL TST EVAL PHYS/QHP 1ST	$63,057.36
96137	PSYCL/NRPSYC TST PHY/QHP EA	$56,017.02
90785	PSYTX COMPLEX INTERACTIVE	$54,327.17
97156	FAM ADAPT BHV TX GDN PHY/QHP	$23,677.50
90846	FAMILY PSYTX W/O PT 50 MIN	$22,681.66
96136	PSYCL/NRPSYC TST PHY/QHP 1ST	$16,137.82
96139	PSYCL/NRPSYC TST TECH EA	$13,010.36
90833	PSYTX W PT W E/M 30 MIN	$10,944.03
97154	GRP ADPT BHV TX BY TCH	$5,203.80
Total Expenditures		**$8,443,291.57**

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

Dental – By Expenditures

Procedure Code	Description	Expenditures
D2392	RESIN-BSD CMPSTE - 2 SURFCS,	$967,951.16
D1206	TPICL APPLCTN OF FLRIDE VRNSH	$951,980.01
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	$907,994.18
D2930	PREFBRICTD STNLESS STL CRWN -	$901,664.59
D1110	PROPHYLAXIS - ADULT	$742,966.55
D1120	PROPHYLAXIS - CHILD	$689,234.25
D7240	REMVL IMPCTD TOOTH COMPLTLY BONY	$617,426.95
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	$593,060.82
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	$592,602.33
D1351	SEALANT - PER TOOTH	$498,019.45
D7210	REM IMP TOOTH W MUCOPER FLP	$399,293.97
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	$328,787.96
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$324,961.64
D2740	CROWN - PORCELAIN/CERAMIC	$305,465.55
D0140	LIMITED ORAL EVAL - PRBLM FCSD	$283,630.83
D0220	INTRORAL - PERIPCL FRST RADGRPHC	$270,004.38
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	$267,555.23
D2929	PRFB PRCLN/CRMIC CRWN PMRY TTH	$255,452.99
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	$234,733.50
D2393	RESIN-BSD CMPST - 3 SRFCS, PSTRIOR	$230,831.35
Total Expenditures		**$10,363,617.69**

Dental – By Utilization

Procedure Code	Description	Expenditures
D2392	RESIN-BSD CMPSTE - 2 SURFCS,	$967,951.16
D1206	TPICL APPLCTN OF FLRIDE VRNSH	$951,980.01
D0120	PERIDC ORAL EVAL - ESTAB PATIENT	$907,994.18
D2930	PREFBRICTD STNLESS STL CRWN -	$901,664.59
D1110	PROPHYLAXIS - ADULT	$742,966.55
D1120	PROPHYLAXIS - CHILD	$689,234.25
D7240	REMVL IMPCTD TOOTH COMPLTLY BONY	$617,426.95
D7140	EXTRCTN, ERUPTD TTH OR EXPSD RT	$593,060.82
D2391	RESIN-BSED CMPST 1 SRFCE, PSTRIOR	$592,602.33
D1351	SEALANT - PER TOOTH	$498,019.45
D7210	REM IMP TOOTH W MUCOPER FLP	$399,293.97
D0274	BITEWINGS - 4 RADIOGRAPHIC IMAGES	$328,787.96
D0330	PANORAMIC RADIOGRAPHIC IMAGE	$324,961.64
D0140	LIMITED ORAL EVAL - PRBLM FCSD	$283,630.83
D0220	INTRORAL - PERIPCL FRST RADGRPHC	$270,004.38
D0150	CMPRHNSVE ORL EVAL NEW/ESTB PTNT	$267,555.23
D0272	BITEWINGS - 2 RADIGRPHC IMAGES	$234,733.50
D3220	THRAPTIC PULPOTMY (EXCLUD FINL RESTOR)	$206,716.82
D9230	INHLTION NITRS OXIDE/ANLGSIA,	$158,730.23
D0230	INTRAORL - PERIPCL ADTNL RADGRPHC	$153,848.30
Total Expenditures		**$10,091,163.15**

