



*Center for Policy
and Research*

Charges Billed by Out-of-Network Providers: Implications for Affordability

SEPTEMBER 2015

TWEETS

@AHIPCoverage

- 🐦 **Out-of-network providers may charge patients whatever they choose, which often far exceeds what Medicare pays for the same service**
- 🐦 **New study shows important role high-value networks play in protecting patients from unfair, excessive medical costs**
- 🐦 **Surprise charges billed by non-participating providers impose a significant financial burden on patients**

KEY TAKEAWAYS



Our study identified a pattern of average billed charges submitted by out-of-network (OON) providers that far exceeded

Medicare reimbursement for the same service performed in the same geographic area. These findings reinforce conclusions from our previous reports that used the three highest billed commercial charges in a geographic region.



There was wide variation in out-of-network charges from different providers for the same procedure. For example, billed charges for "muscle-skin graft trunk" differed from \$3,565 for the 25th percentile to \$14,998 for the 75th percentile, and for "low back disk surgery"—from \$3,013 for the 25th percentile to \$10,216 for the 75th percentile.



Among the 97 procedures studied, average out-of-network billed charges, as a percentage of corresponding Medicare fees,

ranged from a low of 118% of Medicare ("eye exam new patient") to a high of 1382% of Medicare ("electrocardiogram (ECG)/monitoring and analysis").



For many procedures, we found regional patterns in the ratio of out-of-network charges to average Medicare fee at the state level. For example, states that had high out-of-network charge-to-Medicare fee ratio for gall bladder surgery also had high ratios for other gastrointestinal (GI) procedures.

Research for this article is based on a custom dataset designed by AHIP from a healthcare claims database maintained by FAIR Health, Inc. As a custom dataset, the AHIP dataset is not one of FAIR Health, Inc.'s modules; it includes high outliers that FAIR Health typically excludes in creating its modules, and excludes all claims that were not specifically identified as out-of-network claims. Accordingly, the results of the AHIP study are not indicative of, nor are they intended to represent, benchmarks from FAIR Health's benchmarks modules. AHIP is solely responsible for the research and conclusions reflected in this article. FAIR Health, Inc., is not responsible for the conduct of the research or for any of the opinions expressed in this article.

To ensure consumers have affordable health care coverage options, health plans develop provider networks that give consumers access to a range of health care providers who deliver high-quality care. However, when providers either choose not to participate or do not meet the requirements for inclusion in health plans' networks, these providers may charge patients whatever fee they choose, including amounts far in excess of the benchmark Medicare rate for the same service. In addition, most out-of-network (OON) providers bill the patient for any amounts not paid by the health plan under a practice known as "balance billing."

America's Health Insurance Plans' (AHIP) Center for Policy and Research completed studies in 2009 and 2013 that compared the billing practices of out-of-network providers for 24 commonly-performed medical procedures to the corresponding fees paid by Medicare.^{1,2} These studies focused on the top three highest billed charges from providers in the 30 most populated states. For 2015, AHIP significantly expanded the study's scope by the following parameters:

1. Using FAIR Health Inc.'s National Private Insurance Claims (FH-NPIC®) database of charge data. The FH-NPIC® contains over 18 billion claims submitted by 60 contributing payer organizations covering 151 million lives residing in all 50 states;³
2. Investigating 100 medical procedures; and
3. Examining both the average out-of-network billed charges and the overall distribution of these data.

Methodology

We aggregated the non-discounted billed charges reported on private insurance claims for services that were identified as out-of-network in a custom extract of the FH-NPIC® database for 100 medical procedures performed during 2013 and 2014, which included the 24 procedures analyzed in our previous studies. The custom extract excluded records flagged pursuant to FAIR Health's process to identify claims containing invalid procedure codes or rendering zip codes, as well as claims containing negative charges, duplicates, or low charge outliers; claims flagged by FAIR Health

as containing high outliers (which are excluded in determining the benchmarks in FAIR Health's benchmarks modules) were included in the custom extract.⁴

The data extracted for 2013 and 2014 were aggregated to national, state, and 5-digit code, and statistics calculated based on the extracted data included:

- minimum charge; 25th percentile charge; 50th percentile charge; 75th percentile charge; maximum charge; and average charge
- frequency of each procedure for out of network claims
- number of providers with out-of-network claims for each procedure.

Medical procedures in this study were defined by CPT® codes. The CPT® codes are representative of both common and less frequently occurring procedures, which capture a broad spectrum of medical services in this study. Summary statistics for this report were calculated nationally and by state. Procedures with fewer than nine claims in any zip code were excluded to ensure anonymity.

Table 1: Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	25,167	4,680	\$ 113	\$ 1,152	1022.7%	\$ 470	\$ 1,307	\$ 837
63030	Low back disk surgery	4,516	1,514	\$ 1,004	\$ 9,426	938.5%	\$ 3,013	\$ 10,216	\$ 7,204
63075	Neck spine disk surgery	452	194	\$ 1,414	\$ 10,459	739.7%	\$ 3,289	\$ 10,975	\$ 7,686
70553	MRI of brain with and without dye	16,404	3,554	\$ 405	\$ 2,929	723.1%	\$ 1,917	\$ 3,639	\$ 1,722
47562	Laparoscopic cholecystectomy	10,986	3,851	\$ 676	\$ 4,827	713.8%	\$ 1,710	\$ 4,930	\$ 3,220
15734	Muscle-skin graft trunk	1,485	561	\$ 1,547	\$ 10,798	698.0%	\$ 3,565	\$ 14,998	\$ 11,433
76942	Ultrasonic guide for biopsy	105,921	11,229	\$ 76	\$ 517	685.0%	\$ 275	\$ 600	\$ 325
29881	Knee arthroscopy/surgery	5,395	1,721	\$ 561	\$ 3,410	607.5%	\$ 1,650	\$ 3,483	\$ 1,833
22612	Lumbar spine fusion	4,946	1,491	\$ 1,651	\$ 9,884	598.8%	\$ 3,800	\$ 10,100	\$ 6,300
99285	Emergency dept visit high severity	1,157,761	15,784	\$ 176	\$ 971	551.5%	\$ 680	\$ 1,255	\$ 575
27130	Total hip arthroplasty	2,879	933	\$ 1,411	\$ 7,491	531.1%	\$ 3,960	\$ 8,073	\$ 4,113
77418	Intensity modulated radiation therapy	84,940	964	\$ 404	\$ 1,734	429.7%	\$ 1,288	\$ 2,029	\$ 741
57288	Repair bladder defect	1,770	983	\$ 742	\$ 2,910	392.2%	\$ 1,562	\$ 3,156	\$ 1,594
19120	Removal of breast lesion	871	604	\$ 503	\$ 1,887	375.1%	\$ 858	\$ 1,809	\$ 951
33533	Coronary artery bypass, single artery	3,734	924	\$ 1,970	\$ 7,329	372.0%	\$ 4,773	\$ 8,342	\$ 3,569
44140	Partial removal of colon	1,143	831	\$ 1,384	\$ 4,951	357.8%	\$ 2,700	\$ 4,500	\$ 1,800
96413	Chemotherapy IV infusion 1 hr	131,554	4,388	\$ 136	\$ 437	321.6%	\$ 300	\$ 573	\$ 273
66984	Cataract surgery with insertion of lens	5,834	1,030	\$ 683	\$ 2,172	318.2%	\$ 1,615	\$ 2,500	\$ 885
88305	Tissue exam by pathologist	767,814	11,807	\$ 72	\$ 227	314.9%	\$ 155	\$ 275	\$ 120
26055	Incise finger tendon sheath	1,586	767	\$ 570	\$ 1,652	290.0%	\$ 899	\$ 1,780	\$ 881
99291	Critical care first hour	295,376	18,243	\$ 279	\$ 795	285.0%	\$ 450	\$ 996	\$ 546
43239	Upper GI endoscopy with biopsy	88,584	12,900	\$ 413	\$ 1,062	257.2%	\$ 579	\$ 1,089	\$ 510
45380	Colonoscopy and biopsy	48,439	10,564	\$ 478	\$ 1,207	252.5%	\$ 800	\$ 1,361	\$ 561
36471	Injection therapy of veins	3,816	521	\$ 181	\$ 446	246.6%	\$ 276	\$ 475	\$ 199
11042	Debridement, subcut tissue ≤ 20 sq cm	57,580	7,295	\$ 119	\$ 280	235.0%	\$ 137	\$ 300	\$ 163
99233	Subsequent hospital care	1,282,457	49,205	\$ 106	\$ 239	225.3%	\$ 155	\$ 255	\$ 100
97140	Manual therapy ≥ 1 regions	4,105,566	33,713	\$ 31	\$ 66	215.2%	\$ 44	\$ 81	\$ 37
97110	Therapeutic exercises	9,854,881	48,474	\$ 33	\$ 65	196.7%	\$ 42	\$ 81	\$ 39
17311	Mohs micrographic technique 1st stage	40,317	2,909	\$ 667	\$ 1,199	179.8%	\$ 805	\$ 1,370	\$ 565
99215	Office outpatient visit 40 minutes	817,491	77,628	\$ 147	\$ 260	176.8%	\$ 175	\$ 304	\$ 129

* CPT copyright 2014 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

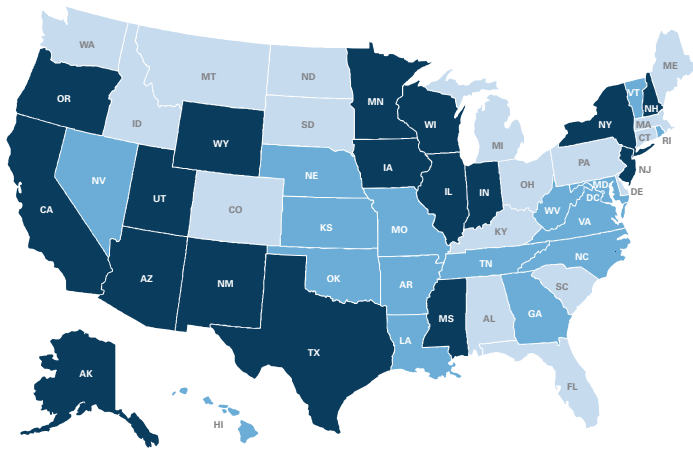
** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Key Findings

- The current study identified a pattern of average billed charges submitted by out-of-network providers that far exceeded Medicare reimbursement for the same service performed in the same geographic area. These findings reinforce conclusions from our previous reports that used the three highest billed commercial charges in a geographic region.
- Among the 97 procedures studied, average out-of-network billed charges, as a percentage of corresponding Medicare fees, ranged from a low of 118% of Medicare (“eye exam new patient”) to a high of 1382% of Medicare (“ECG/monitoring and analysis”), with the majority of procedures (57 out of 97) having average out-of-network billed charges of 300% or higher compared to the corresponding Medicare fees.
- Our study revealed wide variation in the out-of-network charges from different providers for the same procedure. For example, billed charges for “muscle-skin graft trunk” ranged from \$3,565 for the 25th percentile to \$14,998 for the 75th percentile, and for “low back disk surgery” from \$3,013 for the 25th percentile to \$10,216 for the 75th percentile.
- For many procedures, there were clear regional patterns in the ratio of out-of-network charges to average Medicare fee at the state level. For example, states that had high out-of-network charges-to-Medicare fee ratio for gall bladder surgery also had high ratios for other gastrointestinal (GI) procedures. In addition to GI, this pattern occurred for other groups of services related to oncology and physical therapy (See GI map on pg. 6).
- High out-of-network charges can impose significant burden on consumers, resulting in high out-of-pocket expenses due to balance billing. Multiplying the frequency of these events by the difference between the average out-of-network charge and the average Medicare fee, for these 97 procedures only, yields potential total excess costs incurred by consumers of approximately \$3.2 billion. While we do not have access to data on what consumers were actually billed by providers, these calculations shed light on the potential magnitude of a pure direct transfer from consumers to providers.
- Significant cost burdens from out-of-network charges can also be incurred by consumers for procedures that are high frequency but not always associated with the highest out-of-network charge-to-Medicare fee ratio. For example, potential excess costs to consumers associated with emergency department visit were \$921 million, therapeutic exercises were \$313 million, and subsequent hospital care were \$170 million, in our sample.

Findings from this study underscore the value of the networks organized by health insurance plans to ensure that consumers have access to a wide choice of affordable, high-quality health care providers and the importance of protecting consumers from excessive out-of-network charges.

Upper GI Endoscopy with Biopsy, Average Charge as Percent of Medicare Fee, By State

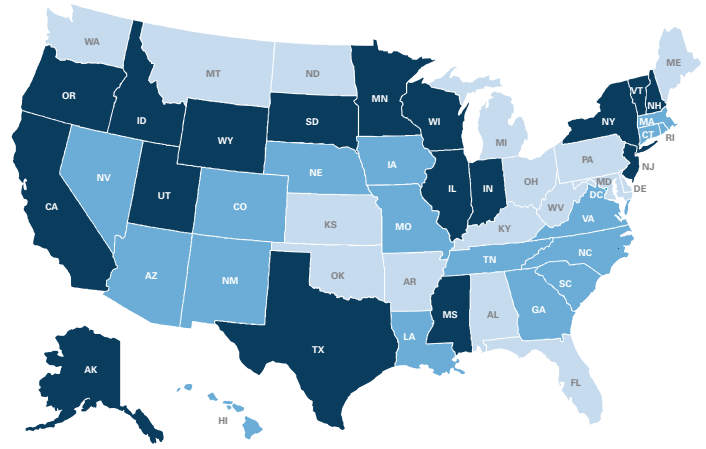


Average Charge-to-Medicare Fee

■ 163-205% ■ 205-232% ■ 232-448%

Ranges overlap due to rounding.

Colonoscopy and Biopsy, Average Charge as Percent of Medicare Fee, By State

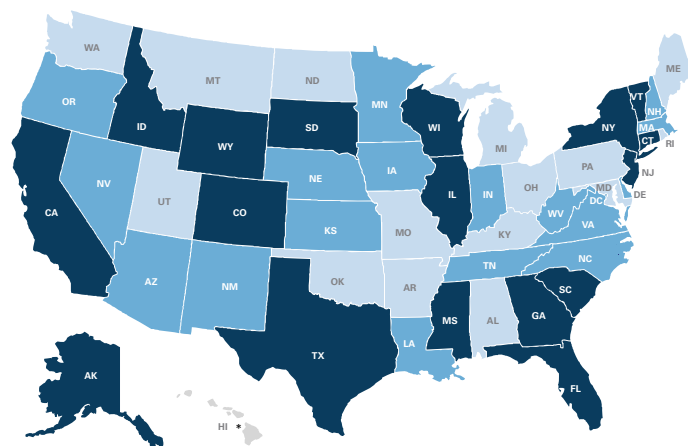


Average Charge-to-Medicare Fee

■ 187-223% ■ 226-250% ■ 253-472%

Ranges are defined based on procedure-specific distribution of state values.

Laparoscopic Cholecystectomy, Average Charge as Percent of Medicare Fee, By State



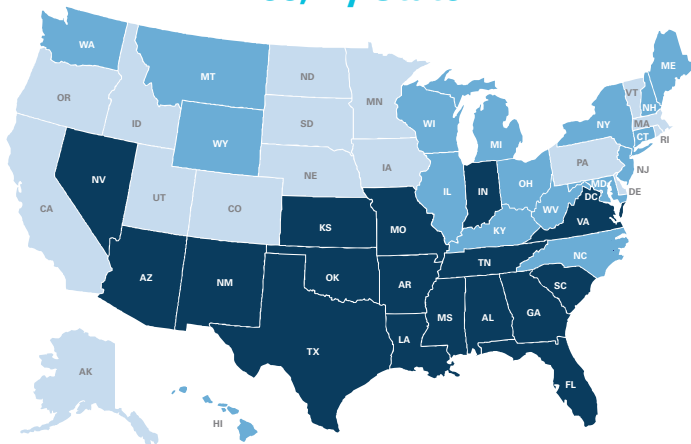
Average Charge-to-Medicare Fee

■ 258-345% ■ 349-415% ■ 432-1756%

* Hawaii has no available data.

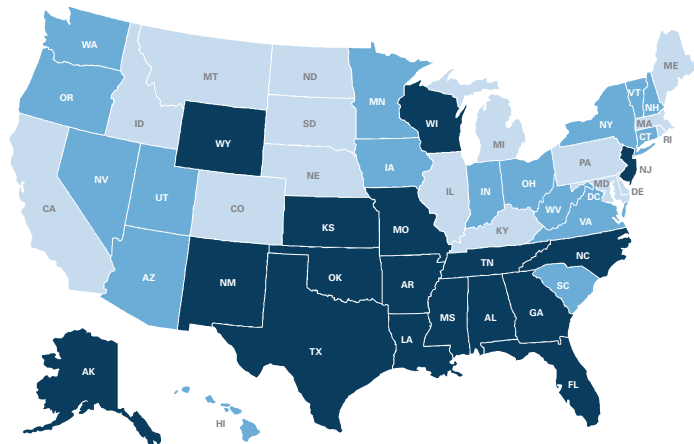
Ranges are defined based on procedure-specific distribution of state values.

Emergency Department Visit, High Severity (Evaluation and Management), Average Charge as Percent of Medicare Fee, By State



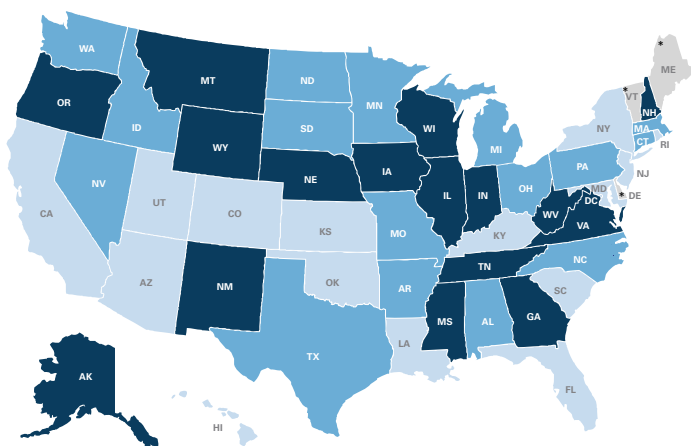
Ranges are defined based on procedure-specific distribution of state values.

Critical Care (First Hour), Average Charge as Percent of Medicare Fee, By State



Ranges are defined based on procedure-specific distribution of state values.

Intensity Modulated Radiation Therapy, Average Charge as Percent of Medicare Fee, By State

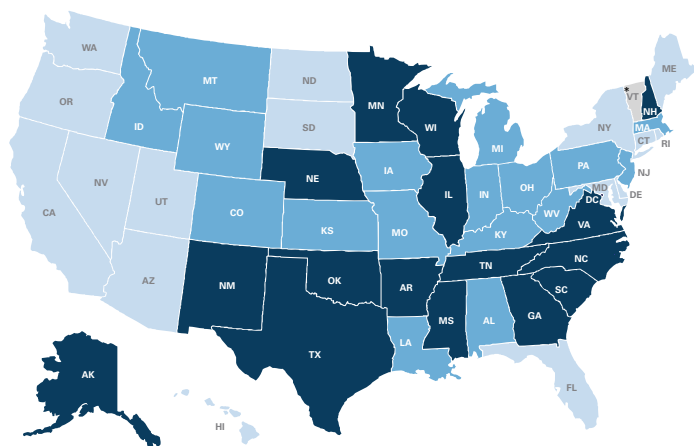


* Delaware, Maine, and Vermont have no available data.

Ranges overlap due to rounding.

Ranges are defined based on procedure-specific distribution of state values.

MRI of Brain with and without Dye, Average Charge as Percent of Medicare Fee, By State



* Vermont has no available data.

Ranges are defined based on procedure-specific distribution of state values.

Appendix A

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
93271	ECG monitoring and analysis	18,581	249	\$ 174	\$ 2,407	1382.1%	\$ 1,590	\$ 2,065	\$ 2,065	\$ 475
62310	Injection spine cervical/thoracic	25,167	4,680	\$ 113	\$ 1,152	1022.7%	\$ 470	\$ 756	\$ 1,307	\$ 837
63030	Low back disk surgery	4,516	1,514	\$ 1,004	\$ 9,426	938.5%	\$ 3,013	\$ 4,973	\$ 10,216	\$ 7,204
62311	Injection spine lumbar/sacral	81,225	8,797	\$ 111	\$ 892	805.3%	\$ 411	\$ 626	\$ 990	\$ 579
63075	Neck spine disk surgery	452	194	\$ 1,414	\$ 10,459	739.7%	\$ 3,289	\$ 5,465	\$ 10,975	\$ 7,686
77295	Set radiation therapy field	2,833	779	\$ 494	\$ 3,626	733.7%	\$ 2,317	\$ 3,603	\$ 4,270	\$ 1,953
72156	MRI of neck spine with and without dye	2,319	1,011	\$ 405	\$ 2,964	731.0%	\$ 1,900	\$ 2,540	\$ 3,625	\$ 1,725
70553	MRI of brain with and without dye	16,404	3,554	\$ 405	\$ 2,929	723.1%	\$ 1,917	\$ 2,537	\$ 3,639	\$ 1,722
47562	Laparoscopic cholecystectomy	10,986	3,851	\$ 676	\$ 4,827	713.8%	\$ 1,710	\$ 2,538	\$ 4,930	\$ 3,220
15734	Muscle-skin graft trunk	1,485	561	\$ 1,547	\$ 10,798	698.0%	\$ 3,565	\$ 7,500	\$ 14,998	\$ 11,433
30465	Repair nasal stenosis	676	256	\$ 1,021	\$ 7,014	686.7%	\$ 3,238	\$ 6,405	\$ 10,500	\$ 7,262
76942	Ultrasonic guide for biopsy	105,921	11,229	\$ 76	\$ 517	685.0%	\$ 275	\$ 396	\$ 600	\$ 325
73221	MRI of upper extremity joints without dye	12,655	2,120	\$ 262	\$ 1,741	663.9%	\$ 932	\$ 1,582	\$ 2,830	\$ 1,898
73721	MRI of lower extremity joints without dye	12,603	2,601	\$ 263	\$ 1,729	658.6%	\$ 1,050	\$ 1,515	\$ 2,323	\$ 1,273
30520	Repair of nasal septum	3,583	1,499	\$ 649	\$ 4,198	647.2%	\$ 1,671	\$ 3,100	\$ 5,862	\$ 4,191
29881	Knee arthroscopy/surgery	5,395	1,721	\$ 561	\$ 3,410	607.5%	\$ 1,650	\$ 2,230	\$ 3,483	\$ 1,833
22612	Lumbar spine fusion	4,946	1,491	\$ 1,651	\$ 9,884	598.8%	\$ 3,800	\$ 5,929	\$ 10,100	\$ 6,300
58558	Hysteroscopy biopsy	5,045	2,523	\$ 411	\$ 2,390	581.5%	\$ 866	\$ 1,500	\$ 3,200	\$ 2,335
95810	Polysomnography ≥ 6 years old	12,114	3,055	\$ 634	\$ 3,500	552.4%	\$ 1,545	\$ 2,370	\$ 4,950	\$ 3,405
99285	Emergency dept visit high severity	1,157,761	15,784	\$ 176	\$ 971	551.5%	\$ 680	\$ 927	\$ 1,255	\$ 575
27130	Total hip arthroplasty	2,879	933	\$ 1,411	\$ 7,491	531.1%	\$ 3,960	\$ 5,485	\$ 8,073	\$ 4,113
74183	MRI of abdomen with and without dye	3,837	1,209	\$ 535	\$ 2,756	514.7%	\$ 1,900	\$ 2,420	\$ 3,165	\$ 1,265
14001	Tissue transfer trunk 10.1-30 sq cm	882	418	\$ 815	\$ 4,193	514.3%	\$ 1,200	\$ 2,227	\$ 5,630	\$ 4,430
72197	MRI of pelvis with and without dye	2,086	807	\$ 534	\$ 2,736	512.8%	\$ 1,800	\$ 2,420	\$ 3,416	\$ 1,616
72275	Epidurography	3,882	525	\$ 121	\$ 587	487.5%	\$ 381	\$ 419	\$ 500	\$ 119
30140	Resection inferior nasal turbinate	969	358	\$ 457	\$ 2,163	473.3%	\$ 1,170	\$ 1,500	\$ 2,600	\$ 1,430
14000	Tissue transfer trunk ≤ 10 sq cm	824	450	\$ 636	\$ 2,944	463.2%	\$ 946	\$ 1,500	\$ 3,500	\$ 2,554
49560	Repair initial incisional or ventral hernia	2,064	1,294	\$ 758	\$ 3,493	460.8%	\$ 1,530	\$ 2,077	\$ 3,780	\$ 2,250

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
67028	Injection eye drug	3,417	622	\$ 108	\$ 496	459.9%	\$ 250	\$ 400	\$ 657	\$ 407
64483	Epidural injection lumbar/sacral	31,558	4,569	\$ 229	\$ 1,014	442.1%	\$ 520	\$ 790	\$ 1,200	\$ 680
93224	ECG monitoring/reporting ≤ 48 hrs	30,638	6,378	\$ 94	\$ 412	441.0%	\$ 234	\$ 326	\$ 442	\$ 208
31237	Nasal/sinus surgical endoscopy	2,267	795	\$ 268	\$ 1,179	440.6%	\$ 600	\$ 873	\$ 1,341	\$ 741
27096	Injection sacroiliac joint	9,287	2,652	\$ 168	\$ 734	436.3%	\$ 360	\$ 630	\$ 879	\$ 519
77418	Intensity modulated radiation therapy	84,940	964	\$ 404	\$ 1,734	429.7%	\$ 1,288	\$ 1,572	\$ 2,029	\$ 741
70486	CT maxillofacial without dye	14,931	3,544	\$ 213	\$ 915	429.5%	\$ 423	\$ 625	\$ 972	\$ 549
77014	CT scan for radiation therapy guide	44,738	786	\$ 126	\$ 530	419.7%	\$ 374	\$ 535	\$ 621	\$ 247
76775	Ultrasound retroperitoneal limited	23,963	3,783	\$ 68	\$ 280	415.2%	\$ 186	\$ 250	\$ 311	\$ 125
95913	Nerve conduction studies ≥ 13	14,757	2,972	\$ 313	\$ 1,246	397.7%	\$ 331	\$ 687	\$ 1,360	\$ 1,029
57288	Repair bladder defect	1,770	983	\$ 742	\$ 2,910	392.2%	\$ 1,562	\$ 2,181	\$ 3,156	\$ 1,594
19120	Removal of breast lesion	871	604	\$503	\$ 1,887	375.1%	\$ 858	\$ 1,145	\$ 1,809	\$ 951
33533	Coronary artery bypass, single artery	3,734	924	\$ 1,970	\$ 7,329	372.0%	\$ 4,773	\$ 6,129	\$ 8,342	\$ 3,569
50590	Fragmenting of kidney stone	3,515	1,083	\$ 736	\$ 2,641	358.7%	\$ 1,595	\$ 1,881	\$ 2,950	\$ 1,355
64505	Anesthetic injection, sphenopalatine ganglion	2,970	120	\$ 107	\$ 384	358.5%	\$ 300	\$ 300	\$ 350	\$ 50
44140	Partial removal of colon	1,143	831	\$ 1,384	\$ 4,951	357.8%	\$ 2,700	\$ 3,478	\$ 4,500	\$ 1,800
93965	Extremity study	6,260	1,263	\$ 124	\$ 420	337.9%	\$ 205	\$ 350	\$ 550	\$ 345
27370	Injection for knee x-ray	960	246	\$ 165	\$ 547	330.8%	\$ 287	\$ 455	\$ 638	\$ 352
96413	Chemotherapy IV infusion 1 hr	131,554	4,388	\$ 136	\$ 437	321.6%	\$ 300	\$ 395	\$ 573	\$ 273
66984	Cataract surgery with insertion of lens	5,834	1,030	\$ 683	\$ 2,172	318.2%	\$ 1,615	\$ 1,955	\$ 2,500	\$ 885
76700	Ultrasound abdominal exam complete	28,237	5,795	\$ 146	\$ 463	317.7%	\$ 292	\$ 375	\$ 510	\$ 218
93922	Non-invasive physiological studies, arteries, 2 levels	29,945	6,074	\$ 91	\$ 289	317.0%	\$ 163	\$ 230	\$ 310	\$ 147
58100	Biopsy of uterus lining	8,383	3,994	\$ 114	\$ 360	316.0%	\$ 230	\$ 290	\$ 405	\$ 175
93923	Non-invasive physiological studies, arteries, ≥ 3 levels	19,015	4,316	\$ 143	\$ 451	315.5%	\$ 289	\$ 388	\$ 514	\$ 225
88305	Tissue exam by pathologist	767,814	11,807	\$ 72	\$ 227	314.9%	\$ 155	\$ 199	\$ 275	\$ 120
76856	Ultrasound pelvic exam complete	34,436	7,238	\$ 128	\$ 402	313.3%	\$ 244	\$ 300	\$ 450	\$ 206
20680	Removal of support implant	3,705	1,661	\$ 638	\$ 1,987	311.3%	\$ 960	\$ 1,422	\$ 2,200	\$ 1,240
93976	Vascular study	4,195	1,306	\$ 218	\$ 665	305.7%	\$ 350	\$ 500	\$ 744	\$ 394
77003	Fluoroguide for spinal injection	36,828	3,826	\$ 93	\$ 281	303.4%	\$ 144	\$ 200	\$ 303	\$ 159

