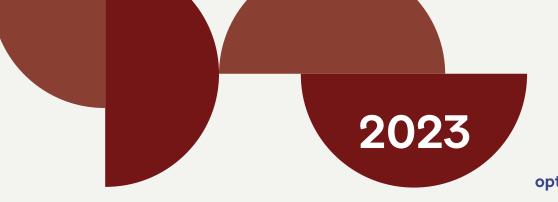


# Dental Customized Fee Analyzer

Fee information for your area



optumcoding.com

### Dental Customized Fee Analyzer

Dental fee information for your area

### **CUSTOMIZED REPORT FOR:**

DCFA Sample Oral Maxillofacial Surgery (OMS) and Dental

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### Using the Analyzer

In the introduction, a number of applications were listed to illustrate ways that the *Analyzer* data might be used. In this section some of these applications are described in more depth. However, before beginning this analysis and adjusting fees, consider the following:

- 1. How will the new fees compare with what payers are willing to reimburse?
- 2. How will patients react to a change in charges?
- 3. Do the new fees accurately reflect the cost and worth of services?
- 4. Realize that reimbursement may be restricted by Preferred Provider Organization (PPO) and Health Maintenance Organization (HMO) contracts, as well as Medicare and workers' compensation fee schedules.
- 5. Because the percentiles in the *Analyzer* are based on a Geozip (the first three digits or groups of the first three digits of ZIP codes), assess how the practice's charging patterns relate to others in this area.

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

Initially, compare a few most frequently reported services to get an idea of how current fees compare to others in the area. Compare the data to all seven percentiles or, initially, select only two or three percentiles.

#### Step One

Select procedure codes for all types of services performed, including dental, evaluation and management, surgery, radiology, laboratory, and medicine.

#### Step Two

Using a spreadsheet, list the following items in separate columns:

Column 1	Code
Column 2	Current fee
Column 3	Medicare allowable if appropriate
Columns 4–10	Analyzer fees at the 50th, 60th, 75th, 80th, 85th, 90th and 95th
	percentiles

# **Professional & Technical Splits of Global Services**

The Table of Professional & Technical Splits of Global Services is specific to CPT and is provided to help determine the professional and technical component amounts from the global fees listed in the *Analyzer*. The PC/TC percentages in the following table have been used to determine the amounts for those services with modifiers in the MOD column: G (global fee), TC (technical component), and 26 (professional component).

The fee data in the *Analyzer* displays percentiles for professional and technical components based on data sources including FAIR Health. These data are effective as of November 2020 and are subject to change. This information is intended only as a guideline and should not be interpreted as absolutely representative of PC/TC splits prevalent in a given geographic area. Variations may occur in certain geographic areas due to local billing patterns, changing technologies, sophistication and expense of equipment, and site of service. If you wish to apply different PC/TC splits to the data, instructions are included in the section "To Determine a PC/TC Split."

#### **Giobal Service Components**

A global service is one in which the health care professional provides the entire service, including equipment, supplies, technical personnel, and the provider's professional services. The global service can then be divided into professional and technical components, expressed as percentages of the global amount.

#### Professional Component

The professional component represents all of the health care professional's work in providing the service. It encompasses the examination of the patient, when indicated, the performance and/or supervision of the procedure, and consultation with a referring health care professional when appropriate. Costs for education, malpractice insurance, and other expenses incident to maintaining a practice are also included in the professional component.

The professional component of the global service is listed in the Table of Professional & Technical Splits of Global Services as PC. The professional component is identified with modifier 26 in the *Analyzer* data. The CPT book includes modifier 26 to identify the physician component of a global service for billing purposes. Guidelines for using this modifier are listed in appendix A of the CPT book.

