

| Table B5i: CY 2016 Top 10 Laboratory Procedures Ranked by Expenditures | | | | | |
|---|----------------|---------------------------------|---------------------|---------------------------|----------------|
| Rank | Procedure Code | Procedure Code Description | Expenditures | Unduplicated Client Count | Average Cost |
| 1 | 87491 | Chlamydia Test | \$5,351,764 | 90,550 | \$59.10 |
| 2 | 87591 | Gonorrhea Test | \$5,329,103 | 90,163 | \$59.11 |
| 3 | 80053 | Comprehensive Metabolic Panel | \$4,199,827 | 179,605 | \$23.38 |
| 4 | 85025 | Hematology and Coagulation Test | \$3,423,116 | 202,428 | \$16.91 |
| 5 | 81220 | Cystic Fibrosis Screen | \$3,191,625 | 3,040 | \$1,049.88 |
| 6 | 80050 | General Health Panel | \$3,066,500 | 63,848 | \$48.03 |
| 7 | 84443 | Thyroid Testing | \$2,984,965 | 106,420 | \$28.05 |
| 8 | 81211 | Breast Cancer Gene Analysis | \$2,850,508 | 977 | \$2,917.61 |
| 9 | 80061 | Lipid Panel | \$2,423,640 | 120,098 | \$20.18 |
| 10 | 82306 | Vitamin D Test | \$2,307,531 | 50,297 | \$45.88 |
| | | Top Ten Totals | \$35,128,578 | 907,426 | \$38.71 |

Source: Medicaid paid claims are derived from the Medicaid Management Information System (MMIS) data warehouse.
Notes: Claims are based on services rendered during the calendar year and processed and paid up to three months after the end of the calendar year.