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
98926	Osteopathic treatment 3-4 regions	40,378	1,937	\$ 46	\$ 137	296.5%	\$ 85	\$ 125	\$ 190	\$ 105
11980	Implant hormone pellet(s)	11,364	1,190	\$ 106	\$ 311	293.1%	\$ 203	\$ 295	\$ 375	\$ 172
26055	Incise finger tendon sheath	1,586	767	\$ 570	\$ 1,652	290.0%	\$ 899	\$ 1,313	\$ 1,780	\$ 881
36475	Endovenous ablation, 1st vein	1,900	551	\$ 1,731	\$ 4,992	288.5%	\$ 3,500	\$ 4,380	\$ 5,838	\$ 2,338
77301	Radiotherapy dose plan, intensity modulated radiation therapy	2,884	724	\$ 1,999	\$ 5,704	285.3%	\$ 4,200	\$ 5,908	\$ 6,522	\$ 2,322
99291	Critical care first hour	295,376	18,243	\$ 279	\$ 795	285.0%	\$ 450	\$ 660	\$ 996	\$ 546
88321	Microslide consultation	17,670	1,314	\$ 97	\$ 271	280.2%	\$ 200	\$ 272	\$ 325	\$ 125
35475	Repair arterial blockage	991	409	\$ 1,641	\$ 4,531	276.1%	\$ 2,983	\$ 4,461	\$ 5,313	\$ 2,330
20550	Injection tendon sheath/ligament	42,249	9,046	\$ 60	\$ 164	272.3%	\$ 99	\$ 125	\$ 191	\$ 92
77414	Radiation treatment delivery	24,856	678	\$ 258	\$ 695	269.5%	\$ 560	\$ 636	\$ 797	\$ 237
45378	Diagnostic colonoscopy	47,736	11,500	\$ 401	\$ 1,072	267.1%	\$ 700	\$ 880	\$ 1,200	\$ 500
93925	Lower extremity study	24,585	5,528	\$ 253	\$ 658	260.2%	\$ 390	\$ 525	\$ 764	\$ 374
43239	Upper GI endoscopy with biopsy	88,584	12,900	\$ 413	\$ 1,062	257.2%	\$ 579	\$ 750	\$ 1,089	\$ 510
45380	Colonoscopy and biopsy	48,439	10,564	\$ 478	\$ 1,207	252.5%	\$ 800	\$ 999	\$ 1,361	\$ 561
36471	Injection therapy of veins	3,816	521	\$ 181	\$ 446	246.6%	\$ 276	\$ 358	\$ 475	\$ 199
11042	Debridement, subcut tissue ≤ 20 sq cm	57,580	7,295	\$ 119	\$ 280	235.0%	\$ 137	\$ 185	\$ 300	\$ 163
95813	Electroencephalogram over 1 hour	1,463	288	\$ 518	\$ 1,190	229.8%	\$ 500	\$ 661	\$ 2,423	\$ 1,923
45383	Lesion removal colonoscopy	2,929	1,212	\$ 581	\$ 1,328	228.8%	\$ 880	\$ 1,115	\$ 1,500	\$ 620
92235	Eye exam with photos	5,882	1,144	\$ 113	\$ 254	225.5%	\$ 200	\$ 234	\$ 289	\$ 89
99233	Subsequent hospital care	1,282,457	49,205	\$ 106	\$ 239	225.3%	\$ 155	\$ 201	\$ 255	\$ 100
88173	Cytopathology, fine needle aspiration	11,186	1,043	\$ 150	\$ 334	222.9%	\$ 257	\$ 360	\$ 375	\$ 118
14041	Tissue transfer 10.1 to 30.0 sq cm	2,839	1,248	\$ 962	\$ 2,097	218.1%	\$ 1,190	\$ 1,600	\$ 2,200	\$ 1,010
97140	Manual therapy ≥ 1 regions	4,105,566	33,713	\$ 31	\$ 66	215.2%	\$ 44	\$ 60	\$ 81	\$ 37
10060	Drainage of skin abscess	31,412	13,468	\$ 118	\$ 254	214.7%	\$ 149	\$ 200	\$ 286	\$ 137
11401	Excision, benign lesion 0.6-1 cm	6,327	3,312	\$ 151	\$ 318	210.9%	\$ 200	\$ 260	\$ 340	\$ 140
93975	Vascular study	12,354	2,299	\$ 369	\$ 756	205.1%	\$ 550	\$ 700	\$ 798	\$ 248
97001	Physical therapy evaluation	237,709	21,746	\$ 77	\$ 156	202.3%	\$ 110	\$ 148	\$ 199	\$ 89
11200	Removal of skin tags, ≤ 15 tags	7,901	4,285	\$ 90	\$ 178	199.1%	\$ 117	\$ 155	\$ 200	\$ 83
99354	Prolonged service office	53,815	6,434	\$ 102	\$ 202	198.5%	\$ 125	\$ 180	\$ 243	\$ 118
17111	Destruction of benign lesions ≥ 15	7,378	2,381	\$ 132	\$ 261	197.6%	\$ 165	\$ 210	\$ 296	\$ 131

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
97110	Therapeutic exercises	9,854,881	48,474	\$ 33	\$ 65	196.7%	\$ 42	\$ 60	\$ 81	\$ 39
98940	Chiropractic treatment 1-2 regions	2,572,696	40,148	\$ 28	\$ 54	189.5%	\$ 40	\$ 50	\$ 60	\$ 20
17311	Mohs micrographic technique 1st stage	40,317	2,909	\$ 667	\$ 1,199	179.8%	\$ 805	\$ 1,050	\$ 1,370	\$ 565
99215	Office outpatient visit 40 min	817,491	77,628	\$ 147	\$ 260	176.8%	\$ 175	\$ 234	\$ 304	\$ 129
92060	Special eye evaluation	12,814	2,242	\$ 67	\$ 118	175.2%	\$ 80	\$ 105	\$ 135	\$ 55
99204	Office/outpatient visit new 45 min	739,451	111,883	\$ 169	\$ 295	175.0%	\$ 210	\$ 275	\$ 347	\$ 137
11301	Shave skin lesion 0.6-1.0 cm	8,885	2,949	\$ 120	\$ 209	173.7%	\$ 130	\$ 169	\$ 230	\$ 100
11100	Biopsy skin lesion	162,753	17,603	\$ 104	\$ 173	166.0%	\$ 125	\$ 150	\$ 200	\$ 75
92507	Speech/hearing therapy	486,136	5,743	\$ 82	\$ 108	132.1%	\$ 55	\$ 105	\$ 147	\$ 92
92004	Eye exam new patient	192,720	28,424	\$ 154	\$ 181	117.6%	\$ 140	\$ 170	\$ 207	\$ 67

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Appendix B

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Alabama

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	140	64	\$ 358	\$ 2,550	711.5%	\$ 1,407	\$ 2,000	\$ 3,143	\$ 1,736
62310	Injection spine cervical/thoracic	394	70	\$ 101	\$ 678	668.5%	\$ 554	\$ 575	\$ 660	\$ 107
99285	Emergency dept visit high severity	10,634	322	\$ 166	\$ 908	548.0%	\$ 535	\$ 930	\$ 1,192	\$ 657
77418	Intensity modulated radiation therapy	1,319	29	\$ 348	\$ 1,694	486.2%	\$ 1,302	\$ 1,700	\$ 2,229	\$ 927
63030	Low back disk surgery	29	17	\$ 889	\$ 4,144	466.1%	\$ 3,584	\$ 3,834	\$ 4,190	\$ 607
76942	Ultrasonic guide for biopsy	687	122	\$ 68	\$ 281	415.5%	\$ 82	\$ 250	\$ 300	\$ 218
22612	Lumbar spine fusion	42	21	\$ 1,470	\$ 5,908	401.8%	\$ 5,195	\$ 5,959	\$ 6,103	\$ 908
99291	Critical care first hour	2,176	298	\$ 257	\$ 854	331.9%	\$ 405	\$ 650	\$ 1,412	\$ 1,007
47562	Laparoscopic cholecystectomy	108	66	\$ 609	\$ 1,976	324.3%	\$ 1,550	\$ 1,680	\$ 2,346	\$ 796
33533	Coronary artery bypass, single artery	54	20	\$ 1,773	\$ 5,278	297.6%	\$ 4,700	\$ 4,921	\$ 5,333	\$ 633
11042	Debridement, subcut tissue ≤ 20 sq cm	448	91	\$ 106	\$ 286	269.2%	\$ 155	\$ 220	\$ 251	\$ 96
96413	Chemotherapy IV infusion 1 hr	1,189	48	\$ 118	\$ 278	235.1%	\$ 222	\$ 250	\$ 333	\$ 111
88305	Tissue exam by pathologist	11,560	161	\$ 65	\$ 142	217.8%	\$ 100	\$ 125	\$ 177	\$ 77
45380	Colonoscopy and biopsy	289	124	\$ 426	\$ 888	208.5%	\$ 685	\$ 750	\$ 865	\$ 180
43239	Upper GI endoscopy with biopsy	701	199	\$ 364	\$ 647	177.8%	\$ 484	\$ 505	\$ 646	\$ 162
97110	Therapeutic exercises	32,352	388	\$ 30	\$ 47	155.4%	\$ 40	\$ 46	\$ 50	\$ 10
99233	Subsequent hospital care	11,829	815	\$ 99	\$ 149	150.8%	\$ 110	\$ 123	\$ 159	\$ 49
97140	Manual therapy ≥ 1 regions	12,342	237	\$ 28	\$ 42	147.6%	\$ 35	\$ 40	\$ 45	\$ 10
17311	Mohs micrographic technique 1st stage	380	37	\$ 595	\$ 797	133.9%	\$ 650	\$ 678	\$ 776	\$ 126
99215	Office outpatient visit 40 minutes	5,878	1,201	\$ 135	\$ 176	131.0%	\$ 145	\$ 159	\$ 181	\$ 36

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Alaska

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	78	9	\$ 136	\$ 2,205	1617.4%	\$ 2,275	\$ 2,275	\$ 2,280	\$ 5
76942	Ultrasonic guide for biopsy	419	36	\$ 90	\$ 1,131	1259.2%	\$ 891	\$ 1,256	\$ 1,257	\$ 366
77418	Intensity modulated radiation therapy	80	1	\$ 429	\$ 4,116	958.6%	\$ 3,896	\$ 4,305	\$ 4,305	\$ 409
70553	MRI of brain with and without dye	74	21	\$ 464	\$ 3,827	825.2%	\$ 3,259	\$ 3,569	\$ 4,259	\$ 1,000
27130	Total hip arthroplasty	38	6	\$ 1,767	\$ 13,881	785.6%	\$ 13,110	\$ 13,726	\$ 13,932	\$ 822
63030	Low back disk surgery	42	11	\$ 1,224	\$ 9,544	779.5%	\$ 8,900	\$ 8,952	\$ 10,391	\$ 1,491
29881	Knee arthroscopy/surgery	99	20	\$ 688	\$ 5,029	731.4%	\$ 4,630	\$ 5,105	\$ 5,180	\$ 550
47562	Laparoscopic cholecystectomy	85	21	\$ 852	\$ 5,808	681.3%	\$ 5,255	\$ 6,081	\$ 6,189	\$ 934
22612	Lumbar spine fusion	51	5	\$ 2,041	\$ 12,010	588.3%	\$ 11,800	\$ 12,950	\$ 12,953	\$ 1,153
88305	Tissue exam by pathologist	1,426	69	\$ 88	\$ 392	447.8%	\$ 300	\$ 385	\$ 404	\$ 104
26055	Incise finger tendon sheath	23	2	\$ 647	\$ 2,733	422.5%	\$ 2,404	\$ 2,610	\$ 3,145	\$ 741
96413	Chemotherapy IV infusion 1 hr	969	17	\$ 148	\$ 604	407.2%	\$ 605	\$ 605	\$ 647	\$ 42
99285	Emergency dept visit high severity	4,702	62	\$ 241	\$ 946	392.8%	\$ 924	\$ 939	\$ 986	\$ 62
45380	Colonoscopy and biopsy	702	73	\$ 568	\$ 1,904	335.5%	\$ 1,761	\$ 1,818	\$ 2,038	\$ 277
99233	Subsequent hospital care	4,099	95	\$ 141	\$ 448	317.1%	\$ 446	\$ 458	\$ 458	\$ 12
11042	Debridement, subcut tissue ≤ 20 sq cm	67	15	\$ 141	\$ 445	316.6%	\$ 250	\$ 450	\$ 540	\$ 290
99291	Critical care first hour	1,094	50	\$ 361	\$ 1,100	305.1%	\$ 1,018	\$ 1,127	\$ 1,178	\$ 160
43239	Upper GI endoscopy with biopsy	807	74	\$ 472	\$ 1,426	301.8%	\$ 1,406	\$ 1,415	\$ 1,498	\$ 92
97140	Manual therapy ≥ 1 regions	50,203	378	\$ 39	\$ 88	227.1%	\$ 60	\$ 70	\$ 80	\$ 20
97110	Therapeutic exercises	46,989	331	\$ 42	\$ 89	213.9%	\$ 65	\$ 77	\$ 98	\$ 33
99215	Office outpatient visit 40 minutes	6,268	376	\$ 186	\$ 346	185.8%	\$ 310	\$ 360	\$ 393	\$ 83
17311	Mohs micrographic technique 1st stage	209	5	\$ 793	\$ 1,028	129.6%	\$ 788	\$ 788	\$ 1,350	\$ 562

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Arizona

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
63030	Low back disk surgery	126	22	\$ 984	\$ 18,248	1853.7%	\$ 5,905	\$ 23,700	\$ 29,146	\$ 23,241
22612	Lumbar spine fusion	92	32	\$ 1,618	\$ 13,935	861.0%	\$ 5,475	\$ 6,884	\$ 13,581	\$ 8,106
62310	Injection spine cervical/thoracic	471	102	\$ 110	\$ 822	749.0%	\$ 490	\$ 750	\$ 1,117	\$ 627
76942	Ultrasonic guide for biopsy	3,550	318	\$ 74	\$ 498	677.1%	\$ 335	\$ 479	\$ 672	\$ 337
70553	MRI of brain with and without dye	540	79	\$ 394	\$ 2,298	583.8%	\$ 1,572	\$ 1,917	\$ 2,717	\$ 1,145
99285	Emergency dept visit high severity	25,241	311	\$ 173	\$ 978	565.6%	\$ 690	\$ 962	\$ 1,213	\$ 523
15734	Muscle-skin graft trunk	23	7	\$ 1,513	\$ 7,039	465.1%	\$ 3,600	\$ 6,038	\$ 6,065	\$ 2,465
29881	Knee arthroscopy/surgery	34	26	\$ 549	\$ 2,404	438.1%	\$ 1,633	\$ 2,448	\$ 3,000	\$ 1,368
88305	Tissue exam by pathologist	58,338	259	\$ 70	\$ 298	425.1%	\$ 267	\$ 350	\$ 350	\$ 83
47562	Laparoscopic cholecystectomy	250	80	\$ 663	\$ 2,530	381.5%	\$ 1,590	\$ 2,033	\$ 2,835	\$ 1,245
96413	Chemotherapy IV infusion 1 hr	2,926	69	\$ 132	\$ 467	354.6%	\$ 270	\$ 497	\$ 666	\$ 396
77418	Intensity modulated radiation therapy	3,521	28	\$ 391	\$ 1,248	319.4%	\$ 890	\$ 959	\$ 1,278	\$ 388
27130	Total hip arthroplasty	25	16	\$ 1,382	\$ 4,404	318.7%	\$ 3,045	\$ 4,905	\$ 5,580	\$ 2,535
99291	Critical care first hour	7,123	467	\$ 273	\$ 715	261.9%	\$ 430	\$ 531	\$ 922	\$ 492
45380	Colonoscopy and biopsy	933	199	\$ 466	\$ 1,141	244.8%	\$ 700	\$ 925	\$ 1,105	\$ 405
44140	Partial removal of colon	25	18	\$ 1,358	\$ 3,320	244.5%	\$ 2,806	\$ 3,584	\$ 3,649	\$ 843
33533	Coronary artery bypass, single artery	73	22	\$ 1,936	\$ 4,643	239.9%	\$ 3,800	\$ 5,490	\$ 5,638	\$ 1,838
43239	Upper GI endoscopy with biopsy	1,659	234	\$ 402	\$ 947	235.8%	\$ 500	\$ 620	\$ 886	\$ 386
11042	Debridement, subcut tissue ≤ 20 sq cm	1,282	173	\$ 116	\$ 274	235.7%	\$ 120	\$ 143	\$ 200	\$ 80
66984	Cataract surgery with insertion of lens	74	19	\$ 667	\$ 1,550	232.3%	\$ 1,320	\$ 1,500	\$ 1,650	\$ 330
99233	Subsequent hospital care	49,010	1,220	\$ 104	\$ 214	205.9%	\$ 150	\$ 200	\$ 217	\$ 67
97110	Therapeutic exercises	290,294	1,207	\$ 32	\$ 55	171.6%	\$ 47	\$ 50	\$ 65	\$ 18
99215	Office outpatient visit 40 minutes	18,500	1,862	\$ 143	\$ 244	170.2%	\$ 173	\$ 229	\$ 287	\$ 114
97140	Manual therapy ≥ 1 regions	35,287	720	\$ 30	\$ 50	166.5%	\$ 41	\$ 49	\$ 55	\$ 14
36471	Injection therapy of veins	67	23	\$ 176	\$ 278	158.0%	\$ 180	\$ 199	\$ 350	\$ 170
17311	Mohs micrographic technique 1st stage	1,401	97	\$ 650	\$ 1,009	155.2%	\$ 748	\$ 945	\$ 1,115	\$ 367

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Arkansas

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	53	28	\$ 353	\$ 3,226	913.4%	\$ 2,179	\$ 2,497	\$ 4,167	\$ 1,988
62310	Injection spine cervical/thoracic	261	59	\$ 100	\$ 675	673.9%	\$ 480	\$ 551	\$ 800	\$ 320
76942	Ultrasonic guide for biopsy	559	79	\$ 67	\$ 447	669.7%	\$ 300	\$ 366	\$ 472	\$ 172
99285	Emergency dept visit high severity	7,015	239	\$ 165	\$ 1,103	669.5%	\$ 866	\$ 1,082	\$ 1,418	\$ 552
77418	Intensity modulated radiation therapy	757	16	\$ 342	\$ 1,492	436.2%	\$ 1,200	\$ 1,480	\$ 1,646	\$ 446
63030	Low back disk surgery	20	14	\$ 876	\$ 3,772	430.5%	\$ 2,948	\$ 3,395	\$ 4,650	\$ 1,702
96413	Chemotherapy IV infusion 1 hr	1,627	51	\$ 116	\$ 496	427.6%	\$ 290	\$ 373	\$ 885	\$ 595
66984	Cataract surgery with insertion of lens	49	19	\$ 607	\$ 2,037	335.7%	\$ 1,716	\$ 2,136	\$ 2,173	\$ 457
88305	Tissue exam by pathologist	4,162	181	\$ 64	\$ 201	311.5%	\$ 170	\$ 200	\$ 234	\$ 64
22612	Lumbar spine fusion	21	13	\$ 1,450	\$ 4,471	308.3%	\$ 2,871	\$ 3,536	\$ 4,961	\$ 2,091
47562	Laparoscopic cholecystectomy	79	44	\$ 602	\$ 1,824	303.0%	\$ 1,302	\$ 1,585	\$ 2,066	\$ 764
99291	Critical care first hour	1,269	174	\$ 255	\$ 753	295.1%	\$ 385	\$ 500	\$ 1,015	\$ 630
33533	Coronary artery bypass, single artery	41	17	\$ 1,752	\$ 4,207	240.1%	\$ 3,678	\$ 4,176	\$ 4,650	\$ 972
11042	Debridement, subcut tissue ≤ 20 sq cm	409	70	\$ 105	\$ 244	232.6%	\$ 124	\$ 200	\$ 227	\$ 103
45380	Colonoscopy and biopsy	326	97	\$ 420	\$ 926	220.4%	\$ 789	\$ 879	\$ 994	\$ 205
43239	Upper GI endoscopy with biopsy	808	143	\$ 358	\$ 767	214.0%	\$ 585	\$ 700	\$ 746	\$ 161
36471	Injection therapy of veins	24	6	\$ 158	\$ 334	211.7%	\$ 250	\$ 250	\$ 475	\$ 225
99233	Subsequent hospital care	6,657	409	\$ 98	\$ 168	170.7%	\$ 137	\$ 160	\$ 190	\$ 53
17311	Mohs micrographic technique 1st stage	333	25	\$ 587	\$ 983	167.4%	\$ 591	\$ 882	\$ 1,475	\$ 884
97140	Manual therapy ≥ 1 regions	5,689	133	\$ 28	\$ 45	160.4%	\$ 35	\$ 40	\$ 50	\$ 15
99215	Office outpatient visit 40 minutes	2,968	453	\$ 133	\$ 212	159.0%	\$ 181	\$ 209	\$ 229	\$ 48
97110	Therapeutic exercises	35,834	334	\$ 30	\$ 44	147.3%	\$ 33	\$ 40	\$ 50	\$ 17

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for California

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	1,199	375	\$ 127	\$ 1,698	1342.4%	\$ 520	\$ 765	\$ 1,440	\$ 920
70553	MRI of brain with and without dye	1,314	324	\$ 472	\$ 2,955	626.3%	\$ 1,933	\$ 2,770	\$ 3,592	\$ 1,659
47562	Laparoscopic cholecystectomy	578	269	\$ 709	\$ 3,974	560.7%	\$ 2,000	\$ 2,594	\$ 3,885	\$ 1,885
63075	Neck spine disk surgery	48	24	\$ 1,469	\$ 7,979	543.2%	\$ 4,365	\$ 5,842	\$ 8,772	\$ 4,407
63030	Low back disk surgery	171	103	\$ 1,057	\$ 5,414	512.3%	\$ 2,610	\$ 3,900	\$ 6,510	\$ 3,901
27130	Total hip arthroplasty	243	106	\$ 1,495	\$ 7,112	475.6%	\$ 4,032	\$ 5,385	\$ 6,966	\$ 2,934
76942	Ultrasonic guide for biopsy	8,106	1,179	\$ 86	\$ 398	462.7%	\$ 250	\$ 350	\$ 495	\$ 245
99285	Emergency dept visit high severity	59,865	1,291	\$ 183	\$ 770	421.3%	\$ 605	\$ 690	\$ 765	\$ 160
22612	Lumbar spine fusion	323	152	\$ 1,727	\$ 7,088	410.4%	\$ 4,300	\$ 5,850	\$ 9,312	\$ 5,012
15734	Muscle-skin graft trunk	52	36	\$ 1,667	\$ 6,441	386.4%	\$ 3,000	\$ 4,669	\$ 7,861	\$ 4,861
19120	Removal of breast lesion	40	36	\$ 546	\$ 2,103	384.8%	\$ 800	\$ 1,143	\$ 1,857	\$ 1,057
77418	Intensity modulated radiation therapy	6,675	92	\$ 487	\$ 1,852	380.2%	\$ 1,322	\$ 1,635	\$ 2,220	\$ 898
29881	Knee arthroscopy/surgery	375	207	\$ 607	\$ 2,209	363.6%	\$ 1,362	\$ 1,911	\$ 2,500	\$ 1,138
33533	Coronary artery bypass, single artery	148	69	\$ 2,013	\$ 6,664	331.1%	\$ 4,971	\$ 6,034	\$ 8,331	\$ 3,360
44140	Partial removal of colon	77	65	\$ 1,441	\$ 4,725	328.0%	\$ 2,576	\$ 3,463	\$ 5,000	\$ 2,424
66984	Cataract surgery with insertion of lens	564	165	\$ 745	\$ 2,241	300.8%	\$ 1,500	\$ 2,200	\$ 2,835	\$ 1,335
36471	Injection therapy of veins	145	49	\$ 201	\$ 558	276.8%	\$ 246	\$ 370	\$ 564	\$ 318
45380	Colonoscopy and biopsy	3,165	971	\$ 536	\$ 1,356	252.7%	\$ 815	\$ 1,050	\$ 1,599	\$ 784
43239	Upper GI endoscopy with biopsy	5,326	1,171	\$ 476	\$ 1,172	246.1%	\$ 575	\$ 750	\$ 1,200	\$ 625
88305	Tissue exam by pathologist	50,170	1,481	\$ 82	\$ 198	242.6%	\$ 150	\$ 184	\$ 236	\$ 86
96413	Chemotherapy IV infusion 1 hr	9,310	452	\$ 161	\$ 388	240.7%	\$ 260	\$ 324	\$ 431	\$ 171
26055	Incise finger tendon sheath	122	80	\$ 658	\$ 1,437	218.4%	\$ 694	\$ 1,060	\$ 1,750	\$ 1,057
99291	Critical care first hour	23,238	2,084	\$ 302	\$ 642	212.6%	\$ 400	\$ 610	\$ 809	\$ 409
11042	Debridement, subcut tissue ≤ 20 sq cm	4,867	575	\$ 135	\$ 282	208.7%	\$ 140	\$ 190	\$ 250	\$ 110
99233	Subsequent hospital care	114,983	6,046	\$ 113	\$ 219	193.9%	\$ 150	\$ 200	\$ 266	\$ 116
97140	Manual therapy ≥ 1 regions	474,676	5,248	\$ 34	\$ 55	160.0%	\$ 45	\$ 53	\$ 60	\$ 15
99215	Office outpatient visit 40 minutes	95,412	10,085	\$ 161	\$ 246	152.6%	\$ 167	\$ 220	\$ 300	\$ 133
97110	Therapeutic exercises	866,964	6,710	\$ 37	\$ 55	150.0%	\$ 40	\$ 50	\$ 65	\$ 25
17311	Mohs micrographic technique 1st stage	3,631	424	\$ 750	\$ 1,110	148.0%	\$ 815	\$ 976	\$ 1,196	\$ 381

