

**Delaware Compensation Rating Bureau, Inc.**  
**Per Procedure Cost (>4% Increase) for Transactions Reported July 2010 - June 2012**  
**Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)**  
**For Inpatient Hospital (Place of Service 21) and Outpatient Hospital (Place of Service 22)**

Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
85018 - BLOOD COUNT; HEMOGLOBIN (HGB)	23	23	23	\$345.25	\$255.12	\$11.09	30	33	44	\$6,861.25	\$5,493.29	\$166.46
96366 - INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	2	\$107.00	\$96.30	\$48.15	3	4	13	\$2,379.00	\$1,802.56	\$450.64
84436 - THYROXINE; TOTAL	2	2	2	\$76.50	\$67.71	\$33.86	2	2	2	\$652.00	\$539.46	\$269.73
12042 - REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	4	4	4	\$1,328.17	\$234.55	\$58.64	3	3	3	\$1,701.55	\$1,382.56	\$460.85
74020 - RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	2	2	2	\$78.00	\$21.26	\$10.63	3	4	4	\$344.00	\$297.60	\$74.40
87015 - CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS	2	3	3	\$100.50	\$27.06	\$9.02	2	2	2	\$129.25	\$105.90	\$52.95
0207 - BURN CARE	5	10	22	\$671,361.00	\$494,972.67	\$49,497.27	3	3	35	\$772,614.00	\$772,614.00	\$257,538.00
93880 - DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	3	5	5	\$1,689.00	\$545.82	\$109.16	3	4	4	\$2,655.50	\$2,062.58	\$515.65
82945 - GLUCOSE, BODY FLUID, OTHER THAN BLOOD	3	4	4	\$67.00	\$27.33	\$6.83	2	3	3	\$114.50	\$93.24	\$31.08
74000 - RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	8	10	10	\$342.00	\$77.55	\$7.76	13	19	19	\$945.00	\$628.61	\$33.08
49585 - REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	3	5	5	\$4,926.00	\$2,336.49	\$467.30	2	3	3	\$6,444.00	\$5,156.25	\$1,718.75
24359 - TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT	5	7	7	\$20,063.62	\$12,956.00	\$1,850.86	2	2	2	\$17,904.00	\$13,585.58	\$6,792.79
0343 - DIAGNOSTIC RADIOPHARMS	13	14	18	\$1,781.00	\$833.68	\$59.55	21	21	24	\$5,620.00	\$4,531.84	\$215.80
0540 - AMBULANCE	6	12	24	\$7,476.22	\$5,837.80	\$486.48	2	3	10	\$6,062.00	\$5,226.49	\$1,742.16
97124 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	14	36	37	\$2,389.50	\$1,310.57	\$36.40	7	56	108	\$9,072.00	\$7,196.02	\$128.50
29819 - ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	5	6	6	\$12,519.00	\$4,142.90	\$690.48	3	4	4	\$13,404.00	\$9,361.48	\$2,340.37
73000 - RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	5	6	6	\$328.50	\$257.67	\$42.95	3	3	3	\$413.00	\$388.10	\$129.37
74022 - RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, SINGLE VIEW CHEST	5	6	6	\$582.00	\$255.78	\$42.63	5	5	5	\$699.00	\$632.53	\$126.51
01996 - DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG ADMINISTRATION	2	3	2	\$970.00	\$180.00	\$60.00	3	7	5	\$1,930.00	\$1,229.20	\$175.60
84100 - PHOSPHORUS INORGANIC (PHOSPHATE);	3	3	3	\$95.00	\$31.01	\$10.34	3	3	3	\$111.00	\$87.80	\$29.27
27245 - TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY IMPLANT; WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE	3	4	4	\$17,291.00	\$6,166.76	\$1,541.69	2	2	2	\$11,390.00	\$8,678.28	\$4,339.14
0636 - DRUGS REQUIRE SPECIFIC ID: DRUGS REQUIRING DETAIL CODING	236	692	6,628	\$96,867.34	\$61,349.35	\$88.66	238	751	7,443	\$251,079.85	\$184,920.61	\$246.23
73090 - RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	32	36	36	\$4,513.98	\$3,505.34	\$97.37	30	43	44	\$12,651.58	\$11,558.15	\$268.79
95831 - MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK	3	6	6	\$288.00	\$232.56	\$38.76	2	2	2	\$258.00	\$210.38	\$105.19

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0637 - DRUGS REQUIRE SPECIFIC ID: SELF ADMIN DRUGS (INSULIN ADMIN IN EMERGENCY-DIABETES COMA)	41	48	292	\$784.24	\$676.28	\$14.09	145	173	1,185	\$9,143.66	\$6,580.98	\$38.04
11042 - DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	7	22	22	\$5,729.65	\$3,489.25	\$158.60	9	44	356	\$26,172.02	\$18,707.91	\$425.18
82247 - BILIRUBIN; TOTAL	5	5	5	\$197.75	\$68.46	\$13.69	2	2	2	\$89.00	\$70.75	\$35.38
J7506 - PREDNISONE, ORAL, PER 5 MG	14	17	86	\$91.32	\$68.62	\$4.04	11	11	61	\$137.85	\$113.38	\$10.31
J2370 - INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	13	14	14	\$61.20	\$39.05	\$2.79	19	19	19	\$178.65	\$134.03	\$7.05
26055 - TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	8	12	12	\$19,788.38	\$9,588.79	\$799.07	7	9	9	\$24,176.00	\$18,020.81	\$2,002.31
64910 - NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	5	5	5	\$8,617.74	\$5,909.69	\$1,181.94	3	5	5	\$18,160.50	\$14,634.96	\$2,926.99
97150 - THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	22	119	132	\$8,593.93	\$6,478.05	\$54.44	12	38	44	\$5,863.75	\$5,002.73	\$131.65
72190 - RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3 VIEWS	2	3	3	\$168.50	\$134.85	\$44.95	2	3	3	\$373.00	\$322.60	\$107.53
86618 - ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	5	6	6	\$1,033.00	\$302.48	\$50.41	5	5	5	\$672.00	\$588.41	\$117.68
0310 - LABORATORY - PATHOLOGY	27	34	47	\$5,723.35	\$3,765.89	\$110.76	29	39	68	\$16,434.89	\$10,072.67	\$258.27
29876 - ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	3	4	3	\$9,375.09	\$3,636.29	\$909.07	3	3	3	\$7,034.00	\$6,353.90	\$2,117.97
83690 - LIPASE	8	8	8	\$451.67	\$191.33	\$23.92	13	14	14	\$1,082.64	\$779.86	\$55.70
88307 - LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION, BONE - BIOPSY/CURETTINGS, BONE FRAGMENT(S), PATHOLOGIC FRACTURE, BRAIN, BIOPSY, BRAIN/MENINGES, TUMOR RESECTION, BREAST, EXCISION OF LESION, REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS, BREAST, MASTECTOMY - PARTIAL/SIMPLE, CERVIX, CONIZATION, COLON, SEGMENTAL RESECTION, OTHER THAN FOR TUMOR, EXTREMITY, AMPUTATION, NON-TRAUMATIC, EYE, ENUCLEATION, KIDNEY, PARTIAL/TOTAL NEPHRECTOMY, LARYNX, PARTIAL/TOTAL RESECTION, LIVER, BIOPSY - NEEDLE/WEDGE, LIVER, PARTIAL RESECTION, LUNG, WEDGE BIOPSY, LYMPH NODES, REGIONAL RESECTION, MEDIASTINUM, MASS, MYOCARDIUM, BIOPSY, ODONTOGENIC TUMOR, OVARY WITH OR WITHOUT TUBE, NEOPLASTIC, PANCREAS, BIOPSY, PLACENTA, THIRD TRIMESTER, PROSTATE, EXCEPT RADICAL RESECTION, SALIVARY GLAND, SENTINEL LYMPH NODE, SMALL INTESTINE, RESECTION, OTHER THAN FOR TUMOR, SOFT TISSUE MASS (EXCEPT LIPOMA) - BIOPSY/SIMPLE EXCISION, STOMACH - SUBTOTAL/TOTAL RESECTION, OTHER THAN FOR TUMOR, TESTIS, BIOPSY, THYMUS, TUMOR, THYROID, TOTAL/LOBE, URETER, RESECTION, URINARY BLADDER, TUR, UTERUS, WITH OR WITHOUT TUBES AND OVARIES, OTHER THAN NEOPLASTIC/PROLAPSE	4	4	4	\$882.65	\$251.21	\$62.80	7	9	9	\$2,187.10	\$1,308.95	\$145.44
87088 - CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	7	7	7	\$342.83	\$188.72	\$26.96	5	6	6	\$493.50	\$368.02	\$61.34

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80076 - HEPATIC FUNCTION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040), BILIRUBIN, TOTAL (82247), BILIRUBIN, DIRECT (82248), PHOSPHATASE, ALKALINE (84075), PROTEIN, TOTAL (84155), TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460), TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450)	19	19	19	\$1,813.29	\$1,067.40	\$56.18	11	13	13	\$2,103.00	\$1,658.37	\$127.57
27695 - REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL	2	3	3	\$7,804.50	\$5,282.81	\$1,760.94	2	3	3	\$17,529.68	\$11,988.81	\$3,996.27
23700 - MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	8	14	14	\$12,761.50	\$4,732.42	\$338.03	3	5	5	\$4,612.00	\$3,834.61	\$766.92
93306 - ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, COMPLETE, WITH SPECTRAL DOPPLER ECHOCARDIOGRAPHY, AND WITH COLOR FLOW DOPPLER ECHOCARDIOGRAPHY	6	6	6	\$4,529.50	\$3,138.04	\$523.01	9	9	9	\$13,792.00	\$10,599.54	\$1,177.73
0259 - PHARMACY: OTHER	170	197	1,460	\$18,080.08	\$11,085.31	\$56.27	104	115	1,659	\$17,555.97	\$14,492.14	\$126.02
22632 - ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	5	5	\$10,206.00	\$1,794.53	\$358.91	8	12	12	\$18,552.00	\$9,575.04	\$797.92
97750 - PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	2	2	4	\$194.00	\$148.41	\$74.21	9	16	43	\$3,272.00	\$2,635.60	\$164.73
0611 - MAGNETIC RESONANCE TECH. (MRT): BRAIN (INCL. BRAINSTEM)	5	5	5	\$9,585.75	\$3,954.02	\$790.80	7	7	8	\$14,488.41	\$11,918.90	\$1,702.70
0260 - IV THERAPY	178	208	591	\$42,065.75	\$28,146.04	\$135.32	116	158	674	\$67,048.59	\$44,558.27	\$282.01
0451 - EMERGENCY ROOM: EM/EMTALA	27	30	30	\$1,777.56	\$1,761.15	\$58.71	21	21	22	\$2,578.41	\$2,565.56	\$122.17
0121 - MEDICAL/SURGICAL/GYN	7	7	16	\$27,929.25	\$23,400.85	\$3,342.98	10	11	40	\$92,248.40	\$75,922.56	\$6,902.05
26615 - OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	5	8	8	\$22,083.26	\$9,197.15	\$1,149.64	3	3	3	\$10,377.75	\$7,096.55	\$2,365.52
00406851501 - OXYCODONE HCL	2	6	456	\$345.59	\$345.59	\$57.60	3	5	780	\$920.40	\$591.16	\$118.23
0300 - LABORATORY - CLINICAL DIAGNOSTIC	136	283	1,091	\$58,074.04	\$34,166.19	\$120.73	145	344	1,785	\$216,616.68	\$83,332.84	\$242.25
49650 - LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	3	6	6	\$10,811.00	\$9,341.64	\$1,556.94	3	5	5	\$18,315.25	\$15,509.10	\$3,101.82
00750 - ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	2	2	53	\$2,250.00	\$1,253.07	\$626.54	2	2	88	\$2,934.00	\$2,493.90	\$1,246.95
00410 - ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK AND PERINEUM; ELECTRICAL CONVERSION OF ARRHYTHMIAS	3	15	16	\$2,393.50	\$716.16	\$47.74	5	17	19	\$3,173.00	\$1,610.42	\$94.73
L3908 - WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	2	2	2	\$182.25	\$90.96	\$45.48	7	7	7	\$686.00	\$631.11	\$90.16
13121 - REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	4	4	4	\$3,819.00	\$923.27	\$230.82	8	12	12	\$8,890.87	\$5,441.54	\$453.46
0120 - ROOM & BOARD (SEMI-PRIVATE 2 BEDS)	147	177	512	\$717,091.25	\$570,721.55	\$3,224.42	145	174	674	\$805,415.85	\$1,100,858.69	\$6,326.77
A4649 - SURGICAL SUPPLY; MISCELLANEOUS	7	16	16	\$6,307.66	\$5,366.92	\$335.43	7	14	23	\$10,706.94	\$9,073.11	\$648.08
88300 - LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	7	9	9	\$366.55	\$220.60	\$24.51	8	10	12	\$591.20	\$468.62	\$46.86
11740 - EVACUATION OF SUBUNGUAL HEMATOMA	4	4	4	\$206.00	\$177.24	\$44.31	6	6	6	\$514.60	\$501.04	\$83.51

