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For Plan Years 2022 and 2023

Florida All Payer Claims Database Report on State and Regional Price Variation

Prepared for
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**HEALTH CARE
COST INSTITUTE**

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Purpose

This report was prepared for Florida's Agency for Health Care Administration (AHCA). The report highlights areas of health care price variation both statewide and regionally as required by F.S. 408.05.

Background

Florida's All Payer Claims Database (APCD)

This report uses data from the All-Payer Claims Database (APCD) legislation enacted by the state of Florida. APCDs are large-scale databases that systematically collect health care claims data from a variety of health care payers and contain data about health care services delivered by most health care providers in the state. They are often used for trend analyses in order to provide meaningful information for policymakers, consumers, employers, providers, researchers, and other stakeholders to better understand the state's health care market.

Florida Health Price Finder (FHPF)

As part of the APCD effort, we developed a consumer-focused website, Florida Health Price Finder (FHPF) which provides national, state, county, and facility price information for a set of common health conditions and services. The goal of the FHPF is to produce consumer-facing prices for a set of common medical services. More information about the data in this report is available on the FHPF website at <https://price.healthfinder.fl.gov>.

Methodology

Data and Population

This report reflects data from health care claims with effective service dates in the 2022 and 2023 calendar years from seven payers, including Aetna CVS Health, AvMed, Capital Health Plan, Florida Blue, Health First, Humana, and United HealthCare. The figures for this report were derived from over 89 million claims, including over 8.4 million institutional claims and 80.4 million professional claims. The claims in this data focus on employer sponsored group and individual market plans; these data do not contain information from Medicare Fee-For-Service (FFS) claims, Medicare Advantage claims, Medicaid claims, services delivered by the Veterans Administration (VA), TRICARE, or claims from other commercial issuers not listed above. This report does not contain data from dental or pharmacy claims.

A Patient Toolkit for Health Care Price Transparency: Services & Bundles

We measure variation in health spending using a patient toolkit consisting of a set of discrete care events and conditions, referred to here as bundles. We report on 387 bundles for which a consumer may seek care from a qualified health professional. Examples of these services range from a simple condition, such as a sore throat, to a more complicated care event, such as a hip replacement.

Each bundle is designed to include one or more health care services, which are derived from services billed on health care claims. The majority of services submitted on a health care claim come in the form of a 5-digit numeric Healthcare Common Procedural Coding System (HCPCS) code which defines the service or product that was delivered to the patient during the health care encounter. Additionally, claims for an inpatient facility payment are identified using Diagnosis Related Groups (DRGs) which classifies hospital stays into discrete categories based on diagnosis and adjusts the group based on treatment patterns, technology, and any other factors that may change the relative use of hospital resources. All services for a single hospital stay are aggregated into a single DRG and the payment for the entire claim is used for that service.

Note that while every bundle contains a likely set of billed services for a given event, this may vary for individuals based on the patient's acuity, other underlying conditions, or the rendering provider's practice patterns.

We divide bundles into ten main categories:

- Emergency Services
- Imaging
- Labs & Tests
- Office Visits
- Pain Management & Physical Medicine
- Procedures
- Reproductive Health & Childbirth
- Screenings & Preventative Medicine
- Vaccinations
- Durable Medical Equipment

The bundles in this report contain the majority of services detailed in the federal Hospital Price Transparency and Transparency in Coverage regulations outlined by the Centers for Medicare and Medicaid Services (CMS).

[A Patient Toolkit for Health Care Price Transparency: Price Calculations](#)

Prices are derived from total payments made to providers and suppliers for a specific service and consist of the sum of the insurer payment as well as the copayment and/or cost-sharing amount for which the insured person is responsible. All bundles contain payments to professionals (e.g., physicians and physical therapists), fees paid to hospitals and other surgical facilities (where appropriate), and/or certain kinds of medical equipment (where appropriate). Premium information is not used to compute prices.

[Measure of Price Variation](#)

This report uses the interquartile range (IQR) of the select services to measure variation in price. The IQR is taken as the difference between the 75th and 25th percentiles of the price for a service in a particular geographic region. Some estimates may have wider ranges for a variety of reasons. Namely, the services for typical care may differ from payer to payer, particularly if a payer pays for services in a bundled manner that is different than the way these bundles were designed. The difference in cost estimates could also be because providers may use alternate codes for the

services than defined in the bundle or because there are inherent differences in price and service volume in any given market.

Inflation Adjustment

Data from claims in 2022 were inflated to 2023 prices. To adjust for inflation, we utilize the Personal Health Care (PHC) deflator developed by the Centers for Medicare & Medicaid Service (CMS). The PHC is adjusted annually and based on a combination of multiple indices to create a more complete picture of price changes for personal health care services. Additionally, the PHC is chain-weighted, meaning it can approximate yearly changes that reflect an evolving mix of services. We consider the average total price per capita for four different health care sectors: Hospital Care Expenditures, Physician and Clinical Service Expenditures, Other Professional Services Expenditures, and Durable Medical Equipment (DME).

- Hospital Care Expenditures covers all services provided by hospitals and outpatient facilities. This list includes room and board, ancillary charges, and any other services billed by facilities.
- Physician and Clinical Services are categorized by any services provided by Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.), plus the portion of medical laboratories services that are billed independently by the laboratories.
- Other professional services are defined as services by health practitioners other than physicians. These professional services include those provided by chiropractors, physical, occupational and speech therapists, among others.
- Durable Medical Equipment (DME) covers sales of items like ophthalmic products, surgical and orthopedic products, hearing aids, wheelchairs, and medical equipment rentals.

Imputation

In some circumstances, there is not enough data to support calculating prices for specific services at a granular level (i.e., county-level estimates). When this occurs, we generally do not impute prices with the state-level average for that service. Exceptions are sometimes made with common ancillary services (e.g., a lab or test) in order to complete a bundle.

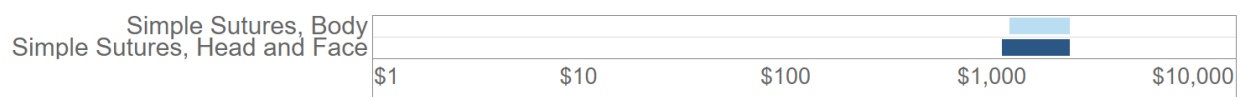
Limitations

There are several limitations to consider when interpreting the data in this report. First, this methodology does not adjust or account for the quality of care provided, nor does it account for patient complexity; health needs will vary based on whether a patient is in good health or has chronic or multiple health conditions. As such, this report cannot project costs for any given individual in any given geography. However, the data pooled for this report does represent actual inflation-adjusted spending taken from claims paid for services rendered in 2022 and 2023. Additionally, we do not account for differences in provider practice or billing patterns; some providers will provide more, fewer, or different services based on their clinical practice. The prices represented in these bundles represent customary and usual-care practices for a narrowly defined set of services.

Variation in Statewide Prices

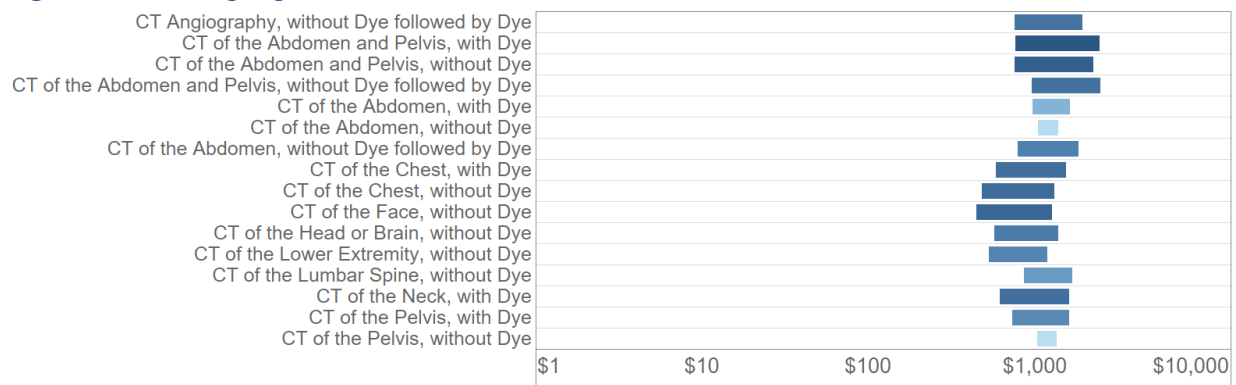
This section provides data on the variation in prices, at the state level, for 387 common bundles. The left side of the bar represents the 25th percentile of the prices for that bundle and the right side of the bar represents the 75th percentile of prices; each bar represents the variation in price, measured as the IQR, for the services delivered in the state for that bundle. The price axis is scaled logarithmically in order to compare relative price variation between the 25th and 75th percentile prices more easily across services. A service with a wider bar will have a greater percent difference between the 25th and 75th percentile prices than a service with a narrower bar, even if the magnitudes of each service price are very different. The shading of the bars is also based on the percent difference between the 25th and 75th percentile prices: darker shading indicates greater variation in prices. For example, Colposcopy Including Biopsy of the Cervix and Biopsy of the Kidney have similar interquartile ranges as a percentage of the prices (45% and 44%, respectively) and therefore have similar bar widths and color shading, even though the absolute IQRs (\$368 and \$2,528) are very different.

Figure 1. Emergency Services



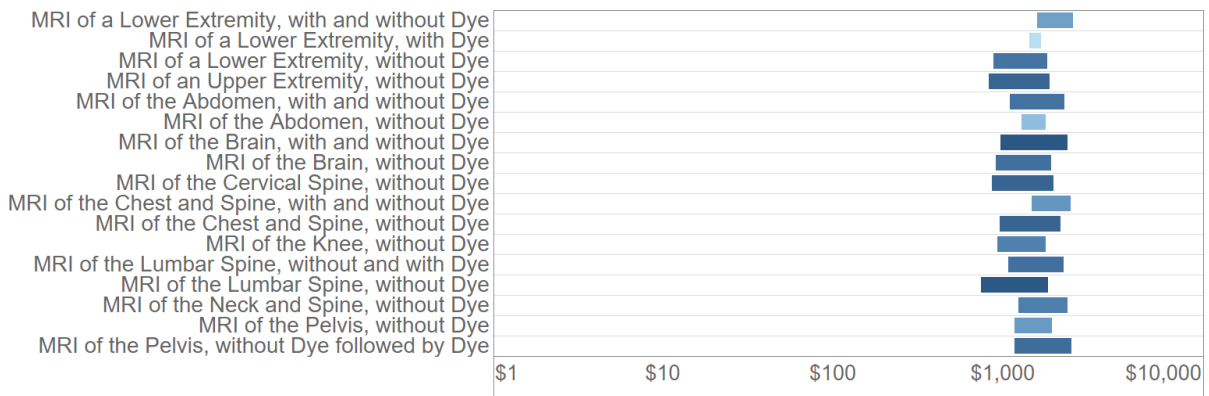
Simple Sutures of the Head and Face and Simple Sutures of the Body both had a similar IQR (\$1,243 and \$1,144, respectively), with Simple Sutures of the Body having a slightly higher median price (\$1,611) compared to Simple Sutures of the Head and Face (\$1,549).