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Colorado

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	280	92	\$ 111	\$ 1,067	959.6%	\$ 595	\$ 900	\$ 1,421	\$ 826
70553	MRI of brain with and without dye	283	83	\$ 400	\$ 2,725	681.9%	\$ 1,850	\$ 2,174	\$ 3,330	\$ 1,480
47562	Laparoscopic cholecystectomy	221	72	\$ 670	\$ 3,359	501.5%	\$ 1,668	\$ 4,150	\$ 4,498	\$ 2,830
76942	Ultrasonic guide for biopsy	1,106	207	\$ 75	\$ 360	483.5%	\$ 210	\$ 325	\$ 420	\$ 210
29881	Knee arthroscopy/surgery	34	20	\$ 555	\$ 2,377	428.1%	\$ 1,524	\$ 2,132	\$ 2,603	\$ 1,080
99285	Emergency dept visit high severity	7,461	407	\$ 174	\$ 712	410.0%	\$ 570	\$ 595	\$ 733	\$ 163
77418	Intensity modulated radiation therapy	1,392	21	\$ 398	\$ 1,560	391.8%	\$ 1,219	\$ 1,300	\$ 1,526	\$ 307
96413	Chemotherapy IV infusion 1 hr	1,878	113	\$ 134	\$ 517	385.1%	\$ 325	\$ 494	\$ 686	\$ 361
63030	Low back disk surgery	37	24	\$ 996	\$ 3,611	362.4%	\$ 2,500	\$ 3,450	\$ 4,982	\$ 2,482
33533	Coronary artery bypass, single artery	22	9	\$ 1,954	\$ 6,502	332.7%	\$ 3,858	\$ 7,199	\$ 7,199	\$ 3,342
22612	Lumbar spine fusion	71	32	\$ 1,637	\$ 4,865	297.2%	\$ 3,838	\$ 4,292	\$ 4,760	\$ 922
27130	Total hip arthroplasty	21	15	\$ 1,396	\$ 3,913	280.2%	\$ 3,149	\$ 4,020	\$ 4,152	\$ 1,003
88305	Tissue exam by pathologist	6,931	291	\$ 71	\$ 173	243.6%	\$ 120	\$ 169	\$ 184	\$ 64
99291	Critical care first hour	3,116	303	\$ 275	\$ 659	239.4%	\$ 433	\$ 600	\$ 764	\$ 331
45380	Colonoscopy and biopsy	764	221	\$ 472	\$ 1,093	231.5%	\$ 774	\$ 944	\$ 1,100	\$ 326
66984	Cataract surgery with insertion of lens	198	19	\$ 675	\$ 1,557	230.7%	\$ 963	\$ 2,000	\$ 2,000	\$ 1,037
99233	Subsequent hospital care	16,425	789	\$ 104	\$ 224	214.6%	\$ 174	\$ 201	\$ 242	\$ 68
43239	Upper GI endoscopy with biopsy	998	215	\$ 408	\$ 803	196.8%	\$ 551	\$ 664	\$ 815	\$ 264
11042	Debridement, subcut tissue ≤ 20 sq cm	567	99	\$ 118	\$ 218	185.5%	\$ 141	\$ 162	\$ 237	\$ 96
99215	Office outpatient visit 40 minutes	11,473	1,672	\$ 145	\$ 252	173.8%	\$ 189	\$ 220	\$ 290	\$ 101
97140	Manual therapy ≥ 1 regions	51,759	1,117	\$ 30	\$ 50	165.4%	\$ 40	\$ 45	\$ 57	\$ 17
97110	Therapeutic exercises	98,652	1,256	\$ 32	\$ 53	164.4%	\$ 40	\$ 53	\$ 60	\$ 20
17311	Mohs micrographic technique 1st stage	770	79	\$ 659	\$ 969	147.0%	\$ 758	\$ 993	\$ 1,085	\$ 327

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Connecticut

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
63030	Low back disk surgery	36	20	\$ 1,084	\$ 8,705	803.4%	\$ 6,200	\$ 7,348	\$ 12,301	\$ 6,101
62310	Injection spine cervical/thoracic	103	40	\$ 120	\$ 954	794.7%	\$ 720	\$ 850	\$ 1,000	\$ 280
29881	Knee arthroscopy/surgery	55	22	\$ 601	\$ 4,181	695.9%	\$ 3,000	\$ 3,200	\$ 4,600	\$ 1,600
70553	MRI of brain with and without dye	153	36	\$ 436	\$ 2,789	639.2%	\$ 2,100	\$ 2,281	\$ 4,074	\$ 1,974
76942	Ultrasonic guide for biopsy	1,024	138	\$ 81	\$ 490	606.6%	\$ 300	\$ 450	\$ 535	\$ 235
22612	Lumbar spine fusion	66	25	\$ 1,774	\$ 9,147	515.6%	\$ 5,900	\$ 7,655	\$ 9,824	\$ 3,924
99285	Emergency dept visit high severity	10,321	136	\$ 183	\$ 923	505.7%	\$ 656	\$ 786	\$ 1,155	\$ 499
47562	Laparoscopic cholecystectomy	93	31	\$ 722	\$ 3,566	494.2%	\$ 1,503	\$ 2,405	\$ 3,525	\$ 2,023
77418	Intensity modulated radiation therapy	195	6	\$ 441	\$ 2,128	482.6%	\$ 2,029	\$ 2,029	\$ 2,183	\$ 154
33533	Coronary artery bypass, single artery	29	11	\$ 2,104	\$ 8,037	381.9%	\$ 6,302	\$ 7,825	\$ 10,005	\$ 3,703
27130	Total hip arthroplasty	28	10	\$ 1,505	\$ 5,498	365.4%	\$ 230	\$ 4,850	\$ 8,170	\$ 7,941
96413	Chemotherapy IV infusion 1 hr	1,313	37	\$ 148	\$ 512	345.7%	\$ 395	\$ 460	\$ 600	\$ 205
26055	Incise finger tendon sheath	22	13	\$ 617	\$ 1,890	306.3%	\$ 1,475	\$ 1,551	\$ 1,821	\$ 346
88305	Tissue exam by pathologist	12,407	109	\$ 76	\$ 217	284.4%	\$ 155	\$ 203	\$ 265	\$ 110
99291	Critical care first hour	3,243	217	\$ 293	\$ 788	268.6%	\$ 450	\$ 605	\$ 896	\$ 446
45380	Colonoscopy and biopsy	513	100	\$ 513	\$ 1,158	225.7%	\$ 950	\$ 1,070	\$ 1,259	\$ 309
36471	Injection therapy of veins	28	7	\$ 195	\$ 427	219.3%	\$ 340	\$ 340	\$ 600	\$ 260
99233	Subsequent hospital care	12,679	447	\$ 110	\$ 221	200.6%	\$ 175	\$ 201	\$ 264	\$ 89
43239	Upper GI endoscopy with biopsy	1,107	105	\$ 446	\$ 884	198.3%	\$ 700	\$ 786	\$ 980	\$ 280
17311	Mohs micrographic technique 1st stage	567	25	\$ 715	\$ 1,373	191.9%	\$ 1,180	\$ 1,252	\$ 1,400	\$ 220
11042	Debridement, subcut tissue ≤ 20 sq cm	844	123	\$ 128	\$ 245	191.4%	\$ 147	\$ 200	\$ 297	\$ 150
97140	Manual therapy ≥ 1 regions	53,980	489	\$ 32	\$ 61	189.9%	\$ 43	\$ 60	\$ 72	\$ 29
97110	Therapeutic exercises	107,535	675	\$ 35	\$ 64	185.4%	\$ 45	\$ 57	\$ 68	\$ 23
99215	Office outpatient visit 40 minutes	11,334	1,021	\$ 155	\$ 260	167.8%	\$ 200	\$ 250	\$ 300	\$ 100

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for District of Columbia

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	89	18	\$ 465	\$ 3,796	816.2%	\$ 2,600	\$ 3,497	\$ 4,096	\$ 1,496
62310	Injection spine cervical/thoracic	28	13	\$ 127	\$ 1,000	789.8%	\$ 630	\$ 1,000	\$ 1,102	\$ 472
63030	Low back disk surgery	26	7	\$ 1,126	\$ 6,200	550.8%	\$ 5,615	\$ 6,450	\$ 6,450	\$ 835
76942	Ultrasonic guide for biopsy	272	56	\$ 85	\$ 415	485.4%	\$ 300	\$ 325	\$ 450	\$ 150
99285	Emergency dept visit high severity	1,850	126	\$ 188	\$ 793	421.5%	\$ 589	\$ 798	\$ 983	\$ 394
77418	Intensity modulated radiation therapy	88	4	\$ 475	\$ 1,867	393.2%	\$ 1,813	\$ 1,813	\$ 1,915	\$ 102
96413	Chemotherapy IV infusion 1 hr	394	29	\$ 159	\$ 579	364.7%	\$ 443	\$ 575	\$ 661	\$ 218
33533	Coronary artery bypass, single artery	21	3	\$ 2,168	\$ 6,205	286.2%	\$ 6,199 ***	\$ 6,199***	\$ 6,199***	\$ 0***
11042	Debridement, subcut tissue ≤ 20 sq cm	97	16	\$ 135	\$ 312	230.4%	\$ 311	\$ 346	\$ 346	\$ 35
99291	Critical care first hour	733	102	\$ 306	\$ 661	216.1%	\$ 516	\$ 568	\$ 736	\$ 220
45380	Colonoscopy and biopsy	335	62	\$ 541	\$ 1,160	214.4%	\$ 827	\$ 1,225	\$ 1,495	\$ 668
43239	Upper GI endoscopy with biopsy	295	71	\$ 474	\$ 988	208.3%	\$ 825	\$ 901	\$ 1,195	\$ 370
99233	Subsequent hospital care	2,169	252	\$ 114	\$ 227	198.4%	\$ 201	\$ 207	\$ 260	\$ 59
88305	Tissue exam by pathologist	725	39	\$ 81	\$ 154	190.8%	\$ 81	\$ 125	\$ 233	\$ 152
17311	Mohs micrographic technique 1st stage	38	8	\$ 755	\$ 1,110	146.9%	\$ 991	\$ 1,089	\$ 1,089	\$ 98
97140	Manual therapy ≥ 1 regions	20,634	171	\$ 34	\$ 49	144.6%	\$ 40	\$ 45	\$ 55	\$ 15
97110	Therapeutic exercises	21,796	212	\$ 36	\$ 50	138.6%	\$ 40	\$ 45	\$ 55	\$ 15
99215	Office outpatient visit 40 minutes	7,677	563	\$ 162	\$ 216	133.5%	\$ 150	\$ 225	\$ 300	\$ 150

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Delaware

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	115	17	\$ 113	\$ 1,050	927.6%	\$ 900	\$ 1,000	\$ 1,113	\$ 213
29881	Knee arthroscopy/surgery	51	13	\$ 561	\$ 5,061	901.8%	\$ 3,135	\$ 4,046	\$ 7,300	\$ 4,165
70553	MRI of brain with and without dye	52	18	\$ 409	\$ 2,494	609.2%	\$ 2,213	\$ 2,521	\$ 2,800	\$ 587
27130	Total hip arthroplasty	20	6	\$ 1,406	\$ 8,208	583.7%	\$ 8,142***	\$ 8,142***	\$ 8,142***	\$ 0***
76942	Ultrasonic guide for biopsy	292	46	\$ 76	\$ 390	512.6%	\$ 240	\$ 386	\$ 473	\$ 233
22612	Lumbar spine fusion	45	9	\$ 1,642	\$ 7,390	449.9%	\$ 6,066	\$ 8,012	\$ 8,700	\$ 2,634
99285	Emergency dept visit high severity	3,530	57	\$ 175	\$ 740	422.5%	\$ 528	\$ 683	\$ 928	\$ 400
47562	Laparoscopic cholecystectomy	39	17	\$ 673	\$ 2,447	363.6%	\$ 1,337	\$ 2,200	\$ 3,000	\$ 1,663
88305	Tissue exam by pathologist	1,348	39	\$ 72	\$ 188	259.8%	\$ 171	\$ 180	\$ 219	\$ 48
96413	Chemotherapy IV infusion 1 hr	413	15	\$ 138	\$ 345	250.1%	\$ 297	\$ 355	\$ 355	\$ 58
99291	Critical care first hour	696	55	\$ 279	\$ 634	227.2%	\$ 540	\$ 550	\$ 684	\$ 144
45380	Colonoscopy and biopsy	181	51	\$ 480	\$ 1,050	218.5%	\$ 906	\$ 950	\$ 1,222	\$ 316
97140	Manual therapy ≥ 1 regions	34,673	132	\$ 31	\$ 64	207.0%	\$ 63	\$ 63	\$ 65	\$ 2
97110	Therapeutic exercises	83,825	181	\$ 33	\$ 68	205.9%	\$ 61	\$ 68	\$ 70	\$ 9
99233	Subsequent hospital care	4,971	184	\$ 106	\$ 190	179.8%	\$ 151	\$ 201	\$ 201	\$ 50
99215	Office outpatient visit 40 minutes	2,455	325	\$ 147	\$ 264	179.4%	\$ 180	\$ 218	\$ 280	\$ 100
66984	Cataract surgery with insertion of lens	28	6	\$ 683	\$ 1,222	178.8%	\$ 1,186***	\$ 1,186***	\$ 1,186***	\$ 0***
17311	Mohs micrographic technique 1st stage	144	16	\$ 671	\$ 1,180	175.9%	\$ 1,045	\$ 1,045	\$ 1,352	\$ 307
43239	Upper GI endoscopy with biopsy	344	43	\$ 417	\$ 718	172.2%	\$ 575	\$ 660	\$ 718	\$ 143
11042	Debridement, subcut tissue ≤ 20 sq cm	100	29	\$ 120	\$ 193	160.7%	\$ 136	\$ 154	\$ 184	\$ 48

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Florida

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	1,567	358	\$ 115	\$ 937	813.4%	\$ 488	\$ 765	\$ 1,210	\$ 722
99285	Emergency dept visit high severity	128,687	1,104	\$ 184	\$ 1,311	711.2%	\$ 1,071	\$ 1,436	\$ 1,543	\$ 472
63030	Low back disk surgery	166	89	\$ 1,132	\$ 7,874	695.6%	\$ 3,385	\$ 5,379	\$ 9,921	\$ 6,536
22612	Lumbar spine fusion	266	97	\$ 1,855	\$ 11,284	608.3%	\$ 5,138	\$ 8,109	\$ 12,089	\$ 6,952
76942	Ultrasonic guide for biopsy	7,101	895	\$ 77	\$ 448	583.6%	\$ 275	\$ 394	\$ 505	\$ 230
70553	MRI of brain with and without dye	1,970	373	\$ 407	\$ 2,261	555.2%	\$ 1,463	\$ 2,151	\$ 2,802	\$ 1,339
47562	Laparoscopic cholecystectomy	547	222	\$ 747	\$ 4,145	554.8%	\$ 1,439	\$ 2,092	\$ 2,915	\$ 1,476
63075	Neck spine disk surgery	49	27	\$ 1,617	\$ 7,602	470.2%	\$ 4,900	\$ 6,660	\$ 7,538	\$ 2,638
29881	Knee arthroscopy/surgery	124	72	\$ 604	\$ 2,685	444.3%	\$ 1,610	\$ 2,285	\$ 3,441	\$ 1,831
77418	Intensity modulated radiation therapy	14,592	107	\$ 402	\$ 1,512	376.1%	\$ 1,284	\$ 1,572	\$ 1,677	\$ 393
15734	Muscle-skin graft trunk	81	53	\$ 1,673	\$ 5,477	327.3%	\$ 2,472	\$ 4,000	\$ 5,930	\$ 3,458
99291	Critical care first hour	26,625	1,725	\$ 288	\$ 862	299.4%	\$ 445	\$ 700	\$ 1,304	\$ 859
33533	Coronary artery bypass, single artery	249	65	\$ 2,236	\$ 6,591	294.8%	\$ 5,267	\$ 6,180	\$ 6,607	\$ 1,340
96413	Chemotherapy IV infusion 1 hr	11,869	330	\$ 137	\$ 395	288.1%	\$ 303	\$ 413	\$ 413	\$ 110
66984	Cataract surgery with insertion of lens	90	63	\$ 723	\$ 2,064	285.3%	\$ 1,250	\$ 2,000	\$ 2,600	\$ 1,350
27130	Total hip arthroplasty	90	41	\$ 1,540	\$ 4,218	273.9%	\$ 1,950	\$ 3,960	\$ 5,583	\$ 3,633
19120	Removal of breast lesion	48	37	\$ 543	\$ 1,453	267.6%	\$ 850	\$ 1,075	\$ 1,336	\$ 486
88305	Tissue exam by pathologist	81,534	1,064	\$ 72	\$ 190	263.4%	\$ 135	\$ 174	\$ 220	\$ 85
26055	Incise finger tendon sheath	56	38	\$ 586	\$ 1,480	252.6%	\$ 877	\$ 1,209	\$ 1,936	\$ 1,059
97140	Manual therapy ≥ 1 regions	189,888	2,068	\$ 31	\$ 69	224.5%	\$ 50	\$ 75	\$ 75	\$ 25
44140	Partial removal of colon	62	52	\$ 1,533	\$ 3,375	220.2%	\$ 2,668	\$ 3,085	\$ 4,234	\$ 1,567
36471	Injection therapy of veins	235	50	\$ 191	\$ 403	210.8%	\$ 350	\$ 350	\$ 400	\$ 50
45380	Colonoscopy and biopsy	3,237	720	\$ 498	\$ 978	196.5%	\$ 700	\$ 851	\$ 984	\$ 284
99233	Subsequent hospital care	149,184	5,416	\$ 109	\$ 203	186.6%	\$ 150	\$ 200	\$ 225	\$ 75
97110	Therapeutic exercises	291,041	2,523	\$ 33	\$ 61	185.7%	\$ 45	\$ 60	\$ 75	\$ 30
43239	Upper GI endoscopy with biopsy	7,695	919	\$ 422	\$ 732	173.3%	\$ 500	\$ 623	\$ 719	\$ 219
11042	Debridement, subcut tissue ≤ 20 sq cm	5,534	621	\$ 123	\$ 211	172.3%	\$ 130	\$ 157	\$ 223	\$ 93
99215	Office outpatient visit 40 minutes	61,195	6,143	\$ 150	\$ 243	161.7%	\$ 160	\$ 209	\$ 287	\$ 127
17311	Mohs micrographic technique 1st stage	6,348	363	\$ 692	\$ 957	138.3%	\$ 715	\$ 884	\$ 1,190	\$ 475

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Georgia

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	801	206	\$ 108	\$ 1,182	1099.2%	\$ 635	\$ 880	\$ 1,300	\$ 665
70553	MRI of brain with and without dye	342	129	\$ 383	\$ 3,109	811.9%	\$ 2,412	\$ 2,655	\$ 3,580	\$ 1,168
15734	Muscle-skin graft trunk	36	22	\$ 1,488	\$ 9,965	669.6%	\$ 4,281	\$ 6,097	\$ 10,121	\$ 5,840
76942	Ultrasonic guide for biopsy	2,900	385	\$ 72	\$ 457	636.1%	\$ 290	\$ 465	\$ 550	\$ 260
99285	Emergency dept visit high severity	40,390	708	\$ 172	\$ 1,036	602.9%	\$ 774	\$ 1,082	\$ 1,240	\$ 466
63030	Low back disk surgery	78	48	\$ 969	\$ 5,663	584.3%	\$ 3,920	\$ 4,740	\$ 5,647	\$ 1,727
29881	Knee arthroscopy/surgery	108	51	\$ 539	\$ 3,095	573.8%	\$ 2,439	\$ 2,914	\$ 3,305	\$ 866
77418	Intensity modulated radiation therapy	1,904	30	\$ 377	\$ 2,104	557.9%	\$ 1,400	\$ 1,685	\$ 2,404	\$ 1,004
47562	Laparoscopic cholecystectomy	264	136	\$ 655	\$ 3,317	506.8%	\$ 2,190	\$ 3,050	\$ 3,690	\$ 1,500
27130	Total hip arthroplasty	113	34	\$ 1,362	\$ 6,459	474.1%	\$ 5,485	\$ 6,155	\$ 6,155	\$ 670
22612	Lumbar spine fusion	137	41	\$ 1,596	\$ 6,835	428.4%	\$ 5,500	\$ 5,959	\$ 9,133	\$ 3,633
96413	Chemotherapy IV infusion 1 hr	3,330	151	\$ 128	\$ 526	412.2%	\$ 415	\$ 500	\$ 600	\$ 185
26055	Incise finger tendon sheath	48	27	\$ 539	\$ 2,171	402.7%	\$ 1,720	\$ 1,856	\$ 2,234	\$ 514
33533	Coronary artery bypass, single artery	93	21	\$ 1,916	\$ 6,416	334.9%	\$ 5,512	\$ 5,613	\$ 6,087	\$ 575
44140	Partial removal of colon	25	23	\$ 1,342	\$ 4,273	318.5%	\$ 2,619	\$ 3,800	\$ 4,653	\$ 2,035
99291	Critical care first hour	7,704	633	\$ 269	\$ 825	306.4%	\$ 509	\$ 735	\$ 1,079	\$ 570
66984	Cataract surgery with insertion of lens	54	34	\$ 655	\$ 1,809	275.9%	\$ 674	\$ 1,961	\$ 2,500	\$ 1,826
36471	Injection therapy of veins	65	18	\$ 172	\$ 472	273.7%	\$ 358	\$ 358	\$ 540	\$ 183
19120	Removal of breast lesion	31	23	\$ 483	\$ 1,257	260.3%	\$ 855	\$ 1,021	\$ 1,204	\$ 349
11042	Debridement, subcut tissue ≤ 20 sq cm	1,262	200	\$ 113	\$ 287	253.0%	\$ 175	\$ 265	\$ 350	\$ 175
88305	Tissue exam by pathologist	33,673	407	\$ 69	\$ 171	249.5%	\$ 117	\$ 155	\$ 219	\$ 102
45380	Colonoscopy and biopsy	1,223	337	\$ 456	\$ 1,107	243.0%	\$ 900	\$ 1,000	\$ 1,171	\$ 271
43239	Upper GI endoscopy with biopsy	2,627	428	\$ 391	\$ 879	225.0%	\$ 700	\$ 750	\$ 900	\$ 200
99233	Subsequent hospital care	31,125	1,461	\$ 103	\$ 215	208.9%	\$ 170	\$ 203	\$ 254	\$ 84
17311	Mohs micrographic technique 1st stage	1,516	113	\$ 636	\$ 1,212	190.5%	\$ 805	\$ 1,172	\$ 1,289	\$ 484
97110	Therapeutic exercises	151,192	1,316	\$ 32	\$ 57	181.8%	\$ 45	\$ 55	\$ 65	\$ 20
99215	Office outpatient visit 40 minutes	16,445	2,413	\$ 141	\$ 245	173.7%	\$ 185	\$ 225	\$ 288	\$ 103
97140	Manual therapy ≥ 1 regions	46,770	727	\$ 29	\$ 49	167.7%	\$ 35	\$ 50	\$ 55	\$ 20

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Hawaii

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	25	9	\$ 445	\$ 2,290	515.0%	\$ 1,689	\$ 2,239	\$ 2,357	\$ 669
99285	Emergency dept visit high severity	1,715	58	\$ 175	\$ 878	502.3%	\$ 725	\$ 735	\$ 937	\$ 212
76942	Ultrasonic guide for biopsy	148	24	\$ 81	\$ 400	492.7%	\$ 375	\$ 391	\$ 391	\$ 16
77418	Intensity modulated radiation therapy	111	3	\$ 457	\$ 1,693	370.3%	\$ 1,398***	\$ 1,398***	\$ 1,398***	\$ 0***
88305	Tissue exam by pathologist	642	18	\$ 77	\$ 197	255.8%	\$ 152	\$ 159	\$ 200	\$ 48
99291	Critical care first hour	602	54	\$ 287	\$ 711	247.7%	\$ 333	\$ 713	\$ 911	\$ 578
45380	Colonoscopy and biopsy	132	34	\$ 508	\$ 1,203	236.5%	\$ 1,057	\$ 1,208	\$ 1,328	\$ 271
43239	Upper GI endoscopy with biopsy	137	37	\$ 450	\$ 975	216.8%	\$ 803	\$ 928	\$ 1,124	\$ 321
99233	Subsequent hospital care	1,437	123	\$ 108	\$ 213	197.8%	\$ 165	\$ 190	\$ 258	\$ 93
96413	Chemotherapy IV infusion 1 hr	140	3	\$ 152	\$ 277	182.2%	\$ 269	\$ 275	\$ 275	\$ 6
17311	Mohs micrographic technique 1st stage	43	5	\$ 710	\$ 1,113	156.7%	\$ 1,066	\$ 1,099	\$ 1,116	\$ 50
99215	Office outpatient visit 40 minutes	982	192	\$ 153	\$ 222	145.0%	\$ 175	\$ 200	\$ 264	\$ 89
11042	Debridement, subcut tissue ≤ 20 sq cm	115	12	\$ 128	\$ 174	136.2%	\$ 126	\$ 126	\$ 204	\$ 78
97140	Manual therapy ≥ 1 regions	10,789	136	\$ 32	\$ 39	121.5%	\$ 35	\$ 37	\$ 39	\$ 4
97110	Therapeutic exercises	42,916	163	\$ 35	\$ 40	115.8%	\$ 38	\$ 38	\$ 44	\$ 6

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Idaho

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	133	39	\$ 102	\$ 698	682.4%	\$ 495	\$ 664	\$ 798	\$ 303
76942	Ultrasonic guide for biopsy	389	71	\$ 68	\$ 442	646.8%	\$ 388	\$ 439	\$ 450	\$ 62
70553	MRI of brain with and without dye	21	15	\$ 363	\$ 2,340	645.0%	\$ 1,858	\$ 2,133	\$ 2,809	\$ 951
63030	Low back disk surgery	56	25	\$ 896	\$ 4,516	503.8%	\$ 4,160	\$ 4,264	\$ 4,901	\$ 741
77418	Intensity modulated radiation therapy	281	5	\$ 354	\$ 1,754	495.6%	\$ 1,470	\$ 1,590	\$ 2,175	\$ 705
29881	Knee arthroscopy/surgery	29	16	\$ 507	\$ 2,407	475.0%	\$ 2,252	\$ 2,293	\$ 2,622	\$ 370
47562	Laparoscopic cholecystectomy	32	20	\$ 613	\$ 2,825	460.7%	\$ 1,705	\$ 2,046	\$ 2,158	\$ 453
22612	Lumbar spine fusion	20	11	\$ 1,481	\$ 6,675	450.6%	\$ 5,800	\$ 6,638	\$ 7,119	\$ 1,319
99285	Emergency dept visit high severity	2,210	130	\$ 166	\$ 679	408.4%	\$ 355	\$ 774	\$ 804	\$ 449
96413	Chemotherapy IV infusion 1 hr	185	18	\$ 120	\$ 462	385.3%	\$ 300	\$ 350	\$ 639	\$ 339
88305	Tissue exam by pathologist	1,639	106	\$ 66	\$ 173	263.0%	\$ 164	\$ 168	\$ 180	\$ 16
45380	Colonoscopy and biopsy	169	58	\$ 430	\$ 1,088	253.0%	\$ 769	\$ 1,125	\$ 1,200	\$ 431
11042	Debridement, subcut tissue ≤ 20 sq cm	221	28	\$ 107	\$ 230	214.7%	\$ 124	\$ 174	\$ 350	\$ 226
99291	Critical care first hour	685	94	\$ 259	\$ 552	213.1%	\$ 400	\$ 444	\$ 548	\$ 148
99233	Subsequent hospital care	2,053	159	\$ 100	\$ 204	205.2%	\$ 168	\$ 201	\$ 227	\$ 59
43239	Upper GI endoscopy with biopsy	193	62	\$ 368	\$ 713	193.5%	\$ 412	\$ 776	\$ 844	\$ 432
17311	Mohs micrographic technique 1st stage	129	26	\$ 601	\$ 1,061	176.5%	\$ 1,108	\$ 1,108	\$ 1,166	\$ 58
99215	Office outpatient visit 40 minutes	1,550	309	\$ 136	\$ 227	167.1%	\$ 190	\$ 225	\$ 250	\$ 60
97140	Manual therapy ≥ 1 regions	10,620	271	\$ 28	\$ 45	159.2%	\$ 40	\$ 45	\$ 52	\$ 12
97110	Therapeutic exercises	28,616	344	\$ 30	\$ 45	148.3%	\$ 40	\$ 45	\$ 50	\$ 10