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16020 - DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)	5	6	6	\$966.00	\$804.60	\$134.10	3	3	3	\$857.00	\$756.50	\$252.17
0272 - MEDICAL/SURGICAL SUPPLIES: STERILE SUPPLIES	434	583	3,751	\$269,860.62	\$182,975.92	\$313.85	430	493	4,233	\$399,973.68	\$290,731.57	\$589.72
0761 - TREATMENT/OBSERVATION ROOM: TREATMENT ROOM	9	11	13	\$3,401.06	\$2,218.22	\$201.66	11	14	14	\$6,173.87	\$5,250.74	\$375.05
0250 - PHARMACY	902	1,403	38,221	\$403,447.72	\$245,105.86	\$174.70	867	1,425	43,182	\$605,603.71	\$462,588.36	\$324.62
0380 - BLOOD	6	6	38	\$1,140.00	\$921.46	\$153.58	7	8	35	\$3,182.00	\$2,240.56	\$280.07
26340 - MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	2	5	5	\$2,663.00	\$879.00	\$175.80	4	5	18	\$3,531.00	\$1,600.90	\$320.18
J2550 - INJECTION, PROMETHAZINE HCL, UP TO 50 MG	30	32	33	\$273.66	\$160.70	\$5.02	18	20	23	\$228.35	\$182.17	\$9.11
76001 - FLUOROSCOPY, PHYSICIAN TIME MORE THAN 1 HOUR, ASSISTING A NONRADIOLOGIC PHYSICIAN (EG, NEPHROSTOLITHOTOMY, ERCP, BRONCHOSCOPY, TRANSBRONCHIAL BIOPSY)	11	12	12	\$5,449.20	\$3,052.42	\$254.37	7	7	7	\$3,975.07	\$3,228.54	\$461.22
73650 - RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF 2 VIEWS	5	12	12	\$577.58	\$368.94	\$30.75	6	25	26	\$2,668.46	\$1,393.35	\$55.73
72129 - COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	2	2	2	\$531.00	\$221.90	\$110.95	6	7	7	\$2,261.00	\$1,399.24	\$199.89
77002 - FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	47	69	67	\$16,586.73	\$5,606.99	\$81.26	51	84	84	\$26,519.42	\$12,288.93	\$146.30
94760 - NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	15	17	17	\$577.18	\$296.89	\$17.46	11	15	15	\$574.64	\$469.82	\$31.32
00752 - ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL) HERNIAS AND/OR WOUND DEHISCENCE	3	3	248	\$3,410.00	\$1,549.17	\$516.39	2	3	533	\$4,013.00	\$2,775.00	\$925.00
84460 - TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	7	7	7	\$317.00	\$148.10	\$21.16	6	6	6	\$267.00	\$226.88	\$37.81
0309 - LABORATORY - CLINICAL DIAGNOSTIC: OTHER LABORATORY	2	2	4	\$241.00	\$199.52	\$99.76	2	2	9	\$554.00	\$356.43	\$178.22
97535 - SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ASSISTIVE TECHNOLOGY DEVICES/ADAPTIVE EQUIPMENT) DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	3	3	3	\$381.50	\$160.87	\$53.62	17	40	60	\$4,976.92	\$3,817.66	\$95.44
J3010 - INJECTION, FENTANYL CITRATE, 0.1 MG	131	148	274	\$2,517.04	\$1,644.55	\$11.11	116	124	218	\$3,134.10	\$2,449.22	\$19.75
84155 - PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	3	3	3	\$109.00	\$39.86	\$13.29	3	3	3	\$110.00	\$70.75	\$23.58
14040 - ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	6	9	9	\$16,329.00	\$7,146.22	\$794.02	4	4	4	\$7,445.06	\$5,570.39	\$1,392.60
82607 - CYANOCOBALAMIN (VITAMIN B-12);	2	2	2	\$321.00	\$259.21	\$129.61	4	5	5	\$1,321.50	\$1,132.67	\$226.53
00120 - ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	15	18	45	\$496,521.65	\$210,982.59	\$11,721.26	9	11	28	\$417,289.62	\$225,100.19	\$20,463.65
Q9966 - LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	4	5	14	\$203.00	\$131.88	\$26.38	9	13	65	\$1,308.28	\$594.95	\$45.77
01230 - ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; NOT OTHERWISE SPECIFIED	7	8	338	\$16,600.00	\$9,403.90	\$1,175.49	7	9	1,598	\$24,360.00	\$17,984.22	\$1,998.25
23130 - ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	4	6	6	\$13,762.23	\$8,706.21	\$1,451.04	3	6	6	\$18,185.85	\$14,792.76	\$2,465.46
0940 - OTHER THERAPEUTIC SERV	22	29	93	\$11,076.75	\$7,617.27	\$262.66	22	23	55	\$13,227.80	\$10,247.75	\$445.55

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
23120 - CLAVICULECTOMY; PARTIAL	7	10	10	\$23,830.23	\$19,762.57	\$1,976.26	3	3	3	\$11,967.00	\$9,943.86	\$3,314.62
84550 - URIC ACID; BLOOD	4	4	4	\$217.00	\$80.63	\$20.16	4	4	4	\$169.50	\$135.07	\$33.77
29825 - ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	5	7	7	\$21,856.00	\$11,979.82	\$1,711.40	4	4	4	\$13,622.00	\$11,455.03	\$2,863.76
0360 - OPERATING ROOM SERVICES	233	296	2,076	\$1,676,215.25	\$1,100,191.90	\$3,716.86	222	263	6,124	\$2,386,378.50	\$1,617,793.49	\$6,151.31
A9270 - NON-COVERED ITEM OR SERVICE	9	10	19	\$57.00	\$32.72	\$3.27	49	55	111	\$416.57	\$295.42	\$5.37
97010 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	81	627	597	\$19,128.14	\$15,722.19	\$25.08	117	796	741	\$40,302.82	\$32,666.37	\$41.04
0361 - OPERATING ROOM SERVICES: MINOR SURGERY	25	39	42	\$17,890.61	\$13,785.43	\$353.47	39	44	61	\$59,088.24	\$25,386.27	\$576.96
36620 - ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	6	8	8	\$3,595.00	\$1,478.92	\$184.87	5	5	5	\$2,900.00	\$1,506.30	\$301.26
71275 - COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	8	8	8	\$5,688.00	\$4,515.57	\$564.45	9	9	9	\$11,742.00	\$8,204.28	\$911.59
01392 - ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR PATELLA	5	7	443	\$8,190.00	\$5,785.91	\$826.56	4	4	41	\$8,150.00	\$5,319.67	\$1,329.92
97022 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL	24	176	177	\$15,816.50	\$11,462.00	\$65.13	16	111	111	\$13,728.00	\$11,589.91	\$104.41
0922 - OTHER DIAGNOSTIC SERVICES: ELECTROMYEOGRAM	5	18	47	\$8,686.00	\$4,566.92	\$253.72	15	55	120	\$28,920.00	\$22,040.85	\$400.74
95860 - NEEDLE ELECTROMYOGRAPHY; 1 EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	17	19	19	\$6,740.00	\$4,489.88	\$236.31	12	13	13	\$6,631.00	\$4,828.08	\$371.39
01480 - ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	25	33	2,064	\$38,878.00	\$18,387.53	\$557.20	22	27	1,977	\$37,389.00	\$23,403.50	\$866.80
29806 - ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	3	5	5	\$19,160.75	\$13,489.69	\$2,697.94	7	8	8	\$47,501.50	\$33,549.22	\$4,193.65
99281 - EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR.	103	118	118	\$9,820.66	\$8,991.95	\$76.20	130	149	150	\$19,809.69	\$17,631.83	\$118.33
80053 - COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040), BILIRUBIN, TOTAL (82247), CALCIUM, TOTAL (82310), CARBON DIOXIDE (BICARBONATE) (82374), CHLORIDE (82435), CREATININE (82565), GLUCOSE (82947), PHOSPHATASE, ALKALINE (84075), POTASSIUM (84132), PROTEIN, TOTAL (84155), SODIUM (84295), TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460), TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450), UREA NITROGEN (BUN) (84520)	78	85	85	\$12,144.43	\$8,361.93	\$98.38	88	96	96	\$21,952.18	\$14,613.69	\$152.23
25000 - INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)	2	3	3	\$6,732.25	\$3,214.35	\$1,071.45	6	7	7	\$13,461.85	\$11,588.38	\$1,655.48
J2001 - INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	48	51	259	\$698.89	\$556.35	\$10.91	29	32	245	\$699.96	\$538.42	\$16.83
24357 - TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS	2	2	2	\$3,908.00	\$3,140.34	\$1,570.17	2	2	2	\$5,660.00	\$4,811.00	\$2,405.50

