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Customized Fee Analyzer

Fee information for your area

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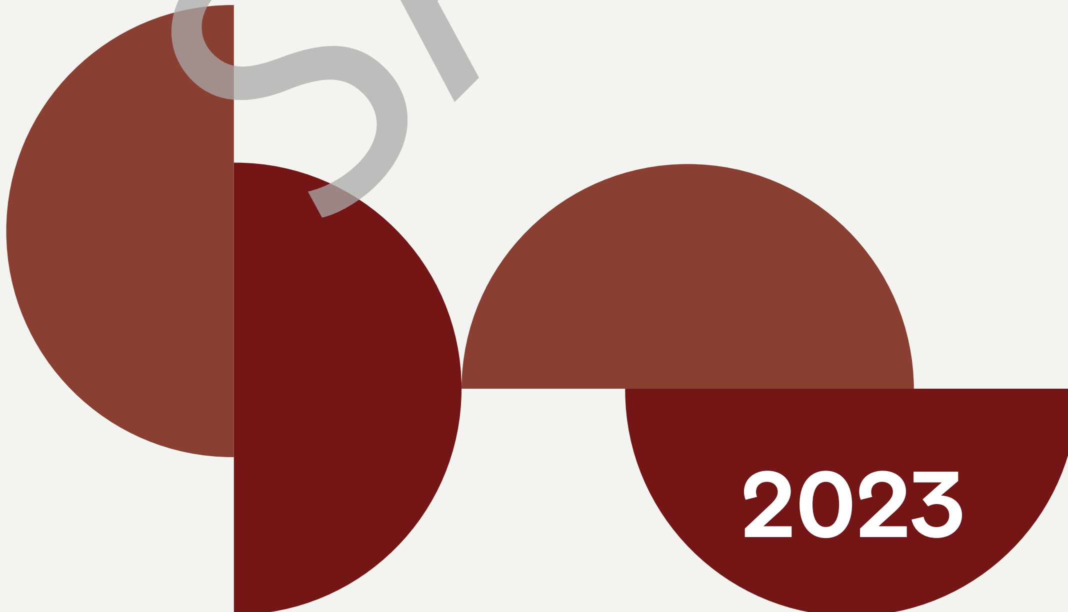

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Customized Fee Analyzer

Fee information for your area

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CUSTOMIZED REPORT FOR:

CFAFamPrac

Family Practice

Friday, January 15, 2021

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Using the *Analyzer*

In the introduction, a number of applications were listed to illustrate ways that the *Analyzer* data might be used. In this section, some of these applications are described in more depth. However, before beginning this analysis and adjusting fees, consider the following:

1. How will the new fees compare with what payers are willing to reimburse?
2. How will patients react to a change in charges?
3. Do the new fees accurately reflect the cost and worth of services?
4. Realize that there may be restrictions in adjusting some fees by Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO) contracts, as well as Medicare and workers' compensation fee schedules.
5. Because the percentiles in the *Analyzer* are based on a Geozip (the first three digits or groups of the first three digits of ZIP codes), assess how the practice's charging patterns relate to others in this area.

Initial Comparison of Current Fees to Area Fees

Initially, it may be a good idea to compare a few most frequently reported services to get an idea of where current fees fall when compared to others in the area. These data can be compared to all seven percentiles or, to only two or three percentiles.

Step One

Select procedure codes for all types of services performed, including evaluation and management, surgery, radiology, laboratory, and medicine.

Step Two

Using a spreadsheet, list the following items in separate columns:

Column 1	CPT® code
Column 2	Current fee
Column 3	Medicare allowable
Columns 4–10	*Analyzer* fees at the 50th, 60th, 75th, 80th, 85th, 90th, and 95th percentiles

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Professional & Technical Splits of Global Services

The Table of Professional & Technical Splits of Global Services is provided to help determine the professional and technical component amounts for the global fees listed in the *Analyzer*. The PC/TC percentages in the following table have been used to determine the amounts for those services with modifiers in the MOD column: G (global fee), TC (technical component), and 26 (professional component).

The fee data in the *Analyzer* display percentiles for technical and professional components based on data sources including FAIR Health. These data are effective as of November 2020 and are subject to change. **This information is intended only as a guideline and should not be interpreted as absolutely representative of PC/TC splits prevalent in a given geographic area.** Variations may occur in certain geographic areas due to local billing patterns, changing technologies, sophistication and expense of equipment, and site of service. If you wish to apply a different PC/TC split to the data, instructions are included in the section "To Determine a PC/TC Split."

Global Service Components

A global service is one in which the health care professional provides the entire service, including equipment, supplies, technical personnel, and the provider's professional services. The global service can then be divided into professional and technical components, expressed as percentages of the global amount.

Professional Component

The professional component represents all of the provider's work in providing the service. It encompasses the examination of the patient, when indicated, the performance and/or supervision of the procedure, and consultation with a referring health care professional when appropriate. Costs for education, malpractice insurance, and other expenses incident to maintaining a practice are also included in the professional component.