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Illinois

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	1,116	201	\$ 113	\$ 1,201	1062.9%	\$ 816	\$ 1,035	\$ 1,302	\$ 486
70553	MRI of brain with and without dye	339	130	\$ 398	\$ 3,322	834.3%	\$ 2,364	\$ 3,471	\$ 4,134	\$ 1,770
63030	Low back disk surgery	183	71	\$ 1,093	\$ 8,747	800.2%	\$ 6,774	\$ 8,750	\$ 10,075	\$ 3,301
76942	Ultrasonic guide for biopsy	4,183	449	\$ 75	\$ 539	717.4%	\$ 380	\$ 492	\$ 717	\$ 337
29881	Knee arthroscopy/surgery	152	63	\$ 588	\$ 4,189	712.3%	\$ 3,200	\$ 4,303	\$ 5,199	\$ 1,999
77418	Intensity modulated radiation therapy	1,946	37	\$ 391	\$ 2,779	711.2%	\$ 1,690	\$ 2,567	\$ 4,139	\$ 2,449
27130	Total hip arthroplasty	66	33	\$ 1,499	\$ 9,353	624.0%	\$ 6,950	\$ 8,891	\$ 9,780	\$ 2,830
22612	Lumbar spine fusion	90	39	\$ 1,794	\$ 10,313	574.7%	\$ 7,224	\$ 9,359	\$ 13,186	\$ 5,962
33533	Coronary artery bypass, single artery	112	24	\$ 2,167	\$ 10,783	497.7%	\$ 8,457	\$ 8,457	\$ 10,677	\$ 2,220
66984	Cataract surgery with insertion of lens	45	23	\$ 706	\$ 3,477	492.5%	\$ 1,750	\$ 2,487	\$ 3,825	\$ 2,075
47562	Laparoscopic cholecystectomy	291	146	\$ 726	\$ 3,494	481.1%	\$ 2,493	\$ 3,216	\$ 3,907	\$ 1,414
99285	Emergency dept visit high severity	37,964	722	\$ 182	\$ 861	471.7%	\$ 678	\$ 793	\$ 972	\$ 294
96413	Chemotherapy IV infusion 1 hr	5,040	147	\$ 133	\$ 487	365.2%	\$ 383	\$ 472	\$ 573	\$ 190
36471	Injection therapy of veins	137	28	\$ 186	\$ 657	353.7%	\$ 440	\$ 525	\$ 880	\$ 440
88305	Tissue exam by pathologist	9,272	601	\$ 71	\$ 243	342.4%	\$ 174	\$ 210	\$ 307	\$ 133
15734	Muscle-skin graft trunk	37	23	\$ 1,628	\$ 5,538	340.2%	\$ 3,400	\$ 4,853	\$ 6,144	\$ 2,744
26055	Incise finger tendon sheath	27	17	\$ 570	\$ 1,842	323.1%	\$ 1,248	\$ 1,685	\$ 2,230	\$ 982
44140	Partial removal of colon	44	32	\$ 1,491	\$ 4,513	302.8%	\$ 3,463	\$ 4,065	\$ 5,440	\$ 1,977
45380	Colonoscopy and biopsy	1,574	360	\$ 485	\$ 1,325	273.0%	\$ 1,000	\$ 1,240	\$ 1,575	\$ 575
19120	Removal of breast lesion	27	18	\$ 528	\$ 1,344	254.8%	\$ 955	\$ 1,239	\$ 1,809	\$ 854
43239	Upper GI endoscopy with biopsy	3,107	418	\$ 412	\$ 1,007	244.6%	\$ 739	\$ 922	\$ 1,215	\$ 476
11042	Debridement, subcut tissue ≤ 20 sq cm	2,316	310	\$ 120	\$ 292	243.5%	\$ 156	\$ 211	\$ 391	\$ 235
97140	Manual therapy ≥ 1 regions	244,146	1,517	\$ 30	\$ 71	235.3%	\$ 61	\$ 75	\$ 82	\$ 21
99291	Critical care first hour	11,535	864	\$ 284	\$ 666	234.7%	\$ 451	\$ 595	\$ 770	\$ 319
17311	Mohs micrographic technique 1st stage	1,019	68	\$ 676	\$ 1,513	223.9%	\$ 716	\$ 1,319	\$ 1,748	\$ 1,032
97110	Therapeutic exercises	870,535	2,353	\$ 32	\$ 72	221.8%	\$ 60	\$ 74	\$ 82	\$ 22
99233	Subsequent hospital care	62,006	2,284	\$ 108	\$ 216	200.4%	\$ 175	\$ 215	\$ 233	\$ 58
99215	Office outpatient visit 40 minutes	29,532	2,949	\$ 148	\$ 255	172.5%	\$ 188	\$ 240	\$ 295	\$ 107

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Indiana

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	374	116	\$ 104	\$ 1,266	1213.9%	\$ 700	\$ 900	\$ 1,435	\$ 735
70553	MRI of brain with and without dye	178	52	\$ 371	\$ 2,687	723.9%	\$ 2,108	\$ 2,536	\$ 3,314	\$ 1,206
76942	Ultrasonic guide for biopsy	1,100	159	\$ 70	\$ 437	626.4%	\$ 272	\$ 400	\$ 574	\$ 302
63030	Low back disk surgery	50	25	\$ 914	\$ 5,230	572.0%	\$ 3,664	\$ 4,500	\$ 5,665	\$ 2,001
22612	Lumbar spine fusion	58	20	\$ 1,509	\$ 8,390	556.0%	\$ 4,648	\$ 6,700	\$ 11,315	\$ 6,667
99285	Emergency dept visit high severity	21,513	420	\$ 168	\$ 924	551.3%	\$ 652	\$ 927	\$ 1,173	\$ 521
77418	Intensity modulated radiation therapy	1,222	21	\$ 364	\$ 1,939	532.3%	\$ 1,243	\$ 1,868	\$ 2,415	\$ 1,172
29881	Knee arthroscopy/surgery	44	18	\$ 516	\$ 2,552	494.3%	\$ 1,584	\$ 1,960	\$ 3,150	\$ 1,566
47562	Laparoscopic cholecystectomy	178	72	\$ 623	\$ 2,457	394.2%	\$ 1,698	\$ 2,279	\$ 2,908	\$ 1,210
33533	Coronary artery bypass, single artery	92	22	\$ 1,812	\$ 7,008	386.7%	\$ 6,290	\$ 7,049	\$ 8,457	\$ 2,167
88305	Tissue exam by pathologist	7,048	206	\$ 67	\$ 249	372.1%	\$ 174	\$ 205	\$ 323	\$ 149
96413	Chemotherapy IV infusion 1 hr	2,749	73	\$ 123	\$ 379	308.1%	\$ 275	\$ 335	\$ 420	\$ 145
26055	Incise finger tendon sheath	25	10	\$ 519	\$ 1,584	305.3%	\$ 803	\$ 1,293	\$ 2,266	\$ 1,463
44140	Partial removal of colon	28	24	\$ 1,278	\$ 3,439	269.1%	\$ 2,800	\$ 3,413	\$ 3,800	\$ 1,000
45380	Colonoscopy and biopsy	778	162	\$ 439	\$ 1,172	266.9%	\$ 923	\$ 996	\$ 1,250	\$ 327
99291	Critical care first hour	3,648	346	\$ 262	\$ 678	258.4%	\$ 430	\$ 538	\$ 790	\$ 360
11042	Debridement, subcut tissue ≤ 20 sq cm	986	151	\$ 110	\$ 277	252.9%	\$ 140	\$ 224	\$ 332	\$ 192
43239	Upper GI endoscopy with biopsy	1,808	195	\$ 377	\$ 934	247.7%	\$ 657	\$ 703	\$ 866	\$ 209
17311	Mohs micrographic technique 1st stage	329	28	\$ 613	\$ 1,332	217.3%	\$ 1,107	\$ 1,270	\$ 1,673	\$ 566
97140	Manual therapy ≥ 1 regions	17,329	381	\$ 29	\$ 62	214.8%	\$ 51	\$ 65	\$ 73	\$ 22
97110	Therapeutic exercises	60,481	563	\$ 31	\$ 66	213.3%	\$ 50	\$ 67	\$ 86	\$ 36
99233	Subsequent hospital care	22,302	941	\$ 100	\$ 201	200.5%	\$ 161	\$ 194	\$ 227	\$ 66
99215	Office outpatient visit 40 minutes	7,321	976	\$ 138	\$ 216	156.9%	\$ 175	\$ 200	\$ 251	\$ 76

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Iowa

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	199	33	\$ 102	\$ 884	868.5%	\$ 720	\$ 945	\$ 945	\$ 225
70553	MRI of brain with and without dye	56	25	\$ 361	\$ 2,677	741.1%	\$ 2,122	\$ 2,232	\$ 2,660	\$ 538
77418	Intensity modulated radiation therapy	112	5	\$ 352	\$ 2,408	683.5%	\$ 1,556	\$ 2,388	\$ 2,388	\$ 832
76942	Ultrasonic guide for biopsy	241	52	\$ 68	\$ 457	671.8%	\$ 390	\$ 448	\$ 489	\$ 99
29881	Knee arthroscopy/surgery	30	10	\$ 502	\$ 2,565	511.0%	\$ 1,950	\$ 2,697	\$ 3,061	\$ 1,111
47562	Laparoscopic cholecystectomy	77	42	\$ 606	\$ 2,373	391.4%	\$ 1,807	\$ 2,112	\$ 2,705	\$ 898
99285	Emergency dept visit high severity	6,936	245	\$ 165	\$ 646	390.8%	\$ 422	\$ 563	\$ 867	\$ 445
88305	Tissue exam by pathologist	2,597	122	\$ 66	\$ 220	336.4%	\$ 160	\$ 224	\$ 263	\$ 103
22612	Lumbar spine fusion	21	12	\$ 1,462	\$ 4,915	336.3%	\$ 4,035	\$ 4,635	\$ 6,012	\$ 1,977
63030	Low back disk surgery	46	11	\$ 884	\$ 2,886	326.4%	\$ 2,331	\$ 2,331	\$ 2,653	\$ 322
27130	Total hip arthroplasty	62	11	\$ 1,266	\$ 3,814	301.2%	\$ 3,273	\$ 3,933	\$ 4,150	\$ 877
33533	Coronary artery bypass, single artery	25	11	\$ 1,759	\$ 5,255	298.7%	\$ 4,704	\$ 5,150	\$ 5,739	\$ 1,035
96413	Chemotherapy IV infusion 1 hr	1,541	52	\$ 119	\$ 335	280.7%	\$ 318	\$ 324	\$ 328	\$ 10
99291	Critical care first hour	1,532	146	\$ 258	\$ 692	268.7%	\$ 512	\$ 590	\$ 803	\$ 291
43239	Upper GI endoscopy with biopsy	635	106	\$ 366	\$ 969	264.5%	\$ 665	\$ 975	\$ 1,113	\$ 448
36471	Injection therapy of veins	24	7	\$ 160	\$ 420	261.5%	\$ 407	\$ 408	\$ 417	\$ 10
19120	Removal of breast lesion	30	8	\$ 448	\$ 1,134	253.1%	\$ 1,088	\$ 1,128	\$ 1,163	\$ 75
45380	Colonoscopy and biopsy	625	106	\$ 427	\$ 1,054	246.7%	\$ 620	\$ 954	\$ 1,344	\$ 724
11042	Debridement, subcut tissue ≤ 20 sq cm	701	67	\$ 107	\$ 262	245.7%	\$ 138	\$ 173	\$ 275	\$ 137
99233	Subsequent hospital care	6,423	281	\$ 99	\$ 233	235.4%	\$ 184	\$ 217	\$ 276	\$ 92
17311	Mohs micrographic technique 1st stage	314	27	\$ 597	\$ 1,312	219.8%	\$ 1,082	\$ 1,225	\$ 1,300	\$ 218
66984	Cataract surgery with insertion of lens	23	10	\$ 614	\$ 1,344	218.8%	\$ 250	\$ 2,100	\$ 2,200	\$ 1,950
97140	Manual therapy ≥ 1 regions	11,944	268	\$ 28	\$ 57	201.0%	\$ 50	\$ 55	\$ 63	\$ 13
97110	Therapeutic exercises	35,949	398	\$ 30	\$ 60	197.2%	\$ 50	\$ 57	\$ 60	\$ 10
99215	Office outpatient visit 40 minutes	3,895	375	\$ 135	\$ 264	195.5%	\$ 236	\$ 248	\$ 273	\$ 37

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Kansas

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	88	42	\$ 365	\$ 2,770	759.0%	\$ 1,760	\$ 2,019	\$ 3,525	\$ 1,765
62310	Injection spine cervical/thoracic	362	62	\$ 103	\$ 636	615.1%	\$ 540	\$ 585	\$ 742	\$ 202
99285	Emergency dept visit high severity	12,494	217	\$ 169	\$ 894	528.9%	\$ 601	\$ 989	\$ 1,077	\$ 476
76942	Ultrasonic guide for biopsy	553	94	\$ 69	\$ 359	520.9%	\$ 196	\$ 300	\$ 412	\$ 216
29881	Knee arthroscopy/surgery	30	15	\$ 519	\$ 2,348	451.9%	\$ 1,870	\$ 1,884	\$ 2,495	\$ 625
63030	Low back disk surgery	25	14	\$ 931	\$ 3,909	419.8%	\$ 2,800	\$ 3,624	\$ 4,800	\$ 2,000
77418	Intensity modulated radiation therapy	849	14	\$ 355	\$ 1,352	380.5%	\$ 975	\$ 1,190	\$ 1,436	\$ 461
47562	Laparoscopic cholecystectomy	42	26	\$ 633	\$ 2,229	352.1%	\$ 1,680	\$ 1,898	\$ 2,704	\$ 1,025
88305	Tissue exam by pathologist	3,547	153	\$ 66	\$ 224	339.2%	\$ 154	\$ 198	\$ 240	\$ 86
22612	Lumbar spine fusion	32	13	\$ 1,537	\$ 5,003	325.4%	\$ 4,230	\$ 4,717	\$ 5,944	\$ 1,714
99291	Critical care first hour	1,683	138	\$ 262	\$ 831	316.8%	\$ 464	\$ 685	\$ 1,230	\$ 766
66984	Cataract surgery with insertion of lens	74	15	\$ 632	\$ 1,929	305.3%	\$ 1,667	\$ 1,946	\$ 1,946	\$ 279
11042	Debridement, subcut tissue ≤ 20 sq cm	708	86	\$ 109	\$ 291	268.1%	\$ 198	\$ 235	\$ 295	\$ 97
26055	Incise finger tendon sheath	31	14	\$ 513	\$ 1,293	252.0%	\$ 1,139	\$ 1,265	\$ 1,484	\$ 345
96413	Chemotherapy IV infusion 1 hr	832	44	\$ 121	\$ 298	246.6%	\$ 265	\$ 274	\$ 300	\$ 35
33533	Coronary artery bypass, single artery	24	9	\$ 1,856	\$ 4,354	234.6%	\$ 4,104	\$ 4,104	\$ 4,707	\$ 603
43239	Upper GI endoscopy with biopsy	670	135	\$ 372	\$ 830	222.7%	\$ 550	\$ 651	\$ 840	\$ 290
45380	Colonoscopy and biopsy	395	115	\$ 437	\$ 972	222.5%	\$ 750	\$ 822	\$ 1,032	\$ 282
99233	Subsequent hospital care	6,838	343	\$ 101	\$ 213	212.2%	\$ 146	\$ 200	\$ 255	\$ 109
17311	Mohs micrographic technique 1st stage	395	28	\$ 610	\$ 1,030	169.0%	\$ 750	\$ 1,090	\$ 1,370	\$ 620
97140	Manual therapy ≥ 1 regions	8,883	242	\$ 29	\$ 47	165.2%	\$ 36	\$ 45	\$ 51	\$ 15
99215	Office outpatient visit 40 minutes	3,735	448	\$ 137	\$ 218	159.3%	\$ 185	\$ 204	\$ 250	\$ 65
97110	Therapeutic exercises	27,166	384	\$ 31	\$ 48	157.3%	\$ 38	\$ 44	\$ 52	\$ 14

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Kentucky

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	127	32	\$ 356	\$ 2,361	662.4%	\$ 1,922	\$ 2,229	\$ 2,420	\$ 498
62310	Injection spine cervical/thoracic	393	70	\$ 102	\$ 671	660.1%	\$ 576	\$ 603	\$ 700	\$ 124
76942	Ultrasonic guide for biopsy	850	123	\$ 68	\$ 352	521.0%	\$ 200	\$ 312	\$ 500	\$ 300
99285	Emergency dept visit high severity	18,670	286	\$ 168	\$ 806	480.2%	\$ 605	\$ 781	\$ 950	\$ 345
29881	Knee arthroscopy/surgery	21	8	\$ 511	\$ 2,292	448.6%	\$ 1,960	\$ 2,352	\$ 2,352	\$ 392
63030	Low back disk surgery	41	15	\$ 916	\$ 4,091	446.7%	\$ 3,000	\$ 4,550	\$ 4,684	\$ 1,684
77418	Intensity modulated radiation therapy	2,371	14	\$ 345	\$ 1,462	424.4%	\$ 1,243	\$ 1,351	\$ 1,500	\$ 257
47562	Laparoscopic cholecystectomy	215	67	\$ 624	\$ 1,932	309.4%	\$ 1,322	\$ 1,844	\$ 2,266	\$ 944
22612	Lumbar spine fusion	52	17	\$ 1,514	\$ 4,608	304.4%	\$ 3,368	\$ 3,600	\$ 5,450	\$ 2,082
96413	Chemotherapy IV infusion 1 hr	1,837	56	\$ 117	\$ 351	299.3%	\$ 244	\$ 296	\$ 385	\$ 141
33533	Coronary artery bypass, single artery	112	24	\$ 1,833	\$ 5,023	274.0%	\$ 3,823	\$ 4,659	\$ 6,058	\$ 2,235
99291	Critical care first hour	4,999	276	\$ 259	\$ 625	241.3%	\$ 415	\$ 487	\$ 749	\$ 334
88305	Tissue exam by pathologist	9,762	162	\$ 65	\$ 146	224.8%	\$ 105	\$ 148	\$ 181	\$ 76
44140	Partial removal of colon	34	14	\$ 1,283	\$ 2,734	213.1%	\$ 2,331	\$ 2,645	\$ 2,887	\$ 556
45380	Colonoscopy and biopsy	812	135	\$ 428	\$ 877	204.7%	\$ 630	\$ 800	\$ 996	\$ 366
11042	Debridement, subcut tissue ≤ 20 sq cm	895	100	\$ 106	\$ 212	199.7%	\$ 123	\$ 155	\$ 196	\$ 73
43239	Upper GI endoscopy with biopsy	1,941	188	\$ 364	\$ 658	181.0%	\$ 400	\$ 572	\$ 761	\$ 361
99233	Subsequent hospital care	19,997	759	\$ 100	\$ 178	178.1%	\$ 150	\$ 180	\$ 194	\$ 44
97140	Manual therapy ≥ 1 regions	16,764	248	\$ 28	\$ 49	172.5%	\$ 38	\$ 45	\$ 55	\$ 17
97110	Therapeutic exercises	48,298	525	\$ 30	\$ 48	159.6%	\$ 36	\$ 42	\$ 55	\$ 19
99215	Office outpatient visit 40 minutes	7,843	789	\$ 135	\$ 214	158.4%	\$ 170	\$ 213	\$ 240	\$ 70
17311	Mohs micrographic technique 1st stage	768	35	\$ 598	\$ 912	152.6%	\$ 775	\$ 938	\$ 990	\$ 215
26055	Incise finger tendon sheath	91	5	\$ 501	\$ 151	30.1%***	\$ 8***	\$ 8***	\$ 8***	\$ 0***

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Louisiana

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	352	95	\$ 106	\$ 1,205	1132.0%	\$ 700	\$ 900	\$ 1,400	\$ 700
70553	MRI of brain with and without dye	141	62	\$ 376	\$ 2,815	748.2%	\$ 2,010	\$ 2,589	\$ 3,204	\$ 1,194
99285	Emergency dept visit high severity	18,419	432	\$ 173	\$ 1,164	674.8%	\$ 863	\$ 1,305	\$ 1,479	\$ 616
63030	Low back disk surgery	68	23	\$ 978	\$ 5,162	528.0%	\$ 4,484	\$ 5,000	\$ 5,000	\$ 516
76942	Ultrasonic guide for biopsy	720	151	\$ 71	\$ 369	519.8%	\$ 278	\$ 280	\$ 495	\$ 217
66984	Cataract surgery with insertion of lens	91	27	\$ 654	\$ 3,031	463.5%	\$ 2,650	\$ 3,000	\$ 4,000	\$ 1,350
29881	Knee arthroscopy/surgery	75	27	\$ 540	\$ 2,439	452.0%	\$ 1,714	\$ 2,229	\$ 2,600	\$ 886
77418	Intensity modulated radiation therapy	1,665	25	\$ 368	\$ 1,514	411.6%	\$ 1,339	\$ 1,463	\$ 1,475	\$ 136
22612	Lumbar spine fusion	55	27	\$ 1,610	\$ 6,616	410.9%	\$ 5,000	\$ 5,975	\$ 8,381	\$ 3,381
47562	Laparoscopic cholecystectomy	207	92	\$ 659	\$ 2,659	403.2%	\$ 1,656	\$ 2,445	\$ 3,077	\$ 1,421
99291	Critical care first hour	2,567	264	\$ 269	\$ 1,060	394.9%	\$ 445	\$ 1,073	\$ 1,568	\$ 1,123
27130	Total hip arthroplasty	32	13	\$ 1,369	\$ 5,149	376.2%	\$ 4,470	\$ 4,470	\$ 6,000	\$ 1,530
88305	Tissue exam by pathologist	2,794	158	\$ 68	\$ 233	344.2%	\$ 175	\$ 245	\$ 252	\$ 77
96413	Chemotherapy IV infusion 1 hr	1,203	58	\$ 125	\$ 385	308.2%	\$ 304	\$ 340	\$ 426	\$ 122
33533	Coronary artery bypass, single artery	47	16	\$ 1,942	\$ 5,710	294.0%	\$ 3,882	\$ 5,269	\$ 6,500	\$ 2,618
45380	Colonoscopy and biopsy	489	152	\$ 452	\$ 1,079	238.8%	\$ 875	\$ 948	\$ 1,202	\$ 327
11042	Debridement, subcut tissue ≤ 20 sq cm	1,124	113	\$ 112	\$ 262	233.9%	\$ 160	\$ 206	\$ 350	\$ 190
43239	Upper GI endoscopy with biopsy	1,173	237	\$ 385	\$ 853	221.5%	\$ 645	\$ 715	\$ 800	\$ 155
99233	Subsequent hospital care	11,727	853	\$ 103	\$ 192	187.0%	\$ 150	\$ 182	\$ 207	\$ 57
17311	Mohs micrographic technique 1st stage	176	22	\$ 630	\$ 1,143	181.3%	\$ 653	\$ 1,310	\$ 1,422	\$ 769
97140	Manual therapy ≥ 1 regions	20,576	390	\$ 29	\$ 52	179.1%	\$ 45	\$ 50	\$ 55	\$ 10
99215	Office outpatient visit 40 minutes	8,927	1,080	\$ 140	\$ 237	169.2%	\$ 170	\$ 218	\$ 259	\$ 89
97110	Therapeutic exercises	86,843	649	\$ 31	\$ 51	162.4%	\$ 43	\$ 45	\$ 52	\$ 9

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Maine

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	81	32	\$ 107	\$ 875	816.6%	\$ 571	\$ 676	\$ 1,112	\$ 542
76942	Ultrasonic guide for biopsy	641	160	\$ 72	\$ 405	564.9%	\$ 300	\$ 379	\$ 450	\$ 150
70553	MRI of brain with and without dye	30	14	\$ 384	\$ 2,018	525.2%	\$ 1,750	\$ 1,750	\$ 2,161	\$ 411
99285	Emergency dept visit high severity	1,337	118	\$ 169	\$ 736	435.0%	\$ 439	\$ 570	\$ 1,120	\$ 681
66984	Cataract surgery with insertion of lens	37	12	\$ 646	\$ 2,454	380.0%	\$ 2,250	\$ 2,250	\$ 2,275	\$ 25
27130	Total hip arthroplasty	29	22	\$ 1,329	\$ 4,951	372.7%	\$ 3,291	\$ 3,714	\$ 5,817	\$ 2,526
47562	Laparoscopic cholecystectomy	43	33	\$ 636	\$ 2,192	344.7%	\$ 1,695	\$ 1,969	\$ 2,365	\$ 670
96413	Chemotherapy IV infusion 1 hr	479	29	\$ 128	\$ 372	290.5%	\$ 350	\$ 354	\$ 397	\$ 47
88305	Tissue exam by pathologist	1,371	72	\$ 69	\$ 197	285.9%	\$ 141	\$ 187	\$ 266	\$ 125
63030	Low back disk surgery	34	16	\$ 936	\$ 2,641	282.0%	\$ 2,254	\$ 2,254	\$ 2,606	\$ 352
17311	Mohs micrographic technique 1st stage	232	46	\$ 631	\$ 1,460	231.2%	\$ 1,200	\$ 1,400	\$ 1,400	\$ 200
99233	Subsequent hospital care	5,658	440	\$ 102	\$ 229	225.3%	\$ 183	\$ 210	\$ 312	\$ 129
99291	Critical care first hour	915	172	\$ 267	\$ 601	225.1%	\$ 486	\$ 572	\$ 674	\$ 188
45380	Colonoscopy and biopsy	198	91	\$ 452	\$ 990	219.1%	\$ 750	\$ 930	\$ 1,044	\$ 294
43239	Upper GI endoscopy with biopsy	372	120	\$ 390	\$ 801	205.3%	\$ 550	\$ 655	\$ 846	\$ 296
99215	Office outpatient visit 40 minutes	3,135	785	\$ 140	\$ 240	170.7%	\$ 188	\$ 228	\$ 287	\$ 99
97140	Manual therapy ≥ 1 regions	10,681	169	\$ 29	\$ 50	170.5%	\$ 46	\$ 52	\$ 53	\$ 7
97110	Therapeutic exercises	11,560	225	\$ 32	\$ 54	170.0%	\$ 45	\$ 55	\$ 57	\$ 12
11042	Debridement, subcut tissue ≤ 20 sq cm	229	48	\$ 113	\$ 187	165.9%	\$ 140	\$ 181	\$ 204	\$ 64

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Maryland

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	455	103	\$ 116	\$ 1,275	1097.9%	\$ 714	\$ 1,000	\$ 1,533	\$ 819
29881	Knee arthroscopy/surgery	127	70	\$ 580	\$ 3,444	593.8%	\$ 2,082	\$ 2,800	\$ 3,500	\$ 1,418
63030	Low back disk surgery	59	32	\$ 1,042	\$ 5,907	566.7%	\$ 3,614	\$ 5,503	\$ 7,986	\$ 4,372
76942	Ultrasonic guide for biopsy	1,939	318	\$ 78	\$ 413	529.7%	\$ 300	\$ 350	\$ 475	\$ 175
27130	Total hip arthroplasty	71	38	\$ 1,455	\$ 7,488	514.6%	\$ 4,900	\$ 6,380	\$ 6,761	\$ 1,861
70553	MRI of brain with and without dye	426	98	\$ 420	\$ 2,097	499.5%	\$ 1,655	\$ 2,102	\$ 2,400	\$ 745
99285	Emergency dept visit high severity	27,760	503	\$ 179	\$ 796	444.4%	\$ 613	\$ 882	\$ 949	\$ 336
22612	Lumbar spine fusion	75	32	\$ 1,709	\$ 6,177	361.4%	\$ 3,538	\$ 5,294	\$ 7,500	\$ 3,962
47562	Laparoscopic cholecystectomy	213	113	\$ 698	\$ 2,385	341.8%	\$ 1,492	\$ 1,800	\$ 3,000	\$ 1,509
96413	Chemotherapy IV infusion 1 hr	3,269	159	\$ 142	\$ 474	334.6%	\$ 350	\$ 400	\$ 662	\$ 312
77418	Intensity modulated radiation therapy	1,568	23	\$ 421	\$ 1,371	325.3%	\$ 1,187	\$ 1,335	\$ 1,655	\$ 468
36471	Injection therapy of veins	32	8	\$ 187	\$ 558	298.1%	\$ 333	\$ 661	\$ 661	\$ 328
26055	Incise finger tendon sheath	38	26	\$ 592	\$ 1,670	282.0%	\$ 834	\$ 1,331	\$ 1,851	\$ 1,017
33533	Coronary artery bypass, single artery	45	12	\$ 2,034	\$ 5,716	281.0%	\$ 4,451	\$ 5,850	\$ 6,750	\$ 2,299
88305	Tissue exam by pathologist	22,981	233	\$ 74	\$ 185	249.5%	\$ 127	\$ 180	\$ 233	\$ 106
66984	Cataract surgery with insertion of lens	168	35	\$ 704	\$ 1,634	232.0%	\$ 1,326	\$ 1,375	\$ 1,755	\$ 429
99291	Critical care first hour	7,711	424	\$ 286	\$ 654	228.9%	\$ 440	\$ 640	\$ 780	\$ 340
45380	Colonoscopy and biopsy	1,713	395	\$ 495	\$ 1,104	223.2%	\$ 827	\$ 950	\$ 1,138	\$ 311
99233	Subsequent hospital care	24,795	1,179	\$ 108	\$ 224	207.4%	\$ 164	\$ 218	\$ 300	\$ 136
43239	Upper GI endoscopy with biopsy	2,446	410	\$ 429	\$ 880	205.4%	\$ 547	\$ 761	\$ 975	\$ 428
11042	Debridement, subcut tissue ≤ 20 sq cm	1,359	182	\$ 123	\$ 225	182.1%	\$ 100	\$ 150	\$ 226	\$ 126
97140	Manual therapy ≥ 1 regions	76,479	1,003	\$ 31	\$ 56	177.2%	\$ 42	\$ 55	\$ 65	\$ 23
97110	Therapeutic exercises	160,434	1,327	\$ 34	\$ 59	175.5%	\$ 43	\$ 60	\$ 70	\$ 27
99215	Office outpatient visit 40 minutes	23,651	2,714	\$ 150	\$ 244	162.2%	\$ 180	\$ 230	\$ 271	\$ 91
17311	Mohs micrographic technique 1st stage	826	85	\$ 690	\$ 1,017	147.4%	\$ 835	\$ 954	\$ 1,143	\$ 308