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0621 - MED - SURG SUPPLIES EXT. OF 270: INCIDENT TO RADIOLOGY	9	9	9	\$887.25	\$681.04	\$75.67	6	6	6	\$805.50	\$694.49	\$115.75
25608 - OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 2 FRAGMENTS	4	4	4	\$14,204.50	\$10,152.17	\$2,538.04	3	3	3	\$13,696.00	\$11,641.60	\$3,880.53
20926 - TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	8	8	7	\$19,239.36	\$7,871.62	\$983.95	11	15	15	\$31,914.20	\$22,547.83	\$1,503.19
0421 - PHYSICAL THERAPY: VISIT CHARGE	9	31	38	\$6,123.70	\$4,299.98	\$138.71	5	18	23	\$4,776.00	\$3,781.52	\$210.08
70480 - COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	6	6	6	\$2,573.00	\$2,232.36	\$372.06	7	8	8	\$5,453.00	\$4,506.47	\$563.31
J3370 - INJECTION, VANCOMYCIN HCL, 500 MG	17	25	59	\$1,255.18	\$849.19	\$33.97	21	22	53	\$1,377.10	\$1,130.05	\$51.37
J1790 - INJECTION, DROPERIDOL, UP TO 5 MG	3	3	3	\$37.00	\$30.26	\$10.09	2	2	2	\$32.00	\$30.40	\$15.20
0255 - PHARMACY: INCIDENT TO RADIOLOGY	41	47	228	\$9,999.75	\$7,219.78	\$153.61	33	37	200	\$16,656.50	\$8,562.21	\$231.41
65222 - REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	3	3	3	\$750.00	\$500.00	\$166.67	2	2	2	\$500.00	\$500.00	\$250.00
87081 - CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	6	7	7	\$329.00	\$281.84	\$40.26	3	5	7	\$383.01	\$299.46	\$59.89
27536 - OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	2	5	5	\$17,134.00	\$14,428.17	\$2,885.63	3	4	4	\$19,124.00	\$17,155.70	\$4,288.93
23420 - RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	8	11	11	\$51,647.00	\$44,136.14	\$4,012.38	6	7	7	\$49,016.00	\$41,624.90	\$5,946.41
72072 - RADIOLOGIC EXAMINATION, SPINE; THORACIC, 3 VIEWS	22	28	28	\$3,953.22	\$3,326.62	\$118.81	17	19	19	\$4,253.00	\$3,343.70	\$175.98
73115 - RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	6	6	6	\$2,365.00	\$1,746.41	\$291.07	2	2	2	\$1,033.00	\$858.55	\$429.28
0302 - LABORATORY - CLINICAL DIAGNOSTIC: IMMUNOLOGY	105	138	434	\$36,969.55	\$25,174.87	\$182.43	107	173	479	\$79,054.34	\$46,339.52	\$267.86
01810 - ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF FOREARM, WRIST, AND HAND	19	27	1,096	\$23,124.00	\$9,549.53	\$353.69	28	39	1,838	\$37,747.00	\$20,187.09	\$517.62
78315 - BONE AND/OR JOINT IMAGING; 3 PHASE STUDY	13	16	16	\$8,946.00	\$6,391.06	\$399.44	17	21	21	\$15,510.75	\$12,214.48	\$581.64
0301 - LABORATORY - CLINICAL DIAGNOSTIC: CHEMISTRY	213	493	4,246	\$153,838.27	\$103,808.58	\$210.57	236	658	6,001	\$279,877.21	\$201,748.11	\$306.61
0271 - MEDICAL/SURGICAL SUPPLIES: NONSTERILE SUPPLIES	113	132	441	\$17,323.24	\$11,704.68	\$88.67	126	135	463	\$20,331.63	\$17,393.48	\$128.84
84165 - PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	2	2	2	\$158.00	\$135.80	\$67.90	2	2	2	\$232.00	\$197.20	\$98.60
0370 - ANESTHESIA	396	451	9,246	\$351,755.01	\$242,043.41	\$536.68	355	407	10,806	\$477,892.28	\$314,654.90	\$773.11

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88304 - LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED, ABSCESS, ANEURYSM - ARTERIAL/VENTRICULAR, ANUS, TAG, APPENDIX, OTHER THAN INCIDENTAL, ARTERY, ATHEROMATOUS PLAQUE, BARTHOLIN'S GLAND CYST, BONE FRAGMENT(S), OTHER THAN PATHOLOGIC FRACTURE, BURSA/SYNOVIAL CYST, CARPAL TUNNEL TISSUE, CARTILAGE, SHAVINGS, CHOLESTEATOMA COLON, COLOSTOMY STOMA, CONJUNCTIVA - BIOPSY/PTERYGIUM, CORNEA DIVERTICULUM - ESOPHAGUS/SMALL INTESTINE, DUPUYTREN'S CONTRACTURE TISSUE, FEMORAL HEAD, OTHER THAN FRACTURE, FISSURE/FISTULA, FORESKIN, OTHER THAN NEWBORN, GALLBLADDER, GANGLION CYST, HEMATOMA, HEMORRHOIDS, HYDATID OF MORGAGNI, INTERVERTEBRAL DISC, JOINT, LOOSE BODY, MENISCUS MUCCOCELE, SALIVARY, NEUROMA - MORTON'S/TRAUMATIC, PILONIDAL CYST/SINUS, POLYPS, INFLAMMATORY - NASAL/SINUSOIDAL, SKIN - CYST/TAG/DEBRIDEMENT, SOFT TISSUE, DEBRIDEMENT, SOFT TISSUE, LIPOMA, SPERMATOCELE, TENDON/TENDON SHEATH, TESTICULAR APPENDAGE, THROMBUS OR EMBOLUS, TONSIL AND/OR ADENOIDS, VARICOCELE, VAS DEFERENS, OTHER THAN STERILIZATION, VEIN, VARICOSITY	28	34	39	\$3,860.84	\$1,603.77	\$47.17	24	30	41	\$4,671.08	\$2,029.91	\$67.66
99220 - INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 70 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	4	4	4	\$1,404.00	\$748.91	\$187.23	4	4	4	\$1,205.00	\$1,072.02	\$268.01
82150 - AMYLASE	13	13	13	\$986.45	\$664.27	\$51.10	15	16	16	\$1,539.75	\$1,166.99	\$72.94
S0181 - ONDANSETRON HYDROCHLORIDE, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0179)	2	3	3	\$9.00	\$6.00	\$2.00	2	2	2	\$6.00	\$5.70	\$2.85
90471 - IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	131	133	133	\$6,001.23	\$5,237.08	\$39.38	129	171	173	\$11,654.00	\$9,593.26	\$56.10
80051 - ELECTROLYTE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CARBON DIOXIDE (82374), CHLORIDE (82435), POTASSIUM (84132), SODIUM (84295)	43	60	60	\$3,709.50	\$3,003.68	\$50.06	60	63	63	\$5,740.37	\$4,488.06	\$71.24
27130 - ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	2	3	3	\$10,695.00	\$9,378.88	\$3,126.29	3	5	5	\$30,663.00	\$22,066.76	\$4,413.35
97016 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	2	5	5	\$321.00	\$261.97	\$52.39	12	126	126	\$11,498.00	\$9,281.51	\$73.66

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73660 - RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF 2 VIEWS	9	12	12	\$981.00	\$703.95	\$58.66	13	15	15	\$1,611.81	\$1,236.35	\$82.42
95904 - NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	23	34	86	\$11,325.00	\$7,660.52	\$225.31	20	24	73	\$10,506.00	\$7,561.95	\$315.08
01402 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	19	23	1,658	\$39,846.00	\$20,040.30	\$871.32	18	23	1,930	\$48,065.00	\$27,918.26	\$1,213.84
96365 - INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	17	19	19	\$4,607.50	\$3,513.49	\$184.92	14	14	14	\$4,869.75	\$3,589.78	\$256.41
72132 - COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	17	22	22	\$13,555.50	\$8,087.47	\$367.61	13	15	15	\$10,093.00	\$7,644.78	\$509.65
0430 - OCCUPATIONAL THERAPY	49	477	1,233	\$139,002.55	\$93,414.52	\$195.84	53	401	1,385	\$181,862.63	\$108,823.56	\$271.38
81002 - URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITHOUT MICROSCOPY	16	17	17	\$471.00	\$335.60	\$19.74	27	27	27	\$881.00	\$735.97	\$27.26
13160 - SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	2	2	2	\$3,339.00	\$2,021.44	\$1,010.72	3	3	3	\$6,562.25	\$4,182.99	\$1,394.33
29530 - STRAPPING; KNEE	2	2	2	\$731.33	\$705.01	\$352.51	2	2	2	\$1,438.26	\$969.16	\$484.58
81025 - URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	26	26	26	\$1,794.39	\$1,622.99	\$62.42	34	34	35	\$3,535.53	\$2,890.78	\$85.02
63655 - LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	2	4	4	\$11,290.40	\$6,346.14	\$1,586.54	3	10	10	\$33,552.00	\$21,514.56	\$2,151.46
72148 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	112	171	171	\$112,249.18	\$80,261.22	\$469.36	99	141	141	\$119,432.08	\$89,112.76	\$632.01
00320 - ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LYMPHATIC SYSTEM OF NECK; NOT OTHERWISE SPECIFIED, AGE 1 YEAR OR OLDER	57	113	255	\$25,076.59	\$14,676.62	\$129.88	74	120	141	\$29,530.88	\$20,890.19	\$174.08
97014 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	21	286	256	\$13,774.00	\$11,569.88	\$40.45	34	334	273	\$19,005.23	\$18,086.58	\$54.15
99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE THE PRESENCE OF A PHYSICIAN. USUALLY, THE PRESENTING PROBLEM(S) ARE MINIMAL. TYPICALLY, 5 MINUTES ARE SPENT PERFORMING OR SUPERVISING THESE SERVICES.	18	37	37	\$2,129.72	\$1,916.15	\$51.79	29	56	56	\$4,829.19	\$3,878.21	\$69.25
25600 - CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, INCLUDES CLOSED TREATMENT OF FRACTURE OF ULNAR STYLOID, WHEN PERFORMED; WITHOUT MANIPULATION	3	3	3	\$762.00	\$723.90	\$241.30	2	3	3	\$1,109.00	\$963.80	\$321.27
64708 - NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	2	2	2	\$5,308.00	\$1,568.39	\$784.20	5	12	17	\$26,283.49	\$12,514.49	\$1,042.87
84703 - GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	30	33	33	\$3,171.50	\$1,774.53	\$53.77	24	26	26	\$2,554.19	\$1,858.82	\$71.49
00730 - ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	15	21	21	\$2,756.00	\$1,531.00	\$72.90	17	19	20	\$2,454.00	\$1,837.95	\$96.73
70553 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	13	20	20	\$24,974.25	\$16,569.60	\$828.48	11	16	16	\$28,252.00	\$17,569.11	\$1,098.07

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27235 - PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK	3	4	4	\$15,375.00	\$11,322.84	\$2,830.71	2	2	2	\$9,035.00	\$7,465.91	\$3,732.96
96360 - INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	7	7	7	\$1,751.75	\$1,401.71	\$200.24	4	4	4	\$1,679.00	\$1,054.70	\$263.68
0710 - RECOVERY ROOM	429	500	11,685	\$489,200.55	\$344,397.76	\$688.80	409	479	13,842	\$592,371.09	\$434,219.13	\$906.51
92507 - TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	2	4	4	\$611.00	\$519.35	\$129.84	2	2	2	\$564.00	\$339.00	\$169.50
23350 - INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER ARTHROGRAPHY	17	21	21	\$7,895.75	\$6,309.29	\$300.44	15	24	24	\$11,290.00	\$9,404.66	\$391.86
J1100 - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	90	94	411	\$872.70	\$638.45	\$6.79	109	120	623	\$1,441.88	\$1,061.56	\$8.85
72040 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	62	93	93	\$7,620.08	\$5,632.60	\$60.57	82	134	135	\$13,559.70	\$10,556.88	\$78.78
J2250 - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	114	128	245	\$1,567.68	\$1,148.22	\$8.97	101	108	211	\$1,645.66	\$1,254.72	\$11.62
64640 - DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	2	3	3	\$1,658.00	\$1,013.73	\$337.91	2	2	2	\$1,229.00	\$875.00	\$437.50
99252 - INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	12	16	16	\$2,404.00	\$1,553.18	\$97.07	15	15	15	\$2,838.00	\$1,883.37	\$125.56
95903 - NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH F-WAVE STUDY	21	31	60	\$10,394.00	\$7,201.15	\$232.30	22	26	59	\$11,021.50	\$7,794.63	\$299.79
25609 - OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS	2	3	3	\$8,600.00	\$4,307.80	\$1,435.93	5	5	5	\$13,992.00	\$9,219.08	\$1,843.82
84439 - THYROXINE, FREE	3	3	3	\$341.25	\$285.18	\$95.06	3	4	4	\$587.00	\$487.36	\$121.84
J3260 - INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	4	5	5	\$57.25	\$47.67	\$9.53	2	2	2	\$30.15	\$24.33	\$12.17
82306 - VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	3	3	3	\$452.50	\$381.30	\$127.10	2	2	2	\$380.50	\$323.43	\$161.72
96375 - THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF A NEW SUBSTANCE/DRUG (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	32	34	54	\$6,696.47	\$5,149.44	\$151.45	29	34	50	\$7,908.15	\$6,535.86	\$192.23
00910 - ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT OTHERWISE SPECIFIED	2	5	227	\$5,576.00	\$3,478.22	\$695.64	2	6	255	\$8,127.00	\$5,295.75	\$882.63
82553 - CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	5	5	6	\$265.41	\$171.69	\$34.34	5	6	7	\$380.25	\$261.36	\$43.56
84443 - THYROID STIMULATING HORMONE (TSH)	9	9	9	\$826.25	\$730.54	\$81.17	15	17	17	\$2,028.75	\$1,749.43	\$102.91
64415 - INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	56	58	58	\$43,004.00	\$25,241.63	\$435.20	44	46	46	\$42,019.01	\$25,349.37	\$551.07
J0330 - INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	22	27	154	\$449.86	\$219.04	\$8.11	16	17	61	\$213.70	\$174.06	\$10.24