The professional component of the global service is listed in the Table of Professional & Technical Splits of Global Services as PC. The professional component is identified with modifier 26 in the *Analyzer* data. The CPT® book includes modifier 26 to identify the physician component of a global service for billing purposes. Guidelines for using this modifier are listed in appendix A of the CPT book.

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CPT Code	MOD	Sub	Description	BR	Medicare Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
17271			DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM		159.89	364	364	364	364	389	389	389
17272			DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM		181.76	415	415	415	415	415	415	415
17273			DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM		202.27	338	389	452	473	499	518	544
17274			DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM		236.97	385	443	515	539	568	590	619
17276			DSTRJ MAL LESION S/N/H/F/G LESION DIAM > 4.0 CM		275.32	508	584	679	711	749	778	817
17280			DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<		135.34	263	265	310	310	310	310	310
17281			DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM		173.00	394	394	394	394	394	425	425
17282			DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM		198.71	456	456	456	456	456	488	588
17283			DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM		235.79	387	445	518	542	571	594	623
17284			DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM		268.77	430	495	576	603	635	660	692
17286			DESTRUCTION MAL LESION F/E/E/N/L/M >4.0 CM		345.60	635	731	850	890	937	974	1,022
17340			CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE		50.86	90	103	120	126	133	138	145
17360			CHEMICAL EXFOLIATION ACNE		119.26	170	195	227	237	250	260	273
19000			PUNCTURE ASPIRATION CYST BREAST		103.57	95	204	210	235	235	235	328
19001			PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST		26.31	94	108	125	131	138	144	151
19081			BX BREAST W/DEVICE 1ST LESION STEREOTACTIC GUID		548.92	741	936	1,082	1,082	1,082	1,109	1,109
19082			BX BREAST W/DEVICE ADDL LESION STEREOTACT GUID		437.22	940	1,082	1,258	1,317	1,387	1,441	1,513
19083			BX BREAST W/DEVICE 1ST LESION ULTRASOUND GUID		549.03	422	694	929	929	1,059	1,059	1,059
19084			BX BREAST W/DEVICE ADDL LESION ULTRASOUND GUID		429.28	217	217	739	739	739	810	810
19085			BX BREAST W/DEVICE 1ST LESION MAGNETIC RES GUID		841.16	1,668	1,668	1,668	1,668	1,668	1,710	1,710
19086			BX BREAST W/DEVICE ADDL LESION MAGNET RES GUID		663.81	1,321	1,520	1,768	1,850	1,949	2,025	2,126
19100			BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX		152.41	316	364	423	443	467	485	509
19101			BIOPSY BREAST OPEN INCISIONAL		331.83	749	862	1,002	1,049	1,105	1,149	1,206
19120			EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION		502.09	841	1,059	1,096	1,096	1,096	1,096	1,096
20200			BIOPSY MUSCLE SUPERFICIAL		217.23	411	437	517	534	568	613	668
20206			BIOPSY MUSCLE PERCUTANEOUS NEEDLE		230.74	404	404	527	527	546	546	546
20500			INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC		114.94	311	331	392	405	430	465	506
20501			INJECTION SINUS TRACT DIAGNOSTIC		139.46	85	85	85	85	85	85	91
20520			REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE		209.79	347	369	436	451	479	518	564
20526			INJECTION THERAPEUTIC CARPAL TUNNEL		77.99	171	192	209	219	219	231	231
20550			INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS		54.33	145	151	158	165	174	176	176
20551			INJECTION SINGLE TENDON ORIGIN/INSERTION		55.62	137	148	167	167	167	180	180
20552			INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES		52.47	125	138	154	154	157	190	199
20553			INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES		60.10	133	133	134	135	158	188	199
20555			PLACEMENT NEEDLES MUSCLE SUBSEQUENT RADIOELEMENT		324.46	878	933	1,105	1,141	1,214	1,311	1,426
20560			NEEDLE INSERTION W/O INJECTION 1 OR 2 MUSCLES		25.43	26	27	31	31	31	31	31
20561			NEEDLE INSERTION W/O INJECTION 3 OR MORE MUSCLES		36.78	46	46	46	46	46	46	57
20600			ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US		50.23	119	136	142	143	143	149	150
20605			ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US		52.21	130	137	145	148	150	150	160
20610			ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US		61.97	172	172	174	179	180	185	225
20612			ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ		61.20	129	129	134	137	140	140	151
20615			ASPIRATION & INJECTION TREATMENT BONE CYST		246.92	507	539	638	659	701	757	824

