

Late Night With Chip & Paulie

Episode #26

Wednesday January 22, 2025 @ 8:00PM ET

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Agenda

- This Week's Focus
- Data Nerd Report
- News Round Up

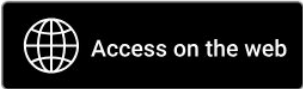
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2025 PMI Conference

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January 30 - February 1, 2025

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Focus For The Week...

“ Success is not final, failure is not fatal: it is the courage to continue that counts. ”

- Winston Churchill



Data From The Data Nerd

Locality Name	Weighted Pediatric GPCI Impact					GPCI Change		
	2025 - With Floor Intact	2025 - No GPCI Work Floor	2024	2023	2020	2024-2025 Change	Change With Floor Intact	2020-2025 Change
ALABAMA	91.9%	90.9%	93.2%	93.0%	93.4%	-2.4%	-1.3%	-2.6%
ALASKA	125.7%	125.7%	127.4%	126.9%	127.8%	-1.4%	-1.4%	-1.6%
ARIZONA	98.2%	97.4%	99.6%	97.6%	97.5%	-2.2%	-1.4%	-0.1%
ARKANSAS	91.3%	89.2%	92.5%	90.9%	91.2%	-3.6%	-1.3%	-2.2%
CA, BAKERSFIELD	104.4%	104.4%	105.8%	104.2%	103.8%	-1.3%	-1.3%	0.6%
CA, CHICO	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, EL CENTRO	104.0%	104.0%	105.4%	103.5%	103.2%	-1.3%	-1.3%	0.7%
CA, FRESNO	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, HANFORD-CORCORAN	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, LOS ANGELES-LONG BEACH-ANAHEIM (LOS)	110.8%	110.8%	112.3%	110.4%	110.0%	-1.3%	-1.3%	0.7%
CA, MADERA	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, MERCED	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, MODESTO	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, NAPA	116.9%	116.9%	118.4%	114.0%	112.4%	-1.3%	-1.3%	4.0%
CA, OXNARD-THOUSAND OAKS-VENTURA	109.4%	109.4%	110.8%	109.3%	109.1%	-1.3%	-1.3%	0.3%
CA, REDDING	103.9%	103.9%	105.3%	103.5%	103.1%	-1.3%	-1.3%	0.8%
CA, RIVERSIDE-SAN BERNARDINO-ONTARIO	105.0%	105.0%	106.5%	104.7%	104.0%	-1.4%	-1.4%	1.0%
CA, SACRAMENTO-ROSEVILLE-FOLSOM	108.1%	108.1%	109.5%	106.2%	103.9%	-1.3%	-1.3%	4.0%
CA, SALINAS	108.6%	108.6%	110.0%	108.4%	106.5%	-1.3%	-1.3%	2.0%

<https://chipsblog.pcc.com/2025-rvu-analysis-part-1-gpci-comparison>

What's On The Pediatric Practice Management Calendar?

Jan 22, 2025

Paulie and Chip Late Show Webinar 8pm

Coding Patterns (Q)
Google/Apple Check (Q)
WWW Site Management (M)
Performance Measure Review (Q)
Patient Cleanup (Q)
2024 Margin Review (Y)

bit.ly/PediatricPracticeManagementCalendar

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**News Round Up
...Important News
Pediatricians Need To
Know!**

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Welcome to the Blue Cross Blue Shield Provider Settlement Website.

The class action lawsuit, *In re: Blue Cross Blue Shield Antitrust Litigation*, addresses Provider Plaintiffs' claim that the Settling Defendants violated antitrust laws by illegally dividing the United States into "Service Areas" and agreeing not to compete in those areas. Provider Plaintiffs also claim that the Settling Defendants fixed prices for services provided. The class action is pending in the United States District Court for the Northern District of Alabama, Southern Division. U.S. District Judge R. David Proctor is overseeing it. Both sides want to avoid the risk and cost of further litigation and have agreed to the Settlement. The Provider Plaintiffs and their attorneys think the Settlement is best for the Settlement Class

This Settlement Class includes all Providers in the U.S. (except Excluded Providers [FAQ 5](#), who are not part of the Settlement Class) who currently provide or provided healthcare services, equipment or supplies to any patient who was insured by, or was a Member of or a beneficiary of, any plan administered by any Settling Individual Blue Plan from July 24, 2008 to October 4, 2024 ("Settlement Class Period"). Class Members who submit a valid approved claim ("Authorized Claimants") will receive a payment from the Net Settlement Fund if the Settlement is approved.