Figure 2a. Imaging: CT Scans



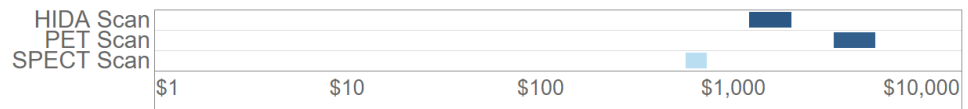
Among CT scans, the imaging service with the highest absolute variation was a CT of the Abdomen and Pelvis, with Dye; the bundle had an IQR of \$1,686 ranging in price from \$765 to \$2,451. The CT scan with the lowest IQR at \$319 was a CT of the Pelvis, without Dye.

Figure 2b. Imaging: MRIs



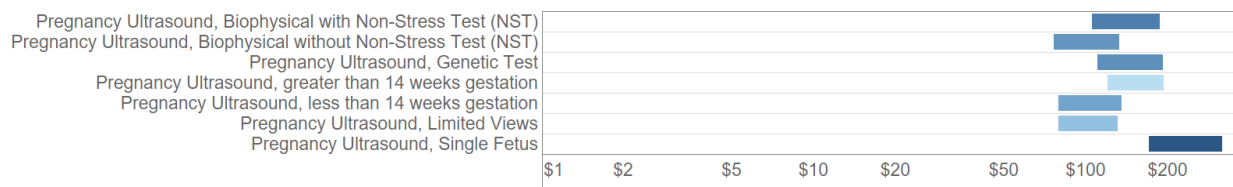
The MRI with the highest variation was an MRI of the Brain, with and without Dye, with an IQR of \$1,431. The MRI with the highest median price was MRI of a Lower Extremity, with and without dye at \$1,739. The bundle with the lowest variation was MRI of a Lower Extremity, with Dye, ranging from \$1,414 to \$1,670.

Figure 2c. Imaging: Nuclear Imaging



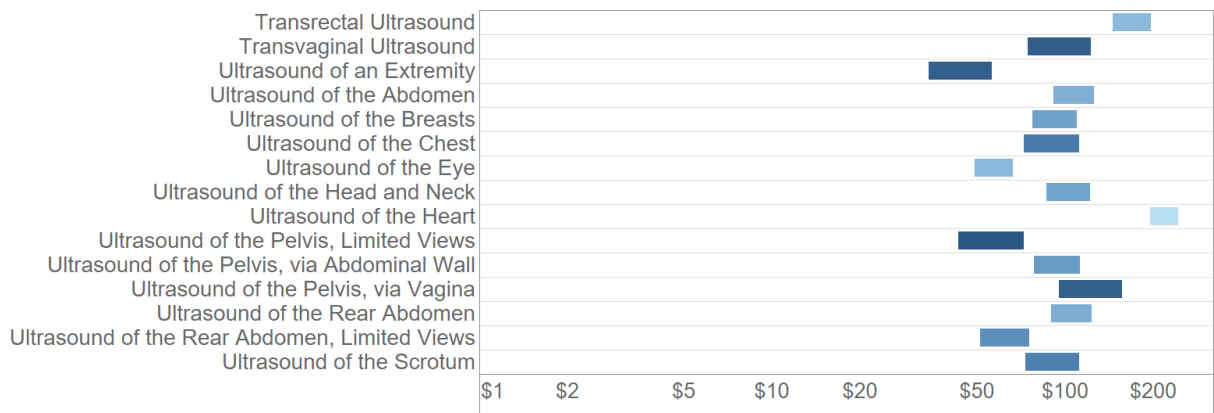
The PET Scan had the highest median price (\$4,293) and highest IQR (\$2,069) among the nuclear imaging bundles; most prices in the state ranged from \$3,284 to \$5,353.

Figure 2d. Imaging: Pregnancy Ultrasounds



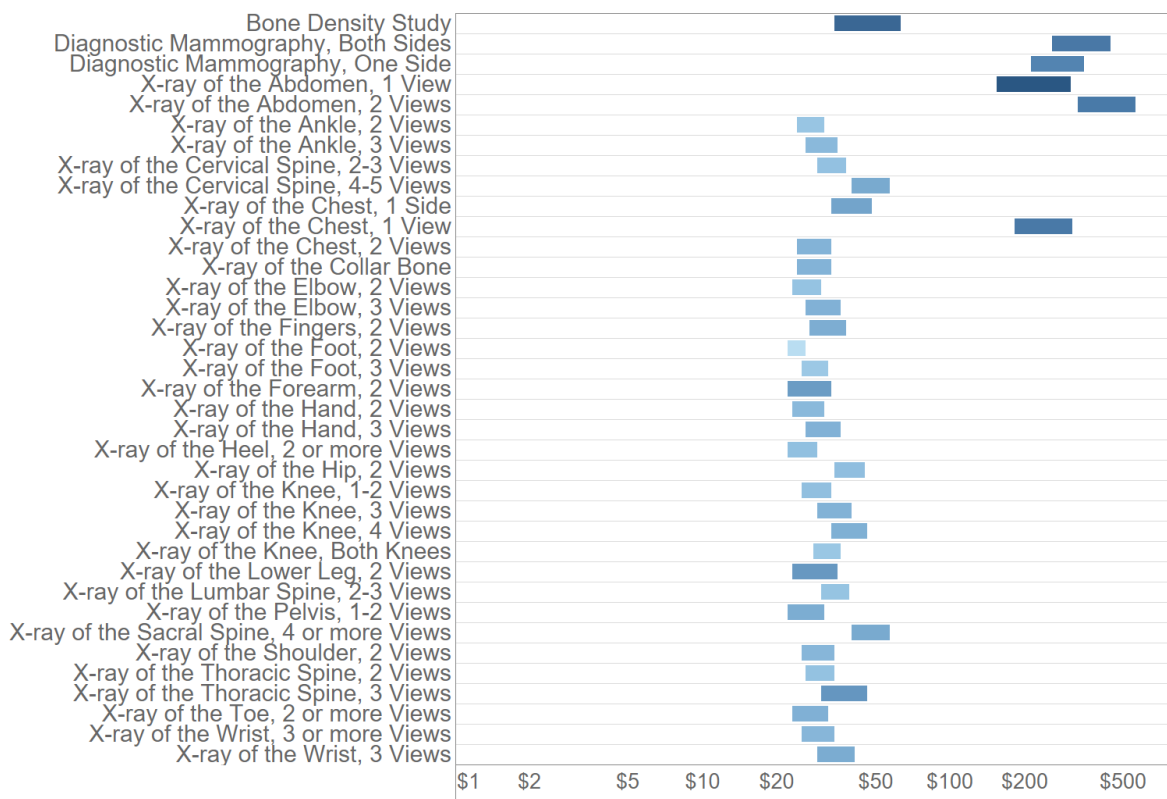
A standard Pregnancy Ultrasound for a Single Fetus had a price range of \$170 to \$317, and an IQR of \$147, making it the pregnancy ultrasound both the highest variation in price and highest median price (\$221).

Figure 2e. Imaging: Ultrasounds



The ultrasound with the highest absolute variation was Ultrasound of the Pelvis, via Vagina, with an IQR of \$61. The ultrasound with the highest relative variation was the Ultrasound of the Pelvis, Limited Views, ranging in price from \$43 to \$72.

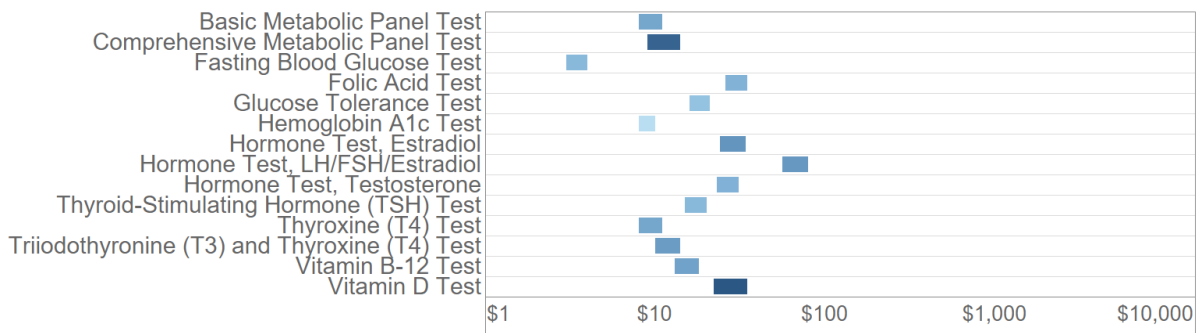
Figure 2f. Imaging: X-Rays



Among the X-rays with the highest variation were X-rays of the Abdomen, 2 Views, which ranged in price from \$327 to \$560, with an IQR of \$233. Mammograms were also among the most

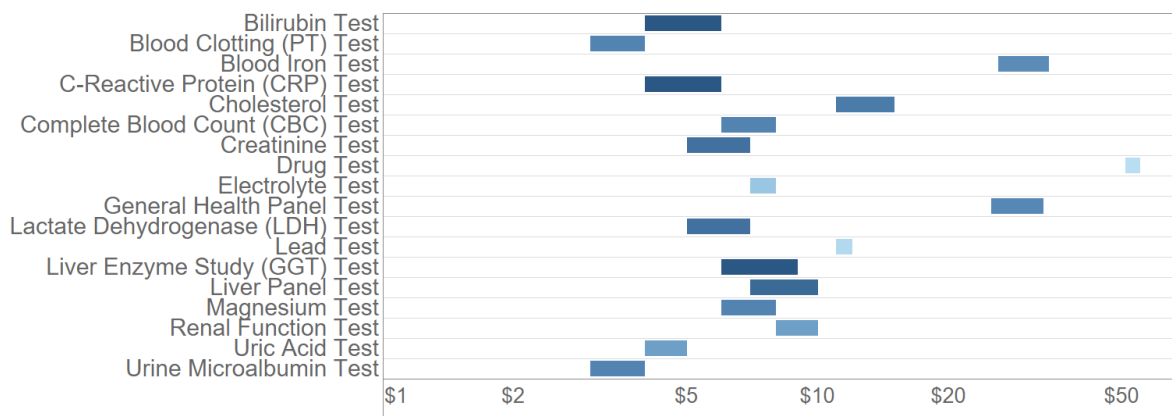
expensive x-rays overall, with Diagnostic Mammography of Both Sides having a median price of \$326.