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CPT Code	MOD	Sub	Description	BR	Medicare Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
58100			ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX		99.10	245	245	250	274	322	326	326
58110			ENDOMETRIAL BX CONJUNCT W/COLPOSCOPY		49.41	133	142	164	176	191	210	245
58120			DILATION & CURETTAGE DX&/THER NONOBSTETRIC		286.06	578	578	652	656	695	695	695
58300			INSERTION INTRAUTERINE DEVICE IUD		100.28	165	172	200	212	212	217	220
58301			REMOVAL INTRAUTERINE DEVICE IUD		105.04	218	231	239	256	281	285	285
59000			AMNIOCENTESIS DIAGNOSIC		114.16	290	318	646	646	646	646	646
59015			CHORIONIC VILLUS SAMPLING		151.13	255	360	360	360	360	360	360
59020	G		FETAL CONTRACTION STRESS TEST		67.21	206	219	259	268	285	308	335
59020	TC		FETAL CONTRACTION STRESS TEST		31.70	97	103	122	126	134	145	158
59020	26		FETAL CONTRACTION STRESS TEST		35.51	109	116	137	142	151	163	177
59025	G		FETAL NONSTRESS TEST		47.09	371	371	380	380	380	380	380
59025	TC		FETAL NONSTRESS TEST		18.24	141	141	144	144	144	144	144
59025	26		FETAL NONSTRESS TEST		28.85	230	230	236	236	236	236	236
59051			FETAL MONITR LABOR PHYS WRTTN REPRT INTERPJ ONLY		40.65	104	111	131	135	144	155	169
59160			CURETTAGE POSTPARTUM		254.82	482	520	537	537	537	537	537
59200			INSERTION CERVICAL DILATOR SEPARATE PROCEDURE		96.59	167	167	167	167	200	250	250
59300			EPISIOTOMY/VAG RPR OTH/THN ATTENDING		218.90	378	402	465	497	541	593	693
59400			OB CARE ANTEPARTUM VAG DLVR & POSTPARTUM		2,317.54	3,200	3,800	4,442	4,442	4,649	5,664	5,664
59409			VAGINAL DELIVERY ONLY		783.60	1,760	1,760	1,842	1,842	2,237	2,481	2,516
59410			VAGINAL DELIVERY ONLY W/POSTPARTUM CARE		1,032.14	1,906	1,953	1,953	1,953	1,953	2,053	2,100
59412			EXTERNAL CEPHALIC VERSION W/WO TOCOLYSIS		99.39	235	235	242	288	288	315	315
59414			DELIVERY PLACENTA SEPARATE PROCEDURE		88.61	342	364	422	451	490	538	628
59425			ANTEPARTUM CARE ONLY 4-6 VISITS		539.41	871	871	962	1,100	1,255	1,255	1,378
59426			ANTEPARTUM CARE ONLY 7/> VISITS		987.23	1,500	1,557	1,723	2,241	2,241	2,241	2,278
59430			POSTPARTUM CARE ONLY SEPARATE PROCEDURE		250.06	353	353	353	353	395	395	395
59610			ROUTINE OB CARE VAG DLVRY & POSTPARTUM CARE VB		2,419.01	3,425	4,028	4,129	4,683	4,683	4,901	5,971
59612			VAGINAL DELIVERY AFTER CESAREAN DELIVERY		883.22	2,007	2,134	2,471	2,642	2,875	3,151	3,682
59614			VAGINAL DELIVERY & POSTPARTUM CARE VBAC		1,115.59	2,111	2,244	2,598	2,778	3,023	3,314	3,872
59812			TX INCOMPLETE ABORTION ANY TRIMESTER SURGICAL		346.58	700	731	790	891	891	904	904
59840			INDUCED ABORTION DILATION AND CURETTAGE		237.79	679	722	835	893	972	1,066	1,245
59841			INDUCED ABORTION DILATION & EVACUATION		407.98	883	883	883	883	883	883	883
59855			INDUCED ABORT 1/> VAG SUPPOSITORIES DLVR FETUS		411.83	1,142	1,215	1,406	1,504	1,636	1,793	2,096
59856			INDUCED ABORT 1/> VAG SUPP DLVR FETUS D&C &/EVAC		482.11	1,707	1,815	2,101	2,247	2,445	2,680	3,132
59870			UTERINE EVACUATION & CURETTAGE HYDATIDIFORM MOLE		510.51	1,203	1,280	1,481	1,584	1,723	1,889	2,208
62270			DIAGNOSTIC LUMBAR SPINAL PUNCTURE		127.20	383	431	449	449	449	503	551
62272			THERAPEUTIC SPINAL PUNCTURE DRAINAGE CSF		170.75	636	636	636	636	636	636	687
62273			INJECTION EPIDURAL BLOOD/CLOT PATCH		166.53	407	407	444	493	493	728	870
62320			NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN		161.61	528	595	665	700	739	797	925
62321			NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN		259.97	620	668	777	792	792	792	792
62322			NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN		140.59	744	744	784	784	784	816	832
62323			NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN		256.10	589	590	590	590	597	597	597
62324			NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN		138.11	457	457	910	910	930	1,040	1,040

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