



Benchmarks

A Rich Source to Inform Decision Making

A rich, reliable source of health insurance claims information is the key to success when managing risk, administering provider networks, adjudicating out-of-network claims, designing benefits and analyzing market trends. Informing strategic decisions with FH Benchmarks can enhance initiatives and promote cost efficiencies, resulting in returns that far outweigh the investment. FH Benchmarks are created from the FAIR Health database, which contains billions of healthcare claims from payors and administrators who insure or process claims for private insurance plans.

FH Benchmarks	Description	FH® Charge Benchmarks	FH® Allowed Benchmarks
Medical	Arrayed by Current Procedural Terminology (CPT®) ¹ codes for evaluation and management (E&M), medical, surgical, radiology, laboratory and pathology procedures.	●	●
Dental	Arrayed by Current Dental Terminology (CDT®) ² codes for dental procedures.	●	●
Anesthesia	Arrayed by CPT, anesthesia and surgical procedure codes.	●	●
HCPCS	Arrayed by Level II Healthcare Common Procedure Coding System (HCPCS) codes and billed by a provider's office, durable medical equipment (DME) company or other entity that is not a facility, for products, supplies and services generally not included in CPT codes. HCPCS categories include ambulance services, physician-administered drugs, DMEs, prosthetics, orthotics and supplies.	●	●
Medical GapFill	Arrayed by Category III CPT codes (temporary codes for emerging technologies, services, procedures and service paradigms), Proprietary Laboratory Analyses (PLA) codes and Multianalyte Assays with Algorithmic Analyses (MAAA) administrative codes.	●	
Urgent Care	Arrayed by CPT and HCPCS codes at geozip, state, regional or national levels for services performed in an urgent care setting.	●	
Telehealth	Arrayed by CPT and HCPCS codes at geozip, state, regional or national levels for services performed in a telehealth setting.	●	●
Inpatient Facility DRG	Arrayed by diagnosis-related group (DRG) codes for services performed in a hospital inpatient setting.	●	
Inpatient Facility ICD Proc/Rev	Arrayed by International Classification of Diseases (ICD)-10 procedure codes associated with a set of values based on revenue codes.	●	●
Outpatient Facility	Arrayed by CPT codes for services performed in a hospital outpatient setting.	●	●
ASC Facility	Arrayed by CPT and HCPCS codes at geozip, state, regional or national levels for ambulatory surgery center (ASC) facility-specific claims.	●	●
HCPCS Facility	Arrayed by Level II HCPCS codes for products, supplies and services billed by a facility and generally not included in CPT codes.	●	



Contact us for help in selecting the
FH® Benchmarks or
FH® Custom Analytics
that meet your needs:

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855-301-FAIR (3247)



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² Current Dental Terminology © American Dental Association (ADA). All rights reserved.

A Sound Methodology

To create the FH Benchmarks, we organize the claims data we receive by procedure code and geographic area. We group our data into 493 geozips—geographic areas typically based on the first three digits of a zip code or group of zip codes. FAIR Health employs a statistical outlier methodology to exclude any extremely low and extremely high values that might otherwise distort the distribution of data. All of our benchmarks are based on a recent 12-month window of claims and are refreshed every 6 months.

FH Benchmarks

FAIR Health uses two methodologies to create FH Benchmarks:

- **Actual methodology.** When there is a sufficient number of values for a procedure in a geozip, actual values reported on claims for procedure code/geozip combinations are arrayed from lowest to highest to determine percentiles. A percentile is a position in a distribution of values below which a specified percentage of the values fall. For example, in a distribution of 100 values, 70 percent of the values are equal to or below the value in the 70th position—the 70th percentile.
- **Derived methodology.** When data do not meet frequency and validation thresholds, percentiles may be derived mathematically.

FH Charge Benchmarks

Geozip	CPT Code	Description	Mean (Avg.)	Mode	Percentiles							
					50th	60th	70th	75th	80th	85th	90th	95th
631	99213	Office Outpatient Visit – 15 minutes	\$113	\$112	\$112	\$116	\$125	\$125	\$130	\$135	\$143	\$150

FH Allowed Benchmarks

Geozip	CPT Code	Description	Mean (Avg.)	Percentiles							
				50th	60th	70th	75th	80th	85th	90th	95th
631	99285	ED Visit – High Severity	\$298	\$290	\$290	\$290	\$296	\$300	\$341	\$458	\$465

FAIR Health is a national, independent nonprofit qualifying as a public charity under section 501(c)(3) of the federal tax code. Its mission is to bring transparency to healthcare costs and health insurance information through comprehensive data products, consumer resources and support for health systems research, all powered by the nation's largest collection of private health insurance claims data. FAIR Health is not affiliated with any governmental agency, insurer or other organization in the healthcare sector.

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