This Portal is the official platform for Settlement Class Members to submit claims for a share of the Net Settlement Fund and to get up-to-date information about the Settlement Program.

Which Claim Should I Submit? [FAQ 12](#)

Submit a Professional Claim

[Professional Claims Instructions](#)

Submit a Facilities Claim

[Facilities Claims Instructions](#)



BLUE CROSS BLUE SHIELD PROVIDER SETTLEMENT

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

Frequently Asked Questions and Answers

	Category	Question	Answer
1.	Basic Information	What is the lawsuit about?	In the class action, called <i>In re: Blue Cross Blue Shield Antitrust Litigation</i> , the Plaintiffs (see FAQ 3) claim that the Settling Defendants violated antitrust laws by illegally dividing the United States into "Service Areas" and agreeing not to compete in those areas. They also claim that the Settling Defendants fixed prices for services provided. The class action is pending in the United States District Court for the Northern District of Alabama, Southern Division. U.S. District Judge R. David Proctor is overseeing it.
2.	Basic Information	Why is there a Settlement?	The Court did not decide in favor of the Plaintiffs or Settling Defendants. Instead, both sides have agreed to the Settlement. Both sides want to avoid the risk and cost of further litigation. The Plaintiffs and their attorneys think the Settlement is best for the Settlement Classes.
3.	Basic Information	Who are the Parties to this Settlement?	The Plaintiffs – the Provider Class Representatives – are the group of providers and facilities listed in Paragraph ttt of the Settlement Agreement, available here . The Settling Defendants are all Settling Individual Blue Plans (Primary Licensees, including Controlled Affiliate Licensees) and the Blue Cross Blue Shield Association ("BCBSA"), collectively. "Parties" means the collective of all Provider Class Representatives, all Settlement Class Members, BCBSA, and all Settling Individual Blue Plans.
4.	The Settlement Class	Who is included in the Settlement Classes?	The Settlement Class includes all Providers in the U.S. (except Excluded Providers (see FAQ 5), who are not part of the Settlement Class) who currently provide or provided healthcare services, equipment or supplies to any patient who was insured by, or was a Member of or a beneficiary of, any plan administered by any Settling Individual Blue Plan during from July 24, 2008 to October 4, 2024 ("Settlement Class Period"). "Provider" means any person or entity that provides healthcare services in the U.S., including but not limited to a physician, group practice, or facility.

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406)

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INSTRUCTIONS REGARDING CLAIM FORM FOR THE BLUE CROSS AND BLUE SHIELD ANTITRUST LITIGATION PROFESSIONAL NET SETTLEMENT FUND

It is very important that you read the Class Notice in order to fully understand your rights under this Settlement.

DEADLINE FOR CLAIM FORM SUBMISSION: Submitted online or postmarked by July 29, 2025.

WE STRONGLY RECOMMEND SUBMITTING YOUR CLAIM FORM ONLINE. IF THAT IS NOT FEASIBLE, PLEASE SUBMIT YOUR CLAIM FORM VIA REGISTERED OR CERTIFIED MAIL AND RETAIN YOUR RECEIPT AND A COPY OF YOUR CLAIM FORM FOR YOUR RECORDS.

If you validly submit a Claim Form to the Settlement Notice Administrator online or by mail on or before July 29, 2025 you may elect to receive the portion of the Professional Net Settlement Fund you are entitled to as a Medical Professional or authorized Medical Group/Organization. If you are a Medical Professional or authorized Medical Group/Organization, you may file only one Claim Form as a Medical Professional or Medical Group/Organization. If you are a Medical Professional, you may file only one Claim Form as a Medical Professional.