Figure 3a. Labs & Tests: Endocrine/Metabolic



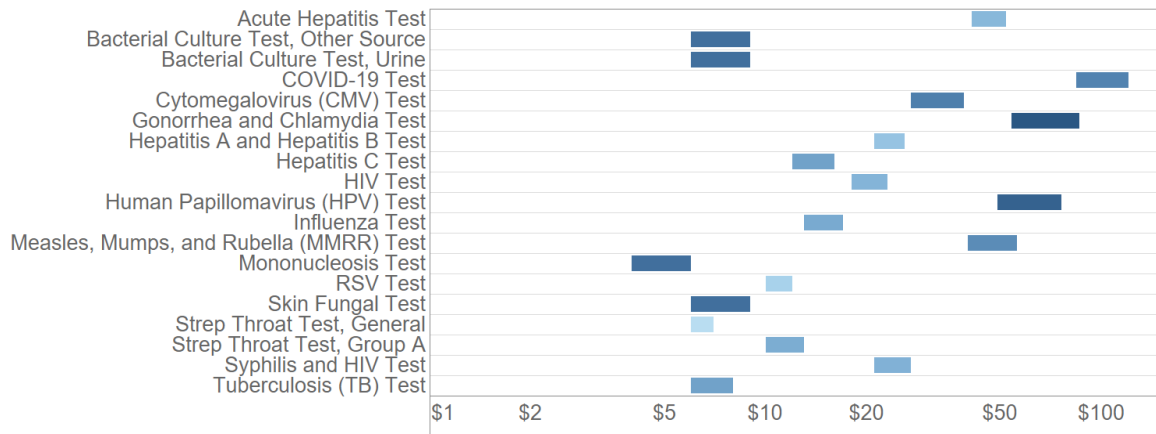
Generally, most tests have low variation in price and low relative cost. Among the lowest cost endocrine and metabolic tests were Fasting Blood Glucose Tests (approximately \$3 to \$4). The test with the highest price and highest absolute variation was a combination Hormone Test for LH/FSH/Estradiol; this ranged in price between \$56 and \$79, with an IQR of \$23.

Figure 3b. Labs & Tests: General



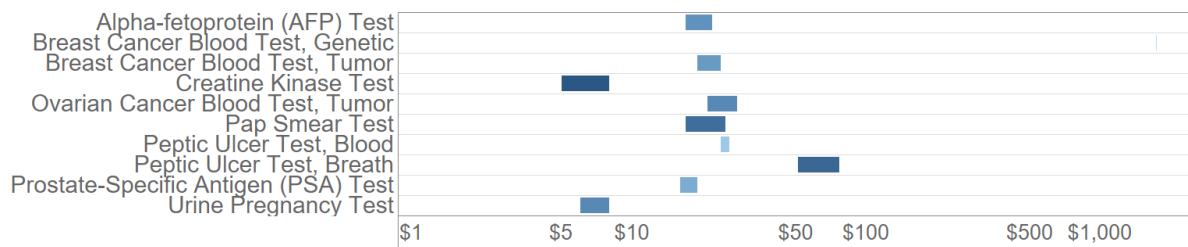
The highest absolute variation tests from the General Lab and Test category are Blood Iron Test and General Health Panel Test, which both have an IQR of \$8. The Blood Iron Test ranges from \$26 to \$34, while the General Health Panel Test ranges from \$25 to \$33.

Figure 3c. Labs & Tests: Infections



Among tests for infections, the highest price test was the COVID-19 Test, with a median price of \$97. Additionally, the test with the highest relative variation relative to the price was the Gonorrhea and Chlamydia Test, which ranged from \$54 to \$86, and IQR of \$32.

Figure 3d. Labs & Tests: Screenings



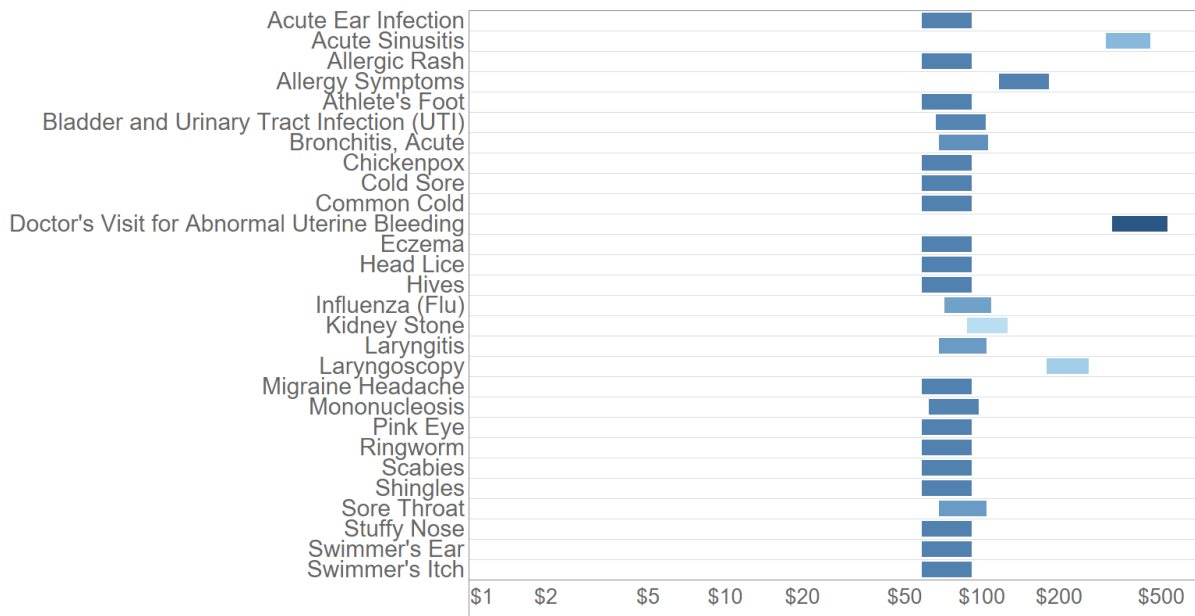
The Screening Test with the highest variation was the Peptic Ulcer Breath Test, with a range of prices between \$51 and \$77, and an IQR of \$26.

Figure 3e. Labs & Tests: Other



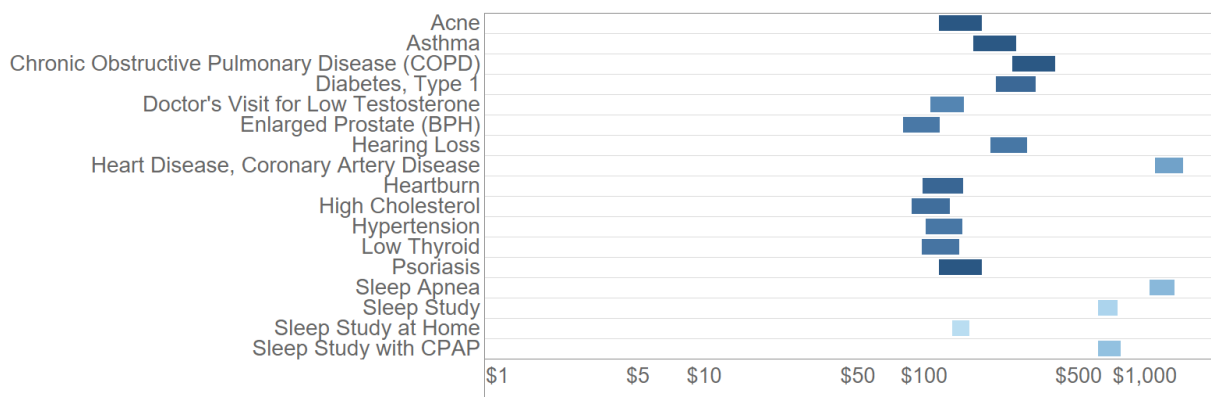
Allergy Testing has the highest relative variation in price, ranging from \$674 to \$1,070, with an IQR of \$396. The Heart Stress Test with Heart Ultrasound had the highest absolute IQR at \$411, accompanying a higher overall price ranging from \$990 to \$1,401.

Figure 4a. Office Visits: Acute Care Visits



The acute care office visit with the highest price and highest variation in price was a Doctor's Visit for Abnormal Uterine Bleeding. The range in price for this bundle was \$321 to \$526, with an IQR of \$205.

Figure 4b. Office Visits: Chronic Care Visits



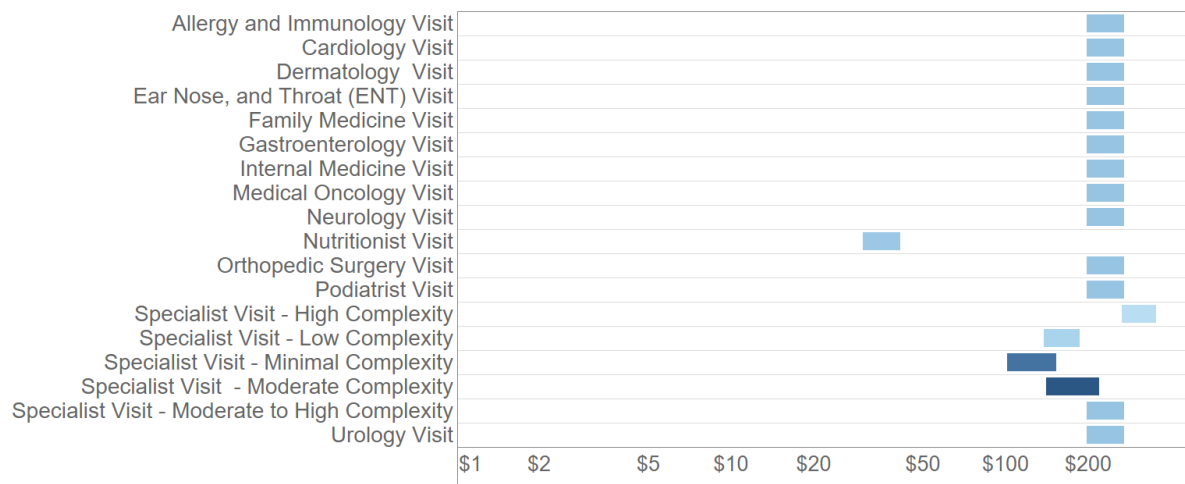
Chronic care visits typically consist of multiple visits to a professional or the need for other ancillary services. The chronic care condition with the highest absolute value of variation was Heart Disease, Coronary Artery Disease with an IQR of \$385. This bundle also had the highest overall price among chronic care condition bundles with prices ranging from \$1,108 to \$1,493.