Developmental Center – All Procedures

Procedure Code	Description	Expenditures
92507	SPEECH/HEARING THERAPY	$510,468.27
97530	THERAPEUTIC ACTIVITIES	$315,113.44
92508	SPEECH/HEARING THERAPY	$102,334.33
92523	SPCH SOUND LANG COMPREHEN	$30,678.21
97110	THERAPEUTIC EXERCISES	$22,678.44
92526	ORAL FUNCTION THERAPY	$9,890.56
97150	GRP THRPTC PROCEDURES	$6,756.72
97165	OT EVAL LOW COMPLEX 30 MIN	$5,019.84
97166	OT EVAL MOD COMPLEX 45 MIN	$4,670.64
97162	PT EVAL MOD COMPLEX 30 MIN	$2,587.68
97161	PT EVAL LOW COMPLEX 20 MIN	$1,797.00
97116	GAIT TRAINING THERAPY	$1,760.76
97112	NURMSCLAR REEDUCATION	$989.74
92610	EVLT SWALLOWING FNCTN	$798.98
97533	SENSORY INTEGRATION	$621.12
97163	PT EVAL HIGH COMPLEX 45 MIN	$503.16
97164	PT RE-EVAL EST PLAN CARE	$97.76
92522	EVALUATE SPEECH PRODUCTION	$78.94
97167	OT EVL HGH CMPLX 60 MIN	$69.72
Total Expenditures		**$1,016,915.31**

DMEPOS – Purchase Rate – By Expenditures[3]

Procedure Code	Description	Expenditures
E1390	OXYGEN CONCENTRATOR	$1,484,844.12
E0466	HOME VENT NON-INVASIVE INTER	$943,258.35
B4035	ENTERAL FEED SUPP PUMP PER D	$411,328.67
T4527	ADULT SIZE PULL-ON LG	$305,906.92
T4534	YOUTH SIZE PULL-ON	$305,180.87
T4535	DSPSBLE LNR/SHLD/PAD	$280,422.82
A4353	INTERMITTENT URINARY CATH	$275,530.12
T4526	ADULT SIZE PULL-ON MED	$260,933.72
T4528	ADULT SIZE PULL-ON XL	$254,108.58
E0483	HI FRQ CHST WALL OSCIL SYS	$191,088.22
T4541	LARGE DISPOSABLE UNDERPAD	$190,662.36
A9276	DSPSBLE SNSR, CGM SYS	$162,414.60
E1007	PWR SEAT COMBO W/SHEAR	$157,354.35
E0431	PORTABLE GASEOUS 02	$142,913.05
E0784	EXT AMB INFUSN PMP INSLIN	$140,408.59
E2510	SGD W MLT MTHDS MSG/CCS	$138,198.21
K0861	PWC GP3 STD MULT POW OPT S/B	$115,560.53
T4533	YOUTH SIZE BRIEF/DIAPER	$103,856.91
T4537	RSBL UNDRPD BD SZ	$90,008.37
T4544	XL DISPOSABLE UNDERPAD	$80,187.44
Total Expenditures		**$6,034,166.80**

DMEPOS – Purchase Rate – By Utilization[3]

Procedure Code	Description	Expenditures
B4035	ENTERAL FEED SUPP PUMP PER D	$411,328.67
T4527	ADULT SIZE PULL-ON LG	$305,906.92
T4534	YOUTH SIZE PULL-ON	$305,180.87
T4535	DSPSBLE LNR/SHLD/PAD	$280,422.82
T4526	ADULT SIZE PULL-ON MED	$260,933.72
T4528	ADULT SIZE PULL-ON XL	$254,108.58
T4541	LARGE DISPOSABLE UNDERPAD	$190,662.36
T4533	YOUTH SIZE BRIEF/DIAPER	$103,856.91
T4544	XL DISPOSABLE UNDERPAD	$80,187.44
T4532	PED SIZE PULL-ON LG	$76,695.40
A4351	STRAIGHT TIP URINE CATHETER	$57,748.02
T4522	ADULT SIZE BRIEF/DIAPER MED	$54,082.73
T4523	ADULT SIZE BRIEF/DIAPER LG	$50,805.86
T4530	PED SIZE BRIEF/DIAPER LG	$36,771.15
T4525	ADULT SIZE PULL-ON SM	$35,148.24
A4216	STERILE WATER/SALINE, 10 ML	$32,958.65
T4524	ADULT SIZE BRIEF/DIAPER XL	$19,348.54
T4521	ADLT SZE BRF/DPR SM	$11,501.46
T4542	SMLL DSPSBL UDRPD	$8,710.05
A4332	LUBE STERILE PACKET	$1,209.87
Total Expenditures		**$2,577,568.26**

[3] J codes were removed for analysis.