By submitting a Claim Form you are agreeing to be subject to the jurisdiction of the Court for the Northern District of Alabama for any proceedings relating to your Claim Form. The terms used in the Instructions and Claim Form that are not otherwise defined here are defined in the Settlement Agreement. A copy of the Settlement Agreement can be found at www.BCBSProviderSettlement.com.



2025 Limits

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Retirement Plan Contribution Limits:

- **401(k), 403(b), and 457(b) Plans:** The annual contribution limit has increased to \$23,500, up from \$23,000 in 2024.
- **Catch-Up Contributions (Age 50+):** The additional contribution limit remains at \$7,500.
- **Special Catch-Up Contributions (Ages 60-63):** Under the SECURE 2.0 Act, individuals aged 60 to 63 can make catch-up contributions up to \$11,250.
- **Defined Contribution Plans:** The total annual contribution limit has risen to \$70,000 from \$69,000.
- **Individual Retirement Accounts (IRAs):** The annual contribution limit stays at \$7,000, with the catch-up contribution for those aged 50 and over remaining at \$1,000.

2025 Limits

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Social Security Wage Base & Medicare Taxes:

In 2025, the maximum amount of earnings subject to Social Security tax is \$176,100. This means that earnings up to this limit are taxed for Social Security purposes, while earnings above it are not. Source: [Social Security Administration](#)

The Social Security tax rate for employees remains at 6.2%, with employers contributing an additional 6.2%. Therefore, an individual earning \$176,100 or more would contribute \$10,918.20 in Social Security taxes in 2025, with their employer matching this amount. Source: [Social Security Administration](#)

It's important to note that there is no maximum taxable amount for Medicare; all earnings are subject to the Medicare tax. Source: [Social Security Administration](#) www.PediatricSupport.com



2025 Limits

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Health Savings Accounts:

Health Savings Accounts offer a tax-advantaged way to save for medical expenses, and these updated limits provide an opportunity to increase your contributions in 2025. More importantly, HSA's offer an alternative way for tax-deductible retirement savings as there are no income limits to contribute to an HSA.

- **Self-Only Coverage:** The maximum annual contribution limit is \$4,300, an increase from \$4,150 in 2024.
- **Family Coverage:** The maximum annual contribution limit is \$8,550, up from \$8,300 in 2024.
- **Catch-Up Contributions:** Individuals aged 55 and older can contribute an additional \$1,000, unchanged from 2024.

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Marriott New Orleans

Pre-Conference: Thu, Feb 5

Main Conference: Fri & Sat, Feb 6 and 7

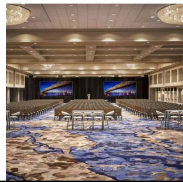
NEW VENUE!



