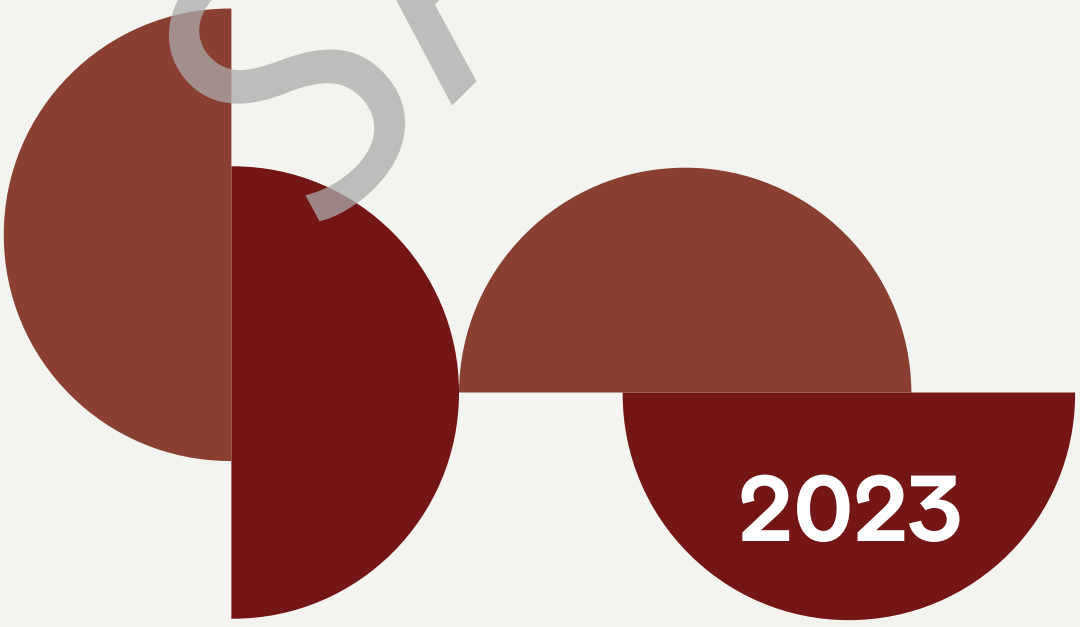
Optum

Customized Fee Analyzer

Fee information for your area



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CUSTOMIZED REPORT FOR:

CFA Sample Two Specalities

Allergy / Immunology and Otolaryngology

Tuesday, January 26, 2021

Contents

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

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.

Optum Customized Fee Analyzer
Allergy / Immunology and Otolaryngology (0304)
US Zip Codes 841##

