



# Customized Fee Analyzer

Fee information for your area

**2021**

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# Customized Fee Analyzer

*Fee information for your area and specialty*

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**CUSTOMIZED REPORT FOR:**

General Practice / Primary Care



2525 Lake Park Blvd.  
West Valley City, Utah 84120

#020112

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# Using the *Analyzer*

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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 your fees, consider the following:

1. How will the new fees compare with what payers are willing to reimburse?
2. How will your patients react to a change in charges?
3. Do the new fees accurately reflect the cost and worth of your services?
4. Realize that you may be restricted 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 fee ranges in the *Analyzer* are based on the first three digits or groups of the first three digits of ZIP codes, you need to assess where your locale stands in relation to others in this three-digit area.

## **Initial Comparison of Current Fees to Area Fees**

Initially, you may want to compare a few of your most frequently reported services to get an idea of where your current fees fall when compared to others in your area. You can compare the data to all seven percentiles or, initially, you may want to select 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

CPT Code	MOD Sub Description	Medicare BR	Area Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
17261	DESTRUCTION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM		136.82	217	223	273	282	287	290	291
17262	DESTRUCTION MAL LESION TRUNK/ARM/LEG 1.1-2.0CM		166.69	265	272	334	345	350	355	356
17263	DESTRUCTION MAL LESION TRUNK/ARM/LEG 2.1-3.0CM		182.44	297	305	375	387	393	398	399
17264	DESTRUCTION MAL LESION TRUNK/ARM/LEG 3.1-4.0CM		195.84	329	338	415	429	435	441	442
17266	DESTRUCTION MAL LESION TRUNK/ARM/LEG > 4.0 CM		221.93	409	421	517	533	541	548	550
17270	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.5 CM/<		142.99	233	239	294	303	308	312	313
17271	DESTRUCTION MALIGNANT LESION S/N/H/F/G 0.6-1.0CM		156.14	241	248	304	314	319	322	323
17272	DESTRUCTION MALIGNANT LESION S/N/H/F/G 1.1-2.0CM		178.02	289	297	365	377	382	387	388
17273	DESTRUCTION MALIGNANT LESION S/N/H/F/G 2.1-3.0CM		198.72	345	355	435	450	457	462	463
17274	DESTRUCTION MALIGNANT LESION S/N/H/F/G 3.1-4.0CM		235.00	377	388	476	492	499	505	507
17276	DSTRJ MAL LES S/N/H/F/G LES DIAM > 4.0 CM		273.92	425	437	537	554	563	569	571
17280	DESTRUCTION MALIGNANT LESION F/E/E/N/L/M 0.5CM/<		134.02	273	281	344	356	361	365	366
17281	DESTRUCTION MAL LESION F/E/E/N/L/M 0.6-1.0CM		170.08	281	289	354	366	372	376	377
17282	DESTRUCTION MAL LESION F/E/E/N/L/M 1.1-2.0CM		195.57	329	338	415	429	435	441	442
17283	DESTRUCTION MAL LESION F/E/E/N/L/M 2.1-3.0CM		235.21	377	388	476	492	499	505	507
17284	DESTRUCTION MAL LESION F/E/E/N/L/M 3.1-4.0CM		268.53	425	437	537	554	563	569	571
17286	DESTRUCTION MAL LESION F/E/E/N/L/M > 4.0 CM		349.10	473	487	598	617	626	634	636
17340	CRYOTHERAPY CO2 SLUSH LIQUID N2 ACNE		48.98	93	106	107	108	108	108	108
17360	CHEMICAL EXFOLIATION ACNE		124.36	201	231	232	234	234	235	235
19000	PUNCTURE ASPIRATION CYST BREAST		103.80	120	124	160	171	174	196	202
19001	PUNCTURE ASPIRATION BREAST EACH ADDITIONAL CYST		25.52	69	71	91	98	99	112	115
19100	BX BREAST NEEDLE CORE W/O IMAGING GUIDANCE SPX		140.90	206	213	274	293	298	336	346
19101	BIOPSY BREAST OPEN INCISIONAL		322.77	480	496	640	683	695	783	808
20005	I&D SOFT TISSUE ABSCESS SUBFASC		289.28	575	603	646	661	699	724	776
20200	BIOPSY MUSCLE SUPERFICIAL		194.89	345	362	388	397	420	435	466
20206	BIOPSY MUSCLE PERCUTANEOUS NEEDLE		229.51	316	332	355	363	385	398	427
20220	BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL		156.79	316	332	355	363	385	398	427
20500	INJECTION SINUS TRACT THERAPEUTIC SEPARATE PROC		103.26	237	249	267	273	289	299	320
20501	INJECTION SINUS TRACT DIAGNOSTIC		114.23	245	256	275	281	297	308	330
20520	REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE		190.66	252	264	283	289	306	317	340
20525	RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP		456.60	777	814	872	892	944	978	1,048
20526	INJECTION THERAPEUTIC CARPAL TUNNEL		72.17	158	166	178	182	192	199	213
20550	INJECTION 1 TENDON SHEATH/LIGAMENT APONEUROSIS		55.03	115	121	129	132	140	145	155
20551	INJECTION SINGLE TENDON ORIGIN/INSERTION		56.28	122	128	137	140	149	154	165
20552	INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES		51.59	122	128	137	140	149	154	165
20553	INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES		59.02	144	151	162	165	175	181	194
20600	ARTHROCENTESIS ASPIR&/INJECTION SMALL JT/BURSA		51.90	122	128	137	140	149	154	165
20605	ARTHROCENTESIS ASPIR&/INJECTION INTERM JT/BURSA		54.83	127	133	142	145	154	159	171
20610	ARTHROCENTESIS ASPIR&/INJECTION MAJOR JT/BURSA		66.93	150	157	168	172	182	188	202
20612	ASPIRATION&/INJECTION GANGLION CYST ANY LOCATION		56.45	122	128	137	140	149	154	165
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE		70.19	432	452	485	496	525	543	582
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE		173.61	834	874	937	958	1,014	1,050	1,126