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Massachusetts

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	164	29	\$ 431	\$ 3,449	799.8%	\$ 2,150	\$ 3,962	\$ 3,962	\$ 1,812
62310	Injection spine cervical/thoracic	324	71	\$ 117	\$ 928	790.0%	\$ 630	\$ 900	\$ 1,100	\$ 470
29881	Knee arthroscopy/surgery	192	77	\$ 572	\$ 3,641	636.2%	\$ 2,650	\$ 3,500	\$ 3,859	\$ 1,209
76942	Ultrasonic guide for biopsy	775	109	\$ 79	\$ 477	601.6%	\$ 325	\$ 400	\$ 590	\$ 265
63030	Low back disk surgery	77	36	\$ 1,007	\$ 5,971	593.0%	\$ 3,900	\$ 6,194	\$ 7,500	\$ 3,600
22612	Lumbar spine fusion	64	28	\$ 1,650	\$ 9,260	561.2%	\$ 5,534	\$ 7,500	\$ 14,350	\$ 8,816
27130	Total hip arthroplasty	133	42	\$ 1,422	\$ 6,889	484.6%	\$ 4,749	\$ 6,200	\$ 8,097	\$ 3,348
77418	Intensity modulated radiation therapy	462	14	\$ 438	\$ 2,062	470.2%	\$ 1,771	\$ 1,850	\$ 2,495	\$ 724
47562	Laparoscopic cholecystectomy	86	44	\$ 677	\$ 2,805	414.4%	\$ 2,045	\$ 2,647	\$ 3,138	\$ 1,093
33533	Coronary artery bypass, single artery	76	13	\$ 1,944	\$ 7,984	410.7%	\$ 5,960	\$ 6,425	\$ 8,562	\$ 2,602
96413	Chemotherapy IV infusion 1 hr	683	35	\$ 146	\$ 557	380.9%	\$ 484	\$ 500	\$ 652	\$ 168
88305	Tissue exam by pathologist	12,161	134	\$ 76	\$ 287	379.8%	\$ 223	\$ 335	\$ 335	\$ 112
26055	Incise finger tendon sheath	44	22	\$ 603	\$ 2,257	374.2%	\$ 1,500	\$ 2,154	\$ 2,574	\$ 1,074
99285	Emergency dept visit high severity	18,970	270	\$ 176	\$ 592	336.9%	\$ 514	\$ 600	\$ 602	\$ 88
66984	Cataract surgery with insertion of lens	69	23	\$ 700	\$ 2,250	321.6%	\$ 1,900	\$ 2,400	\$ 2,800	\$ 900
99291	Critical care first hour	6,233	289	\$ 285	\$ 680	238.7%	\$ 552	\$ 676	\$ 786	\$ 234
36471	Injection therapy of veins	66	10	\$ 187	\$ 444	237.2%	\$ 280	\$ 480	\$ 480	\$ 200
45380	Colonoscopy and biopsy	722	153	\$ 498	\$ 1,172	235.5%	\$ 900	\$ 1,067	\$ 1,430	\$ 530
99233	Subsequent hospital care	22,484	718	\$ 107	\$ 248	231.1%	\$ 193	\$ 225	\$ 300	\$ 107
17311	Mohs micrographic technique 1st stage	964	59	\$ 695	\$ 1,493	214.7%	\$ 1,178	\$ 1,495	\$ 1,600	\$ 422
99215	Office outpatient visit 40 minutes	18,159	1,218	\$ 151	\$ 312	206.0%	\$ 200	\$ 315	\$ 393	\$ 193
43239	Upper GI endoscopy with biopsy	1,368	158	\$ 437	\$ 872	199.7%	\$ 650	\$ 800	\$ 1,059	\$ 409
11042	Debridement, subcut tissue ≤ 20 sq cm	1,419	186	\$ 125	\$ 238	190.6%	\$ 150	\$ 198	\$ 290	\$ 140
97140	Manual therapy ≥ 1 regions	31,766	534	\$ 32	\$ 51	159.7%	\$ 40	\$ 48	\$ 60	\$ 20
97110	Therapeutic exercises	73,338	790	\$ 34	\$ 53	155.7%	\$ 43	\$ 55	\$ 65	\$ 22

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Michigan

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	177	61	\$ 388	\$ 2,831	728.8%	\$ 1,860	\$ 2,098	\$ 3,639	\$ 1,779
62310	Injection spine cervical/thoracic	327	78	\$ 110	\$ 759	691.9%	\$ 429	\$ 585	\$ 1,075	\$ 646
76942	Ultrasonic guide for biopsy	1,479	236	\$ 73	\$ 400	546.7%	\$ 320	\$ 357	\$ 409	\$ 89
77418	Intensity modulated radiation therapy	1,275	17	\$ 382	\$ 1,899	497.6%	\$ 1,222	\$ 1,653	\$ 2,703	\$ 1,481
63030	Low back disk surgery	46	29	\$ 1,023	\$ 4,866	475.5%	\$ 3,672	\$ 4,860	\$ 5,455	\$ 1,783
99285	Emergency dept visit high severity	13,831	366	\$ 177	\$ 756	428.3%	\$ 584	\$ 735	\$ 957	\$ 373
27130	Total hip arthroplasty	64	26	\$ 1,422	\$ 5,561	391.2%	\$ 3,075	\$ 4,175	\$ 7,077	\$ 4,002
29881	Knee arthroscopy/surgery	88	31	\$ 560	\$ 2,027	361.7%	\$ 1,379	\$ 2,036	\$ 2,348	\$ 969
22612	Lumbar spine fusion	54	27	\$ 1,683	\$ 5,651	335.8%	\$ 3,332	\$ 4,878	\$ 6,740	\$ 3,409
66984	Cataract surgery with insertion of lens	30	13	\$ 677	\$ 2,223	328.4%	\$ 1,500	\$ 2,200	\$ 2,600	\$ 1,100
47562	Laparoscopic cholecystectomy	137	85	\$ 686	\$ 2,036	296.9%	\$ 1,385	\$ 1,630	\$ 2,523	\$ 1,139
96413	Chemotherapy IV infusion 1 hr	1,757	80	\$ 130	\$ 373	288.0%	\$ 250	\$ 338	\$ 450	\$ 200
88305	Tissue exam by pathologist	4,680	177	\$ 69	\$ 178	256.2%	\$ 125	\$ 154	\$ 181	\$ 56
26055	Incise finger tendon sheath	58	21	\$ 551	\$ 1,309	237.5%	\$ 900	\$ 1,157	\$ 1,371	\$ 471
33533	Coronary artery bypass, single artery	63	26	\$ 2,027	\$ 4,703	232.0%	\$ 3,175	\$ 3,818	\$ 5,062	\$ 1,887
44140	Partial removal of colon	24	19	\$ 1,407	\$ 3,167	225.1%	\$ 2,270	\$ 2,789	\$ 3,287	\$ 1,017
99291	Critical care first hour	3,627	385	\$ 276	\$ 583	211.6%	\$ 372	\$ 446	\$ 689	\$ 317
36471	Injection therapy of veins	30	14	\$ 178	\$ 374	210.3%	\$ 245	\$ 355	\$ 425	\$ 181
97140	Manual therapy ≥ 1 regions	45,487	565	\$ 30	\$ 62	207.4%	\$ 50	\$ 65	\$ 70	\$ 20
97110	Therapeutic exercises	104,294	697	\$ 32	\$ 63	198.0%	\$ 45	\$ 70	\$ 75	\$ 30
45380	Colonoscopy and biopsy	560	187	\$ 468	\$ 921	196.9%	\$ 650	\$ 855	\$ 1,103	\$ 453
43239	Upper GI endoscopy with biopsy	1,182	251	\$ 399	\$ 672	168.4%	\$ 450	\$ 625	\$ 822	\$ 372
17311	Mohs micrographic technique 1st stage	680	61	\$ 652	\$ 1,065	163.3%	\$ 951	\$ 1,046	\$ 1,245	\$ 294
99233	Subsequent hospital care	18,813	1,098	\$ 105	\$ 168	160.3%	\$ 132	\$ 150	\$ 195	\$ 63
11042	Debridement, subcut tissue ≤ 20 sq cm	1,003	149	\$ 116	\$ 175	150.8%	\$ 134	\$ 150	\$ 194	\$ 60
99215	Office outpatient visit 40 minutes	10,172	1,497	\$ 144	\$ 194	135.1%	\$ 165	\$ 185	\$ 207	\$ 42

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Minnesota

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	241	37	\$ 109	\$ 907	830.1%	\$ 661	\$ 937	\$ 1,135	\$ 474
76942	Ultrasonic guide for biopsy	408	64	\$ 74	\$ 610	828.7%	\$ 461	\$ 526	\$ 821	\$ 360
70553	MRI of brain with and without dye	209	45	\$ 399	\$ 3,216	806.5%	\$ 1,603	\$ 2,360	\$ 5,610	\$ 4,007
77418	Intensity modulated radiation therapy	1,023	8	\$ 401	\$ 1,758	438.3%	\$ 448	\$ 1,311	\$ 2,582	\$ 2,134
99285	Emergency dept visit high severity	3,926	217	\$ 167	\$ 685	410.1%	\$ 585	\$ 745	\$ 763	\$ 178
96413	Chemotherapy IV infusion 1 hr	1,148	38	\$ 134	\$ 543	405.1%	\$ 379	\$ 634	\$ 686	\$ 307
29881	Knee arthroscopy/surgery	43	9	\$ 525	\$ 2,054	390.9%	\$ 2,083***	\$ 2,083***	\$ 2,083***	\$ 0***
47562	Laparoscopic cholecystectomy	89	42	\$ 620	\$ 2,364	381.2%	\$ 1,795	\$ 1,857	\$ 2,338	\$ 544
63030	Low back disk surgery	48	18	\$ 909	\$ 3,350	368.4%	\$ 2,892	\$ 3,114	\$ 3,742	\$ 850
22612	Lumbar spine fusion	60	17	\$ 1,496	\$ 5,453	364.4%	\$ 5,109	\$ 5,184	\$ 5,952	\$ 843
33533	Coronary artery bypass, single artery	22	7	\$ 1,769	\$ 6,382	360.8%	\$ 5,165	\$ 6,020	\$ 6,945	\$ 1,780
45380	Colonoscopy and biopsy	325	93	\$ 459	\$ 1,365	297.4%	\$ 1,071	\$ 1,200	\$ 1,708	\$ 637
99291	Critical care first hour	1,551	133	\$ 268	\$ 733	273.5%	\$ 615	\$ 730	\$ 802	\$ 187
11042	Debridement, subcut tissue ≤ 20 sq cm	156	48	\$ 115	\$ 302	261.6%	\$ 183	\$ 259	\$ 310	\$ 127
88305	Tissue exam by pathologist	3,141	147	\$ 71	\$ 183	258.4%	\$ 155	\$ 160	\$ 186	\$ 31
99233	Subsequent hospital care	9,150	287	\$ 102	\$ 251	245.9%	\$ 227	\$ 245	\$ 273	\$ 46
43239	Upper GI endoscopy with biopsy	558	89	\$ 402	\$ 940	234.0%	\$ 768	\$ 800	\$ 1,066	\$ 298
17311	Mohs micrographic technique 1st stage	495	45	\$ 642	\$ 1,411	219.8%	\$ 1,225	\$ 1,364	\$ 1,609	\$ 384
99215	Office outpatient visit 40 minutes	6,647	596	\$ 142	\$ 307	215.7%	\$ 268	\$ 315	\$ 340	\$ 72
97140	Manual therapy ≥ 1 regions	18,027	326	\$ 30	\$ 61	202.6%	\$ 47	\$ 55	\$ 70	\$ 23
97110	Therapeutic exercises	49,256	703	\$ 32	\$ 57	176.7%	\$ 46	\$ 51	\$ 61	\$ 15

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Mississippi

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	89	32	\$ 354	\$ 3,378	954.6%	\$ 2,100	\$ 2,541	\$ 4,482	\$ 2,382
62310	Injection spine cervical/thoracic	280	51	\$ 101	\$ 756	750.0%	\$ 560	\$ 600	\$ 801	\$ 241
77418	Intensity modulated radiation therapy	212	6	\$ 342	\$ 2,305	674.5%	\$ 1,994	\$ 2,252	\$ 2,268	\$ 274
76942	Ultrasonic guide for biopsy	292	80	\$ 67	\$ 432	644.0%	\$ 400	\$ 400	\$ 495	\$ 95
29881	Knee arthroscopy/surgery	27	12	\$ 505	\$ 3,152	624.2%	\$ 2,400	\$ 3,168	\$ 3,885	\$ 1,485
99285	Emergency dept visit high severity	11,311	260	\$ 167	\$ 974	583.8%	\$ 763	\$ 956	\$ 1,120	\$ 357
63030	Low back disk surgery	38	21	\$ 902	\$ 4,763	528.3%	\$ 4,261	\$ 4,800	\$ 5,120	\$ 859
47562	Laparoscopic cholecystectomy	91	65	\$ 616	\$ 2,660	431.5%	\$ 2,000	\$ 2,311	\$ 2,911	\$ 911
99291	Critical care first hour	1,624	169	\$ 257	\$ 1,050	408.2%	\$ 530	\$ 1,070	\$ 1,547	\$ 1,017
96413	Chemotherapy IV infusion 1 hr	714	32	\$ 116	\$ 431	370.6%	\$ 335	\$ 410	\$ 410	\$ 75
11042	Debridement, subcut tissue ≤ 20 sq cm	365	62	\$ 105	\$ 366	346.8%	\$ 246	\$ 344	\$ 362	\$ 116
33533	Coronary artery bypass, single artery	37	17	\$ 1,806	\$ 6,107	338.2%	\$ 5,058	\$ 5,148	\$ 7,040	\$ 1,982
88305	Tissue exam by pathologist	2,816	143	\$ 65	\$ 200	309.9%	\$ 165	\$ 203	\$ 214	\$ 49
45380	Colonoscopy and biopsy	309	121	\$ 424	\$ 1,191	280.7%	\$ 1,012	\$ 1,015	\$ 1,162	\$ 150
43239	Upper GI endoscopy with biopsy	548	160	\$ 361	\$ 886	245.9%	\$ 706	\$ 735	\$ 800	\$ 94
97140	Manual therapy ≥ 1 regions	13,474	184	\$ 28	\$ 61	216.7%	\$ 52	\$ 54	\$ 65	\$ 13
17311	Mohs micrographic technique 1st stage	83	14	\$ 592	\$ 1,205	203.4%	\$ 1,055	\$ 1,150	\$ 1,500	\$ 445
97110	Therapeutic exercises	54,025	303	\$ 30	\$ 55	181.8%	\$ 48	\$ 54	\$ 60	\$ 12
99233	Subsequent hospital care	4,673	355	\$ 99	\$ 160	161.0%	\$ 127	\$ 143	\$ 185	\$ 58
99215	Office outpatient visit 40 minutes	2,218	505	\$ 134	\$ 202	150.4%	\$ 166	\$ 180	\$ 225	\$ 59

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Missouri

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	615	120	\$ 106	\$ 902	853.2%	\$ 650	\$ 761	\$ 925	\$ 275
70553	MRI of brain with and without dye	260	88	\$ 373	\$ 2,917	782.0%	\$ 1,732	\$ 2,798	\$ 3,554	\$ 1,822
99285	Emergency dept visit high severity	35,801	483	\$ 172	\$ 1,164	676.4%	\$ 869	\$ 1,185	\$ 1,572	\$ 703
76942	Ultrasonic guide for biopsy	1,553	261	\$ 70	\$ 429	609.4%	\$ 292	\$ 385	\$ 521	\$ 229
29881	Knee arthroscopy/surgery	38	22	\$ 536	\$ 2,896	539.8%	\$ 1,832	\$ 2,780	\$ 3,209	\$ 1,377
63030	Low back disk surgery	92	39	\$ 972	\$ 5,161	530.9%	\$ 2,935	\$ 4,639	\$ 6,359	\$ 3,424
77418	Intensity modulated radiation therapy	1,100	22	\$ 364	\$ 1,817	499.3%	\$ 1,194	\$ 1,776	\$ 2,043	\$ 849
22612	Lumbar spine fusion	109	43	\$ 1,602	\$ 7,253	452.8%	\$ 4,382	\$ 6,130	\$ 8,862	\$ 4,480
27130	Total hip arthroplasty	23	12	\$ 1,362	\$ 6,123	449.6%	\$ 3,750	\$ 4,782	\$ 7,305	\$ 3,555
99291	Critical care first hour	5,990	400	\$ 267	\$ 1,031	385.8%	\$ 540	\$ 766	\$ 1,792	\$ 1,252
66984	Cataract surgery with insertion of lens	34	19	\$ 650	\$ 2,388	367.3%	\$ 1,667	\$ 2,001	\$ 2,423	\$ 756
88305	Tissue exam by pathologist	10,377	266	\$ 67	\$ 240	356.5%	\$ 175	\$ 250	\$ 306	\$ 131
96413	Chemotherapy IV infusion 1 hr	2,548	137	\$ 124	\$ 414	334.3%	\$ 294	\$ 400	\$ 471	\$ 177
47562	Laparoscopic cholecystectomy	256	88	\$ 656	\$ 2,159	329.0%	\$ 1,375	\$ 2,086	\$ 2,604	\$ 1,229
15734	Muscle-skin graft trunk	21	12	\$ 1,482	\$ 4,592	309.9%	\$ 2,850	\$ 3,630	\$ 6,557	\$ 3,708
26055	Incise finger tendon sheath	26	20	\$ 527	\$ 1,478	280.4%	\$ 971	\$ 1,355	\$ 1,925	\$ 955
36471	Injection therapy of veins	72	9	\$ 170	\$ 460	270.2%	\$ 400	\$ 500	\$ 500	\$ 100
33533	Coronary artery bypass, single artery	93	28	\$ 1,934	\$ 5,035	260.4%	\$ 3,940	\$ 4,500	\$ 6,500	\$ 2,560
44140	Partial removal of colon	29	20	\$ 1,347	\$ 3,255	241.6%	\$ 2,575	\$ 2,821	\$ 3,936	\$ 1,361
45380	Colonoscopy and biopsy	1,109	258	\$ 449	\$ 1,026	228.6%	\$ 750	\$ 900	\$ 1,100	\$ 350
11042	Debridement, subcut tissue ≤ 20 sq cm	1,155	175	\$ 111	\$ 239	214.4%	\$ 125	\$ 187	\$ 257	\$ 132
43239	Upper GI endoscopy with biopsy	2,119	316	\$ 382	\$ 815	213.2%	\$ 550	\$ 700	\$ 824	\$ 274
17311	Mohs micrographic technique 1st stage	721	59	\$ 626	\$ 1,286	205.4%	\$ 911	\$ 1,095	\$ 1,536	\$ 625
97140	Manual therapy ≥ 1 regions	36,975	436	\$ 29	\$ 57	196.1%	\$ 50	\$ 60	\$ 60	\$ 10
99233	Subsequent hospital care	25,320	962	\$ 102	\$ 191	187.2%	\$ 151	\$ 200	\$ 204	\$ 53
97110	Therapeutic exercises	139,555	678	\$ 31	\$ 58	185.7%	\$ 50	\$ 60	\$ 65	\$ 15
99215	Office outpatient visit 40 minutes	9,576	1,274	\$ 140	\$ 227	162.7%	\$ 182	\$ 210	\$ 253	\$ 71

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Montana

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	57	13	\$ 398	\$ 3,183	799.5%	\$ 3,164	\$ 3,257	\$ 3,379	\$ 215
76942	Ultrasonic guide for biopsy	139	41	\$ 74	\$ 470	630.8%	\$ 353	\$ 367	\$ 500	\$ 147
77418	Intensity modulated radiation therapy	92	4	\$ 395	\$ 2,131	539.2%	\$ 1,734	\$ 2,250	\$ 2,250	\$ 516
99285	Emergency dept visit high severity	1,788	105	\$ 175	\$ 790	450.1%	\$ 417	\$ 696	\$ 1,185	\$ 768
62310	Injection spine cervical/thoracic	105	32	\$ 111	\$ 476	427.4%	\$ 250	\$ 532	\$ 585	\$ 335
63030	Low back disk surgery	37	18	\$ 1,018	\$ 4,023	395.3%	\$ 1,910	\$ 4,290	\$ 4,520	\$ 2,610
96413	Chemotherapy IV infusion 1 hr	370	33	\$ 134	\$ 443	331.7%	\$ 309	\$ 437	\$ 584	\$ 275
66984	Cataract surgery with insertion of lens	22	8	\$ 681	\$ 2,001	294.0%	\$ 228	\$ 2,142	\$ 3,119	\$ 2,891
47562	Laparoscopic cholecystectomy	45	29	\$ 682	\$ 1,894	277.8%	\$ 1,382	\$ 1,853	\$ 2,326	\$ 944
88305	Tissue exam by pathologist	2,235	75	\$ 71	\$ 168	237.5%	\$ 87	\$ 175	\$ 197	\$ 110
99291	Critical care first hour	630	83	\$ 277	\$ 650	235.0%	\$ 471	\$ 510	\$ 573	\$ 102
99233	Subsequent hospital care	2,203	157	\$ 105	\$ 236	225.4%	\$ 204	\$ 227	\$ 251	\$ 47
45380	Colonoscopy and biopsy	206	82	\$ 474	\$ 1,007	212.4%	\$ 747	\$ 893	\$ 1,124	\$ 377
43239	Upper GI endoscopy with biopsy	234	83	\$ 408	\$ 746	183.2%	\$ 396	\$ 650	\$ 897	\$ 501
17311	Mohs micrographic technique 1st stage	158	27	\$ 661	\$ 1,188	179.6%	\$ 1,081	\$ 1,187	\$ 1,232	\$ 151
99215	Office outpatient visit 40 minutes	1,778	322	\$ 145	\$ 249	171.5%	\$ 197	\$ 258	\$ 305	\$ 108
97110	Therapeutic exercises	28,257	288	\$ 32	\$ 52	160.3%	\$ 48	\$ 52	\$ 57	\$ 9
97140	Manual therapy ≥ 1 regions	15,966	263	\$ 30	\$ 48	160.0%	\$ 43	\$ 48	\$ 54	\$ 11
11042	Debridement, subcut tissue ≤ 20 sq cm	281	28	\$ 118	\$ 188	159.7%	\$ 130	\$ 177	\$ 197	\$ 67

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Nebraska

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	61	27	\$ 365	\$ 2,968	813.7%	\$ 2,414	\$ 2,555	\$ 3,498	\$ 1,084
77418	Intensity modulated radiation therapy	185	4	\$ 358	\$ 2,557	714.7%	\$ 2,768***	\$ 2,768***	\$ 2,768***	\$ 0***
62310	Injection spine cervical/thoracic	100	25	\$ 102	\$ 637	623.0%	\$ 525	\$ 630	\$ 637	\$ 112
76942	Ultrasonic guide for biopsy	250	50	\$ 68	\$ 417	608.7%	\$ 350	\$ 474	\$ 494	\$ 144
29881	Knee arthroscopy/surgery	27	10	\$ 499	\$ 2,466	493.9%	\$ 1,973	\$ 2,150	\$ 3,232	\$ 1,259
63030	Low back disk surgery	20	13	\$ 872	\$ 4,125	473.1%	\$ 3,150	\$ 3,500	\$ 4,604	\$ 1,454
27130	Total hip arthroplasty	20	8	\$ 1,255	\$ 5,085	405.3%	\$ 3,260	\$ 4,517	\$ 7,432	\$ 4,172
47562	Laparoscopic cholecystectomy	61	29	\$ 599	\$ 2,157	360.0%	\$ 1,471	\$ 1,800	\$ 2,266	\$ 795
99285	Emergency dept visit high severity	4,510	96	\$ 164	\$ 592	359.9%	\$ 555	\$ 595	\$ 613	\$ 58
88305	Tissue exam by pathologist	2,314	118	\$ 66	\$ 212	321.3%	\$ 180	\$ 214	\$ 220	\$ 40
11042	Debridement, subcut tissue ≤ 20 sq cm	241	50	\$ 107	\$ 302	282.4%	\$ 179	\$ 210	\$ 250	\$ 71
33533	Coronary artery bypass, single artery	25	5	\$ 1,729	\$ 4,709	272.4%	\$ 3,789	\$ 5,138	\$ 5,445	\$ 1,656
96413	Chemotherapy IV infusion 1 hr	857	39	\$ 121	\$ 302	250.1%	\$ 289	\$ 295	\$ 300	\$ 11
45380	Colonoscopy and biopsy	241	70	\$ 428	\$ 1,055	246.3%	\$ 975	\$ 1,029	\$ 1,080	\$ 105
99291	Critical care first hour	760	88	\$ 257	\$ 627	243.8%	\$ 503	\$ 624	\$ 736	\$ 233
17311	Mohs micrographic technique 1st stage	162	16	\$ 599	\$ 1,295	216.3%	\$ 1,028	\$ 1,360	\$ 1,750	\$ 723
43239	Upper GI endoscopy with biopsy	405	71	\$ 369	\$ 796	215.8%	\$ 733	\$ 753	\$ 757	\$ 24
99233	Subsequent hospital care	3,574	241	\$ 99	\$ 197	198.7%	\$ 167	\$ 196	\$ 230	\$ 63
99215	Office outpatient visit 40 minutes	2,118	355	\$ 135	\$ 259	191.5%	\$ 226	\$ 253	\$ 283	\$ 57
97140	Manual therapy ≥ 1 regions	12,987	190	\$ 29	\$ 47	165.7%	\$ 40	\$ 50	\$ 53	\$ 13
97110	Therapeutic exercises	46,978	274	\$ 31	\$ 50	163.3%	\$ 45	\$ 50	\$ 55	\$ 10

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Nevada

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	135	55	\$ 115	\$ 1,183	1031.3%	\$ 792	\$ 980	\$ 1,350	\$ 558
63030	Low back disk surgery	25	17	\$ 1,032	\$ 7,748	750.7%	\$ 6,294	\$ 7,200	\$ 8,850	\$ 2,557
99285	Emergency dept visit high severity	7,852	280	\$ 176	\$ 1,138	645.1%	\$ 898	\$ 1,223	\$ 1,346	\$ 448
76942	Ultrasonic guide for biopsy	893	165	\$ 77	\$ 466	605.1%	\$ 350	\$ 425	\$ 530	\$ 180
70553	MRI of brain with and without dye	234	47	\$ 415	\$ 2,280	549.5%	\$ 1,315	\$ 2,022	\$ 2,899	\$ 1,584
27130	Total hip arthroplasty	28	12	\$ 1,439	\$ 6,703	465.9%	\$ 6,400	\$ 6,400	\$ 7,194	\$ 794
22612	Lumbar spine fusion	51	16	\$ 1,692	\$ 7,807	461.4%	\$ 6,515	\$ 7,578	\$ 7,883	\$ 1,368
77418	Intensity modulated radiation therapy	1,656	18	\$ 417	\$ 1,799	431.4%	\$ 1,083	\$ 1,800	\$ 2,582	\$ 1,499
33533	Coronary artery bypass, single artery	42	10	\$ 2,013	\$ 8,512	422.9%	\$ 6,147	\$ 9,738	\$ 10,230	\$ 4,083
47562	Laparoscopic cholecystectomy	83	48	\$ 690	\$ 2,676	387.7%	\$ 2,237	\$ 2,624	\$ 2,924	\$ 687
88305	Tissue exam by pathologist	4,222	155	\$ 73	\$ 256	351.1%	\$ 211	\$ 213	\$ 367	\$ 156
96413	Chemotherapy IV infusion 1 hr	1,593	85	\$ 140	\$ 476	340.0%	\$ 305	\$ 459	\$ 686	\$ 381
99291	Critical care first hour	3,854	352	\$ 282	\$ 786	279.1%	\$ 495	\$ 664	\$ 843	\$ 348
11042	Debridement, subcut tissue ≤ 20 sq cm	733	91	\$ 122	\$ 321	263.1%	\$ 150	\$ 195	\$ 241	\$ 91
43239	Upper GI endoscopy with biopsy	668	133	\$ 424	\$ 982	231.7%	\$ 454	\$ 688	\$ 850	\$ 396
45380	Colonoscopy and biopsy	422	113	\$ 489	\$ 1,106	226.3%	\$ 754	\$ 825	\$ 1,186	\$ 432
99233	Subsequent hospital care	26,216	1,025	\$ 106	\$ 235	221.2%	\$ 194	\$ 213	\$ 300	\$ 106
97140	Manual therapy ≥ 1 regions	21,495	426	\$ 31	\$ 58	187.0%	\$ 46	\$ 59	\$ 62	\$ 17
99215	Office outpatient visit 40 minutes	4,661	881	\$ 148	\$ 262	176.4%	\$ 180	\$ 248	\$ 310	\$ 130
17311	Mohs micrographic technique 1st stage	451	42	\$ 682	\$ 1,093	160.2%	\$ 900	\$ 1,050	\$ 1,298	\$ 398
97110	Therapeutic exercises	56,580	508	\$ 33	\$ 52	156.6%	\$ 42	\$ 50	\$ 57	\$ 15

