

We're happy to bring you the results of our annual **FEE SCHEDULE SURVEY** — the only national examination of how much physicians are paid for common services by payers.

This 2014 survey includes respondents from every part of the country and in every specialty. Respondents told us how much they

earn, on average, for the major diagnostic codes for new and established patients, as well as for some common procedure codes. Private payers won't publicly disclose what they pay and practices are prohibited by antitrust law from sharing rate information directly with each other. Instead, you tell us how much you are being paid, then we aggregate the data and report it here — so you can compare your rates with those of your peers.



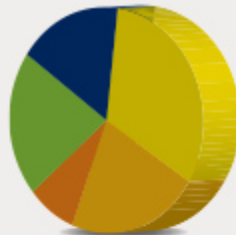
TOTAL SURVEY RESPONDENTS  
**1,613**

**DEMOGRAPHICS**



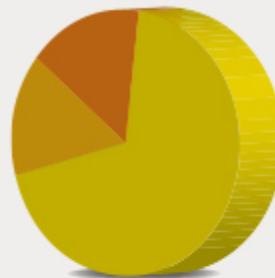
**region**

- Mid-Atlantic (12%)
- Plains & Rockies/ North Central (15%)
- Northeast (17%)
- West (14%)
- South Central (12%)
- Southeast (14%)
- N/A (16%)



**area of practice**

- Primary Care (FP, GP, IM, PED, OB/GYN) (32%)
- Medical Specialty (22%)
- Surgical Specialty (8%)
- Other (21%)
- N/A (17%)



**type of practice**

- Independent (69%)
- Hospital or health system owned (15%)
- N/A (16%)



**group size**

- 1 physician (33%)
- 2 to 5 physicians (32%)
- 6 to 10 physicians (8%)
- 11 to 20 physicians (5%)
- More than 20 physicians (6%)
- N/A (16%)

2014 **FEE SCHEDULE SURVEY**

**AVERAGE COMMERCIAL REIMBURSEMENT BY REGION**

Here are the average reimbursement rates for the most common diagnostic codes, broken down by region. The numbers here reflect the information provided by our survey respondents, not by private and public payers.

		Mid-Atlantic	Northeast	Plains & Rockies/ North Central	West	South Central	Southeast	*Average
<b>NEW PATIENT VISITS</b>	99201	\$55.20	\$69.80	\$67.60	\$66.60	\$64.80	\$66.10	\$65.90
	99202	\$82.90	\$77.40	\$85.00	\$85.40	\$77.20	\$80.20	\$81.30
	99203	\$101.40	\$95.00	\$111.00	\$105.70	\$94.80	\$100.30	\$101.30
	99204	\$127.30	\$123.30	\$138.70	\$133.10	\$128.90	\$131.20	\$130.20
	99205	\$149.50	\$133.30	\$153.60	\$148.20	\$149.60	\$149.70	\$147.30
<b>EXISTING PATIENT VISITS</b>	99211	\$43.10	\$44.30	\$40.60	\$53.70	\$49.70	\$41.80	\$46.40
	99212	\$55.70	\$52.70	\$57.40	\$64.30	\$60.60	\$50.30	\$57.10
	99213	\$73.70	\$76.40	\$76.70	\$83.40	\$76.80	\$76.30	\$77.30
	99214	\$96.50	\$95.80	\$102.60	\$108.80	\$102.50	\$94.00	\$99.90
	99215	\$120.70	\$110.10	\$121.20	\$128.30	\$121.20	\$117.40	\$120.50

\*Average includes survey respondents who did not indicate regional location and/or area of practice.

2014 **FEE SCHEDULE SURVEY**

**AVERAGE COMMERCIAL REIMBURSEMENT BY SPECIALTY**

Here are the average reimbursement rates for the most common diagnostic codes, broken down by specialty. The numbers here reflect the information provided by our survey respondents, not by private and public payers.