Figure 4c. Office Visits: Primary Care Visits



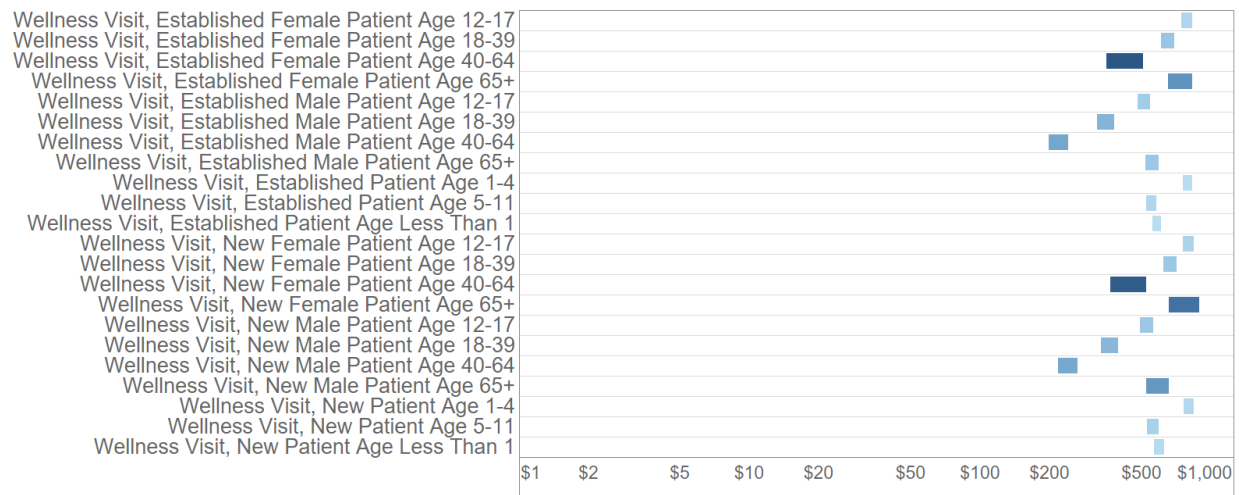
Prices for primary care visits vary based on time in the office (defined as “complexity”) and whether the patient is a new or established patient. The highest cost primary care office visit is one for a New Patient with High Complexity, with prices ranging from \$195 to \$252 (IQR \$57). Conversely, the lowest cost primary care office visit is one for an Established Patient with Minimal Complexity, with prices ranging from \$20 to \$27 (IQR \$7).

Figure 4d. Office Visits: Specialist Visits



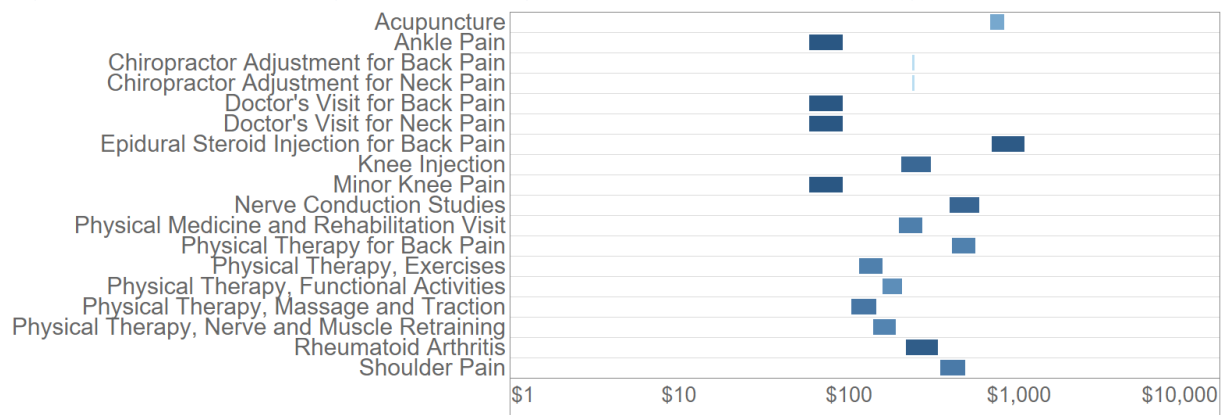
A Specialist Visit with High Complexity is among the services with the highest absolute variation, as well as being the highest cost. The IQR for this service is \$88 with prices ranging from \$264 to \$352.

Figure 4e. Office Visits: Wellness Visits



Wellness visits include a primary care office visit along with relevant tests, screenings, and vaccines for the specific sex and age of the patient. The wellness visit with the highest absolute variation was for a New Female Patient Age 65+; the price ranged from \$655 to \$891 with an IQR of \$236.

Figure 5a. Pain Management & Physical Medicine: Non-Surgical



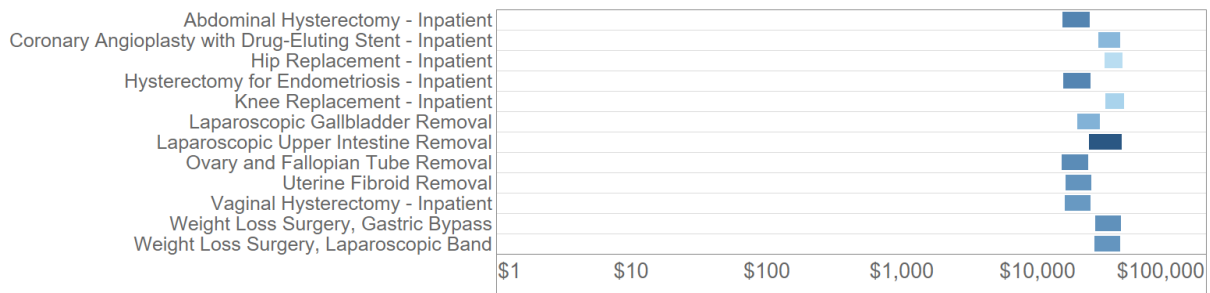
Among non-surgical pain management and physical medicine bundles, the highest absolute variation in price was the Epidural Steroid Injection for Back Pain, with an IQR of \$382 with prices ranging from \$686 to \$1,068. Chiropractor Adjustments for both Back and Neck Pain had the lowest variation, with prices ranging from \$234 to \$240.

Figure 5b. Pain Management & Physical Medicine: Surgical



Among the three surgical pain management and physical medicine bundles, the service with the highest variation in price was Lumbar Laminectomy for Back Pain, which ranged in price from \$58,371 to \$89,160 (IQR \$30,789).

Figure 6a. Procedures: Inpatient Surgery



Inpatient surgeries are among the highest cost bundles and include overnight stays at a hospital. Of the inpatient surgeries on this list, the procedure with the highest absolute variation in cost is a Laparoscopic Upper Intestine Removal, with a price that ranges from \$23,929 to \$41,981 (IQR \$18,052).

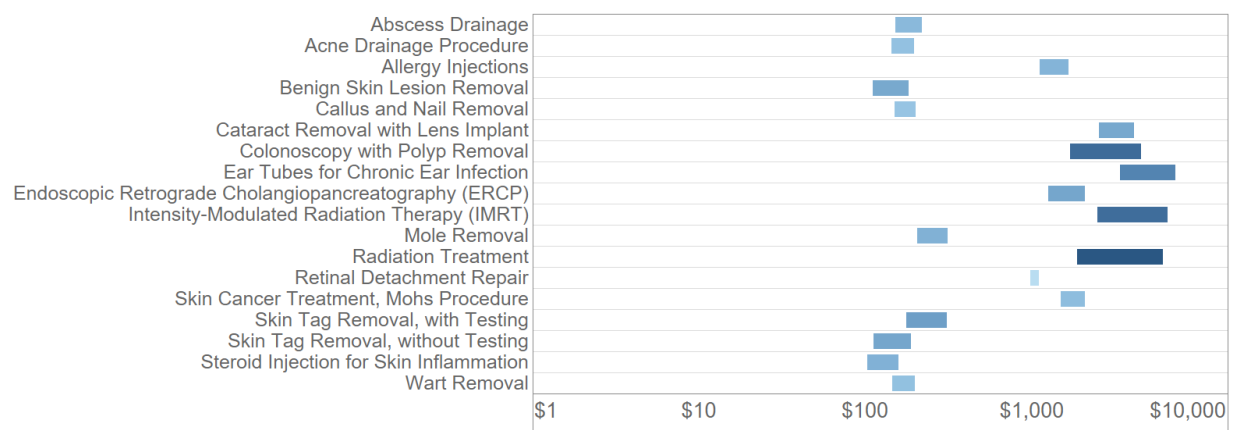
Figure 6b. Procedures: Outpatient Surgery



Outpatient surgeries do not require an overnight stay at a hospital and are generally less expensive than inpatient surgeries. Of the outpatient surgeries on this list, the procedure with the

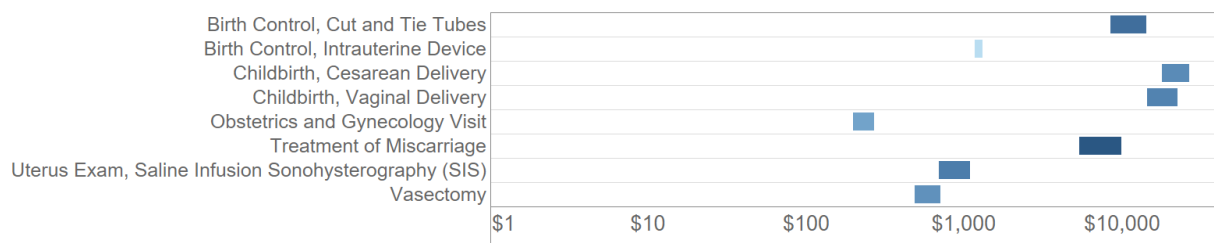
highest absolute variation in cost is a Full Mastectomy for a Single Breast, with a price that ranges from \$20,303 to \$39,568 (IQR \$19,265).