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
63650 - PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	4	7	7	\$32,820.00	\$26,527.40	\$3,789.63	2	3	3	\$17,436.00	\$14,326.80	\$4,775.60
96361 - INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	19	34	119	\$8,394.75	\$5,202.28	\$153.01	12	12	21	\$3,514.21	\$2,309.23	\$192.44
87040 - CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CULTURE, IF APPROPRIATE)	6	6	12	\$2,630.50	\$807.95	\$134.66	8	8	13	\$1,719.52	\$1,354.65	\$169.33
00630 - ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	29	37	1,112	\$73,026.00	\$41,807.01	\$1,129.92	30	36	1,982	\$76,578.62	\$51,090.10	\$1,419.17
72220 - RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF 2 VIEWS	14	19	19	\$2,153.50	\$1,471.72	\$77.46	18	22	21	\$2,713.25	\$2,139.64	\$97.26
64484 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	7	7	\$5,342.50	\$4,961.27	\$708.75	24	34	34	\$54,520.00	\$30,165.53	\$887.22
72192 - COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	17	24	24	\$13,621.56	\$7,359.51	\$306.65	14	18	18	\$8,413.79	\$6,899.87	\$383.33
J0780 - INJECTION, PROCHLORPERAZINE, UP TO 10 MG	7	10	10	\$153.75	\$120.21	\$12.02	3	3	3	\$52.35	\$45.07	\$15.02
29505 - APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	8	8	8	\$1,166.00	\$761.86	\$95.23	15	15	15	\$2,068.00	\$1,784.25	\$118.95
71100 - RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; 2 VIEWS	7	10	10	\$966.00	\$763.82	\$76.38	10	15	15	\$1,645.25	\$1,422.18	\$94.81
73560 - RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS	57	89	91	\$5,521.60	\$3,726.13	\$41.87	74	112	114	\$9,372.46	\$5,817.51	\$51.94
76937 - ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF SELECTED VESSEL PATENCY, CONCURRENT REALTIME ULTRASOUND VISUALIZATION OF VASCULAR NEEDLE ENTRY, WITH PERMANENT RECORDING AND REPORTING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	7	7	\$823.00	\$160.14	\$22.88	4	4	4	\$188.00	\$113.33	\$28.33
22850 - REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	9	20	20	\$45,211.10	\$22,011.62	\$1,100.58	15	30	30	\$56,884.30	\$40,778.25	\$1,359.28
0964 - ANESTHETIST (CRNA)	24	25	46	\$14,837.98	\$11,378.12	\$455.12	34	38	182	\$32,604.00	\$21,339.21	\$561.56
J2270 - INJECTION, MORPHINE SULFATE, UP TO 10 MG	75	92	144	\$1,410.10	\$996.26	\$10.83	63	77	124	\$1,404.41	\$1,028.61	\$13.36
73140 - RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF 2 VIEWS	79	99	100	\$9,696.91	\$8,408.01	\$84.93	88	108	108	\$14,855.27	\$11,311.25	\$104.73
84134 - PREALBUMIN	2	2	2	\$168.50	\$124.29	\$62.15	2	2	2	\$200.00	\$153.01	\$76.51
29875 - ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	6	10	10	\$19,905.50	\$13,582.05	\$1,358.21	8	8	8	\$23,180.00	\$13,370.12	\$1,671.27
01830 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL RADIUS, DISTAL ULNA, WRIST, OR HAND JOINTS; NOT OTHERWISE SPECIFIED	10	12	700	\$14,375.00	\$7,684.46	\$640.37	13	14	1,116	\$16,069.00	\$11,030.60	\$787.90

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
99203 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	17	18	18	\$3,514.26	\$2,327.01	\$129.28	15	15	15	\$3,652.53	\$2,384.77	\$158.98
25270 - REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	3	8	8	\$10,548.48	\$8,867.25	\$1,108.41	2	4	4	\$6,813.25	\$5,451.07	\$1,362.77
0340 - NUCLEAR MEDICINE	8	10	10	\$15,628.50	\$5,684.09	\$568.41	22	29	29	\$26,951.75	\$20,245.03	\$698.10
63020 - LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, CERVICAL	2	3	3	\$11,830.25	\$8,199.86	\$2,733.29	2	2	2	\$8,425.02	\$6,697.35	\$3,348.68
20937 - AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	16	26	24	\$28,820.41	\$16,303.56	\$627.06	8	15	15	\$22,296.67	\$11,515.66	\$767.71
0350 - CT SCAN	37	50	58	\$82,765.00	\$54,210.75	\$1,084.22	41	51	62	\$121,896.25	\$67,552.51	\$1,324.56
29807 - ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	6	7	110	\$23,496.41	\$16,704.80	\$2,386.40	8	10	10	\$41,494.50	\$29,127.77	\$2,912.78
0312 - LABORATORY - PATHOLOGY: HISTOLOGY	5	6	8	\$2,406.00	\$864.76	\$144.13	7	8	18	\$3,097.54	\$1,406.37	\$175.80

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MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED, ARTERY, BIOPSY, BONE MARROW, BIOPSY, BONE EXOSTOSIS, BRAIN/MENINGES, OTHER THAN FOR TUMOR RESECTION, BREAST, BIOPSY, NOT REQUIRING MICROSCOPIC EVALUATION OF SURGICAL MARGINS, BREAST, REDUCTION MAMMOPLASTY, BRONCHUS, BIOPSY, CELL BLOCK, ANY SOURCE, CERVIX, BIOPSY, COLON, BIOPSY, DUODENUM, BIOPSY, ENDOCERVIX, CURETTINGS/BIOPSY, ENDOMETRIUM, CURETTINGS/BIOPSY, ESOPHAGUS, BIOPSY, EXTREMITY, AMPUTATION, TRAUMATIC, FALLOPIAN TUBE, BIOPSY, FALLOPIAN TUBE, ECTOPIC PREGNANCY, FEMORAL HEAD, FRACTURE, FINGERS/TOES, AMPUTATION, NON-TRAUMATIC, GINGIVA/ORAL MUCOSA, BIOPSY, HEART VALVE, JOINT, RESECTION, KIDNEY, BIOPSY, LARYNX, BIOPSY, LEIOMYOMA(S), UTERINE MYOMECTOMY - WITHOUT UTERUS, LIP, BIOPSY/WEDGE RESECTION, LUNG, TRANSBRONCHIAL BIOPSY, LYMPH NODE, BIOPSY, MUSCLE, BIOPSY, NASAL MUCOSA, BIOPSY, NASOPHARYNX/OROPHARYNX, BIOPSY, NERVE, BIOPSY, ODONTOGENIC/DENTAL CYST, OMENTUM, BIOPSY, OVARY WITH OR WITHOUT TUBE, NON-NEOPLASTIC, OVARY, BIOPSY/WEDGE RESECTION, PARATHYROID GLAND, PERITONEUM, BIOPSY, PITUITARY TUMOR, PLACENTA, OTHER THAN THIRD TRIMESTER, PLEURA/PERICARDIUM - BIOPSY/TISSUE, POLYP, CERVICAL/ENDOMETRIAL, POLYP, COLORECTAL, POLYP, STOMACH/SMALL INTESTINE, PROSTATE, NEEDLE BIOPSY, PROSTATE, TUR, SALIVARY GLAND, BIOPSY, SINUS, PARANASAL BIOPSY, SKIN, OTHER THAN CYST/TAG/DEBRIDEMENT/PLASTIC REPAIR, SMALL INTESTINE, BIOPSY, SOFT TISSUE,	17	22	26	\$4,354.71	\$2,583.49	\$117.43	17	21	30	\$5,469.80	\$3,006.85	\$143.18
85851 - SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	21	22	22	\$825.11	\$572.88	\$26.04	6	7	7	\$261.61	\$222.15	\$31.74
26735 - OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	6	9	9	\$29,923.00	\$24,621.88	\$2,735.76	2	2	2	\$7,844.75	\$6,668.03	\$3,334.02
76000 - FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)	59	81	81	\$20,209.12	\$7,362.38	\$90.89	44	51	51	\$14,254.88	\$5,633.60	\$110.46
22846 - ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	3	3	\$8,196.82	\$4,349.30	\$1,449.77	2	4	4	\$14,965.46	\$7,029.63	\$1,757.41
97762 - CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	10	16	16	\$1,080.75	\$881.82	\$55.11	5	7	7	\$544.00	\$467.63	\$66.80
J1956 - INJECTION, LEVOFLOXACIN, 250 MG	4	5	9	\$1,218.56	\$710.43	\$142.09	4	4	13	\$897.77	\$688.78	\$172.20
C1729 - CATHETER, DRAINAGE	2	2	2	\$6.00	\$4.85	\$2.43	3	3	3	\$10.50	\$8.77	\$2.92
97032 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	15	100	101	\$5,535.00	\$4,469.23	\$44.69	9	21	23	\$1,469.00	\$1,127.30	\$53.68
94799 - UNLISTED PULMONARY SERVICE OR PROCEDURE	5	6	6	\$328.99	\$283.82	\$47.30	3	3	3	\$180.71	\$170.04	\$56.68
L1830 - KNEE ORTHOSIS, IMMOBILIZER, CANVAS LONGITUDINAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	8	8	8	\$1,693.24	\$1,427.85	\$178.48	6	6	6	\$1,443.50	\$1,280.10	\$213.35

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63005 - LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FORAMINOTOMY OR DISCECTOMY (EG, SPINAL STENOSIS), 1 OR 2 VERTEBRAL SEGMENTS; LUMBAR, EXCEPT FOR SPONDYLOLISTHESIS	4	9	7	\$30,208.00	\$13,616.02	\$1,512.89	3	11	11	\$49,928.00	\$19,849.54	\$1,804.50
22600 - ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	2	5	5	\$40,982.50	\$15,587.37	\$3,117.47	19	34	34	\$173,375.09	\$126,405.82	\$3,717.82
0942 - OTHER THERAPEUTIC SERV: EDUC/TRAINING	2	2	3	\$180.00	\$143.01	\$71.51	8	8	13	\$1,740.85	\$681.86	\$85.23
99140 - ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)	16	18	18	\$4,443.00	\$2,491.75	\$138.43	14	14	14	\$3,360.00	\$2,298.40	\$164.17
74150 - COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	7	9	9	\$6,179.50	\$3,328.00	\$369.78	3	3	3	\$1,762.00	\$1,315.25	\$438.42
76870 - ULTRASOUND, SCROTUM AND CONTENTS	4	5	5	\$1,272.00	\$1,077.07	\$215.41	2	3	3	\$844.51	\$764.47	\$254.82
27487 - REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT	2	3	3	\$21,540.00	\$8,231.31	\$2,743.77	3	5	5	\$30,674.00	\$16,217.86	\$3,243.57
0612 - MAGNETIC RESONANCE TECH. (MRT): SPINAL CORD (INCL. SPINE)	51	58	58	\$102,328.88	\$74,232.53	\$1,279.87	61	71	73	\$142,233.15	\$107,377.52	\$1,512.36
96376 - THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF THE SAME SUBSTANCE/DRUG PROVIDED IN A FACILITY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	7	12	\$1,283.25	\$883.52	\$126.22	14	15	24	\$3,430.75	\$2,233.48	\$148.90
72125 - COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	82	105	105	\$77,960.60	\$64,932.84	\$618.41	86	106	106	\$96,196.95	\$77,214.77	\$728.44
63044 - LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; EACH ADDITIONAL LUMBAR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	31	23	\$65,121.01	\$31,965.39	\$1,031.14	3	9	9	\$26,775.00	\$10,910.00	\$1,212.22
99232 - SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS RESPONDING INADEQUATELY TO THERAPY OR HAS DEVELOPED A MINOR COMPLICATION. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	95	289	293	\$41,574.07	\$19,279.72	\$66.71	106	468	472	\$60,876.50	\$36,667.53	\$78.35
87102 - CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; OTHER SOURCE (EXCEPT BLOOD)	7	12	15	\$1,962.50	\$1,206.12	\$100.51	4	4	4	\$576.00	\$471.24	\$117.81
27506 - OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS	3	4	4	\$17,009.64	\$12,353.63	\$3,088.41	2	3	3	\$12,948.00	\$10,859.24	\$3,619.75

