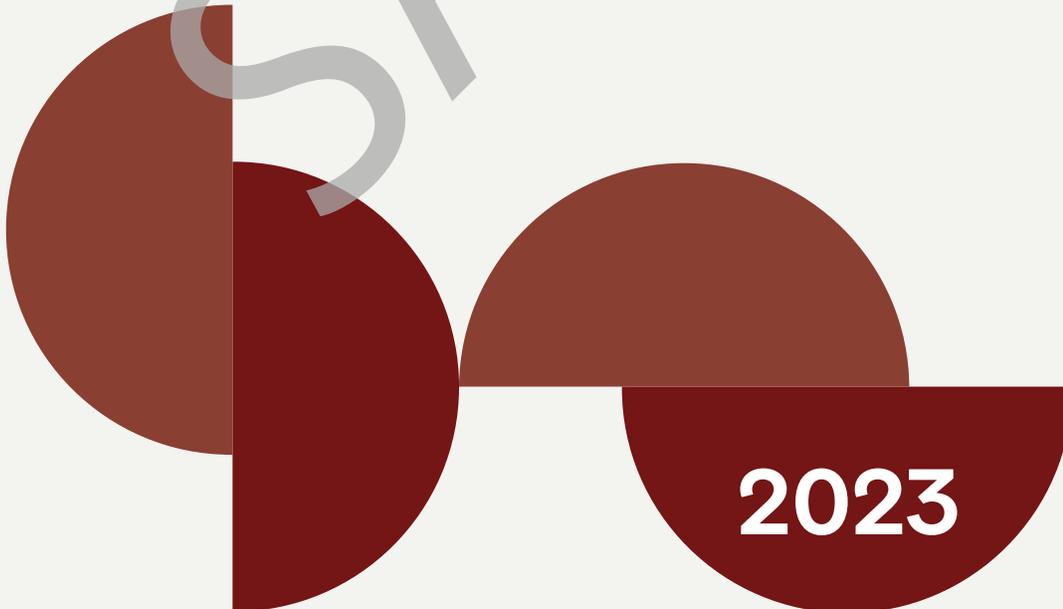


Optum

Customized Fee Analyzer

Fee information for your area

SAMPLE



2023

Customized Fee Analyzer

Fee information for your area

CUSTOMIZED REPORT FOR:

CFA Sample

All CPT Codes / Multi-Specialty

Thursday, January 14, 2021

SAMPLE

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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	<i>Analyzer</i> 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.