#### Optum Customized Fee Analyzer Oral Maxillofacial Surgery (OMS) and Dental (85AK) US Zip Codes 841##

Description	BR	Allowable	Area 50th	Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH			167	183	211	229	257	291	322
ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD			657	719	830	900	1,012	1,144	1,267
ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT			313	342	395	429	482	545	603
GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD			595	650	751	815	916	1,035	1,146
GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD			344	377	435	472	530	599	663
APICALLY POSITIONED FLAP			438	479	<b>5</b> 53	600	675	763	844
CLINICAL CROWN LENGTHENING - HARD TISSUE			652	713	823	893	1,004	1,135	1,256
OSSEOUS SURG 4/> CNTIG TEETH QUAD			991	1,084	1,251	1,358	1,526	1,725	1,910
OSSEOUS SURG 1-3 CNTIG TEETH QUAD			532	582	672	729	819	926	1,025
BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT			355	388	448	486	546	617	684
BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT			303	331	382	414	466	527	583
BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN	Y		0	0	0	0	0	0	0
GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE			365	399	461	500	562	636	704
GUID TISSUE REGEN - NONRESORB BARRIER PER SITE			470	513	593	643	723	817	905
SURGICAL REVISION PROCEDURE PER TOOTH	Y		0	0	0	0	0	0	0
PEDICLE SOFT TISSUE GRAFT PROCEDURE			704	770	889	965	1,085	1,226	1,357
AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT			861	941	1,087	1,179	1,326	1,498	1,659
MESIAL OR DISTAL WEDGE PROCEDURE			488	534	616	669	752	850	941
NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT			647	707	817	886	996	1,126	1,246
COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH			965	1,056	1,219	1,322	1,486	1,680	1,860
FREE SOFT TISSUE GRAFT, 1ST TOOTH/ IMPLANT			730	799	922	1,000	1,125	1,271	1,407
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	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD APICALLY POSITIONED FLAP CLINICAL CROWN LENGTHENING - HARD TISSUE OSSEOUS SURG 4/> CNTIG TEETH QUAD OSSEOUS SURG 4/> CNTIG TEETH QUAD BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE SURGICAL REVISION PROCEDURE PER TOOTH PEDICLE SOFT TISSUE GRAFT PROCEDURE AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT MESIAL OR DISTAL WEDGE PROCEDURE NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT COMB CNCTIVE TISSUE& CRAFT PER TOOTH	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD APICALLY POSITIONED FLAP CLINICAL CROWN LENGTHENING - HARD TISSUE OSSEOUS SURG 4/> CNTIG TEETH QUAD OSSEOUS SURG 4/> CNTIG TEETH QUAD BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE GUID TISSUE REGEN - NONRESORB BARRIER PER SITE SURGIOAL REVISION PROCEDURE PER TOOTH Y PEDICLE SOFT HISSUE GRAFT PROCEDURE AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT MESIAL OR DISTAL WEDGE PROCEDURE NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT COMB CNCTIVE TISSUE&BDL PEDICLE GRAFT PER TOOTH	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD APICALLY POSITIONED FLAP CLINICAL CROWN LENGTHENING - HARD TISSUE OSSEOUS SURG 4/> CNTIG TEETH QUAD OSSEOUS SURG 4/> CNTIG TEETH QUAD BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE GUID TISSUE REGEN - NONRESORB BARRIER PER SITE SURGICAL REVISION PROCEDURE PER TOOTH PEDICLE SOFT TISSUE GRAFT PROCEDURE AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT MESIAL OR DISTAL WEDGE PROCEDURE NONAUTGNS CONECTV TISSUE GRFT 1ST TOOTH/IMPLANT COMB CNCTIVE TISSUE& GRFT 1ST TOOTH/IMPLANT	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH 167   ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD 657   ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT 313   GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD 596   GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD 344   APICALLY POSITIONED FLAP 438   CLINICAL CROWN LENGTHENING - HARD TISSUE 652   OSSEOUS SURG 4/> CONTIG TEETH QUAD 991   OSSEOUS SURG 1-3 CNTIG TEETH QUAD 532   BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT 355   BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT 303   BIOLOGIC MATERIALS AID SOFT&OSSEOUS TIPSUE REGEN Y 0   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 365 365   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 365 365   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 366 361   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 366 361   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 366 361   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 365 365   GUID TISSUE REGEN - NONRESORB BARRIER PER SITE 366 361   GUID TISSU	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH167183ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD657719ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT313342GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD595650GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD344377APICALLY