Figure 6c. Procedures: Treatments



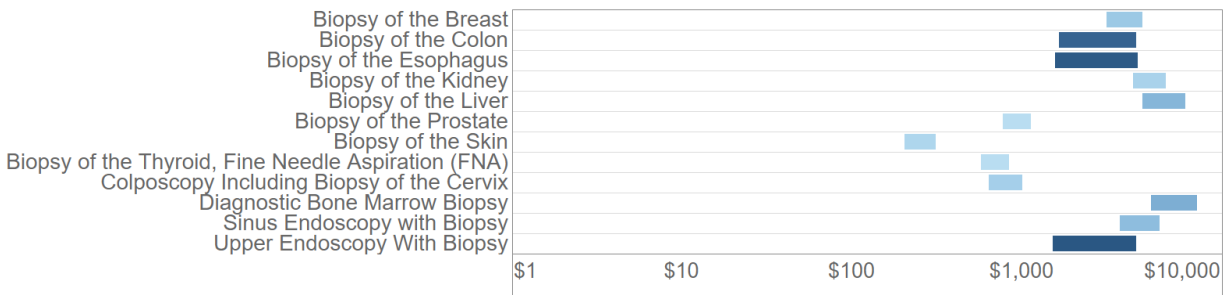
This list of treatments can generally be performed safely in an office, with a few that may require a trip to an outpatient or other similar facility. The treatment with the highest price and highest variation in price is Radiation Treatment. The price ranges from \$1,862 to \$6,138 with an IQR of \$4,276. The lowest cost bundle on this list is a Callus and Nail Removal with a price that ranges from \$150 to \$201.

Figure 7. Reproductive Health & Childbirth



Among bundles in the Reproductive Health & Childbirth category, the service with the highest absolute variation is the C-Section Delivery, with prices ranging from \$17,715 to \$26,455, and an IQR of \$8,740. The bundle with the lowest price in this category is an Obstetrics and Gynecology Visit with a price range of \$196 to \$269.

Figure 8a. Screenings & Preventative Medicine: Biopsies



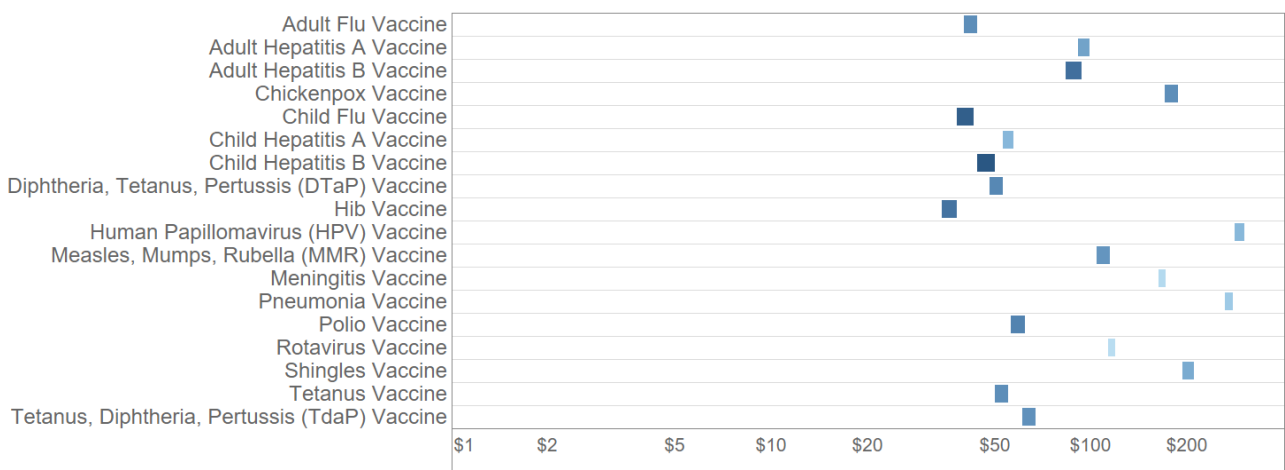
The biopsy with the highest relative variation is an Upper Endoscopy with Biopsy, ranging from \$1,513 to \$4,685 (\$3,172 IQR). However, the highest price biopsy is the Diagnostic Bone Marrow Biopsy with an IQR of \$4,955 with the overall price ranging from \$5,764 to \$10,719.

Figure 8b. Screenings & Preventative Medicine: Other



Among preventative medicine bundles in this category with the highest prices are endoscopies and colonoscopies. The bundle with the highest range in prices is the Upper Endoscopy, with an IQR of \$2,462, prices range from \$1,537 to \$3,999.

Figure 9. Vaccinations



The vaccine with the highest overall price was the HPV Vaccine, which ranged from \$280 to \$301. The HPV Vaccine also had the highest absolute variation, with an IQR of \$21.

Figure 10. Durable Medical Equipment

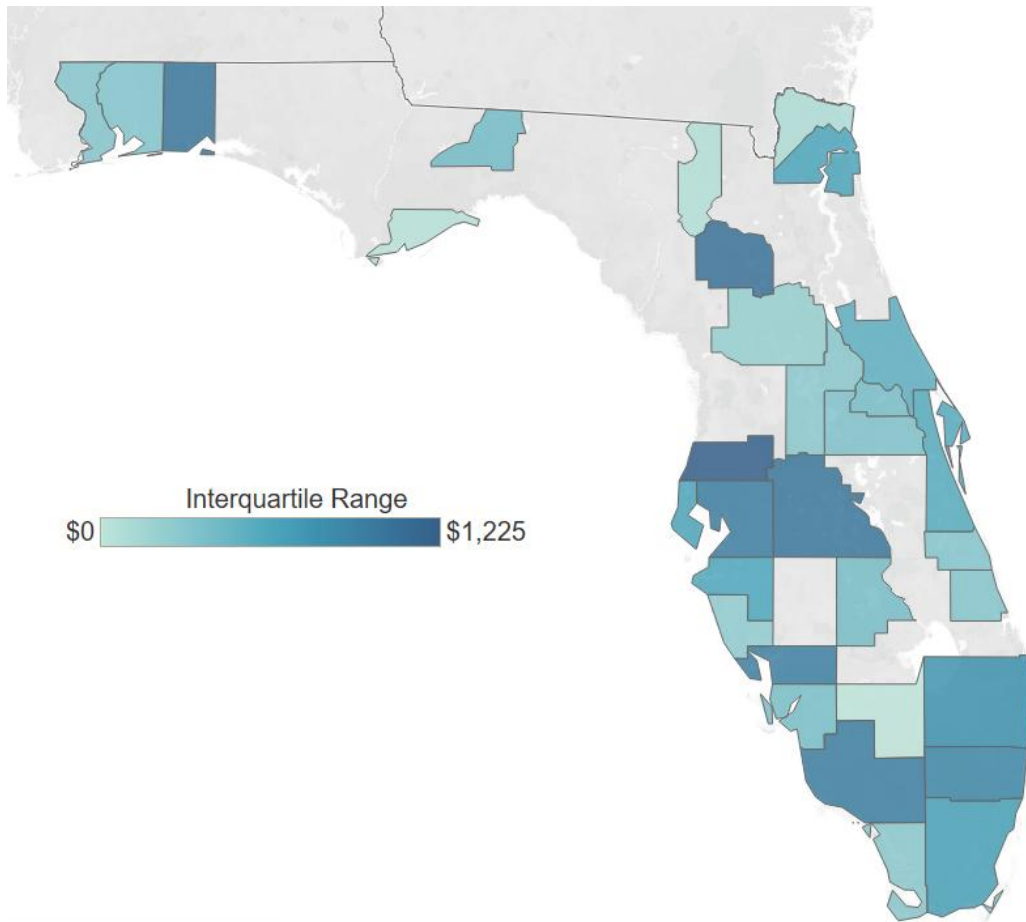


The medical equipment bundle with the highest price is an Insulin Pump, ranging from \$5,061 to \$5,104. The medical equipment with the highest absolute variation with an IQR of \$432 is a Continuous Glucose Monitor.

Variation in Prices by Region

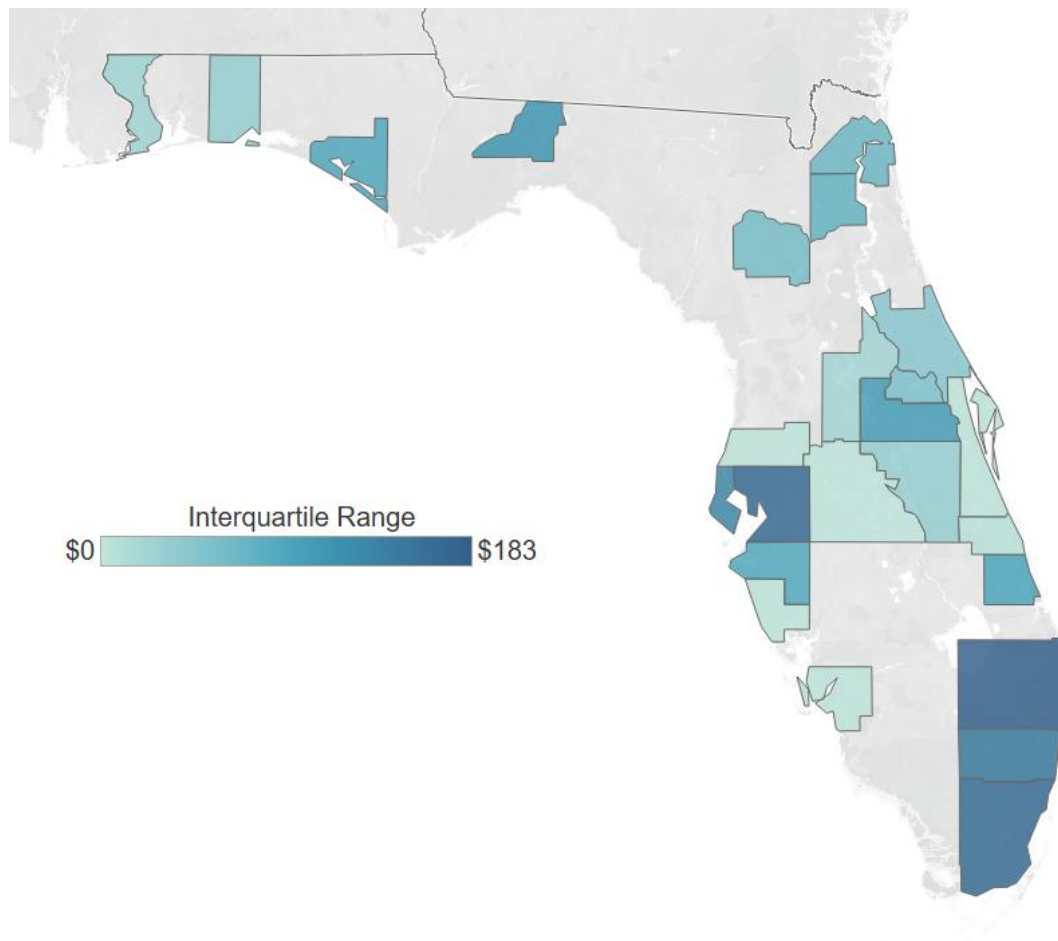
The following section provides data on the variation in prices at the county level for ten common bundles. The heat map represents the IQR, or the difference between the 75th and 25th percentiles, for the services delivered in each county for that bundle when there is a sufficient amount of data to calculate prices.