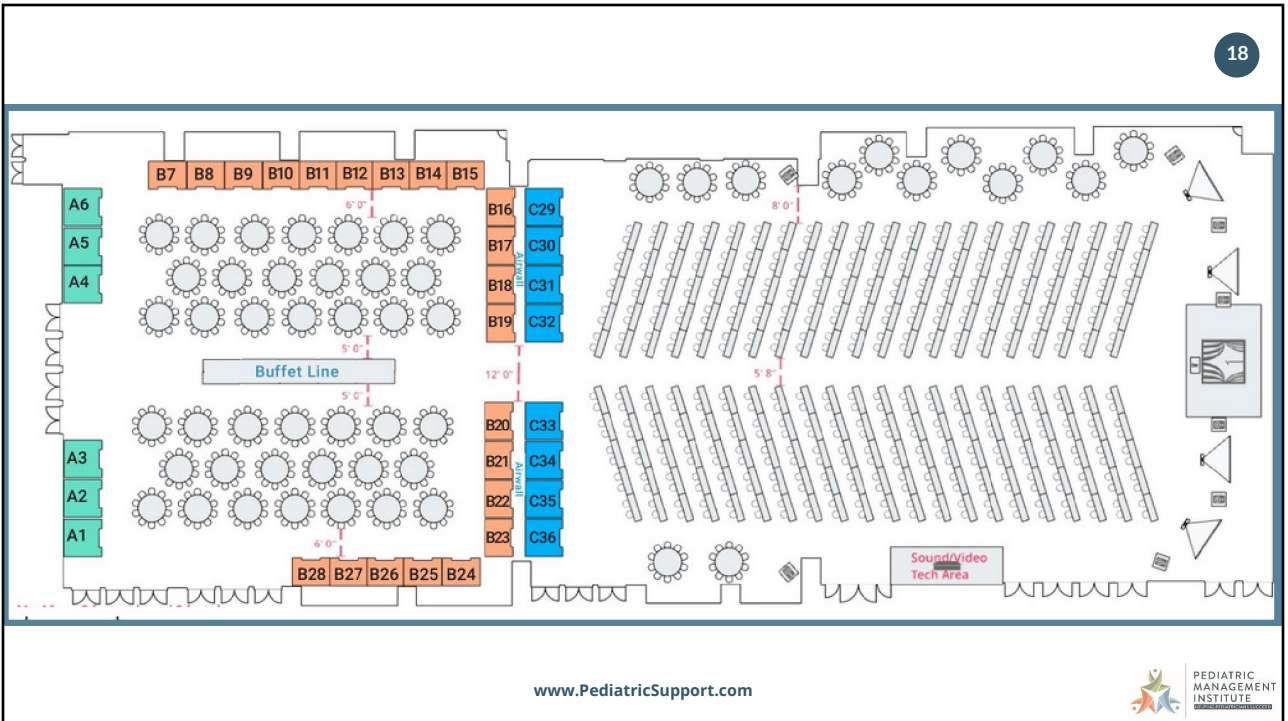
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Financial Management

Hospitals slam 'irresponsible' site-neutral payment plan

Alan Condon - Monday, November 4th, 2024



Hospitals have pushed back against two senators' policy framework that details a plan to impose [site-neutral payments](#) on hospitals.

U.S. Sens. Bill Cassidy, MD, R-La., and Maggie Hassan D-N.H., on Nov. 1 published a paper advocating for site-neutral payments and how the policy would reduce healthcare costs for patients, improve the financial stability of Medicare, reduce provider consolidation and help rural hospitals serving high-need communities.

Site-neutral payment policies would require Medicare to pay the same rate for services delivered regardless of the care site. Medicare payment rates currently recognize fundamental differences between patient care in hospital outpatient departments compared to other settings.

The American Hospital Association argues that this framework would limit critical hospital-based care, leading to increased wait times and decreased access to care for patients.

"It is irresponsible to think that clawing back up to \$140 billion of Medicare spending for seniors won't destabilize access to care," AHA Executive Vice President Stacey Hughes said in a [statement](#). "Rather than addressing the root causes driving physician acquisitions, this instead proposes dramatic and untenable Medicare cuts, reducing seniors' access to critical hospital-based care."



- In the simplest terms, a site-neutral payment policy means the payment for a healthcare service provided to a patient is the same regardless of the setting in which the service occurs. Hospitals argue that their higher prices stem from the larger overhead costs they incur compared to other providers, such as emergency services and 24-hour access, regulatory compliance, and supply and labor costs.
- "Site-neutral policies equate to Medicare cuts that threaten access to 24/7 hospital care — a framework Congress has rejected time and again," FAH Executive Vice President of Public Affairs Charlene MacDonald said. "Seniors deserve better than tired old policies pushed by the insurance industry that just threaten access to reliable hospital care."