POSITIONED FLAP438479CLINICAL CROWN LENGTHENING - HARD TISSUE652713OSSEOUS SURG 4/> CNTIG TEETH QUAD532582BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT303331BIOLOGIC MATERIALS AND SOFT&OSSEOUS TISSUE REGENY0GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE365399GUID TISSUE REGEN - NONRESORB BARRIER PER SITE704770AUTOGNS CONECTIVE TISSUE GRAFT 1ST TOOTH/IMPLANT861941MESIAL OR DISTAL WEDGE PROCEDURE488534NONAUTGNS CONECTIVE TISSUE GRAFT PER TOOTH9651,056	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH167183211ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD657719830ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT313342395GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD595650751GINGL FLP PROC 1-3 CONTIG/TOOTH BOUND SPACE-QUAD344377435APICALLY POSITIONED FLAP438479553CLINICAL CROWN LENGTHENING - HARD TISSUE652713323OSSEOUS SURG 4/> CNTIG TEETH QUAD532582672BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT303331382BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGENY00GUID TISSUE REGEN - NONRESORB BARRIER PER SITE365399461GUID TISSUE REGEN - NONRESORB BARRIER PER SITE470513593SURG CAL REVISION PROCEDURE PER TOOTHY000PEDICLE SOFT TISSUE GRAFT PROCEDURE704770889AUTOGNS CONECTIVE TISSUE GRFT 1ST TOOTH/IMPLANT6411,0871,086NONAUTGNS CONECTIVE TISSUE GRAFT PROCEDURE488534616NONAUTGNS CONECTIVE TISSUE GRAFT SIT TOOTH/IMPLANT647707817COMB CNCTIVE TISSUE&BL PEDICLE GRAFT PER TOOTH9651,0561,219	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH   167   183   211   229     ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD   657   719   830   900     ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUAD   595   650   751   815     GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD   344   377   435   472     APICALLY POSITIONED FLAP   438   479   553   600     CLINICAL CROWN LENGTHENING - HARD TISSUE   652   713   823   893     OSSEOUS SURG 1-3 CNTIG TEETH QUAD   532   582   672   729     BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT   303   331   382   414     BIOLOGIC MATERIALS AND SOFTAOSSEOUS TISSUE REGEN   Y   0   0   0   0     GUID TISSUE REGEN - NONRESORB BARRIER PER SITE   365   399   461   500   0	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH   167   183   211   229   257     ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD   657   719   830   900   1.012     ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUAD   313   342   395   429   482     GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD   314   377   435   472   530     APICALLY POSITIONED FLAP   438   479   553   600   675     CLINICAL CROWN LENGTHENING - HARD TISSUE   652   713   823   893   1,004     OSSEOUS SURG 4/> CNTIG TEETH QUAD   532   582   672   729   819     BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRAIT   335   388   448   486   546     BOLOGIC MATERIALS AID SOFTAOSSEOUS TINESUE REGEN   Y   0   0   0   0     GUID TISSUE REGEN - NONRESORI BARRIER PER BITE   365   399   461   500   562     GUID TISSUE REGEN - NONRESORI BARRIER PER BITE   365   399   461   500   562 <td< td=""><td>GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH   167   183   211   229   257   291     ANAT CROWN EXP 4/&gt; CONTIGUOUS TEETH PER QUAD   657   719   830   900   1,012   1,144     ANATOMICAL CROWN EXP 4/&gt; CONTIG/TOOTH BOUND SPACE-QUAD   313   342   395   429   482   545     GINGL FLP PROC 4/&gt; CONTIG/TOOTH BOUND SPACE-QUAD   544   377   435   472   530   599     APICALLY POSITIONED FLAP   438   479   563   600   675   763     CLINICAL CROWN LENGTHENING - HARD TISSUE   652   713   823   893   1,004   1,135     OSSEOUS SURG 4/&gt; CNTIG TEETH QUAD   532   562   672   729   819   926     BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT   303   331   382   414   466   527     BIOLOGIC MATERIALS AND SOFT&amp;OSSEOUS TISSUE REGEN   Y   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0<!--</td--></td></td<>	GINGIVECT/PLSTY FOR ACCESS RESTORATION PER TOOTH   167   183   211   229   257   291     ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD   657   719   830   900   1,012   1,144     ANATOMICAL CROWN EXP 4/> CONTIG/TOOTH BOUND SPACE-QUAD   313   342   395   429   482   545     GINGL FLP PROC 4/> CONTIG/TOOTH BOUND SPACE-QUAD   544   377   435   472   530   599     APICALLY POSITIONED FLAP   438   479   563   600   675   763     CLINICAL CROWN LENGTHENING - HARD TISSUE   652   713   823   893   1,004   1,135     OSSEOUS SURG 4/> CNTIG TEETH QUAD   532   562   672   729   819   926     BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT   303   331   382   414   466   527     BIOLOGIC MATERIALS AND SOFT&OSSEOUS TISSUE REGEN   Y   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0   0 </td