Figure A. Emergency Services: Simple Sutures, Body



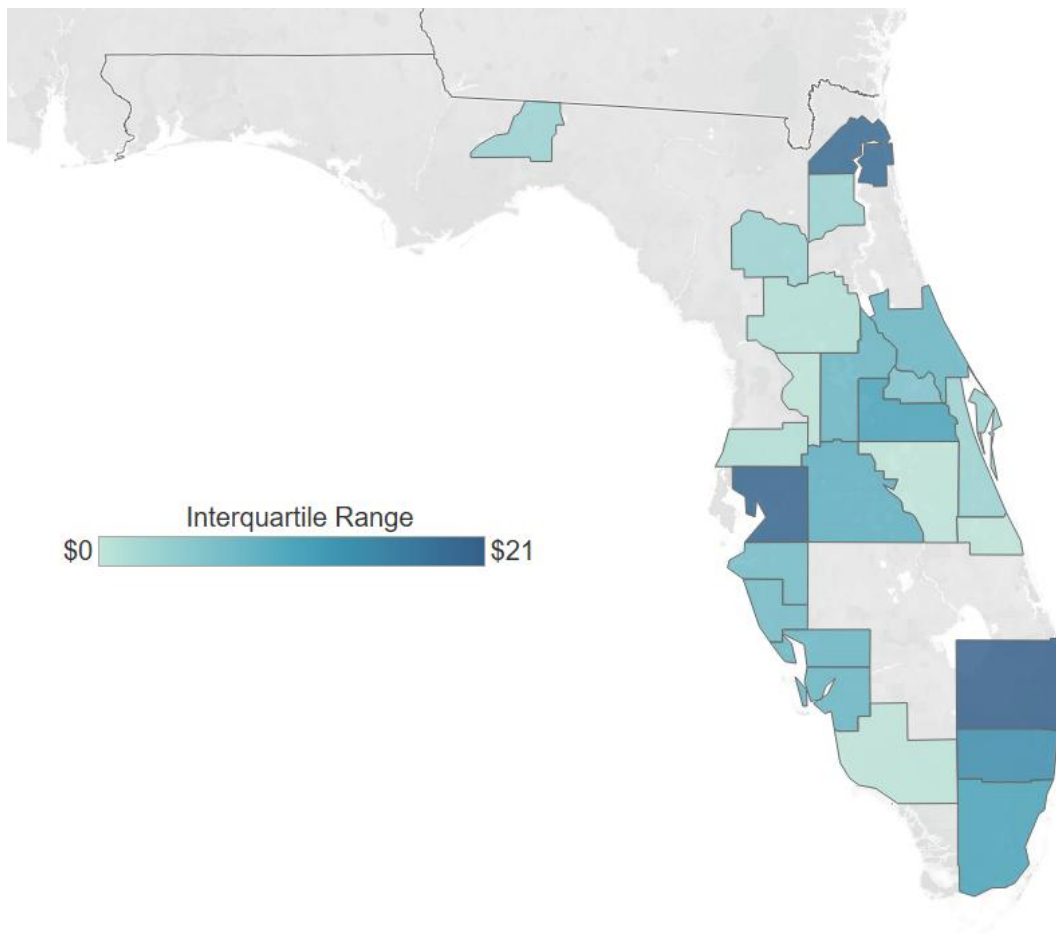
The variation for Simple Sutures of the Body was lowest in Hendry County. Variation in prices was highest in Pasco County, which had an IQR of \$1,225. The state-level IQR was \$1,144.

Figure B. Imaging: Pregnancy Ultrasound, Single Fetus



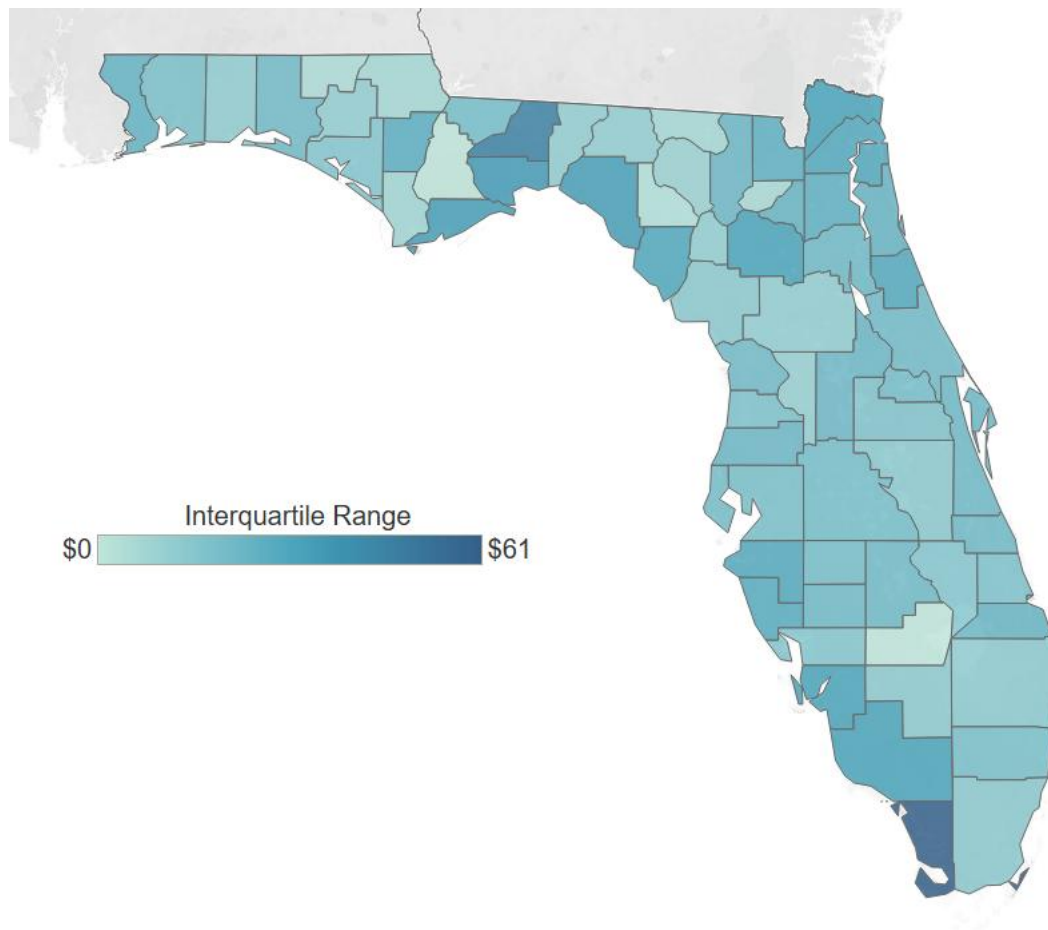
The variation for Pregnancy Ultrasound, Single Fetus was low in several counties, including Brevard, Lee, Pasco, and Polk counties. Variation in prices was highest in Palm Beach County, which had an IQR of \$183. The state-level IQR was \$147.

Figure C. Labs & Tests: LH/FSH/Estradiol Test



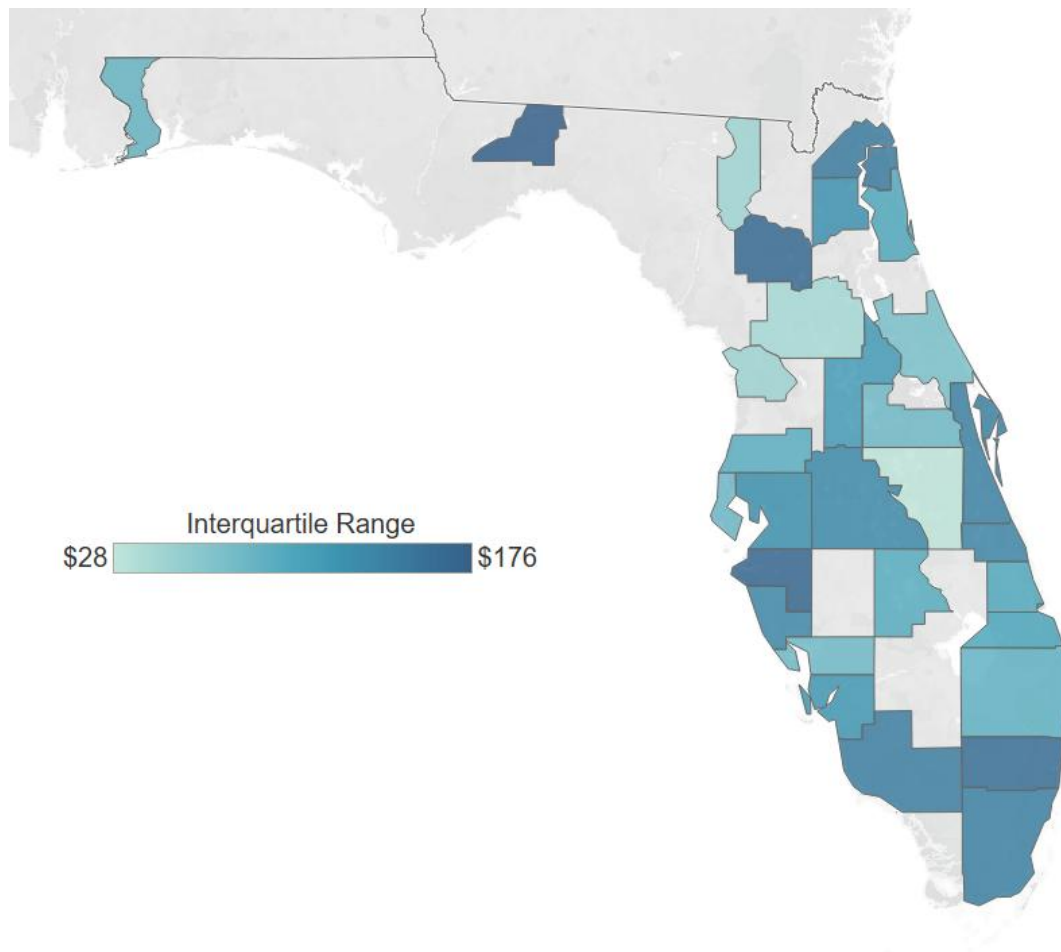
The variation for the LH, FSH, Estradiol bundle of tests was lowest in Collier, Indian River, Osceola, and Sumter counties. Variation in prices was highest in Palm Beach County, which had an IQR of \$21. The state-level IQR was \$23.

