



Physician Practice Report for Payer 'Payer 1'
 Company Name: AUA Demo
 Address: 555 Bell Road, Salinas, CA, 93908
 Medicare Year: 2012

Procedure	Description	Location	Payer Volume	Billed Charged	Practice Charges	Medicare Payment	Payer Rate	Payer Average % of Medicare	Revenue (Payer Rate * Units)	Regional Avg \$	Regional Avg % Medicare	State Avg % Medicare	National Avg % Medicare
51600	NJX CSTOGRAPY/VOIDING URETHROCSTOGRAPY	O	65	384.27	24,977.55	205.37	337.93	164.55	21,965.45	249	121	114	109
51700	BLDR IRRIGATION SMPL LAVAGE&/INSTLJ	O	216	156.82	33,873.12	88.67	157.60	177.74	34,041.60	131	148	143	130
51728	COMPLEX CYSTOMETROGRAM VOIDING PRESSURE STUDIES	O	71	592.15	42,042.65	333.38	522.67	156.78	37,109.57	430	129	127	112
51784	EMG STDS ANAL/URTL SPHNCTR OTH/THN NDL	O	78	415.46	32,405.88	213.07	360.11	169.01	28,088.58	294	138	129	107
51797	VOID PRESSURE STUDIES INTRAABDOMINAL	O	73	310.10	22,637.30	131.30	247.99	188.87	18,103.27	210	160	154	141
51798	MEAS POST-VOIDING RESIDUAL URINE&/BLDR CAP	O	1544	95.00	146,680.00	20.87	33.35	159.80	51,492.40	25	118	128	122
52000	CYSTOURETHROSCOPY	O	414	490.00	202,860.00	216.07	384.01	177.72	158,980.14	287	133	123	117
52332	CYSTO W/INSERT URETERAL STENT	F	131	975.00	127,725.00	159.64	301.12	188.62	39,446.72	281	176	181	165
55250	VASECTOMY UNI/BI SPX W/POSTOP SEMEN EXAMS	O	152	800.00	121,600.00	424.59	745.70	175.63	113,346.40	601	141	133	130
55700	PROSTATE NEEDLE BIOPSY ANY APPROACH	O	116	350.00	40,600.00	233.26	411.14	176.26	47,692.24	348	149	141	137
72194	CT PELVIS W/O & W/CONTRAST MATERIAL	O	113	700.00	79,100.00	381.56	627.56	164.47	70,914.28	477	125	127	109
74000	RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW	O	136	90.00	12,240.00	26.59	39.71	149.34	5,400.56	30	112	113	112
74170	CT ABDOMEN W/O &W/CONTRAST MATERIAL	O	116	700.00	81,200.00	450.43	683.08	151.65	79,237.28	514	114	112	118
76770	US RETROPERITONEAL REAL TIME W/IMAGE COMPLETE	O	338	345.00	116,610.00	145.27	202.58	139.45	68,472.04	152	105	104	93
76870	ULTRASOUND SCROTUM & CONTENTS	O	85	280.00	23,800.00	135.51	186.20	137.41	15,827.00	140	103	104	90

Procedure	Description	Location	Payer Volume	Billed Charged	Practice Charges	Medicare Payment	Payer Rate	Payer Average % of Medicare	Revenue (Payer Rate * Units)	Regional Avg \$	Regional Avg % Medicare	State Avg % Medicare	National Avg % Medicare
76872	ULTRASOUND TRANSRECTAL	O	139	284.98	39,612.22	148.70	210.41	141.50	29,246.99	146	98	96	98
76942	US GUIDANCE NEEDLE PLACEMENT RS&I	O	115	285.00	32,775.00	221.86	290.40	130.89	33,396.00	191	86	81	80
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT	O	736	542.47	399,257.92	153.17	142.80	93.23	105,100.80	191	125	127	128
77300	BASIC RADIATION DOSIMETRY CALCULATION	O	148	166.57	24,652.36	71.47	119.50	167.20	17,686.00	90	126	128	127
77332	TX DEVICES DESIGN & CONSTRUCTION SIMPLE	O	252	292.00	73,584.00	81.98	131.48	160.38	33,132.96	99	121	118	109
77336	CONTINUING MEDICAL PHYSICS CONSLTJ PR WK	O	158	488.16	77,129.28	50.41	91.08	180.68	14,390.64	68	136	142	206
77418	NTSTY MODUL DLVR 1/MLT FLDS/ARCS PR TX SESSION	O	607	2,400.00	1,456,800.00	516.11	448.17	86.84	272,039.19	534	104	107	130
77427	RADIATION TREATMENT MANAGEMENT 5 TREATMENTS	O	161	671.36	108,088.96	180.10	127.06	70.55	20,456.66	206	114	118	119
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCPT C/V	O	64	210.00	13,440.00	107.80	92.57	85.87	5,924.48	70	65	64	162
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	O	1398	150.00	209,700.00	112.93	93.23	82.56	130,335.54	75	66	103	237
96372	THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	O	169	30.00	5,070.00	25.68	32.21	125.43	5,443.49	24	94	95	103
97032	APPL MODALITY 1/> AREAS ELEC STIMJ EA 15 MIN	O	66	35.00	2,310.00	19.24	20.56	106.86	1,356.96	15	80	79	137
99203	OFFICE OUTPATIENT NEW 30 MINUTES	O	85	185.00	15,725.00	108.60	84.37	77.69	7,171.45	106	97	101	98
99204	OFFICE OUTPATIENT NEW 45 MINUTES	O	287	283.97	81,499.39	165.06	129.12	78.23	37,057.44	145	88	96	98
99211	OFFICE OUTPATIENT VISIT 5 MINUTES	O	1618	280.00	453,040.00	20.86	12.40	59.44	20,063.20	23	112	127	201
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	O	3000	105.00	315,000.00	73.15	63.28	86.51	189,840.00	71	97	97	92
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	O	1500	159.82	239,730.00	108.06	73.50	68.02	110,250.00	98	91	94	92
99215	OFFICE OUTPATIENT VISIT 40 MINUTES	O	228	255.00	58,140.00	144.84	84.82	58.56	19,338.96	122	84	91	89
Totals:								131%	\$1,842,348		114%	115%	124%