CPT Code	MOD	Sub Description	Medicare BR	Area Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
70328	TC	RADEX TEMPOROMANDBLE JT OPN&CLSD MOUTH UNI		20.95	62	65	70	82	96	97	96
70328	26	RADEX TEMPOROMANDBLE JT OPN&CLSD MOUTH UNI		8.68	30	32	35	41	47	47	48
70330	G	RADEX TEMPOROMANDBLE JT OPN&CLSD MOUTH BI		46.33	134	140	153	179	208	209	210
70330	TC	RADEX TEMPOROMANDBLE JT OPN&CLSD MOUTH BI		34.36					152	153	153
70330	26	RADEX TEMPOROMANDBLE JT OPN&CLSD MOUTH BI		11.97	36	38	41	48	56	56	57
70360	G	RADIOLOGIC EXAMINATION NECK SOFT TISSUE		25.87	74	78	85	100	115	116	116
70360	TC	RADIOLOGIC EXAMINATION NECK SOFT TISSUE		17.84	48	51	55	65	75	75	75
70360	26	RADIOLOGIC EXAMINATION NECK SOFT TISSUE		8.03	26	27	30	35	40	41	41
70380	G	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS		38.34	82	86	93	110	127	128	128
70380	TC	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS		29.37	62	65	70	83	95	96	96
70380	26	RADIOLOGIC EXAMINATION SALIVARY GLAND CALCULUS		8.97	20	21	23	27	32	32	32
71010	G	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL		22.47	74	75	77	79	102	103	105
71010	TC	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL		13.78	49	49	51	52	67	68	69
71010	26	RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL		8.68	25	26	26	27	35	35	36
71020	G	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL		29.13	95	97	99	102	131	133	136
71020	TC	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL		18.77	65	67	68	70	90	92	94
71020	26	RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL		10.36	30	30	31	32	41	41	42
71021	G	RADEX CH 2 VIEWS FRNT&LAT APICAL LORDOTIC PX		36.13	117	118	121	125	161	163	166
71021	TC	RADEX CH 2 VIEWS FRNT&LAT APICAL LORDOTIC PX		23.14	80	80	82	85	110	111	113
71021	26	RADEX CH 2 VIEWS FRNT&LAT APICAL LORDOTIC PX		12.99	37	38	39	40	51	52	53
71022	G	RADEX CH 2 VIEWS FRONTAL&LATERAL OBLIQUE PRJCJ		45.29	124	126	129	133	171	173	176
71022	TC	RADEX CH 2 VIEWS FRONTAL&LATERAL OBLIQUE PRJCJ		30.31	81	82	84	87	111	112	114
71022	26	RADEX CH 2 VIEWS FRONTAL&LATERAL OBLIQUE PRJCJ		14.98	43	44	45	46	60	61	62
71030	G	RADEX CHEST COMPLETE MINIMUM 4 VIEWS		44.04	128	130	133	137	177	179	182
71030	TC	RADEX CHEST COMPLETE MINIMUM 4 VIEWS		29.37	84	86	88	90	117	118	120
71030	26	RADEX CHEST COMPLETE MINIMUM 4 VIEWS		14.67	44	44	45	47	60	61	62
71035	G	RADEX CHEST SPECIAL VIEWS		34.00	80	82	84	86	111	113	115
71035	TC	RADEX CHEST SPECIAL VIEWS		25.32	54	56	57	58	75	77	78
71035	26	RADEX CHEST SPECIAL VIEWS		8.68	26	26	27	28	36	36	37
71100	G	RADEX RIBS UNILATERAL 2 VIEWS		31.31	94	95	97	100	129	131	133
71100	TC	RADEX RIBS UNILATERAL 2 VIEWS		20.64	63	64	65	67	86	88	89
71100	26	RADEX RIBS UNILATERAL 2 VIEWS		10.67	31	31	32	33	43	43	44
71101	G	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS		37.69	110	112	115	118	152	154	157
71101	TC	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS		25.01	73	74	76	78	100	102	104
71101	26	RADEX RIBS UNI W/POSTEROANT CH MINIMUM 3 VIEWS		12.68	37	38	39	40	52	52	53
71110	G	RADEX RIBS BILATERAL 3 VIEWS		38.94	123	125	128	132	170	172	175
71110	TC	RADEX RIBS BILATERAL 3 VIEWS		25.94	85	86	88	91	117	119	121
71110	26	RADEX RIBS BILATERAL 3 VIEWS		12.99	38	39	40	41	53	53	54
71111	G	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS		50.62	141	144	147	151	195	198	201
71111	TC	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS		35.29	97	100	101	104	135	137	139
71111	26	RADEX RIBS BI W/POSTEROANT CH MINIMUM 4 VIEWS		15.32	44	44	46	47	60	61	62
71120	G	RADEX STERNUM MINIMUM 2 VIEWS		30.32	96	98	100	103	133	134	137