CPT Code MOD Sub Description	BR	Medicare Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
24999 UNLISTED PROCEDURE HUMERUS/ELBOW	Y	0.00	0	0	0	0	0	0	0
25000 INCISION EXTENSOR TENDON SHEATH WRIST		333.15	954	954	1,006	1,017	1,100	1,100	1,144
25001 INCISION FLEXOR TENDON SHEATH WRIST		335.03	1,084	1,152	1,364	1,409	1,498	1,618	1,761
25020 DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DBRDMT		690.73	2,810	2,987	3,537	3,655	3,886	4,196	4,568
25023 DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/DBRDMT		1,250.57	2,849	3,028	3,586	3,705	3,940	4,255	4,631
25024 DCMPRN FASCT F/ARM&WRST FLXR/XTNSR W/O DB		761.85	2,107	2,239	2,651	2,740	2,913	3,146	3,424
25025 DCMPRN FASCT F/ARM&WRST FLXR/XTNSR DBRDMT		1,159.92	2,792	2,968	3,514	3,631	3,861	4,169	4,538
25028 I&D FOREARM&WRIST DEEP ABSCESS/HEMATOMA		642.00	1,511	1,605	1,901	1,964	2,088	2,255	2,455
25031 INCISION & DRAINAGE FOREARM&WRIST BURSA		357.69	977	1,039	1,230	1,271	1,351	1,459	1,588
25035 INCISION DEEP BONE CORTEX FOREARM&WRIST		570.99	2,063	2,193	2,597	2,683	2,853	3,081	3,353
25040 ARTHRT RDCRPL/MIDCARPL JT W/EXPL DRG/RMVL FB		546.53	1,735	1,844	2,183	2,256	2,399	2,590	2,820
25065 BIOPSY SOFT TISSUE FOREARM&WRIST SUPERFICIAL		251.27	376	400	474	490	521	562	612
25066 BIOPSY SOFT TISSUE FOREARM&WRIST DEEP		351.60	993	1,056	1,250	1,292	1,373	1,483	1,614
25071 EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>		412.62	1,056	1,123	1,329	1,374	1,460	1,577	1,717
25073 EXC TUMOR SFT TISS FOREARM&WRIST SUBFASC 3CM/>		521.14	1,473	1,565	1,853	1,915	2,036	2,199	2,394
25075 EXC TUMOR SOFT TISSUE FOREARM &WRIST SUBQ <3CM		507.57	977	988	1,000	1,267	1,325	1,325	1,325
25076 EXC TUMOR SOFT TISS FOREARM&WRIST SUBFASC <3CM		503.15	1,497	1,591	1,884	1,946	2,070	2,235	2,433
25077 RAD RESECT TUMOR SOFT TISS FOREARM&WRIST <3 CM		865.24	2,994	3,182	3,767	3,893	4,139	4,470	4,865
25078 RAD RESCJ TUM SOFT TISSUE FOREARM&WRIST 3 CM/>		1,131.65	3,061	3,253	3,852	3,981	4,232	4,571	4,975
25085 CAPSULOTOMY WRIST		438.12	1,572	1,671	1,979	2,045	2,174	2,348	2,555
25100 ARTHROTOMY WRIST JOINT WITH BIOPSY		339.94	1,164	1,237	1,465	1,513	1,609	1,738	1,891
25101 ARTHRT WRST W/JT EXPL W/WO BX W/WO RMVL LOOSE/FB		394.04	1,417	1,506	1,783	1,842	1,959	2,115	2,302
25105 ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY		474.49	1,734	1,843	2,182	2,254	2,397	2,589	2,818
25107 ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE		600.99	1,857	1,974	2,337	2,415	2,568	2,773	3,019
25109 EXC TENDON FOREARM&WRIST FLEXOR/EXTENSOR EA		521.52	1,486	1,580	1,871	1,933	2,055	2,220	2,416
25110 EXCISION LESION TENDON SHEATH FOREARM&WRIST		335.08	1,022	1,086	1,286	1,329	1,413	1,526	1,661
25111 EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY		314.45	709	803	840	840	840	872	872
25112 EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT		378.69	1,087	1,155	1,368	1,414	1,503	1,623	1,767
25115 RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS FLXRS		736.71	2,293	2,437	2,886	2,982	3,171	3,424	3,727
25116 RAD EXC BURSA SYNVA WRST/F/ARM TDN SHTHS XTNSRS		587.06	2,094	2,226	2,635	2,723	2,895	3,127	3,404
25118 SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT		371.79	1,398	1,486	1,760	1,818	1,933	2,088	2,273
25119 SYNVT XTNSR TDN SHTH WRST 1 RESCJ DSTL ULNA		486.08	1,484	1,577	1,868	1,930	2,052	2,216	2,412
25120 EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA		488.78	1,698	1,805	2,137	2,208	2,348	2,536	2,760
25125 EXC/CURTG CYST/TUMOR RADIUS/ULNA W/AUTOGRAFT		580.65	1,742	1,851	2,192	2,265	2,408	2,601	2,831
25126 EXC/CURTG CYST/TUMOR RADIUS/ULNA W/ALLOGRAFT		584.89	1,782	1,894	2,242	2,317	2,463	2,660	2,896
25130 EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES		439.10	1,404	1,492	1,767	1,826	1,941	2,097	2,282
25135 EXC/CURTG CYST/TUMOR CARPAL BONES W/AUTOGRAFT		547.29	1,481	1,574	1,864	1,926	2,047	2,211	2,407
25136 EXC/CURTG CYST/TUMOR CARPAL BONES W/ALLOGRAFT		485.75	1,314	1,396	1,653	1,708	1,816	1,962	2,135
25145 SEQUESTRECTOMY FOREARM &WRIST		508.11	1,374	1,461	1,730	1,787	1,900	2,052	2,234
25150 PARTIAL EXCISION BONE ULNA		553.84	1,806	1,919	2,273	2,348	2,497	2,696	2,935
25151 PARTIAL EXCISION BONE RADIUS		571.44	2,800	2,976	3,524	3,641	3,872	4,181	4,551
25170 RADICAL RESECTION TUMOR RADIUS OR ULNA		1,432.71	3,838	4,079	4,830	4,991	5,307	5,731	6,238

