

CompareMaine

Changes as a result of feedback:

- Exclude Emergency Department episodes from Tiers 1-3 so that ER imaging and labs are not average with regular imaging and labs
- Include venipuncture codes done by the phlebotomist (36415 and 36416) as these are the most commonly performed draw codes (including the less common, more expensive draw codes adversely impacts the median)
- Remove “each 15 minutes” from the PT descriptions so that consumers understand the estimate is for an episode of PT, not a 15 minute unit
- Include sets of codes for each surgical procedure instead of one single code to capture a higher volume and not place a cognitive burden on the consumer to know which exact code they will have
- Updated NPI and facility attributions based on facility feedback
- Replace the number of claims analyzed as the “Procedure Count”, with a designation of facility volume as low, medium, or high based on a CPT by CPT analysis.