

Conversion Factor Evaluations

Service Category	Code Ranges	ID WC 2024 MFS Conversion Factor	Medicare Conversion Factors	ID WC Con Ftc % of Medicare's	Proposal	Proposed as a % of Medicare
Anesthesia	00000-09999	\$ 60.33	\$ 18.75	322%	\$ 37.50	200%
Surgery #1	22000-22999, 23000-24999, 25000-27299, 27300-27999, 29800-29999, 61000-61999, 62000-62259, 63000-63999	\$ 135.00	\$ 32.74	412%	\$ 88.54	270%
Surgery #2	28000-28999, 645	\$ 124.00	\$ 32.74	379%	\$ 88.54	270%
Surgery #3	1000-19999, 20000-21999, 29000-29799, 30000- 59999,60000-	\$ 88.54	\$ 32.74	270%	\$ 88.54	270%
Radiology	70000-79999	\$ 88.54	\$ 32.74	270%	\$ 88.54	270%
Pathology & Clinical Laboratory	80000-89999					200% of CLFS
Medicine #1	90000-90749, 94000-94999, 97000- 97799,97800- 98999	\$ 49.00	\$ 32.74	33%	\$ 51.00	156%
Medicine #2	90750- 92999,93000- 93999, 95000- 96020, 96040-	\$ 70.00	\$ 32.74	53%	\$ 72.00	220%

Conversion Factor Category	Units Billed	Charges	% of Billed Charges	2024 ID WC Max Fees	% of Total 2024 Maximum \$	Proposed \$	% of Total Proposed \$
PM&R = 7	13629.43	\$ 713,722.46	34%	\$ 595,847.43	38%	\$ 619,311.03	40%
E/M = 8	2548	\$ 635,607.49	30%	\$ 559,014.40	35%	\$ 574,986.24	37%
Surgery = 2	293	\$ 371,118.13	18%	\$ 219,894.97	14%	\$ 166,420.67	11%
Radiology = 3	609	\$ 213,827.11	10%	\$ 70,417.76	4%	\$ 70,626.39	5%
Medicine = 6	495	\$ 84,536.42	4%	\$ 83,979.62	5%	\$ 87,785.66	6%
CLFS =4	224	\$ 31,340.86	2%	\$ 25,710.18	2%	\$ 8,780.16	1%
Dental	42	\$ 24,372.00	1%	\$ 24,372.00	2%	\$ 24,372.00	2%

Assessment of and Proposed fees for DMEPOS , Injectables in physicians offices, and Fees for Physicians performing Impairment Ratings

Fee Category	Units	Charges	ID WC MFS 2024	Proposed \$	% of Billed Charges	% of Proposed \$
RX	8470	\$ 84,536.42	\$ 83,979.62	\$ 83,979.62	99%	99%
Supply	20	\$ 6,366.36	\$ 6,289.44	\$ 6,289.44	99%	99%
DMEPOS	4817	\$ 349,477.29	\$ 220,077.43	\$ 220,077.43	63%	63%
Drug J =9	1916	\$ 17,077.94	\$ 14,656.97	\$ 8,260.84	86%	48%
Impair	101	\$ 113,928.00	\$ 108,858.20	\$ 88,369.40	96%	78%

**Outpatient Ambulatory Surgery Center (ASC), Acute Care Hospital, CAH, and Clinic
Assessment and Proposed fees**

	Medicare	ID WC 2024 ASC	ASC & Acute Care Hospital % of Medicare	Proposed ID WC 2025 ASC ,Acute Care hospital and CAH	Proposed ASC, Acute Care Hospital and CAH % of Medicare
ASC	\$ 53,514	\$ 91,500	171%	\$ 93.33	174%
Acute Care Hospital	\$ 87,488	\$ 140.75	161%	\$ 143.57	164%
CAH	"Cost" by MAC	\$ 93.33	90% of Billed Charges	\$ 172.28	197%
Clinic (G0463)	\$ 125.95	202.88	232%	\$ 75.00	86%