CPT Code	MOD	Sub	Description	BR	Medicare Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
13131			REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM		381.36	1,020	1,040	1,040	1,040	1,040	1,040	1,040
13132			REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM		462.96	1,183	1,296	1,296	1,296	1,296	1,296	1,296
13133			REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA ADDL 5 CM/<		166.40	377	377	437	437	514	514	530
13151			REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM		415.45	1,142	1,142	1,142	1,142	1,142	1,142	1,142
13152			REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM		489.69	1,214	1,373	1,475	1,632	1,632	1,632	1,702
13153			REPAIR COMPLX EYELID/NOSE/EAR/LIP EA ADDL 5 CM/<		182.31	521	600	698	730	769	799	839
14020			ADJT TIS TRNSFR/REARGMT SCALP/ARM/LEG 10 SQ CM/<		673.07	1,715	1,884	1,945	1,945	1,945	2,028	2,028
14021			ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0 SQ CM		832.24	2,247	2,247	2,363	2,363	2,363	2,363	2,363
14040			ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<		729.95	2,095	2,425	2,957	2,957	2,957	2,957	2,957
14041			ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30.0 SQ CM		888.61	2,560	2,560	2,560	2,594	2,594	2,716	2,795
14060			ADJT TIS TRNSFR/REARRGMT E/N/E/L DFCT 10 SQ CM/<		739.71	2,114	2,141	2,323	2,640	2,640	2,699	2,753
14061			ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.1-30.0 SQCM		956.77	1,860	2,443	2,752	2,919	2,919	2,919	3,019
14301			ADJNT TIS TRNSFR/REARGMT ANY AREA 30.1-60 SQ CM		1,048.48	3,373	3,373	3,373	3,373	3,373	3,373	3,373
14302			ADJT TIS TRNSFR/REARGMT DEFEC EA ADDL 30 SQCM		210.85	704	704	704	704	704	704	756
15002			PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM/1PCT		342.73	747	747	747	747	747	747	747
15003			PREP SITE TRUNK/ARM/LEG ADDL 100 SQ CM/1PCT		69.57	163	163	163	163	163	163	163
15004			PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ CM/1PCT		389.61	879	879	879	1,185	1,190	1,190	1,487
15005			PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ CM/1PCT		116.70	271	271	271	271	271	271	462
15040			HARVEST SKIN TISSUE CLTR SKIN AGRFT 100 CM/<		261.56	620	713	830	868	915	951	998
15050			PINCH GRAFT 1/MLT SM ULCER TIP/OTH AREA 2CM		576.57	1,177	1,354	1,575	1,648	1,736	1,804	1,894
15100			SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD		843.90	2,414	2,414	2,414	2,414	2,414	2,533	2,533
15101			SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD		185.26	519	519	519	519	519	519	519
15110			EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD		799.76	2,355	2,709	3,151	3,298	3,475	3,611	3,790
15111			EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY INFT/CHLD		109.78	335	386	449	470	495	514	540
15115			EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/<		789.15	1,943	2,234	2,599	2,720	2,866	2,978	3,126
15116			EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM		160.38	440	507	589	617	650	675	709
15120			SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %		823.06	2,666	2,666	2,666	2,666	2,796	2,887	2,887
15121			SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA 1 %		207.64	743	743	743	743	743	743	743
15135			DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT 1ST 100		850.57	2,310	2,657	3,090	3,234	3,407	3,541	3,717
15136			DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100 CM/EA		93.90	277	319	371	388	409	425	446
15155			CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST 25CM/<		776.62	1,972	2,268	2,638	2,761	2,909	3,023	3,173
15156			CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADDL 1-75CM		156.60	606	697	811	849	894	929	975
15157			CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 100 EA		174.05	676	777	904	946	997	1,036	1,087
15200			FTH/GFT FREE W/DIRECT CLOSURE TRUNK 20 CM/<		811.22	1,590	1,828	2,127	2,226	2,345	2,437	2,558
15201			FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20 CM/<		141.85	442	508	591	618	652	677	711
15220			FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<		743.29	2,103	2,103	2,187	2,187	2,187	2,187	2,187
15221			FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20 CM/<		130.75	354	408	474	496	523	543	570
15240			FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F 20 CM/<		896.95	2,605	2,605	2,605	2,605	2,704	2,732	2,732
15241			FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F EA20CM/<		172.16	516	516	516	516	516	516	516
15260			FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<		962.29	2,125	2,125	2,748	2,748	2,748	2,748	2,748
15261			FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 SQ CM/<		202.26	740	852	990	1,037	1,092	1,135	1,191
15275			SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST 25 SQ CM		155.09	343	371	442	442	460	460	466