Health programs on the GOP chopping block

By CHELSEA CIRRUZZO | 01/13/2025 10:00 AM EST

Presented by The Pharmaceutical Reform Alliance

With Ben Leonard

DRIVING THE DAY



Many GOP lawmakers want to let ACA health insurance plan subsidies expire, but GOP Sen. Lisa Murkowski feels differently. | Francis Chung/POLITICO

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POLITICO

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- One big target is per-capita caps, favored by House Energy and Commerce Chair Brett Guthrie (R-Ky.). They'd allocate a set amount of Medicaid funding based on population instead of being an open-ended entitlement. That's projected to save up to \$918 billion.
- Another major target is equalizing payments for nondisabled adults with those of traditional Medicaid enrollment – those with disabilities or low-income children, which [Republicans] say would save up to \$690 billion.
- Adding work requirements in the program is also on the table and is pegged to save \$120 billion.



NEWS ADMINISTRATION ISSUES



PRESIDENTIAL ACTIONS

WITHDRAWING THE UNITED STATES FROM THE WORLD HEALTH ORGANIZATION

EXECUTIVE ORDER

January 20, 2025

Mr. Trump signed an executive order Jan. 20 removing the U.S. from the World Health Organization due to "the organization's mishandling of the COVID-19 pandemic that arose out of Wuhan, China, and other global health crises, its failure to adopt urgently needed reforms and its inability to demonstrate independence from the inappropriate political influence of WHO member state," according to the order.

The order will also recall and reassign U.S. government personnel or contractors working with WHO; pause the transfer of U.S. government funds, resources and support to WHO in the future; and review, revoke and replace the 2024 U.S. Global Health Security Strategy.

Mr. Trump shared plans to remove the U.S. from WHO during his first administration, which wouldn't have been finalized until July 2021. However, the Biden administration reengaged with the organization in January 2021 when he took office.

Questions for RFK Jr.'s Senate Confirmation: Part I

RFK Jr. will soon be asked questions about heading the Department of Health and Human Services. Here are some suggestions.

PAUL OFFIT
JAN 02, 2025

168 456 26

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Mr. Kennedy, you have been nominated to be the Secretary of Health and Human Services (HHS), the largest department in the United States government. HHS has an annual budget of \$1.85 trillion and supervises 80,000 employees. I have some concerns about your appointment:

Question #1: On July 6, 2023, while appearing on a popular podcast, you said “no vaccine is safe and effective.” However, CDC has estimated that between 1994 and 2023, childhood vaccines in the United States have prevented 1.1 million deaths, 508 million illnesses, and 32 million hospitalizations.

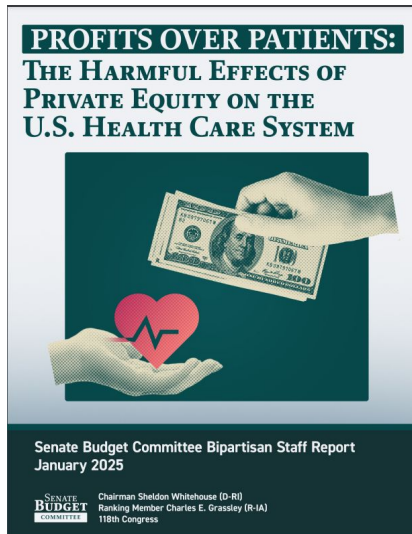
Do you disagree with the CDC’s assessment? And, if so, why?

Question #2: On that same podcast, when asked about the polio vaccine, you said, “The polio vaccine contained a virus called SV40. It’s one of the most carcinogenic viruses known to man...98 million people who got that vaccine in my generation now have this explosion in soft tissue cancers [that] kill many, many, many, many, many more people than polio ever did.” This concern has now been examined in more

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- LGP and PMH’s primary focus was on financial goals rather than quality of care at their hospitals, leading to multiple health and safety violations as well as understaffing and the closure of several hospitals.
- Despite this financial and operational mismanagement of its hospitals, LGP took home \$424 million of the \$645 million that PMH paid out in dividends and preferred stock redemption during LGP’s majority ownership—in addition to over \$13 million in fees—leaving PMH in severe financial distress.
- ORHC’s PE-owned operating companies, including Lifepoint Health, have failed to fulfill at least seven promises—including legally binding ones—made to ORHC.
- ORHC’s PE-owned operators’, including Lifepoint Health and its predecessors, underinvestment in the hospital, as documented by its failure to fulfill many of their promises and commitments, has resulted in declining conditions and quality of care that allowed egregious events to occur.
- While ORHC’s quality of care and financial status declined, Apollo, the firm, has received benefits to the tune of millions of dollars annually from its fund’s investment in Lifepoint Health and its predecessors.