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22630 - ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	22	40	38	\$217,195.00	\$112,833.76	\$2,820.84	22	34	34	\$198,085.00	\$112,370.26	\$3,305.01
70547 - MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	2	3	3	\$522.00	\$267.86	\$89.29	4	4	4	\$717.00	\$418.18	\$104.55
74176 - COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	2	2	2	\$1,383.80	\$1,148.32	\$574.16	11	14	14	\$11,030.26	\$9,394.81	\$671.06
29999 - UNLISTED PROCEDURE, ARTHROSCOPY	3	4	4	\$10,475.25	\$7,119.37	\$1,779.84	2	5	5	\$22,163.00	\$10,396.54	\$2,079.31
97033 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	46	203	203	\$17,405.50	\$14,144.85	\$69.68	30	116	116	\$11,490.50	\$9,442.18	\$81.40
A0428 - AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	2	4	4	\$2,988.00	\$2,128.95	\$532.24	2	2	2	\$1,524.00	\$1,242.56	\$621.28
97012 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL	7	16	16	\$774.50	\$605.67	\$37.85	6	19	20	\$1,157.57	\$838.92	\$44.15
99254 - INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 80 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	54	66	66	\$22,852.18	\$12,280.17	\$186.06	53	65	66	\$20,935.81	\$14,099.39	\$216.91
76700 - ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	9	11	11	\$3,334.00	\$2,100.48	\$190.95	5	5	5	\$1,571.00	\$1,113.02	\$222.60
72052 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	12	16	16	\$2,240.50	\$1,228.01	\$76.75	7	9	9	\$2,917.50	\$803.98	\$89.33
63057 - TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; EACH ADDITIONAL SEGMENT, THORACIC OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	6	23	23	\$39,647.18	\$25,426.65	\$1,105.51	6	28	28	\$46,840.65	\$35,973.49	\$1,284.77
85652 - SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	8	10	10	\$425.20	\$214.60	\$21.46	10	13	13	\$374.50	\$323.60	\$24.89
82948 - GLUCOSE; BLOOD, REAGENT STRIP	48	62	81	\$1,448.15	\$1,129.16	\$18.21	36	40	57	\$1,121.50	\$844.04	\$21.10
27570 - MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	3	3	3	\$2,519.00	\$1,234.07	\$411.36	3	3	3	\$1,830.00	\$1,428.50	\$476.17
0352 - CT SCAN; BODY	78	92	124	\$105,170.57	\$74,804.05	\$813.09	87	102	130	\$149,645.66	\$95,667.52	\$937.92
25607 - OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION, WITH INTERNAL FIXATION	4	4	4	\$10,725.00	\$8,582.85	\$2,145.71	2	2	2	\$6,251.00	\$4,947.77	\$2,473.89
A0429 - AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	12	13	13	\$16,626.00	\$13,049.20	\$1,003.78	9	9	9	\$12,204.00	\$10,414.36	\$1,157.15
J3301 - INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	8	10	49	\$746.50	\$637.41	\$63.74	6	9	83	\$818.47	\$660.73	\$73.41
0258 - PHARMACY; IV SOLUTIONS	427	513	2,465	\$128,720.84	\$89,192.92	\$173.87	407	489	3,184	\$131,396.66	\$97,811.29	\$200.02
73218 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	13	18	18	\$12,616.00	\$9,911.00	\$550.61	9	13	13	\$10,065.15	\$8,225.70	\$632.75

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**For Inpatient Hospital (Place of Service 21) and Outpatient Hospital (Place of Service 22)**

Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
J1030 - INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	15	22	30	\$1,072.09	\$800.70	\$36.40	21	43	75	\$2,640.43	\$1,796.79	\$41.79
97110 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	187	1,947	2,779	\$222,071.26	\$174,537.84	\$89.64	222	2,598	3,735	\$343,751.32	\$266,927.41	\$102.74
72265 - MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10	17	17	\$7,017.50	\$5,039.18	\$296.42	7	9	9	\$4,156.00	\$3,051.25	\$339.03
88184 - FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	4	4	4	\$279.00	\$272.03	\$68.01	3	3	3	\$251.50	\$232.77	\$77.59
73120 - RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	5	6	6	\$745.07	\$265.80	\$44.30	10	12	12	\$765.34	\$605.74	\$50.48
86850 - ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	33	33	33	\$2,651.78	\$2,206.37	\$66.86	36	40	42	\$3,863.84	\$3,046.98	\$76.17
85014 - BLOOD COUNT; HEMATOCRIT (HCT)	3	5	7	\$64.23	\$54.88	\$10.98	9	14	20	\$209.23	\$174.91	\$12.49
29540 - STRAPPING; ANKLE AND/OR FOOT	3	4	4	\$671.75	\$576.98	\$144.25	4	11	11	\$2,120.00	\$1,804.55	\$164.05
73222 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	25	34	34	\$35,538.60	\$25,312.69	\$744.49	20	31	31	\$32,698.35	\$26,153.17	\$843.65
72100 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	179	242	247	\$21,602.77	\$16,064.29	\$66.38	164	235	235	\$23,958.40	\$17,654.75	\$75.13
G0283 - ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	72	389	389	\$17,716.00	\$14,193.46	\$36.49	62	311	314	\$15,730.25	\$12,826.76	\$41.24
25246 - INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	7	10	10	\$2,447.00	\$1,353.91	\$135.39	5	7	7	\$1,899.00	\$1,071.02	\$153.00
99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED OR COMPREHENSIVE HISTORY; A DETAILED OR COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PROBLEM(S) REQUIRING ADMISSION ARE OF LOW SEVERITY. PHYSICIANS TYPICALLY SPEND 30 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	13	14	14	\$3,109.00	\$1,428.96	\$102.07	20	23	23	\$4,946.26	\$2,652.77	\$115.34
99285 - EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS WITHIN THE CONSTRAINTS IMPOSED BY THE URGENCY OF THE PATIENT'S CLINICAL CONDITION AND/OR MENTAL STATUS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF HIGH SEVERITY AND POSE AN IMMEDIATE SIGNIFICANT THREAT TO LIFE OR PHYSIOLOGIC FUNCTION.	38	43	46	\$39,593.79	\$34,267.76	\$796.92	39	43	46	\$49,697.08	\$38,687.65	\$899.71
73562 - RADIOLOGIC EXAMINATION, KNEE; 3 VIEWS	27	38	38	\$4,275.76	\$3,140.86	\$82.65	39	55	55	\$7,223.10	\$5,128.47	\$93.24

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
0273 - MEDICAL/SURGICAL SUPPLIES: TAKE HOME SUPPLIES	22	26	26	\$95.52	\$71.91	\$2.77	30	33	33	\$134.05	\$102.77	\$3.11
73590 - RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	50	80	81	\$7,895.12	\$6,694.22	\$83.68	40	67	68	\$7,549.62	\$6,311.06	\$94.19
12001 - SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS	100	100	100	\$16,190.25	\$15,177.90	\$151.78	85	88	88	\$17,950.52	\$15,017.99	\$170.66
00400 - ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK AND PERINEUM; NOT OTHERWISE SPECIFIED	21	30	831	\$26,246.00	\$16,981.69	\$566.06	19	27	1,125	\$24,700.50	\$17,135.75	\$634.66
00540 - ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND MEDIASTINUM (INCLUDING SURGICAL THORACOSCOPY); NOT OTHERWISE SPECIFIED	3	6	16	\$4,239.00	\$3,603.15	\$600.53	3	6	27	\$4,780.00	\$4,037.63	\$672.94
J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	14	15	17	\$134.15	\$102.72	\$6.85	20	21	22	\$203.75	\$161.06	\$7.67
0320 - RADIOLOGY - DIAGNOSTIC	488	760	1,045	\$231,302.35	\$158,555.60	\$208.63	529	856	1,198	\$297,271.27	\$200,000.71	\$233.65
73221 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	96	134	133	\$118,339.07	\$73,994.19	\$552.20	92	140	140	\$121,176.75	\$86,426.59	\$617.33
0424 - PHYSICAL THERAPY: EVALUATION/RE-EVALUATION	161	194	201	\$53,042.24	\$33,214.40	\$171.21	171	222	227	\$65,005.46	\$42,445.28	\$191.19
93924 - NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TESTING, (IE, BIDIRECTIONAL DOPPLER WAVEFORM OR VOLUME PLETHYSMOGRAPHY RECORDING AND ANALYSIS AT REST WITH ANKLE/BRACHIAL INDICES IMMEDIATELY AFTER AND AT TIMED INTERVALS FOLLOWING PERFORMANCE OF A STANDARDIZED PROTOCOL ON A MOTORIZED TREADMILL PLUS RECORDING OF TIME OF ONSET OF CLAUDICATION OR OTHER SYMPTOMS, MAXIMAL WALKING TIME, AND TIME TO RECOVERY) COMPLETE BILATERAL STUDY	2	2	2	\$3,101.00	\$2,504.05	\$1,252.03	2	2	2	\$3,288.00	\$2,794.80	\$1,397.40
12002 - SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	48	48	48	\$9,651.26	\$8,999.05	\$187.48	44	45	45	\$13,510.20	\$9,365.95	\$208.13
85025 - BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	237	284	285	\$18,420.04	\$13,844.43	\$48.75	196	233	233	\$16,023.28	\$12,608.49	\$54.11
81001 - URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; AUTOMATED, WITH MICROSCOPY	44	47	47	\$1,878.31	\$1,251.62	\$26.63	44	49	50	\$2,054.43	\$1,448.28	\$29.56
0278 - MEDICAL/SURGICAL SUPPLIES: OTHER IMPLANTS	245	308	1,861	\$3,916,831.73	\$2,579,144.97	\$8,373.85	232	319	1,823	\$4,351,918.41	\$2,961,695.86	\$9,284.31
0450 - EMERGENCY ROOM	388	592	631	\$284,284.70	\$218,089.80	\$368.39	451	660	701	\$331,867.09	\$269,529.73	\$408.38
01992 - ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PROVIDER); PRONE POSITION	6	17	399	\$12,210.00	\$5,676.01	\$333.88	6	13	295	\$10,703.00	\$4,806.07	\$369.70