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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
49520 RPR RECT INGUINAL HERNIA ANY AGE REDUCIBLE		619.12	1,675	1,781	2,108	2,179	2,316	2,501	2,723
49521 RPR RECT INGUN HERNIA ANY AGE INCARCERATED		701.43	1,869	1,986	2,352	2,430	2,584	2,790	3,037
49525 RPR INGUN HERNIA SLIDING ANY AGE		561.18	1,610	1,711	2,026	2,094	2,226	2,404	2,617
49540 REPAIR LUMBAR HERNIA		666.38	1,778	1,890	2,238	2,313	2,459	2,655	2,890
49550 RPR 1ST FEM HRNA ANY AGE REDUCIBLE		564.43	1,412	1,501	1,777	1,836	1,952	2,108	2,295
49553 RPR 1ST FEM HERNIA ANY AGE INCARCERATED		618.45	1,578	1,677	1,986	2,052	2,182	2,356	2,565
49555 RPR RECT FEM HERNIA REDUCIBLE		590.07	1,578	1,677	1,986	2,052	2,182	2,356	2,565
49557 RPR RECT FEM HRNA INCARCERATED		707.28	1,906	2,026	2,399	2,479	2,636	2,847	3,098
49560 REPAIR FIRST ABDOMINAL WALL HERNIA		721.70	1,912	2,071	2,526	2,526	2,526	2,526	2,895
49561 RPR 1ST INCAL/VNT HERNIA INCARCERATED		909.10	1,917	1,917	2,133	2,872	2,872	3,382	3,382
49565 RPR RECT INCAL/VNT HERNIA REDUCIBLE		751.70	2,240	2,240	2,307	2,633	2,633	2,633	2,633
49566 RPR RECT INCAL/VNT HERNIA INCARCERATED		917.37	2,207	2,346	2,778	2,871	3,052	3,296	3,588
49568 IMPLANT MESH OPN HERNIA RPR/DEBRIDEMENT CLOSURE		260.70	796	800	917	917	917	972	1,012
49570 RPR EPIGASTRIC HERNIA REDUCIBLE SPX		409.90	1,205	1,281	1,516	1,567	1,666	1,799	1,958
49572 RPR EPIGASTRIC HERNIA INCARCERATED		507.15	1,410	1,498	1,774	1,833	1,949	2,105	2,291
49580 RPR UMBILICAL HERNIA < 5 YRS REDUCIBLE		328.37	1,214	1,290	1,528	1,579	1,679	1,813	1,973
49582 RPR UMBILICAL HERNIA < 5 YRS INCARCERATED		473.67	1,361	1,446	1,712	1,769	1,881	2,032	2,211
49585 RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE		436.98	1,289	1,486	1,523	1,523	1,523	1,523	1,550
49587 RPR UMBILICAL HERNIA AGE 5 YRS/> INCARCERATED		466.36	1,182	1,459	1,517	1,631	1,631	1,631	1,828
49590 RPR SPIGELIAN HERNIA		561.97	1,580	1,680	1,989	2,055	2,185	2,360	2,568
49600 RPR SMALL OMPHALOCELE W/PRIMARY CLOSURE		718.97	1,922	2,043	2,419	2,500	2,658	2,871	3,125
49605 RPR LG OMPHALOCELE/GASTROSCHISIS W/WO PROSTH		4,819.42	11,996	12,750	15,097	15,600	16,586	17,912	19,497
49606 RPR LG OMPHALOCELE/GASTROSCHISIS RMVL PROSTH		1,111.16	3,758	3,994	4,729	4,887	5,196	5,611	6,108
49610 RPR OMPHALOCELE GROSS TYP OPERATION 1ST STG		678.03	1,813	1,926	2,281	2,357	2,506	2,706	2,946
49611 RPR OMPHALOCELE GROSS TYP OPERATION 2ND STG		597.58	2,039	2,167	2,566	2,652	2,819	3,045	3,314
49650 LAPAROSCOPY SURG RPR INITIAL INGUINAL HERNIA		421.74	1,213	1,213	1,315	1,315	1,468	1,468	1,649
49651 LAPS SURG RPR RECURRENT INGUINAL HERNIA		549.26	1,408	1,609	1,609	1,609	2,100	2,100	2,816
49652 LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE		728.19	1,530	1,530	2,128	2,128	2,293	2,293	2,734
49653 LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED		910.91	1,909	1,909	2,860	2,860	2,913	2,913	2,913
49654 LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE		826.50	2,132	2,266	2,683	2,772	2,948	3,183	3,465
49655 LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED		1,011.96	2,664	2,831	3,353	3,464	3,683	3,978	4,330
49656 LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE		897.16	2,188	2,325	2,754	2,845	3,025	3,267	3,556
49657 LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED		1,291.59	2,900	3,082	3,649	3,771	4,009	4,330	4,713
49659 UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNIOTOMY	Y	0.00	0	0	0	0	0	0	0
49900 SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN		797.44	1,874	1,992	2,359	2,438	2,592	2,799	3,046
49904 OMENTAL FLAP EXTRA-ABDOMINAL		1,359.01	3,805	4,044	4,788	4,948	5,261	5,681	6,184
49905 OMENTAL FLAP INTRA-ABDOMINAL		345.03	985	985	985	1,052	1,099	1,208	1,208
49906 FREE OMENTAL FLAP W/MICROVASCULAR ANAST		0.00	4,245	4,512	5,343	5,521	5,870	6,339	6,900
49999 UNLISTED PROCEDURE ABDOMEN PERITONEUM & OMENTUM	Y	0.00	0	0	0	0	0	0	0
50010 RNL EXPL X NECESSITATING OTH SPEC PX		720.61	1,956	2,079	2,461	2,543	2,704	2,920	3,178
50020 DRAINAGE PERIRENAL/RENAL ABSCESS OPEN		990.20	3,035	3,225	3,819	3,946	4,196	4,531	4,932
50040 NEPHROSTOMY/NEPHROTOMY W/DRAINAGE		902.06	2,766	2,940	3,481	3,597	3,824	4,130	4,495

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