Figure D. Office Visits: Established Patient, Moderate Complexity



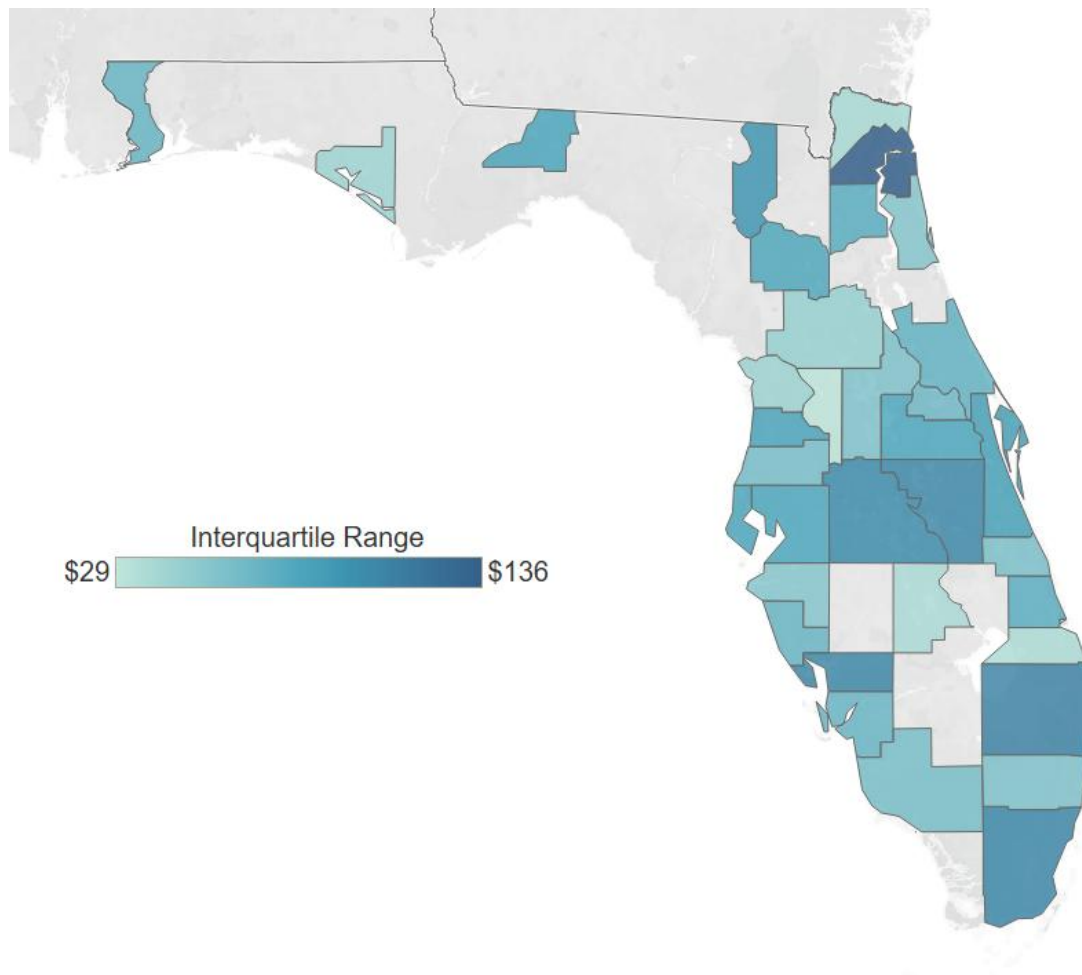
The variation for an Office Visit for an Established Patient with Moderate Complexity was lowest in the Glades County and Liberty County. Variation in prices was highest in Monroe County, which had an IQR of \$61. The state-level IQR was \$33.

Figure E. Pain Management & Physical Medicine: Nerve Conduction Studies



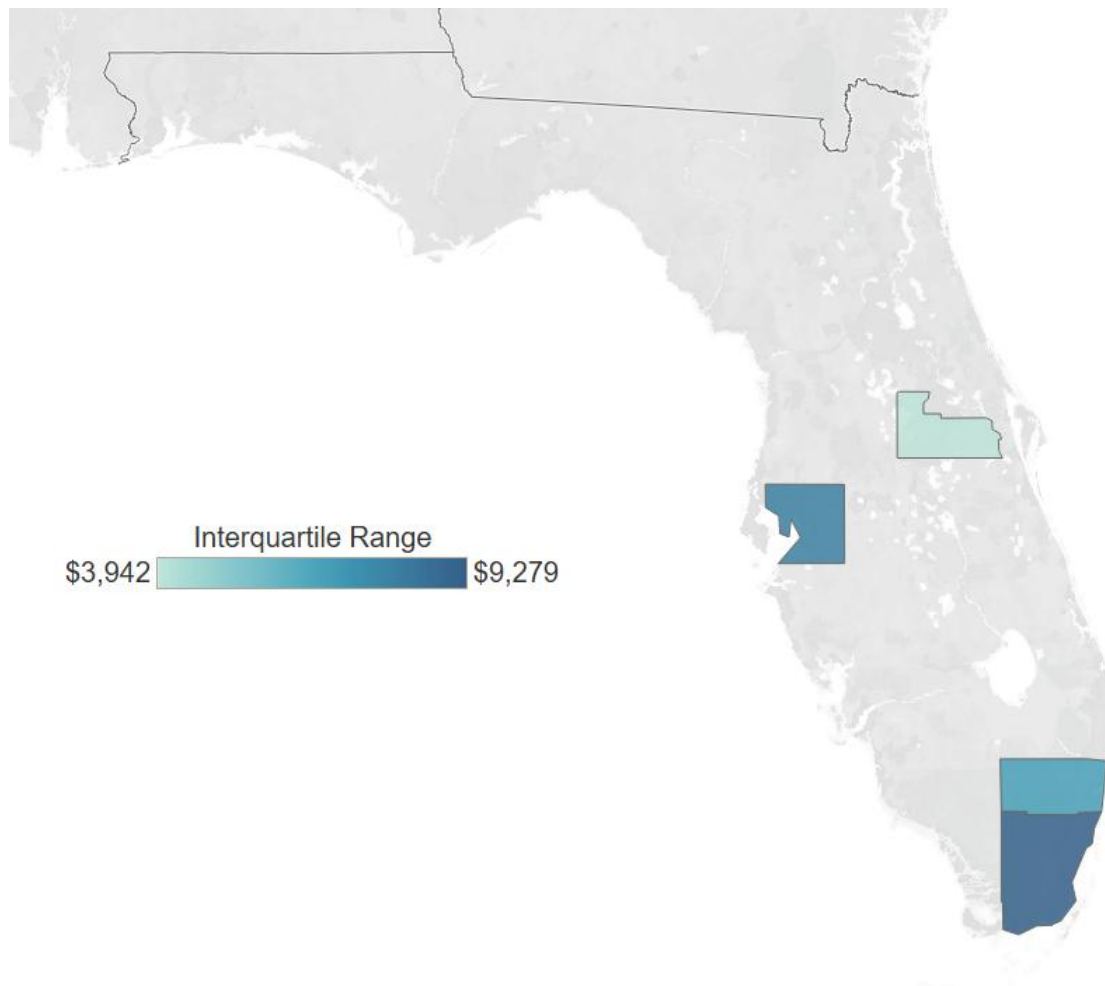
The variation for Nerve Conduction Studies was lowest in Osceola County, which had an IQR of \$28. Variation in prices was highest in Leon County, which had an IQR of \$176. The state-level IQR was \$194.