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	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
64490 - INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SINGLE LEVEL	5	14	14	\$17,635.00	\$14,525.37	\$1,037.53	10	15	15	\$23,647.27	\$17,228.67	\$1,148.58
86038 - ANTINUCLEAR ANTIBODIES (ANA);	5	5	5	\$646.50	\$396.38	\$79.28	5	5	5	\$512.75	\$438.37	\$87.67
73630 - RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	103	165	165	\$22,100.65	\$17,143.86	\$103.90	110	172	174	\$27,466.82	\$19,722.89	\$114.67
97035 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	94	544	540	\$25,305.30	\$20,312.72	\$37.34	80	385	372	\$19,616.96	\$15,857.10	\$41.19
99214 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	22	66	67	\$12,570.85	\$9,261.60	\$140.33	21	43	38	\$9,079.50	\$6,653.58	\$154.73
Q9967 - LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	24	27	1,706	\$3,871.15	\$2,943.92	\$109.03	29	34	2,426	\$5,389.01	\$4,081.35	\$120.04
0290 - DURABLE MEDICAL EQUIPMENT	7	7	7	\$1,918.00	\$1,397.40	\$199.63	16	17	17	\$4,668.00	\$3,723.00	\$219.00
00450 - ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	71	109	239	\$51,041.50	\$36,581.89	\$335.61	94	129	133	\$59,466.93	\$47,489.79	\$368.14
G0390 - TRAUMA RESPONSE TEAM ASSOCIATED WITH HOSPITAL CRITICAL CARE SERVICE	2	2	2	\$2,984.75	\$2,855.19	\$1,427.60	2	2	2	\$3,234.00	\$3,130.70	\$1,565.35
82550 - CREATINE KINASE (CK), (CPK); TOTAL	15	18	19	\$1,114.43	\$840.80	\$46.71	27	33	35	\$2,158.00	\$1,689.26	\$51.19
J7120 - RINGERS LACTATE INFUSION, UP TO 1000 CC	13	13	19	\$801.12	\$301.62	\$23.20	34	35	43	\$1,169.00	\$889.86	\$25.42
J0360 - INJECTION, HYDRALAZINE HCL, UP TO 20 MG	2	2	2	\$114.62	\$62.48	\$31.24	4	5	5	\$252.15	\$171.02	\$34.20
85670 - THROMBIN TIME; PLASMA	4	4	4	\$214.00	\$208.65	\$52.16	2	2	2	\$117.00	\$114.08	\$57.04
85366 - FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PARACOAGULATION	4	4	4	\$185.00	\$180.38	\$45.10	2	2	2	\$101.00	\$98.48	\$49.24
27524 - OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE REPAIR	2	2	2	\$6,365.00	\$3,483.40	\$1,741.70	2	3	3	\$8,283.00	\$5,704.62	\$1,901.54
97530 - THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	35	137	147	\$14,281.32	\$12,062.23	\$88.05	53	291	400	\$39,173.99	\$27,832.70	\$95.65
70150 - RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF 3 VIEWS	7	8	8	\$1,183.25	\$863.65	\$107.96	5	7	7	\$1,153.00	\$820.37	\$117.20
86430 - RHEUMATOID FACTOR; QUALITATIVE	5	5	5	\$544.50	\$164.46	\$32.89	2	2	2	\$83.50	\$70.98	\$35.49
93010 - ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	86	92	93	\$2,791.25	\$1,558.10	\$16.94	86	94	94	\$2,938.42	\$1,716.94	\$18.27

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99282 - EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; AND MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF LOW TO MODERATE SEVERITY.	273	286	287	\$63,311.56	\$56,023.30	\$195.89	257	273	273	\$67,329.57	\$57,648.20	\$211.17
20550 - INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")	2	4	4	\$2,046.41	\$1,575.66	\$393.92	2	3	3	\$1,569.50	\$1,269.95	\$423.32
20930 - ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	19	30	28	\$20,848.32	\$9,769.74	\$325.66	42	68	68	\$46,285.01	\$23,789.77	\$349.85
22852 - REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	16	27	25	\$69,642.91	\$34,407.22	\$1,274.34	10	22	22	\$68,896.70	\$30,114.28	\$1,368.83
20938 - AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL (THROUGH SEPARATE SKIN OR FASCIAL INCISION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	10	10	\$10,805.64	\$6,386.60	\$638.66	9	15	15	\$16,305.52	\$10,290.11	\$686.01
80061 - LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465), LIPOPROTEIN, DIRECT MEASUREMENT, HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718), TRIGLYCERIDES (84478)	10	11	11	\$1,135.50	\$978.22	\$88.93	9	11	11	\$1,529.15	\$1,050.22	\$95.47
80048 - BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, TOTAL (82310), CARBON DIOXIDE (82374), CHLORIDE (82435), CREATININE (82565), GLUCOSE (82947), POTASSIUM (84132), SODIUM (84295), UREA NITROGEN (BUN) (84520)	105	128	129	\$12,563.30	\$8,764.79	\$68.47	113	139	140	\$14,333.58	\$10,211.96	\$73.47
73564 - RADIOLOGIC EXAMINATION, KNEE; COMPLETE, 4 OR MORE VIEWS	92	110	121	\$22,487.82	\$18,752.19	\$170.47	82	102	102	\$22,756.31	\$18,645.37	\$182.80
J3360 - INJECTION, DIAZEPAM, UP TO 5 MG	16	17	26	\$268.65	\$223.40	\$13.14	7	7	10	\$103.27	\$98.52	\$14.07
22551 - ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	4	4	4	\$19,426.50	\$16,322.00	\$4,080.50	27	56	56	\$390,196.24	\$244,707.09	\$4,369.77
97140 - MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	147	1,085	1,138	\$106,937.78	\$85,678.48	\$78.97	182	1,586	1,608	\$166,486.72	\$133,999.36	\$84.49
0208 - TRAUMA	4	4	6	\$15,430.00	\$15,275.70	\$3,818.93	3	4	7	\$18,364.00	\$16,299.83	\$4,074.96

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**Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)**  
**For Inpatient Hospital (Place of Service 21) and Outpatient Hospital (Place of Service 22)**

Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
99233 - SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF HIGH COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS UNSTABLE OR HAS DEVELOPED A SIGNIFICANT COMPLICATION OR A SIGNIFICANT NEW PROBLEM. PHYSICIANS TYPICALLY SPEND 35 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	45	120	120	\$25,699.32	\$11,457.60	\$95.48	63	220	224	\$46,600.12	\$22,404.54	\$101.84
73600 - RADIOLOGIC EXAMINATION, ANKLE; 2 VIEWS	34	57	57	\$3,929.95	\$3,103.15	\$54.44	32	50	50	\$3,886.88	\$2,902.64	\$58.05
90718 - TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	76	76	76	\$5,956.18	\$5,139.53	\$67.63	40	43	43	\$3,662.12	\$3,100.27	\$72.10
99231 - SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED INTERVAL HISTORY; A PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING OR IMPROVING. PHYSICIANS TYPICALLY SPEND 15 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	47	130	130	\$11,667.97	\$7,420.14	\$57.08	51	204	205	\$17,128.33	\$12,396.95	\$60.77
00670 - ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTRUMENTATION OR VASCULAR PROCEDURES)	120	143	16,694	\$489,326.00	\$293,889.47	\$2,055.17	124	142	16,133	\$496,820.00	\$310,644.62	\$2,187.64
29824 - ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	16	27	27	\$80,714.04	\$49,707.28	\$1,841.01	19	31	31	\$94,952.97	\$60,733.99	\$1,959.16
01400 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT OTHERWISE SPECIFIED	24	31	1,309	\$35,412.00	\$17,210.86	\$555.19	26	31	1,601	\$32,079.00	\$18,292.75	\$590.09
29873 - ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	6	8	8	\$21,172.50	\$17,503.37	\$2,187.92	3	4	4	\$10,684.50	\$9,277.03	\$2,319.26
96372 - THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	78	94	116	\$8,664.25	\$6,662.94	\$70.88	65	72	83	\$8,750.89	\$5,408.66	\$75.12
51785 - NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	16	16	16	\$7,200.00	\$4,919.34	\$307.46	13	13	13	\$5,556.00	\$4,235.82	\$325.83
22554 - ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	36	71	71	\$346,889.83	\$202,644.49	\$2,854.15	17	24	24	\$119,028.32	\$72,386.06	\$3,016.09
64483 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	20	43	43	\$53,041.50	\$39,243.22	\$912.63	48	106	107	\$143,222.00	\$102,102.47	\$963.23

**Delaware Compensation Rating Bureau, Inc.**  
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**For Inpatient Hospital (Place of Service 21) and Outpatient Hospital (Place of Service 22)**

Procedure Code/Description	Year 1						Year 2					
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C1788 - PORT, INDWELLING (IMPLANTABLE)	8	10	21	\$2,497.50	\$1,670.87	\$167.09	13	14	28	\$3,511.00	\$2,467.49	\$176.25
13132 - REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	3	4	4	\$4,338.00	\$3,695.42	\$923.86	2	2	2	\$2,111.00	\$1,943.92	\$971.96
29877 - ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	17	24	23	\$61,644.13	\$35,481.80	\$1,478.41	11	14	14	\$44,406.96	\$21,723.16	\$1,551.65
00025152531 - CELEBREX	3	11	555	\$2,561.45	\$2,561.45	\$232.86	2	8	390	\$1,948.72	\$1,948.72	\$243.59
72110 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF 4 VIEWS	88	116	116	\$22,599.09	\$16,771.79	\$144.58	87	108	106	\$26,256.48	\$16,301.79	\$150.94
85007 - BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	3	3	3	\$149.50	\$103.17	\$34.39	5	6	6	\$261.25	\$215.35	\$35.89
72170 - RADIOLOGIC EXAMINATION, PELVIS; 1 OR 2 VIEWS	49	69	69	\$5,621.28	\$4,013.77	\$58.17	56	90	90	\$7,855.68	\$5,463.44	\$60.70
0490 - AMBULATORY SURGERY	116	291	288	\$636,283.97	\$511,091.22	\$1,756.33	171	527	561	\$1,312,050.51	\$964,952.91	\$1,831.03
0610 - MAGNETIC RESONANCE TECH. (MRT)	59	67	67	\$115,176.12	\$84,508.77	\$1,261.32	64	73	74	\$145,881.35	\$95,960.63	\$1,314.53
86901 - BLOOD TYPING; RH (D)	34	35	36	\$1,251.95	\$1,060.55	\$30.30	35	39	40	\$1,519.18	\$1,230.07	\$31.54
83874 - MYOGLOBIN	11	12	12	\$1,005.54	\$766.58	\$63.88	10	14	14	\$1,130.50	\$930.27	\$66.45
A0431 - AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$32,632.00	\$31,000.40	\$15,500.20
22552 - ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR SEPARATE PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	9	19	19	\$43,433.13	\$20,894.37	\$1,099.70
63045 - LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S], [EG, SPINAL OR LATERAL RECESS STENOSIS]), SINGLE VERTEBRAL SEGMENT; CERVICAL	0	0	0	\$0.00	\$0.00	\$0.00	5	9	9	\$35,264.00	\$19,136.46	\$2,126.27
0932 - MEDICAL REHAB; FULL DAY	0	0	0	\$0.00	\$0.00	\$0.00	2	22	22	\$24,926.00	\$17,983.09	\$817.41
0124 - PSYCHIATRIC	0	0	0	\$0.00	\$0.00	\$0.00	3	4	27	\$25,865.00	\$14,920.15	\$3,730.04
27687 - GASTROCNEMIUS RECESSON (EG, STRAYER PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	3	7	7	\$18,794.12	\$13,633.64	\$1,947.66
99999999999 - COMPOUND DRUGS	0	0	0	\$0.00	\$0.00	\$0.00	11	39	140	\$17,616.96	\$13,046.87	\$334.54
27427 - LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$14,790.00	\$12,571.50	\$6,285.75
26540 - REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	0	0	0	\$0.00	\$0.00	\$0.00	5	5	5	\$17,743.25	\$12,309.51	\$2,461.90
24149 - RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRAURE RELEASE (SEPARATE PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	5	5	\$15,153.00	\$11,099.53	\$2,219.91
27446 - ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	0	0	0	\$0.00	\$0.00	\$0.00	2	4	4	\$16,749.50	\$10,863.30	\$2,715.83
63661 - REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	0	0	0	\$0.00	\$0.00	\$0.00	3	10	10	\$19,292.75	\$10,698.50	\$1,069.85
27659 - REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON	0	0	0	\$0.00	\$0.00	\$0.00	4	6	6	\$15,706.00	\$10,658.04	\$1,776.34
63688 - REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	0	0	0	\$0.00	\$0.00	\$0.00	4	6	6	\$12,805.36	\$10,026.86	\$1,671.14

