

## Appendix B – Year 2 (Cycle 2) Methodologies and Data

### Executive Summary

The Department contracted with the actuarial firm **Optumas** to provide support in comparing Colorado Medicaid provider rates to those of other payers (a comparable benchmark) and for calculating access to care metrics.

The following Physician Services were reviewed by **Optumas** as part of the 2022 Medicaid Provider Rate Review Analysis Report:

- Cardiology
- Cognitive Capabilities Assessment
- Ear, Nose, and Throat (ENT)
- Gastroenterology
- Health Education
- Ophthalmology
- Primary Care/Evaluation & Management (E&M)
- Radiology
- Respiratory
- Vaccines & Immunizations
- Vascular
- Women's Health & Family Planning
- Other Physician Services

The work performed on Year 2 (Cycle 2) services comprised three analyses:

- 1) Data validation
- 2) Rate comparison benchmark
- 3) Access to care

The data validation process includes:

- Volume checks over time to determine completeness and reliability of data
- Determination of relevant utilization base and appropriate exclusions
- Incurred but not reported (IBNR) adjustment

The rate comparison benchmark analysis for January 1, 2020, through December 31, 2020 (CY 2020) compares Colorado Medicaid's latest fee schedule estimated reimbursement with the estimated reimbursement of the overall benchmark(s). The rate comparison benchmark analysis for Physician Services considers Medicare rates the primary comparator. In cases where Medicare rates were not used for comparison, an average rate from a selected group of other states was used.

All else being equal, if Colorado Medicaid were to reimburse at 100.0% of the overall benchmark, expenditures for CY 2020 would see the estimated total funds impacts summarized in **Table 1**:

**Table 1. Colorado as a Percent of the Benchmark and Estimated CY 2020 Fund Impact**

Service Group	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark	Estimated CY 2020 Total Fund Impact
Cardiology	\$16,065,292	\$17,716,140	90.7%	\$1,650,848
Cognitive Capabilities Assessment	\$7,390,369	\$5,807,772	127.3%	(\$1,582,597)
Ear, Nose, and Throat (ENT)	\$19,610,893	\$26,106,323	75.1%	\$6,495,430
Gastroenterology	\$162,160	\$255,495	63.5%	\$93,335
Health Education	\$687,240	\$1,102,081	62.4%	\$414,841
Ophthalmology	\$26,152,155	\$33,430,858	78.2%	\$7,278,703
Primary Care/Evaluation & Management (E&M)	\$361,644,914	\$430,444,954	84.0%	\$68,800,040
Radiology	\$58,816,577	\$64,885,757	90.7%	\$6,069,180
Respiratory	\$914,336	\$938,229	97.5%	\$23,893
Vaccines & Immunizations	\$14,203,812	\$13,160,618	107.9%	(\$1,043,194)
Vascular	\$3,904,163	\$3,220,898	121.2%	(\$685,265)
Women's Health & Family Planning	\$188,679,084	\$226,119,105	83.4%	\$37,440,021
Other Physician Services	\$371,158,303	\$443,653,719	83.7%	\$72,495,416

The access to care analysis consists of a set of metrics to assist the Department in determining the ease in which members can obtain needed medical services by county classification over time and for the CY 2020 time period. **Table 2** lists the access to care metrics, definitions, and the time period for which the metric was evaluated when available.

**Table 2. Access to Care Definitions**

Metric	Definition	Time Period
Utilizers	The count of distinct utilizers	January 2018 – Dec 2020, Monthly
Providers	The count of active providers	January 2018 – Dec 2020, Monthly
Utilizers Per Provider (Panel Size)	Panel Size is the ratio of utilizers to active providers, and estimates average Medicaid members seen per provider	January 2018 – Dec 2020, Monthly
Member to Provider Ratio	Expressed as providers per 1,000 members, and allows for comparison across areas with large differences in population size	CY 2020

Metric	Definition	Time Period
Utilizer Density Map	Utilizer count by county of residence	CY 2020
Penetration Rate Map	The estimated share of total Medicaid members that received the service by county of residence expressed as per 1,000 members	CY 2020

All metrics are screened for personal health information (PHI).

### Data Validation

The Department provided three years (January 2018 through December 2020) of eligibility data and fee-for-service (FFS) claims data to **Optumas**. The data validation process included utilization and dollar volume summaries over time which were validated against the Department's expectations, as well as **Optumas'** expectations based on prior analyses to identify potential inconsistencies. In addition, a frequency analysis was performed to examine valid values appearing across all fields contained in the data. Overall, results of this process suggested that the CY 2020 data for Physician Services is reliable.

Next, the data was reviewed to determine the relevant utilization after accounting for applicable exclusions. The exclusion criteria adhere to the general guidelines set forth in the Rate Review Schedule:<sup>1</sup>

- Claims attributed to members that are non-TXIX Medicaid eligible, i.e., Child Health Plan *Plus* (CHP+) program;
- Claims attributed to members with no corresponding eligibility span; and
- Claims associated with members enrolled in Medicaid and Medicare (dual membership).

Furthermore, for the rate comparison benchmark, the validation process included three additional exclusions:

- Procedure codes that are manually priced, and therefore not comparable;
- Procedure codes that were in the data, but the most recent Colorado fee schedule lists them as "not a benefit;"
- Procedure codes that were in the data, but they are not found on the most recent Colorado fee schedule; and
- Procedure codes that do not have a comparable Medicare or other states' average rate

The list of procedure codes that were excluded from this analysis are shown in **Table 3(a)** below.

**Table 3(a). List of Procedure Codes Excluded**

Physician Service	Procedure Code	Modifier	Procedure Description	Reason for Removal
Cardiology	93799		CARDIOVASCULAR PROCEDURE	manually priced
Cardiology	92992		REVISION OF HEART CHAMBER	not a benefit
Cognitive Capabilities	G8431		POS CLIN DEPRES SCRIN F/U DOC	no comparable rate

<sup>1</sup> See the [Rate Review Schedule](#) on the Department's Medicaid Provider Rate Review Advisory Committee (MPRRAC) website.

Physician Service	Procedure Code	Modifier	Procedure Description	Reason for Removal
Cognitive Capabilities	G8510		SCR DEP NEG, NO PLAN REQD	no comparable rate
Ear, Nose, and Throat	92700		ENT PROCEDURE/SERVICE	no comparable rate
Ear, Nose, and Throat	92585		AUDITOR EVOKE POTENT COMPRE	not a benefit
Ear, Nose, and Throat	92585	26	AUDITOR EVOKE POTENT COMPRE	not a benefit
Ear, Nose, and Throat	92585	TC	AUDITOR EVOKE POTENT COMPRE	not a benefit
Ear, Nose, and Throat	92586		AUDITOR EVOKE POTENT LIMIT	not a benefit
Gastroenterology	91299		GASTROENTEROLOGY PROCEDURE	manually priced
Health Education	T1007	HF	TREATMENT PLAN DEVELOPMENT	no comparable rate
Health Education	T1007		TREATMENT PLAN DEVELOPMENT	not on CO fee schedule
Health Education	S9445		PT EDUCATION NOC INDIVID	not on CO fee schedule
Ophthalmology	92499		EYE SERVICE OR PROCEDURE	manually priced
Primary Care and E&M	99201		OFFICE/OUTPATIENT VISIT NEW	not a benefit
Primary Care and E&M	99201	FP	OFFICE/OUTPATIENT VISIT NEW	not a benefit
Primary Care and E&M	99201	GT	OFFICE/OUTPATIENT VISIT NEW	not a benefit
Radiology	76496	26	FLUOROSCOPIC PROCEDURE	no comparable rate
Radiology	76498		MRI PROCEDURE	no comparable rate
Radiology	76498	26	MRI PROCEDURE	no comparable rate
Radiology	74360	26	X-RAY GUIDE GI DILATION	not on CO fee schedule
Radiology	75956	26	XRAY ENDOVASC THOR AO REPR	not on CO fee schedule
Radiology	75957	26	XRAY ENDOVASC THOR AO REPR	not on CO fee schedule
Radiology	75959	26	XRAY PLACE DIST EXT THOR AO	not on CO fee schedule
Radiology	76999		ECHO EXAMINATION PROCEDURE	manually priced
Radiology	77399		EXTERNAL RADIATION DOSIMETRY	manually priced
Radiology	78299		GI NUCLEAR PROCEDURE	manually priced
Radiology	78499		CARDIOVASCULAR NUCLEAR EXAM	manually priced
Radiology	76970		ULTRASOUND EXAM FOLLOW-UP	not a benefit
Radiology	G0297		LDCT FOR LUNG CA SCREEN	not a benefit
Radiology	G0297	26	LDCT FOR LUNG CA SCREEN	not a benefit
Respiratory	94750		PULMONARY COMPLIANCE STUDY	not a benefit
Respiratory	94750	26	PULMONARY COMPLIANCE STUDY	not a benefit
Vaccines and Immunizations	90389		TETANUS IG IM	no comparable rate
Vascular	N/A	N/A	N/A	N/A
Women's Health and Family Planning	58578		LAPARO PROC UTERUS	no comparable rate
Women's Health and Family Planning	G0144		SCR C/V CYTO,THINLAYER,RESCR	no comparable rate
Women's Health and Family Planning	99201		OFFICE/OUTPATIENT VISIT NEW	not a benefit
Women's Health and Family Planning	99201	GT	OFFICE/OUTPATIENT VISIT NEW	not a benefit
Other Physician Services	J7328		GELSYN-3 INJECTION 0.1 MG	manually priced
Other Physician Services	95999		NEUROLOGICAL PROCEDURE	manually priced
Other Physician Services	99201		OFFICE/OUTPATIENT VISIT NEW	not a benefit
Other Physician Services	99201	FP	OFFICE/OUTPATIENT VISIT NEW	not a benefit

Physician Service	Procedure Code	Modifier	Procedure Description	Reason for Removal
Other Physician Services	99201	GT	OFFICE/OUTPATIENT VISIT NEW	not a benefit

The number of excluded procedure codes for each service group is shown in **Table 3(b)** below.

**Table 3(b). Count of Procedure Codes Excluded**

Service Group	Manually Priced	Not a Benefit	Not on CO Fee Schedule	No Comparable Rate Available
Cardiology	1	1	0	0
Cognitive Capabilities Assessment	0	0	0	2
Ear, Nose, and Throat (ENT)	0	4	0	1
Gastroenterology	1	0	0	0
Health Education	0	0	2	1
Ophthalmology	1	0	0	0
Primary Care/Evaluation & Management (E&M)	0	3	0	0
Radiology	4	3	4	3
Respiratory	0	2	0	0
Vaccines & Immunizations	0	0	0	1
Vascular	0	0	0	0
Women's Health & Family Planning	0	2	0	2
Other Physician Services	2	3	0	0

Services were priced to the Colorado Medicaid fee schedules at the procedure code level. The summary of exclusions from the CY 2020 base data can be found in **Appendix B1**.

CY 2020 claims data was selected as the base data of the repricing analysis because it yields an annualized result derived from the most recent experience.<sup>2</sup> There is an inherent processing lag in claims between the time a claim is incurred and when it is billed. Claims rendered in any given month can take weeks or months to be reported in the claims system. The claims data for Year Two (Cycle Two) services were provided with ten months of claims runout. The raw claims data reflects the vast majority of FFS experience for Year Two (Cycle Two) services in CY 2020 since Professional Services tend to be the fastest claims to complete, after Pharmacy. For this reason, no IBNR adjustments were made to the data.

After the data validations steps, the rate comparison benchmark analysis is performed.

<sup>2</sup> The Department is aware that CY 2020 data will show the impact of the global health emergency that occurred in 2020; however, the Department wanted to use the most recent experience to capture the data and will take this into consideration as the data is compiled, analyzed, and conclusions are developed.

### Rate Comparison Benchmark Analysis

The first step in the rate comparison benchmark analysis was a repricing exercise using the most recent Colorado Medicaid physician fee schedule rates effective July 1, 2021, by procedure code and the first modifier to obtain a Colorado repriced amount. The first modifier was considered to align with the repricing step using the Medicare physician fee schedule.

It was then necessary to identify other payer sources that would be used in the rate comparison benchmark analysis. Many of the Year Two (Cycle Two) services offered by Colorado Medicaid are covered by Medicare. To identify comparable rates, publicly available documentation on reimbursement policy was referenced, and the analysis employed a fee schedule specific to Colorado to produce a more valid comparison.<sup>3</sup> Rates were assigned by considering the procedure code and first modifier present on each claim and included consideration as to whether the service was performed at a facility or non-facility. Medicare's base rate which is listed by procedure code and the first modifier includes a breakout for facility versus non-facility and is considered to compare an appropriate rate.

For services without a comparable Medicare rate, supplemental rates were drawn from other state Medicaid programs. Arizona, Oklahoma, Nebraska, Utah, Nevada, and Oregon are linked to the Colorado Medicaid claims on a procedure code and first modifier basis, and the simple average of all corresponding rates is used.

This left a small portion of the data for which a comparable rate could not be found under the Year Two (Cycle Two) service categories. The utilization in the base data associated with these non-comparable claims were excluded for the remainder of the rate comparison benchmark analysis.

The final step consisted of applying the base utilization to Colorado Medicaid's latest available fee schedule as well as the matched rates from Medicare or other states. This entailed multiplication of utilization and the corresponding rates from each source, followed by subtraction of third-party liability (TPL) and copayments, to calculate the estimated total dollars that would theoretically be reimbursed by each source.

The distribution of procedure codes compared across benchmark sources for each service group is shown in **Table 4**.

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<sup>3</sup> The payment rate comparison is influenced by the choice of fee schedule since Colorado-specific Medicare rates are higher than those derived from unadjusted national relative value units. All Medicare rates and relevant information were effective calendar year 2022.

**Table 4. Count of Codes by Comparison Source**

Service Group	Medicare	Other States	No Comparable Rate Available
Cardiology	177	4	0
Cognitive Capabilities Assessment	11	2	2
Ear, Nose, and Throat (ENT)	60	6	1
Gastroenterology	24	0	0
Health Education	2	7	1
Ophthalmology	63	8	0
Primary Care/Evaluation & Management (E&M)	110	26	0
Radiology	1,040	16	3
Respiratory	41	3	0
Vaccines & Immunizations	5	40	1
Vascular	60	2	0
Women's Health & Family Planning	59	21	2
Other Physician Services	276	44	0

The range of ratios derived from comparing Health First Colorado rates to those of either Medicare or other states is shown by service group in **Table 5**.

**Table 5. Rate Ratio Ranges by Comparison Source**

Service Group	Medicare	Other States
Cardiology	35.0% - 358.1%	89.8% - 123.1%
Cognitive Capabilities Assessment	69.0% - 378.7%	139.9% - 183.5%
Ear, Nose, and Throat (ENT)	5.4% - 835.4%	33.0% - 102.7%
Gastroenterology	20.6% - 107.9%	N/A
Health Education	51.3% - 112.2%	80.8% - 1,058.2%
Ophthalmology	12.2% - 331.2%	45.1% - 214.8%
Primary Care/Evaluation & Management (E&M)	29.4% - 142.7%	88.7% - 194.0%
Radiology	9.5% - 389.0%	49.9% - 219.8%
Respiratory	39.9% - 141.8%	39.9% - 377.0%
Vaccines & Immunizations	87.8% - 113.6%	36.8% - 284.7%
Vascular	48.4% - 310.7%	91.4% - 102.1%
Women's Health & Family Planning	36.3% - 194.3%	88.7% - 185.5%
Other Physician Services	4.0% - 379.5%	24.7% - 429.4%

As an example, the top figures in Table 5 can be interpreted to mean that when comparing Cardiology Physician Services to Medicare rates by procedure code, the Colorado Medicaid rates were anywhere from 35.0% to 358.1% of the Medicare rate. For the Cardiology procedure codes where Medicare did not have a comparative rate, the Colorado Medicaid rates were anywhere from 89.8% to 123.1% of the other states' average rates.

Estimated expenditures were only compared for the subset of Year Two (Cycle Two) services that are common between Colorado Medicaid and another source. In other words, if no comparable rate could be found for a specific service offered in Colorado Medicaid, then the associated utilization and costs were not shown within the comparison results.

In the service-specific payment comparison sections of the narrative that follow, more detailed information can be found on the Medicare and other states' portions of the rate comparison benchmark.

### Cardiology Payment Comparison

There is a matching Medicare rate for over 98.9% of the Cardiology Physician Services utilization in CY 2020. Other States' average Medicaid rates were utilized for four procedure code and modifier 1 combinations and are shown in **Table 6** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 6. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
93530	26	RT HEART CATH CONGENITAL



Procedure Code	Modifier	Procedure Description
93531	26	R & L HEART CATH CONGENITAL
93532	26	R & L HEART CATH CONGENITAL
93533	26	R & L HEART CATH CONGENITAL

**Table 6** summarizes the Cardiology Physician Services rate benchmark by the comparison sources.

**Table 7. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States' Average	\$183,007	\$181,738	100.7%
Medicare	\$15,882,285	\$17,534,402	90.6%
<b>Total</b>	<b>\$16,065,292</b>	<b>\$17,716,140</b>	<b>90.7%</b>

**Table 8** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 8. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	90.7%
Colorado Repriced Amount	\$16,065,292
Benchmark Repriced Amount	\$17,716,140
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$1,650,848</b>

**Table 8** can be interpreted to mean that for Cardiology Physician Services under review, Colorado Medicaid pays an estimated 90.7% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$1,650,848. Detailed comparison results can be found in **Appendix B2**.

### *Cognitive Capabilities Assessment Payment Comparison*

There is a matching Medicare rate for over 80.2% of the Cognitive Capabilities Assessment Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for two procedure code and modifier 1 combinations shown in **Table 9** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 9. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
96110		DEVELOPMENTAL SCREEN W/SCORE
96110	EP	DEVELOPMENTAL SCREEN W/SCORE

**Table 10** summarizes the Cognitive Capabilities Assessment Physician Services rate benchmark by the comparison sources.

**Table 10. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$1,459,935	\$926,797	157.5%
Medicare	\$5,930,434	\$4,880,975	121.5%
<b>Total</b>	<b>\$7,390,369</b>	<b>\$5,807,772</b>	<b>127.2%</b>

**Table 11** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 11. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	127.3%
Colorado Repriced Amount	\$7,390,369
Benchmark Repriced Amount	\$5,807,772
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$(1,582,597)</b>

**Table 11** can be interpreted to mean that for Cognitive Capabilities Assessment Physician Services under review, Colorado Medicaid pays an estimated 127.2% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$(1,582,597). Detailed comparison results can be found in **Appendix B2**.

### ***Ear, Nose, and Throat Payment Comparison***

There is a matching Medicare rate for over 96.4% of the Ear, Nose, and Throat Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for six procedure code and modifier 1 combinations shown in the **Table 12** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 12. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
92533		CALORIC VESTIBULAR TEST
92551		PURE TONE HEARING TEST AIR
92558		EVOKED AUDITORY TEST QUAL
92606		NON-SPEECH DEVICE SERVICE
92630		AUD REHAB PRE-LING HEAR LOSS
92633		AUD REHAB POSTLING HEAR LOSS

**Table 13** summarizes the Ear, Nose, and Throat Physician Services rate benchmark by the comparison sources.

**Table 13. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$712,805	\$961,426	74.1%
Medicare	\$18,898,088	\$25,144,896	75.2%
<b>Total</b>	<b>\$19,610,893</b>	<b>\$26,106,323</b>	<b>75.1%</b>

**Table 14** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 14. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	75.1%
Colorado Repriced Amount	\$19,610,893
Benchmark Repriced Amount	\$26,106,323
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$6,495,430</b>

**Table 14** can be interpreted to mean that for Ear, Nose, and Throat Physician Services under review, Colorado Medicaid pays an estimated 75.1% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$6,495,430. Detailed comparison results can be found in **Appendix B2**.

### *Gastroenterology Payment Comparison*

There is a matching Medicare rate for 100% of the Gastroenterology Physician Services utilization in CY 2020. No Other States' Medicaid rates were needed for Gastroenterology Physician Services. The Benchmark repriced amount is the Medicare repriced amount.

**Table 15** summarizes the Gastroenterology Physician Services rate benchmark by the comparison sources.

**Table 15. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	N/A	N/A	N/A
Medicare	\$162,160	\$255,495	63.5%
<b>Total</b>	<b>\$162,160</b>	<b>\$255,495</b>	<b>63.5%</b>

**Table 16** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 16. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	63.5%
Colorado Repriced Amount	\$162,160
Benchmark Repriced Amount	\$255,495
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$93,335</b>

**Table 16** can be interpreted to mean that for Gastroenterology Physician Services under review, Colorado Medicaid pays an estimated 63.5% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$93,335. Detailed comparison results can be found in **Appendix B2**.

### *Health Education Payment Comparison*

There is a matching Medicare rate for over 91.7% of the Health Education Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for seven procedure code and modifier 1 combinations shown in **Table 17** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 17. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
90989		DIALYSIS TRAINING COMPLETE
90993		DIALYSIS TRAINING INCOMPL
96040		GENETIC COUNSELING 30 MIN
99409		AUDIT/DAST OVER 30 MIN
99411		PREVENTIVE COUNSELING GROUP
99412		PREVENTIVE COUNSELING GROUP
G0433		ELISA HIV-1/HIV-2 SCREEN

**Table 18** summarizes the Health Education Physician Services rate benchmark by the comparison sources.

**Table 18. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$57,265	\$38,425	149%
Medicare	\$629,974	\$1,063,656	59.2%
<b>Total</b>	<b>\$687,240</b>	<b>\$1,102,081</b>	<b>62.4%</b>

**Table 19** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 19. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	62.4%
Colorado Repriced Amount	\$687,240
Benchmark Repriced Amount	\$1,102,081
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$414,841</b>

**Table 19** can be interpreted to mean that for Health Education Physician Services under review, Colorado Medicaid pays an estimated 62.4% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$414,841. Detailed comparison results can be found in **Appendix B2**.

### *Ophthalmology Payment Comparison*

There is a matching Medicare rate for over 89.6% of the Ophthalmology Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for eight procedure code and modifier 1 combinations shown in **Table 20** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 20. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
92015		DETERMINE REFRACTIVE STATE
92310		CONTACT LENS FITTING
92314		PRESCRIPTION OF CONTACT LENS
92340		FIT SPECTACLES MONOFOCAL
92341		FIT SPECTACLES BIFOCAL

Procedure Code	Modifier	Procedure Description
92342		FIT SPECTACLES MULTIFOCAL
92354		FIT SPECTACLES SINGLE SYSTEM
92370		REPAIR & ADJUST SPECTACLES

**Table 21** summarizes the Ophthalmology Physician Services rate benchmark by the comparison sources.

**Table 21. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$2,729,457	\$5,506,153	49.6%
Medicare	\$23,422,698	\$27,924,706	83.9%
<b>Total</b>	<b>\$26,152,155</b>	<b>\$33,430,858</b>	<b>78.2%</b>

**Table 22** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 22. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	78.2%
Colorado Repriced Amount	\$26,152,155
Benchmark Repriced Amount	\$33,430,858
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$7,278,703</b>

**Table 22** can be interpreted to mean that for Ophthalmology Physician Services under review, Colorado Medicaid pays an estimated 78.2% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$7,278,703. Detailed comparison results can be found in **Appendix B2**.

### *Primary Care and Evaluation and Management Payment Comparison*

There is a matching Medicare rate for over 91.5% of the Primary Care and Evaluation and Management Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for twenty-six procedure code and modifier 1 combinations and are shown in **Table 23** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 23. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
99245		OFFICE CONSULTATION
99360		PHYSICIAN STANDBY SERVICES
99381		INIT PM E/M NEW PAT INFANT
99382		INIT PM E/M NEW PAT 1-4 YRS
99383		PREV VISIT NEW AGE 5-11
99384		PREV VISIT NEW AGE 12-17
99385		PREV VISIT NEW AGE 18-39
99386		PREV VISIT NEW AGE 40-64
99387		INIT PM E/M NEW PAT 65+ YRS
99391		PER PM REEVAL EST PAT INFANT
99392		PREV VISIT EST AGE 1-4
99393		PREV VISIT EST AGE 5-11
99394		PREV VISIT EST AGE 12-17
99395		PREV VISIT EST AGE 18-39
99396		PREV VISIT EST AGE 40-64
99397		PER PM REEVAL EST PAT 65+ YR
99401		PREVENTIVE COUNSELING INDIV
99402		PREVENTIVE COUNSELING INDIV
99403		PREVENTIVE COUNSELING INDIV
99404		PREVENTIVE COUNSELING INDIV
99408		AUDIT/DAST 15-30 MIN
99409		AUDIT/DAST OVER 30 MIN
99411		PREVENTIVE COUNSELING GROUP
99412		PREVENTIVE COUNSELING GROUP
99485		SUPRV INTERFACILITY TRANSPORT
99486		SUPRV INTERFAC TRNSPORT ADDL

**Table 24** summarizes the Primary Care and Evaluation and Management Physician Services rate benchmark by the comparison sources.

**Table 24. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$30,656,003	\$27,975,044	109.6%
Medicare	\$330,988,911	\$402,469,910	82.2%
<b>Total</b>	<b>\$361,644,914</b>	<b>\$430,444,954</b>	<b>84.0%</b>

**Table 25** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 25. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	84.0%
Colorado Repriced Amount	\$361,644,914
Benchmark Repriced Amount	\$430,444,954
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$68,800,040</b>

**Table 25** can be interpreted to mean that for Primary Care and Evaluation and Management Physician Services under review, Colorado Medicaid pays an estimated 84.0% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$68,800,040. Detailed comparison results can be found in **Appendix B2**.

### *Radiology Payment Comparison*

There is a matching Medicare rate for over 98.9% of the Radiology Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for sixteen procedure code and modifier 1 combinations and are shown in **Table 26** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 26. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
72275		EPIDUROGRAPHY
72275	26	EPIDUROGRAPHY
74263		CT COLONOGRAPHY SCREENING
74263	26	CT COLONOGRAPHY SCREENING
76390		MR SPECTROSCOPY
76390	26	MR SPECTROSCOPY
76390	TC	MR SPECTROSCOPY
76497	26	CT PROCEDURE
77385		NTSTY MODUL RAD TX DLVR SMPL
77386		NTSTY MODUL RAD TX DLVR CPLX
77387		GUIDANCE FOR RADIAJ TX DLVR
77387	26	GUIDANCE FOR RADIAJ TX DLVR
77387	TC	GUIDANCE FOR RADIAJ TX DLVR
77412		RADIATION TREATMENT DELIVERY
78267		BREATH TST ATTAIN/ANAL C-14
78268		BREATH TEST ANALYSIS C-14



**Table 27** summarizes the Radiology Physician Services rate benchmark by the comparison sources.

**Table 27. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$653,630	\$1,047,546	62.4%
Medicare	\$58,162,947	\$63,838,211	91.1%
<b>Total</b>	<b>\$58,816,577</b>	<b>\$64,885,757</b>	<b>90.7%</b>

**Table 28** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 28. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	90.7%
Colorado Repriced Amount	\$58,816,577
Benchmark Repriced Amount	\$64,885,757
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$6,069,180</b>

**Table 28** can be interpreted to mean that for Radiology Physician Services under review, Colorado Medicaid pays an estimated 90.7% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$6,069,180. Detailed comparison results can be found in **Appendix B2**.

### *Respiratory Payment Comparison*

There is a matching Medicare rate for over 99.7% of the Respiratory Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for three procedure code and modifier 1 combinations and are shown in **Table 29** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 29. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
94150		VITAL CAPACITY TEST
94150	26	VITAL CAPACITY TEST
94642		AEROSOL INHALATION TREATMENT

**Table 30** summarizes the Respiratory Physician Services rate benchmark by the comparison sources.

**Table 30. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$3,140	\$3,611	87.0%
Medicare	\$911,196	\$934,618	97.5%
<b>Total</b>	<b>\$914,336</b>	<b>\$938,229</b>	<b>97.5%</b>

**Table 31** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 31. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	97.5%
Colorado Repriced Amount	\$914,336
Benchmark Repriced Amount	\$938,229
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$23,893</b>

**Table 31** can be interpreted to mean that for Respiratory Physician Services under review, Colorado Medicaid pays an estimated 97.5% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$23,893. Detailed comparison results can be found in **Appendix B2**.

### *Vaccines and Immunizations Payment Comparison*

There is a matching Medicare rate for over 64.2% of the Vaccine and Immunizations Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for forty procedure code and modifier 1 combinations and are shown in **Table 32** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 32. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
0001A		ADM SARSCOV2 30MCG/0.3ML 1ST
0011A		ADM SARSCOV2 100MCG/0.5ML1ST
90376		RABIES IG HEAT TREATED
90378		RSV MAB IM 50MG
90384		RH IG FULL-DOSE IM
90385		RH IG MINIDOSE IM
90620		MENB-4C VACC 2 DOSE IM

Procedure Code	Modifier	Procedure Description
90621		MENB-FHBP VACC 2/3 DOSE IM
90632		HEPA VACCINE ADULT IM
90636		HEP A/HEP B VACC ADULT IM
90647		HIB PRP-OMP VACC 3 DOSE IM
90649		4VHPV VACCINE 3 DOSE IM
90650		2VHPV VACCINE 3 DOSE IM
90651		9VHPV VACCINE 2/3 DOSE IM
90654		FLU VACC IIV3 NO PRESERV ID
90656		IIV3 VACC NO PRSV 0.5 ML IM
90658		IIV3 VACCINE SPLT 0.5 ML IM
90661		CCIIV3 VAC NO PRSV 0.5 ML IM
90662		IIV NO PRSV INCREASED AG IM
90670		PCV13 VACCINE IM
90672		LAIV4 VACCINE INTRANASAL
90674		CCIIV4 VAC NO PRSV 0.5 ML IM
90675		RABIES VACCINE IM
90682		RIV4 VACC RECOMBINANT DNA IM
90686		IIV4 VACC NO PRSV 0.5 ML IM
90688		IIV4 VACCINE SPLT 0.5 ML IM
90707		MMR VACCINE SC
90713		POLIOVIRUS IPV SC/IM
90714		TD VACC NO PRESV 7 YRS+ IM
90715		TDAP VACCINE 7 YRS/> IM
90716		VAR VACCINE LIVE SUBQ
90732		PPSV23 VACC 2 YRS+ SUBQ/IM
90733		MPSV4 VACCINE SUBQ
90734		MCV4 MENACWY VACCINE IM
90736		HZV VACCINE LIVE SUBQ
90739		HEPB VACC 2 DOSE ADULT IM
90746		HEPB VACCINE 3 DOSE ADULT IM
90747		HEPB VACC 4 DOSE IMMUNSUP IM
90750		HZV VACC RECOMBINANT IM
90756		CCIIV4 VACC ABX FREE IM

**Table 33** summarizes the Vaccines and Immunizations Physician Services rate benchmark by the comparison sources.

**Table 33. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$5,081,701	\$4,938,741	102.9%
Medicare	\$9,122,111	\$8,221,878	110.9%
<b>Total</b>	<b>\$14,203,812</b>	<b>\$13,160,618</b>	<b>107.9%</b>

**Table 34** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 34. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	107.9%
Colorado Repriced Amount	\$14,203,812
Benchmark Repriced Amount	\$13,160,618
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$(1,043,194)</b>

**Table 34** can be interpreted to mean that for Vaccines and Immunizations Physician Services under review, Colorado Medicaid pays an estimated 107.9% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$(1,043,194). Detailed comparison results can be found in **Appendix B2**.

### *Vascular Payment Comparison*

There is a matching Medicare rate for over 91.5% of the Vascular Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for two procedure code and modifier 1 combinations and are shown in **Table 35** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 35. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
36415		ROUTINE VENIPUNCTURE
36416		CAPILLARY BLOOD DRAW

**Table 36** summarizes the Vascular Physician Services rate benchmark by the comparison sources.

**Table 36. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$331,356	\$333,336	99.4%
Medicare	\$3,572,807	\$2,887,562	123.7%
<b>Total</b>	<b>\$3,904,163</b>	<b>\$3,220,898</b>	<b>121.2%</b>

**Table 37** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 37. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	121.2%
Colorado Repriced Amount	\$3,904,163
Benchmark Repriced Amount	\$3,220,898
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$(683,265)</b>

**Table 37** can be interpreted to mean that for Vascular Physician Services under review, Colorado Medicaid pays an estimated 121.2% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$(683,265). Detailed comparison results can be found in **Appendix B2**.

### *Women's Health and Family Planning Payment Comparison*

There is a matching Medicare rate for over 93.9% of the Women's Health and Family Planning Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for twenty-one procedure code and modifier 1 combinations and are shown in **Table 38** below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 38. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
88142		CYTOPATH C/V THIN LAYER
88147		CYTOPATH C/V AUTOMATED
88175		CYTOPATH C/V AUTO FLUID REDO
99384		PREV VISIT NEW AGE 12-17
99385		PREV VISIT NEW AGE 18-39
99386		PREV VISIT NEW AGE 40-64
99387		INIT PM E/M NEW PAT 65+ YRS
99394		PREV VISIT EST AGE 12-17
99395		PREV VISIT EST AGE 18-39

Procedure Code	Modifier	Procedure Description
99396		PREV VISIT EST AGE 40-64
99397		PER PM REEVAL EST PAT 65+ YR
99401		PREVENTIVE COUNSELING INDIV
99402		PREVENTIVE COUNSELING INDIV
99403		PREVENTIVE COUNSELING INDIV
99404		PREVENTIVE COUNSELING INDIV
99408		AUDIT/DAST 15-30 MIN
99409		AUDIT/DAST OVER 30 MIN
99411		PREVENTIVE COUNSELING GROUP
99412		PREVENTIVE COUNSELING GROUP
G0123		SCREEN CERV/VAG THIN LAYER
G0145		SCR C/V CYTO,THINLAYER,RESCR

**Table 39** summarizes the Women’s Health and Family Planning Physician Services rate benchmark by the comparison sources.

**Table 39. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$11,487,274	\$10,419,309	110.2%
Medicare	\$177,191,810	\$215,699,795	82.1%
<b>Total</b>	<b>\$188,679,084</b>	<b>\$226,119,104</b>	<b>83.4%</b>

**Table 40** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 40. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	83.4%
Colorado Repriced Amount	\$188,679,084
Benchmark Repriced Amount	\$226,119,104
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$37,440,020</b>

**Table 40** can be interpreted to mean that for Women’s Health and Family Planning Physician Services under review, Colorado Medicaid pays an estimated 83.4% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$37,440,020. Detailed comparison results can be found in **Appendix B2**.

*Other Physician Services Payment Comparison*

There is a matching Medicare rate for over 91.2% of the Other Physician Services utilization in CY 2020. Other States' average Medicaid rates are utilized for forty-four procedure code and modifier 1 combinations and are shown in Table 41 below. The Benchmark repriced amount is the combination of Medicare and Other States' repriced amount combined.

**Table 41. Procedure Codes/Modifiers Repriced Using Other States' Average**

Procedure Code	Modifier	Procedure Description
95120		IMMUNOTHERAPY ONE INJECTION
95134		IMMNTX 5 STING INSECTS
96040		GENETIC COUNSELING 30 MIN
96376		TX/PRO/DX INJ SAME DRUG ADON
96379		THER/PROP/DIAG INJ/INF PROC
99000		SPECIMEN HANDLING OFFICE-LAB
99050		MEDICAL SERVICES AFTER HRS
99070		SPECIAL SUPPLIES PHYS/QHP
99172		OCULAR FUNCTION SCREEN
99173		VISUAL ACUITY SCREEN
99174		OCULAR INSTRUMNT SCREEN BIL
99177		OCULAR INSTRUMNT SCREEN BIL
99245		OFFICE CONSULTATION
99360		PHYSICIAN STANDBY SERVICES
99381		INIT PM E/M NEW PAT INFANT
99382		INIT PM E/M NEW PAT 1-4 YRS
99383		PREV VISIT NEW AGE 5-11
99384		PREV VISIT NEW AGE 12-17
99385		PREV VISIT NEW AGE 18-39
99386		PREV VISIT NEW AGE 40-64
99387		INIT PM E/M NEW PAT 65+ YRS
99391		PER PM REEVAL EST PAT INFANT
99392		PREV VISIT EST AGE 1-4
99393		PREV VISIT EST AGE 5-11
99394		PREV VISIT EST AGE 12-17
99395		PREV VISIT EST AGE 18-39
99396		PREV VISIT EST AGE 40-64
99397		PER PM REEVAL EST PAT 65+ YR
99401		PREVENTIVE COUNSELING INDIV
99402		PREVENTIVE COUNSELING INDIV
99403		PREVENTIVE COUNSELING INDIV
99404		PREVENTIVE COUNSELING INDIV

Procedure Code	Modifier	Procedure Description
99408		AUDIT/DAST 15-30 MIN
99409		AUDIT/DAST OVER 30 MIN
99411		PREVENTIVE COUNSELING GROUP
99412		PREVENTIVE COUNSELING GROUP
99485		SUPRV INTERFACILTY TRANSPORT
99486		SUPRV INTERFAC TRNSPORT ADDL
J7321		HYALGAN SUPARTZ VISCO-3 DOSE
J7323		EUFLEXXA INJ PER DOSE
J7324		ORTHOVISC INJ PER DOSE
J7325		SYNVISC OR SYNVISC-ONE
J7327		MONOVISC INJ PER DOSE
S0265		GENETIC COUNSEL 15 MINS

**Table 42** summarizes the Other Physician Services rate benchmark by the comparison sources.

**Table 42. Benchmark Comparison Results by Comparison Source**

Comparison Source	Colorado Repriced	Benchmark Repriced	Colorado as a Percent of Benchmark
Other States Average	\$32,727,276	\$29,906,914	109.4%
Medicare	\$338,431,026	\$413,746,805	81.8%
<b>Total</b>	<b>\$371,158,303</b>	<b>\$443,653,719</b>	<b>83.7%</b>

**Table 43** summarizes the payment comparison and estimated fiscal impact in aggregate.

**Table 43. Estimated Fiscal Impact**

Colorado as a Percentage of Benchmark	83.7%
Colorado Repriced Amount	\$371,158,303
Benchmark Repriced Amount	\$443,653,719
<b>Est. CY 2020 Total Fund Impact</b>	<b>\$72,495,416</b>

**Table 43** can be interpreted to mean that for Other Physician Services under review, Colorado Medicaid pays an estimated 83.7% of the benchmark. Had Colorado Medicaid reimbursed at 100.00% of the benchmark rates in CY 2020, the estimated impact to the Total Fund would be \$72,495,416. Detailed comparison results can be found in **Appendix B2**.



## Access to Care

This year, the Department contracted with **Optumas** to analyze access to care metrics for Year Two (Cycle Two) services. These metrics inform the Department about the ease with which members can access these services and patterns over time. The metrics analyzed included:

1. **Distinct utilizers over time by county classification** showing the monthly number of members that receive a service in each county classification of residence. Utilizers are identified by their unique Member ID;
2. **Active providers over time by county classification** showing the monthly number of providers providing services to members residing in each county classification residence. Providers are identified by their billing provider's Medicaid ID which was considered the unique provider identifier;
3. **Utilizer per Provider (Panel Size) over time by county classification** estimating the number of utilizers per provider actively servicing members who reside in that county classification;
4. **Member-to-Provider Ratios by county classification in CY 2020** which is useful in normalizing, and eventually standardizing, the supply of active providers relative to total membership in different county classifications;
5. **Utilizer Density by county in CY 2020** showing on a map the geographic distribution and prevalence of members utilizing each service group, and;
6. **Penetration Rates by county in CY 2020** showing on a map the relative share of members utilizing each service group across different counties, normalizing for the total number of Medicaid members residing in each county expressed as per 1,000.

For the definition of each metric, please view Table 2 above. More detailed information including data visualization is included in the main body of the Department's 2022 Medicaid Provider Rate Review Analysis Report (the report).

## Data Validation

The access to care analysis applies the following exclusion criteria to the Physician Services January 2018 through December 2020 FFS claims data the Department provided as part of the rate review analysis:

- Claims attributed to members that are non-TXIX Medicaid eligible, i.e. Child Health Plan *Plus* (CHP+) program; and
- Claims attributed to members with no corresponding eligibility span;

No other adjustments are made to the access to care data.

## Interpretation of Results

To address access to care for Year Two (Cycle Two) services, different partitions in the data are analyzed to enhance the value and actionability of the results. There are considerations to be made at different levels of aggregation and data partitioning to accurately interpret what the summarized figures and distinct counts represent. Distinct counts of members and providers, when grouped by different dimensions, will have varying degrees of duplication and may not be directly summed to arrive back at total, undivided distinct utilizer and provider counts. The two main types of data partition are discussed below, along with considerations one should make when accurately interpreting access to care results.

### *Geographic Partitions*

Geographic partitions are arranged in the access metrics because they provide important distinctions when comparing and evaluating access to care for members residing in similar and dissimilar geographic locations. The utilizer and member counts grouped by county and county classification are nonduplicative when analyzed over time on a monthly basis and may be duplicative at the CY 2020 aggregate level. However, the active provider counts grouped by county and county classification maintain potential for duplication even within a single month because these geographic partitions represent the county of residence for the utilizers in the data. For example, if a member resided in both an urban and rural county during the CY 2020 time period, that member would contribute to both the urban CY 2020 total utilizer counts as well as the rural CY 2020 total utilizer counts for the service groups applicable to this member. To the degree that members residing in multiple counties were able to access a single provider within a given month, that provider contributes to the active provider counts for all counties in which that provider's panel resides. Although this duplication does not adversely impact the informational value of the annualized access metrics, it should be considered when interpreting the aggregated results.

The following appendices provide more detailed rate comparison benchmark summaries and results that were introduced and discussed in the narrative.

## Appendix B1: Base Data Summary

**Table B1(a).**

	Cardiology	Cognitive Capabilities Assessment	Ear, Nose, and Throat	Gastroenterology	Health Education Services
CY 2020 Paid Amount	\$15,476,617	\$7,825,312	\$19,553,197	\$166,710	\$667,510
Exclusions					
Non-TXIX	\$220,059	\$3,211	\$237	\$232	\$100
No Eligibility Span	\$21,298	\$5,623	\$5,073	\$1,291	\$119
Dual Eligible	\$110,943	\$15,635	\$10,961	\$862	\$1,344
Child Health Plan Plus (CHP+)	\$473	\$195	\$787	\$0	\$0
Manually Priced	\$1,679	\$0	\$0	\$5,385	\$0
Not A Benefit	\$12,499	\$0	\$55,434	\$0	\$0
No CO Medicaid Rate Found	\$0	\$0	\$0	\$0	\$2,412
No Comparable Rate	\$0	\$961,181	\$2,837	\$0	\$751
Total Exclusions	\$366,951	\$985,845	\$75,329	\$7,770	\$5,726
Repricing Base					
Year Two (Cycle Two) Base Data	\$15,109,666	\$6,839,467	\$19,477,868	\$158,940	\$662,784
Percentage of Raw	97.63%	87.40%	99.61%	95.35%	99.29%

Note: as an example, the Cardiology final figures in the above table can be interpreted to mean that 97.63% (accounting for \$15,109,666 in unadjusted paid dollars) of the CY 2020 data provided by the Department was appropriate for use in the payment rate comparison analysis.

**Table B1(b).**

## Appendix B1: Base Data Summary **CBIZ Optumas**

	Ophthalmology	Primary Care and E&M	Radiology	Respiratory	Vaccines and Immunizations
CY 2020 Paid Amount	\$25,022,837	\$342,332,923	\$56,873,799	\$900,790	\$13,665,719
Exclusions					
Non-TXIX	\$6,248	\$4,223,520	\$450,789	\$316	\$10,075
No Eligibility Span	\$20,340	\$462,073	\$147,536	\$760	\$20,514
Dual Eligible	\$71,202	\$1,690,673	\$279,143	\$3,765	\$31,670
Child Health Plan Plus (CHP+)	\$2,824	\$12,478	\$1,797	\$5	\$590
Manually Priced	\$138	\$0	\$1,773	\$0	\$0
Not A Benefit	\$0	\$301,192	\$10,949	\$404	\$0
No CO Medicaid Rate Found	\$0	\$0	\$5,720	\$0	\$0
No Comparable Rate	\$0	\$0	\$314	\$0	\$405
Total Exclusions	\$100,752	\$6,689,936	\$898,021	\$5,250	\$63,254
Repricing Base					
Year Two (Cycle Two) Base Data	\$24,922,085	\$335,642,987	\$55,975,778	\$895,540	\$13,602,465
Percentage of Raw	99.60%	98.05%	98.42%	99.42%	99.54%

**Table B1(c).**

## Appendix B1: Base Data Summary **CBIZ Optumas**

	Vascular	Women's Health and Family Planning	Other Physician
CY 2020 Paid Amount	\$3,899,861	\$186,187,777	\$352,528,438
Exclusions			
Non-TXIX	\$42,211	\$207,327	\$4,261,932
No Eligibility Span	\$6,633	\$177,077	\$469,659
Dual Eligible	\$27,221	\$769,863	\$1,835,648
Child Health Plan Plus (CHP+)	\$9	\$7,411	\$12,813
Manually Priced	\$0	\$0	\$4,287
Not A Benefit	\$0	\$186,953	\$299,895
No CO Medicaid Rate Found	\$0	\$0	\$37,234
No Comparable Rate	\$0	\$500	\$0
Total Exclusions	\$76,074	\$1,349,131	\$6,921,468
Repricing Base			
Year Two (Cycle Two) Base Data	\$3,823,787	\$184,838,646	\$345,606,970
Percentage of Raw	98.05%	99.28%	98.04%

## Appendix B2: Professional Services Rate Ratio Results

These appendices show the rate ratios for all unique combinations of Colorado Medicaid and benchmark comparison rates found in the rate comparison benchmark analysis at a procedure code level. Procedure codes are duplicated to the extent that Medicare's facility/non-facility break-out rates are applied.