End-Stage Renal Disease (ESRD) – All Procedures

Procedure Code	Description	Expenditures
90962	ESRD SERV 1 VISIT P MO 20+	$974,019.75
90959	ESRD SERV 1 VST P MO 12-19	$7,171.86
90964	ESRD HOME PT SERV P MO 2-11	$94,258.23
90965	ESRD HOME PT SERV P MO 12-19	$46,143.63
90967	ESRD SVC PR DAY PT <2	$4,053.66
90958	ESRD SRV 2-3 VSTS P MO 12-19	$614.94
90968	ESRD SVC PR DAY PT 2-11	$14,758.56
90945	DIALYSIS ONE EVALUATION	$18,182.75
90993	DIALYSIS TRAINING INCOMPL	$ 83.76
Total Expenditures		**$ 1,159,287.14**

Home Health – All Procedures

Revenue Code	Description	Expenditures
0550	SKILLED NURSING - GENERAL CLASSIFICATION	$193,663.78
0551	SKILLED NURSING - VISIT CHRG	$146,920.63
0421	PHYSICAL THERAPY - VISIT	$84,120.19
0431	OCCUPATIONAL THERAPY - VISIT	$30,566.69
0571	HH AIDE - VISIT CHRG	$14,444.32
0570	HH AIDE - GENERAL CLASSIFICATION	$2,559.75
0441	SPEECH-LANGUAGE PATHOLOGY - VISIT	$1,894.97
0561	HH MEDICAL SOCIAL SERVICES - VISIT CHRG	$700.80
Total Expenditures		**$474,871.13**

Laboratory – By Expenditures

Procedure Code	Description	Expenditures
81420	FETAL CHROM ANEUPLOIDY	$605,467.74
87798	DETECT AGNT NOS DNA AMP	$383,166.93
87631	RESP VIRUS 3-5 TARGETS	$81,323.90
87481	CANDIDA DNA AMP PRBE	$35,850.21
81220	CFTR GN CM VRNTS	$35,734.08
87491	CHLMYD TRACH DNA AMP PRBE	$34,683.71
81361	HBB GN CM VRNTS	$34,362.06
87591	N.GONORRHOEAE DNA AMP PRB	$33,207.61
87507	IADNA-DNA/RNA PRBE TQ 12-25	$28,458.10
88305	TISSUE EXAM BY PATH	$28,249.00
87651	STRP A DN AMP PRB	$27,069.53
87653	STREP B DNA AMP PRBE	$26,918.51
87640	STAPH A DNA AMP PRBE	$26,763.50
87581	M.PNMN DNA AMP PRB	$25,078.31
87486	CHLMYD PNM DNA AMP PRB	$24,023.70
80050	GENERAL HEALTH PANEL	$23,831.47
87661	TRICHOMONAS VAGINALIS AMPLIF	$22,401.01
82306	VITAMIN D 25 HYDROXY	$21,939.05
80307	DRG TST PRSMV CHM ANLYZR	$18,017.70
81528	ONCOLOGY COLORECTAL SCR	$17,861.22
Total Expenditures		**$1,534,407.34**

Laboratory – By Utilization

Procedure Code	Description	Expenditures
81420	FETAL CHROM ANEUPLOIDY	$605,467.74
87798	DETECT AGNT NOS DNA AMP	$383,166.93
87481	CANDIDA DNA AMP PRBE	$35,850.21
87491	CHLMYD TRACH DNA AMP PRBE	$34,683.71
87591	N.GONORRHOEAE DNA AMP PRB	$33,207.61
87651	STRP A DN AMP PRB	$27,069.53
87653	STREP B DNA AMP PRBE	$26,918.51
87640	STAPH A DNA AMP PRBE	$26,763.50
87581	M.PNMN DNA AMP PRB	$25,078.31
87486	CHLMYD PNM DNA AMP PRB	$24,023.70
87661	TRICHOMONAS VAGINALIS AMPLIF	$22,401.01
82306	VITAMIN D 25 HYDROXY	$21,939.05
86003	ALLG SPEC IGE CRUDE XTRC EA	$12,754.60
84443	ASSAY THYROID STIM HORMONE	$12,235.05
80053	COMPREHEN METABOLIC PANEL	$8,173.14
80061	LIPID PANEL	$7,762.21
85025	COMP CBC W/AUTO DIFF WBC	$7,737.47
83036	HEMOGLOBIN GLYCOSYLATED A1C	$4,973.92
87086	URINE CULTURE/COLONY COUNT	$3,326.88
36415	ROUTINE VENIPUNCTURE	$2,610.33
Total Expenditures		**$1,326,143.41**