- All Medicare rates in the report are based upon Global Modifiers (Not TC or 026, not technical component of professional).

* = Less than five data points available.

Summary for CPT Codes with Medicare Rates and Payer Rates

Payer Average as % of Medicare	131%
Payer Weighted Avg as % of Medicare	109%
Payer Total Revenue	\$1,842,348
Regional Avg. % of Medicare	114%
State Avg. % of Medicare	115%
National Avg. % of Medicare	124%

Summary for CPT Codes missing Medicare Rates and / or Payer Rates

Note: The following codes could not be found in the Medicare System or the payer rate is zero and therefore NOT included in the report.

CPT Code	Location	Units	Bill Charge	Medicare Payment \$	Payer Rate \$	Revenue \$
36415	O	1981	10.00	0.00	5.76	11,410.56
80048	O	158	45.00	0.00	11.38	1,798.04
81000	O	5701	15.00	0.00	14.99	85,457.99
82565	O	116	20.00	0.00	6.90	800.40
83890	O	112	14.00	0.00	5.40	604.80
83900	O	112	110.00	0.00	27.41	3,069.92
83901	O	1562	55.00	0.00	13.72	21,430.64
83907	O	112	44.00	0.00	17.99	2,014.88
83909	O	1754	55.00	0.00	13.72	24,064.88
84153	O	937	110.00	0.00	24.77	23,209.49
84403	O	136	150.00	0.00	34.76	4,727.36
84520	O	107	20.00	0.00	5.30	567.10
85025	O	192	25.00	0.00	10.46	2,008.32
99243	O	149	280.00	0.00	188.54	28,092.46
99244	O	562	390.00	0.00	279.84	157,270.08
99245	O	229	515.00	0.00	342.28	78,382.12
Total for CPT Codes missing Medicare Rates and / or Payer Rates						\$444,909

Revenue Summary

Total for CPT Summary for CPT Codes with Medicare Rates and Payer Rates	\$1,842,348
Total for Summary for CPT Codes missing Medicare Rates and / or Payer Rates	\$444,909
Grand Revenue Total	\$2,287,257

Statistical Analysis Data Points *

CPT Code	Region Count	State Count	National Count
36415	24	27	41
51600	24	30	45
51700	24	29	53
51728	24	31	66
51784	24	30	67
51797	24	30	66
51798	30	43	188
52000	34	67	264
52332	27	41	197
55250	34	68	262
55700	24	31	77
72194	25	31	110
74000	24	28	48
74170	24	28	53
76770	24	29	115
76870	24	33	132
76872	33	66	253
76942	34	67	251
77014	25	29	95
77300	24	28	113
77332	24	28	74
77336	24	28	106
77418	24	28	121
77427	24	28	121
80048	24	27	35
81000	24	29	59
82565	24	27	43
83890	24	27	33
83900	24	27	33
83901	24	27	33
83907	24	27	33
83909	24	27	33
84153	24	28	53
84403	24	28	44
84520	24	27	35
85025	24	27	35
88112	24	27	78
88305	28	39	126
96372	24	33	62
97032	24	27	43

99203	39	114	284
99204	35	100	287
99211	36	80	202
99213	58	159	473
99214	49	150	450
99215	36	102	306
99243	42	87	310
99244	43	97	308
99245	30	78	245

**Save Report
CSV Format**

**Printable
View**

Continue

Copyright © 2006 - 2012 Healthcents Inc. All rights reserved.
CPT Copyright © 2007 American Medical Association. All rights reserved.