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for New Hampshire

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	23	5	\$ 412	\$ 4,211	1020.9%	\$ 3,204	\$ 4,026	\$ 5,164	\$ 1,960
62310	Injection spine cervical/thoracic	113	29	\$ 114	\$ 914	805.0%	\$ 660	\$ 906	\$ 1,169	\$ 509
76942	Ultrasonic guide for biopsy	344	43	\$ 76	\$ 488	638.5%	\$ 390	\$ 475	\$ 656	\$ 266
29881	Knee arthroscopy/surgery	32	15	\$ 561	\$ 3,554	633.5%	\$ 2,628	\$ 3,567	\$ 4,566	\$ 1,938
77418	Intensity modulated radiation therapy	168	5	\$ 415	\$ 2,257	543.6%	\$ 1,137	\$ 3,081	\$ 3,416	\$ 2,279
99285	Emergency dept visit high severity	3,615	84	\$ 174	\$ 821	472.6%	\$ 467	\$ 705	\$ 1,232	\$ 765
33533	Coronary artery bypass, single artery	21	6	\$ 1,943	\$ 8,201	422.1%	\$ 5,666	\$ 5,747	\$ 6,441	\$ 775
47562	Laparoscopic cholecystectomy	33	19	\$ 671	\$ 2,375	354.2%	\$ 1,528	\$ 2,025	\$ 2,758	\$ 1,230
66984	Cataract surgery with insertion of lens	38	6	\$ 683	\$ 2,241	327.9%	\$ 2,250 ***	\$ 2,250***	\$ 2,250***	\$ 0***
96413	Chemotherapy IV infusion 1 hr	158	10	\$ 139	\$ 456	327.3%	\$ 389	\$ 443	\$ 443	\$ 54
45380	Colonoscopy and biopsy	169	29	\$ 482	\$ 1,427	296.1%	\$ 932	\$ 980	\$ 2,178	\$ 1,247
43239	Upper GI endoscopy with biopsy	435	48	\$ 419	\$ 1,078	257.0%	\$ 630	\$ 700	\$ 1,678	\$ 1,048
99291	Critical care first hour	949	69	\$ 278	\$ 703	252.4%	\$ 504	\$ 644	\$ 961	\$ 457
99233	Subsequent hospital care	3,521	133	\$ 105	\$ 262	249.1%	\$ 212	\$ 234	\$ 300	\$ 88
17311	Mohs micrographic technique 1st stage	146	9	\$ 673	\$ 1,674	248.8%	\$ 1,355	\$ 1,700	\$ 2,124	\$ 769
88305	Tissue exam by pathologist	236	30	\$ 73	\$ 165	226.7%	\$ 72	\$ 165	\$ 208	\$ 136
97110	Therapeutic exercises	13,173	248	\$ 33	\$ 61	185.4%	\$ 45	\$ 55	\$ 79	\$ 34
99215	Office outpatient visit 40 minutes	2,261	287	\$ 147	\$ 265	180.1%	\$ 192	\$ 260	\$ 310	\$ 118
11042	Debridement, subcut tissue ≤ 20 sq cm	214	46	\$ 120	\$ 210	174.6%	\$ 124	\$ 141	\$ 248	\$ 124
97140	Manual therapy ≥ 1 regions	9,913	200	\$ 31	\$ 51	166.4%	\$ 38	\$ 50	\$ 65	\$ 28

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for New Jersey

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
63030	Low back disk surgery	460	92	\$ 1,081	\$ 25,403	2350.2%	\$ 16,880	\$ 27,300	\$ 33,000	\$ 16,120
62310	Injection spine cervical/thoracic	2,388	311	\$ 122	\$ 2,647	2163.4%	\$ 1,620	\$ 2,800	\$ 3,500	\$ 1,880
22612	Lumbar spine fusion	279	66	\$ 1,768	\$ 30,010	1697.2%	\$ 13,910	\$ 31,250	\$ 42,433	\$ 28,523
29881	Knee arthroscopy/surgery	399	94	\$ 605	\$ 10,261	1695.7%	\$ 4,334	\$ 10,000	\$ 17,075	\$ 12,741
76942	Ultrasonic guide for biopsy	14,039	545	\$ 83	\$ 1,015	1229.5%	\$ 450	\$ 1,000	\$ 1,265	\$ 815
63075	Neck spine disk surgery	41	11	\$ 1,517	\$ 18,416	1213.7%	\$ 3,289	\$ 15,656	\$ 30,000	\$ 26,711
15734	Muscle-skin graft trunk	141	54	\$ 1,666	\$ 17,332	1040.3%	\$ 8,204	\$ 12,250	\$ 23,809	\$ 15,605
27130	Total hip arthroplasty	47	29	\$ 1,508	\$ 15,425	1022.8%	\$ 6,000	\$ 14,000	\$ 20,040	\$ 14,040
47562	Laparoscopic cholecystectomy	1,302	182	\$ 721	\$ 7,347	1019.4%	\$ 4,950	\$ 6,500	\$ 9,875	\$ 4,925
26055	Incise finger tendon sheath	58	31	\$ 631	\$ 4,367	691.8%	\$ 1,638	\$ 3,878	\$ 5,684	\$ 4,046
19120	Removal of breast lesion	82	47	\$ 544	\$ 3,681	676.5%	\$ 1,458	\$ 2,500	\$ 5,600	\$ 4,142
44140	Partial removal of colon	91	48	\$ 1,470	\$ 9,890	672.8%	\$ 4,300	\$ 6,500	\$ 10,000	\$ 5,700
70553	MRI of brain with and without dye	1,167	144	\$ 448	\$ 2,932	654.0%	\$ 1,925	\$ 2,503	\$ 3,100	\$ 1,175
66984	Cataract surgery with insertion of lens	272	36	\$ 736	\$ 3,714	504.6%	\$ 2,464	\$ 3,000	\$ 4,200	\$ 1,736
33533	Coronary artery bypass, single artery	185	18	\$ 2,087	\$ 10,474	501.9%	\$ 8,494	\$ 9,000	\$ 11,150	\$ 2,656
99285	Emergency dept visit high severity	34,305	478	\$ 183	\$ 906	494.9%	\$ 672	\$ 741	\$ 1,173	\$ 501
99233	Subsequent hospital care	81,866	2,542	\$ 111	\$ 479	430.5%	\$ 160	\$ 225	\$ 325	\$ 165
88305	Tissue exam by pathologist	45,065	351	\$ 78	\$ 311	398.5%	\$ 199	\$ 300	\$ 434	\$ 236
77418	Intensity modulated radiation therapy	3,133	40	\$ 456	\$ 1,748	383.0%	\$ 1,465	\$ 1,575	\$ 2,032	\$ 567
99291	Critical care first hour	18,783	1,011	\$ 297	\$ 1,067	359.6%	\$ 425	\$ 700	\$ 1,200	\$ 775
43239	Upper GI endoscopy with biopsy	5,196	522	\$ 456	\$ 1,469	321.9%	\$ 670	\$ 900	\$ 1,500	\$ 830
45380	Colonoscopy and biopsy	2,442	392	\$ 522	\$ 1,580	302.7%	\$ 900	\$ 1,200	\$ 1,800	\$ 900
11042	Debridement, subcut tissue ≤ 20 sq cm	3,476	406	\$ 130	\$ 354	271.1%	\$ 133	\$ 182	\$ 430	\$ 297
97140	Manual therapy ≥ 1 regions	663,574	1,720	\$ 33	\$ 87	265.0%	\$ 74	\$ 90	\$ 100	\$ 26
97110	Therapeutic exercises	1,572,035	2,503	\$ 35	\$ 89	251.8%	\$ 75	\$ 86	\$ 100	\$ 25
96413	Chemotherapy IV infusion 1 hr	5,345	123	\$ 153	\$ 381	249.9%	\$ 250	\$ 350	\$ 400	\$ 150
36471	Injection therapy of veins	422	40	\$ 197	\$ 423	214.3%	\$ 150	\$ 300	\$ 570	\$ 420
99215	Office outpatient visit 40 minutes	58,328	3,449	\$ 157	\$ 265	168.7%	\$ 175	\$ 250	\$ 313	\$ 138
17311	Mohs micrographic technique 1st stage	1,535	108	\$ 728	\$ 1,079	148.1%	\$ 754	\$ 965	\$ 1,200	\$ 446

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for New Mexico

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	91	29	\$ 372	\$ 3,262	876.3%	\$ 2,940	\$ 3,493	\$ 3,565	\$ 625
62310	Injection spine cervical/thoracic	43	19	\$ 106	\$ 912	863.0%	\$ 738	\$ 831	\$ 1,075	\$ 337
99285	Emergency dept visit high severity	5,708	196	\$ 172	\$ 1,291	749.2%	\$ 1,036	\$ 1,185	\$ 1,567	\$ 531
77418	Intensity modulated radiation therapy	341	9	\$ 363	\$ 2,232	615.2%	\$ 1,844	\$ 2,334	\$ 2,334	\$ 490
76942	Ultrasonic guide for biopsy	447	85	\$ 70	\$ 310	441.4%	\$ 245	\$ 264	\$ 335	\$ 90
29881	Knee arthroscopy/surgery	21	11	\$ 537	\$ 2,106	392.3%	\$ 1,819	\$ 2,170	\$ 2,170	\$ 351
88305	Tissue exam by pathologist	987	53	\$ 67	\$ 246	366.7%	\$ 198	\$ 258	\$ 266	\$ 68
47562	Laparoscopic cholecystectomy	41	19	\$ 658	\$ 2,385	362.7%	\$ 1,559	\$ 2,365	\$ 3,260	\$ 1,702
99291	Critical care first hour	878	107	\$ 267	\$ 965	361.0%	\$ 550	\$ 697	\$ 1,569	\$ 1,020
96413	Chemotherapy IV infusion 1 hr	476	33	\$ 123	\$ 443	359.1%	\$ 288	\$ 356	\$ 587	\$ 299
11042	Debridement, subcut tissue ≤ 20 sq cm	320	32	\$ 111	\$ 317	285.2%	\$ 188	\$ 420	\$ 420	\$ 232
66984	Cataract surgery with insertion of lens	39	2	\$ 650	\$ 1,700	261.4%	\$ 1,700***	\$ 1,700***	\$ 1,700***	\$ 0***
45380	Colonoscopy and biopsy	285	74	\$ 448	\$ 1,079	240.7%	\$ 702	\$ 850	\$ 960	\$ 258
43239	Upper GI endoscopy with biopsy	483	81	\$ 381	\$ 885	232.1%	\$ 522	\$ 625	\$ 728	\$ 206
99233	Subsequent hospital care	3,265	236	\$ 102	\$ 209	204.7%	\$ 120	\$ 193	\$ 261	\$ 141
17311	Mohs micrographic technique 1st stage	110	11	\$ 625	\$ 1,210	193.5%	\$ 1,183	\$ 1,256	\$ 1,256	\$ 73
99215	Office outpatient visit 40 minutes	3,585	553	\$ 139	\$ 226	161.7%	\$ 175	\$ 216	\$ 275	\$ 100
97140	Manual therapy ≥ 1 regions	5,631	175	\$ 29	\$ 43	149.1%	\$ 40	\$ 41	\$ 45	\$ 5
97110	Therapeutic exercises	8,932	186	\$ 31	\$ 46	148.0%	\$ 41	\$ 42	\$ 48	\$ 7

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for New York

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
47562	Laparoscopic cholecystectomy	1,581	349	\$ 740	\$ 13,001	1756.3%	\$ 3,434	\$ 10,500	\$ 20,207	\$ 16,773
63030	Low back disk surgery	1,027	181	\$ 1,114	\$ 12,618	1132.4%	\$ 2,561	\$ 9,000	\$ 21,000	\$ 18,439
27130	Total hip arthroplasty	544	97	\$ 1,540	\$ 14,815	962.0%	\$ 7,328	\$ 14,699	\$ 20,000	\$ 12,672
15734	Muscle-skin graft trunk	724	133	\$ 1,691	\$ 13,876	820.8%	\$ 6,722	\$ 9,765	\$ 19,000	\$ 12,278
62310	Injection spine cervical/thoracic	4,536	431	\$ 121	\$ 921	759.7%	\$ 396	\$ 396	\$ 1,267	\$ 870
44140	Partial removal of colon	119	74	\$ 1,513	\$ 11,049	730.1%	\$ 3,000	\$ 6,000	\$ 17,324	\$ 14,324
19120	Removal of breast lesion	126	73	\$ 551	\$ 3,892	706.7%	\$ 1,470	\$ 3,500	\$ 4,500	\$ 3,030
22612	Lumbar spine fusion	1,302	185	\$ 1,824	\$ 12,527	686.7%	\$ 2,911	\$ 3,621	\$ 21,000	\$ 18,089
63075	Neck spine disk surgery	126	39	\$ 1,575	\$ 10,201	647.8%	\$ 2,644	\$ 3,289	\$ 14,500	\$ 11,856
76942	Ultrasonic guide for biopsy	23,197	1,378	\$ 81	\$ 466	572.4%	\$ 263	\$ 300	\$ 666	\$ 403
29881	Knee arthroscopy/surgery	1,258	290	\$ 613	\$ 3,435	560.6%	\$ 1,618	\$ 2,013	\$ 3,240	\$ 1,622
70553	MRI of brain with and without dye	2,263	246	\$ 439	\$ 2,434	555.1%	\$ 1,770	\$ 2,275	\$ 2,950	\$ 1,180
33533	Coronary artery bypass, single artery	409	66	\$ 2,171	\$ 11,284	519.8%	\$ 5,330	\$ 11,100	\$ 17,801	\$ 12,471
99285	Emergency dept visit high severity	101,053	951	\$ 186	\$ 847	455.4%	\$ 667	\$ 752	\$ 907	\$ 240
66984	Cataract surgery with insertion of lens	23	19	\$ 741	\$ 3,289	443.9%	\$ 1,810	\$ 3,050	\$ 4,000	\$ 2,190
77418	Intensity modulated radiation therapy	6,160	65	\$ 441	\$ 1,517	343.6%	\$ 1,296	\$ 1,454	\$ 1,670	\$ 374
43239	Upper GI endoscopy with biopsy	10,999	1,220	\$ 449	\$ 1,508	335.6%	\$ 760	\$ 1,200	\$ 1,595	\$ 835
88305	Tissue exam by pathologist	108,193	608	\$ 77	\$ 257	335.0%	\$ 190	\$ 235	\$ 259	\$ 69
11042	Debridement, subcut tissue ≤ 20 sq cm	6,059	709	\$ 129	\$ 431	333.6%	\$ 140	\$ 195	\$ 450	\$ 310
45380	Colonoscopy and biopsy	5,738	1,000	\$ 519	\$ 1,649	317.4%	\$ 1,000	\$ 1,500	\$ 1,895	\$ 895
99291	Critical care first hour	41,258	1,768	\$ 297	\$ 826	278.0%	\$ 425	\$ 740	\$ 1,025	\$ 600
96413	Chemotherapy IV infusion 1 hr	11,887	358	\$ 149	\$ 403	271.1%	\$ 280	\$ 379	\$ 530	\$ 250
99233	Subsequent hospital care	131,177	4,201	\$ 112	\$ 294	262.7%	\$ 150	\$ 250	\$ 337	\$ 187
26055	Incise finger tendon sheath	137	76	\$ 622	\$ 1,507	242.2%	\$ 595	\$ 740	\$ 1,600	\$ 1,005
17311	Mohs micrographic technique 1st stage	3,390	238	\$ 724	\$ 1,737	239.9%	\$ 778	\$ 1,500	\$ 2,200	\$ 1,422
36471	Injection therapy of veins	759	66	\$ 198	\$ 437	221.1%	\$ 213	\$ 213	\$ 500	\$ 287
97140	Manual therapy ≥ 1 regions	1,138,183	4,409	\$ 32	\$ 70	215.8%	\$ 35	\$ 60	\$ 96	\$ 61
99215	Office outpatient visit 40 minutes	149,118	8,182	\$ 156	\$ 308	196.7%	\$ 170	\$ 261	\$ 395	\$ 225
97110	Therapeutic exercises	2,637,035	6,799	\$ 35	\$ 63	181.9%	\$ 34	\$ 49	\$ 92	\$ 59

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for North Carolina

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	577	118	\$ 105	\$ 907	863.0%	\$ 576	\$ 800	\$ 1,071	\$ 495
70553	MRI of brain with and without dye	266	77	\$ 374	\$ 3,049	815.3%	\$ 2,552	\$ 2,986	\$ 3,573	\$ 1,021
76942	Ultrasonic guide for biopsy	1,654	271	\$ 70	\$ 377	536.2%	\$ 274	\$ 355	\$ 474	\$ 200
77418	Intensity modulated radiation therapy	1,916	21	\$ 367	\$ 1,701	463.6%	\$ 1,526	\$ 1,545	\$ 1,925	\$ 399
27130	Total hip arthroplasty	113	36	\$ 1,321	\$ 6,007	454.7%	\$ 5,200	\$ 5,618	\$ 6,645	\$ 1,445
99285	Emergency dept visit high severity	29,814	503	\$ 169	\$ 757	447.7%	\$ 565	\$ 711	\$ 929	\$ 364
33533	Coronary artery bypass, single artery	112	30	\$ 1,848	\$ 7,930	429.1%	\$ 5,898	\$ 7,870	\$ 8,972	\$ 3,074
22612	Lumbar spine fusion	113	37	\$ 1,538	\$ 5,630	366.1%	\$ 4,385	\$ 4,900	\$ 5,950	\$ 1,566
47562	Laparoscopic cholecystectomy	263	121	\$ 634	\$ 2,267	357.8%	\$ 1,500	\$ 2,098	\$ 2,695	\$ 1,195
96413	Chemotherapy IV infusion 1 hr	3,621	142	\$ 124	\$ 404	325.3%	\$ 266	\$ 344	\$ 485	\$ 219
99291	Critical care first hour	5,906	403	\$ 264	\$ 751	284.1%	\$ 570	\$ 655	\$ 886	\$ 316
44140	Partial removal of colon	25	18	\$ 1,299	\$ 3,420	263.2%	\$ 3,051	\$ 3,123	\$ 3,846	\$ 795
66984	Cataract surgery with insertion of lens	56	25	\$ 638	\$ 1,635	256.4%	\$ 710	\$ 1,959	\$ 2,188	\$ 1,478
45380	Colonoscopy and biopsy	1,136	250	\$ 444	\$ 1,111	250.4%	\$ 892	\$ 1,025	\$ 1,290	\$ 398
63030	Low back disk surgery	198	38	\$ 933	\$ 2,224	238.5%	\$ 17	\$ 2,402	\$ 3,622	\$ 3,605
88305	Tissue exam by pathologist	20,595	461	\$ 67	\$ 160	238.4%	\$ 135	\$ 161	\$ 175	\$ 40
11042	Debridement, subcut tissue ≤ 20 sq cm	1,507	182	\$ 111	\$ 262	237.3%	\$ 150	\$ 216	\$ 345	\$ 195
36471	Injection therapy of veins	142	18	\$ 167	\$ 395	236.3%	\$ 275	\$ 300	\$ 595	\$ 320
26055	Incise finger tendon sheath	53	33	\$ 524	\$ 1,220	232.7%	\$ 894	\$ 1,045	\$ 1,419	\$ 526
19120	Removal of breast lesion	22	17	\$ 468	\$ 1,074	229.4%	\$ 875	\$ 1,056	\$ 1,284	\$ 410
43239	Upper GI endoscopy with biopsy	2,395	350	\$ 381	\$ 854	224.5%	\$ 660	\$ 839	\$ 975	\$ 315
29881	Knee arthroscopy/surgery	157	37	\$ 523	\$ 1,156	220.7%	\$ 7	\$ 238	\$ 2,679	\$ 2,672
99233	Subsequent hospital care	21,828	823	\$ 101	\$ 217	214.5%	\$ 196	\$ 213	\$ 232	\$ 36
17311	Mohs micrographic technique 1st stage	1,128	66	\$ 620	\$ 1,237	199.6%	\$ 932	\$ 1,282	\$ 1,486	\$ 554
99215	Office outpatient visit 40 minutes	17,517	1,986	\$ 139	\$ 230	166.0%	\$ 175	\$ 225	\$ 285	\$ 110
97140	Manual therapy ≥ 1 regions	25,227	492	\$ 29	\$ 45	156.0%	\$ 33	\$ 45	\$ 51	\$ 18
97110	Therapeutic exercises	63,556	773	\$ 31	\$ 47	152.9%	\$ 35	\$ 50	\$ 55	\$ 20

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for North Dakota

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	27	10	\$ 395	\$ 2,346	594.0%	\$ 1,720	\$ 2,500	\$ 2,560	\$ 840
76942	Ultrasonic guide for biopsy	841	44	\$ 73	\$ 433	590.8%	\$ 375	\$ 431	\$ 468	\$ 93
77418	Intensity modulated radiation therapy	2,052	11	\$ 395	\$ 1,927	488.0%	\$ 1,914	\$ 1,914	\$ 2,128	\$ 214
62310	Injection spine cervical/thoracic	688	36	\$ 109	\$ 496	455.1%	\$ 280	\$ 461	\$ 635	\$ 355
29881	Knee arthroscopy/surgery	777	47	\$ 532	\$ 2,119	397.9%	\$ 1,503	\$ 2,015	\$ 3,010	\$ 1,507
63030	Low back disk surgery	165	29	\$ 934	\$ 2,984	319.4%	\$ 2,590	\$ 2,864	\$ 2,962	\$ 372
66984	Cataract surgery with insertion of lens	1,851	37	\$ 652	\$ 2,077	318.6%	\$ 1,615	\$ 1,961	\$ 2,278	\$ 663
33533	Coronary artery bypass, single artery	96	21	\$ 1,827	\$ 5,711	312.7%	\$ 3,595	\$ 6,424	\$ 7,270	\$ 3,675
47562	Laparoscopic cholecystectomy	796	78	\$ 634	\$ 1,939	305.5%	\$ 1,472	\$ 1,713	\$ 2,150	\$ 678
88305	Tissue exam by pathologist	20,633	86	\$ 70	\$ 210	299.4%	\$ 198	\$ 203	\$ 218	\$ 20
26055	Incise finger tendon sheath	175	29	\$ 551	\$ 1,587	288.0%	\$ 1,517	\$ 1,715	\$ 1,715	\$ 198
96413	Chemotherapy IV infusion 1 hr	4,360	75	\$ 132	\$ 369	278.6%	\$ 285	\$ 300	\$ 414	\$ 129
19120	Removal of breast lesion	73	24	\$ 477	\$ 1,320	276.7%	\$ 791	\$ 979	\$ 1,265	\$ 474
27130	Total hip arthroplasty	374	41	\$ 1,330	\$ 3,544	266.5%	\$ 1,000	\$ 3,753	\$ 4,663	\$ 3,663
22612	Lumbar spine fusion	46	16	\$ 1,537	\$ 3,711	241.4%	\$ 1,277	\$ 4,074	\$ 5,534	\$ 4,257
17311	Mohs micrographic technique 1st stage	126	14	\$ 642	\$ 1,500	233.5%	\$ 1,379	\$ 1,426	\$ 1,515	\$ 136
44140	Partial removal of colon	24	19	\$ 1,297	\$ 2,980	229.8%	\$ 2,693	\$ 2,735	\$ 3,694	\$ 1,001
11042	Debridement, subcut tissue ≤ 20 sq cm	216	70	\$ 115	\$ 263	228.0%	\$ 220	\$ 229	\$ 353	\$ 133
99285	Emergency dept visit high severity	7,689	255	\$ 169	\$ 384	227.5%	\$ 344	\$ 360	\$ 419	\$ 75
36471	Injection therapy of veins	1,032	10	\$ 173	\$ 376	217.8%	\$ 346	\$ 360	\$ 398	\$ 52
99291	Critical care first hour	1,773	209	\$ 269	\$ 569	211.2%	\$ 555	\$ 557	\$ 584	\$ 29
99233	Subsequent hospital care	7,182	623	\$ 102	\$ 211	206.2%	\$ 200	\$ 208	\$ 220	\$ 20
99215	Office outpatient visit 40 minutes	17,512	1,103	\$ 142	\$ 286	201.1%	\$ 270	\$ 290	\$ 300	\$ 30
97140	Manual therapy ≥ 1 regions	50,384	343	\$ 30	\$ 57	190.5%	\$ 50	\$ 58	\$ 61	\$ 11
97110	Therapeutic exercises	87,325	421	\$ 32	\$ 60	187.4%	\$ 55	\$ 60	\$ 64	\$ 9
45380	Colonoscopy and biopsy	2,903	130	\$ 460	\$ 860	187.0%	\$ 556	\$ 880	\$ 1,050	\$ 494
43239	Upper GI endoscopy with biopsy	1,897	115	\$ 400	\$ 690	172.6%	\$ 367	\$ 686	\$ 848	\$ 481

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Ohio

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	721	151	\$ 106	\$ 857	808.0%	\$ 450	\$ 630	\$ 870	\$ 420
70553	MRI of brain with and without dye	305	123	\$ 374	\$ 2,889	772.5%	\$ 2,108	\$ 2,642	\$ 3,762	\$ 1,654
29881	Knee arthroscopy/surgery	57	36	\$ 540	\$ 2,725	504.6%	\$ 1,600	\$ 1,905	\$ 2,846	\$ 1,246
76942	Ultrasonic guide for biopsy	2,910	338	\$ 71	\$ 350	496.1%	\$ 280	\$ 344	\$ 372	\$ 92
99285	Emergency dept visit high severity	36,609	1,072	\$ 173	\$ 854	493.9%	\$ 579	\$ 818	\$ 1,088	\$ 509
77418	Intensity modulated radiation therapy	2,773	46	\$ 365	\$ 1,796	492.3%	\$ 1,442	\$ 1,800	\$ 2,033	\$ 591
63030	Low back disk surgery	74	37	\$ 981	\$ 3,819	389.2%	\$ 2,370	\$ 4,107	\$ 4,500	\$ 2,130
33533	Coronary artery bypass, single artery	189	44	\$ 1,952	\$ 7,111	364.2%	\$ 4,582	\$ 5,813	\$ 7,510	\$ 2,928
96413	Chemotherapy IV infusion 1 hr	6,655	186	\$ 124	\$ 432	348.2%	\$ 250	\$ 406	\$ 575	\$ 325
22612	Lumbar spine fusion	152	49	\$ 1,617	\$ 5,279	326.5%	\$ 4,050	\$ 4,800	\$ 6,950	\$ 2,900
47562	Laparoscopic cholecystectomy	300	134	\$ 662	\$ 2,147	324.6%	\$ 1,400	\$ 1,950	\$ 2,452	\$ 1,052
66984	Cataract surgery with insertion of lens	748	45	\$ 654	\$ 1,988	304.1%	\$ 1,955***	\$ 1,955***	\$ 1,955***	\$ 0***
15734	Muscle-skin graft trunk	22	14	\$ 1,492	\$ 4,479	300.2%	\$ 2,680	\$ 4,576	\$ 6,554	\$ 3,874
27130	Total hip arthroplasty	74	20	\$ 1,372	\$ 3,888	283.4%	\$ 3,530	\$ 3,530	\$ 4,125	\$ 595
99291	Critical care first hour	12,211	871	\$ 268	\$ 705	262.9%	\$ 387	\$ 542	\$ 980	\$ 593
88305	Tissue exam by pathologist	26,205	520	\$ 67	\$ 168	249.0%	\$ 130	\$ 150	\$ 175	\$ 45
44140	Partial removal of colon	62	45	\$ 1,358	\$ 3,125	230.1%	\$ 2,105	\$ 2,860	\$ 3,400	\$ 1,295
26055	Incise finger tendon sheath	69	19	\$ 529	\$ 1,126	212.7%	\$ 911	\$ 1,100	\$ 1,200	\$ 289
45380	Colonoscopy and biopsy	1,727	433	\$ 451	\$ 910	201.9%	\$ 715	\$ 799	\$ 955	\$ 240
17311	Mohs micrographic technique 1st stage	1,621	84	\$ 629	\$ 1,249	198.7%	\$ 1,000	\$ 1,204	\$ 1,551	\$ 551
99233	Subsequent hospital care	58,937	2,155	\$ 103	\$ 193	188.3%	\$ 144	\$ 156	\$ 220	\$ 76
19120	Removal of breast lesion	31	26	\$ 483	\$ 905	187.2%	\$ 772	\$ 880	\$ 1,011	\$ 239
36471	Injection therapy of veins	81	16	\$ 171	\$ 315	183.9%	\$ 250	\$ 260	\$ 375	\$ 125
11042	Debridement, subcut tissue ≤ 20 sq cm	3,068	343	\$ 112	\$ 205	183.4%	\$ 116	\$ 150	\$ 207	\$ 91
43239	Upper GI endoscopy with biopsy	3,536	518	\$ 383	\$ 679	177.0%	\$ 515	\$ 595	\$ 751	\$ 236
99215	Office outpatient visit 40 minutes	23,922	2,597	\$ 140	\$ 235	167.9%	\$ 175	\$ 207	\$ 265	\$ 90
97140	Manual therapy ≥ 1 regions	76,649	898	\$ 29	\$ 48	165.4%	\$ 40	\$ 48	\$ 51	\$ 11
97110	Therapeutic exercises	207,024	1,573	\$ 31	\$ 48	154.9%	\$ 45	\$ 45	\$ 50	\$ 5