CPT Code	MOD	Sub	Description	BR	Medicare Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
31241			NASAL/SINUS NDSC W/LIG SPHENOPALATINE ARTERY		431.02	1,271	1,351	1,600	1,653	1,758	1,898	2,066
31253			NASAL/SINUS NDSC TOT W/FRNT SINS EXPL TISS RMVL		485.49	1,000	1,000	1,507	1,525	1,525	1,525	2,000
31254			NASAL/SINUS NDSC W/PARTIAL ETHMOIDECTOMY		422.94	600	680	680	680	687	687	1,195
31255			NASAL/SINUS NDSC W/TOTAL ETHOIDECTOMY		313.45	790	841	974	974	974	984	984
31256			NASAL/SINUS ENDOSCOPY W/MAXILLARY ANTROSTOMY		174.38	450	459	540	547	547	547	547
31257			NASAL/SINUS NDSC TOTAL WITH SPHENOIDOTOMY		432.63	1,800	1,800	2,816	2,816	4,382	4,382	4,382
31259			NASAL/SINUS NDSC TOT W/SPHENDT W/SPHEN TISS RMVL		458.06	1,310	1,420	1,420	1,438	1,438	1,438	1,438
31267			NSL/SINUS NDSC MAX ANTROST W/RMVL TISS MAX SINUS		256.82	738	790	796	807	807	1,384	1,476
31276			NASAL/SINUS NDSC W/RMVL TISS FROM FRONTAL SINUS		366.31	1,136	1,176	1,259	1,260	1,600	1,600	1,600
31287			NASAL/SINUS ENDOSCOPY W/SPHENOIDOTOMY		194.51	550	550	550	550	550	550	550
31288			NSL/SINUS NDSC SPHENDT RMVL TISS SPHENOID SINUS		226.89	1,333	1,417	1,678	1,734	1,843	1,991	2,167
31290			NASAL/SINUS NDSC RPR CEREBRSP FLUID LEAK ETHMOID		1,112.17	3,319	3,527	4,176	4,316	4,588	4,955	5,394
31291			NASAL/SINUS NDSC RPR CEREBSP FLUID LEAK SPHENOID		1,176.23	3,665	3,896	4,613	4,766	5,068	5,473	5,957
31292			NASAL/SINUS NDSC SURG MEDIAL/INF ORB WALL DCMPRN		965.02	2,492	2,649	3,137	3,241	3,446	3,721	4,051
31293			NASAL/SINUS NDSC SURG MEDIAL&INF ORB WALL DCMPRN		1,044.94	3,105	3,300	3,907	4,037	4,292	4,636	5,046
31294			NASAL/SINUS NDSC SURG W/OPTIC NERVE DCMPRN		1,194.67	3,253	3,458	4,094	4,231	4,498	4,858	5,288
31295			NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS		1,781.62	3,854	4,096	4,850	5,012	5,329	5,755	6,264
31296			NASAL/SINUS NDSC SURG W/DILATION FRONTAL SINUS		1,806.55	5,252	5,582	6,610	6,830	7,262	7,843	8,537
31297			NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS		1,767.54	4,701	4,996	5,916	6,113	6,500	7,019	7,640
31298			NASAL/SINUS NDSC SURG W/DILATION FRNT&SPHN SINUS		3,377.41	9,315	9,900	11,723	12,113	12,879	13,908	15,139
31299			UNLISTED PROCEDURE ACCESSORY SINUSES	Y	0.00	0	0	0	0	0	0	0
31300			LARYNGOTOMY W/RMVL TUMOR/LARYNGOCELE CORDECTOMY		1,230.88	3,282	3,488	4,130	4,268	4,538	4,900	5,334
31360			LARYNGECTOMY TOTAL W/O RADICAL NECK DISSECTION		2,010.60	4,857	5,162	6,112	6,316	6,715	7,251	7,893
31365			LARYNGECTOMY TOTAL W/RADICAL NECK DISSECTION		2,480.77	6,584	6,998	8,287	8,563	9,104	9,832	10,702
31367			LARYNGECTOMY STOT SUPRAGLOTTIC W/O RAD NECK DSJ		2,131.95	5,655	6,011	7,117	7,354	7,819	8,444	9,191
31368			LARYNGECTOMY STOT SUPRAGLOTTIC W/RAD NCK DSJ		2,362.07	6,248	6,641	7,863	8,125	8,639	9,329	10,155
31370			PARTIAL LARYNGECTOMY HEMILARYGECTOMY HORIZONTAL		2,003.37	6,615	7,031	8,325	8,603	9,147	9,878	10,752
31375			PARTIAL LARYNGECTOMY HEMILARYNG LATEROVERTICAL		1,902.45	6,286	6,681	7,911	8,174	8,691	9,386	10,216
31380			PARTIAL LARYNGECTOMY HEMILARYNG ANTEROVERTICAL		1,875.72	6,199	6,588	7,801	8,061	8,571	9,256	10,075
31382			PARTIAL LARYNG HEMILARYNG ANTERO-LATERO-VERTICAL		2,056.84	6,787	7,213	8,541	8,826	9,384	10,134	11,031
31390			PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/O RCNSTJ		2,749.82	7,305	7,764	9,194	9,500	10,101	10,908	11,873
31395			PHARYNGOLARYNGECTOMY W/RAD NECK DSJ W/RCNSTJ		2,896.69	9,540	10,140	12,006	12,406	13,191	14,245	15,505
31400			ARYTENOIDECTOMY/ARYTENOIDOPEXY XTRNL APPROACH		975.62	2,610	2,774	3,285	3,394	3,609	3,897	4,242
31420			EPIGLOTTIDECTOMY		807.80	2,206	2,345	2,777	2,869	3,050	3,294	3,586
31500			INTUBATION ENDOTRACHEAL EMERGENCY PROCEDURE		139.76	297	298	345	381	398	398	405
31502			TRACHEOTOMY TUBE CHANGE PRIOR TO FISTULA TRACT		34.17	80	80	227	236	236	236	236
31505			LARYNGOSCOPY INDIRECT DIAGNOSTIC SPX		87.29	164	174	206	213	226	244	266
31510			LARYNGOSCOPY INDIRECT W/BIOPSY		207.96	460	489	579	598	636	687	748
31511			LARYNGOSCOPY INDIRECT W/REMOVAL FOREIGN BODY		205.82	471	501	593	613	652	704	766
31512			LARYNGOSCOPY INDIRECT W/REMOVAL LESION		206.74	469	499	590	610	649	701	763
31513			LARYNGOSCOPY INDIRECT W/VOCAL CORD INJECTION		126.21	437	465	550	568	604	653	710
31515			LARYNGOSCOPY W/WO TRACHEOSCOPY ASPIRATION		207.66	509	541	641	662	704	760	828