https://www.budget.senate.gov/imo/media/doc/profits_over_patients_the_harmful_effects_of_private_equity_on_the_ushealthcaresystem1.pdf

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National Employer Plan
 State based Employer PPO file
 State based Specialty file
 State based TPA file
 State based in-network HMO file
 State based in-network PPO file
 State based in-network file



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Format

- **Previously: PDF**
- **Now: Online Portal**
- **Excel Exports**

Contents

- 30 Most Common Pediatric CPT Codes
- Comparison Of 30 Taxonomy Codes

Availability: Launch Planned During PMI Conference

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TAXONOMY CODE	#Records	90460	90461	90471	90472	90651	90677	90697	90716	96110	96127	96160	96161	99174	99177
Adolescent Medicine	1530	\$22.03	\$12.76	\$19.57	\$11.78	\$317.68	\$290.55	\$166.4	\$192.58	\$14.12	\$5.78	\$4.21	\$4.21	\$14.98	\$4.93
Adult Medicine	512	\$17.54	\$11.76	\$17	\$11.85	\$296.66	\$272.15	\$155.49	\$179.56	\$11.46	\$5.68	\$3.47	\$3.47	\$9.72	\$4.8
Child Abuse Pediatrics	256	\$26.86	\$14.93	\$12.23	\$8.88	\$346.01	\$318.43	\$180.91	\$209.73	\$46.99	\$6.4	\$5.09	\$5.09	\$22.7	\$5.93
Developmental - Behavioral Pediatrics	128	\$27.15	\$13.85	\$25.11	\$13.01	\$334.59	\$305.58	\$175.33	\$202.83	\$11.61	\$5.77	\$4.97	\$4.97	\$27.14	\$5.9
Family Medicine	54597	\$20.59	\$12.66	\$19.03	\$12.18	\$312.76	\$286.37	\$164.23	\$189.16	\$13.17	\$5.83	\$3.98	\$3.98	\$14.4	\$4.95
Gastroenterology	11201	\$22.56	\$13.52	\$20.61	\$12.58	\$330.87	\$303.12	\$173.37	\$200.41	\$14.11	\$6.19	\$4.43	\$4.43	\$18.77	\$5.4
Hospice and Palliative Medicine	96	\$27.57	\$13.95	\$17.73	\$10.24	\$349.74	\$321.41	\$182.93	\$211.99	\$30.52	\$6.03	\$5.14	\$5.14	\$19.8	\$5.48
Internal Medicine	58604	\$22.85	\$13.61	\$20.64	\$12.81	\$325.91	\$298.84	\$172.09	\$196.05	\$14.99	\$6.58	\$4.6	\$4.6	\$17.89	\$5.72
Neonatal-Perinatal Medicine	2311	\$22.44	\$13.94	\$21.44	\$13.35	\$323.89	\$295.1	\$169.84	\$196.35	\$13.6	\$6.51	\$4.47	\$4.47	\$18.66	\$6.01
Pediatric Allergy/Immunology	288	\$17.46	\$12.23	\$16.62	\$11.75	\$277.34	\$255.29	\$145.5	\$167.55	\$12.6	\$6.29	\$3.81	\$3.81	\$13.96	\$5.68
Pediatric Cardiology	2304	\$22.19	\$13.65	\$17.47	\$11.74	\$325.6	\$298.54	\$170.55	\$197.23	\$20.79	\$6.4	\$4.42	\$4.42	\$17.5	\$5.64
Pediatric Critical Care Medicine	2304	\$22.14	\$13.97	\$14.93	\$10.95	\$352.73	\$323.13	\$184.73	\$213.75	\$30.8	\$6.83	\$4.52	\$4.52	\$18.7	\$6.14
Pediatric Emergency Medicine	1024	\$20.96	\$13.47	\$15.66	\$11.32	\$325.69	\$297.58	\$170.64	\$197.43	\$25.98	\$7.24	\$4.57	\$4.57	\$13.81	\$6.32
Pediatric Endocrinology	608	\$19.33	\$13.48	\$19.05	\$13.21	\$323.62	\$294.64	\$169.74	\$196.19	\$13.99	\$7.14	\$4.27	\$4.27	\$16.56	\$6.42
Pediatric Gastroenterology	928	\$23	\$14.01	\$20.39	\$12.88	\$335.44	\$307.08	\$175.81	\$203.17	\$17.37	\$6.84	\$4.65	\$4.65	\$17.97	\$6.22
Pediatric Hematology-Oncology	576	\$22.31	\$13.33	\$21.57	\$12.76	\$320.74	\$292.03	\$168.22	\$194.45	\$12.86	\$6.53	\$4.57	\$4.57	\$22.07	\$6.17
Pediatric Infectious Diseases	1056	\$24.49	\$14.45	\$21.49	\$13.17	\$339.59	\$310.62	\$178	\$205.71	\$18.12	\$7.35	\$5.19	\$5.19	\$17.4	\$6.57
Pediatric Nephrology	566	\$23.16	\$14.54	\$20.5	\$13.48	\$340.95	\$310.69	\$178.78	\$206.7	\$20.58	\$7.67	\$5.06	\$5.06	\$17.03	\$6.82
Pediatric Pulmonology	734	\$27.61	\$15.62	\$22.81	\$13.56	\$337.06	\$319.26	\$182.62	\$197.86	\$24.68	\$8.04	\$5.88	\$5.88	\$22.03	\$7.15
Pediatric Rheumatology	32	\$30.95	\$15.58	\$30.95	\$15.58	\$359.43	\$326.95	\$188.56	\$217.9	\$10.18	\$6.66	\$5.7	\$5.7	\$9.3	\$6.23
Pediatric Transplant Hepatology	32	\$13.57	\$12.21	\$13.57	\$12.21	\$332.47	\$302.43	\$174.42	\$201.56	\$15.45	\$7.84	\$3.8	\$3.8	\$8.43	\$6.9
Pediatrics	33186	\$22.89	\$13.41	\$19.87	\$12.27	\$327.05	\$301.2	\$172.97	\$196.43	\$16.5	\$6.31	\$4.48	\$4.48	\$16.83	\$5.5
Sleep Medicine	86	\$13.79	\$12.41	\$13.36	\$12.44	\$309.79	\$283.44	\$162.25	\$187.79	\$29.95	\$7.41	\$3.59	\$3.59	\$7.18	\$5.87
Sports Medicine	192	\$16.15	\$12.75	\$12.35	\$11.19	\$310.85	\$283.59	\$162.94	\$188.45	\$25.32	\$8.2	\$4.34	\$4.34	\$12.01	\$6.99