Maternity – All Procedures[4]

Procedure Code	Description	Expenditures
59400	OB CARE	$1,297,888.96
59510	C-SECTION DELIVERY	$509,858.51
59409	OB CARE	$371,538.91
59025	FETAL NON-STRESS TEST	$243,950.76
59426	ANTEPARTUM CARE ONLY	$209,995.36
59430	CARE AFTER DELIVERY	$189,262.17
59514	C-SECTION DELIVERY ONLY	$186,594.88
59425	ANTEPARTUM CARE ONLY	$60,611.98
59610	VBAC DELIVERY	$28,623.79
59612	VBAC DELIVERY ONLY	$13,129.03
59412	ANTEPARTUM MANIPULATION	$10,249.06
59618	ATTMPTD VBC DLIVRY	$2,342.57
59414	DELIVER PLACENTA	$2,116.22
59620	ATTEMPTED VBAC DELIVERY ONLY	$2,106.03
59000	AMNIOCENTESIS DIAGNOSTIC	$1,125.12
59001	AMNCNTSS THRPUTC	$584.37
Total Expenditures		**$3,130,722.75**

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

Ophthalmology – By Expenditures[5]

Procedure Code	Description	Expenditures
66984	XCAPSL CTRC RMVL W/O ECP	$36,102.35
99204	OFFICE O/P NEW MOD 45 MIN	$24,129.25
99214	OFFICE O/P EST MOD 30 MIN	$23,759.30
92014	EYE EXAM&TX ESTAB PT 1/>VST	$19,095.84
92004	COMPRE OPH EXAM NEW PT 1/>	$10,731.00
V2784	LENS POLYCARB OR EQUAL	$9,928.62
92134	CPTR OPHTH DX IMG POST SEGMT	$9,418.80
66982	XCAPSL CTRC RMVL CPLX WO ECP	$9,073.83
92060	SENSORIMOTOR EXAMINATION	$8,330.70
V2020	VISION SVCS FRAMES PURCHASES	$7,953.15
67113	RPR RTINL DTCH CPLX	$7,913.76
99213	OFFICE O/P EST LOW 20 MIN	$6,945.02
67311	REVISE EYE MUSCLE	$6,171.89
67228	TRTMNT X10SV RTNPTHY	$5,906.55
99203	OFFICE O/P NEW LOW 30 MIN	$3,998.89
92015	DETERMINE REFRACTIVE STATE	$3,973.18
92340	FIT SPECTACLES MONOFOCAL	$3,742.83
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$3,470.56
66821	AFTER CATARACT LASER SURGERY	$3,177.43
92136	OPHTHALMIC BIOMETRY	$3,073.96
Total Expenditures		**$206,896.91**

Ophthalmology – By Utilization[5]

Procedure Code	Description	Expenditures
66984	XCAPSL CTRC RMVL W/O ECP	$36,102.35
99204	OFFICE O/P NEW MOD 45 MIN	$24,129.25
99214	OFFICE O/P EST MOD 30 MIN	$23,759.30
92014	EYE EXAM&TX ESTAB PT 1/>VST	$19,095.84
67028	INJECTION EYE DRUG	$18,226.76
92004	COMPRE OPH EXAM NEW PT 1/>	$10,731.00
V2784	LENS POLYCARB OR EQUAL	$9,928.62
92134	CPTR OPHTH DX IMG POST SEGMT	$9,418.80
92060	SENSORIMOTOR EXAMINATION	$8,330.70
V2020	VISION SVCS FRAMES PURCHASES	$7,953.15
99213	OFFICE O/P EST LOW 20 MIN	$6,945.02
99203	OFFICE O/P NEW LOW 30 MIN	$3,998.89
92015	DETERMINE REFRACTIVE STATE	$3,973.18
92340	FIT SPECTACLES MONOFOCAL	$3,742.83
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$3,470.56
66821	AFTER CATARACT LASER SURGERY	$3,177.43
92136	OPHTHALMIC BIOMETRY	$3,073.96
92083	EXTENDED VISUAL FIELD XM	$2,728.11
92133	CMPTR OPHTH IMG OPTIC NERVE	$1,845.53
83861	MICRFLD ANLY TRS	$78.88
Total Expenditures		**$200,710.16**