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	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
15003 - SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	18	34	\$19,382.00	\$9,872.02	\$548.45
74178 - COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS IN ONE OR BOTH BODY REGIONS	0	0	0	\$0.00	\$0.00	\$0.00	5	7	7	\$13,797.50	\$9,730.20	\$1,390.03
G0378 - HOSPITAL OBSERVATION SERVICE, PER HOUR	0	0	0	\$0.00	\$0.00	\$0.00	4	4	137	\$10,283.68	\$9,729.88	\$2,432.47
27698 - REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$11,124.53	\$9,228.58	\$3,076.19
A0436 - ROTARY WING AIR MILEAGE, PER STATUTE MILE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	82	\$9,184.00	\$8,467.20	\$4,233.60
28725 - ARTHRODESIS; SUBTALAR	0	0	0	\$0.00	\$0.00	\$0.00	2	4	4	\$12,305.50	\$7,846.32	\$1,961.58
15738 - MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	0	0	0	\$0.00	\$0.00	\$0.00	4	5	5	\$13,567.08	\$7,575.29	\$1,515.06
27513 - OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	0	0	0	\$0.00	\$0.00	\$0.00	3	5	5	\$22,126.00	\$7,276.05	\$1,455.21
15120 - SPLIT-THICKNESS AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN (EXCEPT 15050)	0	0	0	\$0.00	\$0.00	\$0.00	4	6	6	\$14,171.90	\$6,393.92	\$1,065.65
0431 - OCCUPATIONAL THERAPY: VISIT CHARGE	0	0	0	\$0.00	\$0.00	\$0.00	2	20	35	\$7,464.00	\$6,309.64	\$315.48
0202 - MEDICAL	0	0	0	\$0.00	\$0.00	\$0.00	2	2	9	\$27,045.00	\$6,010.00	\$3,005.00
01360 - ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER ONE-THIRD OF FEMUR	0	0	0	\$0.00	\$0.00	\$0.00	2	3	814	\$8,286.00	\$5,387.78	\$1,795.93
0333 - RADIOLOGY - THERAPEUTIC: RADIATION THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	2	2	14	\$5,709.34	\$5,034.35	\$2,517.18
61781 - STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	6	6	\$6,543.00	\$4,905.00	\$817.50
24666 - OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED; WITH RADIAL HEAD PROSTHETIC REPLACEMENT	0	0	0	\$0.00	\$0.00	\$0.00	2	4	4	\$6,826.50	\$4,873.72	\$1,218.43
0441 - SPEECH-LANGUAGE PATHOLOGY: VISIT CHARGE	0	0	0	\$0.00	\$0.00	\$0.00	2	50	170	\$10,980.00	\$4,709.00	\$94.18
63077 - DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; THORACIC, SINGLE INTERSPACE	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$16,507.60	\$3,953.87	\$1,317.96
22522 - PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH ADDITIONAL THORACIC OR LUMBAR VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	5	5	\$4,497.68	\$3,613.60	\$722.72

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24358 - TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$4,115.00	\$3,497.75	\$1,748.88
27355 - EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$4,086.00	\$3,389.94	\$1,694.97
23405 - TENOTOMY, SHOULDER AREA; SINGLE TENDON	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$3,988.00	\$3,386.44	\$1,693.22
93017 - CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC MONITORING, AND/OR PHARMACOLOGICAL STRESS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$3,731.50	\$3,024.27	\$1,008.09
61312 - CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$8,034.80	\$2,935.13	\$1,467.57
24615 - OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$4,061.00	\$2,899.42	\$1,449.71
72240 - MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	0	\$0.00	\$0.00	\$0.00	3	5	5	\$3,220.00	\$2,512.40	\$502.48
00145 - ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	0	0	0	\$0.00	\$0.00	\$0.00	2	3	234	\$5,940.00	\$2,353.06	\$784.35
95939 - SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	0	0	0	\$0.00	\$0.00	\$0.00	7	8	8	\$9,838.00	\$2,267.80	\$283.48
22521 - PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; LUMBAR	0	0	0	\$0.00	\$0.00	\$0.00	2	4	4	\$15,491.82	\$2,253.99	\$563.50
78805 - RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$2,913.00	\$2,193.83	\$731.28
92980 - TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITHOUT OTHER THERAPEUTIC INTERVENTION, ANY METHOD; SINGLE VESSEL	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$4,260.00	\$2,132.00	\$1,066.00
70460 - COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$2,494.00	\$2,119.90	\$1,059.95
28510 - CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$2,579.50	\$2,093.78	\$1,046.89
95886 - NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY; COMPLETE, FIVE OR MORE MUSCLES STUDIED, INNERVATED BY THREE OR MORE NERVES OR FOUR OR MORE SPINAL LEVELS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	8	8	10	\$3,682.00	\$2,043.60	\$255.45
95816 - ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	0	0	0	\$0.00	\$0.00	\$0.00	6	12	12	\$4,270.50	\$2,033.28	\$169.44
59011044010 - OXYCONTIN	0	0	0	\$0.00	\$0.00	\$0.00	3	6	390	\$2,046.99	\$1,916.46	\$319.41
01820 - ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	0	0	0	\$0.00	\$0.00	\$0.00	3	3	52	\$2,415.00	\$1,872.75	\$624.25
01991 - ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PROVIDER); OTHER THAN THE PRONE POSITION	0	0	0	\$0.00	\$0.00	\$0.00	3	6	138	\$3,047.00	\$1,856.83	\$309.47

**Delaware Compensation Rating Bureau, Inc.**  
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**Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)**  
**For Inpatient Hospital (Place of Service 21) and Outpatient Hospital (Place of Service 22)**

Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
27825 - CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$4,712.00	\$1,768.01	\$884.01
00002324030 - CYMBALTA	0	0	0	\$0.00	\$0.00	\$0.00	4	5	270	\$1,766.82	\$1,650.24	\$330.05
23655 - CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$1,656.00	\$1,635.20	\$817.60
95971 - ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE, PULSE DURATION, CONFIGURATION OF WAVE FORM, BATTERY STATUS, ELECTRODE SELECTABILITY, OUTPUT MODULATION, CYCLING, IMPEDANCE AND PATIENT COMPLIANCE MEASUREMENTS); SIMPLE SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING	0	0	0	\$0.00	\$0.00	\$0.00	3	6	6	\$1,923.48	\$1,634.94	\$272.49
92611 - MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	0	0	0	\$0.00	\$0.00	\$0.00	3	4	4	\$2,097.50	\$1,593.90	\$398.48
15274 - APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; EACH ADDITIONAL 100 SQ CM WOUND SURFACE AREA, OR PART THEREOF, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	22	\$11,853.00	\$1,575.05	\$787.53
00740 - ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM	0	0	0	\$0.00	\$0.00	\$0.00	3	5	57	\$1,779.00	\$1,565.21	\$313.04
99201 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED HISTORY; A PROBLEM FOCUSED EXAMINATION; STRAIGHTFORWARD MEDICAL DECISION MAKING. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE SELF LIMITED OR MINOR. PHYSICIANS TYPICALLY SPEND 10 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	0	0	0	\$0.00	\$0.00	\$0.00	14	14	14	\$1,824.86	\$1,517.65	\$108.40
61783 - STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$2,284.00	\$1,417.80	\$472.60
72195 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	0	0	0	\$0.00	\$0.00	\$0.00	4	4	4	\$2,133.50	\$1,284.20	\$321.05
24605 - TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$2,076.00	\$1,269.80	\$423.27
16590048230 - CYMBALTA	0	0	0	\$0.00	\$0.00	\$0.00	2	5	150	\$1,227.05	\$1,064.30	\$212.86
90801 - PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	0	0	0	\$0.00	\$0.00	\$0.00	4	5	5	\$1,166.00	\$935.53	\$187.11
00228287911 - OXYCODONE HYDROCHLORIDE	0	0	0	\$0.00	\$0.00	\$0.00	2	93	630	\$1,083.74	\$895.41	\$9.63

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
55111018015 - TIZANIDINE HCL	0	0	0	\$0.00	\$0.00	\$0.00	2	4	594	\$914.62	\$878.25	\$219.56
00228287811 - OXYCODONE HYDROCHLORIDE	0	0	0	\$0.00	\$0.00	\$0.00	3	10	1,170	\$950.50	\$862.90	\$86.29
15852 - DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	0	0	0	\$0.00	\$0.00	\$0.00	2	6	6	\$3,147.00	\$844.63	\$140.77
55520 - EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$2,097.08	\$839.27	\$419.64
93458 - CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, WHEN PERFORMED	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$1,000.00	\$828.75	\$414.38
16590065990 - OXYCODONE HYDROCHLORIDE	0	0	0	\$0.00	\$0.00	\$0.00	2	5	780	\$1,224.60	\$823.34	\$164.67
A9500 - TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	4	\$950.50	\$771.42	\$385.71
25447 - ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$7,118.50	\$750.00	\$375.00
99235 - OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE ON THE SAME DATE, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; AND MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY THE PRESENTING PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY.	2	2	15	\$1,044.08	\$0.00	\$0.00	2	2	18	\$1,006.16	\$747.90	\$373.95
95938 - SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN UPPER AND LOWER LIMBS	0	0	0	\$0.00	\$0.00	\$0.00	5	5	5	\$3,278.00	\$730.54	\$146.11
0439 - OCCUPATIONAL THERAPY: OTHER OCCUPATIONAL THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	2	18	19	\$2,542.00	\$614.65	\$34.15
70491 - COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$735.00	\$581.31	\$193.77
95927 - SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN THE TRUNK OR HEAD	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$720.00	\$571.20	\$190.40
99288 - PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED LIFE SUPPORT	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$667.50	\$567.38	\$283.69
26720 - CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$566.00	\$524.88	\$262.44
71111 - RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$553.25	\$520.06	\$173.35