Figure F. Procedures: Mole Removal



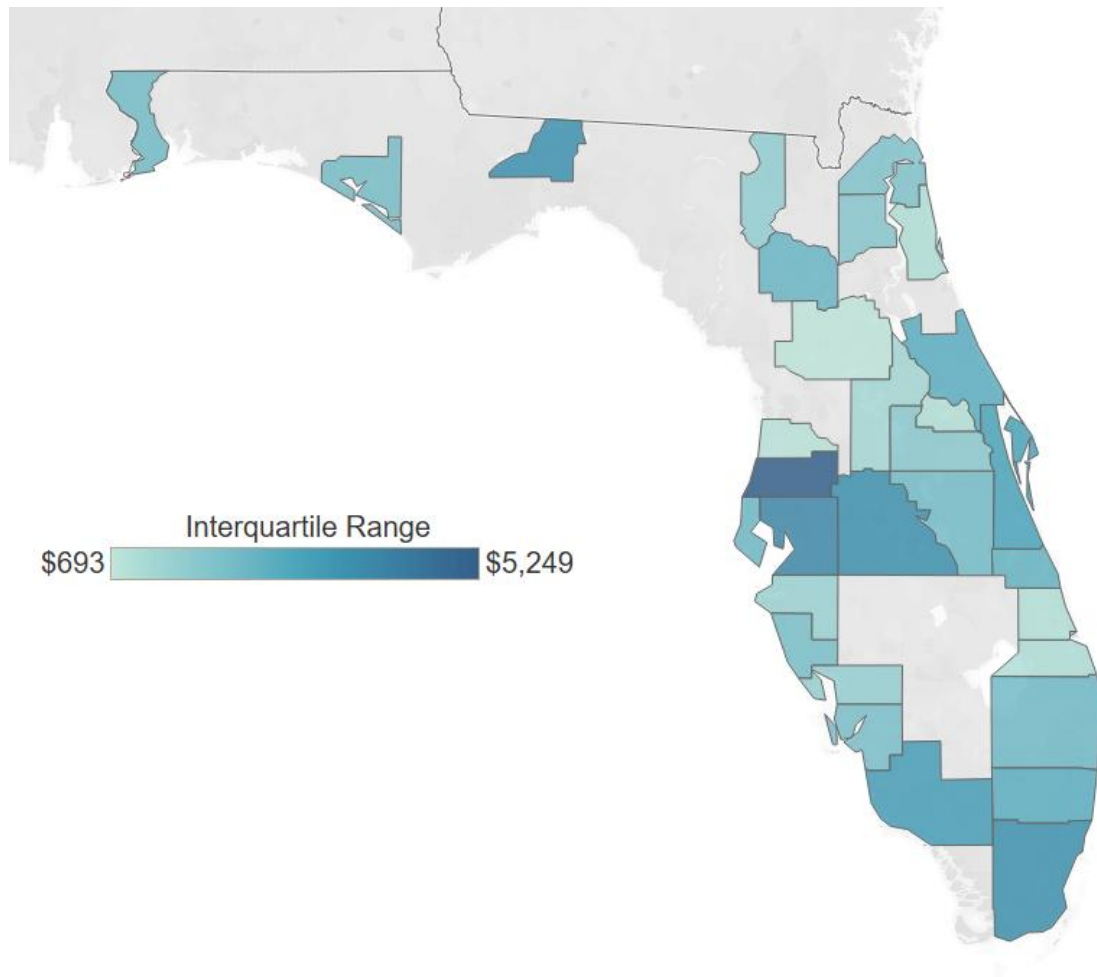
The variation for a Mole Removal was lowest Sumter County which had an IQR of \$29. Variation in prices was highest in Duval County, which had an IQR of \$136. The state-level IQR was \$108.

Figure G. Reproductive Health & Childbirth: C-Section Delivery



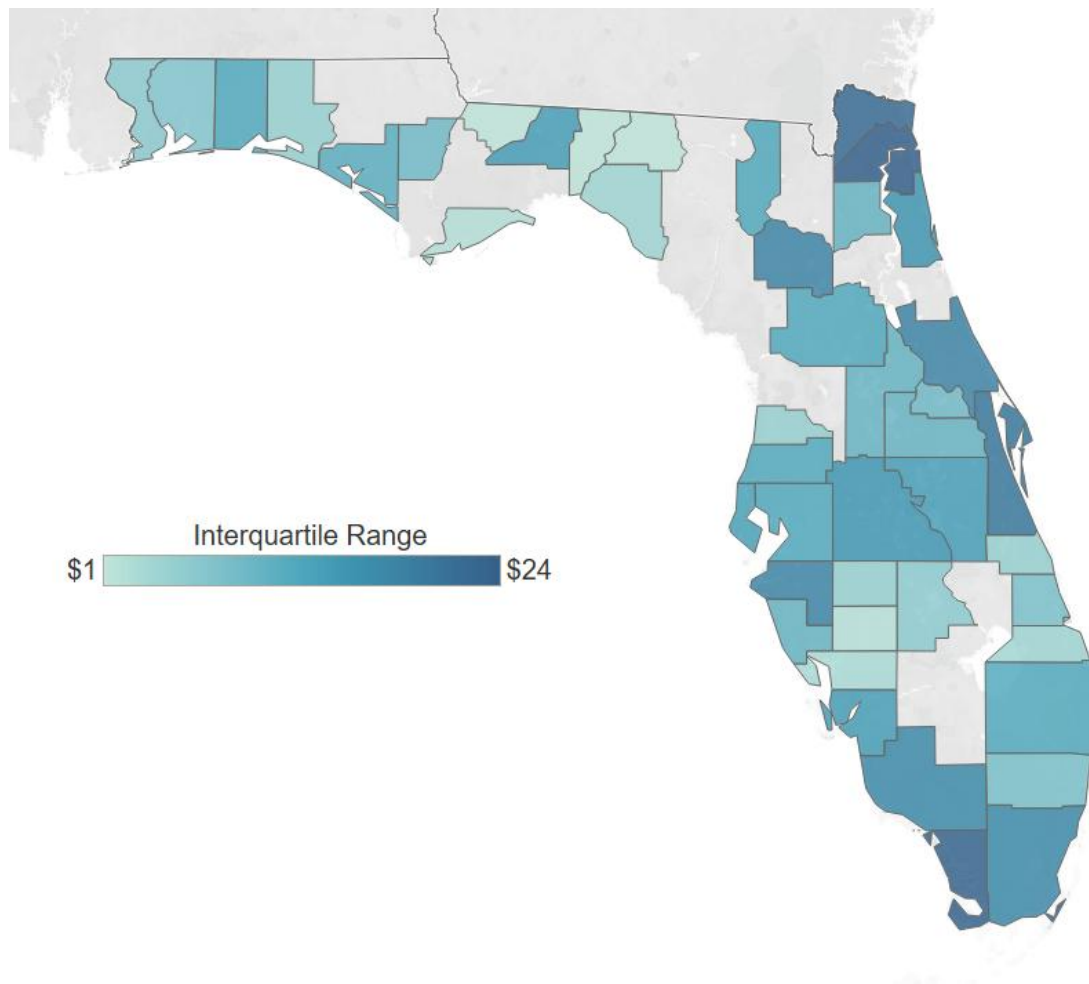
The variation for a C-Section Delivery was lowest in Orange County, which had an IQR of \$3,942. Variation in prices was highest in Miami-Dade County, which had an IQR of \$9,279. The state-level IQR was \$8,740.

Figure H. Biopsies: Biopsy of The Colon



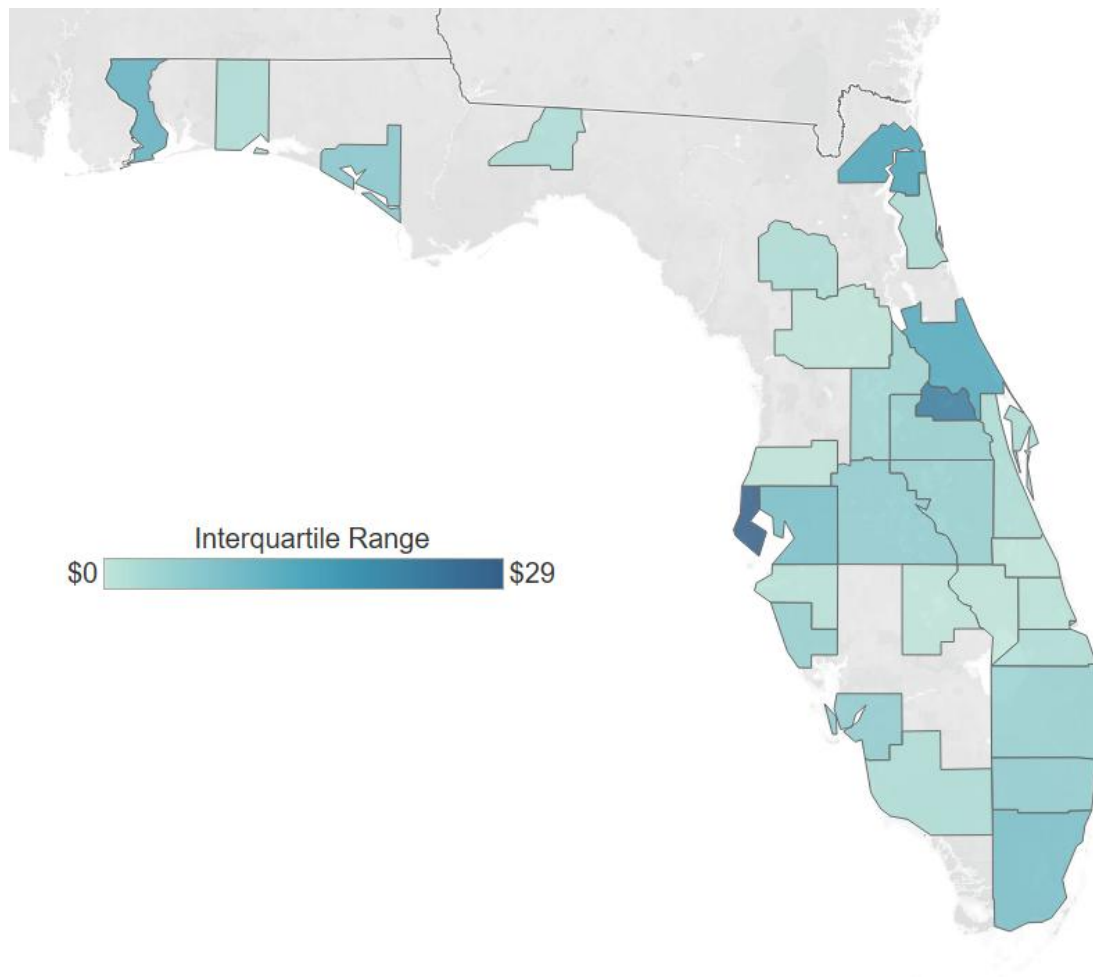
The variation for a Biopsy of the Colon was lowest in Marion County, which had an IQR of \$693. Variation in prices was highest in Pasco County, which had an IQR of \$5,249. The state-level IQR was \$3,062.

Figure I. Vaccinations: Meningitis Vaccine



The variation for a Meningitis Vaccine was lowest in Gadsden, Jefferson, and Madison counties. Variation in prices was highest in Duval County, which had an IQR of \$24. The state-level IQR was \$9.

Figure J. Durable Medical Equipment: Stationary Oxygen



The variation for stationary Oxygen was lowest in Highlands, Indian River, Marion, Okeechobee, and Pasco counties. Variation in prices was highest in Pinellas County, which had an IQR of \$29. The state-level IQR was \$22.