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

Optician/Optometry – By Expenditures

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	$671,644.72
V2020	VISION SVCS FRAMES PURCHASES	$465,651.20
V2784	LENS POLYCARB OR EQUAL	$429,811.42
92004	COMPRE OPH EXAM NEW PT 1/>	$421,219.79
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$217,859.21
92015	DETERMINE REFRACTIVE STATE	$166,288.48
V2410	LENS VARIAB ASPHERICITY SING	$111,174.80
92340	FIT SPECTACLES MONOFOCAL	$109,220.07
92250	EYE EXAM WITH PHOTOS	$78,559.62
V2100	LENS SPHER SINGLE PLANO 4.00	$67,724.03
99213	OFFICE O/P EST LOW 20 MIN	$64,463.57
92065	ORTHOP TRAING PFRMD PHYS/QHP	$60,550.77
V2104	SPHEROCYLINDR 4.00D/2.12-4D	$55,156.32
99214	OFFICE O/P EST MOD 30 MIN	$38,591.65
92012	EYE EXAM ESTAB PT	$32,888.45
99203	OFFICE O/P NEW LOW 30 MIN	$22,010.57
65778	CVR EYE W/MMBRN	$21,737.05
99204	OFFICE O/P NEW MOD 45 MIN	$19,489.28
V2107	SPHEROCYLINDER 4.25D/12-2D	$18,678.81
92310	CNTCT LNS FTTNG OU	$17,971.95
Total Expenditures		**$3,090,691.76**

Optician/Optometry – By Utilization

Procedure Code	Description	Expenditures
92014	EYE EXAM&TX ESTAB PT 1/>VST	$671,644.72
V2020	VISION SVCS FRAMES PURCHASES	$465,651.20
V2784	LENS POLYCARB OR EQUAL	$429,811.42
92004	COMPRE OPH EXAM NEW PT 1/>	$421,219.79
V2103	SPHEROCYLINDR 4.00D/12-2.00D	$217,859.21
92015	DETERMINE REFRACTIVE STATE	$166,288.48
V2410	LENS VARIAB ASPHERICITY SING	$111,174.80
92340	FIT SPECTACLES MONOFOCAL	$109,220.07
92250	EYE EXAM WITH PHOTOS	$78,559.62
V2100	LENS SPHER SINGLE PLANO 4.00	$67,724.03
99213	OFFICE O/P EST LOW 20 MIN	$64,463.57
92065	ORTHOP TRAING PFRMD PHYS/QHP	$60,550.77
V2104	SPHEROCYLINDR 4.00D/2.12-4D	$55,156.32
99214	OFFICE O/P EST MOD 30 MIN	$38,591.65
92012	EYE EXAM ESTAB PT	$32,888.45
V2107	SPHEROCYLINDER 4.25D/12-2D	$18,678.81
V2105	SPHEROCYLINDER 4.00D/4.25-6D	$13,726.50
99212	OFFICE O/P EST SF 10 MIN	$11,382.25
92370	RPR&RFTG SPCT XCP APHKI	$9,478.53
92134	CPTR OPHTH DX IMG POST SEGMT	$5,969.90
Total Expenditures		**$3,050,040.09**

Physician & Other – By Expenditures[6]

Procedure Code	Description	Expenditures
99214	OFFICE O/P EST MOD 30 MIN	$3,705,395.41
99213	OFFICE O/P EST LOW 20 MIN	$3,294,589.96
97530	THERAPEUTIC ACTIVITIES	$2,275,173.28
99284	EMERGENCY DEPT VISIT MOD MDM	$1,475,265.45
97110	THERAPEUTIC EXERCISES	$1,305,827.06
99285	EMERGENCY DEPT VISIT HI MDM	$1,283,424.98
99204	OFFICE O/P NEW MOD 45 MIN	$1,072,830.72
99215	OFFICE O/P EST HI 40 MIN	$826,098.60
99203	OFFICE O/P NEW LOW 30 MIN	$806,130.58
97112	NEUROMUSCULAR REEDUCATION	$727,078.16
92507	SPEECH/HEARING THERAPY	$697,837.97
97140	MANUAL THERAPY 1/> REGIONS	$674,610.71
99391	PER PM REEVAL EST PAT INFANT	$618,034.55
99233	SUBSEQ HOSP CARE HI COMP	$484,762.68
99291	CRITICAL CARE FIRST HOUR	$482,611.84
99392	PREV VISIT EST AGE 1-4	$467,962.20
99232	SUBSEQ HOSP CARE PER DAY	$456,909.41
90460	IM ADMIN 1ST/ONLY COMPONENT	$436,156.64
99283	EMERGENCY DEPT VISIT LOW MDM	$399,600.29
99205	OFFICE O/P NEW HI 60 MIN	$380,364.20
Total Expenditures		**$21,870,664.69**