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Oklahoma

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	253	76	\$ 101	\$ 837	827.4%	\$ 405	\$ 550	\$ 631	\$ 226
70553	MRI of brain with and without dye	152	64	\$ 354	\$ 2,882	814.2%	\$ 1,995	\$ 2,841	\$ 3,618	\$ 1,623
99285	Emergency dept visit high severity	18,320	367	\$ 168	\$ 921	548.8%	\$ 752	\$ 905	\$ 1,013	\$ 261
76942	Ultrasonic guide for biopsy	761	141	\$ 67	\$ 342	508.3%	\$ 274	\$ 300	\$ 365	\$ 91
77418	Intensity modulated radiation therapy	937	20	\$ 341	\$ 1,471	430.8%	\$ 1,200	\$ 1,478	\$ 1,562	\$ 362
63030	Low back disk surgery	44	23	\$ 915	\$ 3,667	400.8%	\$ 2,930	\$ 4,150	\$ 4,300	\$ 1,370
66984	Cataract surgery with insertion of lens	184	22	\$ 620	\$ 2,372	382.8%	\$ 2,328***	\$ 2,328***	\$ 2,328***	\$ 0***
99291	Critical care first hour	2,562	220	\$ 258	\$ 966	373.8%	\$ 626	\$ 1,094	\$ 1,238	\$ 612
29881	Knee arthroscopy/surgery	50	26	\$ 510	\$ 1,795	352.3%	\$ 1,250	\$ 1,600	\$ 1,998	\$ 748
96413	Chemotherapy IV infusion 1 hr	1,511	62	\$ 116	\$ 382	328.2%	\$ 341	\$ 355	\$ 446	\$ 105
47562	Laparoscopic cholecystectomy	114	62	\$ 624	\$ 2,039	326.8%	\$ 1,391	\$ 1,513	\$ 2,147	\$ 756
44140	Partial removal of colon	20	11	\$ 1,282	\$ 4,154	323.9%	\$ 2,467	\$ 2,571	\$ 7,249	\$ 4,782
22612	Lumbar spine fusion	140	31	\$ 1,513	\$ 4,590	303.5%	\$ 3,900	\$ 4,666	\$ 5,945	\$ 2,045
11042	Debridement, subcut tissue ≤ 20 sq cm	983	121	\$ 106	\$ 301	284.6%	\$ 147	\$ 185	\$ 238	\$ 91
27130	Total hip arthroplasty	26	12	\$ 1,296	\$ 3,611	278.7%	\$ 2,704	\$ 3,211	\$ 5,183	\$ 2,479
88305	Tissue exam by pathologist	5,443	194	\$ 65	\$ 171	264.1%	\$ 65	\$ 145	\$ 207	\$ 142
33533	Coronary artery bypass, single artery	47	16	\$ 1,834	\$ 4,665	254.4%	\$ 4,009	\$ 4,584	\$ 5,261	\$ 1,252
43239	Upper GI endoscopy with biopsy	976	235	\$ 362	\$ 772	213.7%	\$ 520	\$ 568	\$ 721	\$ 201
26055	Incise finger tendon sheath	25	11	\$ 497	\$ 1,055	212.2%	\$ 865	\$ 991	\$ 1,314	\$ 448
45380	Colonoscopy and biopsy	536	168	\$ 426	\$ 901	211.4%	\$ 720	\$ 750	\$ 947	\$ 227
17311	Mohs micrographic technique 1st stage	223	23	\$ 595	\$ 1,102	185.2%	\$ 850	\$ 980	\$ 1,254	\$ 404
97140	Manual therapy ≥ 1 regions	14,105	338	\$ 28	\$ 51	181.8%	\$ 39	\$ 50	\$ 65	\$ 26
99233	Subsequent hospital care	7,383	502	\$ 100	\$ 180	181.0%	\$ 145	\$ 173	\$ 195	\$ 50
97110	Therapeutic exercises	43,328	577	\$ 30	\$ 52	173.8%	\$ 40	\$ 50	\$ 59	\$ 19
99215	Office outpatient visit 40 minutes	5,058	715	\$ 135	\$ 233	172.7%	\$ 195	\$ 202	\$ 259	\$ 64

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Oregon

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	143	40	\$ 110	\$ 794	721.6%	\$ 707	\$ 774	\$ 810	\$ 103
76942	Ultrasonic guide for biopsy	509	122	\$ 74	\$ 455	615.8%	\$ 394	\$ 465	\$ 523	\$ 129
77418	Intensity modulated radiation therapy	389	6	\$ 397	\$ 2,409	606.2%	\$ 1,635	\$ 2,525	\$ 2,582	\$ 947
70553	MRI of brain with and without dye	177	48	\$ 398	\$ 2,324	584.5%	\$ 1,947	\$ 2,196	\$ 2,468	\$ 521
99285	Emergency dept visit high severity	7,461	176	\$ 171	\$ 706	413.1%	\$ 543	\$ 685	\$ 831	\$ 288
63030	Low back disk surgery	83	34	\$ 955	\$ 3,522	368.7%	\$ 2,600	\$ 3,068	\$ 3,679	\$ 1,079
47562	Laparoscopic cholecystectomy	73	46	\$ 647	\$ 2,363	365.5%	\$ 1,860	\$ 2,112	\$ 2,192	\$ 331
66984	Cataract surgery with insertion of lens	25	11	\$ 661	\$ 2,371	358.9%	\$ 1,815	\$ 1,815	\$ 2,472	\$ 657
96413	Chemotherapy IV infusion 1 hr	1,496	60	\$ 133	\$ 478	358.6%	\$ 350	\$ 399	\$ 666	\$ 316
22612	Lumbar spine fusion	33	17	\$ 1,571	\$ 5,612	357.3%	\$ 4,753	\$ 5,436	\$ 6,098	\$ 1,345
27130	Total hip arthroplasty	32	18	\$ 1,353	\$ 4,549	336.1%	\$ 4,048	\$ 4,378	\$ 4,730	\$ 682
29881	Knee arthroscopy/surgery	79	33	\$ 541	\$ 1,781	329.3%	\$ 1,443	\$ 1,775	\$ 1,886	\$ 443
88305	Tissue exam by pathologist	3,475	147	\$ 71	\$ 224	317.3%	\$ 192	\$ 225	\$ 235	\$ 43
33533	Coronary artery bypass, single artery	20	6	\$ 1,869	\$ 5,676	303.7%	\$ 5,071	\$ 5,768	\$ 6,104	\$ 1,033
99291	Critical care first hour	1,807	170	\$ 272	\$ 716	263.3%	\$ 576	\$ 643	\$ 886	\$ 310
45380	Colonoscopy and biopsy	339	100	\$ 465	\$ 1,199	257.9%	\$ 901	\$ 1,223	\$ 1,412	\$ 511
26055	Incise finger tendon sheath	25	16	\$ 556	\$ 1,431	257.2%	\$ 912	\$ 1,328	\$ 1,958	\$ 1,046
99233	Subsequent hospital care	5,186	309	\$ 103	\$ 264	255.7%	\$ 238	\$ 253	\$ 320	\$ 82
43239	Upper GI endoscopy with biopsy	546	115	\$ 404	\$ 1,027	254.4%	\$ 800	\$ 961	\$ 1,109	\$ 309
17311	Mohs micrographic technique 1st stage	380	32	\$ 649	\$ 1,531	235.7%	\$ 1,398	\$ 1,475	\$ 1,602	\$ 204
99215	Office outpatient visit 40 minutes	7,885	986	\$ 143	\$ 283	197.6%	\$ 200	\$ 289	\$ 350	\$ 150
97140	Manual therapy ≥ 1 regions	87,120	822	\$ 30	\$ 56	185.3%	\$ 50	\$ 55	\$ 61	\$ 11
97110	Therapeutic exercises	109,686	774	\$ 32	\$ 59	182.2%	\$ 53	\$ 55	\$ 64	\$ 11
11042	Debridement, subcut tissue ≤ 20 sq cm	371	69	\$ 116	\$ 205	176.5%	\$ 141	\$ 179	\$ 257	\$ 116

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Pennsylvania

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	853	175	\$ 112	\$ 798	713.5%	\$ 424	\$ 650	\$ 873	\$ 449
70553	MRI of brain with and without dye	460	126	\$ 398	\$ 2,573	646.0%	\$ 1,500	\$ 2,047	\$ 2,907	\$ 1,407
15734	Muscle-skin graft trunk	23	17	\$ 1,567	\$ 8,278	528.4%	\$ 5,111	\$ 6,130	\$ 8,000	\$ 2,889
76942	Ultrasonic guide for biopsy	2,899	331	\$ 75	\$ 372	497.9%	\$ 250	\$ 350	\$ 400	\$ 150
29881	Knee arthroscopy/surgery	31	16	\$ 567	\$ 2,712	478.0%	\$ 2,250	\$ 2,764	\$ 2,892	\$ 642
63030	Low back disk surgery	96	34	\$ 1,032	\$ 4,707	456.1%	\$ 3,388	\$ 3,950	\$ 6,489	\$ 3,101
77418	Intensity modulated radiation therapy	3,473	47	\$ 394	\$ 1,734	440.0%	\$ 1,532	\$ 1,532	\$ 1,817	\$ 285
99285	Emergency dept visit high severity	37,731	803	\$ 177	\$ 723	407.3%	\$ 446	\$ 523	\$ 1,072	\$ 626
22612	Lumbar spine fusion	135	46	\$ 1,696	\$ 6,518	384.5%	\$ 3,570	\$ 5,000	\$ 5,840	\$ 2,270
36471	Injection therapy of veins	32	13	\$ 181	\$ 633	349.6%	\$ 430	\$ 800	\$ 800	\$ 370
66984	Cataract surgery with insertion of lens	144	42	\$ 686	\$ 2,227	324.5%	\$ 1,900	\$ 2,441	\$ 2,441	\$ 541
47562	Laparoscopic cholecystectomy	281	137	\$ 691	\$ 2,241	324.2%	\$ 1,462	\$ 1,886	\$ 3,019	\$ 1,557
33533	Coronary artery bypass, single artery	152	49	\$ 2,035	\$ 6,300	309.6%	\$ 4,934	\$ 5,610	\$ 7,351	\$ 2,417
96413	Chemotherapy IV infusion 1 hr	5,564	196	\$ 133	\$ 384	287.5%	\$ 260	\$ 334	\$ 462	\$ 202
88305	Tissue exam by pathologist	17,707	389	\$ 71	\$ 199	280.2%	\$ 135	\$ 174	\$ 215	\$ 80
44140	Partial removal of colon	48	35	\$ 1,416	\$ 3,376	238.3%	\$ 2,512	\$ 3,304	\$ 4,100	\$ 1,588
99291	Critical care first hour	12,592	769	\$ 279	\$ 613	219.8%	\$ 365	\$ 526	\$ 681	\$ 316
45380	Colonoscopy and biopsy	1,389	353	\$ 477	\$ 1,018	213.7%	\$ 735	\$ 900	\$ 1,200	\$ 465
19120	Removal of breast lesion	26	22	\$ 509	\$ 1,061	208.6%	\$ 575	\$ 955	\$ 1,232	\$ 657
11042	Debridement, subcut tissue ≤ 20 sq cm	1,979	328	\$ 118	\$ 224	189.7%	\$ 128	\$ 175	\$ 286	\$ 158
43239	Upper GI endoscopy with biopsy	3,032	460	\$ 408	\$ 768	187.9%	\$ 550	\$ 699	\$ 963	\$ 413
99233	Subsequent hospital care	46,958	2,003	\$ 106	\$ 184	174.2%	\$ 135	\$ 165	\$ 210	\$ 75
97140	Manual therapy ≥ 1 regions	81,319	1,043	\$ 30	\$ 49	162.8%	\$ 38	\$ 44	\$ 52	\$ 14
17311	Mohs micrographic technique 1st stage	1,394	98	\$ 664	\$ 1,069	160.8%	\$ 885	\$ 950	\$ 1,268	\$ 383
97110	Therapeutic exercises	272,980	1,809	\$ 32	\$ 50	153.5%	\$ 38	\$ 45	\$ 55	\$ 17
99215	Office outpatient visit 40 minutes	28,243	2,573	\$ 146	\$ 217	148.8%	\$ 170	\$ 200	\$ 243	\$ 73

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** IQR=Interquartile Range; the difference between the 75th percentile and the 25th percentile.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Rhode Island

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
29881	Knee arthroscopy/surgery	23	4	\$ 571	\$ 3,043	532.5%	\$ 3,040	\$ 3,174	\$ 3,174	\$ 134
70553	MRI of brain with and without dye	47	9	\$ 415	\$ 2,122	510.9%	\$ 1,500	\$ 2,420	\$ 2,450	\$ 950
62310	Injection spine cervical/thoracic	37	16	\$ 115	\$ 571	497.4%	\$ 400	\$ 415	\$ 906	\$ 506
76942	Ultrasonic guide for biopsy	232	40	\$ 77	\$ 354	458.7%	\$ 293	\$ 316	\$ 430	\$ 138
27130	Total hip arthroplasty	30	8	\$ 1,433	\$ 6,349	443.0%	\$ 5,800	\$ 6,600	\$ 6,600	\$ 800
99285	Emergency dept visit high severity	4,258	49	\$ 178	\$ 652	367.1%	\$ 609	\$ 652	\$ 700	\$ 91
77418	Intensity modulated radiation therapy	120	2	\$ 416	\$ 1,512	363.4%	\$ 1,200	\$ 1,680	\$ 1,680	\$ 480
88305	Tissue exam by pathologist	271	16	\$ 73	\$ 219	299.1%	\$ 160	\$ 259	\$ 259	\$ 99
47562	Laparoscopic cholecystectomy	26	8	\$ 687	\$ 1,898	276.4%	\$ 1,374	\$ 1,800	\$ 2,452	\$ 1,078
96413	Chemotherapy IV infusion 1 hr	182	10	\$ 140	\$ 328	234.4%	\$ 300	\$ 300	\$ 413	\$ 113
99291	Critical care first hour	703	51	\$ 283	\$ 654	231.1%	\$ 480	\$ 667	\$ 760	\$ 280
45380	Colonoscopy and biopsy	116	28	\$ 488	\$ 1,119	229.2%	\$ 850	\$ 1,000	\$ 1,350	\$ 500
43239	Upper GI endoscopy with biopsy	201	28	\$ 423	\$ 889	210.2%	\$ 780	\$ 800	\$ 810	\$ 30
99233	Subsequent hospital care	2,091	128	\$ 107	\$ 216	202.1%	\$ 172	\$ 200	\$ 252	\$ 80
11042	Debridement, subcut tissue ≤ 20 sq cm	102	34	\$ 122	\$ 193	158.5%	\$ 130	\$ 165	\$ 205	\$ 75
97140	Manual therapy ≥ 1 regions	9,568	131	\$ 31	\$ 47	149.9%	\$ 35	\$ 50	\$ 50	\$ 15
97110	Therapeutic exercises	14,273	159	\$ 33	\$ 49	146.9%	\$ 35	\$ 45	\$ 67	\$ 32
99215	Office outpatient visit 40 minutes	1,279	257	\$ 149	\$ 216	144.9%	\$ 175	\$ 200	\$ 244	\$ 69
17311	Mohs micrographic technique 1st stage	115	7	\$ 681	\$ 946	138.8%	\$ 776	\$ 900	\$ 1,050	\$ 274

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for South Carolina

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	148	43	\$ 368	\$ 2,992	813.7%	\$ 1,865	\$ 3,580	\$ 3,580	\$ 1,715
62310	Injection spine cervical/thoracic	513	81	\$ 104	\$ 744	718.2%	\$ 539	\$ 700	\$ 979	\$ 440
99285	Emergency dept visit high severity	9,788	236	\$ 167	\$ 873	521.4%	\$ 545	\$ 914	\$ 1,180	\$ 635
76942	Ultrasonic guide for biopsy	1,035	185	\$ 69	\$ 359	519.6%	\$ 250	\$ 334	\$ 402	\$ 152
29881	Knee arthroscopy/surgery	44	14	\$ 514	\$ 2,419	471.1%	\$ 1,945	\$ 2,185	\$ 2,758	\$ 813
47562	Laparoscopic cholecystectomy	105	46	\$ 621	\$ 2,827	455.2%	\$ 2,003	\$ 2,274	\$ 3,402	\$ 1,399
27130	Total hip arthroplasty	33	13	\$ 1,296	\$ 5,808	448.2%	\$ 5,100	\$ 5,568	\$ 6,031	\$ 931
63030	Low back disk surgery	28	16	\$ 910	\$ 4,060	446.0%	\$ 2,080	\$ 3,100	\$ 6,135	\$ 4,055
77418	Intensity modulated radiation therapy	1,107	16	\$ 360	\$ 1,437	399.3%	\$ 1,222	\$ 1,471	\$ 1,532	\$ 310
33533	Coronary artery bypass, single artery	87	18	\$ 1,808	\$ 5,975	330.5%	\$ 4,713	\$ 5,443	\$ 7,500	\$ 2,787
22612	Lumbar spine fusion	55	23	\$ 1,503	\$ 4,911	326.7%	\$ 4,121	\$ 4,366	\$ 5,576	\$ 1,455
88305	Tissue exam by pathologist	12,454	258	\$ 66	\$ 189	284.9%	\$ 140	\$ 172	\$ 250	\$ 110
11042	Debridement, subcut tissue ≤ 20 sq cm	666	107	\$ 109	\$ 297	273.4%	\$ 158	\$ 225	\$ 385	\$ 227
99291	Critical care first hour	2,478	265	\$ 261	\$ 707	270.6%	\$ 414	\$ 592	\$ 900	\$ 486
26055	Incise finger tendon sheath	34	15	\$ 514	\$ 1,361	264.7%	\$ 880	\$ 1,100	\$ 1,371	\$ 491
96413	Chemotherapy IV infusion 1 hr	2,122	79	\$ 122	\$ 322	264.5%	\$ 254	\$ 340	\$ 350	\$ 96
66984	Cataract surgery with insertion of lens	23	12	\$ 627	\$ 1,657	264.4%	\$ 685	\$ 1,405	\$ 2,000	\$ 1,315
45380	Colonoscopy and biopsy	606	148	\$ 436	\$ 1,059	243.0%	\$ 832	\$ 1,025	\$ 1,109	\$ 277
99233	Subsequent hospital care	9,086	501	\$ 100	\$ 236	236.0%	\$ 175	\$ 235	\$ 292	\$ 117
43239	Upper GI endoscopy with biopsy	1,301	195	\$ 374	\$ 742	198.5%	\$ 538	\$ 713	\$ 848	\$ 310
17311	Mohs micrographic technique 1st stage	569	43	\$ 609	\$ 1,068	175.4%	\$ 755	\$ 900	\$ 1,267	\$ 512
99215	Office outpatient visit 40 minutes	6,831	975	\$ 137	\$ 223	162.8%	\$ 175	\$ 220	\$ 265	\$ 90
97140	Manual therapy ≥ 1 regions	18,585	299	\$ 29	\$ 46	159.1%	\$ 40	\$ 40	\$ 50	\$ 10
97110	Therapeutic exercises	44,292	576	\$ 31	\$ 46	148.5%	\$ 40	\$ 42	\$ 50	\$ 10

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for South Dakota

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
76942	Ultrasonic guide for biopsy	43	23	\$ 73	\$ 499	682.9%	\$ 208	\$ 493	\$ 751	\$ 543
29881	Knee arthroscopy/surgery	20	10	\$ 527	\$ 2,665	505.9%	\$ 2,231	\$ 2,839	\$ 3,413	\$ 1,182
77418	Intensity modulated radiation therapy	62	3	\$ 395	\$ 1,872	474.1%	\$ 1,311	\$ 2,087	\$ 2,087	\$ 776
11042	Debridement, subcut tissue ≤ 20 sq cm	21	8	\$ 115	\$ 538	469.0%	\$ 227	\$ 238	\$ 284	\$ 57
88305	Tissue exam by pathologist	828	63	\$ 70	\$ 225	320.3%	\$ 204	\$ 220	\$ 240	\$ 36
96413	Chemotherapy IV infusion 1 hr	89	15	\$ 132	\$ 408	308.4%	\$ 355	\$ 431	\$ 495	\$ 140
45380	Colonoscopy and biopsy	72	37	\$ 457	\$ 1,354	296.3%	\$ 938	\$ 1,304	\$ 1,848	\$ 910
99285	Emergency dept visit high severity	454	44	\$ 168	\$ 447	266.5%	\$ 177	\$ 555	\$ 626	\$ 449
99291	Critical care first hour	126	22	\$ 268	\$ 603	225.0%	\$ 510	\$ 510	\$ 728	\$ 218
43239	Upper GI endoscopy with biopsy	129	43	\$ 398	\$ 795	199.7%	\$ 351	\$ 775	\$ 1,302	\$ 951
99233	Subsequent hospital care	1,329	104	\$ 102	\$ 189	185.9%	\$ 169	\$ 174	\$ 228	\$ 59
97110	Therapeutic exercises	3,884	164	\$ 32	\$ 55	172.6%	\$ 40	\$ 50	\$ 59	\$ 19
17311	Mohs micrographic technique 1st stage	84	15	\$ 639	\$ 1,098	171.9%	\$ 639	\$ 1,280	\$ 1,495	\$ 856
99215	Office outpatient visit 40 minutes	930	134	\$ 142	\$ 212	149.5%	\$ 140	\$ 220	\$ 280	\$ 140
97140	Manual therapy ≥ 1 regions	2,539	93	\$ 30	\$ 45	149.4%	\$ 26	\$ 42	\$ 56	\$ 30

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Tennessee

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	316	102	\$ 102	\$ 897	875.8%	\$ 580	\$ 696	\$ 1,042	\$ 462
70553	MRI of brain with and without dye	208	79	\$ 363	\$ 2,942	809.8%	\$ 2,071	\$ 2,526	\$ 3,461	\$ 1,390
99285	Emergency dept visit high severity	30,699	512	\$ 166	\$ 1,069	644.2%	\$ 867	\$ 1,072	\$ 1,334	\$ 467
76942	Ultrasonic guide for biopsy	1,921	305	\$ 68	\$ 411	601.3%	\$ 308	\$ 375	\$ 490	\$ 182
77418	Intensity modulated radiation therapy	787	20	\$ 355	\$ 1,944	548.0%	\$ 1,400	\$ 1,643	\$ 2,582	\$ 1,182
63030	Low back disk surgery	58	30	\$ 893	\$ 4,189	469.2%	\$ 2,851	\$ 4,383	\$ 4,859	\$ 2,008
22612	Lumbar spine fusion	50	20	\$ 1,476	\$ 6,364	431.3%	\$ 4,789	\$ 5,877	\$ 7,355	\$ 2,566
29881	Knee arthroscopy/surgery	36	22	\$ 506	\$ 2,136	422.3%	\$ 1,758	\$ 2,002	\$ 2,427	\$ 669
47562	Laparoscopic cholecystectomy	197	94	\$ 611	\$ 2,535	414.8%	\$ 1,639	\$ 2,415	\$ 3,113	\$ 1,475
88305	Tissue exam by pathologist	18,983	403	\$ 66	\$ 239	362.5%	\$ 188	\$ 244	\$ 278	\$ 90
33533	Coronary artery bypass, single artery	115	26	\$ 1,776	\$ 5,681	320.0%	\$ 5,294	\$ 5,312	\$ 6,206	\$ 912
99291	Critical care first hour	5,543	433	\$ 259	\$ 827	319.8%	\$ 508	\$ 725	\$ 1,158	\$ 650
96413	Chemotherapy IV infusion 1 hr	2,604	89	\$ 120	\$ 367	305.8%	\$ 300	\$ 405	\$ 482	\$ 182
44140	Partial removal of colon	20	15	\$ 1,254	\$ 3,456	275.6%	\$ 3,000	\$ 3,338	\$ 3,692	\$ 692
45380	Colonoscopy and biopsy	840	224	\$ 430	\$ 980	228.0%	\$ 770	\$ 900	\$ 1,075	\$ 305
11042	Debridement, subcut tissue ≤ 20 sq cm	931	156	\$ 107	\$ 233	217.7%	\$ 137	\$ 186	\$ 252	\$ 115
36471	Injection therapy of veins	20	7	\$ 162	\$ 349	215.8%	\$ 300	\$ 350	\$ 350	\$ 50
43239	Upper GI endoscopy with biopsy	1,848	310	\$ 369	\$ 795	215.6%	\$ 575	\$ 691	\$ 776	\$ 201
66984	Cataract surgery with insertion of lens	25	18	\$ 618	\$ 1,322	213.7%	\$ 223	\$ 350	\$ 2,381	\$ 2,159
99233	Subsequent hospital care	21,017	1,127	\$ 99	\$ 201	202.0%	\$ 180	\$ 199	\$ 221	\$ 41
97140	Manual therapy ≥ 1 regions	26,646	412	\$ 28	\$ 52	182.1%	\$ 40	\$ 48	\$ 60	\$ 20
99215	Office outpatient visit 40 minutes	9,528	1,459	\$ 136	\$ 243	179.2%	\$ 194	\$ 234	\$ 275	\$ 81
17311	Mohs micrographic technique 1st stage	796	56	\$ 601	\$ 1,066	177.4%	\$ 950	\$ 950	\$ 1,200	\$ 250
97110	Therapeutic exercises	69,782	747	\$ 30	\$ 53	173.6%	\$ 40	\$ 50	\$ 55	\$ 15