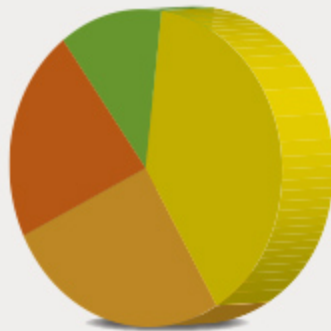
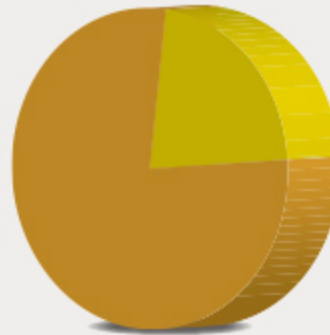
		Primary Care	Medical Specialty	Surgical Specialty	*Average
<b>NEW PATIENT VISITS</b>	99201	\$59.20	\$73.40	\$72.90	\$65.90
	99202	\$77.80	\$86.00	\$87.50	\$81.30
	99203	\$98.90	\$104.60	\$109.30	\$101.30
	99204	\$125.30	\$140.60	\$133.60	\$130.20
	99205	\$140.90	\$161.70	\$147.70	\$147.30
<b>EXISTING PATIENT VISITS</b>	99211	\$42.80	\$50.10	\$48.30	\$46.40
	99212	\$54.70	\$61.90	\$60.30	\$57.10
	99213	\$75.30	\$81.20	\$78.30	\$77.30
	99214	\$96.80	\$108.10	\$97.10	\$99.90
	99215	\$118.90	\$128.10	\$120.60	\$120.50

\*Average includes survey respondents who did not indicate regional location and/or area of practice.

## VOLUME TO VALUE 2014

Do you expect that any of your revenue in 2014 will come via contracts that were non fee-for-service (for example, capped global payments for seeing patients for a fixed period of time, regardless of the actual service rendered)?

■ Yes (22.9%) ■ No (77.1%)



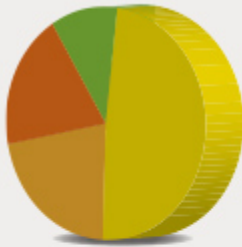
What percentage of your 2014 revenue do you expect to come through such non fee-for-service contracts?

■ Less than 10% (39.6%)  
 ■ 11%-25% (26.4%)  
 ■ 26%-50% (22%)  
 ■ More than 50% (12%)

## PAYMENTS/ PROCEDURES

Here are the most commonly billed procedures and the corresponding reimbursement rates, according to our survey.

PROCEDURE CODE	DESCRIPTION	AVERAGE REIMBURSEMENT RATE
99213	Level 3, established office visit	\$71.92
99214	Level 4, established office visit	\$94.96
99204	Level 4, new patient visit	\$133.71
99215	Level 5, established office visit	\$103.29
90833	Psychotherapy, 30 minutes w/ patient and/or family	\$53.16
99212	Level 2, established office visit	\$55.82
90792	Psychiatric diagnostic exam w/ medical services	\$188.27
36415	Routine venipuncture	\$4.60

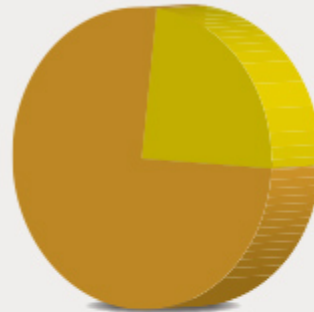


**What percentage of your 2015 revenue do you expect to come through such non fee-for-service contracts?**

- Less than 10% (48.8%)
- 11%-25% (21.4%)
- 26%-50% (19%)
- More than 50% (10.8%)

**Do you expect that any of your revenue in 2015 will come via contracts that were non fee-for-service (for example, capped global payments for seeing patients for a fixed period of time, regardless of the actual service rendered)?**

- Yes (24%)
- No (76%)



**Do you expect that shift in payment methodology to be good for your practice, bad for your practice, or neither?**

- Good for my practice (19.8%)
- Bad for my practice (23.2%)
- Neither (12.8%)
- I'm not sure yet (44.2%)