Physician & Other – By Utilization[6]

Procedure Code	Description	Expenditures
99214	OFFICE O/P EST MOD 30 MIN	$3,705,395.41
99213	OFFICE O/P EST LOW 20 MIN	$3,294,589.96
97530	THERAPEUTIC ACTIVITIES	$2,275,173.28
99284	EMERGENCY DEPT VISIT MOD MDM	$1,475,265.45
97110	THERAPEUTIC EXERCISES	$1,305,827.06
99285	EMERGENCY DEPT VISIT HI MDM	$1,283,424.98
99204	OFFICE O/P NEW MOD 45 MIN	$1,072,830.72
99215	OFFICE O/P EST HI 40 MIN	$826,098.60
99203	OFFICE O/P NEW LOW 30 MIN	$806,130.58
97112	NEUROMUSCULAR REEDUCATION	$727,078.16
92507	SPEECH/HEARING THERAPY	$697,837.97
97140	MANUAL THERAPY 1/> REGIONS	$674,610.71
99391	PER PM REEVAL EST PAT INFANT	$618,034.55
99233	SUBSEQ HOSP CARE HI COMP	$484,762.68
99232	SUBSEQ HOSP CARE PER DAY	$456,909.41
99212	OFFICE O/P EST SF 10 MIN	$229,672.56
95165	ANTIGEN THERAPY SERVICES	$109,675.73
95004	PERCUT ALLERGY SKIN TESTS	$67,270.95
71045	X-RAY EXAM CHEST 1 VIEW	$29,911.33
36415	ROUTINE VENIPUNCTURE	$13,446.93
Total Expenditures		**$20,153,947.02**

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

Physician Specialist – By Expenditures[7]

Procedure Code	Description	Expenditures
99284	EMERGENCY DEPT VISIT MOD MDM	$1,217,405.83
99285	EMERGENCY DEPT VISIT HI MDM	$1,132,477.43
99214	OFFICE O/P EST MOD 30 MIN	$1,106,729.62
99213	OFFICE O/P EST LOW 20 MIN	$514,953.13
99204	OFFICE O/P NEW MOD 45 MIN	$493,128.95
99203	OFFICE O/P NEW LOW 30 MIN	$305,584.92
99291	CRITICAL CARE FIRST HOUR	$215,588.45
99283	EMERGENCY DEPT VISIT LOW MDM	$212,977.83
78815	PET IMAGE W/CT SKULL-THIGH	$192,907.99
74177	CT ABD & PELV W/CONTRAST	$141,228.92
99215	OFFICE O/P EST HI 40 MIN	$124,836.08
93306	TTE W/DOPPLER COMPLETE	$109,265.18
95165	ANTIGEN THERAPY SERVICES	$98,714.12
43239	EGD BIOPSY SINGLE/MULTIPLE	$94,956.52
99205	OFFICE O/P NEW HI 60 MIN	$83,746.44
99232	SUBSEQ HOSP CARE PER DAY	$78,322.75
70553	MRI BRAIN STEM W/O & W/DYE	$77,894.75
73721	MRI JNT OF LWR EXTRE W/O DYE	$74,461.52
88305	TISSUE EXAM BY PATH	$74,087.09
45380	COLONOSCOPY AND BIOPSY	$72,640.14
Total Expenditures		**$6,421,907.66**

Physician Specialist – By Utilization[7]

