

PRACTITIONER TOOLKIT

Comparison of Three Commonly Used References for Medical Charges

Gil Spruance, MS, CRC, CVE, CCM, CLCP, MSCC

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Life care planners often use database references to identify the retail cost of medical care, as defined by CPT codes. In this practice exercise, we compared the non-discounted, and geographically modified charges at the 50th and 75th percentiles for selected CPT codes from three commonly used data sources to evaluate variability among the three sources. The three references used in the comparison were Physician Fee Reference (Wasserman Medical Publishers, 2025), PMIC Medical Fees in the U.S. (Practice Management Information Corporation, 2025) and FAIRHealth Benchmarks (FAIR Health, Inc., 2025).

This comparison identified the geographically adjusted cost data per CPT code and then averaged the data obtained from the three references. The comparison is shown as a percentage of the average of the three. The comparison then provides a variation percentile for each reference's reported price point. A variation from the average of the three references. A negative percentage suggests that that particular reference's GAF adjusted data for that particular CPT code was below the average reported for the three references utilized in this comparison.

A review of the data presented revealed that that no one source was consistently higher or consistently lower than the average of all three. One resource might provide the highest price point for one CPT code and the lowest price point for another CPT code. Additionally, this exercise revealed variation at each CPT code, as well as variation at the different percentiles (50th vs 75th).

This approach of using all three references to report a “range” of retail cost for medical costs (per CPT code), by definition incorporates all three data references, without suggesting one is better or more reliable than another. This approach may increase the probability of accurate cost projections.

Further comparisons are recommended, including adding other resources, and perhaps other percentiles.

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50th percentile			75th percentile				
Variation from average			Variation from average				
PMIC	Med Fees	FH	PMIC	Med Fees	FH		
-36%	-36%	73%	-18%	-17%	35%	99213	Est Pt OV 20
-34%	-35%	69%	-12%	-11%	22%	99214	Est Pt OV 30
-34%	-33%	67%	-19%	-18%	36%	99215	Est Pt OV 40
26%	-35%	9%	9%	-16%	7%	72148	L/S MRI
22%	-33%	12%	6%	-15%	8%	72141	C/S MRI
21%	-38%	17%	19%	-9%	-10%	72100	X-Ray L/S 2-3 views
22%	-45%	23%	19%	-19%	0%	72040	X-Ray C/S 2-3 views
60%	-52%	-8%	62%	-35%	-27%	80305	UDS - Presumptive
86%	-49%	-37%	81%	-24%	-57%	80306	UDS - Definitive
26%	-55%	29%	28%	-35%	8%	80307	UDS - Quantitative
-2%	-9%	11%	-17%	30%	-14%	64490	1st level facet C/S
11%	-32%	21%	8%	5%	-12%	64491	2nd level facet C/S
11%	-35%	24%	10%	1%	-10%	64492	3rd + level facet inj
-10%	11%	-1%	-27%	54%	-27%	64493	1st level facet L/S
11%	-28%	17%	8%	9%	-17%	64494	add'l level facet L/S
11%	-36%	25%	10%	0%	-10%	64495	3rd + level facet inj L/S
0%	-27%	28%	-22%	7%	15%	64633	1st level RFA C/S
-4%	-43%	46%	-11%	-2%	13%	64634	add'l level RFA C/S
-6%	-20%	25%	-25%	18%	7%	64635	1st level RFA L/S
-1%	-34%	35%	-13%	0%	12%	64636	add'l level RFA L/S
24%	-46%	22%	20%	-5%	-14%	22630	Posterior L/S fusion
38%	-47%	9%	36%	-10%	-26%	22632	Add'l level
28%	-42%	14%	20%	-4%	-16%	22551	ACDF 1st level
36%	-46%	9%	35%	-9%	-26%	22552	ACDF add'l level

Negative % numbers indicate that the reference's cost is lower than the average of the three



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