All Physician Services analyzed in the rate comparison benchmark analysis are repriced using methodology that incorporates the following data elements:

- Procedure Code
- Modifier 1
- Facility/Non-Facility

**Table B2. Physician Services Rate Ratio Results**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	92920		PRQ CARDIAC ANGIOPLAST 1 ART	Medicare Facility Rate	\$438.47	\$525.21	83.5%
Cardiology	92924		PRQ CARD ANGIO/ATHRECT 1 ART	Medicare Facility Rate	\$521.25	\$625.91	83.3%
Cardiology	92928		PRQ CARD STENT W/ANGIO 1 VSL	Medicare Facility Rate	\$486.92	\$584.33	83.3%
Cardiology	92933		PRQ CARD STENT/ATH/ANGIO	Medicare Facility Rate	\$544.49	\$655.20	83.1%
Cardiology	92937		PRQ REVASC BYP GRAFT 1 VSL	Medicare Facility Rate	\$487.29	\$583.62	83.5%
Cardiology	92941		PRQ CARD REVASC MI 1 VSL	Medicare Facility Rate	\$545.56	\$656.62	83.1%
Cardiology	92943		PRQ CARD REVASC CHRONIC 1VSL	Medicare Facility Rate	\$545.56	\$656.52	83.1%
Cardiology	92950		HEART/LUNG RESUSCITATION CPR	Medicare Non-Facility Rate	\$86.10	\$346.29	24.9%
Cardiology	92950		HEART/LUNG RESUSCITATION CPR	Medicare Facility Rate	\$86.10	\$185.05	46.5%
Cardiology	92960		CARDIOVERSION ELECTRIC EXT	Medicare Facility Rate	\$80.36	\$109.95	73.1%
Cardiology	92961		CARDIOVERSION ELECTRIC INT	Medicare Facility Rate	\$176.76	\$245.03	72.1%
Cardiology	92973		PRQ CORONARY MECH THROMBECT	Medicare Facility Rate	\$131.70	\$175.20	75.2%
Cardiology	92974		CATH PLACE CARDIO BRACHYTX	Medicare Facility Rate	\$144.59	\$160.02	90.4%
Cardiology	92977		DISSOLVE CLOT HEART VESSEL	Medicare Facility Rate	\$59.69	\$54.37	109.8%
Cardiology	92978	26	ENDOLUMINL IVUS OCT C 1ST	Medicare Facility Rate	\$70.41	\$94.20	74.7%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	92978		ENDOLUMINL IVUS OCT C 1ST	Medicare Facility Rate	\$184.10	\$94.20	195.4%
Cardiology	92979	26	ENDOLUMINL IVUS OCT C EA	Medicare Facility Rate	\$56.43	\$75.17	75.1%
Cardiology	92986		REVISION OF AORTIC VALVE	Medicare Facility Rate	\$824.47	\$1,320.84	62.4%
Cardiology	92987		REVISION OF MITRAL VALVE	Medicare Facility Rate	\$873.61	\$1,366.12	63.9%
Cardiology	92990		REVISION OF PULMONARY VALVE	Medicare Facility Rate	\$657.36	\$1,089.08	60.4%
Cardiology	92997		PUL ART BALLOON REPR PERCUT	Medicare Facility Rate	\$611.98	\$633.39	96.6%
Cardiology	92998		PUL ART BALLOON REPR PERCUT	Medicare Facility Rate	\$266.36	\$314.93	84.6%
Cardiology	93000		ELECTROCARDIOGRAM COMPLETE	Medicare Facility/Non-Facility Rate	\$21.82	\$14.75	147.9%
Cardiology	93005		ELECTROCARDIOGRAM TRACING	Medicare Facility/Non-Facility Rate	\$10.91	\$6.42	169.9%
Cardiology	93010		ELECTROCARDIOGRAM REPORT	Medicare Facility/Non-Facility Rate	\$8.63	\$8.33	103.6%
Cardiology	93015		CARDIOVASCULAR STRESS TEST	Medicare Facility/Non-Facility Rate	\$100.45	\$74.05	135.7%
Cardiology	93016		CARDIOVASCULAR STRESS TEST	Medicare Facility/Non-Facility Rate	\$21.65	\$21.92	98.8%
Cardiology	93017		CARDIOVASCULAR STRESS TEST	Medicare Non-Facility Rate	\$61.13	\$37.49	163.1%
Cardiology	93018		CARDIOVASCULAR STRESS TEST	Medicare Facility/Non-Facility Rate	\$15.61	\$14.64	106.6%
Cardiology	93040		RHYTHM ECG WITH REPORT	Medicare Facility/Non-Facility Rate	\$12.68	\$12.97	97.8%
Cardiology	93041		RHYTHM ECG TRACING	Medicare Non-Facility Rate	\$5.09	\$6.06	84.0%
Cardiology	93042		RHYTHM ECG REPORT	Medicare Facility Rate	\$4.90	\$6.91	70.9%
Cardiology	93224		ECG MONIT/REPT UP TO 48 HRS	Medicare Facility/Non-Facility Rate	\$106.20	\$79.89	132.9%
Cardiology	93225		ECG MONIT/REPT UP TO 48 HRS	Medicare Non-Facility Rate	\$33.48	\$20.56	162.8%
Cardiology	93226		ECG MONIT/REPT UP TO 48 HRS	Medicare Non-Facility Rate	\$30.12	\$40.48	74.4%
Cardiology	93227		ECG MONIT/REPT UP TO 48 HRS	Medicare Facility/Non-Facility Rate	\$27.39	\$18.85	145.3%
Cardiology	93228		REMOTE 30 DAY ECG REV/REPORT	Medicare Facility/Non-Facility Rate	\$19.45	\$26.02	74.8%
Cardiology	93229		REMOTE 30 DAY ECG TECH SUPP	Medicare Non-Facility Rate	\$550.02	\$953.76	57.7%
Cardiology	93260		PRGRMG DEV EVAL IMPLTBL SYS	Medicare Non-Facility Rate	\$53.79	\$81.50	66.0%
Cardiology	93260	26	PRGRMG DEV EVAL IMPLTBL SYS	Medicare Facility Rate	\$35.79	\$43.19	82.9%
Cardiology	93261		INTERROGATE SUBQ DEFIB	Medicare Non-Facility Rate	\$49.26	\$75.51	65.2%
Cardiology	93261	26	INTERROGATE SUBQ DEFIB	Medicare Facility Rate	\$31.28	\$37.57	83.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	93264		REM MNTR WRLS P-ART PRS SNR	Medicare Non-Facility Rate	\$37.65	\$51.30	73.4%
Cardiology	93268		ECG RECORD/REVIEW	Medicare Facility/Non-Facility Rate	\$119.84	\$196.98	60.8%
Cardiology	93270		REMOTE 30 DAY ECG REV/REPORT	Medicare Non-Facility Rate	\$19.87	\$8.96	221.8%
Cardiology	93271		ECG/MONITORING AND ANALYSIS	Medicare Non-Facility Rate	\$60.41	\$162.95	37.1%
Cardiology	93272		ECG/REVIEW INTERPRET ONLY	Medicare Facility/Non-Facility Rate	\$25.09	\$25.07	100.1%
Cardiology	93278	26	ECG/SIGNAL-AVERAGED	Medicare Facility/Non-Facility Rate	\$12.48	\$12.55	99.4%
Cardiology	93279		PM DEVICE PROGR EVAL SNGL	Medicare Non-Facility Rate	\$42.19	\$72.95	57.8%
Cardiology	93279	26	PM DEVICE PROGR EVAL SNGL	Medicare Facility/Non-Facility Rate	\$27.48	\$32.11	85.6%
Cardiology	93280		PM DEVICE PROGR EVAL DUAL	Medicare Facility/Non-Facility Rate	\$50.02	\$86.34	57.9%
Cardiology	93280	26	PM DEVICE PROGR EVAL DUAL	Medicare Facility/Non-Facility Rate	\$32.98	\$38.60	85.4%
Cardiology	93280	TC	PM DEVICE PROGR EVAL DUAL	Medicare Non-Facility Rate	\$17.05	\$47.73	35.7%
Cardiology	93281		PM DEVICE PROGR EVAL MULTI	Medicare Non-Facility Rate	\$58.49	\$91.28	64.1%
Cardiology	93281	26	PM DEVICE PROGR EVAL MULTI	Medicare Facility Rate	\$38.51	\$42.83	89.9%
Cardiology	93282		PRGRMG EVAL IMPLANTABLE DFB	Medicare Non-Facility Rate	\$53.95	\$86.93	62.1%
Cardiology	93282	26	PRGRMG EVAL IMPLANTABLE DFB	Medicare Facility/Non-Facility Rate	\$35.94	\$42.83	83.9%
Cardiology	93283		PRGRMG EVAL IMPLANTABLE DFB	Medicare Non-Facility Rate	\$65.75	\$105.66	62.2%
Cardiology	93283	26	PRGRMG EVAL IMPLANTABLE DFB	Medicare Facility/Non-Facility Rate	\$45.21	\$57.57	78.5%
Cardiology	93284		PRGRMG EVAL IMPLANTABLE DFB	Medicare Non-Facility Rate	\$77.04	\$113.83	67.7%
Cardiology	93284	26	PRGRMG EVAL IMPLANTABLE DFB	Medicare Facility/Non-Facility Rate	\$53.79	\$62.48	86.1%
Cardiology	93284	TC	PRGRMG EVAL IMPLANTABLE DFB	Medicare Non-Facility Rate	\$23.28	\$51.35	45.3%
Cardiology	93285		PRGRMG DEV EVAL SCRMS IP	Medicare Non-Facility Rate	\$36.41	\$65.91	55.2%
Cardiology	93285	26	PRGRMG DEV EVAL SCRMS IP	Medicare Facility Rate	\$22.47	\$26.15	85.9%
Cardiology	93286	26	PERI-PX EVAL PM/LDLS PM IP	Medicare Facility Rate	\$11.42	\$15.37	74.3%
Cardiology	93287	26	PERI-PX DEVICE EVAL & PRGR	Medicare Facility Rate	\$16.77	\$23.00	72.9%
Cardiology	93288		INTERROG EVL PM/LDLS PM IP	Medicare Non-Facility Rate	\$32.60	\$61.71	52.8%
Cardiology	93288	26	INTERROG EVL PM/LDLS PM IP	Medicare Facility/Non-Facility Rate	\$18.43	\$21.22	86.9%
Cardiology	93288	TC	INTERROG EVL PM/LDLS PM IP	Medicare Non-Facility Rate	\$14.18	\$40.48	35.0%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	93289		INTERROG DEVICE EVAL HEART	Medicare Non-Facility Rate	\$50.28	\$78.40	64.1%
Cardiology	93289	26	INTERROG DEVICE EVAL HEART	Medicare Facility/Non-Facility Rate	\$33.25	\$37.55	88.5%
Cardiology	93289	TC	INTERROG DEVICE EVAL HEART	Medicare Non-Facility Rate	\$17.05	\$40.85	41.7%
Cardiology	93290		INTERROG DEV EVAL ICPMS IP	Medicare Non-Facility Rate	\$23.97	\$58.81	40.8%
Cardiology	93290	26	INTERROG DEV EVAL ICPMS IP	Medicare Facility/Non-Facility Rate	\$16.14	\$21.59	74.8%
Cardiology	93291	26	ILR DEVICE INTERROGATE	Medicare Facility/Non-Facility Rate	\$18.60	\$18.52	100.4%
Cardiology	93291		ILR DEVICE INTERROGATE	Medicare Non-Facility Rate	\$31.24	\$54.29	57.5%
Cardiology	93291	TC	ILR DEVICE INTERROGATE	Medicare Non-Facility Rate	\$12.62	\$35.77	35.3%
Cardiology	93294		REM INTERROG EVL PM/LDLS PM	Medicare Facility/Non-Facility Rate	\$27.91	\$30.54	91.4%
Cardiology	93295		DEV INTERROG REMOTE 1/2/MLT	Medicare Facility/Non-Facility Rate	\$50.48	\$37.83	133.4%
Cardiology	93296		PM/ICD REMOTE TECH SERV	Medicare Non-Facility Rate	\$27.71	\$24.90	111.3%
Cardiology	93297		REM INTERROG DEV EVAL ICPMS	Medicare Facility/Non-Facility Rate	\$19.45	\$26.68	72.9%
Cardiology	93298		ILR DEVICE INTERROGAT REMOTE	Medicare Facility/Non-Facility Rate	\$22.47	\$26.68	84.2%
Cardiology	93303		ECHO TRANSTHORACIC	Medicare Non-Facility Rate	\$168.27	\$239.38	70.3%
Cardiology	93303	26	ECHO TRANSTHORACIC	Medicare Facility/Non-Facility Rate	\$62.38	\$63.12	98.8%
Cardiology	93304		ECHO TRANSTHORACIC	Medicare Non-Facility Rate	\$92.11	\$168.88	54.5%
Cardiology	93304	26	ECHO TRANSTHORACIC	Medicare Facility Rate	\$37.55	\$36.83	102.0%
Cardiology	93306		TTE W/DOPPLER COMPLETE	Medicare Facility/Non-Facility Rate	\$200.75	\$211.50	94.9%
Cardiology	93306	26	TTE W/DOPPLER COMPLETE	Medicare Facility/Non-Facility Rate	\$54.64	\$70.74	77.2%
Cardiology	93306	TC	TTE W/DOPPLER COMPLETE	Medicare Non-Facility Rate	\$146.13	\$140.75	103.8%
Cardiology	93307		TTE W/O DOPPLER COMPLETE	Medicare Non-Facility Rate	\$136.04	\$148.32	91.7%
Cardiology	93307	26	TTE W/O DOPPLER COMPLETE	Medicare Facility/Non-Facility Rate	\$47.91	\$44.89	106.7%
Cardiology	93308		TTE F-UP OR LMTD	Medicare Facility/Non-Facility Rate	\$100.45	\$105.39	95.3%
Cardiology	93308	26	TTE F-UP OR LMTD	Medicare Facility/Non-Facility Rate	\$28.09	\$25.41	110.5%
Cardiology	93308	TC	TTE F-UP OR LMTD	Medicare Facility Rate	\$63.43	\$79.98	79.3%
Cardiology	93312	26	ECHO TRANSESOPHAGEAL	Medicare Facility Rate	\$67.45	\$109.24	61.7%
Cardiology	93313		ECHO TRANSESOPHAGEAL	Medicare Facility Rate	\$40.65	\$11.35	358.1%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	93314		ECHO TRANSESOPHAGEAL	Medicare Non-Facility Rate	\$133.62	\$243.67	54.8%
Cardiology	93314	26	ECHO TRANSESOPHAGEAL	Medicare Facility/Non-Facility Rate	\$40.65	\$90.60	44.9%
Cardiology	93315	26	ECHO TRANSESOPHAGEAL	Medicare Facility Rate	\$109.17	\$128.54	84.9%
Cardiology	93316		ECHO TRANSESOPHAGEAL	Medicare Facility Rate	\$43.48	\$26.10	166.6%
Cardiology	93317		ECHO TRANSESOPHAGEAL	Medicare Non-Facility Rate	\$165.67	\$90.31	183.4%
Cardiology	93317	26	ECHO TRANSESOPHAGEAL	Medicare Facility Rate	\$66.29	\$90.31	73.4%
Cardiology	93318	26	ECHO TRANSESOPHAGEAL INTRAOP	Medicare Facility Rate	\$86.01	\$104.11	82.6%
Cardiology	93320		DOPPLER ECHO EXAM HEART	Medicare Non-Facility Rate	\$74.04	\$54.64	135.5%
Cardiology	93320	26	DOPPLER ECHO EXAM HEART	Medicare Facility/Non-Facility Rate	\$19.81	\$18.14	109.2%
Cardiology	93321		DOPPLER ECHO EXAM HEART	Medicare Non-Facility Rate	\$32.70	\$27.20	120.2%
Cardiology	93321	26	DOPPLER ECHO EXAM HEART	Medicare Facility/Non-Facility Rate	\$7.94	\$7.27	109.2%
Cardiology	93325		DOPPLER COLOR FLOW ADD-ON	Medicare Facility/Non-Facility Rate	\$73.54	\$25.61	287.2%
Cardiology	93325	26	DOPPLER COLOR FLOW ADD-ON	Medicare Facility/Non-Facility Rate	\$3.72	\$3.15	118.1%
Cardiology	93325	TC	DOPPLER COLOR FLOW ADD-ON	Medicare Non-Facility Rate	\$35.08	\$22.46	156.2%
Cardiology	93350		STRESS TTE ONLY	Medicare Non-Facility Rate	\$202.48	\$200.63	100.9%
Cardiology	93350	26	STRESS TTE ONLY	Medicare Facility/Non-Facility Rate	\$77.41	\$70.74	109.4%
Cardiology	93351		STRESS TTE COMPLETE	Medicare Non-Facility Rate	\$208.41	\$249.05	83.7%
Cardiology	93351	26	STRESS TTE COMPLETE	Medicare Facility Rate	\$75.95	\$84.94	89.4%
Cardiology	93351	TC	STRESS TTE COMPLETE	Medicare Non-Facility Rate	\$132.45	\$164.11	80.7%
Cardiology	93352		ADMIN ECG CONTRAST AGENT	Medicare Facility/Non-Facility Rate	\$29.07	\$35.37	82.2%
Cardiology	93355		ECHO TRANSESOPHAGEAL (TEE)	Medicare Facility Rate	\$182.91	\$229.24	79.8%
Cardiology	93356		MYOCDR STRAIN IMG SPCKL TRCK	Medicare Non-Facility Rate	\$42.36	\$40.37	104.9%
Cardiology	93356		MYOCDR STRAIN IMG SPCKL TRCK	Medicare Facility Rate	\$42.36	\$12.11	349.8%
Cardiology	93451	26	RIGHT HEART CATH	Medicare Facility Rate	\$116.68	\$130.31	89.5%
Cardiology	93452	26	LEFT HRT CATH W/VENTRCLGRPHY	Medicare Facility Rate	\$204.35	\$235.60	86.7%
Cardiology	93453	26	R&L HRT CATH W/VENTRCLGRPHY	Medicare Facility Rate	\$267.99	\$313.68	85.4%
Cardiology	93454	26	CORONARY ARTERY ANGIO S&I	Medicare Facility Rate	\$206.03	\$238.14	86.5%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	93455	26	CORONARY ART/GRFT ANGIO S&I	Medicare Facility Rate	\$237.86	\$276.73	86.0%
Cardiology	93456	26	R HRT CORONARY ARTERY ANGIO	Medicare Facility Rate	\$263.82	\$308.85	85.4%
Cardiology	93457	26	R HRT ART/GRFT ANGIO	Medicare Facility Rate	\$295.82	\$348.05	85.0%
Cardiology	93458		L HRT ARTERY/VENTRICLE ANGIO	Medicare Facility Rate	\$847.17	\$1,144.03	74.1%
Cardiology	93458	26	L HRT ARTERY/VENTRICLE ANGIO	Medicare Facility/Non-Facility Rate	\$251.38	\$293.04	85.8%
Cardiology	93459	26	L HRT ART/GRFT ANGIO	Medicare Facility Rate	\$283.03	\$332.43	85.1%
Cardiology	93460	26	R&L HRT ART/VENTRICLE ANGIO	Medicare Facility Rate	\$315.38	\$372.17	84.7%
Cardiology	93461	26	R&L HRT ART/VENTRICLE ANGIO	Medicare Facility Rate	\$347.85	\$411.29	84.6%
Cardiology	93462		L HRT CATH TRNSPTL PUNCTURE	Medicare Facility Rate	\$160.28	\$209.19	76.6%
Cardiology	93463		DRUG ADMIN & HEMODYNMIC MEAS	Medicare Facility Rate	\$85.16	\$99.52	85.6%
Cardiology	93464	26	EXERCISE W/HEMODYNAMIC MEAS	Medicare Facility Rate	\$74.94	\$89.91	83.4%
Cardiology	93503		INSERT/PLACE HEART CATHETER	Medicare Facility Rate	\$106.60	\$88.46	120.5%
Cardiology	93505	26	BIOPSY OF HEART LINING	Medicare Facility Rate	\$175.12	\$226.57	77.3%
Cardiology	93530	26	RT HEART CATH CONGENITAL	Other States' Average Rate	\$213.69	\$173.61	123.1%
Cardiology	93531	26	R & L HEART CATH CONGENITAL	Other States' Average Rate	\$369.95	\$350.88	105.4%
Cardiology	93532	26	R & L HEART CATH CONGENITAL	Other States' Average Rate	\$460.45	\$425.01	108.3%
Cardiology	93533	26	R & L HEART CATH CONGENITAL	Other States' Average Rate	\$255.62	\$284.67	89.8%
Cardiology	93563		INJECT CONGENITAL CARD CATH	Medicare Facility Rate	\$44.90	\$57.99	77.4%
Cardiology	93565		INJECT L VENTR/ATRIAL ANGIO	Medicare Facility Rate	\$34.52	\$45.97	75.1%
Cardiology	93566		INJECT R VENTR/ATRIAL ANGIO	Medicare Facility Rate	\$136.76	\$45.80	298.6%
Cardiology	93567		INJECT SUPRVLV AORTOGRAPHY	Medicare Facility Rate	\$112.81	\$51.76	217.9%
Cardiology	93568		INJECT PULM ART HRT CATH	Medicare Facility Rate	\$123.52	\$47.39	260.6%
Cardiology	93571	26	HEART FLOW RESERVE MEASURE	Medicare Facility Rate	\$66.34	\$71.83	92.4%
Cardiology	93572	26	HEART FLOW RESERVE MEASURE	Medicare Facility Rate	\$53.24	\$52.63	101.2%
Cardiology	93580		TRANSCATH CLOSURE OF ASD	Medicare Facility Rate	\$690.57	\$967.01	71.4%
Cardiology	93581		TRANSCATH CLOSURE OF VSD	Medicare Facility Rate	\$924.93	\$1,314.11	70.4%
Cardiology	93582		PERQ TRANSCATH CLOSURE PDA	Medicare Facility Rate	\$560.70	\$657.13	85.3%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	93583		PERQ TRANSCATH SEPTAL REDUXN	Medicare Facility Rate	\$624.05	\$734.47	85.0%
Cardiology	93590		PERQ TRANSCATH CLS MITRAL	Medicare Facility Rate	\$453.43	\$1,083.96	41.8%
Cardiology	93592		PERQ TRANSCATH CLOSURE EACH	Medicare Facility Rate	\$168.25	\$394.74	42.6%
Cardiology	93609	26	MAP TACHYCARDIA ADD-ON	Medicare Facility Rate	\$152.10	\$276.24	55.1%
Cardiology	93610	26	INTRA-ATRIAL PACING	Medicare Facility Rate	\$120.71	\$163.59	73.8%
Cardiology	93612	26	INTRAVENTRICULAR PACING	Medicare Facility Rate	\$120.71	\$162.23	74.4%
Cardiology	93613		ELECTROPHYS MAP 3D ADD-ON	Medicare Facility Rate	\$281.06	\$294.55	95.4%
Cardiology	93616	26	ESOPHAGEAL RECORDING	Medicare Facility Rate	\$56.06	\$59.60	94.1%
Cardiology	93619	26	ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$292.32	\$388.47	75.2%
Cardiology	93620	26	ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$628.69	\$624.28	100.7%
Cardiology	93620		ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$852.93	\$624.28	136.6%
Cardiology	93621	26	ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$113.23	\$95.26	118.9%
Cardiology	93622	26	ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$165.56	\$171.14	96.7%
Cardiology	93623	26	STIMULATION PACING HEART	Medicare Facility Rate	\$141.01	\$105.56	133.6%
Cardiology	93640	26	EVALUATION HEART DEVICE	Medicare Facility Rate	\$177.79	\$177.94	99.9%
Cardiology	93641	26	ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$318.87	\$310.13	102.8%
Cardiology	93642	26	ELECTROPHYSIOLOGY EVALUATION	Medicare Facility Rate	\$246.04	\$253.48	97.1%
Cardiology	93650		ABLATE HEART DYSRHYTHM FOCUS	Medicare Facility Rate	\$574.79	\$588.38	97.7%
Cardiology	93653		EP & ABLATE SUPRAVENT ARRHYT	Medicare Facility Rate	\$663.23	\$830.82	79.8%
Cardiology	93654		EP & ABLATE VENTRIC TACHY	Medicare Facility Rate	\$885.13	\$1,111.26	79.7%
Cardiology	93655		ABLATE ARRHYTHMIA ADD ON	Medicare Facility Rate	\$331.63	\$310.37	106.8%
Cardiology	93656		TX ATRIAL FIB PULM VEIN ISOL	Medicare Facility Rate	\$885.42	\$1,114.76	79.4%
Cardiology	93657		TX L/R ATRIAL FIB ADDL	Medicare Facility Rate	\$331.90	\$310.01	107.1%
Cardiology	93660		TILT TABLE EVALUATION	Medicare Non-Facility Rate	\$164.85	\$165.86	99.4%
Cardiology	93660	26	TILT TABLE EVALUATION	Medicare Facility Rate	\$91.19	\$93.78	97.2%
Cardiology	93662	26	INTRACARDIAC ECG (ICE)	Medicare Facility Rate	\$115.69	\$93.96	123.1%
Cardiology	93668		PERIPHERAL VASCULAR REHAB	Medicare Non-Facility Rate	\$34.80	\$14.76	235.8%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cardiology	93701		BIOIMPEDANCE CV ANALYSIS	Medicare Non-Facility Rate	\$26.66	\$29.25	91.1%
Cardiology	93750		INTERROGATION VAD IN PERSON	Medicare Facility Rate	\$32.33	\$40.13	80.6%
Cardiology	93792		PT/CAREGIVER TRAING HOME INR	Medicare Non-Facility Rate	\$40.74	\$67.73	60.2%
Cardiology	93793		ANTICOAG MGMT PT WARFARIN	Medicare Non-Facility Rate	\$23.53	\$11.57	203.4%
Cardiology	93797		CARDIAC REHAB	Medicare Non-Facility Rate	\$10.91	\$17.27	63.2%
Cardiology	93798		CARDIAC REHAB/MONITOR	Medicare Non-Facility Rate	\$10.91	\$26.90	40.6%
Cognitive Capabilities	96105		ASSESSMENT OF APHASIA	Medicare Non-Facility Rate	\$84.07	\$100.96	83.3%
Cognitive Capabilities	96110		DEVELOPMENTAL SCREEN W/SCORE	Other States' Average Rate	\$12.60	\$7.83	161.0%
Cognitive Capabilities	96110		DEVELOPMENTAL SCREEN W/SCORE	Other States' Average Rate	\$12.60	\$9.21	136.8%
Cognitive Capabilities	96110	EP	DEVELOPMENTAL SCREEN W/SCORE	Other States' Average Rate	\$18.67	\$8.38	222.9%
Cognitive Capabilities	96110	EP	DEVELOPMENTAL SCREEN W/SCORE	Other States' Average Rate	\$18.67	\$10.18	183.4%
Cognitive Capabilities	96112		DEVEL TST PHYS/QHP 1ST HR	Medicare Non-Facility Rate	\$106.34	\$129.91	81.9%
Cognitive Capabilities	96112		DEVEL TST PHYS/QHP 1ST HR	Medicare Facility Rate	\$106.34	\$128.46	82.8%
Cognitive Capabilities	96113		DEVEL TST PHYS/QHP EA ADDL	Medicare Non-Facility Rate	\$41.55	\$61.24	67.8%
Cognitive Capabilities	96113		DEVEL TST PHYS/QHP EA ADDL	Medicare Facility Rate	\$41.55	\$57.26	72.6%
Cognitive Capabilities	96116		NEUROBEHAVIORAL STATUS EXAM	Medicare Facility Rate	\$99.81	\$82.76	120.6%
Cognitive Capabilities	96116		NEUROBEHAVIORAL STATUS EXAM	Medicare Non-Facility Rate	\$99.81	\$96.53	103.4%
Cognitive Capabilities	96121		NUBHVL XM PHY/QHP EA ADDL HR	Medicare Facility Rate	\$83.10	\$71.50	116.2%
Cognitive Capabilities	96121		NUBHVL XM PHY/QHP EA ADDL HR	Medicare Non-Facility Rate	\$83.10	\$80.20	103.6%
Cognitive Capabilities	96125		COGNITIVE TEST BY HC PRO	Medicare Facility/Non-Facility Rate	\$89.01	\$107.29	83.0%
Cognitive Capabilities	96127		BRIEF EMOTIONAL/BEHAV ASSMT	Medicare Facility/Non-Facility Rate	\$18.67	\$4.98	374.9%
Cognitive Capabilities	96132		NRPSYC TST EVAL PHYS/QHP 1ST	Medicare Facility Rate	\$123.56	\$106.82	115.7%
Cognitive Capabilities	96132		NRPSYC TST EVAL PHYS/QHP 1ST	Medicare Non-Facility Rate	\$123.56	\$133.63	92.5%
Cognitive Capabilities	96133		NRPSYC TST EVAL PHYS/QHP EA	Medicare Facility Rate	\$97.86	\$79.44	123.2%
Cognitive Capabilities	96133		NRPSYC TST EVAL PHYS/QHP EA	Medicare Non-Facility Rate	\$97.86	\$103.72	94.4%
Cognitive Capabilities	96136		PSYCL/NRPSYC TST PHY/QHP 1ST	Medicare Facility Rate	\$63.55	\$24.10	263.7%
Cognitive Capabilities	96136		PSYCL/NRPSYC TST PHY/QHP 1ST	Medicare Non-Facility Rate	\$63.55	\$45.84	138.6%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Cognitive Capabilities	96137		PSYCL/NRPSYC TST PHY/QHP EA	Medicare Facility Rate	\$46.51	\$18.64	249.5%
Cognitive Capabilities	96137		PSYCL/NRPSYC TST PHY/QHP EA	Medicare Non-Facility Rate	\$46.51	\$41.47	112.2%
Ear, Nose, and Throat	92502		EAR AND THROAT EXAMINATION	Medicare Facility/Non-Facility Rate	\$81.76	\$97.35	84.0%
Ear, Nose, and Throat	92504		EAR MICROSCOPY EXAMINATION	Medicare Non-Facility Rate	\$12.90	\$30.78	41.9%
Ear, Nose, and Throat	92504		EAR MICROSCOPY EXAMINATION	Medicare Facility Rate	\$12.90	\$9.40	137.2%
Ear, Nose, and Throat	92507		SPEECH/HEARING THERAPY	Medicare Facility/Non-Facility Rate	\$63.39	\$79.33	79.9%
Ear, Nose, and Throat	92508		SPEECH/HEARING THERAPY	Medicare Facility/Non-Facility Rate	\$10.57	\$24.74	42.7%
Ear, Nose, and Throat	92511		NASOPHARYNGOSCOPY	Medicare Non-Facility Rate	\$121.38	\$126.54	95.9%
Ear, Nose, and Throat	92511		NASOPHARYNGOSCOPY	Medicare Facility Rate	\$121.38	\$38.50	315.3%
Ear, Nose, and Throat	92512		NASAL FUNCTION STUDIES	Medicare Non-Facility Rate	\$14.35	\$65.41	21.9%
Ear, Nose, and Throat	92520		LARYNGEAL FUNCTION STUDIES	Medicare Non-Facility Rate	\$63.39	\$86.46	73.3%
Ear, Nose, and Throat	92521		EVALUATION OF SPEECH FLUENCY	Medicare Facility/Non-Facility Rate	\$96.43	\$137.59	70.1%
Ear, Nose, and Throat	92522		EVALUATE SPEECH PRODUCTION	Medicare Facility/Non-Facility Rate	\$78.29	\$115.28	67.9%
Ear, Nose, and Throat	92523		SPEECH SOUND LANG COMPREHEN	Medicare Facility/Non-Facility Rate	\$162.66	\$235.12	69.2%
Ear, Nose, and Throat	92524		BEHAVRAL QUALIT ANALYS VOICE	Medicare Facility/Non-Facility Rate	\$81.60	\$113.47	71.9%
Ear, Nose, and Throat	92526		ORAL FUNCTION THERAPY	Medicare Facility/Non-Facility Rate	\$25.84	\$88.33	29.3%
Ear, Nose, and Throat	92533		CALORIC VESTIBULAR TEST	Other States' Average Rate	\$6.89	\$20.87	33.0%
Ear, Nose, and Throat	92537		CALORIC VSTBLR TEST W/REC	Medicare Non-Facility Rate	\$30.76	\$42.69	72.1%
Ear, Nose, and Throat	92537	26	CALORIC VSTBLR TEST W/REC	Medicare Facility Rate	\$24.06	\$31.92	75.4%
Ear, Nose, and Throat	92538		CALORIC VSTBLR TEST W/REC	Medicare Non-Facility Rate	\$15.67	\$23.60	66.4%
Ear, Nose, and Throat	92538	26	CALORIC VSTBLR TEST W/REC	Medicare Facility Rate	\$12.07	\$16.45	73.4%
Ear, Nose, and Throat	92540		BASIC VESTIBULAR EVALUATION	Medicare Non-Facility Rate	\$59.07	\$115.61	51.1%
Ear, Nose, and Throat	92540	26	BASIC VESTIBULAR EVALUATION	Medicare Facility Rate	\$48.74	\$79.84	61.0%
Ear, Nose, and Throat	92541		SPONTANEOUS NYSTAGMUS TEST	Medicare Non-Facility Rate	\$39.89	\$26.34	151.4%
Ear, Nose, and Throat	92542		POSITIONAL NYSTAGMUS TEST	Medicare Non-Facility Rate	\$39.89	\$30.20	132.1%
Ear, Nose, and Throat	92546		SINUSOIDAL ROTATIONAL TEST	Medicare Non-Facility Rate	\$8.03	\$133.31	6.0%
Ear, Nose, and Throat	92547		SUPPLEMENTAL ELECTRICAL TEST	Medicare Non-Facility Rate	\$4.83	\$11.23	43.0%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Ear, Nose, and Throat	92548		CDP-SOT 6 COND W/I&R	Medicare Non-Facility Rate	\$61.64	\$50.82	121.3%
Ear, Nose, and Throat	92550		TYMPANOMETRY & REFLEX THRESH	Medicare Non-Facility Rate	\$12.78	\$23.16	55.2%
Ear, Nose, and Throat	92551		PURE TONE HEARING TEST AIR	Other States' Average Rate	\$10.91	\$10.63	102.7%
Ear, Nose, and Throat	92551		PURE TONE HEARING TEST AIR	Other States' Average Rate	\$10.91	\$9.70	112.5%
Ear, Nose, and Throat	92552		PURE TONE AUDIOMETRY AIR	Medicare Facility/Non-Facility Rate	\$10.91	\$35.77	30.5%
Ear, Nose, and Throat	92553		AUDIOMETRY AIR & BONE	Medicare Facility/Non-Facility Rate	\$32.99	\$43.38	76.0%
Ear, Nose, and Throat	92555		SPEECH THRESHOLD AUDIOMETRY	Medicare Facility/Non-Facility Rate	\$20.65	\$27.08	76.3%
Ear, Nose, and Throat	92556		SPEECH AUDIOMETRY COMPLETE	Medicare Facility/Non-Facility Rate	\$32.44	\$42.66	76.0%
Ear, Nose, and Throat	92557		COMPREHENSIVE HEARING TEST	Medicare Non-Facility Rate	\$28.70	\$38.88	73.8%
Ear, Nose, and Throat	92557		COMPREHENSIVE HEARING TEST	Medicare Facility Rate	\$28.70	\$33.08	86.8%
Ear, Nose, and Throat	92558		EVOKED AUDITORY TEST QUAL	Other States' Average Rate	\$10.34	\$10.35	100.0%
Ear, Nose, and Throat	92563		TONE DECAY HEARING TEST	Medicare Non-Facility Rate	\$27.83	\$33.96	81.9%
Ear, Nose, and Throat	92565		STENGER TEST PURE TONE	Medicare Non-Facility Rate	\$14.90	\$20.19	73.8%
Ear, Nose, and Throat	92567		TYMPANOMETRY	Medicare Non-Facility Rate	\$11.98	\$17.34	69.1%
Ear, Nose, and Throat	92567		TYMPANOMETRY	Medicare Facility Rate	\$11.98	\$10.82	110.7%
Ear, Nose, and Throat	92568		ACOUSTIC REFL THRESHOLD TST	Medicare Non-Facility Rate	\$4.01	\$16.01	25.0%
Ear, Nose, and Throat	92570		ACOUSTIC IMMITANCE TESTING	Medicare Non-Facility Rate	\$19.48	\$33.88	57.5%
Ear, Nose, and Throat	92575		SENSORINEURAL ACUITY TEST	Medicare Non-Facility Rate	\$4.01	\$74.61	5.4%
Ear, Nose, and Throat	92579		VISUAL AUDIOMETRY (VRA)	Medicare Non-Facility Rate	\$34.86	\$47.77	73.0%
Ear, Nose, and Throat	92579		VISUAL AUDIOMETRY (VRA)	Medicare Facility Rate	\$34.86	\$38.72	90.0%
Ear, Nose, and Throat	92582		CONDITIONING PLAY AUDIOMETRY	Medicare Facility/Non-Facility Rate	\$8.03	\$82.42	9.7%
Ear, Nose, and Throat	92583		SELECT PICTURE AUDIOMETRY	Medicare Non-Facility Rate	\$8.03	\$53.89	14.9%
Ear, Nose, and Throat	92584		ELECTROCOCHLEOGRAPHY	Medicare Non-Facility Rate	\$47.80	\$121.11	39.5%
Ear, Nose, and Throat	92587		EVOKED AUDITORY TEST LIMITED	Medicare Non-Facility Rate	\$40.93	\$22.80	179.5%
Ear, Nose, and Throat	92587	26	EVOKED AUDITORY TEST LIMITED	Medicare Facility Rate	\$5.75	\$18.55	31.0%
Ear, Nose, and Throat	92587	TC	EVOKED AUDITORY TEST LIMITED	Medicare Non-Facility Rate	\$35.17	\$4.25	827.5%
Ear, Nose, and Throat	92588		EVOKED AUDITORY TST COMPLETE	Medicare Non-Facility Rate	\$56.64	\$35.16	161.1%



## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Ear, Nose, and Throat	92588	26	EVOKED AUDITORY TST COMPLETE	Medicare Facility Rate	\$15.83	\$29.46	53.7%
Ear, Nose, and Throat	92597		ORAL SPEECH DEVICE EVAL	Medicare Non-Facility Rate	\$62.40	\$74.49	83.8%
Ear, Nose, and Throat	92601		COCHLEAR IMPLT F/UP EXAM <7	Medicare Non-Facility Rate	\$111.41	\$170.11	65.5%
Ear, Nose, and Throat	92602		REPROGRAM COCHLEAR IMPLT <7	Medicare Non-Facility Rate	\$65.68	\$107.96	60.8%
Ear, Nose, and Throat	92603		COCHLEAR IMPLT F/UP EXAM 7/>	Medicare Non-Facility Rate	\$63.09	\$158.96	39.7%
Ear, Nose, and Throat	92603		COCHLEAR IMPLT F/UP EXAM 7/>	Medicare Facility Rate	\$63.09	\$123.45	51.1%
Ear, Nose, and Throat	92604		REPROGRAM COCHLEAR IMPLT 7/>	Medicare Non-Facility Rate	\$43.03	\$96.08	44.8%
Ear, Nose, and Throat	92604		REPROGRAM COCHLEAR IMPLT 7/>	Medicare Facility Rate	\$43.03	\$68.54	62.8%
Ear, Nose, and Throat	92606		NON-SPEECH DEVICE SERVICE	Other States' Average Rate	\$40.35	\$70.17	57.5%
Ear, Nose, and Throat	92606		NON-SPEECH DEVICE SERVICE	Other States' Average Rate	\$40.35	\$78.07	51.7%
Ear, Nose, and Throat	92607		EX FOR SPEECH DEVICE RX 1HR	Medicare Facility/Non-Facility Rate	\$100.31	\$128.89	77.8%
Ear, Nose, and Throat	92608		EX FOR SPEECH DEVICE RX ADDL	Medicare Facility/Non-Facility Rate	\$45.18	\$51.04	88.5%
Ear, Nose, and Throat	92609		USE OF SPEECH DEVICE SERVICE	Medicare Facility/Non-Facility Rate	\$82.63	\$108.17	76.4%
Ear, Nose, and Throat	92610		EVALUATE SWALLOWING FUNCTION	Medicare Facility Rate	\$30.04	\$71.89	41.8%
Ear, Nose, and Throat	92610		EVALUATE SWALLOWING FUNCTION	Medicare Non-Facility Rate	\$30.04	\$88.56	33.9%
Ear, Nose, and Throat	92611		MOTION FLUOROSCOPY/SWALLOW	Medicare Non-Facility Rate	\$35.64	\$95.19	37.4%
Ear, Nose, and Throat	92612		ENDOSCOPY SWALLOW (FEES) VID	Medicare Non-Facility Rate	\$123.46	\$205.18	60.2%
Ear, Nose, and Throat	92612		ENDOSCOPY SWALLOW (FEES) VID	Medicare Facility Rate	\$123.46	\$68.22	181.0%
Ear, Nose, and Throat	92613		ENDOSCOPY SWALLOW (FEES) I&R	Medicare Facility/Non-Facility Rate	\$25.91	\$37.25	69.6%
Ear, Nose, and Throat	92625		TINNITUS ASSESSMENT	Medicare Non-Facility Rate	\$57.72	\$70.87	81.4%
Ear, Nose, and Throat	92626		EVAL AUD REHAB STATUS	Medicare Non-Facility Rate	\$15.96	\$91.49	17.4%
Ear, Nose, and Throat	92626		EVAL AUD REHAB STATUS	Medicare Facility Rate	\$15.96	\$76.64	20.8%
Ear, Nose, and Throat	92627		EVAL AUD STATUS REHAB ADD-ON	Medicare Non-Facility Rate	\$15.96	\$21.48	74.3%
Ear, Nose, and Throat	92630		AUD REHAB PRE-LING HEAR LOSS	Other States' Average Rate	\$52.19	\$64.57	80.8%
Ear, Nose, and Throat	92630		AUD REHAB PRE-LING HEAR LOSS	Other States' Average Rate	\$52.19	\$42.81	121.9%
Ear, Nose, and Throat	92633		AUD REHAB POSTLING HEAR LOSS	Other States' Average Rate	\$52.19	\$64.57	80.8%
Ear, Nose, and Throat	92633		AUD REHAB POSTLING HEAR LOSS	Other States' Average Rate	\$52.19	\$42.81	121.9%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Ear, Nose, and Throat	92640		AUD BRAINSTEM IMPLT PROGRAMG	Medicare Non-Facility Rate	\$39.51	\$115.36	34.2%
Gastroenterology	91010		ESOPHAGUS MOTILITY STUDY	Medicare Facility/Non-Facility Rate	\$57.39	\$242.39	23.7%
Gastroenterology	91037		ESOPH IMPED FUNCTION TEST	Medicare Facility/Non-Facility Rate	\$110.47	\$184.21	60.0%
Gastroenterology	91038	26	ESOPH IMPED FUNCT TEST > 1HR	Medicare Facility/Non-Facility Rate	\$42.44	\$56.92	74.6%
Gastroenterology	91065	26	BREATH HYDROGEN/METHANE TEST	Medicare Facility/Non-Facility Rate	\$10.01	\$10.45	95.8%
Gastroenterology	91120		RECTAL SENSATION TEST	Medicare Non-Facility Rate	\$332.93	\$573.25	58.1%
Gastroenterology	91122		ANAL PRESSURE RECORD	Medicare Non-Facility Rate	\$72.83	\$294.31	24.7%
Gastroenterology	91200		LIVER ELASTOGRAPHY	Medicare Facility/Non-Facility Rate	\$26.09	\$32.44	80.4%
Gastroenterology	91200	26	LIVER ELASTOGRAPHY	Medicare Facility Rate	\$9.16	\$10.80	84.8%
Gastroenterology	91010	26	ESOPHAGUS MOTILITY STUDY	Medicare Facility/Non-Facility Rate	\$22.95	\$66.49	34.5%
Gastroenterology	91034		GASTROESOPHAGEAL REFLUX TEST	Medicare Non-Facility Rate	\$174.36	\$208.55	83.6%
Gastroenterology	91034	26	GASTROESOPHAGEAL REFLUX TEST	Medicare Facility/Non-Facility Rate	\$37.48	\$50.68	74.0%
Gastroenterology	91035		G-ESOPH REFLX TST W/ELECTROD	Medicare Facility/Non-Facility Rate	\$345.25	\$516.61	66.8%
Gastroenterology	91035	26	G-ESOPH REFLX TST W/ELECTROD	Medicare Facility/Non-Facility Rate	\$60.68	\$82.64	73.4%
Gastroenterology	91037	26	ESOPH IMPED FUNCTION TEST	Medicare Facility Rate	\$37.48	\$50.24	74.6%
Gastroenterology	91038		ESOPH IMPED FUNCT TEST > 1HR	Medicare Facility/Non-Facility Rate	\$94.38	\$458.19	20.6%
Gastroenterology	91040		ESOPH BALLOON DISTENSION TST	Medicare Facility Rate	\$337.32	\$592.26	57.0%
Gastroenterology	91040	26	ESOPH BALLOON DISTENSION TST	Medicare Facility Rate	\$37.48	\$50.31	74.5%
Gastroenterology	91065		BREATH HYDROGEN/METHANE TEST	Medicare Facility/Non-Facility Rate	\$61.30	\$98.04	62.5%
Gastroenterology	91110		GI TRACT CAPSULE ENDOSCOPY	Medicare Non-Facility Rate	\$635.83	\$840.51	75.6%
Gastroenterology	91110	26	GI TRACT CAPSULE ENDOSCOPY	Medicare Facility/Non-Facility Rate	\$125.08	\$115.95	107.9%
Gastroenterology	91112		GI WIRELESS CAPSULE MEASURE	Medicare Non-Facility Rate	\$976.14	\$1,874.72	52.1%
Gastroenterology	91117		COLON MOTILITY 6 HR STUDY	Medicare Facility Rate	\$113.13	\$139.02	81.4%
Gastroenterology	91120	26	RECTAL SENSATION TEST	Medicare Facility Rate	\$37.72	\$49.42	76.3%
Gastroenterology	91122	26	ANAL PRESSURE RECORD	Medicare Facility Rate	\$53.38	\$89.07	59.9%
Health Education	90989		DIALYSIS TRAINING COMPLETE	Other States' Average Rate	\$512.50	\$492.75	104.0%
Health Education	90993		DIALYSIS TRAINING INCOMPL	Other States' Average Rate	\$512.50	\$48.43	1058.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Health Education	92065		ORTHOPTIC/PLEOPTIC TRAINING	Medicare Facility/Non-Facility Rate	\$62.13	\$55.38	112.2%
Health Education	96040		GENETIC COUNSELING 30 MIN	Other States' Average Rate	\$28.56	\$35.34	80.8%
Health Education	97535		SELF CARE MNGMENT TRAINING	Medicare Facility/Non-Facility Rate	\$17.64	\$34.24	51.5%
Health Education	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$56.57	118.5%
Health Education	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$57.36	116.9%
Health Education	99411		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$15.17	\$16.52	91.8%
Health Education	99412		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$19.79	\$10.67	185.5%
Health Education	G0433		ELISA HIV-1/HIV-2 SCREEN	Other States' Average Rate	\$11.25	\$9.64	116.7%
Ophthalmology	92002		EYE EXAM NEW PATIENT	Medicare Non-Facility Rate	\$69.75	\$89.88	77.6%
Ophthalmology	92002		EYE EXAM NEW PATIENT	Medicare Facility Rate	\$69.75	\$47.49	146.9%
Ophthalmology	92004		EYE EXAM NEW PATIENT	Medicare Non-Facility Rate	\$127.22	\$155.68	81.7%
Ophthalmology	92004		EYE EXAM NEW PATIENT	Medicare Facility Rate	\$127.22	\$96.98	131.2%
Ophthalmology	92012		EYE EXAM ESTABLISH PATIENT	Medicare Non-Facility Rate	\$73.48	\$93.08	78.9%
Ophthalmology	92012		EYE EXAM ESTABLISH PATIENT	Medicare Facility Rate	\$73.48	\$51.77	141.9%
Ophthalmology	92014		EYE EXAM&TX ESTAB PT 1/>VST	Medicare Non-Facility Rate	\$106.06	\$131.68	80.5%
Ophthalmology	92014		EYE EXAM&TX ESTAB PT 1/>VST	Medicare Facility Rate	\$106.06	\$78.05	135.9%
Ophthalmology	92015		DETERMINE REFRACTIVE STATE	Other States' Average Rate	\$10.05	\$17.60	57.1%
Ophthalmology	92015		DETERMINE REFRACTIVE STATE	Other States' Average Rate	\$10.05	\$16.25	61.8%
Ophthalmology	92018		NEW EYE EXAM & TREATMENT	Medicare Facility/Non-Facility Rate	\$120.39	\$140.71	85.6%
Ophthalmology	92019		EYE EXAM & TREATMENT	Medicare Facility/Non-Facility Rate	\$58.49	\$72.79	80.4%
Ophthalmology	92020		SPECIAL EYE EVALUATION	Medicare Non-Facility Rate	\$23.10	\$29.02	79.6%
Ophthalmology	92020		SPECIAL EYE EVALUATION	Medicare Facility Rate	\$23.10	\$20.69	111.6%
Ophthalmology	92025		CORNEAL TOPOGRAPHY	Medicare Non-Facility Rate	\$21.39	\$37.66	56.8%
Ophthalmology	92025	26	CORNEAL TOPOGRAPHY	Medicare Facility/Non-Facility Rate	\$12.19	\$19.64	62.1%
Ophthalmology	92025	TC	CORNEAL TOPOGRAPHY	Medicare Non-Facility Rate	\$9.23	\$18.02	51.2%
Ophthalmology	92060		SPECIAL EYE EVALUATION	Medicare Non-Facility Rate	\$56.09	\$65.38	85.8%
Ophthalmology	92060	26	SPECIAL EYE EVALUATION	Medicare Facility/Non-Facility Rate	\$45.97	\$37.57	122.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Ophthalmology	92065		ORTHOPTIC/PLEOPTIC TRAINING	Medicare Facility/Non-Facility Rate	\$62.13	\$55.38	112.2%
Ophthalmology	92071		CONTACT LENS FITTING FOR TX	Medicare Non-Facility Rate	\$30.64	\$37.60	81.5%
Ophthalmology	92072		FIT CONTAC LENS FOR MANAGMNT	Medicare Non-Facility Rate	\$97.66	\$131.62	74.2%
Ophthalmology	92072		FIT CONTAC LENS FOR MANAGMNT	Medicare Facility Rate	\$97.66	\$97.20	100.5%
Ophthalmology	92081		VISUAL FIELD EXAMINATION(S)	Medicare Non-Facility Rate	\$26.89	\$34.47	78.0%
Ophthalmology	92081	26	VISUAL FIELD EXAMINATION(S)	Medicare Facility Rate	\$13.98	\$16.09	86.9%
Ophthalmology	92082		VISUAL FIELD EXAMINATION(S)	Medicare Non-Facility Rate	\$42.56	\$48.45	87.8%
Ophthalmology	92082	26	VISUAL FIELD EXAMINATION(S)	Medicare Facility Rate	\$19.60	\$21.01	93.3%
Ophthalmology	92083		VISUAL FIELD EXAMINATION(S)	Medicare Non-Facility Rate	\$42.70	\$65.68	65.0%
Ophthalmology	92083	26	VISUAL FIELD EXAMINATION(S)	Medicare Facility/Non-Facility Rate	\$24.37	\$27.37	89.0%
Ophthalmology	92083	TC	VISUAL FIELD EXAMINATION(S)	Medicare Non-Facility Rate	\$14.35	\$38.31	37.5%
Ophthalmology	92100		SERIAL TONOMETRY EXAM(S)	Medicare Non-Facility Rate	\$10.91	\$89.42	12.2%
Ophthalmology	92132		CMPTR OPHTH DX IMG ANT SEGMENT	Medicare Non-Facility Rate	\$29.25	\$32.66	89.6%
Ophthalmology	92132	26	CMPTR OPHTH DX IMG ANT SEGMENT	Medicare Facility/Non-Facility Rate	\$16.93	\$16.45	102.9%
Ophthalmology	92132	TC	CMPTR OPHTH DX IMG ANT SEGMENT	Medicare Non-Facility Rate	\$12.33	\$16.21	76.1%
Ophthalmology	92133		CMPTR OPHTH IMG OPTIC NERVE	Medicare Facility/Non-Facility Rate	\$35.89	\$38.30	93.7%
Ophthalmology	92133	26	CMPTR OPHTH IMG OPTIC NERVE	Medicare Facility/Non-Facility Rate	\$23.54	\$22.09	106.6%
Ophthalmology	92133	TC	CMPTR OPHTH IMG OPTIC NERVE	Medicare Non-Facility Rate	\$12.33	\$16.21	76.1%
Ophthalmology	92134		CPTR OPHTH DX IMG POST SEGMENT	Medicare Facility/Non-Facility Rate	\$35.89	\$42.21	85.0%
Ophthalmology	92134	26	CPTR OPHTH DX IMG POST SEGMENT	Medicare Facility/Non-Facility Rate	\$23.54	\$25.64	91.8%
Ophthalmology	92134	TC	CPTR OPHTH DX IMG POST SEGMENT	Medicare Non-Facility Rate	\$12.33	\$16.57	74.4%
Ophthalmology	92136		OPHTHALMIC BIOMETRY	Medicare Non-Facility Rate	\$58.38	\$51.85	112.6%
Ophthalmology	92136	26	OPHTHALMIC BIOMETRY	Medicare Facility/Non-Facility Rate	\$21.12	\$30.93	68.3%
Ophthalmology	92136	TC	OPHTHALMIC BIOMETRY	Medicare Non-Facility Rate	\$37.28	\$20.92	178.2%
Ophthalmology	92201		OPSCPY EXTND RTA DRAW UNI/BI	Medicare Non-Facility Rate	\$26.28	\$25.26	104.0%
Ophthalmology	92201		OPSCPY EXTND RTA DRAW UNI/BI	Medicare Facility Rate	\$26.28	\$23.08	113.9%
Ophthalmology	92202		OPSCPY EXTND ON/MAC DRAW	Medicare Non-Facility Rate	\$16.67	\$16.16	103.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Ophthalmology	92202		OPSCPY EXTND ON/MAC DRAW	Medicare Facility Rate	\$16.67	\$14.71	113.3%
Ophthalmology	92227		REMOTE DX RETINAL IMAGING	Medicare Non-Facility Rate	\$9.31	\$16.93	55.0%
Ophthalmology	92228		REMOTE RETINAL IMAGING MGMT	Medicare Facility/Non-Facility Rate	\$24.13	\$31.91	75.6%
Ophthalmology	92230		EYE EXAM WITH PHOTOS	Medicare Non-Facility Rate	\$38.45	\$103.01	37.3%
Ophthalmology	92235		FLUORESCEIN ANGRPH UNI/BI	Medicare Non-Facility Rate	\$87.75	\$132.31	66.3%
Ophthalmology	92235	26	FLUORESCEIN ANGRPH UNI/BI	Medicare Facility Rate	\$52.01	\$42.91	121.2%
Ophthalmology	92240		ICG ANGIOGRAPHY UNI/BI	Medicare Non-Facility Rate	\$72.98	\$205.01	35.6%
Ophthalmology	92242		FLUORESCEIN ICG ANGIOGRAPHY	Medicare Facility/Non-Facility Rate	\$150.81	\$265.40	56.8%
Ophthalmology	92242	26	FLUORESCEIN ICG ANGIOGRAPHY	Medicare Facility Rate	\$85.56	\$55.35	154.6%
Ophthalmology	92250		EYE EXAM WITH PHOTOS	Medicare Non-Facility Rate	\$62.73	\$38.66	162.3%
Ophthalmology	92250	26	EYE EXAM WITH PHOTOS	Medicare Facility/Non-Facility Rate	\$54.91	\$21.37	256.9%
Ophthalmology	92250	TC	EYE EXAM WITH PHOTOS	Medicare Non-Facility Rate	\$7.79	\$17.29	45.1%
Ophthalmology	92273		FULL FIELD ERG W/I&R	Medicare Facility/Non-Facility Rate	\$97.96	\$133.76	73.2%
Ophthalmology	92274		MULTIFOCAL ERG W/I&R	Medicare Facility Rate	\$88.91	\$91.23	97.5%
Ophthalmology	92283		COLOR VISION EXAMINATION	Medicare Non-Facility Rate	\$12.42	\$57.15	21.7%
Ophthalmology	92284		DARK ADAPTATION EYE EXAM	Medicare Non-Facility Rate	\$18.77	\$60.92	30.8%
Ophthalmology	92285		EYE PHOTOGRAPHY	Medicare Non-Facility Rate	\$13.19	\$24.36	54.1%
Ophthalmology	92285	26	EYE PHOTOGRAPHY	Medicare Facility/Non-Facility Rate	\$10.20	\$3.08	331.2%
Ophthalmology	92285	TC	EYE PHOTOGRAPHY	Medicare Non-Facility Rate	\$2.99	\$21.28	14.1%
Ophthalmology	92286		INTERNAL EYE PHOTOGRAPHY	Medicare Non-Facility Rate	\$51.52	\$40.84	126.2%
Ophthalmology	92287		INTERNAL EYE PHOTOGRAPHY	Medicare Non-Facility Rate	\$45.92	\$191.18	24.0%
Ophthalmology	92287	26	INTERNAL EYE PHOTOGRAPHY	Medicare Facility Rate	\$14.35	\$46.44	30.9%
Ophthalmology	92310		CONTACT LENS FITTING	Other States' Average Rate	\$143.51	\$89.35	160.6%
Ophthalmology	92310		CONTACT LENS FITTING	Other States' Average Rate	\$143.51	\$64.66	222.0%
Ophthalmology	92311		CONTACT LENS FITTING	Medicare Non-Facility Rate	\$82.06	\$111.50	73.6%
Ophthalmology	92311		CONTACT LENS FITTING	Medicare Facility Rate	\$82.06	\$53.52	153.3%
Ophthalmology	92312		CONTACT LENS FITTING	Medicare Non-Facility Rate	\$93.24	\$129.33	72.1%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Ophthalmology	92313		CONTACT LENS FITTING	Medicare Non-Facility Rate	\$79.01	\$105.69	74.8%
Ophthalmology	92314		PRESCRIPTION OF CONTACT LENS	Other States' Average Rate	\$94.72	\$75.62	125.3%
Ophthalmology	92325		MODIFICATION OF CONTACT LENS	Medicare Non-Facility Rate	\$13.50	\$49.18	27.5%
Ophthalmology	92326		REPLACEMENT OF CONTACT LENS	Medicare Non-Facility Rate	\$24.66	\$41.93	58.8%
Ophthalmology	92340		FIT SPECTACLES MONOFOCAL	Other States' Average Rate	\$17.23	\$38.18	45.1%
Ophthalmology	92341		FIT SPECTACLES BIFOCAL	Other States' Average Rate	\$21.27	\$41.68	51.0%
Ophthalmology	92341		FIT SPECTACLES BIFOCAL	Other States' Average Rate	\$21.27	\$29.61	71.8%
Ophthalmology	92342		FIT SPECTACLES MULTIFOCAL	Other States' Average Rate	\$24.13	\$46.07	52.4%
Ophthalmology	92354		FIT SPECTACLES SINGLE SYSTEM	Other States' Average Rate	\$25.25	\$11.75	214.8%
Ophthalmology	92370		REPAIR & ADJUST SPECTACLES	Other States' Average Rate	\$14.35	\$26.29	54.6%
Primary Care and E&M	99202		OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$68.12	\$75.19	90.6%
Primary Care and E&M	99202		OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$68.12	\$49.46	137.7%
Primary Care and E&M	99202	FP	OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$84.71	\$75.19	112.7%
Primary Care and E&M	99202	FP	OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$84.71	\$49.46	171.3%
Primary Care and E&M	99202	GT	OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$73.20	\$49.46	148.0%
Primary Care and E&M	99202	GT	OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$73.20	\$75.19	97.4%
Primary Care and E&M	99203		OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$98.87	\$115.01	86.0%
Primary Care and E&M	99203		OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$98.87	\$84.21	117.4%
Primary Care and E&M	99203	FP	OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$84.71	\$84.21	100.6%
Primary Care and E&M	99203	FP	OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$84.71	\$115.01	73.7%
Primary Care and E&M	99203	GT	OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$103.95	\$84.21	123.4%
Primary Care and E&M	99203	GT	OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$103.95	\$115.01	90.4%
Primary Care and E&M	99204		OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$151.79	\$136.65	111.1%
Primary Care and E&M	99204		OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$151.79	\$171.08	88.7%
Primary Care and E&M	99204	FP	OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$186.73	\$136.65	136.6%
Primary Care and E&M	99204	FP	OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$186.73	\$171.08	109.1%
Primary Care and E&M	99204	GT	OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$156.87	\$136.65	114.8%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99204	GT	OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$156.87	\$171.08	91.7%
Primary Care and E&M	99205		OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$189.08	\$226.12	83.6%
Primary Care and E&M	99205		OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$189.08	\$185.53	101.9%
Primary Care and E&M	99205	GT	OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$194.16	\$185.53	104.7%
Primary Care and E&M	99205	FP	OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$186.43	\$185.53	100.5%
Primary Care and E&M	99205	FP	OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$186.43	\$226.12	82.4%
Primary Care and E&M	99205	GT	OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$194.16	\$226.12	85.9%
Primary Care and E&M	99211		OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$18.37	\$24.25	75.8%
Primary Care and E&M	99211		OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$18.37	\$9.04	203.2%
Primary Care and E&M	99211	FP	OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$23.27	\$9.04	257.4%
Primary Care and E&M	99211	FP	OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$23.27	\$24.25	96.0%
Primary Care and E&M	99211	GT	OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$23.44	\$9.04	259.3%
Primary Care and E&M	99211	GT	OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$23.44	\$24.25	96.7%
Primary Care and E&M	99212		OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$39.98	\$36.61	109.2%
Primary Care and E&M	99212		OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$39.98	\$58.35	68.5%
Primary Care and E&M	99212	FP	OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$49.91	\$36.61	136.3%
Primary Care and E&M	99212	GT	OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$45.05	\$36.61	123.1%
Primary Care and E&M	99212	GT	OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$45.05	\$58.35	77.2%
Primary Care and E&M	99212	FP	OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$49.91	\$58.35	85.5%
Primary Care and E&M	99213		OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$66.78	\$93.34	71.5%
Primary Care and E&M	99213		OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$66.78	\$67.62	98.8%
Primary Care and E&M	99213	FP	OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$82.75	\$67.62	122.4%
Primary Care and E&M	99213	FP	OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$82.75	\$93.34	88.7%
Primary Care and E&M	99213	GT	OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$71.85	\$67.62	106.3%
Primary Care and E&M	99213	GT	OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$71.85	\$93.34	77.0%
Primary Care and E&M	99214		OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$98.54	\$131.65	74.8%
Primary Care and E&M	99214		OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$98.54	\$99.41	99.1%



## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99214	FP	OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$121.41	\$99.41	122.1%
Primary Care and E&M	99214	FP	OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$121.41	\$131.65	92.2%
Primary Care and E&M	99214	GT	OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$103.62	\$99.41	104.2%
Primary Care and E&M	99214	GT	OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$103.62	\$131.65	78.7%
Primary Care and E&M	99215		OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$131.91	\$185.18	71.2%
Primary Care and E&M	99215		OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$131.91	\$147.50	89.4%
Primary Care and E&M	99215	FP	OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$165.78	\$185.18	89.5%
Primary Care and E&M	99215	FP	OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$165.78	\$147.50	112.4%
Primary Care and E&M	99215	GT	OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$136.98	\$147.50	92.9%
Primary Care and E&M	99215	GT	OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$136.98	\$185.18	74.0%
Primary Care and E&M	99217		OBSERVATION CARE DISCHARGE	Medicare Facility Rate	\$58.06	\$72.09	80.5%
Primary Care and E&M	99218		INITIAL OBSERVATION CARE	Medicare Facility Rate	\$54.56	\$97.74	55.8%
Primary Care and E&M	99219		INITIAL OBSERVATION CARE	Medicare Facility Rate	\$89.69	\$132.69	67.6%
Primary Care and E&M	99220		INITIAL OBSERVATION CARE	Medicare Facility Rate	\$126.17	\$179.23	70.4%
Primary Care and E&M	99221		INITIAL HOSPITAL CARE	Medicare Facility Rate	\$76.18	\$100.35	75.9%
Primary Care and E&M	99222		INITIAL HOSPITAL CARE	Medicare Facility Rate	\$104.84	\$135.38	77.4%
Primary Care and E&M	99223		INITIAL HOSPITAL CARE	Medicare Facility Rate	\$154.18	\$198.66	77.6%
Primary Care and E&M	99224		SUBSEQUENT OBSERVATION CARE	Medicare Facility/Non-Facility Rate	\$21.50	\$39.05	55.1%
Primary Care and E&M	99225		SUBSEQUENT OBSERVATION CARE	Medicare Facility/Non-Facility Rate	\$38.15	\$71.10	53.7%
Primary Care and E&M	99226		SUBSEQUENT OBSERVATION CARE	Medicare Facility/Non-Facility Rate	\$57.05	\$101.45	56.2%
Primary Care and E&M	99231		SUBSEQUENT HOSPITAL CARE	Medicare Facility Rate	\$31.76	\$38.69	82.1%
Primary Care and E&M	99232		SUBSEQUENT HOSPITAL CARE	Medicare Facility/Non-Facility Rate	\$56.84	\$71.46	79.5%
Primary Care and E&M	99233		SUBSEQUENT HOSPITAL CARE	Medicare Facility Rate	\$81.45	\$102.71	79.3%
Primary Care and E&M	99234		OBSERV/HOSP SAME DATE	Medicare Facility Rate	\$109.39	\$130.39	83.9%
Primary Care and E&M	99235		OBSERV/HOSP SAME DATE	Medicare Facility Rate	\$144.27	\$165.71	87.1%
Primary Care and E&M	99236		OBSERV/HOSP SAME DATE	Medicare Facility Rate	\$179.46	\$212.05	84.6%
Primary Care and E&M	99238		HOSPITAL DISCHARGE DAY	Medicare Facility/Non-Facility Rate	\$58.14	\$72.45	80.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99239		HOSPITAL DISCHARGE DAY	Medicare Facility Rate	\$83.44	\$105.96	78.7%
Primary Care and E&M	99245		OFFICE CONSULTATION	Other States' Average Rate	\$206.11	\$187.14	110.1%
Primary Care and E&M	99245		OFFICE CONSULTATION	Other States' Average Rate	\$206.11	\$174.21	118.3%
Primary Care and E&M	99281		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$17.39	\$21.94	79.3%
Primary Care and E&M	99282		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$32.70	\$42.48	77.0%
Primary Care and E&M	99283		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$52.56	\$72.16	72.8%
Primary Care and E&M	99284		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$97.20	\$121.91	79.7%
Primary Care and E&M	99285		EMERGENCY DEPT VISIT	Medicare Facility Rate	\$144.90	\$176.89	81.9%
Primary Care and E&M	99291		CRITICAL CARE FIRST HOUR	Medicare Non-Facility Rate	\$225.21	\$284.52	79.2%
Primary Care and E&M	99291		CRITICAL CARE FIRST HOUR	Medicare Facility Rate	\$225.21	\$218.22	103.2%
Primary Care and E&M	99292		CRITICAL CARE ADDL 30 MIN	Medicare Facility Rate	\$100.28	\$109.60	91.5%
Primary Care and E&M	99304		NURSING FACILITY CARE INIT	Medicare Facility/Non-Facility Rate	\$69.01	\$89.44	77.2%
Primary Care and E&M	99305		NURSING FACILITY CARE INIT	Medicare Facility/Non-Facility Rate	\$95.92	\$129.33	74.2%
Primary Care and E&M	99306		NURSING FACILITY CARE INIT	Medicare Facility/Non-Facility Rate	\$122.81	\$165.66	74.1%
Primary Care and E&M	99307		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$34.11	\$43.96	77.6%
Primary Care and E&M	99308		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$52.42	\$69.38	75.6%
Primary Care and E&M	99309		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$69.96	\$91.49	76.5%
Primary Care and E&M	99310		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$102.44	\$134.76	76.0%
Primary Care and E&M	99315		NURSING FAC DISCHARGE DAY	Medicare Facility/Non-Facility Rate	\$50.92	\$72.82	69.9%
Primary Care and E&M	99316		NURSING FAC DISCHARGE DAY	Medicare Facility/Non-Facility Rate	\$66.50	\$104.25	63.8%
Primary Care and E&M	99318		ANNUAL NURSING FAC ASSESSMNT	Medicare Facility/Non-Facility Rate	\$72.15	\$95.85	75.3%
Primary Care and E&M	99324		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$48.19	\$54.43	88.5%
Primary Care and E&M	99325		DOMICIL/R-HOME VISIT NEW PAT	Medicare Facility/Non-Facility Rate	\$69.87	\$79.32	88.1%
Primary Care and E&M	99326		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$113.33	\$137.77	82.3%
Primary Care and E&M	99327		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$147.13	\$185.31	79.4%
Primary Care and E&M	99328		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$173.91	\$217.88	79.8%
Primary Care and E&M	99334		DOMICIL/R-HOME VISIT EST PAT	Medicare Facility/Non-Facility Rate	\$48.27	\$61.03	79.1%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99335		DOMICIL/R-HOME VISIT EST PAT	Medicare Non-Facility Rate	\$74.13	\$95.93	77.3%
Primary Care and E&M	99336		DOMICIL/R-HOME VISIT EST PAT	Medicare Non-Facility Rate	\$105.08	\$135.67	77.5%
Primary Care and E&M	99337		DOMICIL/R-HOME VISIT EST PAT	Medicare Non-Facility Rate	\$150.60	\$193.99	77.6%
Primary Care and E&M	99341		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$50.62	\$54.43	93.0%
Primary Care and E&M	99342		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$69.87	\$77.24	90.5%
Primary Care and E&M	99343		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$110.56	\$125.61	88.0%
Primary Care and E&M	99344		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$144.68	\$180.90	80.0%
Primary Care and E&M	99345		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$173.91	\$219.04	79.4%
Primary Care and E&M	99347		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$45.83	\$55.17	83.1%
Primary Care and E&M	99348		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$68.90	\$83.60	82.4%
Primary Care and E&M	99349		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$100.58	\$129.00	78.0%
Primary Care and E&M	99350		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$140.85	\$178.42	78.9%
Primary Care and E&M	99354		PROLNG SVC O/P 1ST HOUR	Medicare Non-Facility Rate	\$80.27	\$129.07	62.2%
Primary Care and E&M	99354		PROLNG SVC O/P 1ST HOUR	Medicare Facility Rate	\$80.27	\$120.37	66.7%
Primary Care and E&M	99355		PROLNG SVC O/P EA ADDL 30	Medicare Non-Facility Rate	\$78.95	\$93.22	84.7%
Primary Care and E&M	99355		PROLNG SVC O/P EA ADDL 30	Medicare Facility Rate	\$78.95	\$84.89	93.0%
Primary Care and E&M	99356		PROLNG SVC I/P/OBS 1ST HOUR	Medicare Facility/Non-Facility Rate	\$73.10	\$90.78	80.5%
Primary Care and E&M	99357		PROLNG SVC I/P/OBS EA ADDL	Medicare Facility Rate	\$73.34	\$91.14	80.5%
Primary Care and E&M	99360		PHYSICIAN STANDBY SERVICES	Other States' Average Rate	\$58.51	\$54.03	108.3%
Primary Care and E&M	99381		INIT PM E/M NEW PAT INFANT	Other States' Average Rate	\$102.18	\$93.82	108.9%
Primary Care and E&M	99381		INIT PM E/M NEW PAT INFANT	Other States' Average Rate	\$102.18	\$76.87	132.9%
Primary Care and E&M	99382		INIT PM E/M NEW PAT 1-4 YRS	Other States' Average Rate	\$106.47	\$97.95	108.7%
Primary Care and E&M	99382		INIT PM E/M NEW PAT 1-4 YRS	Other States' Average Rate	\$106.47	\$80.99	131.5%
Primary Care and E&M	99383		PREV VISIT NEW AGE 5-11	Other States' Average Rate	\$111.07	\$85.28	130.2%
Primary Care and E&M	99383		PREV VISIT NEW AGE 5-11	Other States' Average Rate	\$111.07	\$101.89	109.0%
Primary Care and E&M	99384		PREV VISIT NEW AGE 12-17	Other States' Average Rate	\$125.56	\$114.73	109.4%
Primary Care and E&M	99384		PREV VISIT NEW AGE 12-17	Other States' Average Rate	\$125.56	\$98.12	128.0%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99385		PREV VISIT NEW AGE 18-39	Other States' Average Rate	\$121.93	\$115.73	105.4%
Primary Care and E&M	99385		PREV VISIT NEW AGE 18-39	Other States' Average Rate	\$121.93	\$95.63	127.5%
Primary Care and E&M	99386		PREV VISIT NEW AGE 40-64	Other States' Average Rate	\$140.66	\$134.77	104.4%
Primary Care and E&M	99386		PREV VISIT NEW AGE 40-64	Other States' Average Rate	\$140.66	\$111.52	126.1%
Primary Care and E&M	99387		INIT PM E/M NEW PAT 65+ YRS	Other States' Average Rate	\$152.86	\$145.86	104.8%
Primary Care and E&M	99387		INIT PM E/M NEW PAT 65+ YRS	Other States' Average Rate	\$152.86	\$112.15	136.3%
Primary Care and E&M	99391		PER PM REEVAL EST PAT INFANT	Other States' Average Rate	\$91.94	\$84.37	109.0%
Primary Care and E&M	99391		PER PM REEVAL EST PAT INFANT	Other States' Average Rate	\$91.94	\$69.58	132.1%
Primary Care and E&M	99392		PREV VISIT EST AGE 1-4	Other States' Average Rate	\$98.21	\$90.16	108.9%
Primary Care and E&M	99392		PREV VISIT EST AGE 1-4	Other States' Average Rate	\$98.21	\$75.36	130.3%
Primary Care and E&M	99393		PREV VISIT EST AGE 5-11	Other States' Average Rate	\$97.89	\$89.86	108.9%
Primary Care and E&M	99393		PREV VISIT EST AGE 5-11	Other States' Average Rate	\$97.89	\$75.24	130.1%
Primary Care and E&M	99394		PREV VISIT EST AGE 12-17	Other States' Average Rate	\$107.10	\$83.82	127.8%
Primary Care and E&M	99394		PREV VISIT EST AGE 12-17	Other States' Average Rate	\$107.10	\$98.45	108.8%
Primary Care and E&M	99395		PREV VISIT EST AGE 18-39	Other States' Average Rate	\$109.41	\$101.31	108.0%
Primary Care and E&M	99395		PREV VISIT EST AGE 18-39	Other States' Average Rate	\$109.41	\$84.63	129.3%
Primary Care and E&M	99396		PREV VISIT EST AGE 40-64	Other States' Average Rate	\$116.63	\$110.33	105.7%
Primary Care and E&M	99396		PREV VISIT EST AGE 40-64	Other States' Average Rate	\$116.63	\$90.57	128.8%
Primary Care and E&M	99397		PER PM REEVAL EST PAT 65+ YR	Other States' Average Rate	\$125.56	\$117.92	106.5%
Primary Care and E&M	99397		PER PM REEVAL EST PAT 65+ YR	Other States' Average Rate	\$125.56	\$95.70	131.2%
Primary Care and E&M	99401		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$33.62	\$28.43	118.2%
Primary Care and E&M	99401		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$33.62	\$34.54	97.3%
Primary Care and E&M	99402		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$57.64	\$41.89	137.6%
Primary Care and E&M	99402		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$57.64	\$54.11	106.5%
Primary Care and E&M	99403		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$80.32	\$62.34	128.8%
Primary Care and E&M	99403		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$80.32	\$74.56	107.7%
Primary Care and E&M	99404		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$103.03	\$82.78	124.5%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99404		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$103.03	\$95.00	108.5%
Primary Care and E&M	99406		BEHAV CHNG SMOKING 3-10 MIN	Medicare Facility Rate	\$12.74	\$12.11	105.2%
Primary Care and E&M	99406		BEHAV CHNG SMOKING 3-10 MIN	Medicare Non-Facility Rate	\$12.74	\$15.73	81.0%
Primary Care and E&M	99406	HD	BEHAV CHNG SMOKING 3-10 MIN	Medicare Non-Facility Rate	\$11.11	\$15.73	70.6%
Primary Care and E&M	99406	HD	BEHAV CHNG SMOKING 3-10 MIN	Medicare Facility Rate	\$11.11	\$12.11	91.7%
Primary Care and E&M	99407		BEHAV CHNG SMOKING > 10 MIN	Medicare Facility Rate	\$25.17	\$25.63	98.2%
Primary Care and E&M	99407		BEHAV CHNG SMOKING > 10 MIN	Medicare Non-Facility Rate	\$25.17	\$28.89	87.1%
Primary Care and E&M	99407	HD	BEHAV CHNG SMOKING > 10 MIN	Medicare Non-Facility Rate	\$10.79	\$28.89	37.3%
Primary Care and E&M	99408		AUDIT/DAST 15-30 MIN	Other States' Average Rate	\$32.76	\$29.18	112.3%
Primary Care and E&M	99408		AUDIT/DAST 15-30 MIN	Other States' Average Rate	\$32.76	\$30.43	107.7%
Primary Care and E&M	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$56.57	118.5%
Primary Care and E&M	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$57.36	116.9%
Primary Care and E&M	99411		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$15.17	\$16.52	91.8%
Primary Care and E&M	99412		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$19.79	\$10.67	185.5%
Primary Care and E&M	99415		PROLONG CLINCL STAFF SVC	Medicare Non-Facility Rate	\$7.22	\$10.77	67.0%
Primary Care and E&M	99416		PROLONG CLINCL STAFF SVC ADD	Medicare Non-Facility Rate	\$4.04	\$6.16	65.6%
Primary Care and E&M	99441		PHONE E/M PHYS/QHP 5-10 MIN	Medicare Facility Rate	\$14.73	\$36.08	40.8%
Primary Care and E&M	99441		PHONE E/M PHYS/QHP 5-10 MIN	Medicare Non-Facility Rate	\$14.73	\$57.82	25.5%
Primary Care and E&M	99442		PHONE E/M PHYS/QHP 11-20 MIN	Medicare Facility Rate	\$28.67	\$67.35	42.6%
Primary Care and E&M	99442		PHONE E/M PHYS/QHP 11-20 MIN	Medicare Non-Facility Rate	\$28.67	\$93.08	30.8%
Primary Care and E&M	99443		PHONE E/M PHYS/QHP 21-30 MIN	Medicare Facility Rate	\$41.94	\$99.41	42.2%
Primary Care and E&M	99443		PHONE E/M PHYS/QHP 21-30 MIN	Medicare Non-Facility Rate	\$41.94	\$131.65	31.9%
Primary Care and E&M	99460		INIT NB EM PER DAY HOSP	Medicare Facility/Non-Facility Rate	\$89.64	\$95.42	93.9%
Primary Care and E&M	99461		INIT NB EM PER DAY NON-FAC	Medicare Non-Facility Rate	\$93.21	\$94.95	98.2%
Primary Care and E&M	99462		SBSQ NB EM PER DAY HOSP	Medicare Facility Rate	\$39.90	\$42.19	94.6%
Primary Care and E&M	99463		SAME DAY NB DISCHARGE	Medicare Facility/Non-Facility Rate	\$108.61	\$110.30	98.5%
Primary Care and E&M	99464		ATTENDANCE AT DELIVERY	Medicare Facility/Non-Facility Rate	\$67.29	\$74.91	89.8%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Primary Care and E&M	99465		NB RESUSCITATION	Medicare Facility/Non-Facility Rate	\$139.97	\$145.94	95.9%
Primary Care and E&M	99468		NEONATE CRIT CARE INITIAL	Medicare Facility Rate	\$884.38	\$918.76	96.3%
Primary Care and E&M	99469		NEONATE CRIT CARE SUBSQ	Medicare Facility Rate	\$409.05	\$398.00	102.8%
Primary Care and E&M	99471		PED CRITICAL CARE INITIAL	Medicare Facility Rate	\$810.03	\$795.47	101.8%
Primary Care and E&M	99472		PED CRITICAL CARE SUBSQ	Medicare Facility Rate	\$381.14	\$405.39	94.0%
Primary Care and E&M	99475		PED CRIT CARE AGE 2-5 INIT	Medicare Facility Rate	\$546.43	\$571.43	95.6%
Primary Care and E&M	99476		PED CRIT CARE AGE 2-5 SUBSQ	Medicare Facility Rate	\$330.36	\$342.75	96.4%
Primary Care and E&M	99477		INIT DAY HOSP NEONATE CARE	Medicare Facility Rate	\$329.07	\$347.91	94.6%
Primary Care and E&M	99478		IC LBW INF < 1500 GM SUBSQ	Medicare Facility Rate	\$130.52	\$137.26	95.1%
Primary Care and E&M	99479		IC LBW INF 1500-2500 G SUBSQ	Medicare Facility Rate	\$118.35	\$125.08	94.6%
Primary Care and E&M	99480		IC INF PBW 2501-5000 G SUBSQ	Medicare Facility Rate	\$113.96	\$119.90	95.0%
Primary Care and E&M	99485		SUPRV INTERFACILITY TRANSPORT	Other States' Average Rate	\$73.47	\$68.45	107.3%
Primary Care and E&M	99486		SUPRV INTERFAC TRNSPORT ADDL	Other States' Average Rate	\$63.93	\$59.26	107.9%
Primary Care and E&M	99497		ADVNCd CARE PLAN 30 MIN	Medicare Non-Facility Rate	\$41.99	\$86.14	48.7%
Primary Care and E&M	99497		ADVNCd CARE PLAN 30 MIN	Medicare Facility Rate	\$41.99	\$78.17	53.7%
Radiology	70100		X-RAY EXAM OF JAW <4VIEWS	Medicare Non-Facility Rate	\$28.60	\$41.19	69.4%
Radiology	70100	26	X-RAY EXAM OF JAW <4VIEWS	Medicare Facility/Non-Facility Rate	\$8.60	\$9.04	95.1%
Radiology	70100	TC	X-RAY EXAM OF JAW <4VIEWS	Medicare Non-Facility Rate	\$19.99	\$32.15	62.2%
Radiology	70110		X-RAY EXAM OF JAW 4/> VIEWS	Medicare Non-Facility Rate	\$32.49	\$46.87	69.3%
Radiology	70110	26	X-RAY EXAM OF JAW 4/> VIEWS	Medicare Facility/Non-Facility Rate	\$11.38	\$12.19	93.4%
Radiology	70110	TC	X-RAY EXAM OF JAW 4/> VIEWS	Medicare Non-Facility Rate	\$21.12	\$34.69	60.9%
Radiology	70130		X-RAY EXAM OF MASTOIDS	Medicare Non-Facility Rate	\$40.62	\$67.29	60.4%
Radiology	70130	26	X-RAY EXAM OF MASTOIDS	Medicare Facility Rate	\$16.26	\$17.02	95.5%
Radiology	70140		X-RAY EXAM OF FACIAL BONES	Medicare Non-Facility Rate	\$19.51	\$34.29	56.9%
Radiology	70140	26	X-RAY EXAM OF FACIAL BONES	Medicare Facility/Non-Facility Rate	\$8.13	\$10.11	80.4%
Radiology	70140	TC	X-RAY EXAM OF FACIAL BONES	Medicare Non-Facility Rate	\$11.38	\$24.18	47.1%
Radiology	70150		X-RAY EXAM OF FACIAL BONES	Medicare Non-Facility Rate	\$32.49	\$50.84	63.9%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	70150	26	X-RAY EXAM OF FACIAL BONES	Medicare Facility/Non-Facility Rate	\$11.38	\$12.90	88.2%
Radiology	70150	TC	X-RAY EXAM OF FACIAL BONES	Medicare Non-Facility Rate	\$21.12	\$37.95	55.7%
Radiology	70160		X-RAY EXAM OF NASAL BONES	Medicare Non-Facility Rate	\$24.38	\$40.84	59.7%
Radiology	70160	26	X-RAY EXAM OF NASAL BONES	Medicare Facility/Non-Facility Rate	\$8.13	\$8.69	93.6%
Radiology	70160	TC	X-RAY EXAM OF NASAL BONES	Medicare Non-Facility Rate	\$16.26	\$32.15	50.6%
Radiology	70190		X-RAY EXAM OF EYE SOCKETS	Medicare Non-Facility Rate	\$24.38	\$40.78	59.8%
Radiology	70200		X-RAY EXAM OF EYE SOCKETS	Medicare Non-Facility Rate	\$32.49	\$51.90	62.6%
Radiology	70200	26	X-RAY EXAM OF EYE SOCKETS	Medicare Facility/Non-Facility Rate	\$11.38	\$13.95	81.6%
Radiology	70200	TC	X-RAY EXAM OF EYE SOCKETS	Medicare Non-Facility Rate	\$21.12	\$37.95	55.7%
Radiology	70210		X-RAY EXAM OF SINUSES	Medicare Non-Facility Rate	\$15.45	\$34.68	44.6%
Radiology	70210	26	X-RAY EXAM OF SINUSES	Medicare Facility/Non-Facility Rate	\$4.88	\$8.69	56.2%
Radiology	70210	TC	X-RAY EXAM OF SINUSES	Medicare Non-Facility Rate	\$10.56	\$25.99	40.6%
Radiology	70220		X-RAY EXAM OF SINUSES	Medicare Non-Facility Rate	\$24.38	\$40.40	60.3%
Radiology	70220	26	X-RAY EXAM OF SINUSES	Medicare Facility/Non-Facility Rate	\$8.13	\$10.79	75.3%
Radiology	70220	TC	X-RAY EXAM OF SINUSES	Medicare Non-Facility Rate	\$16.26	\$29.61	54.9%
Radiology	70240		X-RAY EXAM PITUITARY SADDLE	Medicare Facility Rate	\$16.26	\$35.37	46.0%
Radiology	70250		X-RAY EXAM OF SKULL	Medicare Non-Facility Rate	\$20.32	\$38.29	53.1%
Radiology	70250	26	X-RAY EXAM OF SKULL	Medicare Facility/Non-Facility Rate	\$6.50	\$9.04	71.9%
Radiology	70250	TC	X-RAY EXAM OF SKULL	Medicare Non-Facility Rate	\$13.80	\$29.25	47.2%
Radiology	70260		X-RAY EXAM OF SKULL	Medicare Non-Facility Rate	\$40.62	\$47.91	84.8%
Radiology	70260	26	X-RAY EXAM OF SKULL	Medicare Facility/Non-Facility Rate	\$13.00	\$13.95	93.2%
Radiology	70260	TC	X-RAY EXAM OF SKULL	Medicare Non-Facility Rate	\$27.63	\$33.96	81.4%
Radiology	70328	26	X-RAY EXAM OF JAW JOINT	Medicare Facility/Non-Facility Rate	\$4.88	\$9.04	54.0%
Radiology	70328		X-RAY EXAM OF JAW JOINT	Medicare Non-Facility Rate	\$16.26	\$37.20	43.7%
Radiology	70330		X-RAY EXAM OF JAW JOINTS	Medicare Non-Facility Rate	\$32.49	\$57.40	56.6%
Radiology	70330	26	X-RAY EXAM OF JAW JOINTS	Medicare Facility/Non-Facility Rate	\$11.38	\$11.84	96.1%
Radiology	70330	TC	X-RAY EXAM OF JAW JOINTS	Medicare Non-Facility Rate	\$21.12	\$45.56	46.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	70336		MAGNETIC IMAGE JAW JOINT	Medicare Facility/Non-Facility Rate	\$149.50	\$301.75	49.5%
Radiology	70336	26	MAGNETIC IMAGE JAW JOINT	Medicare Facility Rate	\$32.49	\$72.23	45.0%
Radiology	70355	26	PANORAMIC X-RAY OF JAWS	Medicare Facility Rate	\$8.60	\$10.09	85.2%
Radiology	70355	TC	PANORAMIC X-RAY OF JAWS	Medicare Non-Facility Rate	\$11.70	\$8.60	136.0%
Radiology	70360		X-RAY EXAM OF NECK	Medicare Non-Facility Rate	\$16.26	\$33.58	48.4%
Radiology	70360	26	X-RAY EXAM OF NECK	Medicare Facility/Non-Facility Rate	\$4.88	\$9.04	54.0%
Radiology	70360	TC	X-RAY EXAM OF NECK	Medicare Facility/Non-Facility Rate	\$11.38	\$24.54	46.4%
Radiology	70450		CT HEAD/BRAIN W/O DYE	Medicare Facility/Non-Facility Rate	\$206.36	\$116.64	176.9%
Radiology	70450	26	CT HEAD/BRAIN W/O DYE	Medicare Facility/Non-Facility Rate	\$41.93	\$41.38	101.3%
Radiology	70450	TC	CT HEAD/BRAIN W/O DYE	Medicare Non-Facility Rate	\$162.49	\$75.27	215.9%
Radiology	70460		CT HEAD/BRAIN W/DYE	Medicare Non-Facility Rate	\$255.11	\$164.29	155.3%
Radiology	70460	26	CT HEAD/BRAIN W/DYE	Medicare Facility/Non-Facility Rate	\$55.48	\$55.33	100.3%
Radiology	70460	TC	CT HEAD/BRAIN W/DYE	Medicare Non-Facility Rate	\$184.42	\$108.96	169.3%
Radiology	70470		CT HEAD/BRAIN W/O & W/DYE	Medicare Non-Facility Rate	\$255.11	\$193.22	132.0%
Radiology	70470	26	CT HEAD/BRAIN W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$62.39	\$62.52	99.8%
Radiology	70470	TC	CT HEAD/BRAIN W/O & W/DYE	Medicare Non-Facility Rate	\$184.42	\$130.70	141.1%
Radiology	70480		CT ORBIT/EAR/FOSSA W/O DYE	Medicare Non-Facility Rate	\$173.87	\$175.45	99.1%
Radiology	70480	26	CT ORBIT/EAR/FOSSA W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$62.87	69.8%
Radiology	70480	TC	CT ORBIT/EAR/FOSSA W/O DYE	Medicare Non-Facility Rate	\$130.00	\$112.59	115.5%
Radiology	70481		CT ORBIT/EAR/FOSSA W/DYE	Medicare Non-Facility Rate	\$255.11	\$201.25	126.8%
Radiology	70481	26	CT ORBIT/EAR/FOSSA W/DYE	Medicare Facility Rate	\$67.66	\$54.96	123.1%
Radiology	70482		CT ORBIT/EAR/FOSSA W/O&W/DYE	Medicare Non-Facility Rate	\$255.11	\$236.60	107.8%
Radiology	70482	26	CT ORBIT/EAR/FOSSA W/O&W/DYE	Medicare Facility Rate	\$68.25	\$62.16	109.8%
Radiology	70486		CT MAXILLOFACIAL W/O DYE	Medicare Facility/Non-Facility Rate	\$173.87	\$141.64	122.8%
Radiology	70486	26	CT MAXILLOFACIAL W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$41.74	105.1%
Radiology	70486	TC	CT MAXILLOFACIAL W/O DYE	Medicare Non-Facility Rate	\$130.00	\$99.91	130.1%
Radiology	70487		CT MAXILLOFACIAL W/DYE	Medicare Non-Facility Rate	\$255.11	\$168.64	151.3%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	70487	26	CT MAXILLOFACIAL W/DYE	Medicare Facility/Non-Facility Rate	\$64.20	\$54.96	116.8%
Radiology	70487	TC	CT MAXILLOFACIAL W/DYE	Medicare Non-Facility Rate	\$186.87	\$113.67	164.4%
Radiology	70488		CT MAXILLOFACIAL W/O & W/DYE	Medicare Non-Facility Rate	\$255.11	\$206.27	123.7%
Radiology	70488	26	CT MAXILLOFACIAL W/O & W/DYE	Medicare Facility Rate	\$68.25	\$62.16	109.8%
Radiology	70490		CT SOFT TISSUE NECK W/O DYE	Medicare Non-Facility Rate	\$206.36	\$166.03	124.3%
Radiology	70490	26	CT SOFT TISSUE NECK W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$62.87	69.8%
Radiology	70490	TC	CT SOFT TISSUE NECK W/O DYE	Medicare Non-Facility Rate	\$162.49	\$103.17	157.5%
Radiology	70491		CT SOFT TISSUE NECK W/DYE	Medicare Facility/Non-Facility Rate	\$255.11	\$205.37	124.2%
Radiology	70491	26	CT SOFT TISSUE NECK W/DYE	Medicare Facility/Non-Facility Rate	\$67.66	\$67.78	99.8%
Radiology	70491	TC	CT SOFT TISSUE NECK W/DYE	Medicare Non-Facility Rate	\$184.42	\$137.59	134.0%
Radiology	70492		CT SFT TSUE NCK W/O & W/DYE	Medicare Non-Facility Rate	\$255.11	\$247.09	103.2%
Radiology	70492	26	CT SFT TSUE NCK W/O & W/DYE	Medicare Facility Rate	\$70.67	\$79.16	89.3%
Radiology	70496		CT ANGIOGRAPHY HEAD	Medicare Non-Facility Rate	\$320.84	\$306.83	104.6%
Radiology	70496	26	CT ANGIOGRAPHY HEAD	Medicare Facility/Non-Facility Rate	\$81.15	\$85.47	94.9%
Radiology	70496	TC	CT ANGIOGRAPHY HEAD	Medicare Non-Facility Rate	\$239.68	\$221.36	108.3%
Radiology	70498		CT ANGIOGRAPHY NECK	Medicare Non-Facility Rate	\$320.84	\$306.47	104.7%
Radiology	70498	26	CT ANGIOGRAPHY NECK	Medicare Facility/Non-Facility Rate	\$81.15	\$85.47	94.9%
Radiology	70498	TC	CT ANGIOGRAPHY NECK	Medicare Non-Facility Rate	\$239.68	\$220.99	108.5%
Radiology	70540		MRI ORBIT/FACE/NECK W/O DYE	Medicare Non-Facility Rate	\$399.07	\$255.68	156.1%
Radiology	70540	26	MRI ORBIT/FACE/NECK W/O DYE	Medicare Facility/Non-Facility Rate	\$65.89	\$66.01	99.8%
Radiology	70540	TC	MRI ORBIT/FACE/NECK W/O DYE	Medicare Non-Facility Rate	\$333.19	\$189.67	175.7%
Radiology	70542	26	MRI ORBIT/FACE/NECK W/DYE	Medicare Facility Rate	\$52.72	\$79.26	66.5%
Radiology	70543		MRI ORBT/FAC/NCK W/O & W/DYE	Medicare Non-Facility Rate	\$618.51	\$382.91	161.5%
Radiology	70543	26	MRI ORBT/FAC/NCK W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$71.01	\$104.67	67.8%
Radiology	70543	TC	MRI ORBT/FAC/NCK W/O & W/DYE	Medicare Non-Facility Rate	\$513.46	\$278.24	184.5%
Radiology	70544		MR ANGIOGRAPHY HEAD W/O DYE	Medicare Facility/Non-Facility Rate	\$390.62	\$241.79	161.6%
Radiology	70544	26	MR ANGIOGRAPHY HEAD W/O DYE	Medicare Facility/Non-Facility Rate	\$54.76	\$59.01	92.8%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	70544	TC	MR ANGIOGRAPHY HEAD W/O DYE	Medicare Non-Facility Rate	\$331.88	\$182.78	181.6%
Radiology	70545		MR ANGIOGRAPHY HEAD W/DYE	Medicare Non-Facility Rate	\$427.99	\$255.19	167.7%
Radiology	70545	26	MR ANGIOGRAPHY HEAD W/DYE	Medicare Facility/Non-Facility Rate	\$54.76	\$58.64	93.4%
Radiology	70546		MR ANGIOGRAPH HEAD W/O&W/DYE	Medicare Non-Facility Rate	\$604.29	\$370.76	163.0%
Radiology	70546	26	MR ANGIOGRAPH HEAD W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$81.08	\$72.60	111.7%
Radiology	70547		MR ANGIOGRAPHY NECK W/O DYE	Medicare Non-Facility Rate	\$390.45	\$242.51	161.0%
Radiology	70547	26	MR ANGIOGRAPHY NECK W/O DYE	Medicare Facility/Non-Facility Rate	\$54.76	\$59.01	92.8%
Radiology	70547	TC	MR ANGIOGRAPHY NECK W/O DYE	Medicare Non-Facility Rate	\$331.80	\$183.51	180.8%
Radiology	70548	26	MR ANGIOGRAPHY NECK W/DYE	Medicare Facility Rate	\$54.76	\$73.65	74.4%
Radiology	70549		MR ANGIOGRAPH NECK W/O&W/DYE	Medicare Non-Facility Rate	\$604.29	\$388.27	155.6%
Radiology	70549	26	MR ANGIOGRAPH NECK W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$81.08	\$88.29	91.8%
Radiology	70551		MRI BRAIN STEM W/O DYE	Medicare Facility/Non-Facility Rate	\$404.19	\$218.78	184.7%
Radiology	70551	26	MRI BRAIN STEM W/O DYE	Medicare Facility/Non-Facility Rate	\$72.48	\$72.60	99.8%
Radiology	70551	TC	MRI BRAIN STEM W/O DYE	Medicare Non-Facility Rate	\$331.80	\$146.19	227.0%
Radiology	70552		MRI BRAIN STEM W/DYE	Medicare Non-Facility Rate	\$492.34	\$303.35	162.3%
Radiology	70552	26	MRI BRAIN STEM W/DYE	Medicare Facility Rate	\$82.05	\$87.24	94.1%
Radiology	70552	TC	MRI BRAIN STEM W/DYE	Medicare Non-Facility Rate	\$410.28	\$216.12	189.8%
Radiology	70553		MRI BRAIN STEM W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$624.51	\$357.59	174.6%
Radiology	70553	26	MRI BRAIN STEM W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$100.42	\$111.96	89.7%
Radiology	70553	TC	MRI BRAIN STEM W/O & W/DYE	Medicare Non-Facility Rate	\$508.91	\$245.63	207.2%
Radiology	70554	26	FMRI BRAIN BY TECH	Medicare Facility Rate	\$83.54	\$103.55	80.7%
Radiology	70555	26	FMRI BRAIN BY PHYS/PSYCH	Medicare Facility Rate	\$90.34	\$122.43	73.8%
Radiology	70557	26	MRI BRAIN W/O DYE	Medicare Facility Rate	\$117.15	\$159.07	73.6%
Radiology	70558	26	MRI BRAIN W/DYE	Medicare Facility Rate	\$129.57	\$172.90	74.9%
Radiology	70559	26	MRI BRAIN W/O & W/DYE	Medicare Facility Rate	\$130.08	\$161.69	80.5%
Radiology	71045		X-RAY EXAM CHEST 1 VIEW	Medicare Facility/Non-Facility Rate	\$25.25	\$27.42	92.1%
Radiology	71045	26	X-RAY EXAM CHEST 1 VIEW	Medicare Facility/Non-Facility Rate	\$10.68	\$9.04	118.1%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	71045	TC	X-RAY EXAM CHEST 1 VIEW	Medicare Facility/Non-Facility Rate	\$14.54	\$18.38	79.1%
Radiology	71046		X-RAY EXAM CHEST 2 VIEWS	Medicare Facility/Non-Facility Rate	\$33.18	\$35.69	93.0%
Radiology	71046	26	X-RAY EXAM CHEST 2 VIEWS	Medicare Facility/Non-Facility Rate	\$16.39	\$10.79	151.9%
Radiology	71046	TC	X-RAY EXAM CHEST 2 VIEWS	Medicare Facility/Non-Facility Rate	\$16.79	\$24.90	67.4%
Radiology	71047		X-RAY EXAM CHEST 3 VIEWS	Medicare Non-Facility Rate	\$41.12	\$45.03	91.3%
Radiology	71047	26	X-RAY EXAM CHEST 3 VIEWS	Medicare Facility Rate	\$22.07	\$13.24	166.7%
Radiology	71047	TC	X-RAY EXAM CHEST 3 VIEWS	Medicare Non-Facility Rate	\$19.05	\$31.79	59.9%
Radiology	71048		X-RAY EXAM CHEST 4+ VIEWS	Medicare Non-Facility Rate	\$49.07	\$49.31	99.5%
Radiology	71048	26	X-RAY EXAM CHEST 4+ VIEWS	Medicare Facility/Non-Facility Rate	\$27.76	\$15.35	180.8%
Radiology	71048	TC	X-RAY EXAM CHEST 4+ VIEWS	Medicare Non-Facility Rate	\$21.32	\$33.96	62.8%
Radiology	71100		X-RAY EXAM RIBS UNI 2 VIEWS	Medicare Non-Facility Rate	\$24.38	\$39.31	62.0%
Radiology	71100	26	X-RAY EXAM RIBS UNI 2 VIEWS	Medicare Facility/Non-Facility Rate	\$8.13	\$11.15	72.9%
Radiology	71100	TC	X-RAY EXAM RIBS UNI 2 VIEWS	Medicare Non-Facility Rate	\$16.26	\$28.16	57.7%
Radiology	71101		X-RAY EXAM UNILAT RIBS/CHEST	Medicare Non-Facility Rate	\$37.13	\$45.03	82.5%
Radiology	71101	26	X-RAY EXAM UNILAT RIBS/CHEST	Medicare Facility/Non-Facility Rate	\$11.38	\$13.24	86.0%
Radiology	71101	TC	X-RAY EXAM UNILAT RIBS/CHEST	Medicare Non-Facility Rate	\$24.28	\$31.79	76.4%
Radiology	71110		X-RAY EXAM RIBS BIL 3 VIEWS	Medicare Facility/Non-Facility Rate	\$40.62	\$46.81	86.8%
Radiology	71110	26	X-RAY EXAM RIBS BIL 3 VIEWS	Medicare Facility/Non-Facility Rate	\$11.38	\$14.30	79.6%
Radiology	71110	TC	X-RAY EXAM RIBS BIL 3 VIEWS	Medicare Non-Facility Rate	\$29.24	\$32.51	89.9%
Radiology	71111		X-RAY EXAM RIBS/CHEST4/> VWS	Medicare Non-Facility Rate	\$45.49	\$56.18	81.0%
Radiology	71111	26	X-RAY EXAM RIBS/CHEST4/> VWS	Medicare Facility/Non-Facility Rate	\$13.80	\$15.70	87.9%
Radiology	71111	TC	X-RAY EXAM RIBS/CHEST4/> VWS	Medicare Non-Facility Rate	\$31.69	\$40.48	78.3%
Radiology	71120		X-RAY EXAM BREASTBONE 2/>VWS	Medicare Non-Facility Rate	\$24.38	\$36.08	67.6%
Radiology	71120	26	X-RAY EXAM BREASTBONE 2/>VWS	Medicare Facility/Non-Facility Rate	\$8.13	\$9.73	83.6%
Radiology	71120	TC	X-RAY EXAM BREASTBONE 2/>VWS	Medicare Non-Facility Rate	\$16.26	\$26.35	61.7%
Radiology	71130		X-RAY STRENOCLAVIC JT 3/>VWS	Medicare Non-Facility Rate	\$24.38	\$44.38	54.9%
Radiology	71130	26	X-RAY STRENOCLAVIC JT 3/>VWS	Medicare Facility/Non-Facility Rate	\$8.13	\$10.79	75.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	71250	26	CT THORAX DX C-	Medicare Facility/Non-Facility Rate	\$43.88	\$52.87	83.0%
Radiology	71250		CT THORAX DX C-	Medicare Non-Facility Rate	\$206.36	\$146.62	140.7%
Radiology	71250	TC	CT THORAX DX C-	Medicare Non-Facility Rate	\$162.49	\$93.75	173.3%
Radiology	71260	26	CT THORAX DX C+	Medicare Facility/Non-Facility Rate	\$60.77	\$56.73	107.1%
Radiology	71260		CT THORAX DX C+	Medicare Facility/Non-Facility Rate	\$255.11	\$184.90	138.0%
Radiology	71260	TC	CT THORAX DX C+	Medicare Non-Facility Rate	\$184.42	\$128.17	143.9%
Radiology	71270	26	CT THORAX DX C-/C+	Medicare Facility/Non-Facility Rate	\$67.66	\$61.46	110.1%
Radiology	71270		CT THORAX DX C-/C+	Medicare Non-Facility Rate	\$255.11	\$219.97	116.0%
Radiology	71270	TC	CT THORAX DX C-/C+	Medicare Non-Facility Rate	\$184.42	\$158.51	116.3%
Radiology	71275		CT ANGIOGRAPHY CHEST	Medicare Facility/Non-Facility Rate	\$348.55	\$313.24	111.3%
Radiology	71275	26	CT ANGIOGRAPHY CHEST	Medicare Facility/Non-Facility Rate	\$55.90	\$88.99	62.8%
Radiology	71275	TC	CT ANGIOGRAPHY CHEST	Medicare Non-Facility Rate	\$292.65	\$224.26	130.5%
Radiology	71550		MRI CHEST W/O DYE	Medicare Non-Facility Rate	\$505.34	\$387.10	130.5%
Radiology	71550	26	MRI CHEST W/O DYE	Medicare Facility/Non-Facility Rate	\$71.17	\$71.54	99.5%
Radiology	71551	26	MRI CHEST W/DYE	Medicare Facility Rate	\$58.50	\$84.78	69.0%
Radiology	71552		MRI CHEST W/O & W/DYE	Medicare Non-Facility Rate	\$890.92	\$540.35	164.9%
Radiology	71552	26	MRI CHEST W/O & W/DYE	Medicare Facility Rate	\$76.54	\$110.29	69.4%
Radiology	71555		MRI ANGIO CHEST W OR W/O DYE	Medicare Non-Facility Rate	\$390.21	\$377.75	103.3%
Radiology	71555	26	MRI ANGIO CHEST W OR W/O DYE	Medicare Facility/Non-Facility Rate	\$76.94	\$87.92	87.5%
Radiology	71555	TC	MRI ANGIO CHEST W OR W/O DYE	Medicare Non-Facility Rate	\$313.27	\$289.84	108.1%
Radiology	72020		X-RAY EXAM OF SPINE 1 VIEW	Medicare Non-Facility Rate	\$20.32	\$26.00	78.2%
Radiology	72020	26	X-RAY EXAM OF SPINE 1 VIEW	Medicare Facility/Non-Facility Rate	\$7.55	\$7.98	94.6%
Radiology	72020	TC	X-RAY EXAM OF SPINE 1 VIEW	Medicare Non-Facility Rate	\$12.19	\$18.02	67.6%
Radiology	72040		X-RAY EXAM NECK SPINE 2-3 VW	Medicare Facility/Non-Facility Rate	\$24.38	\$42.21	57.8%
Radiology	72040	26	X-RAY EXAM NECK SPINE 2-3 VW	Medicare Facility/Non-Facility Rate	\$8.13	\$11.15	72.9%
Radiology	72040	TC	X-RAY EXAM NECK SPINE 2-3 VW	Medicare Non-Facility Rate	\$16.26	\$31.06	52.4%
Radiology	72050		X-RAY EXAM NECK SPINE 4/5VWS	Medicare Non-Facility Rate	\$40.62	\$56.99	71.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	72050	26	X-RAY EXAM NECK SPINE 4/5VWS	Medicare Facility/Non-Facility Rate	\$14.94	\$13.60	109.9%
Radiology	72050	TC	X-RAY EXAM NECK SPINE 4/5VWS	Medicare Facility/Non-Facility Rate	\$24.38	\$43.38	56.2%
Radiology	72052		X-RAY EXAM NECK SPINE 6/>VWS	Medicare Non-Facility Rate	\$48.75	\$66.36	73.5%
Radiology	72052	26	X-RAY EXAM NECK SPINE 6/>VWS	Medicare Facility/Non-Facility Rate	\$16.26	\$14.64	111.1%
Radiology	72052	TC	X-RAY EXAM NECK SPINE 6/>VWS	Medicare Non-Facility Rate	\$32.49	\$51.72	62.8%
Radiology	72070		X-RAY EXAM THORAC SPINE 2VWS	Medicare Non-Facility Rate	\$24.38	\$35.00	69.7%
Radiology	72070	26	X-RAY EXAM THORAC SPINE 2VWS	Medicare Facility/Non-Facility Rate	\$8.13	\$10.09	80.6%
Radiology	72070	TC	X-RAY EXAM THORAC SPINE 2VWS	Medicare Facility/Non-Facility Rate	\$16.26	\$24.90	65.3%
Radiology	72072		X-RAY EXAM THORAC SPINE 3VWS	Medicare Non-Facility Rate	\$24.38	\$41.83	58.3%
Radiology	72072	26	X-RAY EXAM THORAC SPINE 3VWS	Medicare Facility/Non-Facility Rate	\$8.13	\$11.13	73.0%
Radiology	72072	TC	X-RAY EXAM THORAC SPINE 3VWS	Medicare Non-Facility Rate	\$16.26	\$30.70	53.0%
Radiology	72074		X-RAY EXAM THORAC SPINE4/>VW	Medicare Non-Facility Rate	\$24.38	\$47.60	51.2%
Radiology	72074	26	X-RAY EXAM THORAC SPINE4/>VW	Medicare Facility/Non-Facility Rate	\$8.13	\$12.19	66.7%
Radiology	72074	TC	X-RAY EXAM THORAC SPINE4/>VW	Medicare Non-Facility Rate	\$16.26	\$35.41	45.9%
Radiology	72080		X-RAY EXAM THORACOLMB 2/> VW	Medicare Non-Facility Rate	\$24.38	\$37.15	65.6%
Radiology	72080	26	X-RAY EXAM THORACOLMB 2/> VW	Medicare Facility/Non-Facility Rate	\$8.13	\$10.44	77.9%
Radiology	72080	TC	X-RAY EXAM THORACOLMB 2/> VW	Medicare Non-Facility Rate	\$16.26	\$26.72	60.9%
Radiology	72081		X-RAY EXAM ENTIRE SPI 1 VW	Medicare Facility/Non-Facility Rate	\$29.49	\$45.41	64.9%
Radiology	72081	26	X-RAY EXAM ENTIRE SPI 1 VW	Medicare Facility/Non-Facility Rate	\$10.24	\$12.90	79.4%
Radiology	72081	TC	X-RAY EXAM ENTIRE SPI 1 VW	Medicare Non-Facility Rate	\$19.26	\$32.51	59.2%
Radiology	72082		X-RAY EXAM ENTIRE SPI 2/3 VW	Medicare Non-Facility Rate	\$47.36	\$75.30	62.9%
Radiology	72082	26	X-RAY EXAM ENTIRE SPI 2/3 VW	Medicare Facility/Non-Facility Rate	\$12.34	\$15.62	79.0%
Radiology	72082	TC	X-RAY EXAM ENTIRE SPI 2/3 VW	Medicare Non-Facility Rate	\$34.94	\$59.69	58.5%
Radiology	72083		X-RAY EXAM ENTIRE SPI 4/5 VW	Medicare Non-Facility Rate	\$51.35	\$84.40	60.8%
Radiology	72083	26	X-RAY EXAM ENTIRE SPI 4/5 VW	Medicare Facility/Non-Facility Rate	\$13.49	\$17.82	75.7%
Radiology	72083	TC	X-RAY EXAM ENTIRE SPI 4/5 VW	Medicare Non-Facility Rate	\$37.96	\$66.57	57.0%
Radiology	72084		X-RAY EXAM ENTIRE SPI 6/> VW	Medicare Non-Facility Rate	\$61.18	\$105.94	57.7%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	72084	26	X-RAY EXAM ENTIRE SPI 6/> VW	Medicare Facility/Non-Facility Rate	\$15.68	\$20.89	75.1%
Radiology	72084	TC	X-RAY EXAM ENTIRE SPI 6/> VW	Medicare Non-Facility Rate	\$45.49	\$85.05	53.5%
Radiology	72100		X-RAY EXAM L-S SPINE 2/3 VWS	Medicare Facility/Non-Facility Rate	\$32.49	\$42.57	76.3%
Radiology	72100	26	X-RAY EXAM L-S SPINE 2/3 VWS	Medicare Facility/Non-Facility Rate	\$9.75	\$11.15	87.4%
Radiology	72100	TC	X-RAY EXAM L-S SPINE 2/3 VWS	Medicare Non-Facility Rate	\$22.74	\$31.43	72.4%
Radiology	72110		X-RAY EXAM L-2 SPINE 4/>VWS	Medicare Facility/Non-Facility Rate	\$48.75	\$54.83	88.9%
Radiology	72110	26	X-RAY EXAM L-2 SPINE 4/>VWS	Medicare Facility/Non-Facility Rate	\$14.94	\$12.90	115.8%
Radiology	72110	TC	X-RAY EXAM L-2 SPINE 4/>VWS	Medicare Non-Facility Rate	\$32.49	\$41.93	77.5%
Radiology	72114		X-RAY EXAM L-S SPINE BENDING	Medicare Non-Facility Rate	\$60.13	\$66.36	90.6%
Radiology	72114	26	X-RAY EXAM L-S SPINE BENDING	Medicare Facility/Non-Facility Rate	\$17.64	\$15.01	117.5%
Radiology	72114	TC	X-RAY EXAM L-S SPINE BENDING	Medicare Non-Facility Rate	\$39.81	\$51.35	77.5%
Radiology	72120		X-RAY BEND ONLY L-S SPINE	Medicare Non-Facility Rate	\$30.05	\$43.66	68.8%
Radiology	72120	26	X-RAY BEND ONLY L-S SPINE	Medicare Facility/Non-Facility Rate	\$10.71	\$11.15	96.1%
Radiology	72120	TC	X-RAY BEND ONLY L-S SPINE	Medicare Non-Facility Rate	\$19.51	\$32.51	60.0%
Radiology	72125		CT NECK SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$206.36	\$143.84	143.5%
Radiology	72125	26	CT NECK SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$49.01	89.5%
Radiology	72125	TC	CT NECK SPINE W/O DYE	Medicare Non-Facility Rate	\$162.49	\$94.83	171.3%
Radiology	72126		CT NECK SPINE W/DYE	Medicare Non-Facility Rate	\$255.11	\$187.50	136.1%
Radiology	72126	26	CT NECK SPINE W/DYE	Medicare Facility Rate	\$59.72	\$59.70	100.0%
Radiology	72127		CT NECK SPINE W/O & W/DYE	Medicare Non-Facility Rate	\$255.11	\$220.93	115.5%
Radiology	72127	26	CT NECK SPINE W/O & W/DYE	Medicare Facility Rate	\$62.07	\$62.42	99.4%
Radiology	72128		CT CHEST SPINE W/O DYE	Medicare Non-Facility Rate	\$206.36	\$143.48	143.8%
Radiology	72128	26	CT CHEST SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$44.04	\$49.01	89.9%
Radiology	72128	TC	CT CHEST SPINE W/O DYE	Medicare Non-Facility Rate	\$162.33	\$94.47	171.8%
Radiology	72129		CT CHEST SPINE W/DYE	Medicare Non-Facility Rate	\$255.11	\$188.95	135.0%
Radiology	72129	26	CT CHEST SPINE W/DYE	Medicare Facility Rate	\$60.04	\$60.06	100.0%
Radiology	72130	26	CT CHEST SPINE W/O & W/DYE	Medicare Facility Rate	\$62.39	\$62.16	100.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	72131		CT LUMBAR SPINE W/O DYE	Medicare Non-Facility Rate	\$206.36	\$143.12	144.2%
Radiology	72131	26	CT LUMBAR SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$49.01	89.5%
Radiology	72131	TC	CT LUMBAR SPINE W/O DYE	Medicare Non-Facility Rate	\$162.49	\$94.11	172.7%
Radiology	72132		CT LUMBAR SPINE W/DYE	Medicare Non-Facility Rate	\$255.11	\$187.50	136.1%
Radiology	72132	26	CT LUMBAR SPINE W/DYE	Medicare Facility Rate	\$60.04	\$59.70	100.6%
Radiology	72133	26	CT LUMBAR SPINE W/O & W/DYE	Medicare Facility Rate	\$62.39	\$62.42	100.0%
Radiology	72141		MRI NECK SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$408.89	\$213.71	191.3%
Radiology	72141	26	MRI NECK SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$78.06	\$72.96	107.0%
Radiology	72141	TC	MRI NECK SPINE W/O DYE	Medicare Non-Facility Rate	\$330.83	\$140.75	235.0%
Radiology	72142		MRI NECK SPINE W/DYE	Medicare Non-Facility Rate	\$492.34	\$310.60	158.5%
Radiology	72142	26	MRI NECK SPINE W/DYE	Medicare Facility/Non-Facility Rate	\$82.05	\$87.60	93.7%
Radiology	72146		MRI CHEST SPINE W/O DYE	Medicare Non-Facility Rate	\$492.34	\$213.35	230.8%
Radiology	72146	26	MRI CHEST SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$78.41	\$72.60	108.0%
Radiology	72146	TC	MRI CHEST SPINE W/O DYE	Medicare Non-Facility Rate	\$330.58	\$140.75	234.9%
Radiology	72147		MRI CHEST SPINE W/DYE	Medicare Non-Facility Rate	\$492.34	\$307.34	160.2%
Radiology	72147	26	MRI CHEST SPINE W/DYE	Medicare Facility/Non-Facility Rate	\$82.05	\$87.24	94.1%
Radiology	72148		MRI LUMBAR SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$402.96	\$214.07	188.2%
Radiology	72148	26	MRI LUMBAR SPINE W/O DYE	Medicare Facility/Non-Facility Rate	\$72.48	\$72.96	99.3%
Radiology	72148	TC	MRI LUMBAR SPINE W/O DYE	Medicare Non-Facility Rate	\$330.58	\$141.11	234.3%
Radiology	72149		MRI LUMBAR SPINE W/DYE	Medicare Non-Facility Rate	\$492.34	\$304.80	161.5%
Radiology	72149	26	MRI LUMBAR SPINE W/DYE	Medicare Facility/Non-Facility Rate	\$82.05	\$87.24	94.1%
Radiology	72149	TC	MRI LUMBAR SPINE W/DYE	Medicare Non-Facility Rate	\$410.28	\$217.56	188.6%
Radiology	72156		MRI NECK SPINE W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$634.68	\$359.96	176.3%
Radiology	72156	26	MRI NECK SPINE W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$108.87	\$111.96	97.2%
Radiology	72156	TC	MRI NECK SPINE W/O & W/DYE	Medicare Non-Facility Rate	\$508.99	\$248.00	205.2%
Radiology	72157		MRI CHEST SPINE W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$634.27	\$360.32	176.0%
Radiology	72157	26	MRI CHEST SPINE W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$108.62	\$111.96	97.0%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	72157	TC	MRI CHEST SPINE W/O & W/DYE	Medicare Non-Facility Rate	\$508.26	\$248.36	204.6%
Radiology	72158		MRI LUMBAR SPINE W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$624.28	\$358.87	174.0%
Radiology	72158	26	MRI LUMBAR SPINE W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$100.42	\$111.96	89.7%
Radiology	72158	TC	MRI LUMBAR SPINE W/O & W/DYE	Medicare Non-Facility Rate	\$508.99	\$246.91	206.1%
Radiology	72159	26	MR ANGIO SPINE W/O&W/DYE	Medicare Facility Rate	\$72.32	\$88.29	81.9%
Radiology	72170		X-RAY EXAM OF PELVIS	Medicare Facility/Non-Facility Rate	\$24.38	\$29.61	82.3%
Radiology	72170	26	X-RAY EXAM OF PELVIS	Medicare Facility/Non-Facility Rate	\$8.13	\$8.69	93.6%
Radiology	72170	TC	X-RAY EXAM OF PELVIS	Medicare Non-Facility Rate	\$16.26	\$20.92	77.7%
Radiology	72190		X-RAY EXAM OF PELVIS	Medicare Non-Facility Rate	\$30.87	\$45.06	68.5%
Radiology	72190	26	X-RAY EXAM OF PELVIS	Medicare Facility/Non-Facility Rate	\$10.40	\$12.55	82.9%
Radiology	72190	TC	X-RAY EXAM OF PELVIS	Medicare Non-Facility Rate	\$20.32	\$32.51	62.5%
Radiology	72191	26	CT ANGIOGRAPH PELV W/O&W/DYE	Medicare Facility Rate	\$55.90	\$87.55	63.8%
Radiology	72192		CT PELVIS W/O DYE	Medicare Non-Facility Rate	\$206.36	\$146.96	140.4%
Radiology	72192	26	CT PELVIS W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$53.22	82.5%
Radiology	72192	TC	CT PELVIS W/O DYE	Medicare Non-Facility Rate	\$162.49	\$93.75	173.3%
Radiology	72193		CT PELVIS W/DYE	Medicare Non-Facility Rate	\$255.11	\$260.98	97.8%
Radiology	72193	26	CT PELVIS W/DYE	Medicare Facility/Non-Facility Rate	\$56.96	\$56.73	100.4%
Radiology	72193	TC	CT PELVIS W/DYE	Medicare Non-Facility Rate	\$184.42	\$204.26	90.3%
Radiology	72194		CT PELVIS W/O & W/DYE	Medicare Non-Facility Rate	\$255.11	\$287.77	88.7%
Radiology	72194	26	CT PELVIS W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$59.72	\$59.70	100.0%
Radiology	72194	TC	CT PELVIS W/O & W/DYE	Medicare Non-Facility Rate	\$184.42	\$228.07	80.9%
Radiology	72195		MRI PELVIS W/O DYE	Medicare Non-Facility Rate	\$419.46	\$259.76	161.5%
Radiology	72195	26	MRI PELVIS W/O DYE	Medicare Facility/Non-Facility Rate	\$49.48	\$71.90	68.8%
Radiology	72195	TC	MRI PELVIS W/O DYE	Medicare Non-Facility Rate	\$332.68	\$187.85	177.1%
Radiology	72196		MRI PELVIS W/DYE	Medicare Non-Facility Rate	\$492.34	\$304.16	161.9%
Radiology	72196	26	MRI PELVIS W/DYE	Medicare Facility Rate	\$82.05	\$84.78	96.8%
Radiology	72197		MRI PELVIS W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$623.55	\$382.11	163.2%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	72197	26	MRI PELVIS W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$77.09	\$107.49	71.7%
Radiology	72197	TC	MRI PELVIS W/O & W/DYE	Medicare Non-Facility Rate	\$512.81	\$274.62	186.7%
Radiology	72198		MR ANGIO PELVIS W/O & W/DYE	Medicare Non-Facility Rate	\$389.89	\$379.58	102.7%
Radiology	72198	26	MR ANGIO PELVIS W/O & W/DYE	Medicare Facility Rate	\$74.18	\$87.21	85.1%
Radiology	72200		X-RAY EXAM SI JOINTS	Medicare Non-Facility Rate	\$24.38	\$35.04	69.6%
Radiology	72200	26	X-RAY EXAM SI JOINTS	Medicare Facility/Non-Facility Rate	\$8.28	\$8.33	99.4%
Radiology	72200	TC	X-RAY EXAM SI JOINTS	Medicare Non-Facility Rate	\$13.80	\$26.72	51.6%
Radiology	72202		X-RAY EXAM SI JOINTS 3/> VWS	Medicare Non-Facility Rate	\$30.87	\$41.83	73.8%
Radiology	72202	26	X-RAY EXAM SI JOINTS 3/> VWS	Medicare Facility/Non-Facility Rate	\$9.34	\$11.13	83.9%
Radiology	72202	TC	X-RAY EXAM SI JOINTS 3/> VWS	Medicare Non-Facility Rate	\$20.32	\$30.70	66.2%
Radiology	72220		X-RAY EXAM SACRUM TAILBONE	Medicare Non-Facility Rate	\$24.38	\$34.68	70.3%
Radiology	72220	26	X-RAY EXAM SACRUM TAILBONE	Medicare Facility/Non-Facility Rate	\$8.28	\$8.69	95.3%
Radiology	72220	TC	X-RAY EXAM SACRUM TAILBONE	Medicare Non-Facility Rate	\$13.80	\$25.99	53.1%
Radiology	72275		EPIDUROGRAPHY	Other States' Average Rate	\$91.74	\$113.41	80.9%
Radiology	72275	26	EPIDUROGRAPHY	Other States' Average Rate	\$22.36	\$35.60	62.8%
Radiology	72275	26	EPIDUROGRAPHY	Other States' Average Rate	\$22.36	\$34.41	65.0%
Radiology	72275		EPIDUROGRAPHY	Other States' Average Rate	\$91.74	\$111.83	82.0%
Radiology	72295		X-RAY OF LOWER SPINE DISK	Medicare Facility Rate	\$65.00	\$119.84	54.2%
Radiology	72295	26	X-RAY OF LOWER SPINE DISK	Medicare Facility Rate	\$19.51	\$41.31	47.2%
Radiology	73000		X-RAY EXAM OF COLLAR BONE	Medicare Non-Facility Rate	\$16.26	\$34.33	47.4%
Radiology	73000	26	X-RAY EXAM OF COLLAR BONE	Medicare Facility/Non-Facility Rate	\$4.88	\$8.34	58.5%
Radiology	73000	TC	X-RAY EXAM OF COLLAR BONE	Medicare Facility/Non-Facility Rate	\$11.38	\$25.99	43.8%
Radiology	73010		X-RAY EXAM OF SHOULDER BLADE	Medicare Non-Facility Rate	\$20.32	\$25.26	80.4%
Radiology	73010	26	X-RAY EXAM OF SHOULDER BLADE	Medicare Facility/Non-Facility Rate	\$6.50	\$9.05	71.8%
Radiology	73010	TC	X-RAY EXAM OF SHOULDER BLADE	Medicare Non-Facility Rate	\$13.80	\$16.21	85.1%
Radiology	73020		X-RAY EXAM OF SHOULDER	Medicare Non-Facility Rate	\$13.00	\$22.76	57.1%
Radiology	73020	26	X-RAY EXAM OF SHOULDER	Medicare Facility/Non-Facility Rate	\$4.88	\$7.64	63.9%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	73020	TC	X-RAY EXAM OF SHOULDER	Medicare Non-Facility Rate	\$8.13	\$15.12	53.8%
Radiology	73030		X-RAY EXAM OF SHOULDER	Medicare Facility/Non-Facility Rate	\$20.32	\$36.84	55.2%
Radiology	73030	26	X-RAY EXAM OF SHOULDER	Medicare Facility/Non-Facility Rate	\$6.50	\$9.40	69.1%
Radiology	73030	TC	X-RAY EXAM OF SHOULDER	Medicare Facility/Non-Facility Rate	\$13.80	\$27.44	50.3%
Radiology	73040		CONTRAST X-RAY OF SHOULDER	Medicare Non-Facility Rate	\$40.62	\$142.86	28.4%
Radiology	73040	26	CONTRAST X-RAY OF SHOULDER	Medicare Facility Rate	\$13.00	\$27.74	46.9%
Radiology	73050		X-RAY EXAM OF SHOULDERS	Medicare Non-Facility Rate	\$20.32	\$30.32	67.0%
Radiology	73050	26	X-RAY EXAM OF SHOULDERS	Medicare Facility/Non-Facility Rate	\$6.50	\$9.40	69.1%
Radiology	73050	TC	X-RAY EXAM OF SHOULDERS	Medicare Non-Facility Rate	\$13.80	\$20.92	66.0%
Radiology	73060		X-RAY EXAM OF HUMERUS	Medicare Facility/Non-Facility Rate	\$20.32	\$33.97	59.8%
Radiology	73060	26	X-RAY EXAM OF HUMERUS	Medicare Facility/Non-Facility Rate	\$6.50	\$7.98	81.5%
Radiology	73060	TC	X-RAY EXAM OF HUMERUS	Medicare Facility/Non-Facility Rate	\$13.80	\$25.99	53.1%
Radiology	73070		X-RAY EXAM OF ELBOW	Medicare Facility/Non-Facility Rate	\$13.00	\$31.07	41.8%
Radiology	73070	26	X-RAY EXAM OF ELBOW	Medicare Facility/Non-Facility Rate	\$4.06	\$8.34	48.7%
Radiology	73070	TC	X-RAY EXAM OF ELBOW	Medicare Non-Facility Rate	\$8.94	\$22.73	39.3%
Radiology	73080		X-RAY EXAM OF ELBOW	Medicare Facility/Non-Facility Rate	\$16.26	\$34.68	46.9%
Radiology	73080	26	X-RAY EXAM OF ELBOW	Medicare Facility/Non-Facility Rate	\$4.88	\$8.69	56.2%
Radiology	73080	TC	X-RAY EXAM OF ELBOW	Medicare Facility/Non-Facility Rate	\$11.38	\$25.99	43.8%
Radiology	73085		CONTRAST X-RAY OF ELBOW	Medicare Non-Facility Rate	\$40.62	\$122.11	33.3%
Radiology	73085	26	CONTRAST X-RAY OF ELBOW	Medicare Facility Rate	\$16.26	\$28.37	57.3%
Radiology	73090		X-RAY EXAM OF FOREARM	Medicare Facility/Non-Facility Rate	\$16.26	\$31.07	52.3%
Radiology	73090	26	X-RAY EXAM OF FOREARM	Medicare Facility/Non-Facility Rate	\$4.88	\$7.98	61.2%
Radiology	73090	TC	X-RAY EXAM OF FOREARM	Medicare Facility/Non-Facility Rate	\$11.38	\$23.09	49.3%
Radiology	73092		X-RAY EXAM OF ARM INFANT	Medicare Non-Facility Rate	\$16.26	\$33.97	47.9%
Radiology	73092	26	X-RAY EXAM OF ARM INFANT	Medicare Facility/Non-Facility Rate	\$4.88	\$7.98	61.2%
Radiology	73092	TC	X-RAY EXAM OF ARM INFANT	Medicare Non-Facility Rate	\$11.38	\$25.99	43.8%
Radiology	73100		X-RAY EXAM OF WRIST	Medicare Facility/Non-Facility Rate	\$11.38	\$36.15	31.5%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	73100	26	X-RAY EXAM OF WRIST	Medicare Facility/Non-Facility Rate	\$3.25	\$8.34	39.0%
Radiology	73100	TC	X-RAY EXAM OF WRIST	Medicare Non-Facility Rate	\$8.13	\$27.80	29.2%
Radiology	73110		X-RAY EXAM OF WRIST	Medicare Facility/Non-Facility Rate	\$16.26	\$43.74	37.2%
Radiology	73110	26	X-RAY EXAM OF WRIST	Medicare Facility/Non-Facility Rate	\$4.88	\$8.69	56.2%
Radiology	73110	TC	X-RAY EXAM OF WRIST	Medicare Non-Facility Rate	\$11.38	\$35.05	32.5%
Radiology	73115		CONTRAST X-RAY OF WRIST	Medicare Non-Facility Rate	\$40.62	\$148.30	27.4%
Radiology	73115	26	CONTRAST X-RAY OF WRIST	Medicare Facility Rate	\$16.26	\$28.10	57.9%
Radiology	73120		X-RAY EXAM OF HAND	Medicare Non-Facility Rate	\$8.94	\$33.25	26.9%
Radiology	73120	26	X-RAY EXAM OF HAND	Medicare Facility/Non-Facility Rate	\$3.25	\$8.34	39.0%
Radiology	73120	TC	X-RAY EXAM OF HAND	Medicare Non-Facility Rate	\$5.70	\$24.90	22.9%
Radiology	73130		X-RAY EXAM OF HAND	Medicare Facility/Non-Facility Rate	\$13.00	\$39.03	33.3%
Radiology	73130	26	X-RAY EXAM OF HAND	Medicare Facility/Non-Facility Rate	\$4.06	\$8.69	46.7%
Radiology	73130	TC	X-RAY EXAM OF HAND	Medicare Facility/Non-Facility Rate	\$8.94	\$30.34	29.5%
Radiology	73140		X-RAY EXAM OF FINGER(S)	Medicare Non-Facility Rate	\$9.75	\$40.18	24.3%
Radiology	73140	26	X-RAY EXAM OF FINGER(S)	Medicare Facility/Non-Facility Rate	\$4.06	\$6.94	58.5%
Radiology	73140	TC	X-RAY EXAM OF FINGER(S)	Medicare Facility/Non-Facility Rate	\$5.70	\$33.24	17.1%
Radiology	73200		CT UPPER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$206.36	\$181.89	113.5%
Radiology	73200	26	CT UPPER EXTREMITY W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$49.01	89.5%
Radiology	73200	TC	CT UPPER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$162.49	\$132.88	122.3%
Radiology	73201		CT UPPER EXTREMITY W/DYE	Medicare Non-Facility Rate	\$255.11	\$225.48	113.1%
Radiology	73201	26	CT UPPER EXTREMITY W/DYE	Medicare Facility Rate	\$56.96	\$56.37	101.0%
Radiology	73202	26	CT UPPER EXTREMITY W/O&W/DYE	Medicare Facility Rate	\$59.72	\$59.70	100.0%
Radiology	73206		CT ANGIO UPR EXTRM W/O&W/DYE	Medicare Non-Facility Rate	\$302.90	\$333.91	90.7%
Radiology	73206	26	CT ANGIO UPR EXTRM W/O&W/DYE	Medicare Facility Rate	\$55.90	\$87.55	63.8%
Radiology	73218		MRI UPPER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$412.88	\$346.62	119.1%
Radiology	73218	26	MRI UPPER EXTREMITY W/O DYE	Medicare Facility/Non-Facility Rate	\$44.27	\$66.74	66.3%
Radiology	73218	TC	MRI UPPER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$333.26	\$279.88	119.1%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	73219	26	MRI UPPER EXTREMITY W/DYE	Medicare Facility Rate	\$52.72	\$79.88	66.0%
Radiology	73220		MRI UPPR EXTREMITY W/O&W/DYE	Medicare Non-Facility Rate	\$505.34	\$468.42	107.9%
Radiology	73220	26	MRI UPPR EXTREMITY W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$101.56	\$105.39	96.4%
Radiology	73220	TC	MRI UPPR EXTREMITY W/O&W/DYE	Medicare Non-Facility Rate	\$403.78	\$363.03	111.2%
Radiology	73221		MRI JOINT UPR EXTREM W/O DYE	Medicare Facility/Non-Facility Rate	\$256.72	\$226.60	113.3%
Radiology	73221	26	MRI JOINT UPR EXTREM W/O DYE	Medicare Facility/Non-Facility Rate	\$57.68	\$67.00	86.1%
Radiology	73221	TC	MRI JOINT UPR EXTREM W/O DYE	Medicare Non-Facility Rate	\$199.04	\$159.59	124.7%
Radiology	73222		MRI JOINT UPR EXTREM W/DYE	Medicare Non-Facility Rate	\$494.70	\$357.60	138.3%
Radiology	73222	26	MRI JOINT UPR EXTREM W/DYE	Medicare Facility/Non-Facility Rate	\$52.72	\$80.25	65.7%
Radiology	73222	TC	MRI JOINT UPR EXTREM W/DYE	Medicare Non-Facility Rate	\$441.96	\$277.35	159.4%
Radiology	73223		MRI JOINT UPR EXTR W/O&W/DYE	Medicare Non-Facility Rate	\$777.33	\$442.33	175.7%
Radiology	73223	26	MRI JOINT UPR EXTR W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$71.01	\$105.39	67.4%
Radiology	73223	TC	MRI JOINT UPR EXTR W/O&W/DYE	Medicare Non-Facility Rate	\$672.22	\$336.94	199.5%
Radiology	73225	26	MR ANGIO UPR EXTR W/O&W/DYE	Medicare Facility Rate	\$70.28	\$85.14	82.5%
Radiology	73501		X-RAY EXAM HIP UNI 1 VIEW	Medicare Non-Facility Rate	\$22.74	\$34.67	65.6%
Radiology	73501	26	X-RAY EXAM HIP UNI 1 VIEW	Medicare Facility/Non-Facility Rate	\$7.24	\$9.40	77.0%
Radiology	73501	TC	X-RAY EXAM HIP UNI 1 VIEW	Medicare Non-Facility Rate	\$15.45	\$25.27	61.1%
Radiology	73502		X-RAY EXAM HIP UNI 2-3 VIEWS	Medicare Facility/Non-Facility Rate	\$31.44	\$50.18	62.7%
Radiology	73502	26	X-RAY EXAM HIP UNI 2-3 VIEWS	Medicare Facility/Non-Facility Rate	\$8.60	\$11.15	77.1%
Radiology	73502	TC	X-RAY EXAM HIP UNI 2-3 VIEWS	Medicare Non-Facility Rate	\$22.74	\$39.03	58.3%
Radiology	73503		X-RAY EXAM HIP UNI 4/> VIEWS	Medicare Non-Facility Rate	\$39.23	\$63.15	62.1%
Radiology	73503	26	X-RAY EXAM HIP UNI 4/> VIEWS	Medicare Facility/Non-Facility Rate	\$11.06	\$13.60	81.3%
Radiology	73521		X-RAY EXAM HIPS BI 2 VIEWS	Medicare Non-Facility Rate	\$30.30	\$44.02	68.8%
Radiology	73521	26	X-RAY EXAM HIPS BI 2 VIEWS	Medicare Facility/Non-Facility Rate	\$8.87	\$11.15	79.6%
Radiology	73521	TC	X-RAY EXAM HIPS BI 2 VIEWS	Medicare Facility/Non-Facility Rate	\$21.38	\$32.87	65.0%
Radiology	73522		X-RAY EXAM HIPS BI 3-4 VIEWS	Medicare Non-Facility Rate	\$37.04	\$57.32	64.6%
Radiology	73522	26	X-RAY EXAM HIPS BI 3-4 VIEWS	Medicare Facility/Non-Facility Rate	\$11.62	\$14.66	79.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	73522	TC	X-RAY EXAM HIPS BI 3-4 VIEWS	Medicare Non-Facility Rate	\$25.44	\$42.66	59.6%
Radiology	73523		X-RAY EXAM HIPS BI 5/> VIEWS	Medicare Facility/Non-Facility Rate	\$43.07	\$65.62	65.6%
Radiology	73523	26	X-RAY EXAM HIPS BI 5/> VIEWS	Medicare Facility/Non-Facility Rate	\$12.43	\$15.35	81.0%
Radiology	73523	TC	X-RAY EXAM HIPS BI 5/> VIEWS	Medicare Non-Facility Rate	\$30.64	\$50.27	61.0%
Radiology	73525		CONTRAST X-RAY OF HIP	Medicare Facility/Non-Facility Rate	\$84.98	\$145.30	58.5%
Radiology	73525	26	CONTRAST X-RAY OF HIP	Medicare Facility Rate	\$24.70	\$29.09	84.9%
Radiology	73551		X-RAY EXAM OF FEMUR 1	Medicare Facility/Non-Facility Rate	\$21.12	\$31.07	68.0%
Radiology	73551	26	X-RAY EXAM OF FEMUR 1	Medicare Facility/Non-Facility Rate	\$6.42	\$8.34	77.0%
Radiology	73551	TC	X-RAY EXAM OF FEMUR 1	Medicare Non-Facility Rate	\$14.63	\$22.73	64.4%
Radiology	73552		X-RAY EXAM OF FEMUR 2/>	Medicare Facility/Non-Facility Rate	\$24.62	\$37.56	65.5%
Radiology	73552	26	X-RAY EXAM OF FEMUR 2/>	Medicare Facility/Non-Facility Rate	\$7.24	\$9.04	80.1%
Radiology	73552	TC	X-RAY EXAM OF FEMUR 2/>	Medicare Facility/Non-Facility Rate	\$17.38	\$28.53	60.9%
Radiology	73560		X-RAY EXAM OF KNEE 1 OR 2	Medicare Facility/Non-Facility Rate	\$16.26	\$36.51	44.5%
Radiology	73560	26	X-RAY EXAM OF KNEE 1 OR 2	Medicare Facility/Non-Facility Rate	\$4.88	\$8.34	58.5%
Radiology	73560	TC	X-RAY EXAM OF KNEE 1 OR 2	Medicare Non-Facility Rate	\$11.38	\$28.16	40.4%
Radiology	73562		X-RAY EXAM OF KNEE 3	Medicare Facility/Non-Facility Rate	\$20.32	\$43.72	46.5%
Radiology	73562	26	X-RAY EXAM OF KNEE 3	Medicare Facility/Non-Facility Rate	\$6.50	\$9.40	69.1%
Radiology	73562	TC	X-RAY EXAM OF KNEE 3	Medicare Non-Facility Rate	\$13.80	\$34.32	40.2%
Radiology	73564		X-RAY EXAM KNEE 4 OR MORE	Medicare Facility/Non-Facility Rate	\$20.32	\$49.46	41.1%
Radiology	73564	26	X-RAY EXAM KNEE 4 OR MORE	Medicare Facility/Non-Facility Rate	\$6.50	\$11.15	58.3%
Radiology	73564	TC	X-RAY EXAM KNEE 4 OR MORE	Medicare Facility/Non-Facility Rate	\$13.80	\$38.31	36.0%
Radiology	73565		X-RAY EXAM OF KNEES	Medicare Facility/Non-Facility Rate	\$16.26	\$43.39	37.5%
Radiology	73565	26	X-RAY EXAM OF KNEES	Medicare Facility/Non-Facility Rate	\$4.88	\$8.71	56.0%
Radiology	73565	TC	X-RAY EXAM OF KNEES	Medicare Non-Facility Rate	\$11.38	\$34.69	32.8%
Radiology	73580		CONTRAST X-RAY OF KNEE JOINT	Medicare Non-Facility Rate	\$65.00	\$160.33	40.5%
Radiology	73590		X-RAY EXAM OF LOWER LEG	Medicare Facility/Non-Facility Rate	\$20.32	\$33.61	60.5%
Radiology	73590	26	X-RAY EXAM OF LOWER LEG	Medicare Facility/Non-Facility Rate	\$6.50	\$7.98	81.5%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	73590	TC	X-RAY EXAM OF LOWER LEG	Medicare Facility/Non-Facility Rate	\$13.80	\$25.63	53.8%
Radiology	73592		X-RAY EXAM OF LEG INFANT	Medicare Non-Facility Rate	\$20.32	\$33.97	59.8%
Radiology	73592	26	X-RAY EXAM OF LEG INFANT	Medicare Facility/Non-Facility Rate	\$6.50	\$7.98	81.5%
Radiology	73592	TC	X-RAY EXAM OF LEG INFANT	Medicare Non-Facility Rate	\$13.80	\$25.99	53.1%
Radiology	73600		X-RAY EXAM OF ANKLE	Medicare Non-Facility Rate	\$12.19	\$34.33	35.5%
Radiology	73600	26	X-RAY EXAM OF ANKLE	Medicare Facility/Non-Facility Rate	\$4.06	\$7.98	50.9%
Radiology	73600	TC	X-RAY EXAM OF ANKLE	Medicare Non-Facility Rate	\$8.13	\$26.35	30.9%
Radiology	73610		X-RAY EXAM OF ANKLE	Medicare Facility/Non-Facility Rate	\$16.26	\$39.39	41.3%
Radiology	73610	26	X-RAY EXAM OF ANKLE	Medicare Facility/Non-Facility Rate	\$4.88	\$8.69	56.2%
Radiology	73610	TC	X-RAY EXAM OF ANKLE	Medicare Facility/Non-Facility Rate	\$11.38	\$30.70	37.1%
Radiology	73620		X-RAY EXAM OF FOOT	Medicare Facility/Non-Facility Rate	\$8.94	\$29.99	29.8%
Radiology	73620	26	X-RAY EXAM OF FOOT	Medicare Facility/Non-Facility Rate	\$3.25	\$7.62	42.7%
Radiology	73620	TC	X-RAY EXAM OF FOOT	Medicare Non-Facility Rate	\$5.70	\$22.37	25.5%
Radiology	73630		X-RAY EXAM OF FOOT	Medicare Facility/Non-Facility Rate	\$13.00	\$36.86	35.3%
Radiology	73630	26	X-RAY EXAM OF FOOT	Medicare Facility/Non-Facility Rate	\$4.06	\$8.33	48.7%
Radiology	73630	TC	X-RAY EXAM OF FOOT	Medicare Facility/Non-Facility Rate	\$8.94	\$28.53	31.3%
Radiology	73650		X-RAY EXAM OF HEEL	Medicare Non-Facility Rate	\$16.26	\$30.71	52.9%
Radiology	73650	26	X-RAY EXAM OF HEEL	Medicare Facility/Non-Facility Rate	\$4.88	\$7.98	61.2%
Radiology	73650	TC	X-RAY EXAM OF HEEL	Medicare Non-Facility Rate	\$11.38	\$22.73	50.1%
Radiology	73660		X-RAY EXAM OF TOE(S)	Medicare Non-Facility Rate	\$9.75	\$31.12	31.3%
Radiology	73660	26	X-RAY EXAM OF TOE(S)	Medicare Facility/Non-Facility Rate	\$4.06	\$6.58	61.7%
Radiology	73660	TC	X-RAY EXAM OF TOE(S)	Medicare Non-Facility Rate	\$5.70	\$24.54	23.2%
Radiology	73700		CT LOWER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$206.36	\$143.12	144.2%
Radiology	73700	26	CT LOWER EXTREMITY W/O DYE	Medicare Facility/Non-Facility Rate	\$43.88	\$49.01	89.5%
Radiology	73700	TC	CT LOWER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$162.49	\$94.11	172.7%
Radiology	73701		CT LOWER EXTREMITY W/DYE	Medicare Non-Facility Rate	\$255.11	\$185.26	137.7%
Radiology	73701	26	CT LOWER EXTREMITY W/DYE	Medicare Facility Rate	\$57.29	\$56.73	101.0%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	73702	26	CT LWR EXTREMITY W/O&W/DYE	Medicare Facility Rate	\$60.04	\$59.70	100.6%
Radiology	73702		CT LWR EXTREMITY W/O&W/DYE	Medicare Non-Facility Rate	\$255.11	\$217.48	117.3%
Radiology	73706		CT ANGIO LWR EXTR W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$302.90	\$362.39	83.6%
Radiology	73706	26	CT ANGIO LWR EXTR W/O&W/DYE	Medicare Facility Rate	\$55.90	\$91.76	60.9%
Radiology	73718		MRI LOWER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$412.88	\$252.42	163.6%
Radiology	73718	26	MRI LOWER EXTREMITY W/O DYE	Medicare Facility/Non-Facility Rate	\$44.27	\$66.01	67.1%
Radiology	73718	TC	MRI LOWER EXTREMITY W/O DYE	Medicare Non-Facility Rate	\$333.19	\$186.40	178.8%
Radiology	73719	26	MRI LOWER EXTREMITY W/DYE	Medicare Facility Rate	\$52.72	\$79.52	66.3%
Radiology	73720		MRI LWR EXTREMITY W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$505.34	\$382.19	132.2%
Radiology	73720	26	MRI LWR EXTREMITY W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$101.56	\$105.03	96.7%
Radiology	73720	TC	MRI LWR EXTREMITY W/O&W/DYE	Medicare Non-Facility Rate	\$403.78	\$277.15	145.7%
Radiology	73721		MRI JNT OF LWR EXTRE W/O DYE	Medicare Non-Facility Rate	\$256.72	\$226.23	113.5%
Radiology	73721	26	MRI JNT OF LWR EXTRE W/O DYE	Medicare Facility/Non-Facility Rate	\$57.68	\$67.00	86.1%
Radiology	73721	TC	MRI JNT OF LWR EXTRE W/O DYE	Medicare Facility/Non-Facility Rate	\$199.04	\$159.23	125.0%
Radiology	73722		MRI JOINT OF LWR EXTR W/DYE	Medicare Non-Facility Rate	\$494.70	\$358.32	138.1%
Radiology	73722	26	MRI JOINT OF LWR EXTR W/DYE	Medicare Facility/Non-Facility Rate	\$52.72	\$80.25	65.7%
Radiology	73722	TC	MRI JOINT OF LWR EXTR W/DYE	Medicare Non-Facility Rate	\$441.96	\$278.07	158.9%
Radiology	73723		MRI JOINT LWR EXTR W/O&W/DYE	Medicare Non-Facility Rate	\$618.26	\$440.88	140.2%
Radiology	73723	26	MRI JOINT LWR EXTR W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$71.01	\$105.03	67.6%
Radiology	73723	TC	MRI JOINT LWR EXTR W/O&W/DYE	Medicare Non-Facility Rate	\$512.89	\$335.85	152.7%
Radiology	73725	26	MR ANG LWR EXT W OR W/O DYE	Medicare Facility/Non-Facility Rate	\$72.79	\$87.54	83.2%
Radiology	73725	TC	MR ANG LWR EXT W OR W/O DYE	Medicare Non-Facility Rate	\$315.79	\$290.56	108.7%
Radiology	74018		X-RAY EXAM ABDOMEN 1 VIEW	Medicare Facility/Non-Facility Rate	\$25.70	\$32.13	80.0%
Radiology	74018	26	X-RAY EXAM ABDOMEN 1 VIEW	Medicare Facility/Non-Facility Rate	\$11.15	\$9.04	123.3%
Radiology	74018	TC	X-RAY EXAM ABDOMEN 1 VIEW	Medicare Facility/Non-Facility Rate	\$14.54	\$23.09	63.0%
Radiology	74019		X-RAY EXAM ABDOMEN 2 VIEWS	Medicare Facility/Non-Facility Rate	\$34.07	\$39.30	86.7%
Radiology	74019	26	X-RAY EXAM ABDOMEN 2 VIEWS	Medicare Facility/Non-Facility Rate	\$17.28	\$11.49	150.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	74019	TC	X-RAY EXAM ABDOMEN 2 VIEWS	Medicare Non-Facility Rate	\$16.79	\$27.80	60.4%
Radiology	74021		X-RAY EXAM ABDOMEN 3+ VIEWS	Medicare Non-Facility Rate	\$42.47	\$46.12	92.1%
Radiology	74021	26	X-RAY EXAM ABDOMEN 3+ VIEWS	Medicare Facility/Non-Facility Rate	\$23.42	\$13.24	176.9%
Radiology	74021	TC	X-RAY EXAM ABDOMEN 3+ VIEWS	Medicare Non-Facility Rate	\$19.05	\$32.87	58.0%
Radiology	74022		X-RAY EXAM COMPLETE ABDOMEN	Medicare Facility/Non-Facility Rate	\$32.49	\$53.28	61.0%
Radiology	74022	26	X-RAY EXAM COMPLETE ABDOMEN	Medicare Facility/Non-Facility Rate	\$11.38	\$15.70	72.5%
Radiology	74022	TC	X-RAY EXAM COMPLETE ABDOMEN	Medicare Non-Facility Rate	\$21.12	\$37.59	56.2%
Radiology	74150		CT ABDOMEN W/O DYE	Medicare Non-Facility Rate	\$206.36	\$151.32	136.4%
Radiology	74150	26	CT ABDOMEN W/O DYE	Medicare Facility/Non-Facility Rate	\$52.82	\$58.66	90.0%
Radiology	74160		CT ABDOMEN W/DYE	Medicare Non-Facility Rate	\$255.11	\$266.05	95.9%
Radiology	74160	26	CT ABDOMEN W/DYE	Medicare Facility/Non-Facility Rate	\$62.72	\$62.52	100.3%
Radiology	74160	TC	CT ABDOMEN W/DYE	Medicare Non-Facility Rate	\$173.87	\$203.53	85.4%
Radiology	74170		CT ABDOMEN W/O & W/DYE	Medicare Non-Facility Rate	\$255.11	\$297.90	85.6%
Radiology	74170	26	CT ABDOMEN W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$68.73	\$68.74	100.0%
Radiology	74170	TC	CT ABDOMEN W/O & W/DYE	Medicare Non-Facility Rate	\$173.87	\$229.16	75.9%
Radiology	74174		CT ANGIO ABD&PELV W/O&W/DYE	Medicare Non-Facility Rate	\$463.41	\$427.30	108.5%
Radiology	74174	26	CT ANGIO ABD&PELV W/O&W/DYE	Medicare Facility/Non-Facility Rate	\$86.36	\$106.67	81.0%
Radiology	74174	TC	CT ANGIO ABD&PELV W/O&W/DYE	Medicare Non-Facility Rate	\$377.05	\$320.63	117.6%
Radiology	74175		CT ANGIO ABDOM W/O & W/DYE	Medicare Non-Facility Rate	\$337.16	\$343.15	98.3%
Radiology	74175	26	CT ANGIO ABDOM W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$55.90	\$88.26	63.3%
Radiology	74175	TC	CT ANGIO ABDOM W/O & W/DYE	Medicare Non-Facility Rate	\$281.27	\$254.88	110.4%
Radiology	74176		CT ABD & PELVIS W/O CONTRAST	Medicare Facility/Non-Facility Rate	\$175.40	\$201.34	87.1%
Radiology	74176	26	CT ABD & PELVIS W/O CONTRAST	Medicare Facility/Non-Facility Rate	\$68.25	\$85.13	80.2%
Radiology	74176	TC	CT ABD & PELVIS W/O CONTRAST	Medicare Non-Facility Rate	\$107.16	\$116.21	92.2%
Radiology	74177		CT ABD & PELV W/CONTRAST	Medicare Facility/Non-Facility Rate	\$275.99	\$344.96	80.0%
Radiology	74177	26	CT ABD & PELV W/CONTRAST	Medicare Facility/Non-Facility Rate	\$71.58	\$89.35	80.1%
Radiology	74177	TC	CT ABD & PELV W/CONTRAST	Medicare Non-Facility Rate	\$204.41	\$255.61	80.0%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	74178		CT ABD & PELV 1/> REGNS	Medicare Non-Facility Rate	\$349.35	\$386.32	90.4%
Radiology	74178	26	CT ABD & PELV 1/> REGNS	Medicare Facility/Non-Facility Rate	\$79.22	\$98.10	80.8%
Radiology	74178	TC	CT ABD & PELV 1/> REGNS	Medicare Non-Facility Rate	\$270.15	\$288.22	93.7%
Radiology	74181		MRI ABDOMEN W/O DYE	Medicare Facility/Non-Facility Rate	\$487.70	\$219.63	222.1%
Radiology	74181	26	MRI ABDOMEN W/O DYE	Medicare Facility/Non-Facility Rate	\$71.49	\$71.54	99.9%
Radiology	74182		MRI ABDOMEN W/DYE	Medicare Non-Facility Rate	\$501.60	\$342.93	146.3%
Radiology	74182	26	MRI ABDOMEN W/DYE	Medicare Facility Rate	\$58.50	\$84.78	69.0%
Radiology	74183		MRI ABDOMEN W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$623.55	\$382.83	162.9%
Radiology	74183	26	MRI ABDOMEN W/O & W/DYE	Medicare Facility/Non-Facility Rate	\$77.09	\$107.13	72.0%
Radiology	74183	TC	MRI ABDOMEN W/O & W/DYE	Medicare Non-Facility Rate	\$512.81	\$275.71	186.0%
Radiology	74185		MRI ANGIO ABDOM W ORW/O DYE	Medicare Non-Facility Rate	\$389.89	\$380.30	102.5%
Radiology	74185	26	MRI ANGIO ABDOM W ORW/O DYE	Medicare Facility Rate	\$74.18	\$87.21	85.1%
Radiology	74190	26	X-RAY EXAM OF PERITONEUM	Medicare Facility Rate	\$13.08	\$22.76	57.5%
Radiology	74220		CONTRAST X-RAY ESOPHAGUS	Medicare Facility/Non-Facility Rate	\$32.49	\$107.62	30.2%
Radiology	74220	26	CONTRAST X-RAY ESOPHAGUS	Medicare Facility/Non-Facility Rate	\$16.26	\$29.46	55.2%
Radiology	74221		X-RAY XM ESOPHAGUS 2CNTRST	Medicare Facility/Non-Facility Rate	\$114.70	\$121.23	94.6%
Radiology	74221	26	X-RAY XM ESOPHAGUS 2CNTRST	Medicare Facility Rate	\$36.47	\$34.37	106.1%
Radiology	74230		CINE/VID X-RAY THROAT/ESOPH	Medicare Non-Facility Rate	\$48.75	\$139.98	34.8%
Radiology	74230	26	CINE/VID X-RAY THROAT/ESOPH	Medicare Facility Rate	\$24.38	\$26.31	92.7%
Radiology	74240		X-RAY UPPER GI DELAY W/O KUB	Medicare Facility/Non-Facility Rate	\$56.87	\$134.84	42.2%
Radiology	74240	26	X-RAY UPPER GI DELAY W/O KUB	Medicare Facility Rate	\$24.38	\$39.28	62.1%
Radiology	74240	TC	X-RAY UPPER GI DELAY W/O KUB	Medicare Non-Facility Rate	\$32.49	\$95.56	34.0%
Radiology	74246		CONTRST X-RAY UPPR GI TRACT	Medicare Non-Facility Rate	\$56.87	\$153.88	37.0%
Radiology	74246	26	CONTRST X-RAY UPPR GI TRACT	Medicare Facility Rate	\$24.38	\$43.83	55.6%
Radiology	74248		X-RAY SM INT F-THRU STD	Medicare Facility/Non-Facility Rate	\$86.76	\$90.43	95.9%
Radiology	74248	26	X-RAY SM INT F-THRU STD	Medicare Facility Rate	\$36.47	\$34.37	106.1%
Radiology	74250		X-RAY EXAM OF SMALL BOWEL	Medicare Non-Facility Rate	\$48.75	\$134.46	36.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	74250	26	X-RAY EXAM OF SMALL BOWEL	Medicare Facility Rate	\$19.51	\$39.63	49.2%
Radiology	74251	26	X-RAY EXAM OF SMALL BOWEL	Medicare Facility Rate	\$20.47	\$57.61	35.5%
Radiology	74261		CT COLONOGRAPHY DX	Medicare Non-Facility Rate	\$224.40	\$474.28	47.3%
Radiology	74261	26	CT COLONOGRAPHY DX	Medicare Facility Rate	\$68.49	\$117.22	58.4%
Radiology	74263		CT COLONOGRAPHY SCREENING	Other States' Average Rate	\$563.59	\$769.24	73.3%
Radiology	74263	26	CT COLONOGRAPHY SCREENING	Other States' Average Rate	\$91.32	\$116.08	78.7%
Radiology	74270	26	CONTRAST X-RAY EXAM OF COLON	Medicare Facility Rate	\$24.38	\$50.76	48.0%
Radiology	74270		CONTRAST X-RAY EXAM OF COLON	Medicare Non-Facility Rate	\$56.87	\$169.14	33.6%
Radiology	74280	26	CONTRAST X-RAY EXAM OF COLON	Medicare Facility Rate	\$32.49	\$61.81	52.6%
Radiology	74280		CONTRAST X-RAY EXAM OF COLON	Medicare Non-Facility Rate	\$97.49	\$244.33	39.9%
Radiology	74283	26	THER NMA RDCTJ INTUS/OBSTRCTJ	Medicare Facility Rate	\$26.81	\$103.06	26.0%
Radiology	74300		X-RAY BILE DUCTS/PANCREAS	Medicare Facility/Non-Facility Rate	\$40.62	\$13.51	300.7%
Radiology	74300	26	X-RAY BILE DUCTS/PANCREAS	Medicare Facility Rate	\$13.00	\$13.51	96.2%
Radiology	74328	26	X-RAY BILE DUCT ENDOSCOPY	Medicare Facility Rate	\$24.38	\$23.70	102.9%
Radiology	74329		X-RAY FOR PANCREAS ENDOSCOPY	Medicare Facility Rate	\$56.87	\$23.70	240.0%
Radiology	74329	26	X-RAY FOR PANCREAS ENDOSCOPY	Medicare Facility Rate	\$24.38	\$23.70	102.9%
Radiology	74330	26	X-RAY BILE/PANC ENDOSCOPY	Medicare Facility Rate	\$24.38	\$29.71	82.1%
Radiology	74340	26	X-RAY GUIDE FOR GI TUBE	Medicare Facility Rate	\$24.38	\$26.65	91.5%
Radiology	74400		CONTRST X-RAY URINARY TRACT	Medicare Non-Facility Rate	\$56.87	\$148.57	38.3%
Radiology	74400	26	CONTRST X-RAY URINARY TRACT	Medicare Facility Rate	\$23.95	\$23.66	101.2%
Radiology	74420	26	CONTRST X-RAY URINARY TRACT	Medicare Facility Rate	\$11.38	\$25.07	45.4%
Radiology	74420		CONTRST X-RAY URINARY TRACT	Medicare Facility Rate	\$32.49	\$81.85	39.7%
Radiology	74425		CONTRST X-RAY URINARY TRACT	Medicare Non-Facility Rate	\$56.87	\$149.63	38.0%
Radiology	74425	26	CONTRST X-RAY URINARY TRACT	Medicare Facility Rate	\$18.03	\$24.36	74.0%
Radiology	74430		CONTRAST X-RAY BLADDER	Medicare Non-Facility Rate	\$32.49	\$43.14	75.3%
Radiology	74430	26	CONTRAST X-RAY BLADDER	Medicare Facility Rate	\$15.92	\$15.34	103.8%
Radiology	74450		X-RAY URETHRA/BLADDER	Medicare Facility/Non-Facility Rate	\$32.49	\$16.04	202.6%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	74450	26	X-RAY URETHRA/BLADDER	Medicare Facility/Non-Facility Rate	\$16.26	\$16.04	101.4%
Radiology	74455		X-RAY URETHRA/BLADDER	Medicare Non-Facility Rate	\$32.49	\$114.50	28.4%
Radiology	74455	26	X-RAY URETHRA/BLADDER	Medicare Facility/Non-Facility Rate	\$16.26	\$15.68	103.7%
Radiology	74455	TC	X-RAY URETHRA/BLADDER	Medicare Non-Facility Rate	\$16.26	\$98.82	16.5%
Radiology	74485	26	DILATION URTR/URT RS&I	Medicare Facility/Non-Facility Rate	\$24.04	\$39.43	61.0%
Radiology	74712	26	MRI FETAL SNGL/1ST GESTATION	Medicare Facility/Non-Facility Rate	\$121.79	\$146.60	83.1%
Radiology	74712	TC	MRI FETAL SNGL/1ST GESTATION	Medicare Non-Facility Rate	\$217.33	\$314.47	69.1%
Radiology	74740		X-RAY FEMALE GENITAL TRACT	Medicare Facility/Non-Facility Rate	\$43.88	\$105.63	41.5%
Radiology	74740	26	X-RAY FEMALE GENITAL TRACT	Medicare Facility Rate	\$16.26	\$18.77	86.6%
Radiology	75557		CARDIAC MRI FOR MORPH	Medicare Non-Facility Rate	\$399.64	\$315.22	126.8%
Radiology	75557	26	CARDIAC MRI FOR MORPH	Medicare Facility/Non-Facility Rate	\$94.40	\$113.87	82.9%
Radiology	75557	TC	CARDIAC MRI FOR MORPH	Medicare Non-Facility Rate	\$305.32	\$201.36	151.6%
Radiology	75559	26	CARDIAC MRI W/STRESS IMG	Medicare Facility Rate	\$120.73	\$141.80	85.1%
Radiology	75561		CARDIAC MRI FOR MORPH W/DYE	Medicare Non-Facility Rate	\$573.74	\$414.64	138.4%
Radiology	75561	26	CARDIAC MRI FOR MORPH W/DYE	Medicare Facility/Non-Facility Rate	\$104.40	\$126.05	82.8%
Radiology	75561	TC	CARDIAC MRI FOR MORPH W/DYE	Medicare Non-Facility Rate	\$469.34	\$288.58	162.6%
Radiology	75563	26	CARD MRI W/STRESS IMG & DYE	Medicare Facility Rate	\$125.60	\$144.52	86.9%
Radiology	75565		CARD MRI VELOC FLOW MAPPING	Medicare Non-Facility Rate	\$57.52	\$52.40	109.8%
Radiology	75565	26	CARD MRI VELOC FLOW MAPPING	Medicare Facility/Non-Facility Rate	\$7.80	\$12.19	64.0%
Radiology	75565	TC	CARD MRI VELOC FLOW MAPPING	Medicare Non-Facility Rate	\$49.72	\$40.22	123.6%
Radiology	75571		CT HRT W/O DYE W/CA TEST	Medicare Non-Facility Rate	\$53.37	\$109.46	48.8%
Radiology	75571	26	CT HRT W/O DYE W/CA TEST	Medicare Facility/Non-Facility Rate	\$17.31	\$28.40	61.0%
Radiology	75571	TC	CT HRT W/O DYE W/CA TEST	Medicare Non-Facility Rate	\$36.07	\$81.06	44.5%
Radiology	75572	26	CT HRT W/3D IMAGE	Medicare Facility Rate	\$53.05	\$85.21	62.3%
Radiology	75573	26	CT HRT W/3D IMAGE CONGEN	Medicare Facility Rate	\$75.95	\$124.23	61.1%
Radiology	75574		CT ANGIO HRT W/3D IMAGE	Medicare Non-Facility Rate	\$287.84	\$358.96	80.2%
Radiology	75574	26	CT ANGIO HRT W/3D IMAGE	Medicare Facility Rate	\$72.48	\$116.23	62.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	75600	26	CONTRAST EXAM THORACIC AORTA	Medicare Facility Rate	\$16.26	\$24.17	67.3%
Radiology	75605		CONTRAST EXAM THORACIC AORTA	Medicare Non-Facility Rate	\$121.87	\$128.09	95.1%
Radiology	75605	26	CONTRAST EXAM THORACIC AORTA	Medicare Facility Rate	\$32.49	\$54.37	59.8%
Radiology	75625		CONTRAST EXAM ABDOMINL AORTA	Medicare Non-Facility Rate	\$162.49	\$134.08	121.2%
Radiology	75625	26	CONTRAST EXAM ABDOMINL AORTA	Medicare Facility Rate	\$40.62	\$68.24	59.5%
Radiology	75630		X-RAY AORTA LEG ARTERIES	Medicare Non-Facility Rate	\$243.73	\$166.07	146.8%
Radiology	75630	26	X-RAY AORTA LEG ARTERIES	Medicare Facility Rate	\$60.93	\$95.51	63.8%
Radiology	75635		CT ANGIO ABDOMINAL ARTERIES	Medicare Non-Facility Rate	\$368.68	\$456.69	80.7%
Radiology	75635	26	CT ANGIO ABDOMINAL ARTERIES	Medicare Facility Rate	\$87.34	\$115.41	75.7%
Radiology	75705	26	ARTERY X-RAYS SPINE	Medicare Facility Rate	\$40.62	\$115.58	35.1%
Radiology	75710		ARTERY X-RAYS ARM/LEG	Medicare Facility/Non-Facility Rate	\$270.87	\$158.76	170.6%
Radiology	75710	26	ARTERY X-RAYS ARM/LEG	Medicare Facility Rate	\$24.38	\$83.49	29.2%
Radiology	75716		ARTERY X-RAYS ARMS/LEGS	Medicare Non-Facility Rate	\$130.00	\$171.45	75.8%
Radiology	75716	26	ARTERY X-RAYS ARMS/LEGS	Medicare Facility Rate	\$32.49	\$93.74	34.7%
Radiology	75726	26	ARTERY X-RAYS ABDOMEN	Medicare Facility Rate	\$56.55	\$95.21	59.4%
Radiology	75736		ARTERY X-RAYS PELVIS	Medicare Non-Facility Rate	\$162.49	\$149.30	108.8%
Radiology	75736	26	ARTERY X-RAYS PELVIS	Medicare Facility Rate	\$40.62	\$53.11	76.5%
Radiology	75741	26	ARTERY X-RAYS LUNG	Medicare Facility Rate	\$40.62	\$61.17	66.4%
Radiology	75743	26	ARTERY X-RAYS LUNGS	Medicare Facility Rate	\$40.62	\$78.18	52.0%
Radiology	75746	26	ARTERY X-RAYS LUNG	Medicare Facility Rate	\$40.62	\$54.30	74.8%
Radiology	75756	26	ARTERY X-RAYS CHEST	Medicare Facility Rate	\$49.82	\$55.45	89.8%
Radiology	75774		ARTERY X-RAY EACH VESSEL	Medicare Facility/Non-Facility Rate	\$145.83	\$102.86	141.8%
Radiology	75774	26	ARTERY X-RAY EACH VESSEL	Medicare Facility Rate	\$18.03	\$47.16	38.2%
Radiology	75801	26	LYMPH VESSEL X-RAY ARM/LEG	Medicare Facility Rate	\$39.00	\$42.57	91.6%
Radiology	75805	26	LYMPH VESSEL X-RAY TRUNK	Medicare Facility Rate	\$40.46	\$39.63	102.1%
Radiology	75807	26	LYMPH VESSEL X-RAY TRUNK	Medicare Facility Rate	\$40.62	\$53.89	75.4%
Radiology	75809		NONVASCULAR SHUNT X-RAY	Medicare Non-Facility Rate	\$40.21	\$87.90	45.7%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	75809	26	NONVASCULAR SHUNT X-RAY	Medicare Facility/Non-Facility Rate	\$18.77	\$23.50	79.9%
Radiology	75810	26	VEIN X-RAY SPLEEN/LIVER	Medicare Facility Rate	\$21.12	\$48.50	43.5%
Radiology	75820		VEIN X-RAY ARM/LEG	Medicare Non-Facility Rate	\$65.00	\$116.93	55.6%
Radiology	75820	26	VEIN X-RAY ARM/LEG	Medicare Facility Rate	\$16.26	\$50.72	32.1%
Radiology	75822		VEIN X-RAY ARMS/LEGS	Medicare Facility/Non-Facility Rate	\$97.49	\$141.05	69.1%
Radiology	75822	26	VEIN X-RAY ARMS/LEGS	Medicare Facility Rate	\$24.38	\$69.77	34.9%
Radiology	75825		VEIN X-RAY TRUNK	Medicare Facility/Non-Facility Rate	\$121.87	\$120.12	101.5%
Radiology	75825	26	VEIN X-RAY TRUNK	Medicare Facility Rate	\$32.49	\$53.18	61.1%
Radiology	75827	26	VEIN X-RAY CHEST	Medicare Facility Rate	\$32.49	\$53.91	60.3%
Radiology	75827		VEIN X-RAY CHEST	Medicare Non-Facility Rate	\$121.87	\$126.64	96.2%
Radiology	75831	26	VEIN X-RAY KIDNEY	Medicare Facility Rate	\$32.49	\$52.39	62.0%
Radiology	75831		VEIN X-RAY KIDNEY	Medicare Non-Facility Rate	\$121.87	\$126.20	96.6%
Radiology	75833	26	VEIN X-RAY KIDNEYS	Medicare Facility Rate	\$32.49	\$70.89	45.8%
Radiology	75860	26	VEIN X-RAY NECK	Medicare Facility Rate	\$32.49	\$54.56	59.5%
Radiology	75870	26	VEIN X-RAY SKULL	Medicare Facility Rate	\$32.49	\$59.58	54.5%
Radiology	75885	26	VEIN X-RAY LIVER W/HEMODYNAM	Medicare Facility Rate	\$32.49	\$65.68	49.5%
Radiology	75887	26	VEIN X-RAY LIVER W/O HEMODYN	Medicare Facility Rate	\$32.49	\$66.76	48.7%
Radiology	75889	26	VEIN X-RAY LIVER W/HEMODYNAM	Medicare Facility Rate	\$32.49	\$52.58	61.8%
Radiology	75891	26	VEIN X-RAY LIVER	Medicare Facility Rate	\$32.49	\$52.94	61.4%
Radiology	75893	26	VENOUS SAMPLING BY CATHETER	Medicare Facility Rate	\$26.41	\$25.56	103.3%
Radiology	75894	26	X-RAYS TRANSCATH THERAPY	Medicare Facility Rate	\$40.62	\$70.59	57.5%
Radiology	75898	26	FOLLOW-UP ANGIOGRAPHY	Medicare Facility Rate	\$20.32	\$89.30	22.8%
Radiology	75901		REMOVE CVA DEVICE OBSTRUCT	Medicare Non-Facility Rate	\$79.62	\$258.79	30.8%
Radiology	75901	26	REMOVE CVA DEVICE OBSTRUCT	Medicare Facility Rate	\$20.95	\$23.47	89.3%
Radiology	75902	26	REMOVE CVA LUMEN OBSTRUCT	Medicare Facility Rate	\$16.66	\$18.92	88.1%
Radiology	75970	26	VASCULAR BIOPSY	Medicare Facility Rate	\$40.62	\$38.41	105.8%
Radiology	75984	26	XRAY CONTROL CATHETER CHANGE	Medicare Facility Rate	\$24.38	\$38.51	63.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	75989	26	ABSCESS DRAINAGE UNDER X-RAY	Medicare Facility Rate	\$58.65	\$56.75	103.3%
Radiology	76000		FLUOROSCOPY <1 HR PHYS/QHP	Medicare Facility/Non-Facility Rate	\$40.62	\$45.42	89.4%
Radiology	76000	26	FLUOROSCOPY <1 HR PHYS/QHP	Medicare Facility/Non-Facility Rate	\$8.28	\$15.44	53.6%
Radiology	76010		X-RAY NOSE TO RECTUM	Medicare Non-Facility Rate	\$26.57	\$31.77	83.6%
Radiology	76010	26	X-RAY NOSE TO RECTUM	Medicare Facility/Non-Facility Rate	\$8.13	\$9.04	89.9%
Radiology	76010	TC	X-RAY NOSE TO RECTUM	Medicare Non-Facility Rate	\$17.55	\$22.73	77.2%
Radiology	76080		X-RAY EXAM OF FISTULA	Medicare Non-Facility Rate	\$40.62	\$64.24	63.2%
Radiology	76080	26	X-RAY EXAM OF FISTULA	Medicare Facility Rate	\$16.26	\$25.56	63.6%
Radiology	76098		X-RAY EXAM SURGICAL SPECIMEN	Medicare Non-Facility Rate	\$16.26	\$43.06	37.8%
Radiology	76098	26	X-RAY EXAM SURGICAL SPECIMEN	Medicare Facility/Non-Facility Rate	\$7.97	\$15.62	51.0%
Radiology	76376		3D RENDER W/INTRP POSTPROCES	Medicare Facility/Non-Facility Rate	\$25.18	\$24.13	104.4%
Radiology	76376	26	3D RENDER W/INTRP POSTPROCES	Medicare Facility Rate	\$8.63	\$9.73	88.7%
Radiology	76377	26	3D RENDER W/INTRP POSTPROCES	Medicare Facility Rate	\$34.60	\$38.94	88.9%
Radiology	76380	26	CAT SCAN FOLLOW-UP STUDY	Medicare Facility Rate	\$47.94	\$46.87	102.3%
Radiology	76390		MR SPECTROSCOPY	Other States' Average Rate	\$404.43	\$399.23	101.3%
Radiology	76390	26	MR SPECTROSCOPY	Other States' Average Rate	\$62.64	\$64.42	97.2%
Radiology	76390	TC	MR SPECTROSCOPY	Other States' Average Rate	\$341.79	\$334.82	102.1%
Radiology	76391		MR ELASTOGRAPHY	Medicare Non-Facility Rate	\$174.35	\$228.37	76.3%
Radiology	76391	26	MR ELASTOGRAPHY	Medicare Facility Rate	\$82.74	\$53.93	153.4%
Radiology	76497	26	CT PROCEDURE	Other States' Average Rate	\$39.89	\$21.39	186.5%
Radiology	76506		ECHO EXAM OF HEAD	Medicare Non-Facility Rate	\$81.24	\$124.14	65.4%
Radiology	76506	26	ECHO EXAM OF HEAD	Medicare Facility/Non-Facility Rate	\$31.52	\$31.48	100.1%
Radiology	76506	TC	ECHO EXAM OF HEAD	Medicare Non-Facility Rate	\$32.49	\$92.66	35.1%
Radiology	76510	26	OPHTH US B & QUANT A	Medicare Facility/Non-Facility Rate	\$73.37	\$40.09	183.0%
Radiology	76510		OPHTH US B & QUANT A	Medicare Non-Facility Rate	\$146.32	\$72.97	200.5%
Radiology	76511		OPHTH US QUANT A ONLY	Medicare Non-Facility Rate	\$89.36	\$59.30	150.7%
Radiology	76511	26	OPHTH US QUANT A ONLY	Medicare Facility Rate	\$40.62	\$36.20	112.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	76512		OPHTH US B W/NON-QUANT A	Medicare Non-Facility Rate	\$81.24	\$50.00	162.5%
Radiology	76512	26	OPHTH US B W/NON-QUANT A	Medicare Facility/Non-Facility Rate	\$40.62	\$31.26	129.9%
Radiology	76512	TC	OPHTH US B W/NON-QUANT A	Medicare Non-Facility Rate	\$40.62	\$18.74	216.8%
Radiology	76513		ECHO EXAM OF EYE WATER BATH	Medicare Non-Facility Rate	\$72.87	\$80.01	91.1%
Radiology	76513	26	ECHO EXAM OF EYE WATER BATH	Medicare Facility Rate	\$29.24	\$33.01	88.6%
Radiology	76514		ECHO EXAM OF EYE THICKNESS	Medicare Non-Facility Rate	\$9.75	\$11.90	81.9%
Radiology	76514	26	ECHO EXAM OF EYE THICKNESS	Medicare Facility/Non-Facility Rate	\$7.71	\$8.01	96.3%
Radiology	76514	TC	ECHO EXAM OF EYE THICKNESS	Medicare Non-Facility Rate	\$2.04	\$3.89	52.4%
Radiology	76519		ECHO EXAM OF EYE	Medicare Non-Facility Rate	\$47.13	\$70.69	66.7%
Radiology	76519	26	ECHO EXAM OF EYE	Medicare Facility/Non-Facility Rate	\$22.74	\$30.93	73.5%
Radiology	76519	TC	ECHO EXAM OF EYE	Medicare Non-Facility Rate	\$24.38	\$39.76	61.3%
Radiology	76529	26	ECHO EXAM OF EYE	Medicare Facility Rate	\$28.20	\$32.69	86.3%
Radiology	76536		US EXAM OF HEAD AND NECK	Medicare Non-Facility Rate	\$81.24	\$120.73	67.3%
Radiology	76536	26	US EXAM OF HEAD AND NECK	Medicare Facility/Non-Facility Rate	\$26.81	\$28.07	95.5%
Radiology	76536	TC	US EXAM OF HEAD AND NECK	Medicare Non-Facility Rate	\$40.62	\$92.66	43.8%
Radiology	76604		US EXAM CHEST	Medicare Facility/Non-Facility Rate	\$82.05	\$61.62	133.2%
Radiology	76604	26	US EXAM CHEST	Medicare Facility/Non-Facility Rate	\$26.73	\$28.38	94.2%
Radiology	76604	TC	US EXAM CHEST	Medicare Facility/Non-Facility Rate	\$51.18	\$33.24	154.0%
Radiology	76641		ULTRASOUND BREAST COMPLETE	Medicare Non-Facility Rate	\$86.27	\$110.67	78.0%
Radiology	76641	26	ULTRASOUND BREAST COMPLETE	Medicare Facility/Non-Facility Rate	\$29.33	\$35.77	82.0%
Radiology	76641	TC	ULTRASOUND BREAST COMPLETE	Medicare Non-Facility Rate	\$56.96	\$74.90	76.0%
Radiology	76642		ULTRASOUND BREAST LIMITED	Medicare Facility/Non-Facility Rate	\$70.84	\$90.46	78.3%
Radiology	76642	26	ULTRASOUND BREAST LIMITED	Medicare Facility/Non-Facility Rate	\$27.63	\$33.31	82.9%
Radiology	76642	TC	ULTRASOUND BREAST LIMITED	Medicare Non-Facility Rate	\$43.22	\$57.15	75.6%
Radiology	76700		US EXAM ABDOM COMPLETE	Medicare Non-Facility Rate	\$91.82	\$126.13	72.8%
Radiology	76700	26	US EXAM ABDOM COMPLETE	Medicare Facility/Non-Facility Rate	\$39.49	\$39.63	99.6%
Radiology	76700	TC	US EXAM ABDOM COMPLETE	Medicare Non-Facility Rate	\$48.75	\$86.50	56.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	76705		ECHO EXAM OF ABDOMEN	Medicare Facility/Non-Facility Rate	\$71.01	\$94.23	75.4%
Radiology	76705	26	ECHO EXAM OF ABDOMEN	Medicare Facility/Non-Facility Rate	\$25.27	\$29.11	86.8%
Radiology	76705	TC	ECHO EXAM OF ABDOMEN	Medicare Facility/Non-Facility Rate	\$45.75	\$65.12	70.3%
Radiology	76706		US ABDL AORTA SCREEN AAA	Medicare Non-Facility Rate	\$93.76	\$114.95	81.6%
Radiology	76706	26	US ABDL AORTA SCREEN AAA	Medicare Facility Rate	\$37.50	\$27.00	138.9%
Radiology	76706	TC	US ABDL AORTA SCREEN AAA	Medicare Non-Facility Rate	\$56.25	\$87.95	64.0%
Radiology	76770		US EXAM ABDO BACK WALL COMP	Medicare Facility/Non-Facility Rate	\$91.82	\$116.82	78.6%
Radiology	76770	26	US EXAM ABDO BACK WALL COMP	Medicare Facility/Non-Facility Rate	\$36.07	\$36.12	99.9%
Radiology	76770	TC	US EXAM ABDO BACK WALL COMP	Medicare Non-Facility Rate	\$48.75	\$80.70	60.4%
Radiology	76775		US EXAM ABDO BACK WALL LIM	Medicare Facility/Non-Facility Rate	\$83.69	\$61.27	136.6%
Radiology	76775	26	US EXAM ABDO BACK WALL LIM	Medicare Facility/Non-Facility Rate	\$29.08	\$28.40	102.4%
Radiology	76775	TC	US EXAM ABDO BACK WALL LIM	Medicare Facility/Non-Facility Rate	\$47.13	\$32.87	143.4%
Radiology	76776		US EXAM K TRANSPL W/DOPPLER	Medicare Non-Facility Rate	\$106.75	\$160.89	66.3%
Radiology	76776	26	US EXAM K TRANSPL W/DOPPLER	Medicare Facility/Non-Facility Rate	\$30.39	\$37.17	81.8%
Radiology	76776	TC	US EXAM K TRANSPL W/DOPPLER	Medicare Non-Facility Rate	\$76.38	\$123.72	61.7%
Radiology	76800		US EXAM SPINAL CANAL	Medicare Non-Facility Rate	\$43.88	\$155.16	28.3%
Radiology	76800	26	US EXAM SPINAL CANAL	Medicare Facility/Non-Facility Rate	\$18.69	\$59.96	31.2%
Radiology	76800	TC	US EXAM SPINAL CANAL	Medicare Non-Facility Rate	\$25.18	\$95.20	26.4%
Radiology	76801		OB US < 14 WKS SINGLE FETUS	Medicare Facility/Non-Facility Rate	\$77.83	\$125.48	62.0%
Radiology	76801	26	OB US < 14 WKS SINGLE FETUS	Medicare Facility/Non-Facility Rate	\$42.81	\$48.40	88.5%
Radiology	76801	TC	OB US < 14 WKS SINGLE FETUS	Medicare Non-Facility Rate	\$35.01	\$77.08	45.4%
Radiology	76802		OB US < 14 WKS ADDL FETUS	Medicare Non-Facility Rate	\$60.77	\$64.23	94.6%
Radiology	76802	26	OB US < 14 WKS ADDL FETUS	Medicare Facility/Non-Facility Rate	\$36.07	\$41.05	87.9%
Radiology	76802	TC	OB US < 14 WKS ADDL FETUS	Medicare Non-Facility Rate	\$24.70	\$23.19	106.5%
Radiology	76805		OB US >= 14 WKS SNGL FETUS	Medicare Facility/Non-Facility Rate	\$115.13	\$144.68	79.6%
Radiology	76805	26	OB US >= 14 WKS SNGL FETUS	Medicare Facility/Non-Facility Rate	\$46.72	\$48.76	95.8%
Radiology	76805	TC	OB US >= 14 WKS SNGL FETUS	Medicare Facility/Non-Facility Rate	\$68.41	\$95.92	71.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	76810		OB US >= 14 WKS ADDL FETUS	Medicare Non-Facility Rate	\$95.47	\$93.25	102.4%
Radiology	76810	26	OB US >= 14 WKS ADDL FETUS	Medicare Facility/Non-Facility Rate	\$46.88	\$48.05	97.6%
Radiology	76810	TC	OB US >= 14 WKS ADDL FETUS	Medicare Non-Facility Rate	\$48.59	\$45.19	107.5%
Radiology	76811		OB US DETAILED SNGL FETUS	Medicare Facility/Non-Facility Rate	\$202.55	\$183.96	110.1%
Radiology	76811	26	OB US DETAILED SNGL FETUS	Medicare Facility/Non-Facility Rate	\$83.85	\$93.76	89.4%
Radiology	76811	TC	OB US DETAILED SNGL FETUS	Medicare Non-Facility Rate	\$118.71	\$90.19	131.6%
Radiology	76812		OB US DETAILED ADDL FETUS	Medicare Non-Facility Rate	\$119.68	\$205.72	58.2%
Radiology	76812	26	OB US DETAILED ADDL FETUS	Medicare Facility/Non-Facility Rate	\$78.41	\$88.16	88.9%
Radiology	76812	TC	OB US DETAILED ADDL FETUS	Medicare Non-Facility Rate	\$41.35	\$117.56	35.2%
Radiology	76813		OB US NUCHAL MEAS 1 GEST	Medicare Facility/Non-Facility Rate	\$107.25	\$125.54	85.4%
Radiology	76813	26	OB US NUCHAL MEAS 1 GEST	Medicare Facility/Non-Facility Rate	\$46.39	\$58.24	79.7%
Radiology	76813	TC	OB US NUCHAL MEAS 1 GEST	Medicare Non-Facility Rate	\$60.93	\$67.30	90.5%
Radiology	76814		OB US NUCHAL MEAS ADD-ON	Medicare Non-Facility Rate	\$70.28	\$79.83	88.0%
Radiology	76814	26	OB US NUCHAL MEAS ADD-ON	Medicare Facility/Non-Facility Rate	\$38.92	\$49.12	79.2%
Radiology	76814	TC	OB US NUCHAL MEAS ADD-ON	Medicare Non-Facility Rate	\$31.44	\$30.70	102.4%
Radiology	76815		OB US LIMITED FETUS(S)	Medicare Facility/Non-Facility Rate	\$73.77	\$86.89	84.9%
Radiology	76815	26	OB US LIMITED FETUS(S)	Medicare Facility/Non-Facility Rate	\$28.01	\$31.91	87.8%
Radiology	76815	TC	OB US LIMITED FETUS(S)	Medicare Facility/Non-Facility Rate	\$45.75	\$54.98	83.2%
Radiology	76816		OB US FOLLOW-UP PER FETUS	Medicare Facility/Non-Facility Rate	\$63.21	\$117.37	53.9%
Radiology	76816	26	OB US FOLLOW-UP PER FETUS	Medicare Facility/Non-Facility Rate	\$26.90	\$42.10	63.9%
Radiology	76816	TC	OB US FOLLOW-UP PER FETUS	Medicare Facility/Non-Facility Rate	\$36.32	\$75.27	48.3%
Radiology	76817		TRANSVAGINAL US OBSTETRIC	Medicare Facility/Non-Facility Rate	\$80.76	\$99.41	81.2%
Radiology	76817	26	TRANSVAGINAL US OBSTETRIC	Medicare Facility/Non-Facility Rate	\$32.41	\$37.19	87.1%
Radiology	76817	TC	TRANSVAGINAL US OBSTETRIC	Medicare Non-Facility Rate	\$48.34	\$62.22	77.7%
Radiology	76818		FETAL BIOPHYS PROFILE W/NST	Medicare Facility/Non-Facility Rate	\$81.24	\$121.66	66.8%
Radiology	76818	26	FETAL BIOPHYS PROFILE W/NST	Medicare Facility/Non-Facility Rate	\$36.56	\$51.93	70.4%
Radiology	76818	TC	FETAL BIOPHYS PROFILE W/NST	Medicare Non-Facility Rate	\$44.69	\$69.74	64.1%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	76819		FETAL BIOPHYS PROFIL W/O NST	Medicare Facility/Non-Facility Rate	\$82.95	\$88.87	93.3%
Radiology	76819	26	FETAL BIOPHYS PROFIL W/O NST	Medicare Facility/Non-Facility Rate	\$29.08	\$38.24	76.0%
Radiology	76819	TC	FETAL BIOPHYS PROFIL W/O NST	Medicare Non-Facility Rate	\$53.87	\$50.63	106.4%
Radiology	76820		UMBILICAL ARTERY ECHO	Medicare Facility/Non-Facility Rate	\$51.35	\$47.83	107.4%
Radiology	76820	26	UMBILICAL ARTERY ECHO	Medicare Facility/Non-Facility Rate	\$23.24	\$24.74	93.9%
Radiology	76820	TC	UMBILICAL ARTERY ECHO	Medicare Non-Facility Rate	\$27.47	\$23.09	119.0%
Radiology	76821		MIDDLE CEREBRAL ARTERY ECHO	Medicare Facility/Non-Facility Rate	\$87.99	\$94.61	93.0%
Radiology	76821	26	MIDDLE CEREBRAL ARTERY ECHO	Medicare Facility/Non-Facility Rate	\$32.34	\$34.56	93.6%
Radiology	76821	TC	MIDDLE CEREBRAL ARTERY ECHO	Medicare Non-Facility Rate	\$55.65	\$60.05	92.7%
Radiology	76825		ECHO EXAM OF FETAL HEART	Medicare Non-Facility Rate	\$124.30	\$283.43	43.9%
Radiology	76825	26	ECHO EXAM OF FETAL HEART	Medicare Facility/Non-Facility Rate	\$62.88	\$81.64	77.0%
Radiology	76825	TC	ECHO EXAM OF FETAL HEART	Medicare Non-Facility Rate	\$61.41	\$201.79	30.4%
Radiology	76826		ECHO EXAM OF FETAL HEART	Medicare Non-Facility Rate	\$52.82	\$170.93	30.9%
Radiology	76826	26	ECHO EXAM OF FETAL HEART	Medicare Facility Rate	\$24.38	\$41.05	59.4%
Radiology	76826	TC	ECHO EXAM OF FETAL HEART	Medicare Non-Facility Rate	\$28.43	\$129.88	21.9%
Radiology	76827		ECHO EXAM OF FETAL HEART	Medicare Facility/Non-Facility Rate	\$68.17	\$75.24	90.6%
Radiology	76827	26	ECHO EXAM OF FETAL HEART	Medicare Facility/Non-Facility Rate	\$27.47	\$28.23	97.3%
Radiology	76827	TC	ECHO EXAM OF FETAL HEART	Medicare Facility/Non-Facility Rate	\$40.70	\$47.01	86.6%
Radiology	76828		ECHO EXAM OF FETAL HEART	Medicare Non-Facility Rate	\$50.45	\$52.44	96.2%
Radiology	76828	26	ECHO EXAM OF FETAL HEART	Medicare Facility Rate	\$26.66	\$27.54	96.8%
Radiology	76828	TC	ECHO EXAM OF FETAL HEART	Medicare Non-Facility Rate	\$23.81	\$24.90	95.6%
Radiology	76830		TRANSVAGINAL US NON-OB	Medicare Facility/Non-Facility Rate	\$81.24	\$129.22	62.9%
Radiology	76830	26	TRANSVAGINAL US NON-OB	Medicare Facility/Non-Facility Rate	\$33.29	\$34.02	97.9%
Radiology	76830	TC	TRANSVAGINAL US NON-OB	Medicare Non-Facility Rate	\$40.62	\$95.20	42.7%
Radiology	76831		ECHO EXAM UTERUS	Medicare Non-Facility Rate	\$78.25	\$125.55	62.3%
Radiology	76831	26	ECHO EXAM UTERUS	Medicare Facility Rate	\$31.61	\$35.79	88.3%
Radiology	76856		US EXAM PELVIC COMPLETE	Medicare Facility/Non-Facility Rate	\$85.30	\$114.00	74.8%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	76856	26	US EXAM PELVIC COMPLETE	Medicare Facility/Non-Facility Rate	\$33.63	\$34.02	98.9%
Radiology	76856	TC	US EXAM PELVIC COMPLETE	Medicare Non-Facility Rate	\$42.24	\$79.98	52.8%
Radiology	76857		US EXAM PELVIC LIMITED	Medicare Facility/Non-Facility Rate	\$73.12	\$50.36	145.2%
Radiology	76857	26	US EXAM PELVIC LIMITED	Medicare Facility/Non-Facility Rate	\$19.00	\$24.01	79.1%
Radiology	76857	TC	US EXAM PELVIC LIMITED	Medicare Non-Facility Rate	\$40.62	\$26.35	154.2%
Radiology	76870		US EXAM SCROTUM	Medicare Non-Facility Rate	\$65.00	\$108.64	59.8%
Radiology	76870	26	US EXAM SCROTUM	Medicare Facility/Non-Facility Rate	\$31.52	\$31.57	99.8%
Radiology	76870	TC	US EXAM SCROTUM	Medicare Non-Facility Rate	\$32.49	\$77.08	42.2%
Radiology	76872		US TRANSRECTAL	Medicare Facility/Non-Facility Rate	\$81.24	\$219.90	36.9%
Radiology	76872	26	US TRANSRECTAL	Medicare Facility Rate	\$34.94	\$33.13	105.5%
Radiology	76881		US COMPL JOINT R-T W/IMG	Medicare Facility/Non-Facility Rate	\$93.35	\$61.75	151.2%
Radiology	76881	26	US COMPL JOINT R-T W/IMG	Medicare Facility/Non-Facility Rate	\$23.24	\$31.05	74.8%
Radiology	76881	TC	US COMPL JOINT R-T W/IMG	Medicare Non-Facility Rate	\$70.12	\$30.70	228.4%
Radiology	76882		US LMTD JT/NONVASC XTR STRUX	Medicare Facility/Non-Facility Rate	\$24.38	\$59.44	41.0%
Radiology	76882	26	US LMTD JT/NONVASC XTR STRUX	Medicare Facility/Non-Facility Rate	\$16.17	\$23.66	68.3%
Radiology	76882	TC	US LMTD JT/NONVASC XTR STRUX	Medicare Facility/Non-Facility Rate	\$8.21	\$35.77	23.0%
Radiology	76885		US EXAM INFANT HIPS DYNAMIC	Medicare Non-Facility Rate	\$78.80	\$148.24	53.2%
Radiology	76885	26	US EXAM INFANT HIPS DYNAMIC	Medicare Facility/Non-Facility Rate	\$32.16	\$36.48	88.2%
Radiology	76885	TC	US EXAM INFANT HIPS DYNAMIC	Medicare Non-Facility Rate	\$46.64	\$111.77	41.7%
Radiology	76886	26	US EXAM INFANT HIPS STATIC	Medicare Facility/Non-Facility Rate	\$27.12	\$30.51	88.9%
Radiology	76886	TC	US EXAM INFANT HIPS STATIC	Medicare Non-Facility Rate	\$43.14	\$77.80	55.4%
Radiology	76932	26	ECHO GUIDE FOR HEART BIOPSY	Medicare Facility Rate	\$32.49	\$36.11	90.0%
Radiology	76936	26	ECHO GUIDE FOR ARTERY REPAIR	Medicare Facility Rate	\$96.43	\$95.43	101.0%
Radiology	76937		US GUIDE VASCULAR ACCESS	Medicare Facility/Non-Facility Rate	\$26.97	\$41.72	64.6%
Radiology	76937	26	US GUIDE VASCULAR ACCESS	Medicare Facility/Non-Facility Rate	\$13.17	\$13.82	95.3%
Radiology	76940	26	US GUIDE TISSUE ABLATION	Medicare Facility Rate	\$81.81	\$100.56	81.4%
Radiology	76941	26	ECHO GUIDE FOR TRANSFUSION	Medicare Facility Rate	\$47.61	\$65.96	72.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	76942		ECHO GUIDE FOR BIOPSY	Medicare Facility/Non-Facility Rate	\$81.24	\$60.77	133.7%
Radiology	76942	26	ECHO GUIDE FOR BIOPSY	Medicare Facility/Non-Facility Rate	\$32.98	\$31.16	105.8%
Radiology	76942	TC	ECHO GUIDE FOR BIOPSY	Medicare Non-Facility Rate	\$40.62	\$29.61	137.2%
Radiology	76945		ECHO GUIDE VILLUS SAMPLING	Medicare Non-Facility Rate	\$84.08	\$32.80	256.3%
Radiology	76945	26	ECHO GUIDE VILLUS SAMPLING	Medicare Facility Rate	\$31.94	\$32.80	97.4%
Radiology	76946		ECHO GUIDE FOR AMNIOCENTESIS	Medicare Non-Facility Rate	\$42.24	\$33.62	125.6%
Radiology	76946	26	ECHO GUIDE FOR AMNIOCENTESIS	Medicare Facility Rate	\$18.03	\$18.50	97.5%
Radiology	76946	TC	ECHO GUIDE FOR AMNIOCENTESIS	Medicare Non-Facility Rate	\$24.21	\$15.12	160.1%
Radiology	76965	26	ECHO GUIDANCE RADIOTHERAPY	Medicare Facility Rate	\$66.70	\$68.13	97.9%
Radiology	76978	26	US TRGT DYN MBUBB 1ST LES	Medicare Facility Rate	\$96.42	\$79.52	121.3%
Radiology	76998		US GUIDE INTRAOP	Other States' Average Rate	\$60.52	\$137.89	43.9%
Radiology	76998		US GUIDE INTRAOP	Other States' Average Rate	\$60.52	\$170.04	35.6%
Radiology	76998	26	US GUIDE INTRAOP	Medicare Facility/Non-Facility Rate	\$42.16	\$61.64	68.4%
Radiology	77001		FLUOROGUIDE FOR VEIN DEVICE	Medicare Facility/Non-Facility Rate	\$71.09	\$110.51	64.3%
Radiology	77001	26	FLUOROGUIDE FOR VEIN DEVICE	Medicare Facility/Non-Facility Rate	\$15.60	\$18.57	84.0%
Radiology	77002		NEEDLE LOCALIZATION BY XRAY	Medicare Facility/Non-Facility Rate	\$64.35	\$125.11	51.4%
Radiology	77002	26	NEEDLE LOCALIZATION BY XRAY	Medicare Facility/Non-Facility Rate	\$21.45	\$27.74	77.3%
Radiology	77002	TC	NEEDLE LOCALIZATION BY XRAY	Medicare Facility/Non-Facility Rate	\$42.90	\$97.37	44.1%
Radiology	77003		FLUOROGUIDE FOR SPINE INJECT	Medicare Facility/Non-Facility Rate	\$62.32	\$113.06	55.1%
Radiology	77003	26	FLUOROGUIDE FOR SPINE INJECT	Medicare Facility/Non-Facility Rate	\$23.07	\$29.46	78.3%
Radiology	77011	26	CT SCAN FOR LOCALIZATION	Medicare Facility Rate	\$49.23	\$62.88	78.3%
Radiology	77012		CT SCAN FOR NEEDLE BIOPSY	Medicare Facility/Non-Facility Rate	\$188.49	\$150.63	125.1%
Radiology	77012	26	CT SCAN FOR NEEDLE BIOPSY	Medicare Facility/Non-Facility Rate	\$47.13	\$71.74	65.7%
Radiology	77012	TC	CT SCAN FOR NEEDLE BIOPSY	Medicare Non-Facility Rate	\$131.21	\$78.89	166.3%
Radiology	77013	26	CT GUIDE FOR TISSUE ABLATION	Medicare Facility Rate	\$135.28	\$185.46	72.9%
Radiology	77014		CT SCAN FOR THERAPY GUIDE	Medicare Facility/Non-Facility Rate	\$146.65	\$127.88	114.7%
Radiology	77014	26	CT SCAN FOR THERAPY GUIDE	Medicare Facility/Non-Facility Rate	\$34.94	\$45.72	76.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	77022	26	MRI FOR TISSUE ABLATION	Medicare Facility Rate	\$148.11	\$206.61	71.7%
Radiology	77046	26	MRI BREAST C- UNILATERAL	Medicare Facility Rate	\$83.26	\$71.19	117.0%
Radiology	77047		MRI BREAST C- BILATERAL	Medicare Non-Facility Rate	\$238.80	\$246.13	97.0%
Radiology	77047	26	MRI BREAST C- BILATERAL	Medicare Facility Rate	\$88.78	\$78.20	113.5%
Radiology	77048	26	MRI BREAST C++ W/CAD UNI	Medicare Facility Rate	\$93.14	\$102.57	90.8%
Radiology	77049		MRI BREAST C++ W/CAD BI	Medicare Non-Facility Rate	\$419.84	\$387.84	108.3%
Radiology	77049	26	MRI BREAST C++ W/CAD BI	Medicare Facility Rate	\$98.65	\$112.30	87.8%
Radiology	77053	26	X-RAY OF MAMMARY DUCT	Medicare Facility Rate	\$14.86	\$17.71	83.9%
Radiology	77053		X-RAY OF MAMMARY DUCT	Medicare Non-Facility Rate	\$87.75	\$56.75	154.6%
Radiology	77065		DX MAMMO INCL CAD UNI	Medicare Facility/Non-Facility Rate	\$109.44	\$134.46	81.4%
Radiology	77065	26	DX MAMMO INCL CAD UNI	Medicare Facility/Non-Facility Rate	\$30.96	\$39.63	78.1%
Radiology	77065	TC	DX MAMMO INCL CAD UNI	Medicare Non-Facility Rate	\$78.49	\$94.83	82.8%
Radiology	77066		DX MAMMO INCL CAD BI	Medicare Non-Facility Rate	\$139.09	\$169.93	81.9%
Radiology	77066	26	DX MAMMO INCL CAD BI	Medicare Facility/Non-Facility Rate	\$46.97	\$49.01	95.8%
Radiology	77066	TC	DX MAMMO INCL CAD BI	Medicare Non-Facility Rate	\$92.13	\$120.92	76.2%
Radiology	77067		SCR MAMMO BI INCL CAD	Medicare Facility/Non-Facility Rate	\$113.98	\$137.08	83.1%
Radiology	77067	26	SCR MAMMO BI INCL CAD	Medicare Facility/Non-Facility Rate	\$32.75	\$37.17	88.1%
Radiology	77067	TC	SCR MAMMO BI INCL CAD	Medicare Non-Facility Rate	\$81.24	\$99.91	81.3%
Radiology	77071		X-RAY STRESS VIEW	Medicare Facility/Non-Facility Rate	\$24.38	\$58.36	41.8%
Radiology	77072		X-RAYS FOR BONE AGE	Medicare Non-Facility Rate	\$19.19	\$27.77	69.1%
Radiology	77072	26	X-RAYS FOR BONE AGE	Medicare Facility/Non-Facility Rate	\$7.39	\$9.38	78.8%
Radiology	77072	TC	X-RAYS FOR BONE AGE	Medicare Non-Facility Rate	\$11.77	\$18.38	64.0%
Radiology	77073		X-RAYS BONE LENGTH STUDIES	Medicare Non-Facility Rate	\$36.14	\$48.21	75.0%
Radiology	77073	26	X-RAYS BONE LENGTH STUDIES	Medicare Facility/Non-Facility Rate	\$11.06	\$13.52	81.8%
Radiology	77073	TC	X-RAYS BONE LENGTH STUDIES	Medicare Non-Facility Rate	\$25.11	\$34.69	72.4%
Radiology	77074		X-RAYS BONE SURVEY LIMITED	Medicare Non-Facility Rate	\$54.85	\$69.66	78.7%
Radiology	77074	26	X-RAYS BONE SURVEY LIMITED	Medicare Facility Rate	\$18.53	\$21.57	85.9%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	77074	TC	X-RAYS BONE SURVEY LIMITED	Medicare Non-Facility Rate	\$36.32	\$48.09	75.5%
Radiology	77075		X-RAYS BONE SURVEY COMPLETE	Medicare Non-Facility Rate	\$76.54	\$106.61	71.8%
Radiology	77075	26	X-RAYS BONE SURVEY COMPLETE	Medicare Facility Rate	\$22.10	\$27.36	80.8%
Radiology	77075	TC	X-RAYS BONE SURVEY COMPLETE	Medicare Non-Facility Rate	\$54.36	\$79.25	68.6%
Radiology	77076	26	X-RAYS BONE SURVEY INFANT	Medicare Facility/Non-Facility Rate	\$28.35	\$34.37	82.5%
Radiology	77077		JOINT SURVEY SINGLE VIEW	Medicare Non-Facility Rate	\$46.46	\$49.91	93.1%
Radiology	77077	26	JOINT SURVEY SINGLE VIEW	Medicare Facility/Non-Facility Rate	\$12.74	\$17.03	74.8%
Radiology	77078	26	CT BONE DENSITY AXIAL	Medicare Facility Rate	\$10.17	\$12.19	83.4%
Radiology	77080		DXA BONE DENSITY AXIAL	Medicare Non-Facility Rate	\$67.28	\$39.34	171.0%
Radiology	77080	26	DXA BONE DENSITY AXIAL	Medicare Facility/Non-Facility Rate	\$9.02	\$9.73	92.7%
Radiology	77080	TC	DXA BONE DENSITY AXIAL	Medicare Non-Facility Rate	\$57.52	\$29.61	194.3%
Radiology	77081		DXA BONE DENSITY/PERIPHERAL	Medicare Non-Facility Rate	\$28.60	\$32.82	87.1%
Radiology	77081	26	DXA BONE DENSITY/PERIPHERAL	Medicare Facility Rate	\$9.26	\$10.09	91.8%
Radiology	77085		DXA BONE DENSITY STUDY	Medicare Non-Facility Rate	\$45.16	\$54.04	83.6%
Radiology	77085	26	DXA BONE DENSITY STUDY	Medicare Facility Rate	\$12.60	\$15.01	83.9%
Radiology	77085	TC	DXA BONE DENSITY STUDY	Medicare Non-Facility Rate	\$32.49	\$39.03	83.2%
Radiology	77261		RADIATION THERAPY PLANNING	Medicare Facility/Non-Facility Rate	\$60.93	\$72.42	84.1%
Radiology	77263		RADIATION THERAPY PLANNING	Medicare Facility/Non-Facility Rate	\$137.54	\$171.04	80.4%
Radiology	77280		SET RADIATION THERAPY FIELD	Medicare Non-Facility Rate	\$52.82	\$286.81	18.4%
Radiology	77280	26	SET RADIATION THERAPY FIELD	Medicare Facility/Non-Facility Rate	\$21.12	\$38.72	54.5%
Radiology	77285		SET RADIATION THERAPY FIELD	Medicare Non-Facility Rate	\$101.56	\$474.57	21.4%
Radiology	77290		SET RADIATION THERAPY FIELD	Medicare Non-Facility Rate	\$154.37	\$487.96	31.6%
Radiology	77290	26	SET RADIATION THERAPY FIELD	Medicare Facility/Non-Facility Rate	\$61.74	\$84.16	73.4%
Radiology	77290	TC	SET RADIATION THERAPY FIELD	Medicare Non-Facility Rate	\$92.62	\$403.80	22.9%
Radiology	77293		RESPIRATOR MOTION MGMT SIMUL	Medicare Facility/Non-Facility Rate	\$351.86	\$443.75	79.3%
Radiology	77293	26	RESPIRATOR MOTION MGMT SIMUL	Medicare Facility Rate	\$77.34	\$107.54	71.9%
Radiology	77295		3-D RADIOTHERAPY PLAN	Medicare Non-Facility Rate	\$492.51	\$496.29	99.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	77295	26	3-D RADIOTHERAPY PLAN	Medicare Facility/Non-Facility Rate	\$109.77	\$229.93	47.7%
Radiology	77295	TC	3-D RADIOTHERAPY PLAN	Medicare Non-Facility Rate	\$382.74	\$266.36	143.7%
Radiology	77300		RADIATION THERAPY DOSE PLAN	Medicare Non-Facility Rate	\$56.07	\$67.93	82.5%
Radiology	77300	26	RADIATION THERAPY DOSE PLAN	Medicare Facility/Non-Facility Rate	\$29.83	\$33.24	89.7%
Radiology	77300	TC	RADIATION THERAPY DOSE PLAN	Medicare Non-Facility Rate	\$16.26	\$34.69	46.9%
Radiology	77301		RADIOTHERAPY DOSE PLAN IMRT	Medicare Non-Facility Rate	\$1,202.56	\$1,932.96	62.2%
Radiology	77301	26	RADIOTHERAPY DOSE PLAN IMRT	Medicare Facility Rate	\$349.27	\$427.60	81.7%
Radiology	77306		TELETHX ISODOSE PLAN SIMPLE	Medicare Non-Facility Rate	\$115.05	\$152.17	75.6%
Radiology	77306	26	TELETHX ISODOSE PLAN SIMPLE	Medicare Facility Rate	\$56.38	\$74.82	75.4%
Radiology	77307		TELETHX ISODOSE PLAN CPLX	Medicare Non-Facility Rate	\$224.32	\$295.39	75.9%
Radiology	77307	26	TELETHX ISODOSE PLAN CPLX	Medicare Facility Rate	\$116.91	\$155.19	75.3%
Radiology	77316		BRACHYTX ISODOSE PLAN SIMPLE	Medicare Non-Facility Rate	\$147.69	\$254.51	58.0%
Radiology	77316	26	BRACHYTX ISODOSE PLAN SIMPLE	Medicare Facility Rate	\$57.61	\$74.82	77.0%
Radiology	77317	26	BRACHYTX ISODOSE INTERMED	Medicare Facility Rate	\$75.41	\$98.49	76.6%
Radiology	77318	26	BRACHYTX ISODOSE COMPLEX	Medicare Facility Rate	\$119.84	\$155.19	77.2%
Radiology	77321		SPECIAL TELETX PORT PLAN	Medicare Non-Facility Rate	\$60.93	\$97.28	62.6%
Radiology	77321	26	SPECIAL TELETX PORT PLAN	Medicare Facility Rate	\$24.38	\$51.00	47.8%
Radiology	77331	26	SPECIAL RADIATION DOSIMETRY	Medicare Facility Rate	\$32.49	\$46.78	69.5%
Radiology	77331		SPECIAL RADIATION DOSIMETRY	Medicare Non-Facility Rate	\$59.87	\$66.61	89.9%
Radiology	77332		RADIATION TREATMENT AID(S)	Medicare Non-Facility Rate	\$60.93	\$39.94	152.6%
Radiology	77332	26	RADIATION TREATMENT AID(S)	Medicare Facility/Non-Facility Rate	\$24.38	\$24.45	99.7%
Radiology	77333	26	RADIATION TREATMENT AID(S)	Medicare Facility Rate	\$32.49	\$40.45	80.3%
Radiology	77333		RADIATION TREATMENT AID(S)	Medicare Non-Facility Rate	\$65.73	\$147.24	44.6%
Radiology	77334		RADIATION TREATMENT AID(S)	Medicare Non-Facility Rate	\$101.56	\$129.57	78.4%
Radiology	77334	26	RADIATION TREATMENT AID(S)	Medicare Facility/Non-Facility Rate	\$40.62	\$61.55	66.0%
Radiology	77334	TC	RADIATION TREATMENT AID(S)	Medicare Non-Facility Rate	\$60.93	\$68.02	89.6%
Radiology	77336		RADIATION PHYSICS CONSULT	Medicare Non-Facility Rate	\$58.73	\$87.27	67.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	77338		DESIGN MLC DEVICE FOR IMRT	Medicare Non-Facility Rate	\$298.89	\$478.71	62.4%
Radiology	77338	26	DESIGN MLC DEVICE FOR IMRT	Medicare Facility/Non-Facility Rate	\$140.15	\$229.93	61.0%
Radiology	77370		RADIATION PHYSICS CONSULT	Medicare Non-Facility Rate	\$68.08	\$139.06	49.0%
Radiology	77372		SRS LINEAR BASED	Medicare Non-Facility Rate	\$762.71	\$1,052.26	72.5%
Radiology	77373		SBRT DELIVERY	Medicare Non-Facility Rate	\$1,423.16	\$1,086.76	131.0%
Radiology	77385		NTSTY MODUL RAD TX DLVR SMPL	Other States' Average Rate	\$500.21	\$681.81	73.4%
Radiology	77386		NTSTY MODUL RAD TX DLVR CPLX	Other States' Average Rate	\$420.84	\$770.95	54.6%
Radiology	77387		GUIDANCE FOR RADIAJ TX DLVR	Other States' Average Rate	\$60.04	\$126.13	47.6%
Radiology	77387		GUIDANCE FOR RADIAJ TX DLVR	Other States' Average Rate	\$60.04	\$29.05	206.7%
Radiology	77387	26	GUIDANCE FOR RADIAJ TX DLVR	Other States' Average Rate	\$16.26	\$74.40	21.9%
Radiology	77387	26	GUIDANCE FOR RADIAJ TX DLVR	Other States' Average Rate	\$16.26	\$19.92	81.6%
Radiology	77387	TC	GUIDANCE FOR RADIAJ TX DLVR	Other States' Average Rate	\$43.79	\$19.92	219.8%
Radiology	77401		RADIATION TREATMENT DELIVERY	Medicare Non-Facility Rate	\$30.05	\$44.11	68.1%
Radiology	77412		RADIATION TREATMENT DELIVERY	Other States' Average Rate	\$71.26	\$142.28	50.1%
Radiology	77417		RADIOLOGY PORT IMAGES(S)	Medicare Non-Facility Rate	\$18.03	\$13.31	135.5%
Radiology	77427		RADIATION TX MANAGEMENT X5	Medicare Facility/Non-Facility Rate	\$126.41	\$194.03	65.1%
Radiology	77431		RADIATION THERAPY MANAGEMENT	Medicare Facility/Non-Facility Rate	\$79.54	\$109.00	73.0%
Radiology	77432		STEREOTACTIC RADIATION TRMT	Medicare Facility/Non-Facility Rate	\$387.45	\$431.95	89.7%
Radiology	77435		SBRT MANAGEMENT	Medicare Facility/Non-Facility Rate	\$546.76	\$651.84	83.9%
Radiology	77470		SPECIAL RADIATION TREATMENT	Medicare Non-Facility Rate	\$60.93	\$140.01	43.5%
Radiology	77470	26	SPECIAL RADIATION TREATMENT	Medicare Facility Rate	\$24.38	\$109.30	22.3%
Radiology	77770		HDR RDNCL NTRSTL/ICAV BRCHTX	Medicare Non-Facility Rate	\$244.79	\$364.12	67.2%
Radiology	77770	26	HDR RDNCL NTRSTL/ICAV BRCHTX	Medicare Facility Rate	\$76.54	\$104.82	73.0%
Radiology	77771		HDR RDNCL NTRSTL/ICAV BRCHTX	Medicare Non-Facility Rate	\$456.10	\$625.63	72.9%
Radiology	77771	26	HDR RDNCL NTRSTL/ICAV BRCHTX	Medicare Facility Rate	\$149.57	\$202.94	73.7%
Radiology	77772	26	HDR RDNCL NTRSTL/ICAV BRCHTX	Medicare Facility Rate	\$212.12	\$286.57	74.0%
Radiology	77778	26	APPLY INTERSTIT RADIAT COMPL	Medicare Facility Rate	\$492.74	\$469.07	105.0%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	77790		RADIATION HANDLING	Medicare Non-Facility Rate	\$62.97	\$16.93	371.9%
Radiology	78012		THYROID UPTAKE MEASUREMENT	Medicare Non-Facility Rate	\$68.41	\$85.81	79.7%
Radiology	78012	26	THYROID UPTAKE MEASUREMENT	Medicare Facility Rate	\$7.47	\$9.02	82.8%
Radiology	78013		THYROID IMAGING W/BLOOD FLOW	Medicare Non-Facility Rate	\$138.36	\$198.21	69.8%
Radiology	78014		THYROID IMAGING W/BLOOD FLOW	Medicare Facility/Non-Facility Rate	\$202.13	\$243.19	83.1%
Radiology	78014	26	THYROID IMAGING W/BLOOD FLOW	Medicare Facility Rate	\$19.51	\$24.01	81.3%
Radiology	78015	26	THYROID MET IMAGING	Medicare Facility Rate	\$32.49	\$32.97	98.5%
Radiology	78018	26	THYROID MET IMAGING BODY	Medicare Facility Rate	\$42.33	\$40.64	104.2%
Radiology	78020	26	THYROID MET UPTAKE	Medicare Facility Rate	\$8.94	\$27.47	32.5%
Radiology	78070		PARATHYROID PLANAR IMAGING	Medicare Non-Facility Rate	\$97.49	\$298.32	32.7%
Radiology	78070	26	PARATHYROID PLANAR IMAGING	Medicare Facility Rate	\$40.54	\$38.19	106.2%
Radiology	78071	26	PARATHYRD PLANAR W/WO SUBTRJ	Medicare Facility Rate	\$44.04	\$57.39	76.7%
Radiology	78072	26	PARATHYRD PLANAR W/SPECT&CT	Medicare Facility Rate	\$64.20	\$75.40	85.1%
Radiology	78072		PARATHYRD PLANAR W/SPECT&CT	Medicare Facility Rate	\$330.17	\$447.75	73.7%
Radiology	78195	26	LYMPH SYSTEM IMAGING	Medicare Facility Rate	\$40.62	\$57.03	71.2%
Radiology	78201	26	LIVER IMAGING	Medicare Facility Rate	\$21.12	\$20.85	101.3%
Radiology	78215	26	LIVER AND SPLEEN IMAGING	Medicare Facility Rate	\$23.95	\$23.66	101.2%
Radiology	78226		HEPATOBIILIARY SYSTEM IMAGING	Medicare Non-Facility Rate	\$270.78	\$331.65	81.6%
Radiology	78226	26	HEPATOBIILIARY SYSTEM IMAGING	Medicare Facility/Non-Facility Rate	\$28.68	\$35.75	80.2%
Radiology	78226	TC	HEPATOBIILIARY SYSTEM IMAGING	Medicare Non-Facility Rate	\$242.09	\$295.90	81.8%
Radiology	78227		HEPATOBIL SYST IMAGE W/DRUG	Medicare Non-Facility Rate	\$276.71	\$446.42	62.0%
Radiology	78227	26	HEPATOBIL SYST IMAGE W/DRUG	Medicare Facility/Non-Facility Rate	\$34.60	\$43.47	79.6%
Radiology	78227	TC	HEPATOBIL SYST IMAGE W/DRUG	Medicare Non-Facility Rate	\$242.09	\$402.95	60.1%
Radiology	78230	26	SALIVARY GLAND IMAGING	Medicare Facility Rate	\$21.84	\$21.92	99.6%
Radiology	78261	26	GASTRIC MUCOSA IMAGING	Medicare Facility Rate	\$32.49	\$28.52	113.9%
Radiology	78262		GASTROESOPHAGEAL REFLUX EXAM	Medicare Non-Facility Rate	\$65.00	\$250.32	26.0%
Radiology	78264		GASTRIC EMPTYING IMAG STUDY	Medicare Non-Facility Rate	\$32.49	\$337.01	9.6%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	78264	26	GASTRIC EMPTYING IMAG STUDY	Medicare Facility Rate	\$16.26	\$38.21	42.6%
Radiology	78265	26	GASTRIC EMPTYING IMAG STUDY	Medicare Facility Rate	\$36.97	\$46.97	78.7%
Radiology	78267		BREATH TST ATTAIN/ANAL C-14	Other States' Average Rate	\$11.06	\$10.15	109.0%
Radiology	78268		BREATH TEST ANALYSIS C-14	Other States' Average Rate	\$94.41	\$86.73	108.9%
Radiology	78278	26	ACUTE GI BLOOD LOSS IMAGING	Medicare Facility Rate	\$43.71	\$47.68	91.7%
Radiology	78290	26	MECKELS DIVERT EXAM	Medicare Facility Rate	\$32.49	\$32.59	99.7%
Radiology	78300	26	BONE IMAGING LIMITED AREA	Medicare Facility Rate	\$30.47	\$30.51	99.9%
Radiology	78306		BONE IMAGING WHOLE BODY	Medicare Non-Facility Rate	\$170.61	\$301.85	56.5%
Radiology	78306	26	BONE IMAGING WHOLE BODY	Medicare Facility/Non-Facility Rate	\$42.33	\$41.00	103.2%
Radiology	78315		BONE IMAGING 3 PHASE	Medicare Non-Facility Rate	\$160.85	\$352.22	45.7%
Radiology	78315	26	BONE IMAGING 3 PHASE	Medicare Facility Rate	\$35.76	\$48.71	73.4%
Radiology	78430	26	MYOCDR IMG PET RST/STRS W/CT	Medicare Facility Rate	\$82.81	\$77.66	106.6%
Radiology	78431	26	MYOCDR IMG PET RST&STRS CT	Medicare Facility Rate	\$96.43	\$90.50	106.6%
Radiology	78433	26	MYOCDR IMG PET 2RTRACER CT	Medicare Facility Rate	\$112.22	\$105.41	106.5%
Radiology	78434	26	AQMBF PET REST & RX STRESS	Medicare Facility Rate	\$32.43	\$29.96	108.2%
Radiology	78451		HT MUSCLE IMAGE SPECT SING	Medicare Facility/Non-Facility Rate	\$139.42	\$345.76	40.3%
Radiology	78451	26	HT MUSCLE IMAGE SPECT SING	Medicare Facility Rate	\$41.51	\$66.16	62.7%
Radiology	78452		HT MUSCLE IMAGE SPECT MULT	Medicare Non-Facility Rate	\$238.36	\$482.21	49.4%
Radiology	78452	26	HT MUSCLE IMAGE SPECT MULT	Medicare Facility/Non-Facility Rate	\$49.16	\$78.27	62.8%
Radiology	78452	TC	HT MUSCLE IMAGE SPECT MULT	Medicare Non-Facility Rate	\$189.23	\$403.94	46.8%
Radiology	78453	26	HT MUSCLE IMAGE PLANAR SING	Medicare Facility Rate	\$30.05	\$48.02	62.6%
Radiology	78454	26	HT MUSC IMAGE PLANAR MULT	Medicare Facility Rate	\$39.98	\$65.31	61.2%
Radiology	78459	26	HEART MUSCLE IMAGING (PET)	Medicare Facility Rate	\$76.54	\$74.85	102.3%
Radiology	78469	26	HEART INFARCT IMAGE (3D)	Medicare Facility Rate	\$46.97	\$44.53	105.5%
Radiology	78472		GATED HEART PLANAR SINGLE	Medicare Non-Facility Rate	\$121.87	\$232.45	52.4%
Radiology	78472	26	GATED HEART PLANAR SINGLE	Medicare Facility Rate	\$49.63	\$47.33	104.9%
Radiology	78481	26	HEART FIRST PASS SINGLE	Medicare Facility Rate	\$51.51	\$47.33	108.8%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	78492	26	HEART IMAGE (PET) MULTIPLE	Medicare Facility Rate	\$97.64	\$86.31	113.1%
Radiology	78580	26	LUNG PERFUSION IMAGING	Medicare Facility/Non-Facility Rate	\$36.48	\$35.75	102.0%
Radiology	78582		LUNG VENTILAT&PERFUS IMAGING	Medicare Facility/Non-Facility Rate	\$265.42	\$338.37	78.4%
Radiology	78582	26	LUNG VENTILAT&PERFUS IMAGING	Medicare Facility Rate	\$41.04	\$51.17	80.2%
Radiology	78597	26	LUNG PERFUSION DIFFERENTIAL	Medicare Facility Rate	\$28.20	\$34.48	81.8%
Radiology	78598	26	LUNG PERF&VENTILAT DIFERENTL	Medicare Facility Rate	\$32.08	\$40.29	79.6%
Radiology	78601	26	BRAIN IMAGE W/FLOW < 4 VIEWS	Medicare Facility Rate	\$25.01	\$24.36	102.7%
Radiology	78606	26	BRAIN IMAGE W/FLOW 4 + VIEWS	Medicare Facility Rate	\$31.52	\$30.84	102.2%
Radiology	78608	26	BRAIN IMAGING (PET)	Medicare Facility Rate	\$65.73	\$70.32	93.5%
Radiology	78610	26	BRAIN FLOW IMAGING ONLY	Medicare Facility Rate	\$15.27	\$14.28	106.9%
Radiology	78630	26	CEREBROSPINAL FLUID SCAN	Medicare Facility Rate	\$33.63	\$32.95	102.1%
Radiology	78630		CEREBROSPINAL FLUID SCAN	Medicare Non-Facility Rate	\$86.11	\$344.79	25.0%
Radiology	78645	26	CSF SHUNT EVALUATION	Medicare Facility Rate	\$24.38	\$26.80	91.0%
Radiology	78707	26	K FLOW/FUNCT IMAGE W/O DRUG	Medicare Facility Rate	\$36.56	\$45.19	80.9%
Radiology	78708		K FLOW/FUNCT IMAGE W/DRUG	Medicare Non-Facility Rate	\$185.32	\$184.79	100.3%
Radiology	78708	26	K FLOW/FUNCT IMAGE W/DRUG	Medicare Facility Rate	\$48.90	\$57.74	84.7%
Radiology	78709	26	K FLOW/FUNCT IMAGE MULTIPLE	Medicare Facility Rate	\$54.67	\$67.37	81.1%
Radiology	78725	26	KIDNEY FUNCTION STUDY	Medicare Facility/Non-Facility Rate	\$18.37	\$18.14	101.3%
Radiology	78761	26	TESTICULAR IMAGING W/FLOW	Medicare Facility Rate	\$35.10	\$35.08	100.1%
Radiology	78800	26	TUMOR IMAGING LIMITED AREA	Medicare Facility Rate	\$32.16	\$31.47	102.2%
Radiology	78801	26	TUMOR IMAGING MULT AREAS	Medicare Facility Rate	\$39.00	\$34.68	112.5%
Radiology	78802	26	RP LOCLZJ TUM WHBDY 1 D IMG	Medicare Facility Rate	\$42.33	\$38.19	110.8%
Radiology	78803	26	RP LOCLZJ TUM SPECT 1 AREA	Medicare Facility Rate	\$53.78	\$51.14	105.2%
Radiology	78803		RP LOCLZJ TUM SPECT 1 AREA	Medicare Non-Facility Rate	\$211.23	\$390.88	54.0%
Radiology	78804	26	TUMOR IMAGING WHOLE BODY	Medicare Facility Rate	\$43.79	\$48.37	90.5%
Radiology	78812	26	PET IMAGE SKULL-THIGH	Medicare Facility Rate	\$79.29	\$91.81	86.4%
Radiology	78814	26	PET IMAGE W/CT LMTD	Medicare Facility Rate	\$87.67	\$104.69	83.7%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	78815		PET IMAGE W/CT SKULL-THIGH	Other States' Average Rate	\$1,577.11	\$1,238.82	127.3%
Radiology	78815	26	PET IMAGE W/CT SKULL-THIGH	Medicare Facility/Non-Facility Rate	\$99.60	\$116.16	85.7%
Radiology	78816		PET IMAGE W/CT FULL BODY	Other States' Average Rate	\$1,579.46	\$1,017.87	155.2%
Radiology	78816	26	PET IMAGE W/CT FULL BODY	Medicare Facility/Non-Facility Rate	\$95.47	\$117.25	81.4%
Radiology	78830	26	RP LOCLZJ TUM SPECT W/CT 1	Medicare Facility Rate	\$75.08	\$69.61	107.9%
Radiology	78831	26	RP LOCLZJ TUM SPECT 2 AREAS	Medicare Facility Rate	\$91.61	\$85.82	106.7%
Radiology	78832	26	RP LOCLZJ TUM SPECT W/CT 2	Medicare Facility Rate	\$106.71	\$99.74	107.0%
Radiology	79005		NUCLEAR RX ORAL ADMIN	Medicare Non-Facility Rate	\$146.40	\$141.10	103.8%
Radiology	79005	26	NUCLEAR RX ORAL ADMIN	Medicare Facility/Non-Facility Rate	\$80.18	\$86.58	92.6%
Radiology	79101	26	NUCLEAR RX IV ADMIN	Medicare Facility Rate	\$87.75	\$96.20	91.2%
Radiology	79445	26	NUCLEAR RX INTRA-ARTERIAL	Medicare Facility Rate	\$107.96	\$111.06	97.2%
Radiology	93925		LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$216.53	\$261.80	82.7%
Radiology	93925	26	LOWER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$51.95	\$38.63	134.5%
Radiology	93925	TC	LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$164.56	\$223.17	73.7%
Radiology	93926		LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$124.39	\$154.69	80.4%
Radiology	93926	26	LOWER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$17.39	\$23.36	74.4%
Radiology	93926	TC	LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$106.98	\$131.33	81.5%
Radiology	93930		UPPER EXTREMITY STUDY	Medicare Non-Facility Rate	\$206.96	\$211.60	97.8%
Radiology	93930	26	UPPER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$43.45	\$38.80	112.0%
Radiology	93931		UPPER EXTREMITY STUDY	Medicare Non-Facility Rate	\$138.63	\$134.04	103.4%
Radiology	93931	26	UPPER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$24.94	\$24.08	103.6%
Radiology	93931	TC	UPPER EXTREMITY STUDY	Medicare Non-Facility Rate	\$113.66	\$109.95	103.4%
Radiology	93970		EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$163.15	\$203.09	80.3%
Radiology	93970	26	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$79.95	\$34.08	234.6%
Radiology	93970	TC	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$83.19	\$169.01	49.2%
Radiology	93971		EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$104.90	\$128.78	81.5%
Radiology	93971	26	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$15.90	\$21.72	73.2%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Radiology	93971	TC	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$89.00	\$107.05	83.1%
Radiology	93975		VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$311.28	\$286.76	108.6%
Radiology	93975	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$136.97	\$56.34	243.1%
Radiology	93975	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$174.27	\$230.41	75.6%
Radiology	93976		VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$180.56	\$170.25	106.1%
Radiology	93976	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$50.57	\$38.92	129.9%
Radiology	93976	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$130.04	\$131.33	99.0%
Radiology	93978		VASCULAR STUDY	Medicare Non-Facility Rate	\$199.93	\$194.84	102.6%
Radiology	93978	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$51.16	\$38.70	132.2%
Radiology	93978	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$148.74	\$156.14	95.3%
Radiology	93979		VASCULAR STUDY	Medicare Non-Facility Rate	\$138.29	\$126.43	109.4%
Radiology	93979	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$28.92	\$23.72	121.9%
Radiology	93979	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$109.36	\$102.71	106.5%
Radiology	93980		PENILE VASCULAR STUDY	Medicare Non-Facility Rate	\$164.32	\$121.80	134.9%
Radiology	93980	26	PENILE VASCULAR STUDY	Medicare Facility Rate	\$62.70	\$60.31	104.0%
Radiology	93980	TC	PENILE VASCULAR STUDY	Medicare Non-Facility Rate	\$93.59	\$61.50	152.2%
Radiology	93981	26	PENILE VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$17.79	\$21.21	83.9%
Radiology	93985		DUP-SCAN HEMO COMPL BI STD	Medicare Non-Facility Rate	\$283.34	\$270.83	104.6%
Radiology	93985	26	DUP-SCAN HEMO COMPL BI STD	Medicare Facility Rate	\$40.22	\$38.24	105.2%
Radiology	93986		DUP-SCAN HEMO COMPL UNI STD	Medicare Facility/Non-Facility Rate	\$164.25	\$160.92	102.1%
Radiology	93986	26	DUP-SCAN HEMO COMPL UNI STD	Medicare Facility Rate	\$25.88	\$24.15	107.2%
Radiology	93990		DOPPLER FLOW TESTING	Medicare Facility/Non-Facility Rate	\$177.09	\$159.01	111.4%
Radiology	93990	26	DOPPLER FLOW TESTING	Medicare Facility Rate	\$25.87	\$23.69	109.2%
Respiratory	94760		MEASURE BLOOD OXYGEN LEVEL	Medicare Facility/Non-Facility Rate	\$2.54	\$2.44	104.1%
Respiratory	94010		BREATHING CAPACITY TEST	Medicare Facility/Non-Facility Rate	\$31.58	\$28.16	112.1%
Respiratory	94010	26	BREATHING CAPACITY TEST	Medicare Facility/Non-Facility Rate	\$7.94	\$8.33	95.3%
Respiratory	94060		EVALUATION OF WHEEZING	Medicare Non-Facility Rate	\$40.18	\$41.12	97.7%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Respiratory	94060	26	EVALUATION OF WHEEZING	Medicare Facility/Non-Facility Rate	\$11.48	\$10.42	110.2%
Respiratory	94070	26	EVALUATION OF WHEEZING	Medicare Facility/Non-Facility Rate	\$14.35	\$28.56	50.2%
Respiratory	94375		RESPIRATORY FLOW VOLUME LOOP	Medicare Facility/Non-Facility Rate	\$35.20	\$40.26	87.4%
Respiratory	94375	26	RESPIRATORY FLOW VOLUME LOOP	Medicare Facility/Non-Facility Rate	\$13.88	\$14.63	94.9%
Respiratory	94618		PULMONARY STRESS TESTING	Medicare Facility/Non-Facility Rate	\$36.41	\$34.45	105.7%
Respiratory	94621	26	CARDIOPULM EXERCISE TESTING	Medicare Facility/Non-Facility Rate	\$31.01	\$70.06	44.3%
Respiratory	94640		AIRWAY INHALATION TREATMENT	Medicare Non-Facility Rate	\$13.00	\$11.86	109.6%
Respiratory	94660		POS AIRWAY PRESSURE CPAP	Medicare Non-Facility Rate	\$53.65	\$66.23	81.0%
Respiratory	94664		EVALUATE PT USE OF INHALER	Medicare Non-Facility Rate	\$13.75	\$18.02	76.3%
Respiratory	94726		PULM FUNCT TST PLETHYSMOGRAP	Medicare Non-Facility Rate	\$44.12	\$57.63	76.6%
Respiratory	94726	26	PULM FUNCT TST PLETHYSMOGRAP	Medicare Facility/Non-Facility Rate	\$10.01	\$12.17	82.3%
Respiratory	94727		PULM FUNCTION TEST BY GAS	Medicare Non-Facility Rate	\$34.61	\$46.13	75.0%
Respiratory	94727	26	PULM FUNCTION TEST BY GAS	Medicare Facility/Non-Facility Rate	\$10.01	\$12.17	82.3%
Respiratory	94729		CO/MEMBANE DIFFUSE CAPACITY	Medicare Non-Facility Rate	\$43.87	\$62.19	70.5%
Respiratory	94729	26	CO/MEMBANE DIFFUSE CAPACITY	Medicare Facility/Non-Facility Rate	\$6.63	\$9.02	73.5%
Respiratory	94762		MEASURE BLOOD OXYGEN LEVEL	Medicare Facility/Non-Facility Rate	\$27.29	\$28.16	96.9%
Respiratory	94011		SPIROMETRY UP TO 2 YRS OLD	Medicare Facility Rate	\$59.83	\$87.09	68.7%
Respiratory	94013		MEAS LUNG VOL THRU 2 YRS	Medicare Facility Rate	\$19.39	\$19.61	98.9%
Respiratory	94014		PATIENT RECORDED SPIROMETRY	Medicare Non-Facility Rate	\$30.87	\$57.58	53.6%
Respiratory	94016		REVIEW PATIENT SPIROMETRY	Medicare Facility/Non-Facility Rate	\$19.73	\$25.07	78.7%
Respiratory	94070		EVALUATION OF WHEEZING	Medicare Non-Facility Rate	\$40.18	\$64.70	62.1%
Respiratory	94150		VITAL CAPACITY TEST	Other States' Average Rate	\$7.19	\$18.04	39.9%
Respiratory	94150	26	VITAL CAPACITY TEST	Other States' Average Rate	\$2.29	\$3.71	61.7%
Respiratory	94200		LUNG FUNCTION TEST (MBC/MVV)	Medicare Facility/Non-Facility Rate	\$14.35	\$16.03	89.5%
Respiratory	94200	26	LUNG FUNCTION TEST (MBC/MVV)	Medicare Facility Rate	\$4.31	\$3.08	139.9%
Respiratory	94610		SURFACTANT ADMIN THRU TUBE	Medicare Facility Rate	\$43.96	\$55.98	78.5%
Respiratory	94617		EXERCISE TST BRNCSPSM	Medicare Non-Facility Rate	\$80.36	\$92.80	86.6%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Respiratory	94617	26	EXERCISE TST BRNCSPSM	Medicare Facility/Non-Facility Rate	\$46.57	\$32.85	141.8%
Respiratory	94618	26	PULMONARY STRESS TESTING	Medicare Facility Rate	\$21.18	\$22.59	93.8%
Respiratory	94621		CARDIOPULM EXERCISE TESTING	Medicare Non-Facility Rate	\$70.81	\$162.43	43.6%
Respiratory	94621	TC	CARDIOPULM EXERCISE TESTING	Medicare Non-Facility Rate	\$39.77	\$92.37	43.1%
Respiratory	94642		AEROSOL INHALATION TREATMENT	Other States' Average Rate	\$134.34	\$41.22	325.9%
Respiratory	94644		CBT 1ST HOUR	Medicare Non-Facility Rate	\$26.27	\$65.85	39.9%
Respiratory	94680	26	EXHALED AIR ANALYSIS O2	Medicare Facility Rate	\$11.77	\$13.16	89.4%
Respiratory	94690		EXHALED AIR ANALYSIS	Medicare Non-Facility Rate	\$47.77	\$46.07	103.7%
Respiratory	94690	26	EXHALED AIR ANALYSIS	Medicare Facility Rate	\$3.37	\$3.78	89.2%
Respiratory	94728	26	PULM FUNCT TEST OSCILLOMETRY	Medicare Facility Rate	\$10.01	\$12.53	79.9%
Respiratory	94761		MEASURE BLOOD OXYGEN LEVEL	Medicare Facility/Non-Facility Rate	\$4.83	\$3.53	136.8%
Respiratory	94780		CAR SEAT/BED TEST 60 MIN	Medicare Non-Facility Rate	\$41.56	\$53.92	77.1%
Respiratory	94780		CAR SEAT/BED TEST 60 MIN	Medicare Facility Rate	\$41.56	\$24.21	171.7%
Respiratory	94781		CAR SEAT/BED TEST + 30 MIN	Medicare Facility Rate	\$16.17	\$8.33	194.1%
Respiratory	94781		CAR SEAT/BED TEST + 30 MIN	Medicare Non-Facility Rate	\$16.17	\$21.37	75.7%
Vaccines and Immunizations	0001A		ADM SARSCOV2 30MCG/0.3ML 1ST	Other States' Average Rate	\$61.77	\$46.78	132.0%
Vaccines and Immunizations	0011A		ADM SARSCOV2 100MCG/0.5ML1ST	Other States' Average Rate	\$61.77	\$46.78	132.0%
Vaccines and Immunizations	90376		RABIES IG HEAT TREATED	Other States' Average Rate	\$103.40	\$281.27	36.8%
Vaccines and Immunizations	90378		RSV MAB IM 50MG	Other States' Average Rate	\$1,582.80	\$1,387.91	114.0%
Vaccines and Immunizations	90384		RH IG FULL-DOSE IM	Other States' Average Rate	\$124.47	\$79.04	157.5%
Vaccines and Immunizations	90385		RH IG MINIDOSE IM	Other States' Average Rate	\$56.65	\$19.90	284.7%
Vaccines and Immunizations	90460		IM ADMIN 1ST/ONLY COMPONENT	Medicare Facility/Non-Facility Rate	\$19.75	\$17.39	113.6%
Vaccines and Immunizations	90471		IMMUNIZATION ADMIN	Medicare Facility/Non-Facility Rate	\$19.75	\$17.39	113.6%
Vaccines and Immunizations	90472		IMMUNIZATION ADMIN EACH ADD	Medicare Facility/Non-Facility Rate	\$11.47	\$13.07	87.8%
Vaccines and Immunizations	90473		IMMUNE ADMIN ORAL/NASAL	Medicare Facility/Non-Facility Rate	\$19.75	\$17.39	113.6%
Vaccines and Immunizations	90474		IMMUNE ADMIN ORAL/NASAL ADDL	Medicare Facility/Non-Facility Rate	\$11.47	\$13.07	87.8%
Vaccines and Immunizations	90620		MENB-4C VACC 2 DOSE IM	Other States' Average Rate	\$191.75	\$180.10	106.5%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Vaccines and Immunizations	90621		MENB-FHBP VACC 2/3 DOSE IM	Other States' Average Rate	\$157.35	\$148.03	106.3%
Vaccines and Immunizations	90632		HEPA VACCINE ADULT IM	Other States' Average Rate	\$73.75	\$61.43	120.1%
Vaccines and Immunizations	90632		HEPA VACCINE ADULT IM	Other States' Average Rate	\$73.75	\$60.52	121.9%
Vaccines and Immunizations	90636		HEP A/HEP B VACC ADULT IM	Other States' Average Rate	\$112.35	\$87.16	128.9%
Vaccines and Immunizations	90647		HIB PRP-OMP VACC 3 DOSE IM	Other States' Average Rate	\$27.25	\$25.44	107.1%
Vaccines and Immunizations	90649		4VHPV VACCINE 3 DOSE IM	Other States' Average Rate	\$172.12	\$146.76	117.3%
Vaccines and Immunizations	90650		2VHPV VACCINE 3 DOSE IM	Other States' Average Rate	\$172.12	\$131.13	131.3%
Vaccines and Immunizations	90651		9VHPV VACCINE 2/3 DOSE IM	Other States' Average Rate	\$239.29	\$243.21	98.4%
Vaccines and Immunizations	90651		9VHPV VACCINE 2/3 DOSE IM	Other States' Average Rate	\$239.29	\$253.60	94.4%
Vaccines and Immunizations	90654		FLU VACC IIV3 NO PRESERV ID	Other States' Average Rate	\$20.19	\$17.19	117.5%
Vaccines and Immunizations	90656		IIV3 VACC NO PRSV 0.5 ML IM	Other States' Average Rate	\$17.61	\$16.75	105.1%
Vaccines and Immunizations	90658		IIV3 VACCINE SPLT 0.5 ML IM	Other States' Average Rate	\$16.20	\$15.26	106.2%
Vaccines and Immunizations	90661		CCIIV3 VAC NO PRSV 0.5 ML IM	Other States' Average Rate	\$15.19	\$22.29	68.1%
Vaccines and Immunizations	90662		IIV NO PRSV INCREASED AG IM	Other States' Average Rate	\$57.01	\$63.87	89.3%
Vaccines and Immunizations	90662		IIV NO PRSV INCREASED AG IM	Other States' Average Rate	\$57.01	\$65.26	87.4%
Vaccines and Immunizations	90670		PCV13 VACCINE IM	Other States' Average Rate	\$211.86	\$212.07	99.9%
Vaccines and Immunizations	90670		PCV13 VACCINE IM	Other States' Average Rate	\$211.86	\$190.44	111.3%
Vaccines and Immunizations	90672		LAIV4 VACCINE INTRANASAL	Other States' Average Rate	\$22.98	\$22.06	104.2%
Vaccines and Immunizations	90674		CCIIV4 VAC NO PRSV 0.5 ML IM	Other States' Average Rate	\$22.06	\$29.30	75.3%
Vaccines and Immunizations	90674		CCIIV4 VAC NO PRSV 0.5 ML IM	Other States' Average Rate	\$22.06	\$29.94	73.7%
Vaccines and Immunizations	90675		RABIES VACCINE IM	Other States' Average Rate	\$247.15	\$329.88	74.9%
Vaccines and Immunizations	90682		RIV4 VACC RECOMBINANT DNA IM	Other States' Average Rate	\$54.16	\$63.87	84.8%
Vaccines and Immunizations	90682		RIV4 VACC RECOMBINANT DNA IM	Other States' Average Rate	\$54.16	\$65.26	83.0%
Vaccines and Immunizations	90686		IIV4 VACC NO PRSV 0.5 ML IM	Other States' Average Rate	\$18.42	\$18.86	97.7%
Vaccines and Immunizations	90686		IIV4 VACC NO PRSV 0.5 ML IM	Other States' Average Rate	\$18.42	\$17.84	103.3%
Vaccines and Immunizations	90688		IIV4 VACCINE SPLT 0.5 ML IM	Other States' Average Rate	\$17.24	\$18.37	93.9%
Vaccines and Immunizations	90688		IIV4 VACCINE SPLT 0.5 ML IM	Other States' Average Rate	\$17.24	\$16.82	102.5%



## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Vaccines and Immunizations	90707		MMR VACCINE SC	Other States' Average Rate	\$82.49	\$72.02	114.5%
Vaccines and Immunizations	90707		MMR VACCINE SC	Other States' Average Rate	\$82.49	\$60.27	136.9%
Vaccines and Immunizations	90713		POLIOVIRUS IPV SC/IM	Other States' Average Rate	\$36.89	\$28.94	127.5%
Vaccines and Immunizations	90714		TD VACC NO PRESV 7 YRS+ IM	Other States' Average Rate	\$36.14	\$25.07	144.1%
Vaccines and Immunizations	90714		TD VACC NO PRESV 7 YRS+ IM	Other States' Average Rate	\$36.14	\$24.07	150.2%
Vaccines and Immunizations	90715		TDAP VACCINE 7 YRS/> IM	Other States' Average Rate	\$48.14	\$35.94	133.9%
Vaccines and Immunizations	90715		TDAP VACCINE 7 YRS/> IM	Other States' Average Rate	\$48.14	\$35.91	134.1%
Vaccines and Immunizations	90716		VAR VACCINE LIVE SUBQ	Other States' Average Rate	\$142.47	\$125.23	113.8%
Vaccines and Immunizations	90716		VAR VACCINE LIVE SUBQ	Other States' Average Rate	\$142.47	\$104.10	136.9%
Vaccines and Immunizations	90732		PPSV23 VACC 2 YRS+ SUBQ/IM	Other States' Average Rate	\$110.45	\$98.87	111.7%
Vaccines and Immunizations	90732		PPSV23 VACC 2 YRS+ SUBQ/IM	Other States' Average Rate	\$110.45	\$72.30	152.8%
Vaccines and Immunizations	90733		MPSV4 VACCINE SUBQ	Other States' Average Rate	\$127.53	\$93.94	135.8%
Vaccines and Immunizations	90734		MCV4 MENACWY VACCINE IM	Other States' Average Rate	\$140.01	\$116.95	119.7%
Vaccines and Immunizations	90736		HZV VACCINE LIVE SUBQ	Other States' Average Rate	\$217.97	\$165.41	131.8%
Vaccines and Immunizations	90739		HEPB VACC 2 DOSE ADULT IM	Other States' Average Rate	\$117.45	\$141.15	83.2%
Vaccines and Immunizations	90746		HEPB VACCINE 3 DOSE ADULT IM	Other States' Average Rate	\$46.83	\$64.25	72.9%
Vaccines and Immunizations	90746		HEPB VACCINE 3 DOSE ADULT IM	Other States' Average Rate	\$46.83	\$60.73	77.1%
Vaccines and Immunizations	90747		HEPB VACC 4 DOSE IMMUNSUP IM	Other States' Average Rate	\$61.86	\$138.51	44.7%
Vaccines and Immunizations	90750		HZV VACC RECOMBINANT IM	Other States' Average Rate	\$162.01	\$156.77	103.3%
Vaccines and Immunizations	90756		CCIV4 VACC ABX FREE IM	Other States' Average Rate	\$20.82	\$27.77	75.0%
Vascular	36415		ROUTINE VENIPUNCTURE	Other States' Average Rate	\$3.00	\$2.94	102.1%
Vascular	36416		CAPILLARY BLOOD DRAW	Other States' Average Rate	\$3.24	\$3.55	91.4%
Vascular	93880		EXTRACRANIAL BILAT STUDY	Medicare Facility/Non-Facility Rate	\$116.35	\$206.46	56.4%
Vascular	93880	26	EXTRACRANIAL BILAT STUDY	Medicare Facility/Non-Facility Rate	\$27.36	\$39.26	69.7%
Vascular	93880	TC	EXTRACRANIAL BILAT STUDY	Medicare Non-Facility Rate	\$89.00	\$167.20	53.2%
Vascular	93882		EXTRACRANIAL UNI/LTD STUDY	Medicare Non-Facility Rate	\$103.53	\$134.83	76.8%
Vascular	93882	26	EXTRACRANIAL UNI/LTD STUDY	Medicare Facility/Non-Facility Rate	\$19.45	\$24.52	79.3%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Vascular	93882	TC	EXTRACRANIAL UNI/LTD STUDY	Medicare Non-Facility Rate	\$76.18	\$110.32	69.1%
Vascular	93886		INTRACRANIAL COMPLETE STUDY	Medicare Non-Facility Rate	\$155.85	\$290.80	53.6%
Vascular	93886	26	INTRACRANIAL COMPLETE STUDY	Medicare Facility/Non-Facility Rate	\$38.00	\$46.98	80.9%
Vascular	93886	TC	INTRACRANIAL COMPLETE STUDY	Medicare Non-Facility Rate	\$117.91	\$243.82	48.4%
Vascular	93888		INTRACRANIAL LIMITED STUDY	Medicare Non-Facility Rate	\$192.19	\$173.26	110.9%
Vascular	93888	26	INTRACRANIAL LIMITED STUDY	Medicare Facility Rate	\$24.58	\$25.63	95.9%
Vascular	93888	TC	INTRACRANIAL LIMITED STUDY	Medicare Non-Facility Rate	\$161.63	\$147.64	109.5%
Vascular	93893		TCD EMBOLI DETECT W/INJ	Medicare Facility/Non-Facility Rate	\$270.77	\$420.93	64.3%
Vascular	93922		UPR/L XTREMITY ART 2 LEVELS	Medicare Non-Facility Rate	\$79.52	\$87.89	90.5%
Vascular	93922	26	UPR/L XTREMITY ART 2 LEVELS	Medicare Facility/Non-Facility Rate	\$37.36	\$12.26	304.7%
Vascular	93922	TC	UPR/L XTREMITY ART 2 LEVELS	Medicare Non-Facility Rate	\$42.12	\$75.63	55.7%
Vascular	93923		UPR/LXTR ART STDY 3+ LVLS	Medicare Non-Facility Rate	\$123.32	\$137.55	89.7%
Vascular	93923	26	UPR/LXTR ART STDY 3+ LVLS	Medicare Facility/Non-Facility Rate	\$48.08	\$22.16	217.0%
Vascular	93923	TC	UPR/LXTR ART STDY 3+ LVLS	Medicare Non-Facility Rate	\$75.24	\$115.39	65.2%
Vascular	93924		LWR XTR VASC STDY BILAT	Medicare Non-Facility Rate	\$154.63	\$169.88	91.0%
Vascular	93924	26	LWR XTR VASC STDY BILAT	Medicare Facility Rate	\$66.46	\$24.61	270.1%
Vascular	93925		LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$216.53	\$261.80	82.7%
Vascular	93925	26	LOWER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$51.95	\$38.63	134.5%
Vascular	93925	TC	LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$164.56	\$223.17	73.7%
Vascular	93926		LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$124.39	\$154.69	80.4%
Vascular	93926	26	LOWER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$17.39	\$23.36	74.4%
Vascular	93926	TC	LOWER EXTREMITY STUDY	Medicare Non-Facility Rate	\$106.98	\$131.33	81.5%
Vascular	93930		UPPER EXTREMITY STUDY	Medicare Non-Facility Rate	\$206.96	\$211.60	97.8%
Vascular	93930	26	UPPER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$43.45	\$38.80	112.0%
Vascular	93931		UPPER EXTREMITY STUDY	Medicare Non-Facility Rate	\$138.63	\$134.04	103.4%
Vascular	93931	26	UPPER EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$24.94	\$24.08	103.6%
Vascular	93931	TC	UPPER EXTREMITY STUDY	Medicare Non-Facility Rate	\$113.66	\$109.95	103.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Vascular	93970		EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$163.15	\$203.09	80.3%
Vascular	93970	26	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$79.95	\$34.08	234.6%
Vascular	93970	TC	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$83.19	\$169.01	49.2%
Vascular	93971		EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$104.90	\$128.78	81.5%
Vascular	93971	26	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$15.90	\$21.72	73.2%
Vascular	93971	TC	EXTREMITY STUDY	Medicare Facility/Non-Facility Rate	\$89.00	\$107.05	83.1%
Vascular	93975		VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$311.28	\$286.76	108.6%
Vascular	93975	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$136.97	\$56.34	243.1%
Vascular	93975	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$174.27	\$230.41	75.6%
Vascular	93976		VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$180.56	\$170.25	106.1%
Vascular	93976	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$50.57	\$38.92	129.9%
Vascular	93976	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$130.04	\$131.33	99.0%
Vascular	93978		VASCULAR STUDY	Medicare Non-Facility Rate	\$199.93	\$194.84	102.6%
Vascular	93978	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$51.16	\$38.70	132.2%
Vascular	93978	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$148.74	\$156.14	95.3%
Vascular	93979		VASCULAR STUDY	Medicare Non-Facility Rate	\$138.29	\$126.43	109.4%
Vascular	93979	26	VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$28.92	\$23.72	121.9%
Vascular	93979	TC	VASCULAR STUDY	Medicare Non-Facility Rate	\$109.36	\$102.71	106.5%
Vascular	93980		PENILE VASCULAR STUDY	Medicare Non-Facility Rate	\$164.32	\$121.80	134.9%
Vascular	93980	26	PENILE VASCULAR STUDY	Medicare Facility Rate	\$62.70	\$60.31	104.0%
Vascular	93980	TC	PENILE VASCULAR STUDY	Medicare Non-Facility Rate	\$93.59	\$61.50	152.2%
Vascular	93981	26	PENILE VASCULAR STUDY	Medicare Facility/Non-Facility Rate	\$17.79	\$21.21	83.9%
Vascular	93985		DUP-SCAN HEMO COMPL BI STD	Medicare Non-Facility Rate	\$283.34	\$270.83	104.6%
Vascular	93985	26	DUP-SCAN HEMO COMPL BI STD	Medicare Facility Rate	\$40.22	\$38.24	105.2%
Vascular	93986		DUP-SCAN HEMO COMPL UNI STD	Medicare Facility/Non-Facility Rate	\$164.25	\$160.92	102.1%
Vascular	93986	26	DUP-SCAN HEMO COMPL UNI STD	Medicare Facility Rate	\$25.88	\$24.15	107.2%
Vascular	93990		DOPPLER FLOW TESTING	Medicare Facility/Non-Facility Rate	\$177.09	\$159.01	111.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Vascular	93990	26	DOPPLER FLOW TESTING	Medicare Facility Rate	\$25.87	\$23.69	109.2%
Women's Health and Family Planning	58150		TOTAL HYSTERECTOMY	Medicare Facility Rate	\$698.26	\$1,033.98	67.5%
Women's Health and Family Planning	58152		TOTAL HYSTERECTOMY	Medicare Facility Rate	\$926.26	\$1,264.96	73.2%
Women's Health and Family Planning	58180		PARTIAL HYSTERECTOMY	Medicare Facility Rate	\$356.26	\$980.21	36.3%
Women's Health and Family Planning	58200		EXTENSIVE HYSTERECTOMY	Medicare Facility Rate	\$712.51	\$1,373.01	51.9%
Women's Health and Family Planning	58210		EXTENSIVE HYSTERECTOMY	Medicare Facility Rate	\$1,068.77	\$1,858.30	57.5%
Women's Health and Family Planning	58240		REMOVAL OF PELVIS CONTENTS	Medicare Facility Rate	\$1,282.51	\$3,002.26	42.7%
Women's Health and Family Planning	58260		VAGINAL HYSTERECTOMY	Medicare Facility Rate	\$676.88	\$861.10	78.6%
Women's Health and Family Planning	58262		VAG HYST INCLUDING T/O	Medicare Facility/Non-Facility Rate	\$621.30	\$950.11	65.4%
Women's Health and Family Planning	58290		VAG HYST COMPLEX	Medicare Facility Rate	\$803.02	\$1,177.62	68.2%
Women's Health and Family Planning	58291		VAG HYST INCL T/O COMPLEX	Medicare Facility Rate	\$882.79	\$1,271.96	69.4%
Women's Health and Family Planning	58292		VAG HYST T/O & REPAIR COMPL	Medicare Facility Rate	\$934.82	\$1,339.98	69.8%
Women's Health and Family Planning	58541		LSH UTERUS 250 G OR LESS	Medicare Facility Rate	\$588.90	\$749.48	78.6%
Women's Health and Family Planning	58542		LSH W/T/O UT 250 G OR LESS	Medicare Facility Rate	\$651.95	\$852.42	76.5%
Women's Health and Family Planning	58544		LSH W/T/O UTERUS ABOVE 250 G	Medicare Facility Rate	\$717.14	\$927.75	77.3%
Women's Health and Family Planning	58545		LAPAROSCOPIC MYOMECTOMY	Medicare Facility Rate	\$644.10	\$920.90	69.9%
Women's Health and Family Planning	58546		LAPARO-MYOMECTOMY COMPLEX	Medicare Facility Rate	\$812.97	\$1,136.60	71.5%
Women's Health and Family Planning	58548		LAP RADICAL HYST	Medicare Facility Rate	\$1,254.02	\$1,920.97	65.3%
Women's Health and Family Planning	58550		LAPARO-ASST VAG HYSTERECTOMY	Medicare Facility Rate	\$670.83	\$902.05	74.4%
Women's Health and Family Planning	58552		LAPARO-VAG HYST INCL T/O	Medicare Facility/Non-Facility Rate	\$627.36	\$1,001.80	62.6%
Women's Health and Family Planning	58554		LAPARO-VAG HYST W/T/O COMPL	Medicare Facility Rate	\$799.79	\$1,330.60	60.1%
Women's Health and Family Planning	58570		TLH UTERUS 250 G OR LESS	Medicare Facility Rate	\$564.66	\$825.84	68.4%
Women's Health and Family Planning	58571		TLH W/T/O 250 G OR LESS	Medicare Facility Rate	\$618.82	\$930.21	66.5%
Women's Health and Family Planning	58572		TLH UTERUS OVER 250 G	Medicare Facility Rate	\$700.03	\$1,060.16	66.0%
Women's Health and Family Planning	58573		TLH W/T/O UTERUS OVER 250 G	Medicare Facility Rate	\$790.16	\$1,243.87	63.5%
Women's Health and Family Planning	77067		SCR MAMMO BI INCL CAD	Medicare Facility/Non-Facility Rate	\$113.98	\$137.08	83.1%
Women's Health and Family Planning	77067	26	SCR MAMMO BI INCL CAD	Medicare Facility/Non-Facility Rate	\$32.75	\$37.17	88.1%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Women's Health and Family Planning	77067	TC	SCR MAMMO BI INCL CAD	Medicare Non-Facility Rate	\$81.24	\$99.91	81.3%
Women's Health and Family Planning	77078	26	CT BONE DENSITY AXIAL	Medicare Facility Rate	\$10.17	\$12.19	83.4%
Women's Health and Family Planning	77080		DXA BONE DENSITY AXIAL	Medicare Non-Facility Rate	\$67.28	\$39.34	171.0%
Women's Health and Family Planning	77080	26	DXA BONE DENSITY AXIAL	Medicare Facility/Non-Facility Rate	\$9.02	\$9.73	92.7%
Women's Health and Family Planning	77080	TC	DXA BONE DENSITY AXIAL	Medicare Non-Facility Rate	\$57.52	\$29.61	194.3%
Women's Health and Family Planning	77081		DXA BONE DENSITY/PERIPHERAL	Medicare Non-Facility Rate	\$28.60	\$32.82	87.1%
Women's Health and Family Planning	77081	26	DXA BONE DENSITY/PERIPHERAL	Medicare Facility Rate	\$9.26	\$10.09	91.8%
Women's Health and Family Planning	88141		CYTOPATH C/V INTERPRET	Medicare Facility/Non-Facility Rate	\$15.93	\$23.04	69.1%
Women's Health and Family Planning	88142		CYTOPATH C/V THIN LAYER	Other States' Average Rate	\$20.26	\$14.67	138.1%
Women's Health and Family Planning	88147		CYTOPATH C/V AUTOMATED	Other States' Average Rate	\$50.56	\$34.67	145.8%
Women's Health and Family Planning	88175		CYTOPATH C/V AUTO FLUID REDO	Other States' Average Rate	\$26.61	\$19.04	139.7%
Women's Health and Family Planning	99202		OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$68.12	\$75.19	90.6%
Women's Health and Family Planning	99202		OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$68.12	\$49.46	137.7%
Women's Health and Family Planning	99202	GT	OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$73.20	\$49.46	148.0%
Women's Health and Family Planning	99202	GT	OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$73.20	\$75.19	97.4%
Women's Health and Family Planning	99203		OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$98.87	\$115.01	86.0%
Women's Health and Family Planning	99203		OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$98.87	\$84.21	117.4%
Women's Health and Family Planning	99203	GT	OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$103.95	\$84.21	123.4%
Women's Health and Family Planning	99203	GT	OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$103.95	\$115.01	90.4%
Women's Health and Family Planning	99204		OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$151.79	\$136.65	111.1%
Women's Health and Family Planning	99204		OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$151.79	\$171.08	88.7%
Women's Health and Family Planning	99204	GT	OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$156.87	\$136.65	114.8%
Women's Health and Family Planning	99204	GT	OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$156.87	\$171.08	91.7%
Women's Health and Family Planning	99205		OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$189.08	\$226.12	83.6%
Women's Health and Family Planning	99205		OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$189.08	\$185.53	101.9%
Women's Health and Family Planning	99205	GT	OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$194.16	\$185.53	104.7%
Women's Health and Family Planning	99205	GT	OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$194.16	\$226.12	85.9%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Women's Health and Family Planning	99211		OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$18.37	\$24.25	75.8%
Women's Health and Family Planning	99211		OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$18.37	\$9.04	203.2%
Women's Health and Family Planning	99211	GT	OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$23.44	\$9.04	259.3%
Women's Health and Family Planning	99211	GT	OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$23.44	\$24.25	96.7%
Women's Health and Family Planning	99212		OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$39.98	\$36.61	109.2%
Women's Health and Family Planning	99212		OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$39.98	\$58.35	68.5%
Women's Health and Family Planning	99212	GT	OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$45.05	\$36.61	123.1%
Women's Health and Family Planning	99212	GT	OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$45.05	\$58.35	77.2%
Women's Health and Family Planning	99213		OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$66.78	\$93.34	71.5%
Women's Health and Family Planning	99213		OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$66.78	\$67.62	98.8%
Women's Health and Family Planning	99213	GT	OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$71.85	\$67.62	106.3%
Women's Health and Family Planning	99213	GT	OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$71.85	\$93.34	77.0%
Women's Health and Family Planning	99214		OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$98.54	\$131.65	74.8%
Women's Health and Family Planning	99214		OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$98.54	\$99.41	99.1%
Women's Health and Family Planning	99214	GT	OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$103.62	\$99.41	104.2%
Women's Health and Family Planning	99214	GT	OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$103.62	\$131.65	78.7%
Women's Health and Family Planning	99215		OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$131.91	\$185.18	71.2%
Women's Health and Family Planning	99215		OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$131.91	\$147.50	89.4%
Women's Health and Family Planning	99215	GT	OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$136.98	\$147.50	92.9%
Women's Health and Family Planning	99215	GT	OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$136.98	\$185.18	74.0%
Women's Health and Family Planning	99384		PREV VISIT NEW AGE 12-17	Other States' Average Rate	\$125.56	\$114.73	109.4%
Women's Health and Family Planning	99384		PREV VISIT NEW AGE 12-17	Other States' Average Rate	\$125.56	\$98.12	128.0%
Women's Health and Family Planning	99385		PREV VISIT NEW AGE 18-39	Other States' Average Rate	\$121.93	\$115.73	105.4%
Women's Health and Family Planning	99385		PREV VISIT NEW AGE 18-39	Other States' Average Rate	\$121.93	\$95.63	127.5%
Women's Health and Family Planning	99386		PREV VISIT NEW AGE 40-64	Other States' Average Rate	\$140.66	\$134.77	104.4%
Women's Health and Family Planning	99386		PREV VISIT NEW AGE 40-64	Other States' Average Rate	\$140.66	\$111.52	126.1%
Women's Health and Family Planning	99387		INIT PM E/M NEW PAT 65+ YRS	Other States' Average Rate	\$152.86	\$145.86	104.8%



## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Women's Health and Family Planning	99387		INIT PM E/M NEW PAT 65+ YRS	Other States' Average Rate	\$152.86	\$112.15	136.3%
Women's Health and Family Planning	99394		PREV VISIT EST AGE 12-17	Other States' Average Rate	\$107.10	\$83.82	127.8%
Women's Health and Family Planning	99394		PREV VISIT EST AGE 12-17	Other States' Average Rate	\$107.10	\$98.45	108.8%
Women's Health and Family Planning	99395		PREV VISIT EST AGE 18-39	Other States' Average Rate	\$109.41	\$101.31	108.0%
Women's Health and Family Planning	99395		PREV VISIT EST AGE 18-39	Other States' Average Rate	\$109.41	\$84.63	129.3%
Women's Health and Family Planning	99396		PREV VISIT EST AGE 40-64	Other States' Average Rate	\$116.63	\$110.33	105.7%
Women's Health and Family Planning	99396		PREV VISIT EST AGE 40-64	Other States' Average Rate	\$116.63	\$90.57	128.8%
Women's Health and Family Planning	99397		PER PM REEVAL EST PAT 65+ YR	Other States' Average Rate	\$125.56	\$117.92	106.5%
Women's Health and Family Planning	99397		PER PM REEVAL EST PAT 65+ YR	Other States' Average Rate	\$125.56	\$95.70	131.2%
Women's Health and Family Planning	99401		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$33.62	\$28.43	118.2%
Women's Health and Family Planning	99401		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$33.62	\$34.54	97.3%
Women's Health and Family Planning	99402		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$57.64	\$41.89	137.6%
Women's Health and Family Planning	99402		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$57.64	\$54.11	106.5%
Women's Health and Family Planning	99403		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$80.32	\$62.34	128.8%
Women's Health and Family Planning	99403		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$80.32	\$74.56	107.7%
Women's Health and Family Planning	99404		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$103.03	\$82.78	124.5%
Women's Health and Family Planning	99404		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$103.03	\$95.00	108.5%
Women's Health and Family Planning	99406		BEHAV CHNG SMOKING 3-10 MIN	Medicare Facility Rate	\$12.74	\$12.11	105.2%
Women's Health and Family Planning	99406		BEHAV CHNG SMOKING 3-10 MIN	Medicare Non-Facility Rate	\$12.74	\$15.73	81.0%
Women's Health and Family Planning	99406	HD	BEHAV CHNG SMOKING 3-10 MIN	Medicare Non-Facility Rate	\$11.11	\$15.73	70.6%
Women's Health and Family Planning	99406	HD	BEHAV CHNG SMOKING 3-10 MIN	Medicare Facility Rate	\$11.11	\$12.11	91.7%
Women's Health and Family Planning	99407		BEHAV CHNG SMOKING > 10 MIN	Medicare Facility Rate	\$25.17	\$25.63	98.2%
Women's Health and Family Planning	99407		BEHAV CHNG SMOKING > 10 MIN	Medicare Non-Facility Rate	\$25.17	\$28.89	87.1%
Women's Health and Family Planning	99407	HD	BEHAV CHNG SMOKING > 10 MIN	Medicare Non-Facility Rate	\$10.79	\$28.89	37.3%
Women's Health and Family Planning	99408		AUDIT/DAST 15-30 MIN	Other States' Average Rate	\$32.76	\$29.18	112.3%
Women's Health and Family Planning	99408		AUDIT/DAST 15-30 MIN	Other States' Average Rate	\$32.76	\$30.43	107.7%
Women's Health and Family Planning	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$56.57	118.5%



## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Women's Health and Family Planning	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$57.36	116.9%
Women's Health and Family Planning	99411		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$15.17	\$16.52	91.8%
Women's Health and Family Planning	99412		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$19.79	\$10.67	185.5%
Women's Health and Family Planning	G0101		CA SCREEN;PELVIC/BREAST EXAM	Medicare Non-Facility Rate	\$19.66	\$40.54	48.5%
Women's Health and Family Planning	G0101		CA SCREEN;PELVIC/BREAST EXAM	Medicare Facility Rate	\$19.66	\$28.22	69.7%
Women's Health and Family Planning	G0123		SCREEN CERV/VAG THIN LAYER	Other States' Average Rate	\$20.26	\$14.18	142.9%
Women's Health and Family Planning	G0124		SCREEN C/V THIN LAYER BY MD	Medicare Non-Facility Rate	\$26.43	\$23.04	114.7%
Women's Health and Family Planning	G0145		SCR C/V CYTO,THINLAYER,RESCR	Other States' Average Rate	\$26.49	\$18.54	142.9%
Women's Health and Family Planning	Q0091		OBTAINING SCREEN PAP SMEAR	Medicare Non-Facility Rate	\$39.87	\$45.04	88.5%
Other Physician Services	95004		PERCUT ALLERGY SKIN TESTS	Medicare Facility/Non-Facility Rate	\$2.29	\$4.24	54.0%
Other Physician Services	95012		EXHALED NITRIC OXIDE MEAS	Medicare Non-Facility Rate	\$13.67	\$20.19	67.7%
Other Physician Services	95017		PERQ & ICUT ALLG TEST VENOMS	Medicare Non-Facility Rate	\$7.24	\$9.21	78.6%
Other Physician Services	95018		PERQ&IC ALLG TEST DRUGS/BIOL	Medicare Non-Facility Rate	\$17.86	\$21.78	82.0%
Other Physician Services	95018		PERQ&IC ALLG TEST DRUGS/BIOL	Medicare Facility Rate	\$17.86	\$7.29	245.0%
Other Physician Services	95024		ICUT ALLERGY TEST DRUG/BUG	Medicare Non-Facility Rate	\$3.52	\$8.95	39.3%
Other Physician Services	95024		ICUT ALLERGY TEST DRUG/BUG	Medicare Facility Rate	\$3.52	\$0.97	362.9%
Other Physician Services	95027		ICUT ALLERGY TITRATE-AIRBORN	Medicare Non-Facility Rate	\$4.40	\$5.32	82.7%
Other Physician Services	95044		ALLERGY PATCH TESTS	Medicare Non-Facility Rate	\$3.72	\$5.34	69.7%
Other Physician Services	95070		BRONCHIAL ALLERGY TESTS	Medicare Facility/Non-Facility Rate	\$40.18	\$37.85	106.2%
Other Physician Services	95076		INGEST CHALLENGE INI 120 MIN	Medicare Non-Facility Rate	\$95.94	\$124.11	77.3%
Other Physician Services	95076		INGEST CHALLENGE INI 120 MIN	Medicare Facility Rate	\$95.94	\$75.20	127.6%
Other Physician Services	95079		INGEST CHALLENGE ADDL 60 MIN	Medicare Non-Facility Rate	\$67.39	\$86.81	77.6%
Other Physician Services	95079		INGEST CHALLENGE ADDL 60 MIN	Medicare Facility Rate	\$67.39	\$69.06	97.6%
Other Physician Services	95115		IMMUNOTHERAPY ONE INJECTION	Medicare Non-Facility Rate	\$9.16	\$10.05	91.1%
Other Physician Services	95117		IMMUNOTHERAPY INJECTIONS	Medicare Non-Facility Rate	\$12.65	\$12.22	103.5%
Other Physician Services	95120		IMMUNOTHERAPY ONE INJECTION	Other States' Average Rate	\$5.75	\$14.66	39.2%
Other Physician Services	95134		IMMNTX 5 STING INSECTS	Other States' Average Rate	\$28.70	\$47.74	60.1%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	95145		ANTIGEN THERAPY SERVICES	Medicare Non-Facility Rate	\$7.46	\$36.76	20.3%
Other Physician Services	95146		ANTIGEN THERAPY SERVICES	Medicare Non-Facility Rate	\$12.06	\$67.56	17.9%
Other Physician Services	95147		ANTIGEN THERAPY SERVICES	Medicare Non-Facility Rate	\$12.06	\$65.03	18.5%
Other Physician Services	95148		ANTIGEN THERAPY SERVICES	Medicare Non-Facility Rate	\$12.06	\$96.55	12.5%
Other Physician Services	95149		ANTIGEN THERAPY SERVICES	Medicare Non-Facility Rate	\$12.06	\$128.43	9.4%
Other Physician Services	95165		ANTIGEN THERAPY SERVICES	Medicare Non-Facility Rate	\$3.60	\$16.47	21.9%
Other Physician Services	95180		RAPID DESENSITIZATION	Medicare Non-Facility Rate	\$56.69	\$140.50	40.3%
Other Physician Services	95180		RAPID DESENSITIZATION	Medicare Facility Rate	\$56.69	\$104.26	54.4%
Other Physician Services	95250		CONT GLUC MNTR PHYS/QHP EQP	Medicare Non-Facility Rate	\$40.04	\$158.31	25.3%
Other Physician Services	95251		CONT GLUC MNTR ANALYSIS I&R	Medicare Facility/Non-Facility Rate	\$19.19	\$35.46	54.1%
Other Physician Services	95812		EEG 41-60 MINUTES	Medicare Non-Facility Rate	\$382.41	\$369.88	103.4%
Other Physician Services	95812	26	EEG 41-60 MINUTES	Medicare Facility Rate	\$206.49	\$57.94	356.4%
Other Physician Services	95813		EEG OVER 1 HOUR	Medicare Non-Facility Rate	\$439.40	\$457.03	96.1%
Other Physician Services	95813	26	EEG OVER 1 HOUR	Medicare Facility/Non-Facility Rate	\$272.42	\$88.20	308.9%
Other Physician Services	95813	TC	EEG OVER 1 HOUR	Medicare Non-Facility Rate	\$166.95	\$368.82	45.3%
Other Physician Services	95816		EEG AWAKE AND DROWSY	Medicare Non-Facility Rate	\$98.75	\$408.29	24.2%
Other Physician Services	95816	26	EEG AWAKE AND DROWSY	Medicare Facility/Non-Facility Rate	\$41.01	\$57.94	70.8%
Other Physician Services	95819		EEG AWAKE AND ASLEEP	Medicare Facility/Non-Facility Rate	\$79.57	\$479.57	16.6%
Other Physician Services	95819	26	EEG AWAKE AND ASLEEP	Medicare Facility/Non-Facility Rate	\$26.71	\$58.30	45.8%
Other Physician Services	95822	26	EEG COMA OR SLEEP ONLY	Medicare Facility Rate	\$12.90	\$58.30	22.1%
Other Physician Services	95829	26	SURGERY ELECTROCORTICOGRAM	Medicare Facility Rate	\$175.56	\$337.52	52.0%
Other Physician Services	95836		ECOG IMPLTD BRN NPGT <30 D	Medicare Facility Rate	\$115.14	\$108.42	106.2%
Other Physician Services	95851		RANGE OF MOTION MEASUREMENTS	Medicare Non-Facility Rate	\$11.48	\$21.75	52.8%
Other Physician Services	95860		MUSCLE TEST ONE LIMB	Medicare Facility/Non-Facility Rate	\$51.66	\$120.82	42.8%
Other Physician Services	95860	26	MUSCLE TEST ONE LIMB	Medicare Facility Rate	\$38.75	\$52.07	74.4%
Other Physician Services	95861		MUSCLE TEST 2 LIMBS	Medicare Facility/Non-Facility Rate	\$66.01	\$174.22	37.9%
Other Physician Services	95861	26	MUSCLE TEST 2 LIMBS	Medicare Facility Rate	\$49.63	\$83.37	59.5%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	95863		MUSCLE TEST 3 LIMBS	Medicare Non-Facility Rate	\$80.36	\$228.04	35.2%
Other Physician Services	95864		MUSCLE TEST 4 LIMBS	Medicare Non-Facility Rate	\$94.72	\$254.83	37.2%
Other Physician Services	95864	26	MUSCLE TEST 4 LIMBS	Medicare Facility Rate	\$71.17	\$108.18	65.8%
Other Physician Services	95865	26	MUSCLE TEST LARYNX	Medicare Facility Rate	\$63.57	\$84.51	75.2%
Other Physician Services	95865		MUSCLE TEST LARYNX	Medicare Facility Rate	\$82.38	\$161.95	50.9%
Other Physician Services	95866		MUSCLE TEST HEMIDIAPHRAGM	Medicare Non-Facility Rate	\$55.30	\$138.83	39.8%
Other Physician Services	95867		MUSCLE TEST CRAN NERV UNILAT	Medicare Facility Rate	\$51.66	\$115.29	44.8%
Other Physician Services	95867	26	MUSCLE TEST CRAN NERV UNILAT	Medicare Facility Rate	\$38.75	\$42.56	91.0%
Other Physician Services	95868		MUSCLE TEST CRAN NERVE BILAT	Medicare Facility Rate	\$66.01	\$152.62	43.3%
Other Physician Services	95868	26	MUSCLE TEST CRAN NERVE BILAT	Medicare Facility Rate	\$49.63	\$63.94	77.6%
Other Physician Services	95869		MUSCLE TEST THOR PARASPINAL	Medicare Facility/Non-Facility Rate	\$32.72	\$106.73	30.7%
Other Physician Services	95869	26	MUSCLE TEST THOR PARASPINAL	Medicare Facility Rate	\$17.95	\$20.23	88.7%
Other Physician Services	95870		MUSCLE TEST NONPARASPINAL	Medicare Facility/Non-Facility Rate	\$24.94	\$92.24	27.0%
Other Physician Services	95870	26	MUSCLE TEST NONPARASPINAL	Medicare Facility Rate	\$17.95	\$19.87	90.3%
Other Physician Services	95873		GUIDE NERV DESTR ELEC STIM	Medicare Facility/Non-Facility Rate	\$65.98	\$81.56	80.9%
Other Physician Services	95873	26	GUIDE NERV DESTR ELEC STIM	Medicare Facility Rate	\$47.16	\$19.97	236.2%
Other Physician Services	95874		GUIDE NERV DESTR NEEDLE EMG	Medicare Facility/Non-Facility Rate	\$63.39	\$85.91	73.8%
Other Physician Services	95874	26	GUIDE NERV DESTR NEEDLE EMG	Medicare Facility Rate	\$45.56	\$19.97	228.1%
Other Physician Services	95885		MUSC TST DONE W/NERV TST LIM	Medicare Facility/Non-Facility Rate	\$45.81	\$68.91	66.5%
Other Physician Services	95885	26	MUSC TST DONE W/NERV TST LIM	Medicare Facility/Non-Facility Rate	\$14.46	\$18.91	76.5%
Other Physician Services	95886		MUSC TEST DONE W/N TEST COMP	Medicare Facility/Non-Facility Rate	\$71.72	\$106.22	67.5%
Other Physician Services	95886	26	MUSC TEST DONE W/N TEST COMP	Medicare Facility/Non-Facility Rate	\$38.71	\$46.43	83.4%
Other Physician Services	95887		MUSC TST DONE W/N TST NONEXT	Medicare Non-Facility Rate	\$37.58	\$91.60	41.0%
Other Physician Services	95887	26	MUSC TST DONE W/N TST NONEXT	Medicare Facility Rate	\$30.37	\$38.34	79.2%
Other Physician Services	95905		MOTOR &/ SENS NRVE CNDJ TEST	Medicare Non-Facility Rate	\$47.64	\$41.03	116.1%
Other Physician Services	95907		NVR CNDJ TST 1-2 STUDIES	Medicare Facility/Non-Facility Rate	\$77.47	\$96.48	80.3%
Other Physician Services	95907	26	NVR CNDJ TST 1-2 STUDIES	Medicare Facility Rate	\$42.32	\$54.18	78.1%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	95908		NRV CNDJ TST 3-4 STUDIES	Medicare Facility/Non-Facility Rate	\$95.61	\$120.26	79.5%
Other Physician Services	95908	26	NRV CNDJ TST 3-4 STUDIES	Medicare Facility Rate	\$53.19	\$67.82	78.4%
Other Physician Services	95909		NRV CNDJ TST 5-6 STUDIES	Medicare Facility/Non-Facility Rate	\$114.56	\$144.30	79.4%
Other Physician Services	95909	26	NRV CNDJ TST 5-6 STUDIES	Medicare Facility/Non-Facility Rate	\$63.52	\$81.36	78.1%
Other Physician Services	95910		NRV CNDJ TEST 7-8 STUDIES	Medicare Facility/Non-Facility Rate	\$150.76	\$188.61	79.9%
Other Physician Services	95910	26	NRV CNDJ TEST 7-8 STUDIES	Medicare Facility/Non-Facility Rate	\$84.92	\$108.63	78.2%
Other Physician Services	95911		NRV CNDJ TEST 9-10 STUDIES	Medicare Facility/Non-Facility Rate	\$182.53	\$226.84	80.5%
Other Physician Services	95911	26	NRV CNDJ TEST 9-10 STUDIES	Medicare Facility/Non-Facility Rate	\$106.11	\$134.91	78.7%
Other Physician Services	95912		NRV CNDJ TEST 11-12 STUDIES	Medicare Facility/Non-Facility Rate	\$234.22	\$263.90	88.8%
Other Physician Services	95912	26	NRV CNDJ TEST 11-12 STUDIES	Medicare Facility/Non-Facility Rate	\$206.49	\$160.83	128.4%
Other Physician Services	95913		NRV CNDJ TEST 13/> STUDIES	Medicare Facility/Non-Facility Rate	\$247.70	\$305.11	81.2%
Other Physician Services	95913	26	NRV CNDJ TEST 13/> STUDIES	Medicare Facility Rate	\$272.42	\$190.81	142.8%
Other Physician Services	95921		AUTONOMIC NRV PARASYM INERVJ	Medicare Non-Facility Rate	\$69.78	\$93.74	74.4%
Other Physician Services	95922	26	AUTONOMIC NRV ADRENRG INERVJ	Medicare Facility Rate	\$38.90	\$47.72	81.5%
Other Physician Services	95923		AUTONOMIC NRV SYST FUNJ TEST	Medicare Non-Facility Rate	\$96.79	\$133.96	72.3%
Other Physician Services	95923	26	AUTONOMIC NRV SYST FUNJ TEST	Medicare Facility Rate	\$36.44	\$45.64	79.8%
Other Physician Services	95924		ANS PARASYMP & SYMP W/TILT	Medicare Non-Facility Rate	\$120.96	\$157.78	76.7%
Other Physician Services	95925	26	SOMATOSENSORY TESTING	Medicare Facility Rate	\$21.89	\$29.19	75.0%
Other Physician Services	95926	26	SOMATOSENSORY TESTING	Medicare Facility Rate	\$25.88	\$28.30	91.4%
Other Physician Services	95929	26	C MOTOR EVOKED LWR LIMBS	Medicare Facility Rate	\$115.56	\$80.99	142.7%
Other Physician Services	95930		VISUAL EP TEST CNS W/I&R	Medicare Facility/Non-Facility Rate	\$31.31	\$69.54	45.0%
Other Physician Services	95930	26	VISUAL EP TEST CNS W/I&R	Medicare Facility Rate	\$16.89	\$18.91	89.3%
Other Physician Services	95933		BLINK REFLEX TEST	Medicare Non-Facility Rate	\$17.79	\$90.25	19.7%
Other Physician Services	95933	26	BLINK REFLEX TEST	Medicare Facility Rate	\$13.50	\$32.01	42.2%
Other Physician Services	95937		NEUROMUSCULAR JUNCTION TEST	Medicare Facility/Non-Facility Rate	\$18.06	\$114.06	15.8%
Other Physician Services	95937	26	NEUROMUSCULAR JUNCTION TEST	Medicare Facility Rate	\$13.50	\$35.17	38.4%
Other Physician Services	95938		SOMATOSENSORY TESTING	Medicare Facility Rate	\$243.04	\$388.44	62.6%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	95938	26	SOMATOSENSORY TESTING	Medicare Facility Rate	\$35.62	\$46.43	76.7%
Other Physician Services	95939		C MOTOR EVOKED UPR&LWR LIMBS	Medicare Facility Rate	\$380.07	\$585.20	64.9%
Other Physician Services	95939	26	C MOTOR EVOKED UPR&LWR LIMBS	Medicare Facility Rate	\$93.72	\$121.18	77.3%
Other Physician Services	95955	26	EEG DURING SURGERY	Medicare Facility Rate	\$39.89	\$54.53	73.2%
Other Physician Services	95955		EEG DURING SURGERY	Medicare Facility Rate	\$94.49	\$217.84	43.4%
Other Physician Services	95957		EEG DIGITAL ANALYSIS	Medicare Non-Facility Rate	\$127.81	\$275.30	46.4%
Other Physician Services	95957	26	EEG DIGITAL ANALYSIS	Medicare Facility Rate	\$80.74	\$103.95	77.7%
Other Physician Services	95957	TC	EEG DIGITAL ANALYSIS	Medicare Non-Facility Rate	\$47.07	\$171.36	27.5%
Other Physician Services	95958	26	EEG MONITORING/FUNCTION TEST	Medicare Facility Rate	\$386.50	\$230.68	167.5%
Other Physician Services	95961		ELECTRODE STIMULATION BRAIN	Medicare Facility Rate	\$146.75	\$341.19	43.0%
Other Physician Services	95961	26	ELECTRODE STIMULATION BRAIN	Medicare Facility Rate	\$114.09	\$163.84	69.6%
Other Physician Services	95962	26	ELECTRODE STIM BRAIN ADD-ON	Medicare Facility Rate	\$120.41	\$175.81	68.5%
Other Physician Services	95965		MEG SPONTANEOUS	Other States' Average Rate	\$524.54	\$1,560.45	33.6%
Other Physician Services	95970		ALYS NPGT W/O PRGRMG	Medicare Facility Rate	\$16.86	\$18.98	88.8%
Other Physician Services	95970		ALYS NPGT W/O PRGRMG	Medicare Non-Facility Rate	\$16.86	\$19.35	87.1%
Other Physician Services	95971		ANALYZE NEUROSTIM SIMPLE	Medicare Non-Facility Rate	\$27.91	\$50.16	55.6%
Other Physician Services	95971		ANALYZE NEUROSTIM SIMPLE	Medicare Facility Rate	\$27.91	\$40.38	69.1%
Other Physician Services	95972		ALYS CPLX SP/PN NPGT W/PRGRM	Medicare Non-Facility Rate	\$51.81	\$57.64	89.9%
Other Physician Services	95972		ALYS CPLX SP/PN NPGT W/PRGRM	Medicare Facility Rate	\$51.81	\$40.97	126.5%
Other Physician Services	95976		ALYS SMPL CN NPGT PRGRMG	Medicare Non-Facility Rate	\$34.98	\$41.18	84.9%
Other Physician Services	95976		ALYS SMPL CN NPGT PRGRMG	Medicare Facility Rate	\$34.98	\$40.45	86.5%
Other Physician Services	95977		ALYS CPLX CN NPGT PRGRMG	Medicare Non-Facility Rate	\$51.94	\$54.37	95.5%
Other Physician Services	95977		ALYS CPLX CN NPGT PRGRMG	Medicare Facility Rate	\$51.94	\$53.29	97.5%
Other Physician Services	95980		IO ANAL GAST N-STIM INIT	Medicare Facility/Non-Facility Rate	\$25.94	\$45.44	57.1%
Other Physician Services	95981		IO ANAL GAST N-STIM SUBSQ	Medicare Non-Facility Rate	\$18.66	\$39.98	46.7%
Other Physician Services	95982		IO GA N-STIM SUBSQ W/REPROG	Medicare Non-Facility Rate	\$27.98	\$60.58	46.2%
Other Physician Services	95982		IO GA N-STIM SUBSQ W/REPROG	Medicare Facility Rate	\$27.98	\$36.67	76.3%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	95983		ALYS BRN NPGT PRGRMG 15 MIN	Medicare Non-Facility Rate	\$49.78	\$51.93	95.9%
Other Physician Services	95983		ALYS BRN NPGT PRGRMG 15 MIN	Medicare Facility Rate	\$49.78	\$50.84	97.9%
Other Physician Services	95984		ALYS BRN NPGT PRGRMG ADDL 15	Medicare Non-Facility Rate	\$49.78	\$45.32	109.8%
Other Physician Services	95984		ALYS BRN NPGT PRGRMG ADDL 15	Medicare Facility Rate	\$49.78	\$44.59	111.6%
Other Physician Services	95991		SPIN/BRAIN PUMP REFIL & MAIN	Medicare Non-Facility Rate	\$59.49	\$116.02	51.3%
Other Physician Services	95991		SPIN/BRAIN PUMP REFIL & MAIN	Medicare Facility Rate	\$59.49	\$40.66	146.3%
Other Physician Services	95992		CANALITH REPOSITIONING PROC	Medicare Non-Facility Rate	\$41.40	\$44.80	92.4%
Other Physician Services	95992		CANALITH REPOSITIONING PROC	Medicare Facility Rate	\$41.40	\$37.19	111.3%
Other Physician Services	96004		PHYS REVIEW OF MOTION TESTS	Medicare Facility Rate	\$71.07	\$112.24	63.3%
Other Physician Services	96020	26	FUNCTIONAL BRAIN MAPPING	Medicare Facility Rate	\$80.11	\$161.86	49.5%
Other Physician Services	96040		GENETIC COUNSELING 30 MIN	Other States' Average Rate	\$28.56	\$35.34	80.8%
Other Physician Services	96372		THER/PROPH/DIAG INJ SC/IM	Medicare Facility/Non-Facility Rate	\$15.90	\$14.85	107.1%
Other Physician Services	96373		THER/PROPH/DIAG INJ IA	Medicare Facility/Non-Facility Rate	\$13.61	\$18.84	72.2%
Other Physician Services	96374		THER/PROPH/DIAG INJ IV PUSH	Medicare Facility/Non-Facility Rate	\$41.17	\$41.55	99.1%
Other Physician Services	96375		TX/PRO/DX INJ NEW DRUG ADDON	Medicare Facility/Non-Facility Rate	\$17.79	\$16.77	106.1%
Other Physician Services	96376		TX/PRO/DX INJ SAME DRUG ADON	Other States' Average Rate	\$31.88	\$15.01	212.4%
Other Physician Services	96376		TX/PRO/DX INJ SAME DRUG ADON	Other States' Average Rate	\$31.88	\$13.02	244.9%
Other Physician Services	96377		APPLICATON ON-BODY INJECTOR	Medicare Non-Facility Rate	\$19.81	\$19.92	99.4%
Other Physician Services	96379		THER/PROP/DIAG INJ/INF PROC	Other States' Average Rate	\$23.62	\$20.97	112.6%
Other Physician Services	96401		CHEMO ANTI-NEOPL SQ/IM	Medicare Facility/Non-Facility Rate	\$46.59	\$80.70	57.7%
Other Physician Services	96402		CHEMO HORMON ANTINEOPL SQ/IM	Medicare Non-Facility Rate	\$24.97	\$35.01	71.3%
Other Physician Services	96405		CHEMO INTRALESIONAL UP TO 7	Medicare Non-Facility Rate	\$25.02	\$89.73	27.9%
Other Physician Services	96405		CHEMO INTRALESIONAL UP TO 7	Medicare Facility Rate	\$25.02	\$29.22	85.6%
Other Physician Services	96406		CHEMO INTRALESIONAL OVER 7	Medicare Non-Facility Rate	\$37.85	\$141.89	26.7%
Other Physician Services	96409		CHEMO IV PUSH SNGL DRUG	Medicare Facility/Non-Facility Rate	\$85.81	\$111.89	76.7%
Other Physician Services	96411		CHEMO IV PUSH ADDL DRUG	Medicare Non-Facility Rate	\$49.52	\$60.89	81.3%
Other Physician Services	96413		CHEMO IV INFUSION 1 HR	Medicare Non-Facility Rate	\$121.19	\$145.42	83.3%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	96415		CHEMO IV INFUSION ADDL HR	Medicare Non-Facility Rate	\$27.02	\$30.66	88.1%
Other Physician Services	96416		CHEMO PROLONG INFUSE W/PUMP	Medicare Non-Facility Rate	\$130.30	\$142.73	91.3%
Other Physician Services	96417		CHEMO IV INFUS EACH ADDL SEQ	Medicare Non-Facility Rate	\$59.07	\$70.66	83.6%
Other Physician Services	96420		CHEMO IA PUSH TECHNIQUE	Medicare Facility Rate	\$22.39	\$114.90	19.5%
Other Physician Services	96450		CHEMOTHERAPY INTO CNS	Medicare Facility Rate	\$151.99	\$77.56	196.0%
Other Physician Services	96521		REFILL/MAINT PORTABLE PUMP	Medicare Non-Facility Rate	\$107.46	\$147.71	72.8%
Other Physician Services	96522		REFILL/MAINT PUMP/RESVR SYST	Medicare Non-Facility Rate	\$77.56	\$129.96	59.7%
Other Physician Services	96523		IRRIG DRUG DELIVERY DEVICE	Medicare Non-Facility Rate	\$19.68	\$28.37	69.4%
Other Physician Services	96542		CHEMOTHERAPY INJECTION	Medicare Facility Rate	\$66.58	\$43.06	154.6%
Other Physician Services	96567		PDT DSTR PRMLG LES SKN	Medicare Non-Facility Rate	\$45.68	\$155.34	29.4%
Other Physician Services	96900		ULTRAVIOLET LIGHT THERAPY	Medicare Non-Facility Rate	\$5.75	\$25.63	22.4%
Other Physician Services	96904		WHOLE BODY PHOTOGRAPHY	Medicare Non-Facility Rate	\$51.90	\$76.72	67.6%
Other Physician Services	96910		PHOTOCHEMOTHERAPY WITH UV-B	Medicare Non-Facility Rate	\$5.75	\$126.62	4.5%
Other Physician Services	96912		PHOTOCHEMOTHERAPY WITH UV-A	Medicare Non-Facility Rate	\$5.75	\$108.60	5.3%
Other Physician Services	96920		LASER TX SKIN < 250 SQ CM	Medicare Non-Facility Rate	\$108.11	\$166.89	64.8%
Other Physician Services	96921		LASER TX SKIN 250-500 SQ CM	Medicare Non-Facility Rate	\$110.76	\$182.23	60.8%
Other Physician Services	97802		MEDICAL NUTRITION INDIV IN	Medicare Facility Rate	\$30.76	\$33.38	92.2%
Other Physician Services	97802		MEDICAL NUTRITION INDIV IN	Medicare Non-Facility Rate	\$30.76	\$38.09	80.8%
Other Physician Services	97803		MED NUTRITION INDIV SUBSEQ	Medicare Facility Rate	\$26.21	\$28.44	92.2%
Other Physician Services	97803		MED NUTRITION INDIV SUBSEQ	Medicare Non-Facility Rate	\$26.21	\$33.15	79.1%
Other Physician Services	97804		MEDICAL NUTRITION GROUP	Medicare Facility Rate	\$13.42	\$15.81	84.9%
Other Physician Services	97804		MEDICAL NUTRITION GROUP	Medicare Non-Facility Rate	\$13.42	\$17.62	76.2%
Other Physician Services	98925		OSTEOPATH MANJ 1-2 REGIONS	Medicare Non-Facility Rate	\$14.35	\$32.58	44.0%
Other Physician Services	98925		OSTEOPATH MANJ 1-2 REGIONS	Medicare Facility Rate	\$14.35	\$23.88	60.1%
Other Physician Services	98926		OSTEOPATH MANJ 3-4 REGIONS	Medicare Non-Facility Rate	\$20.09	\$45.95	43.7%
Other Physician Services	98926		OSTEOPATH MANJ 3-4 REGIONS	Medicare Facility Rate	\$20.09	\$35.80	56.1%
Other Physician Services	98927		OSTEOPATH MANJ 5-6 REGIONS	Medicare Non-Facility Rate	\$25.84	\$59.95	43.1%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	98927		OSTEOPATH MANJ 5-6 REGIONS	Medicare Facility Rate	\$25.84	\$47.26	54.7%
Other Physician Services	98928		OSTEOPATH MANJ 7-8 REGIONS	Medicare Non-Facility Rate	\$31.58	\$73.48	43.0%
Other Physician Services	98928		OSTEOPATH MANJ 7-8 REGIONS	Medicare Facility Rate	\$31.58	\$59.72	52.9%
Other Physician Services	98929		OSTEOPATH MANJ 9-10 REGIONS	Medicare Non-Facility Rate	\$41.01	\$87.02	47.1%
Other Physician Services	98966		HC PRO PHONE CALL 5-10 MIN	Medicare Facility Rate	\$14.73	\$11.46	128.5%
Other Physician Services	98966		HC PRO PHONE CALL 5-10 MIN	Medicare Non-Facility Rate	\$14.73	\$13.27	111.0%
Other Physician Services	98967		HC PRO PHONE CALL 11-20 MIN	Medicare Facility Rate	\$28.67	\$22.20	129.1%
Other Physician Services	98967		HC PRO PHONE CALL 11-20 MIN	Medicare Non-Facility Rate	\$28.67	\$24.37	117.6%
Other Physician Services	98968		HC PRO PHONE CALL 21-30 MIN	Medicare Non-Facility Rate	\$41.94	\$34.29	122.3%
Other Physician Services	98968		HC PRO PHONE CALL 21-30 MIN	Medicare Facility Rate	\$41.94	\$32.11	130.6%
Other Physician Services	99000		SPECIMEN HANDLING OFFICE-LAB	Other States' Average Rate	\$3.10	\$8.13	38.1%
Other Physician Services	99050		MEDICAL SERVICES AFTER HRS	Other States' Average Rate	\$7.49	\$16.90	44.3%
Other Physician Services	99050		MEDICAL SERVICES AFTER HRS	Other States' Average Rate	\$7.49	\$16.31	45.9%
Other Physician Services	99070		SPECIAL SUPPLIES PHYS/QHP	Other States' Average Rate	\$24.64	\$15.32	160.8%
Other Physician Services	99151		MOD SED SAME PHYS/QHP <5 YRS	Medicare Non-Facility Rate	\$26.42	\$73.46	36.0%
Other Physician Services	99151		MOD SED SAME PHYS/QHP <5 YRS	Medicare Facility Rate	\$26.42	\$25.27	104.6%
Other Physician Services	99152		MOD SED SAME PHYS/QHP 5/>YRS	Medicare Non-Facility Rate	\$26.42	\$53.93	49.0%
Other Physician Services	99152		MOD SED SAME PHYS/QHP 5/>YRS	Medicare Facility Rate	\$26.42	\$12.62	209.4%
Other Physician Services	99153		MOD SED SAME PHYS/QHP EA	Medicare Facility/Non-Facility Rate	\$26.42	\$11.40	231.8%
Other Physician Services	99155		MOD SED OTH PHYS/QHP <5 YRS	Medicare Facility Rate	\$51.55	\$82.99	62.1%
Other Physician Services	99156		MOD SED OTH PHYS/QHP 5/>YRS	Medicare Facility/Non-Facility Rate	\$51.55	\$76.43	67.4%
Other Physician Services	99157		MOD SED OTHER PHYS/QHP EA	Medicare Facility/Non-Facility Rate	\$26.42	\$62.89	42.0%
Other Physician Services	99172		OCULAR FUNCTION SCREEN	Other States' Average Rate	\$15.61	\$63.32	24.7%
Other Physician Services	99173		VISUAL ACUITY SCREEN	Other States' Average Rate	\$10.34	\$2.43	425.5%
Other Physician Services	99173		VISUAL ACUITY SCREEN	Other States' Average Rate	\$10.34	\$2.50	414.4%
Other Physician Services	99174		OCULAR INSTRUMNT SCREEN BIL	Other States' Average Rate	\$17.36	\$6.10	284.6%
Other Physician Services	99177		OCULAR INSTRUMNT SCREEN BIL	Other States' Average Rate	\$17.36	\$4.33	401.4%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99183		HYPERBARIC OXYGEN THERAPY	Medicare Facility/Non-Facility Rate	\$104.06	\$107.99	96.4%
Other Physician Services	99195		PHLEBOTOMY	Medicare Facility/Non-Facility Rate	\$4.31	\$108.38	4.0%
Other Physician Services	99202		OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$68.12	\$75.19	90.6%
Other Physician Services	99202		OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$68.12	\$49.46	137.7%
Other Physician Services	99202	FP	OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$84.71	\$75.19	112.7%
Other Physician Services	99202	FP	OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$84.71	\$49.46	171.3%
Other Physician Services	99202	GT	OFFICE O/P NEW SF 15-29 MIN	Medicare Facility Rate	\$73.20	\$49.46	148.0%
Other Physician Services	99202	GT	OFFICE O/P NEW SF 15-29 MIN	Medicare Non-Facility Rate	\$73.20	\$75.19	97.4%
Other Physician Services	99203		OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$98.87	\$115.01	86.0%
Other Physician Services	99203		OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$98.87	\$84.21	117.4%
Other Physician Services	99203	FP	OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$84.71	\$84.21	100.6%
Other Physician Services	99203	FP	OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$84.71	\$115.01	73.7%
Other Physician Services	99203	GT	OFFICE O/P NEW LOW 30-44 MIN	Medicare Facility Rate	\$103.95	\$84.21	123.4%
Other Physician Services	99203	GT	OFFICE O/P NEW LOW 30-44 MIN	Medicare Non-Facility Rate	\$103.95	\$115.01	90.4%
Other Physician Services	99204		OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$151.79	\$136.65	111.1%
Other Physician Services	99204		OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$151.79	\$171.08	88.7%
Other Physician Services	99204	FP	OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$186.73	\$136.65	136.6%
Other Physician Services	99204	FP	OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$186.73	\$171.08	109.1%
Other Physician Services	99204	GT	OFFICE O/P NEW MOD 45-59 MIN	Medicare Facility Rate	\$156.87	\$136.65	114.8%
Other Physician Services	99204	GT	OFFICE O/P NEW MOD 45-59 MIN	Medicare Non-Facility Rate	\$156.87	\$171.08	91.7%
Other Physician Services	99205		OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$189.08	\$226.12	83.6%
Other Physician Services	99205		OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$189.08	\$185.53	101.9%
Other Physician Services	99205	GT	OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$194.16	\$185.53	104.7%
Other Physician Services	99205	FP	OFFICE O/P NEW HI 60-74 MIN	Medicare Facility Rate	\$186.43	\$185.53	100.5%
Other Physician Services	99205	FP	OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$186.43	\$226.12	82.4%
Other Physician Services	99205	GT	OFFICE O/P NEW HI 60-74 MIN	Medicare Non-Facility Rate	\$194.16	\$226.12	85.9%
Other Physician Services	99211		OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$18.37	\$24.25	75.8%

## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99211		OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$18.37	\$9.04	203.2%
Other Physician Services	99211	FP	OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$23.27	\$9.04	257.4%
Other Physician Services	99211	FP	OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$23.27	\$24.25	96.0%
Other Physician Services	99211	GT	OFFICE O/P EST MINIMAL PROB	Medicare Facility Rate	\$23.44	\$9.04	259.3%
Other Physician Services	99211	GT	OFFICE O/P EST MINIMAL PROB	Medicare Non-Facility Rate	\$23.44	\$24.25	96.7%
Other Physician Services	99212		OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$39.98	\$36.61	109.2%
Other Physician Services	99212		OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$39.98	\$58.35	68.5%
Other Physician Services	99212	FP	OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$49.91	\$36.61	136.3%
Other Physician Services	99212	GT	OFFICE O/P EST SF 10-19 MIN	Medicare Facility Rate	\$45.05	\$36.61	123.1%
Other Physician Services	99212	GT	OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$45.05	\$58.35	77.2%
Other Physician Services	99212	FP	OFFICE O/P EST SF 10-19 MIN	Medicare Non-Facility Rate	\$49.91	\$58.35	85.5%
Other Physician Services	99213		OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$66.78	\$93.34	71.5%
Other Physician Services	99213		OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$66.78	\$67.62	98.8%
Other Physician Services	99213	FP	OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$82.75	\$67.62	122.4%
Other Physician Services	99213	FP	OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$82.75	\$93.34	88.7%
Other Physician Services	99213	GT	OFFICE O/P EST LOW 20-29 MIN	Medicare Facility Rate	\$71.85	\$67.62	106.3%
Other Physician Services	99213	GT	OFFICE O/P EST LOW 20-29 MIN	Medicare Non-Facility Rate	\$71.85	\$93.34	77.0%
Other Physician Services	99214		OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$98.54	\$131.65	74.8%
Other Physician Services	99214		OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$98.54	\$99.41	99.1%
Other Physician Services	99214	FP	OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$121.41	\$99.41	122.1%
Other Physician Services	99214	FP	OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$121.41	\$131.65	92.2%
Other Physician Services	99214	GT	OFFICE O/P EST MOD 30-39 MIN	Medicare Facility Rate	\$103.62	\$99.41	104.2%
Other Physician Services	99214	GT	OFFICE O/P EST MOD 30-39 MIN	Medicare Non-Facility Rate	\$103.62	\$131.65	78.7%
Other Physician Services	99215		OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$131.91	\$185.18	71.2%
Other Physician Services	99215		OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$131.91	\$147.50	89.4%
Other Physician Services	99215	FP	OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$165.78	\$185.18	89.5%
Other Physician Services	99215	FP	OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$165.78	\$147.50	112.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99215	GT	OFFICE O/P EST HI 40-54 MIN	Medicare Facility Rate	\$136.98	\$147.50	92.9%
Other Physician Services	99215	GT	OFFICE O/P EST HI 40-54 MIN	Medicare Non-Facility Rate	\$136.98	\$185.18	74.0%
Other Physician Services	99217		OBSERVATION CARE DISCHARGE	Medicare Facility Rate	\$58.06	\$72.09	80.5%
Other Physician Services	99218		INITIAL OBSERVATION CARE	Medicare Facility Rate	\$54.56	\$97.74	55.8%
Other Physician Services	99219		INITIAL OBSERVATION CARE	Medicare Facility Rate	\$89.69	\$132.69	67.6%
Other Physician Services	99220		INITIAL OBSERVATION CARE	Medicare Facility Rate	\$126.17	\$179.23	70.4%
Other Physician Services	99221		INITIAL HOSPITAL CARE	Medicare Facility Rate	\$76.18	\$100.35	75.9%
Other Physician Services	99222		INITIAL HOSPITAL CARE	Medicare Facility Rate	\$104.84	\$135.38	77.4%
Other Physician Services	99223		INITIAL HOSPITAL CARE	Medicare Facility Rate	\$154.18	\$198.66	77.6%
Other Physician Services	99224		SUBSEQUENT OBSERVATION CARE	Medicare Facility/Non-Facility Rate	\$21.50	\$39.05	55.1%
Other Physician Services	99225		SUBSEQUENT OBSERVATION CARE	Medicare Facility/Non-Facility Rate	\$38.15	\$71.10	53.7%
Other Physician Services	99226		SUBSEQUENT OBSERVATION CARE	Medicare Facility/Non-Facility Rate	\$57.05	\$101.45	56.2%
Other Physician Services	99231		SUBSEQUENT HOSPITAL CARE	Medicare Facility Rate	\$31.76	\$38.69	82.1%
Other Physician Services	99232		SUBSEQUENT HOSPITAL CARE	Medicare Facility/Non-Facility Rate	\$56.84	\$71.46	79.5%
Other Physician Services	99233		SUBSEQUENT HOSPITAL CARE	Medicare Facility Rate	\$81.45	\$102.71	79.3%
Other Physician Services	99234		OBSERV/HOSP SAME DATE	Medicare Facility Rate	\$109.39	\$130.39	83.9%
Other Physician Services	99235		OBSERV/HOSP SAME DATE	Medicare Facility Rate	\$144.27	\$165.71	87.1%
Other Physician Services	99236		OBSERV/HOSP SAME DATE	Medicare Facility Rate	\$179.46	\$212.05	84.6%
Other Physician Services	99238		HOSPITAL DISCHARGE DAY	Medicare Facility/Non-Facility Rate	\$58.14	\$72.45	80.2%
Other Physician Services	99239		HOSPITAL DISCHARGE DAY	Medicare Facility Rate	\$83.44	\$105.96	78.7%
Other Physician Services	99245		OFFICE CONSULTATION	Other States' Average Rate	\$206.11	\$187.14	110.1%
Other Physician Services	99245		OFFICE CONSULTATION	Other States' Average Rate	\$206.11	\$174.21	118.3%
Other Physician Services	99281		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$17.39	\$21.94	79.3%
Other Physician Services	99282		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$32.70	\$42.48	77.0%
Other Physician Services	99283		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$52.56	\$72.16	72.8%
Other Physician Services	99284		EMERGENCY DEPT VISIT	Medicare Facility/Non-Facility Rate	\$97.20	\$121.91	79.7%
Other Physician Services	99285		EMERGENCY DEPT VISIT	Medicare Facility Rate	\$144.90	\$176.89	81.9%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99291		CRITICAL CARE FIRST HOUR	Medicare Non-Facility Rate	\$225.21	\$284.52	79.2%
Other Physician Services	99291		CRITICAL CARE FIRST HOUR	Medicare Facility Rate	\$225.21	\$218.22	103.2%
Other Physician Services	99292		CRITICAL CARE ADDL 30 MIN	Medicare Facility Rate	\$100.28	\$109.60	91.5%
Other Physician Services	99304		NURSING FACILITY CARE INIT	Medicare Facility/Non-Facility Rate	\$69.01	\$89.44	77.2%
Other Physician Services	99305		NURSING FACILITY CARE INIT	Medicare Facility/Non-Facility Rate	\$95.92	\$129.33	74.2%
Other Physician Services	99306		NURSING FACILITY CARE INIT	Medicare Facility/Non-Facility Rate	\$122.81	\$165.66	74.1%
Other Physician Services	99307		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$34.11	\$43.96	77.6%
Other Physician Services	99308		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$52.42	\$69.38	75.6%
Other Physician Services	99309		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$69.96	\$91.49	76.5%
Other Physician Services	99310		NURSING FAC CARE SUBSEQ	Medicare Facility/Non-Facility Rate	\$102.44	\$134.76	76.0%
Other Physician Services	99315		NURSING FAC DISCHARGE DAY	Medicare Facility/Non-Facility Rate	\$50.92	\$72.82	69.9%
Other Physician Services	99316		NURSING FAC DISCHARGE DAY	Medicare Facility/Non-Facility Rate	\$66.50	\$104.25	63.8%
Other Physician Services	99318		ANNUAL NURSING FAC ASSESSMNT	Medicare Facility/Non-Facility Rate	\$72.15	\$95.85	75.3%
Other Physician Services	99324		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$48.19	\$54.43	88.5%
Other Physician Services	99325		DOMICIL/R-HOME VISIT NEW PAT	Medicare Facility/Non-Facility Rate	\$69.87	\$79.32	88.1%
Other Physician Services	99326		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$113.33	\$137.77	82.3%
Other Physician Services	99327		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$147.13	\$185.31	79.4%
Other Physician Services	99328		DOMICIL/R-HOME VISIT NEW PAT	Medicare Non-Facility Rate	\$173.91	\$217.88	79.8%
Other Physician Services	99334		DOMICIL/R-HOME VISIT EST PAT	Medicare Facility/Non-Facility Rate	\$48.27	\$61.03	79.1%
Other Physician Services	99335		DOMICIL/R-HOME VISIT EST PAT	Medicare Non-Facility Rate	\$74.13	\$95.93	77.3%
Other Physician Services	99336		DOMICIL/R-HOME VISIT EST PAT	Medicare Non-Facility Rate	\$105.08	\$135.67	77.5%
Other Physician Services	99337		DOMICIL/R-HOME VISIT EST PAT	Medicare Non-Facility Rate	\$150.60	\$193.99	77.6%
Other Physician Services	99341		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$50.62	\$54.43	93.0%
Other Physician Services	99342		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$69.87	\$77.24	90.5%
Other Physician Services	99343		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$110.56	\$125.61	88.0%
Other Physician Services	99344		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$144.68	\$180.90	80.0%
Other Physician Services	99345		HOME VISIT NEW PATIENT	Medicare Non-Facility Rate	\$173.91	\$219.04	79.4%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99347		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$45.83	\$55.17	83.1%
Other Physician Services	99348		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$68.90	\$83.60	82.4%
Other Physician Services	99349		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$100.58	\$129.00	78.0%
Other Physician Services	99350		HOME VISIT EST PATIENT	Medicare Non-Facility Rate	\$140.85	\$178.42	78.9%
Other Physician Services	99354		PROLNG SVC O/P 1ST HOUR	Medicare Non-Facility Rate	\$80.27	\$129.07	62.2%
Other Physician Services	99354		PROLNG SVC O/P 1ST HOUR	Medicare Facility Rate	\$80.27	\$120.37	66.7%
Other Physician Services	99355		PROLNG SVC O/P EA ADDL 30	Medicare Non-Facility Rate	\$78.95	\$93.22	84.7%
Other Physician Services	99355		PROLNG SVC O/P EA ADDL 30	Medicare Facility Rate	\$78.95	\$84.89	93.0%
Other Physician Services	99356		PROLNG SVC I/P/OBS 1ST HOUR	Medicare Facility/Non-Facility Rate	\$73.10	\$90.78	80.5%
Other Physician Services	99357		PROLNG SVC I/P/OBS EA ADDL	Medicare Facility Rate	\$73.34	\$91.14	80.5%
Other Physician Services	99360		PHYSICIAN STANDBY SERVICES	Other States' Average Rate	\$58.51	\$54.03	108.3%
Other Physician Services	99381		INIT PM E/M NEW PAT INFANT	Other States' Average Rate	\$102.18	\$93.82	108.9%
Other Physician Services	99381		INIT PM E/M NEW PAT INFANT	Other States' Average Rate	\$102.18	\$76.87	132.9%
Other Physician Services	99382		INIT PM E/M NEW PAT 1-4 YRS	Other States' Average Rate	\$106.47	\$97.95	108.7%
Other Physician Services	99382		INIT PM E/M NEW PAT 1-4 YRS	Other States' Average Rate	\$106.47	\$80.99	131.5%
Other Physician Services	99383		PREV VISIT NEW AGE 5-11	Other States' Average Rate	\$111.07	\$85.28	130.2%
Other Physician Services	99383		PREV VISIT NEW AGE 5-11	Other States' Average Rate	\$111.07	\$101.89	109.0%
Other Physician Services	99384		PREV VISIT NEW AGE 12-17	Other States' Average Rate	\$125.56	\$114.73	109.4%
Other Physician Services	99384		PREV VISIT NEW AGE 12-17	Other States' Average Rate	\$125.56	\$98.12	128.0%
Other Physician Services	99385		PREV VISIT NEW AGE 18-39	Other States' Average Rate	\$121.93	\$115.73	105.4%
Other Physician Services	99385		PREV VISIT NEW AGE 18-39	Other States' Average Rate	\$121.93	\$95.63	127.5%
Other Physician Services	99386		PREV VISIT NEW AGE 40-64	Other States' Average Rate	\$140.66	\$134.77	104.4%
Other Physician Services	99386		PREV VISIT NEW AGE 40-64	Other States' Average Rate	\$140.66	\$111.52	126.1%
Other Physician Services	99387		INIT PM E/M NEW PAT 65+ YRS	Other States' Average Rate	\$152.86	\$145.86	104.8%
Other Physician Services	99387		INIT PM E/M NEW PAT 65+ YRS	Other States' Average Rate	\$152.86	\$112.15	136.3%
Other Physician Services	99391		PER PM REEVAL EST PAT INFANT	Other States' Average Rate	\$91.94	\$84.37	109.0%
Other Physician Services	99391		PER PM REEVAL EST PAT INFANT	Other States' Average Rate	\$91.94	\$69.58	132.1%



## Appendix B2: Professional Services Rate Ratio Results CBIZ Optumas

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99392		PREV VISIT EST AGE 1-4	Other States' Average Rate	\$98.21	\$90.16	108.9%
Other Physician Services	99392		PREV VISIT EST AGE 1-4	Other States' Average Rate	\$98.21	\$75.36	130.3%
Other Physician Services	99393		PREV VISIT EST AGE 5-11	Other States' Average Rate	\$97.89	\$89.86	108.9%
Other Physician Services	99393		PREV VISIT EST AGE 5-11	Other States' Average Rate	\$97.89	\$75.24	130.1%
Other Physician Services	99394		PREV VISIT EST AGE 12-17	Other States' Average Rate	\$107.10	\$83.82	127.8%
Other Physician Services	99394		PREV VISIT EST AGE 12-17	Other States' Average Rate	\$107.10	\$98.45	108.8%
Other Physician Services	99395		PREV VISIT EST AGE 18-39	Other States' Average Rate	\$109.41	\$101.31	108.0%
Other Physician Services	99395		PREV VISIT EST AGE 18-39	Other States' Average Rate	\$109.41	\$84.63	129.3%
Other Physician Services	99396		PREV VISIT EST AGE 40-64	Other States' Average Rate	\$116.63	\$110.33	105.7%
Other Physician Services	99396		PREV VISIT EST AGE 40-64	Other States' Average Rate	\$116.63	\$90.57	128.8%
Other Physician Services	99397		PER PM REEVAL EST PAT 65+ YR	Other States' Average Rate	\$125.56	\$117.92	106.5%
Other Physician Services	99397		PER PM REEVAL EST PAT 65+ YR	Other States' Average Rate	\$125.56	\$95.70	131.2%
Other Physician Services	99401		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$33.62	\$28.43	118.2%
Other Physician Services	99401		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$33.62	\$34.54	97.3%
Other Physician Services	99402		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$57.64	\$41.89	137.6%
Other Physician Services	99402		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$57.64	\$54.11	106.5%
Other Physician Services	99403		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$80.32	\$62.34	128.8%
Other Physician Services	99403		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$80.32	\$74.56	107.7%
Other Physician Services	99404		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$103.03	\$82.78	124.5%
Other Physician Services	99404		PREVENTIVE COUNSELING INDIV	Other States' Average Rate	\$103.03	\$95.00	108.5%
Other Physician Services	99406		BEHAV CHNG SMOKING 3-10 MIN	Medicare Facility Rate	\$12.74	\$12.11	105.2%
Other Physician Services	99406		BEHAV CHNG SMOKING 3-10 MIN	Medicare Non-Facility Rate	\$12.74	\$15.73	81.0%
Other Physician Services	99406	HD	BEHAV CHNG SMOKING 3-10 MIN	Medicare Non-Facility Rate	\$11.11	\$15.73	70.6%
Other Physician Services	99406	HD	BEHAV CHNG SMOKING 3-10 MIN	Medicare Facility Rate	\$11.11	\$12.11	91.7%
Other Physician Services	99407		BEHAV CHNG SMOKING > 10 MIN	Medicare Facility Rate	\$25.17	\$25.63	98.2%
Other Physician Services	99407		BEHAV CHNG SMOKING > 10 MIN	Medicare Non-Facility Rate	\$25.17	\$28.89	87.1%
Other Physician Services	99407	HD	BEHAV CHNG SMOKING > 10 MIN	Medicare Non-Facility Rate	\$10.79	\$28.89	37.3%



## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99408		AUDIT/DAST 15-30 MIN	Other States' Average Rate	\$32.76	\$29.18	112.3%
Other Physician Services	99408		AUDIT/DAST 15-30 MIN	Other States' Average Rate	\$32.76	\$30.43	107.7%
Other Physician Services	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$56.57	118.5%
Other Physician Services	99409		AUDIT/DAST OVER 30 MIN	Other States' Average Rate	\$67.05	\$57.36	116.9%
Other Physician Services	99411		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$15.17	\$16.52	91.8%
Other Physician Services	99412		PREVENTIVE COUNSELING GROUP	Other States' Average Rate	\$19.79	\$10.67	185.5%
Other Physician Services	99415		PROLONG CLINCL STAFF SVC	Medicare Non-Facility Rate	\$7.22	\$10.77	67.0%
Other Physician Services	99416		PROLONG CLINCL STAFF SVC ADD	Medicare Non-Facility Rate	\$4.04	\$6.16	65.6%
Other Physician Services	99441		PHONE E/M PHYS/QHP 5-10 MIN	Medicare Facility Rate	\$14.73	\$36.08	40.8%
Other Physician Services	99441		PHONE E/M PHYS/QHP 5-10 MIN	Medicare Non-Facility Rate	\$14.73	\$57.82	25.5%
Other Physician Services	99442		PHONE E/M PHYS/QHP 11-20 MIN	Medicare Facility Rate	\$28.67	\$67.35	42.6%
Other Physician Services	99442		PHONE E/M PHYS/QHP 11-20 MIN	Medicare Non-Facility Rate	\$28.67	\$93.08	30.8%
Other Physician Services	99443		PHONE E/M PHYS/QHP 21-30 MIN	Medicare Facility Rate	\$41.94	\$99.41	42.2%
Other Physician Services	99443		PHONE E/M PHYS/QHP 21-30 MIN	Medicare Non-Facility Rate	\$41.94	\$131.65	31.9%
Other Physician Services	99460		INIT NB EM PER DAY HOSP	Medicare Facility/Non-Facility Rate	\$89.64	\$95.42	93.9%
Other Physician Services	99461		INIT NB EM PER DAY NON-FAC	Medicare Non-Facility Rate	\$93.21	\$94.95	98.2%
Other Physician Services	99462		SBSQ NB EM PER DAY HOSP	Medicare Facility Rate	\$39.90	\$42.19	94.6%
Other Physician Services	99463		SAME DAY NB DISCHARGE	Medicare Facility/Non-Facility Rate	\$108.61	\$110.30	98.5%
Other Physician Services	99464		ATTENDANCE AT DELIVERY	Medicare Facility/Non-Facility Rate	\$67.29	\$74.91	89.8%
Other Physician Services	99465		NB RESUSCITATION	Medicare Facility/Non-Facility Rate	\$139.97	\$145.94	95.9%
Other Physician Services	99468		NEONATE CRIT CARE INITIAL	Medicare Facility Rate	\$884.38	\$918.76	96.3%
Other Physician Services	99469		NEONATE CRIT CARE SUBSQ	Medicare Facility Rate	\$409.05	\$398.00	102.8%
Other Physician Services	99471		PED CRITICAL CARE INITIAL	Medicare Facility Rate	\$810.03	\$795.47	101.8%
Other Physician Services	99472		PED CRITICAL CARE SUBSQ	Medicare Facility Rate	\$381.14	\$405.39	94.0%
Other Physician Services	99475		PED CRIT CARE AGE 2-5 INIT	Medicare Facility Rate	\$546.43	\$571.43	95.6%
Other Physician Services	99476		PED CRIT CARE AGE 2-5 SUBSQ	Medicare Facility Rate	\$330.36	\$342.75	96.4%
Other Physician Services	99477		INIT DAY HOSP NEONATE CARE	Medicare Facility Rate	\$329.07	\$347.91	94.6%

## Appendix B2: Professional Services Rate Ratio Results **CBIZ Optumas**

Physician Service	Procedure Code	Modifier	Procedure Description	Benchmark Source	Colorado Rate	Benchmark Rate	Rate Ratio
Other Physician Services	99478		IC LBW INF < 1500 GM SUBSQ	Medicare Facility Rate	\$130.52	\$137.26	95.1%
Other Physician Services	99479		IC LBW INF 1500-2500 G SUBSQ	Medicare Facility Rate	\$118.35	\$125.08	94.6%
Other Physician Services	99480		IC INF PBW 2501-5000 G SUBSQ	Medicare Facility Rate	\$113.96	\$119.90	95.0%
Other Physician Services	99485		SUPRV INTERFACILITY TRANSPORT	Other States' Average Rate	\$73.47	\$68.45	107.3%
Other Physician Services	99486		SUPRV INTERFAC TRNSPORT ADDL	Other States' Average Rate	\$63.93	\$59.26	107.9%
Other Physician Services	99497		ADVNC D CARE PLAN 30 MIN	Medicare Non-Facility Rate	\$41.99	\$86.14	48.7%
Other Physician Services	99497		ADVNC D CARE PLAN 30 MIN	Medicare Facility Rate	\$41.99	\$78.17	53.7%
Other Physician Services	J7321		HYALGAN SUPARTZ VISCO-3 DOSE	Other States' Average Rate	\$80.04	\$75.94	105.4%
Other Physician Services	J7323		EUFLEXA INJ PER DOSE	Other States' Average Rate	\$141.04	\$135.24	104.3%
Other Physician Services	J7324		ORTHOVISC INJ PER DOSE	Other States' Average Rate	\$137.71	\$147.75	93.2%
Other Physician Services	J7325		SYNVISC OR SYNVISC-ONE	Other States' Average Rate	\$13.36	\$10.43	128.1%
Other Physician Services	J7327		MONOVISC INJ PER DOSE	Other States' Average Rate	\$1,011.65	\$762.80	132.6%
Other Physician Services	S0265		GENETIC COUNSEL 15 MINS	Other States' Average Rate	\$16.15	\$16.12	100.2%