Procedure Code	Description	Expenditures
99284	EMERGENCY DEPT VISIT MOD MDM	$1,217,405.83
99285	EMERGENCY DEPT VISIT HI MDM	$1,132,477.43
99214	OFFICE O/P EST MOD 30 MIN	$1,106,729.62
99213	OFFICE O/P EST LOW 20 MIN	$514,953.13
99204	OFFICE O/P NEW MOD 45 MIN	$493,128.95
99203	OFFICE O/P NEW LOW 30 MIN	$305,584.92
99283	EMERGENCY DEPT VISIT LOW MDM	$212,977.83
74177	CT ABD & PELV W/CONTRAST	$141,228.92
95165	ANTIGEN THERAPY SERVICES	$98,714.12
99232	SUBSEQ HOSP CARE PER DAY	$78,322.75
88305	TISSUE EXAM BY PATH	$74,087.09
45380	COLONOSCOPY AND BIOPSY	$72,640.14
70450	CT HEAD/BRAIN W/O DYE	$56,532.60
99212	OFFICE O/P EST SF 10 MIN	$55,082.29
95004	PERCUT ALLERGY SKIN TESTS	$54,339.77
80305	DRUG TEST PRSMV DIR OPT OBS	$29,924.90
71046	X-RAY EXAM CHEST 2 VIEWS	$24,976.08
71045	X-RAY EXAM CHEST 1 VIEW	$22,925.29
93010	ELECTROCARDIOGRAM REPORT	$16,358.97
95024	ICUT ALLERGY TEST DRUG/BUG	$16,112.82
Total Expenditures		**$5,724,503.45**

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

Primary Care – By Expenditures[8]

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20 MIN	$2,743,388.42
99214	OFFICE O/P EST MOD 30 MIN	$2,524,122.35
99215	OFFICE O/P EST HI 40 MIN	$689,824.71
99391	PER PM REEVAL EST PAT INFANT	$604,644.53
99204	OFFICE O/P NEW MOD 45 MIN	$551,880.33
99203	OFFICE O/P NEW LOW 30 MIN	$478,462.00
99392	PREV VISIT EST AGE 1-4	$447,806.43
90460	IM ADMIN 1ST/ONLY COMPONENT	$418,662.64
99233	SUBSEQ HOSP CARE HI COMP	$417,549.65
99232	SUBSEQ HOSP CARE PER DAY	$368,104.71
99223	1ST HOSP IP/OBS HIGH 75	$289,759.63
99205	OFFICE O/P NEW HI 60 MIN	$287,804.08
99393	PREV VISIT EST AGE 5-11	$278,223.06
99472	PED CRITICAL CARE SUBSQ	$265,224.42
99291	CRITICAL CARE FIRST HOUR	$257,701.77
99284	EMERGENCY DEPT VISIT MOD MDM	$245,790.36
99222	INITIAL HOSP CARE MOD 50	$225,534.10
87633	RSP VRS 12-25 TRGTS	$212,379.80
99469	NEONATE CRIT CARE SUBSQ	$203,528.64
99394	PRV VST EST AGE 12-17	$191,125.56
Total Expenditures		**$11,701,517.19**

Primary Care – By Utilization[8]

Procedure Code	Description	Expenditures
99213	OFFICE O/P EST LOW 20 MIN	$2,743,388.42
99214	OFFICE O/P EST MOD 30 MIN	$2,524,122.35
99215	OFFICE O/P EST HI 40 MIN	$689,824.71
99391	PER PM REEVAL EST PAT INFANT	$604,644.53
99204	OFFICE O/P NEW MOD 45 MIN	$551,880.33
99203	OFFICE O/P NEW LOW 30 MIN	$478,462.00
99392	PREV VISIT EST AGE 1-4	$447,806.43
90460	IM ADMIN 1ST/ONLY COMPONENT	$418,662.64
99233	SUBSEQ HOSP CARE HI COMP	$417,549.65
99232	SUBSEQ HOSP CARE PER DAY	$368,104.71
99212	OFFICE O/P EST SF 10 MIN	$168,968.13
96110	DEVELOPMENTAL SCREEN W/SCORE	$107,974.89
97110	THERAPEUTIC EXERCISES	$78,035.61
90837	PSYTX W PT 60 MINUTES	$68,030.35
96372	THER/PROPH/DIAG INJ SC/IM	$67,061.20
87880	STREP A ASSAY W/OPTIC	$52,102.03
87804	INFLUENZA ASSAY W/OPTIC	$42,771.83
93010	ELECTROCARDIOGRAM REPORT	$32,538.25
96127	BRIEF EMOTIONAL/BEHAV ASSMT	$19,646.33
36415	ROUTINE VENIPUNCTURE	$12,552.51
Total Expenditures		**$9,894,126.90**

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