Code MOD Su	b Description	BR	Medicare Allowable		Area 60th	Area 75th	Area 80th	Area 85th	Area 90th	Area 95th
D6600	RETAINER INLAY - PORCELAIN/CERAMIC TWO SURFACES			703	731	790	798	821	838	869
D6601	RETAINER INLAY - PORC/CERAMIC 3 OR MORE SURFACES			737	767	828	837	861	879	911
D6602	RETAINER INLAY CAST HIGH NOBLE METAL 2 SURFACES			751	782	844	852	877	896	928
D6603	RETAINR INLAY - CAST HI NOBLE METAL 3/MORE SURFS			826	860	929	938	965	985	1,021
06604	RETAINER INLAY - CAST PREDOM BASE METAL 2 SURFS			736	766	827	835	859	878	910
D6605	RTAINR INLAY - CAST PREDOM BASE MTL 3/MORE SURFS			780	812	877	885	911	930	964
06606	RETAINER INLAY - CAST NOBLE METAL TWO SURFACES			725	754	814	822	846	864	895
06607	RETNR INLAY CAST NOBLE METAL 3 OR MORE SURFACES			804	836	903	912	938	958	993
06608	RETAINER ONLAY - PORCELAIN/CERAMIC TWO SURFACES			764	795	859	867	892	911	944
06609	RETAINER ONLAY PORCELAIN/CERAMIC 3/MORE SURFACES			797	830	896	905	931	951	985
06610	RETAINER ONLAY - HIGH NOBLE METAL TWO SURFACES			810	843	910	919	946	966	1,001
06611	RETAINER ONLAY HIGH NOBLE METAL 3/MORE SURFACES			887	922	996	1,006	1,035	1,057	1,095
06612	RETAINER ONLAY CAST PREDOM BASE METAL 2 SURFACES			806	839	906	915	941	961	996
06613	RETNR ONLAY CAST PREDOM BASE METAL 3/MORE SURFS			843	876	947	956	983	1,004	1,041
D6614	RETAINER ONLAY - CAST NOBLE METAL TWO SURFACES			789	821	886	895	921	940	975
06615	RETNR ONLAY CAST NOBLE METAL 3 OR MORE SURFACES			820	853	921	930	957	978	1,013
06624	RETAINER INLAY - TITANIUM			751	782	844	852	877	896	928
06634	RETAINER ONLAY - TITANIUM			789	821	886	895	921	940	975
06710	RETAINER CROWN - INDIRECT RESIN BASED COMPOSITE			805	837	904	913	940	960	995
06720	RETAINER CROWN - RESIN WITH HIGH NOBLE METAL			939	977	1,055	1,066	1,096	1,120	1,160
06721	RETAINER CROWN - RESIN WITH PREDOM BASE METAL			891	927	1,001	1,011	1,040	1,062	1,101