PUSEN Mountain West Territory Business Plan

Snapshot: 2026-07-29

Executive decision

Start with dense, evaluation-ready surgeon/account clustersâ not four equal geographies. The territory model indicates roughly 14,846â 21,833 annual all-payer CPT 52356 services, with a 17,931 base planning case. Use this range for capacity planning and public CPT 52356 activity to sequence discovery, then replace every proxy with field truth before forecasting or proposing economics.

â¢ 1. Utah: 7,635â 11,229 modeled annual all-payer CPT 52356 services (9,222 base); 539 observed provider FFS services; 25 reportable surgeons; 88 current Care Compare urologists; 8 Tier 1 accounts.
â¢ 2. Montana: 2,601â 3,825 modeled annual all-payer CPT 52356 services (3,141 base); 354 observed provider FFS services; 18 reportable surgeons; 53 current Care Compare urologists; 2 Tier 1 accounts.
â¢ 3. Las Vegas: 3,341â 4,913 modeled annual all-payer CPT 52356 services (4,035 base); 201 observed provider FFS services; 10 reportable surgeons; 29 current Care Compare urologists; 5 Tier 1 accounts.
â¢ 4. Southeast Idaho: 1,269â 1,866 modeled annual all-payer CPT 52356 services (1,533 base); 105 observed provider FFS services; 4 reportable surgeons; 8 current Care Compare urologists; 0 Tier 1 accounts.

The planning range is not confirmed volume. It expands a less-suppressed Original Medicare FFS geography anchor for Medicare Advantage enrollment and a 17%â 25% Medicare payer-share sensitivity. The payer-share source is a dated California upper-tract stone-surgery cohort, not a territory-specific CPT 52356 extract. Exact procedure location, incumbent equipment, purchasing authority, and active sales motion remain unknown.

Day-one priorities

â¢ Verify the top 20 surgeons and top 15 accounts before broad outreach.
â¢ Build six written evaluation candidates across the assigned geography.
â¢ Qualify the problem before the product: access/irrigation, suction/visibility, uptime, reprocessing, remote coverage, or hybrid-fleet economics.
â¢ Require a surgeon, operational owner, and economic/purchasing owner for every evaluation.
â¢ Advance only trials with explicit case selection, success criteria, data ownership, conversion path, and review date.

Stack-ranked surgeons

Rank	Surgeon	Region	Observed FFS	Modeled all-payer range	Score	Lane
1	Bryant Vanleeuwen	Southeast Idaho	30	235â 346	92	Work now
2	David M Adams	Utah	41	384â 564	90	Work now
3	Victor E Grigoriev	Las Vegas	38	394â 579	89	Work now
4	Craig B Hunter	Las Vegas	23	238â 350	89	Work now

5 Lynn S Chidester Utah 23 215â 316 89 Work now
6 Adam Embree Dowell Montana 36 211â 310 88 Work now
7 Christopher George Wicher Montana 25 146â 215 86 Work now
8 Brandon S Childs Utah 22 206â 303 86 Work now
9 Andrew Rabley Utah 20 187â 275 86 Work now
10 Richard A Blatter Southeast Idaho 38 298â 438 85 Work now
11 Joseph V Candela Las Vegas 33 342â 503 85 Work now
12 Omid A Lesani Las Vegas 21 218â 320 85 Work now
13 Lisa B Bland Montana 19 111â 164 85 Work now
14 Theodore Robert Saitz Las Vegas 18 186â 274 85 Work now
15 Thomas Brinton Utah 29 271â 399 84 Work now
16 Bryant Mark Whiting Utah 26 243â 358 84 Work now
17 Daniel Vernon Cahoon Utah 26 243â 358 84 Work now
18 John Gannon Montana 18 105â 155 84 Work now
19 Karin E Brown Montana 25 146â 215 83 Work now
20 Ruth Blum Montana 25 146â 215 82 Work now

Stack-ranked accounts

Rank Account Type Region Linked observed FFS Linked planning range Score Lane
---: --- --- --- ---: ---: ---: ---
1 IHC HEALTH SERVICES INC Urology practice / group Utah 218 2040â 2999 98 Work now
2 LAS VEGAS UROLOGY LLP Urology practice / group Las Vegas 177 1834â 2697 93 Work now
3 GRANGER MEDICAL CLINIC PC Urology practice / group Utah 162 1517â 2229 92 Work now
4 Centennial Hills Hospital Medical Center Acute Care Hospitals Las Vegas 167 1730â 2545 83 Work now
5 BILLINGS CLINIC Urology practice / group Montana 101 591â 870 83 Work now
6 Summerlin Hospital Medical Center Acute Care Hospitals Las Vegas 161 1668â 2453 82 Work now
7 Intermountain Medical Center Acute Care Hospitals Utah 149 1395â 2049 81 Work now
8 Billings Clinic Acute Care Hospitals Montana 147 860â 1266 80 Work now
9 Mountainview Hospital Acute Care Hospitals Las Vegas 140 1450â 2133 79 Work now
10 Holy Cross Hospital-Jordan Valley Acute Care Hospitals Utah 136 1273â 1871 79 Work now
11 Mckay-Dee Hospital Acute Care Hospitals Utah 124 1161â 1706 77 Work now
12 Southern Hills Hospital And Medical Center Acute Care Hospitals Las Vegas 113 1171â 1721 75 Work now
13 American Fork Hospital Acute Care Hospitals Utah 111 1038â 1527 75 Work now
14 Cedar City Hospital Acute Care Hospitals Utah 110 1029â 1514 75 Work now
15 St. George Regional Hospital Acute Care Hospitals Utah 110 1029â 1514 75 Work now
16 Spring Valley Hospital Medical Center Acute Care Hospitals Las Vegas 102 1056â 1554 74 Work now
17 Timpanogos Regional Hospital Acute Care Hospitals Utah 101 945â 1390 74 Work now
18 Intermountain Health Riverton Hospital Acute Care Hospitals Utah 95 889â 1307 73 Work now
19 Lds Hospital Acute Care Hospitals Utah 83 777â 1141 71 Work now
20 Intermountain Health Alta View Hospital Acute Care Hospitals Utah 81 758â 1114 70 Work now

Commercial motion

â¢ High-volume stone programs: controlled PRO 7.5 vs PRO V-1 evaluation plus reusable/hybrid cost-per-case baseline.
â¢ ASCs: case readiness, turnover, reprocessing, and value-analysis economics; do not assume disposables are cheaper.
â¢ Multi-site systems: standardization, processor placement, inventory, training, and purchasing authority.
â¢ Remote/rural sites: uptime, repair logistics, portable platform, and scheduled coverage.
â¢ Academic/complex cases: product-fit evaluation around access, channel, deflection, suction, image, and case selection.

Value model guardrails

Account economics require local inputs: PUSEN price, annual case count, reusable capital and life, repairs, reprocessing, downtime/rental, waste, contracting, and implementation. Public literature is mixed; reusable platforms can be more economical at high volume, and recent life-cycle evidence can favor reusable scopes. A credible plan supports single-use, reusable, or hybrid conclusions based on the account.

Evidence boundary

CMS provider-service rows are reportable Original Medicare FFS activity at the provider-address grain. Missing rows are not zero. The market range is a low-confidence sensitivity, not a confirmed total. Practice and facility links are current public relationships, not proof of procedure location or billing volume. CRM, email, calendar, incumbent contracts, and active opportunities were not connected; suppress duplicate motion before contact.