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PROVIDER ORG NAME	TAXONOMY CODE	PROVIDER LOCATION	#NPIs	#Records	#Rates	90460	90461	90471	90472	90651
ACADIANA PEDIATRICS, L.L.C.	Family Medicine	LA, RAYNE, 70578	1	32	31	\$22.52	\$11.15	\$19.17	\$9.48	\$275.91
ACADIANA PEDIATRICS, L.L.C.	Pediatrics	LA, RAYNE, 70578	3	96	31	\$22.52	\$11.15	\$19.17	\$9.48	\$275.91
ACADIANA RENAL PHYSICIANS AMC	Internal Medicine	LA, LAFAYETTE, 70506	2	64	30	\$30.93	\$15.83	\$4.96	\$4.96	\$482.85
ACADIANA WOUND CARE AND HYPERBARICS	Family Medicine	LA, CROWLEY, 70526	3	96	29	\$11.12	\$10	\$11.12	\$10	\$221.41
ACCESS HEALTH LOUISIANA	Adult Medicine	LA, BOGALUSA, 70427	1	32	31	\$25.3	\$12.53	\$21.54	\$10.65	\$344.89
ACCESS HEALTH LOUISIANA	Family Medicine	LA, BOGALUSA, 70427	21	736	31	\$25.3	\$12.53	\$21.54	\$10.65	\$344.89
ACCESS HEALTH LOUISIANA	Internal Medicine	LA, BOGALUSA, 70427	5	160	31	\$25.3	\$12.53	\$21.54	\$10.65	\$344.89
ACCESS HEALTH LOUISIANA	Pediatrics	LA, BOGALUSA, 70427	13	416	31	\$25.3	\$12.53	\$21.54	\$10.65	\$344.89
ACT ONE HEALTH, LLC	Family Medicine	LA, BATON ROUGE, 70806	2	64	29	\$13.57	\$12.21	\$13.57	\$12.21	\$287.54
ADERONKE KINGBOLA MD AND WILLIS-KNIGHTON MEDICAL CENTER	Gastroenterology	LA, SHREVEPORT, 7118	1	64	29	\$44.3	\$22.37	\$44.3	\$22.37	\$490.26
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	Adolescent Medicine	LA, COVINGTON, 70433	1	32	31	\$34.08	\$17.07	\$27.07	\$13.56	\$379.38
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	Family Medicine	LA, COVINGTON, 70433	11	352	31	\$34.08	\$17.07	\$27.07	\$13.56	\$379.38
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	Gastroenterology	LA, COVINGTON, 70433	16	512	31	\$34.08	\$17.07	\$27.07	\$13.56	\$379.38
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	Internal Medicine	LA, COVINGTON, 70433	65	2080	31	\$34.08	\$17.07	\$27.07	\$13.56	\$379.38
ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND	Neonatal-Perinatal Medicine	LA, COVINGTON, 70433	3	96	31	\$34.08	\$17.07	\$27.07	\$13.56	\$379.38