ASC

Line Category	Units	Charges	% of Billed Charges	24 ASC MFS \$	% of ID WC MFS\$	Proposed \$	% of 24 ASC ID MFS \$
Surgery	47	\$ 369,321.24	83%	\$ 266,270.43	83%	\$ 200,672.38	63%
Implants	63	\$ 52,428.14	12%	\$ 53,399.28	17%	\$ -	
Radiology	3	\$ 4,615.00	1%	\$ 244.47	0%	\$ -	
Drug	1862	\$ 6,055.33	1%	\$ -	0%	\$ -	
Supply	1	\$ -	0%	\$ -	0%	\$ -	
DMEPOS	9	\$ 14,700.00	3%	\$ -	0%	\$ -	
Totals	1985	\$ 447,119.71		\$ 319,914.18		\$ 200,672.38	

Outpatient Hospital ERD & Surgery & Clinic Facility fees

Billed Line Level Category	Count	Charges	% of Billed Charges	24 ID WC MFS \$	Proposal #1	Notes
Surgery	94	\$ 1,356,006.87	49%	\$ 1,105,373.17	\$ 889,024.61	Allowed at APC \$ except if the Surgery code had a J1 I allowed only the surgery code \$ value.
"Bundled"		\$ 616,292.92	22%	\$ -	\$ -	N" status codes
Implants		\$ 419,844.38	15%	\$ 75,557.49	\$ -	Implants are included in the APC \$ unless the code is a "pass through"
Radiology	9	\$ 164,979.62	6%	\$ 46,312.35	\$ 44,029.76	Allowed using Medicare's RVU x the \$88.54+2% increase
Diagnostic/Medicin	11	\$ 44,131.19	2%	\$ 22,238.92	\$ 21,768.20	Allowed at APC \$
ERD3	34	\$ 30,696.07	1%	\$ 15,763.94	\$ 15,185.93	Allowed at APC \$
ERD5	14	\$ 29,951.63	1%	\$ 13,800.59	\$ 14,076.61	Allowed at APC \$
Lab	1	\$ 24,345.74	1%	\$ 17,975.43	\$ 4,562.64	Allowed using Medicare's CLFS
ERD4	17	\$ 21,556.91	1%	\$ 12,915.02	\$ 12,479.99	Allowed at APC \$
CAH	3	\$ 16,665.72	1%	\$ 14,974.40	\$ 4,630.23	Allowed at a Higher rate than the Acute Care Facility
Clinic	57	\$ 8,967.00	0%	\$ 8,749.88	\$ 6,665.15	Allowed at \$75.00
ERD2	9	\$ 4,473.30	0%	\$ 2,259.00	\$ 2,304.18	Allowed at APC \$
ERD91	1	\$ 4,267.00	0%	\$ 1,361.85	\$ 1,389.09	Allowed at APC \$
PM&R		\$ 1,145.00	0%	\$ 858.75	\$ 646.80	Allowed at APC \$ except if the PM&R code had a J1 I allowed only the pm&r code \$ value.
Pathology	0	\$ 748.69	0%	\$ 662.55	\$ 534.75	Allowed using Medicare's RVU x the \$88.54+2% increase
Drug Pass		\$ 700.12	0%	\$ 97.55	\$ 99.50	Allowed as passthrough
DMEPOS		\$ 457.15	0%	\$ 342.86	\$ 795.43	Allowed at the Professional RBRVS \$ as an "A" status code.
Totals	249	\$ 2,745,229.31	100%	\$ 1,339,243.76	\$ 1,018,192.88	

Inpatient Hospital Facility Assessment

Bill Category	Count of Bills	Charges	Allowed\$	% of billed charges	Notes
Revenue Code 278		\$ 215,287.11	\$ 26,135.47	12%	None of the bills qualified for separate payment
CAH	3	\$ 50,653.00	\$ 45,587.70	90%	Keep the same
Total MSDRG \$	11	\$ 550,424.17	\$ 244,613.33	44%	Keep the same
Totals	14	\$ 816,364.28	\$ 316,336.50	39%	