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Texas

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	1,728	430	\$ 109	\$ 1,401	1283.9%	\$ 600	\$ 859	\$ 1,663	\$ 1,063
63075	Neck spine disk surgery	62	29	\$ 1,371	\$ 16,707	1218.4%	\$ 5,840	\$ 13,200	\$ 27,960	\$ 22,120
70553	MRI of brain with and without dye	2,354	422	\$ 391	\$ 4,227	1082.4%	\$ 2,370	\$ 4,333	\$ 5,920	\$ 3,550
63030	Low back disk surgery	355	147	\$ 974	\$ 7,263	746.0%	\$ 3,584	\$ 4,847	\$ 7,559	\$ 3,975
99285	Emergency dept visit high severity	209,145	1,795	\$ 173	\$ 1,162	672.3%	\$ 937	\$ 981	\$ 1,484	\$ 547
76942	Ultrasonic guide for biopsy	7,520	1,007	\$ 73	\$ 430	588.4%	\$ 300	\$ 376	\$ 510	\$ 210
29881	Knee arthroscopy/surgery	360	147	\$ 544	\$ 2,996	550.4%	\$ 1,950	\$ 2,590	\$ 3,225	\$ 1,275
47562	Laparoscopic cholecystectomy	938	368	\$ 658	\$ 3,427	521.0%	\$ 1,917	\$ 2,800	\$ 4,183	\$ 2,267
26055	Incise finger tendon sheath	89	57	\$ 549	\$ 2,810	511.8%	\$ 827	\$ 1,350	\$ 2,102	\$ 1,276
77418	Intensity modulated radiation therapy	10,481	88	\$ 387	\$ 1,893	489.8%	\$ 1,288	\$ 1,961	\$ 2,659	\$ 1,371
36471	Injection therapy of veins	123	33	\$ 175	\$ 809	463.3%	\$ 400	\$ 485	\$ 900	\$ 500
43239	Upper GI endoscopy with biopsy	7,796	1,264	\$ 398	\$ 1,782	447.6%	\$ 605	\$ 798	\$ 1,300	\$ 695
96413	Chemotherapy IV infusion 1 hr	13,895	380	\$ 130	\$ 583	446.8%	\$ 367	\$ 686	\$ 707	\$ 340
15734	Muscle-skin graft trunk	98	46	\$ 1,501	\$ 5,997	399.6%	\$ 3,500	\$ 3,821	\$ 7,000	\$ 3,500
22612	Lumbar spine fusion	444	165	\$ 1,602	\$ 6,399	399.3%	\$ 4,066	\$ 5,885	\$ 7,890	\$ 3,824
88305	Tissue exam by pathologist	73,558	936	\$ 70	\$ 270	387.8%	\$ 173	\$ 264	\$ 335	\$ 162
66984	Cataract surgery with insertion of lens	369	86	\$ 662	\$ 2,547	384.6%	\$ 1,500	\$ 2,500	\$ 2,864	\$ 1,364
27130	Total hip arthroplasty	154	61	\$ 1,371	\$ 4,870	355.2%	\$ 4,227	\$ 4,227	\$ 5,377	\$ 1,150
99291	Critical care first hour	29,881	1,833	\$ 272	\$ 958	352.0%	\$ 520	\$ 775	\$ 1,252	\$ 732
33533	Coronary artery bypass, single artery	370	88	\$ 1,919	\$ 6,373	332.2%	\$ 4,696	\$ 6,116	\$ 7,350	\$ 2,654
19120	Removal of breast lesion	64	59	\$ 488	\$ 1,570	321.9%	\$ 996	\$ 1,159	\$ 1,418	\$ 422
44140	Partial removal of colon	83	62	\$ 1,347	\$ 3,922	291.2%	\$ 3,120	\$ 3,676	\$ 4,127	\$ 1,007
45380	Colonoscopy and biopsy	4,212	983	\$ 462	\$ 1,246	269.6%	\$ 809	\$ 1,007	\$ 1,200	\$ 391
11042	Debridement, subcut tissue ≤ 20 sq cm	4,995	542	\$ 115	\$ 280	242.9%	\$ 133	\$ 199	\$ 301	\$ 168
99233	Subsequent hospital care	125,225	4,842	\$ 104	\$ 233	225.2%	\$ 185	\$ 208	\$ 251	\$ 66
97140	Manual therapy ≥ 1 regions	89,418	1,784	\$ 30	\$ 61	204.2%	\$ 46	\$ 55	\$ 70	\$ 24
97110	Therapeutic exercises	380,188	3,055	\$ 32	\$ 59	183.9%	\$ 45	\$ 54	\$ 65	\$ 20
99215	Office outpatient visit 40 minutes	42,184	5,814	\$ 143	\$ 258	180.2%	\$ 180	\$ 240	\$ 310	\$ 130
17311	Mohs micrographic technique 1st stage	2,876	212	\$ 645	\$ 1,145	177.4%	\$ 900	\$ 1,050	\$ 1,263	\$ 363

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Utah

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	135	46	\$ 106	\$ 641	605.5%	\$ 571	\$ 582	\$ 644	\$ 73
70553	MRI of brain with and without dye	62	24	\$ 373	\$ 2,093	561.3%	\$ 1,609	\$ 2,265	\$ 2,342	\$ 733
76942	Ultrasonic guide for biopsy	399	107	\$ 70	\$ 355	503.8%	\$ 300	\$ 320	\$ 404	\$ 104
77418	Intensity modulated radiation therapy	358	5	\$ 363	\$ 1,420	391.0%	\$ 1,424	\$ 1,460	\$ 1,460	\$ 36
99285	Emergency dept visit high severity	4,515	121	\$ 173	\$ 666	385.2%	\$ 465	\$ 592	\$ 829	\$ 364
96413	Chemotherapy IV infusion 1 hr	712	50	\$ 124	\$ 354	285.9%	\$ 300	\$ 350	\$ 381	\$ 81
43239	Upper GI endoscopy with biopsy	385	75	\$ 382	\$ 1,010	264.0%	\$ 652	\$ 882	\$ 1,178	\$ 526
27130	Total hip arthroplasty	21	10	\$ 1,372	\$ 3,621	263.8%	\$ 3,400	\$ 3,800	\$ 3,800	\$ 400
99291	Critical care first hour	1,040	140	\$ 268	\$ 704	262.4%	\$ 544	\$ 590	\$ 758	\$ 214
45380	Colonoscopy and biopsy	260	71	\$ 450	\$ 1,176	261.2%	\$ 832	\$ 1,199	\$ 1,236	\$ 404
33533	Coronary artery bypass, single artery	23	4	\$ 1,956	\$ 5,062	258.8%	\$ 4,666	\$ 4,666	\$ 5,923	\$ 1,257
47562	Laparoscopic cholecystectomy	34	15	\$ 662	\$ 1,709	258.2%	\$ 1,659***	\$ 1,659***	\$ 1,659***	\$ 0***
66984	Cataract surgery with insertion of lens	55	6	\$ 653	\$ 1,631	249.6%	\$ 1,700***	\$ 1,700 ***	\$ 1,700***	\$ 0***
88305	Tissue exam by pathologist	2,056	159	\$ 67	\$ 163	242.4%	\$ 140	\$ 150	\$ 190	\$ 50
17311	Mohs micrographic technique 1st stage	196	29	\$ 628	\$ 1,217	193.9%	\$ 875	\$ 1,100	\$ 1,837	\$ 962
11042	Debridement, subcut tissue ≤ 20 sq cm	318	43	\$ 112	\$ 206	185.1%	\$ 164	\$ 199	\$ 230	\$ 66
99215	Office outpatient visit 40 minutes	4,862	598	\$ 140	\$ 252	180.2%	\$ 189	\$ 271	\$ 295	\$ 106
99233	Subsequent hospital care	5,720	350	\$ 102	\$ 184	179.7%	\$ 160	\$ 178	\$ 204	\$ 44
97110	Therapeutic exercises	25,667	406	\$ 31	\$ 50	162.6%	\$ 40	\$ 44	\$ 59	\$ 19
97140	Manual therapy ≥ 1 regions	7,702	243	\$ 29	\$ 44	151.4%	\$ 37	\$ 41	\$ 50	\$ 13

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Vermont

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	27	9	\$ 110	\$ 793	722.6%	\$ 619	\$ 893	\$ 918	\$ 299
76942	Ultrasonic guide for biopsy	88	22	\$ 74	\$ 363	492.1%	\$ 355	\$ 355	\$ 400	\$ 45
99285	Emergency dept visit high severity	1,063	28	\$ 170	\$ 572	336.8%	\$ 481	\$ 509	\$ 671	\$ 190
96413	Chemotherapy IV infusion 1 hr	42	8	\$ 133	\$ 397	297.8%	\$ 380***	\$ 380***	\$ 380***	\$ 0***
45380	Colonoscopy and biopsy	55	20	\$ 463	\$ 1,250	269.8%	\$ 900	\$ 1,105	\$ 1,329	\$ 429
99233	Subsequent hospital care	925	57	\$ 103	\$ 277	269.5%	\$ 246	\$ 305	\$ 330	\$ 84
99291	Critical care first hour	208	22	\$ 271	\$ 716	264.4%	\$ 648	\$ 685	\$ 780	\$ 132
88305	Tissue exam by pathologist	260	8	\$ 71	\$ 170	241.1%	\$ 165	\$ 165	\$ 174	\$ 9
43239	Upper GI endoscopy with biopsy	76	19	\$ 403	\$ 839	208.3%	\$ 628	\$ 664	\$ 767	\$ 139
97140	Manual therapy ≥ 1 regions	11,797	141	\$ 30	\$ 57	191.0%	\$ 45	\$ 50	\$ 77	\$ 32
97110	Therapeutic exercises	19,925	190	\$ 32	\$ 51	159.6%	\$ 46	\$ 50	\$ 52	\$ 5
99215	Office outpatient visit 40 minutes	2,153	172	\$ 143	\$ 186	129.8%	\$ 155	\$ 155	\$ 213	\$ 58
17311	Mohs micrographic technique 1st stage	35	2	\$ 647	\$ 692	106.9%	\$ 404	\$ 408	\$ 408	\$ 4

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*** Based on a limited sample of providers.

Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Virginia

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	421	98	\$ 390	\$ 3,185	816.8%	\$ 2,400	\$ 2,796	\$ 3,804	\$ 1,404
62310	Injection spine cervical/thoracic	447	94	\$ 109	\$ 882	811.8%	\$ 652	\$ 730	\$ 1,000	\$ 348
76942	Ultrasonic guide for biopsy	2,362	341	\$ 73	\$ 425	583.7%	\$ 307	\$ 350	\$ 470	\$ 163
77418	Intensity modulated radiation therapy	1,323	15	\$ 387	\$ 2,219	573.1%	\$ 1,942	\$ 2,550	\$ 2,550	\$ 608
63030	Low back disk surgery	76	36	\$ 959	\$ 5,391	562.4%	\$ 2,686	\$ 4,185	\$ 6,616	\$ 3,930
99285	Emergency dept visit high severity	23,112	617	\$ 171	\$ 882	515.9%	\$ 622	\$ 882	\$ 1,141	\$ 519
29881	Knee arthroscopy/surgery	69	31	\$ 539	\$ 2,603	483.2%	\$ 1,811	\$ 1,811	\$ 3,350	\$ 1,539
96413	Chemotherapy IV infusion 1 hr	3,770	139	\$ 130	\$ 559	428.7%	\$ 395	\$ 686	\$ 686	\$ 291
22612	Lumbar spine fusion	127	50	\$ 1,577	\$ 6,477	410.6%	\$ 4,300	\$ 5,743	\$ 6,766	\$ 2,466
27130	Total hip arthroplasty	93	19	\$ 1,354	\$ 5,404	399.2%	\$ 4,071	\$ 6,037	\$ 6,037	\$ 1,966
26055	Incise finger tendon sheath	43	20	\$ 547	\$ 2,121	387.8%	\$ 1,300	\$ 1,564	\$ 2,061	\$ 761
36471	Injection therapy of veins	94	17	\$ 173	\$ 643	371.0%	\$ 300	\$ 930	\$ 930	\$ 630
47562	Laparoscopic cholecystectomy	188	102	\$ 648	\$ 2,268	349.9%	\$ 1,416	\$ 2,057	\$ 2,664	\$ 1,248
33533	Coronary artery bypass, single artery	87	21	\$ 1,885	\$ 5,375	285.2%	\$ 4,300	\$ 5,715	\$ 6,552	\$ 2,252
11042	Debridement, subcut tissue ≤ 20 sq cm	1,320	150	\$ 115	\$ 322	281.0%	\$ 154	\$ 216	\$ 393	\$ 239
88305	Tissue exam by pathologist	27,217	324	\$ 70	\$ 194	278.5%	\$ 175	\$ 190	\$ 190	\$ 15
44140	Partial removal of colon	22	18	\$ 1,327	\$ 3,418	257.6%	\$ 2,605	\$ 3,743	\$ 4,350	\$ 1,745
99291	Critical care first hour	6,431	516	\$ 270	\$ 686	254.0%	\$ 460	\$ 601	\$ 776	\$ 316
45380	Colonoscopy and biopsy	1,721	383	\$ 459	\$ 1,147	249.7%	\$ 830	\$ 977	\$ 1,150	\$ 320
43239	Upper GI endoscopy with biopsy	2,565	411	\$ 397	\$ 916	230.8%	\$ 583	\$ 775	\$ 900	\$ 317
66984	Cataract surgery with insertion of lens	35	20	\$ 656	\$ 1,443	219.8%	\$ 648	\$ 1,500	\$ 1,800	\$ 1,152
99233	Subsequent hospital care	26,190	1,324	\$ 103	\$ 225	218.5%	\$ 164	\$ 195	\$ 254	\$ 90
17311	Mohs micrographic technique 1st stage	927	65	\$ 642	\$ 1,193	185.9%	\$ 950	\$ 975	\$ 1,255	\$ 305
97140	Manual therapy ≥ 1 regions	55,172	1,002	\$ 30	\$ 52	176.4%	\$ 41	\$ 50	\$ 60	\$ 19
97110	Therapeutic exercises	132,739	1,497	\$ 32	\$ 54	170.9%	\$ 40	\$ 55	\$ 70	\$ 30
99215	Office outpatient visit 40 minutes	18,764	2,455	\$ 142	\$ 240	169.3%	\$ 180	\$ 217	\$ 295	\$ 115

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Washington

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
70553	MRI of brain with and without dye	276	70	\$ 422	\$ 2,691	637.5%	\$ 1,811	\$ 2,400	\$ 3,198	\$ 1,387
76942	Ultrasonic guide for biopsy	1,240	179	\$ 78	\$ 460	590.8%	\$ 317	\$ 424	\$ 540	\$ 223
62310	Injection spine cervical/thoracic	266	66	\$ 115	\$ 625	541.5%	\$ 336	\$ 466	\$ 772	\$ 436
77418	Intensity modulated radiation therapy	1,006	16	\$ 427	\$ 1,875	438.7%	\$ 1,454	\$ 1,751	\$ 2,251	\$ 797
99285	Emergency dept visit high severity	17,188	268	\$ 174	\$ 764	438.0%	\$ 644	\$ 744	\$ 836	\$ 192
29881	Knee arthroscopy/surgery	35	16	\$ 563	\$ 1,873	332.5%	\$ 1,482	\$ 1,712	\$ 2,075	\$ 593
63030	Low back disk surgery	24	14	\$ 991	\$ 3,286	331.5%	\$ 2,245	\$ 2,605	\$ 3,268	\$ 1,023
47562	Laparoscopic cholecystectomy	49	31	\$ 668	\$ 2,206	330.3%	\$ 1,601	\$ 1,800	\$ 2,036	\$ 435
27130	Total hip arthroplasty	43	16	\$ 1,401	\$ 4,515	322.2%	\$ 3,405	\$ 4,542	\$ 5,677	\$ 2,272
96413	Chemotherapy IV infusion 1 hr	1,836	70	\$ 143	\$ 450	314.9%	\$ 329	\$ 421	\$ 472	\$ 143
33533	Coronary artery bypass, single artery	40	15	\$ 1,920	\$ 5,816	302.9%	\$ 4,919	\$ 5,400	\$ 7,068	\$ 2,149
22612	Lumbar spine fusion	27	13	\$ 1,626	\$ 4,356	268.0%	\$ 4,021	\$ 4,294	\$ 4,767	\$ 746
88305	Tissue exam by pathologist	8,988	198	\$ 74	\$ 197	265.4%	\$ 160	\$ 180	\$ 208	\$ 48
99291	Critical care first hour	3,853	238	\$ 281	\$ 728	258.7%	\$ 522	\$ 622	\$ 886	\$ 364
99233	Subsequent hospital care	18,176	454	\$ 106	\$ 233	219.4%	\$ 203	\$ 227	\$ 250	\$ 47
11042	Debridement, subcut tissue ≤ 20 sq cm	965	128	\$ 122	\$ 265	216.5%	\$ 140	\$ 185	\$ 300	\$ 160
66984	Cataract surgery with insertion of lens	66	21	\$ 689	\$ 1,476	214.3%	\$ 1,000	\$ 1,650	\$ 1,918	\$ 918
36471	Injection therapy of veins	23	7	\$ 184	\$ 390	212.3%	\$ 363	\$ 363	\$ 441	\$ 78
26055	Incise finger tendon sheath	26	16	\$ 590	\$ 1,160	196.5%	\$ 851	\$ 1,082	\$ 1,487	\$ 637
45380	Colonoscopy and biopsy	604	117	\$ 489	\$ 915	187.3%	\$ 657	\$ 830	\$ 1,117	\$ 460
99215	Office outpatient visit 40 minutes	14,776	1,300	\$ 149	\$ 274	183.7%	\$ 224	\$ 254	\$ 317	\$ 93
17311	Mohs micrographic technique 1st stage	601	60	\$ 683	\$ 1,124	164.6%	\$ 950	\$ 1,100	\$ 1,312	\$ 362
97110	Therapeutic exercises	69,489	799	\$ 34	\$ 55	163.8%	\$ 50	\$ 54	\$ 60	\$ 10
43239	Upper GI endoscopy with biopsy	933	137	\$ 428	\$ 698	163.1%	\$ 435	\$ 650	\$ 868	\$ 433
97140	Manual therapy ≥ 1 regions	63,071	958	\$ 31	\$ 48	152.0%	\$ 40	\$ 47	\$ 53	\$ 13

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for West Virginia

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	100	15	\$ 101	\$ 927	920.2%	\$ 765	\$ 1,100	\$ 1,100	\$ 335
70553	MRI of brain with and without dye	40	10	\$ 346	\$ 2,661	768.2%	\$ 2,282	\$ 2,282	\$ 3,335	\$ 1,053
76942	Ultrasonic guide for biopsy	417	63	\$ 66	\$ 421	632.8%	\$ 275	\$ 403	\$ 526	\$ 251
77418	Intensity modulated radiation therapy	1,227	9	\$ 329	\$ 1,748	531.4%	\$ 1,352	\$ 1,469	\$ 1,469	\$ 117
99285	Emergency dept visit high severity	16,946	175	\$ 172	\$ 830	483.2%	\$ 528	\$ 913	\$ 1,030	\$ 502
63030	Low back disk surgery	25	8	\$ 964	\$ 3,873	401.8%	\$ 2,805	\$ 4,000	\$ 4,600	\$ 1,795
66984	Cataract surgery with insertion of lens	57	15	\$ 631	\$ 2,276	360.9%	\$ 1,800	\$ 2,200	\$ 2,700	\$ 900
47562	Laparoscopic cholecystectomy	87	43	\$ 652	\$ 2,276	349.0%	\$ 1,680	\$ 2,300	\$ 2,372	\$ 692
88305	Tissue exam by pathologist	5,318	104	\$ 64	\$ 198	310.9%	\$ 151	\$ 191	\$ 200	\$ 49
96413	Chemotherapy IV infusion 1 hr	1,714	33	\$ 113	\$ 348	306.7%	\$ 266	\$ 275	\$ 532	\$ 266
33533	Coronary artery bypass, single artery	56	13	\$ 1,948	\$ 5,737	294.4%	\$ 4,653	\$ 5,285	\$ 6,400	\$ 1,747
17311	Mohs micrographic technique 1st stage	182	12	\$ 596	\$ 1,696	284.6%	\$ 1,575	\$ 1,656	\$ 1,795	\$ 220
11042	Debridement, subcut tissue ≤ 20 sq cm	264	43	\$ 105	\$ 270	256.3%	\$ 183	\$ 260	\$ 268	\$ 85
99291	Critical care first hour	5,958	260	\$ 261	\$ 665	255.2%	\$ 400	\$ 484	\$ 995	\$ 595
45380	Colonoscopy and biopsy	280	88	\$ 428	\$ 955	223.3%	\$ 700	\$ 964	\$ 1,150	\$ 450
99233	Subsequent hospital care	12,425	497	\$ 100	\$ 210	208.9%	\$ 140	\$ 176	\$ 235	\$ 95
43239	Upper GI endoscopy with biopsy	633	130	\$ 357	\$ 739	206.6%	\$ 500	\$ 700	\$ 950	\$ 450
97140	Manual therapy ≥ 1 regions	7,785	230	\$ 28	\$ 49	177.1%	\$ 40	\$ 50	\$ 52	\$ 12
97110	Therapeutic exercises	25,557	298	\$ 30	\$ 51	171.5%	\$ 40	\$ 45	\$ 54	\$ 14
99215	Office outpatient visit 40 minutes	7,257	680	\$ 135	\$ 201	149.2%	\$ 165	\$ 194	\$ 228	\$ 63

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Wisconsin

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	332	70	\$ 106	\$ 1,458	1370.6%	\$ 1,135	\$ 1,468	\$ 1,665	\$ 530
70553	MRI of brain with and without dye	141	50	\$ 382	\$ 5,185	1357.3%	\$ 3,219	\$ 5,368	\$ 6,932	\$ 3,713
76942	Ultrasonic guide for biopsy	415	102	\$ 71	\$ 901	1262.7%	\$ 588	\$ 1,036	\$ 1,133	\$ 545
63030	Low back disk surgery	41	20	\$ 921	\$ 8,952	972.2%	\$ 7,813	\$ 8,668	\$ 11,025	\$ 3,212
77418	Intensity modulated radiation therapy	376	12	\$ 378	\$ 3,144	830.8%	\$ 2,006	\$ 2,569	\$ 4,505	\$ 2,499
33533	Coronary artery bypass, single artery	66	22	\$ 1,813	\$ 15,016	828.3%	\$ 12,051	\$ 14,911	\$ 19,483	\$ 7,432
22612	Lumbar spine fusion	54	22	\$ 1,517	\$ 12,221	805.4%	\$ 11,092	\$ 12,527	\$ 13,675	\$ 2,583
29881	Knee arthroscopy/surgery	24	14	\$ 523	\$ 3,666	701.4%	\$ 2,800	\$ 3,651	\$ 4,627	\$ 1,827
47562	Laparoscopic cholecystectomy	88	45	\$ 627	\$ 4,343	692.8%	\$ 3,437	\$ 4,690	\$ 5,427	\$ 1,990
99285	Emergency dept visit high severity	9,548	332	\$ 168	\$ 853	507.7%	\$ 691	\$ 754	\$ 943	\$ 252
96413	Chemotherapy IV infusion 1 hr	1,150	51	\$ 127	\$ 624	490.0%	\$ 550	\$ 631	\$ 692	\$ 142
45380	Colonoscopy and biopsy	492	109	\$ 448	\$ 2,117	472.5%	\$ 2,005	\$ 2,135	\$ 2,174	\$ 169
88305	Tissue exam by pathologist	2,107	174	\$ 68	\$ 320	466.8%	\$ 159	\$ 332	\$ 449	\$ 290
17311	Mohs micrographic technique 1st stage	576	32	\$ 626	\$ 2,440	389.6%	\$ 1,981	\$ 2,657	\$ 2,849	\$ 868
43239	Upper GI endoscopy with biopsy	1,184	173	\$ 387	\$ 1,482	382.6%	\$ 1,183	\$ 1,470	\$ 1,641	\$ 459
99291	Critical care first hour	2,867	252	\$ 265	\$ 1,002	377.9%	\$ 740	\$ 921	\$ 1,367	\$ 627
11042	Debridement, subcut tissue ≤ 20 sq cm	270	79	\$ 112	\$ 322	287.9%	\$ 195	\$ 275	\$ 427	\$ 232
99233	Subsequent hospital care	12,119	428	\$ 101	\$ 291	287.4%	\$ 242	\$ 310	\$ 325	\$ 83
97110	Therapeutic exercises	80,843	614	\$ 31	\$ 84	267.8%	\$ 73	\$ 88	\$ 100	\$ 27
97140	Manual therapy ≥ 1 regions	46,159	397	\$ 29	\$ 74	251.5%	\$ 70	\$ 75	\$ 83	\$ 13
99215	Office outpatient visit 40 minutes	8,934	646	\$ 140	\$ 326	233.5%	\$ 285	\$ 334	\$ 379	\$ 94

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Summary of Out-of-Network Billed Charges Compared to the 2014 Medicare Physician Fee Schedule for Wyoming

CPT Code*	Description	Event Count	Provider Count	Average Medicare Fee (2014)	Average OON Charge Submitted (2013-2014)	Average Charge as a % of Medicare	OON Billed Charges, 25th Percentile	OON Billed Charges, 50th Percentile	OON Billed Charges, 75th Percentile	IQR**
62310	Injection spine cervical/thoracic	31	10	\$ 112	\$ 947	849.7%	\$ 756	\$ 1,020	\$ 1,140	\$ 384
77418	Intensity modulated radiation therapy	98	2	\$ 395	\$ 3,164	800.6%	\$ 3,042	\$ 3,221	\$ 3,221	\$ 179
70553	MRI of brain with and without dye	61	19	\$ 398	\$ 2,643	663.3%	\$ 2,031	\$ 2,426	\$ 3,399	\$ 1,368
47562	Laparoscopic cholecystectomy	29	15	\$ 687	\$ 3,793	552.4%	\$ 3,484	\$ 3,855	\$ 4,938	\$ 1,454
76942	Ultrasonic guide for biopsy	59	27	\$ 75	\$ 365	490.2%	\$ 86	\$ 306	\$ 594	\$ 508
99285	Emergency dept visit high severity	1,964	93	\$ 176	\$ 850	482.6%	\$ 542	\$ 893	\$ 1,039	\$ 497
96413	Chemotherapy IV infusion 1 hr	192	13	\$ 134	\$ 495	370.1%	\$ 266	\$ 526	\$ 690	\$ 424
99291	Critical care first hour	265	49	\$ 277	\$ 903	325.4%	\$ 621	\$ 747	\$ 1,162	\$ 541
43239	Upper GI endoscopy with biopsy	77	30	\$ 408	\$ 1,184	290.1%	\$ 844	\$ 1,118	\$ 1,233	\$ 390
45380	Colonoscopy and biopsy	63	26	\$ 476	\$ 1,365	287.0%	\$ 1,142	\$ 1,437	\$ 1,494	\$ 352
88305	Tissue exam by pathologist	1,214	69	\$ 71	\$ 197	278.5%	\$ 71	\$ 211	\$ 284	\$ 213
11042	Debridement, subcut tissue ≤ 20 sq cm	24	9	\$ 118	\$ 305	258.3%	\$ 195	\$ 195	\$ 205	\$ 10
99233	Subsequent hospital care	1,485	109	\$ 105	\$ 235	223.7%	\$ 208	\$ 236	\$ 265	\$ 57
99215	Office outpatient visit 40 minutes	866	202	\$ 145	\$ 257	176.8%	\$ 200	\$ 248	\$ 292	\$ 92
97140	Manual therapy ≥ 1 regions	14,609	183	\$ 30	\$ 53	176.1%	\$ 50	\$ 55	\$ 58	\$ 8
17311	Mohs micrographic technique 1st stage	21	6	\$ 663	\$ 1,122	169.3%	\$ 672	\$ 890	\$ 1,547	\$ 875
97110	Therapeutic exercises	21,141	190	\$ 32	\$ 53	165.3%	\$ 46	\$ 52	\$ 60	\$ 14

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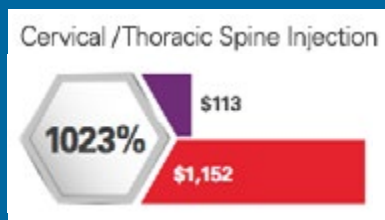
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Endnotes

1. America's Health Insurance Plans. The Value of Provider Networks and the Role of Out-Of-Network Charges in Rising Health Care Costs: A Survey of Charges Billed By Out-Of-Network Physicians. August, 2009. <http://www.ahip.org/Value-of-Provider-Networks/>.
2. American's Health Insurance Plans. Survey of Charges Billed by Out-Of-Network Providers: A Hidden Threat to Affordability. January, 2013. <https://www.ahip.org/Value-of-Provider-Networks-Report-2012/>.
3. <http://www.fairhealth.org/DataSolution>
4. Outliers are typically defined as the values in a distribution of data that are extreme and likely to be erroneous. FAIR Health uses a relatively conservative formula of 4 times the Median Absolute Deviation to determine high and low outliers. Typically, charges that are more than ± 4 MAD from the median are excluded from FAIR Health data products. (MAD is a recognized statistical methodology that uses the median deviation from the median value to determine outliers. It is less susceptible to distortion caused by outlying values than standard deviation from the mean.) Further information on FAIR Health's outlier methodology is available at <http://www.fairhealth.org/servlet/servlet.FileDownload?file=015600000000Yelb>.

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