✕ Rates , CODE - Pediatrics, PROVIDER ORG NAME-ACADIANA PEDIATRICS, L.L.C.

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PROVIDER NAME	TIN VALUE	NPI	TAXONOMY CODE	#Records	90460	90461	90471	90472	90651	90677	90697	90716	96110	96127	96160
KELLY GAMBEL	821621743	1811659808	Pediatrics	32	\$22.52	\$11.15	\$19.17	\$9.48	\$275.91	\$254.91	\$144.1	\$167.23	\$12.85	\$5.56	\$4.84
MARIN DAWSON DO	821621743	1356538276	Pediatrics	32	\$22.52	\$11.15	\$19.17	\$9.48	\$275.91	\$254.91	\$144.1	\$167.23	\$12.85	\$5.56	\$4.84
MARK DAWSON M.D.	821621743	1043210271	Pediatrics	32	\$22.52	\$11.15	\$19.17	\$9.48	\$275.91	\$254.91	\$144.1	\$167.23	\$12.85	\$5.56	\$4.84

✕ Rates - 1811659808 ↓ EXPORT



KELLY GAMBEL
NPI-1811659808 TIN-821621743 EIN TYPE-1

PROFESSIONAL
National Employer Plan
2024.10

90460
CPT
3373347554

717 CURTIS DRIVE SUITE A RAYNE, LA 70578
101 OAKWATER DRIVE LAFAYETTE, LA 70503

\$22.52
NEGOTIATED
208000000X

Basic Strategy



PayerIntel

Empowering Physicians With Insight

1. Identify where MCO's are paying higher rates for select codes to other practices
2. Select 5-10 codes high-volume codes (99213, 90460, etc.) to request increase to approximately the same amount they have already negotiated with large networks / other providers.
 - Generally, vaccine rates will cover costs. But need to verify with data search or review of EOB's.
3. Contact MCO rep to request increases.
 - Depending on response, practice may consider "tougher" negotiation strategies

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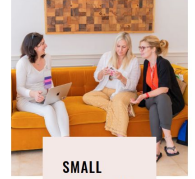
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