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
15273 - APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM; FIRST 100 SQ CM WOUND SURFACE AREA, OR 1% OF BODY AREA OF INFANTS AND CHILDREN	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$4,080.00	\$493.00	\$246.50
76882 - ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	0	0	0	\$0.00	\$0.00	\$0.00	4	4	4	\$558.00	\$446.22	\$111.56
73223 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$1,107.00	\$445.66	\$148.55
74430 - CYSTOGRAPHY, MINIMUM OF 3 VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	0	\$0.00	\$0.00	\$0.00	2	4	4	\$692.00	\$444.50	\$111.13
11730 - AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	0	0	0	\$0.00	\$0.00	\$0.00	5	5	5	\$468.04	\$436.69	\$87.34
70487 - COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$540.00	\$429.44	\$214.72
Q9965 - LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	0	0	0	\$0.00	\$0.00	\$0.00	6	6	120	\$480.00	\$399.84	\$66.64
83925 - OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE	0	0	0	\$0.00	\$0.00	\$0.00	4	4	4	\$441.75	\$376.18	\$94.05
84403 - TESTOSTERONE; TOTAL	0	0	0	\$0.00	\$0.00	\$0.00	3	4	4	\$632.77	\$349.26	\$87.32
93308 - ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN PERFORMED, FOLLOW-UP OR LIMITED STUDY	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$353.25	\$345.79	\$172.90
53746019005 - NAPROXEN	0	0	0	\$0.00	\$0.00	\$0.00	2	6	300	\$418.20	\$344.04	\$57.34
G0156 - SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	0	0	0	\$0.00	\$0.00	\$0.00	2	16	21	\$840.00	\$330.00	\$20.63
90816 - INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITAL OR RESIDENTIAL CARE SETTING, APPROXIMATELY 20 TO 30 MINUTES FACE-TO-FACE WITH THE PATIENT;	0	0	0	\$0.00	\$0.00	\$0.00	3	4	4	\$420.00	\$308.82	\$77.21
0999 - OTHER PATIENT CONVENIENCE ITEM	5	7	11	\$5,383.85	\$0.00	\$0.00	4	10	20	\$6,309.65	\$300.00	\$30.00
31622 - BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$900.00	\$288.00	\$144.00
73050 - RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	0	0	0	\$0.00	\$0.00	\$0.00	3	4	4	\$308.00	\$245.66	\$61.42
A6021 - COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH	0	0	0	\$0.00	\$0.00	\$0.00	3	11	11	\$237.31	\$214.65	\$19.51
75710 - ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$370.00	\$205.50	\$102.75
J2800 - INJECTION, METHOCARBAMOL, UP TO 10 ML	0	0	0	\$0.00	\$0.00	\$0.00	3	3	4	\$225.24	\$186.91	\$62.30
86708 - HEPATITIS A ANTIBODY (HAAB); TOTAL	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$322.00	\$185.75	\$61.92
55111017915 - TIZANIDINE HCL	0	0	0	\$0.00	\$0.00	\$0.00	2	3	150	\$192.22	\$183.28	\$61.09
A6213 - FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0	0	0	\$0.00	\$0.00	\$0.00	2	11	11	\$226.06	\$169.80	\$15.44
16590060730 - MORPHINE SULFATE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	90	\$191.07	\$153.00	\$76.50
82003 - ACETAMINOPHEN	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$278.50	\$148.75	\$74.38
00093005801 - TRAMADOL HCL	0	0	0	\$0.00	\$0.00	\$0.00	3	3	156	\$129.32	\$129.32	\$43.11

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Procedure Code/Description	Year 1						Year 2					
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83887 - NICOTINE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$271.00	\$116.45	\$58.23
J1245 - INJECTION, DIPYRIDAMOLE, PER 10 MG	0	0	0	\$0.00	\$0.00	\$0.00	2	2	12	\$129.72	\$104.59	\$52.30
80196 - SALICYLATE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$154.00	\$97.75	\$48.88
99225 - SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED INTERVAL HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS RESPONDING INADEQUATELY TO THERAPY OR HAS DEVELOPED A MINOR COMPLICATION. PHYSICIANS TYPICALLY SPEND 25 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$249.00	\$94.72	\$31.57
A6199 - ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	0	0	0	\$0.00	\$0.00	\$0.00	2	6	6	\$124.54	\$83.54	\$13.92
A4556 - ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	0	0	0	\$0.00	\$0.00	\$0.00	2	2	15	\$905.00	\$77.11	\$38.56
J1040 - INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	0	0	0	\$0.00	\$0.00	\$0.00	5	6	7	\$279.75	\$74.94	\$12.49
0257 - PHARMACY: NON-PRESCRIPTION	0	0	0	\$0.00	\$0.00	\$0.00	14	14	19	\$77.21	\$70.54	\$5.04
86701 - ANTIBODY: HIV-1	2	2	2	\$370.00	\$0.00	\$0.00	2	2	2	\$72.49	\$69.52	\$34.76
Q2037 - INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (FLUVIRIN)	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$56.00	\$46.41	\$23.21
J7050 - INFUSION, NORMAL SALINE SOLUTION, 250 CC	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$50.42	\$45.36	\$22.68
J8540 - DEXAMETHASONE, ORAL, 0.25 MG	0	0	0	\$0.00	\$0.00	\$0.00	2	2	112	\$53.20	\$42.96	\$21.48
00409155930 - MARCAINE HCL	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$45.00	\$30.10	\$10.03
99224 - SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: PROBLEM FOCUSED INTERVAL HISTORY; PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING THAT IS STRAIGHTFORWARD OR OF LOW COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PATIENT IS STABLE, RECOVERING, OR IMPROVING. PHYSICIANS TYPICALLY SPEND 15 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$98.00	\$25.18	\$12.59
A6212 - FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$19.49	\$17.65	\$8.83
J0280 - INJECTION, AMINOPHYLLIN, UP TO 250 MG	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$6.72	\$5.45	\$2.73
<b>Sub-Total</b>	-	<b>22,698</b>	<b>134,952</b>	<b>\$15,844,337.15</b>	<b>\$10,564,803.34</b>	<b>\$465.45</b>	-	<b>25,657</b>	<b>168,216</b>	<b>\$21,103,613.61</b>	<b>\$15,212,474.39</b>	<b>\$592.92</b>
<b>DRG Data Reported</b>	-	<b>2,747</b>	<b>27,433</b>	<b>\$7,069,227.32</b>	<b>\$4,925,390.17</b>	<b>\$1,793.01</b>	-	<b>1,491</b>	<b>23,689</b>	<b>\$4,272,383.34</b>	<b>\$2,869,977.04</b>	<b>\$1,924.87</b>
<b>All Other Data Reported</b>	-	<b>18,480</b>	<b>90,220</b>	<b>\$15,568,480.38</b>	<b>\$10,448,769.76</b>	<b>\$565.41</b>	-	<b>21,179</b>	<b>94,510</b>	<b>\$17,020,848.15</b>	<b>\$10,148,710.71</b>	<b>\$479.19</b>

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Procedure Code/Description	Year 1						Year 2					
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost
<b>Grand Total</b>	3,744	43,925	252,605	\$38,482,044.85	\$25,938,963.27	\$590.53	3,870	48,327	286,415	\$42,396,845.10	\$28,231,162.14	\$584.17

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$155.37	1400.73%
\$402.49	835.91%
\$235.88	696.72%
\$402.22	685.94%
\$63.77	599.91%
\$43.93	487.03%
\$208,040.73	420.31%
\$406.48	372.36%
\$24.25	354.88%
\$25.33	326.62%
\$1,251.45	267.81%
\$4,941.93	267.01%
\$156.25	262.40%
\$1,255.68	258.11%
\$92.10	252.98%
\$1,649.89	238.95%
\$86.42	201.24%
\$83.88	196.75%
\$115.60	192.67%
\$18.93	183.13%
\$2,797.45	181.45%
\$157.58	177.74%
\$171.42	176.05%
\$66.43	171.39%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$23.95	170.00%
\$266.58	168.08%
\$21.68	158.36%
\$6.27	155.35%
\$4.26	152.90%
\$1,203.25	150.58%
\$1,745.05	147.64%
\$77.21	141.84%
\$62.58	139.23%
\$67.27	133.43%
\$147.51	133.18%
\$1,208.89	132.98%
\$31.79	132.91%
\$82.64	131.58%
\$34.38	127.51%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$71.39	127.07%
\$2,235.33	126.94%
\$428.89	126.88%
\$654.72	125.18%
\$69.75	123.95%
\$439.01	122.32%
\$90.52	121.99%
\$911.90	115.31%
\$146.70	108.41%
\$63.46	108.11%
\$3,559.07	106.46%
\$1,215.87	105.76%
\$60.63	105.27%
\$121.52	100.65%
\$1,544.88	99.23%
\$620.42	99.02%
\$46.99	98.41%
\$44.68	98.24%
\$222.64	96.46%
\$3,102.36	96.21%
\$312.65	93.21%
\$22.35	91.19%
\$39.20	88.46%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$118.07	88.04%
\$275.87	87.90%
\$173.40	85.99%
\$149.92	85.82%
\$126.49	82.36%
\$144.38	82.13%
\$4.09	81.38%
\$206.85	81.32%
\$24.99	81.28%
\$88.94	80.16%
\$65.04	80.03%
\$13.86	79.35%
\$408.61	79.13%
\$16.66	78.73%
\$78.46	78.64%
\$41.82	77.99%
\$8.64	77.75%
\$10.30	77.50%
\$598.57	75.38%
\$96.93	74.79%
\$8,742.40	74.59%
\$19.39	73.51%
\$822.76	69.99%
\$1,014.43	69.91%
\$182.89	69.63%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$1,338.36	67.72%
\$13.61	67.52%
\$1,152.35	67.33%
\$2,434.44	65.50%
\$2.10	64.16%
\$15.96	63.66%
\$223.49	63.23%
\$116.40	62.96%
\$347.14	61.50%
\$503.36	60.90%
\$39.29	60.33%
\$147.02	57.95%
\$135.08	57.16%
\$309.60	55.56%
\$1,495.71	55.44%
\$42.13	55.29%
\$53.85	54.74%
\$584.03	54.51%
\$5.92	54.24%
\$835.33	53.20%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$40.08	52.96%
\$1,342.49	52.89%
\$519.24	52.77%
\$71.38	51.46%
\$191.25	51.40%
\$17.40	51.22%
\$5.11	50.69%
\$77.80	50.65%
\$83.33	50.00%
\$19.63	48.75%
\$1,403.29	48.63%
\$1,934.04	48.20%
\$57.18	48.13%
\$138.21	47.48%
\$85.43	46.83%
\$163.93	46.35%
\$182.20	45.61%
\$96.04	45.61%
\$40.17	45.30%
\$30.70	45.21%
\$236.43	44.05%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$20.49	43.45%
\$80.78	43.14%
\$21.84	42.74%
\$0.85	42.50%
\$16.72	42.47%
\$21.18	42.30%
\$1,287.06	41.17%
\$21.27	40.59%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$23.76	40.50%
\$89.77	39.84%
\$342.52	39.31%
\$71.49	38.66%
\$142.04	38.64%
\$75.54	38.57%
\$7.52	38.08%
\$383.61	37.95%
\$132.08	37.47%
\$22.60	36.21%
\$564.92	35.61%
\$162.64	34.65%
\$44.20	34.03%
\$13.70	33.86%
\$17.47	33.73%
\$79.97	33.14%
\$258.68	32.99%
\$17.72	32.95%
\$23.83	32.69%
\$269.59	32.54%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$902.25	31.87%
\$63.43	31.68%
\$217.72	31.61%
\$39.66	30.55%
\$91.42	30.43%
\$2.05	30.25%
\$18.22	30.08%
\$2.65	29.51%
\$99.59	29.47%
\$28.48	29.34%
\$67.50	29.06%
\$407.88	28.41%
\$26.78	28.17%
\$2.63	27.60%
\$34.62	27.23%
\$40.78	26.92%
\$186.98	26.88%
\$9.22	26.86%
\$21.74	26.78%
\$115.87	26.63%
\$2.13	26.21%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$985.97	26.02%
\$39.43	25.77%
\$34.67	25.75%
\$289.25	25.60%
\$19.80	25.56%
\$178.47	25.18%
\$76.68	25.01%
\$3.00	24.98%
\$23.72	24.90%
\$18.43	24.13%
\$10.08	24.07%
\$5.46	23.85%
\$258.69	23.51%
\$106.43	23.39%
\$2.53	23.36%
\$19.80	23.32%
\$14.36	23.11%
\$313.06	23.05%
\$147.53	23.04%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$29.71	22.98%
\$254.36	22.95%
\$129.70	22.82%
\$615.39	22.51%
\$140.65	22.43%
\$240.34	22.17%
\$526.38	22.06%
\$31.67	21.97%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$25.75	21.93%
\$5.70	21.87%
\$598.25	21.87%
\$19.57	21.53%
\$307.64	21.22%
\$11.69	21.21%
\$30.11	21.19%
\$0.50	20.55%
\$8.99	20.11%
\$9.38	19.82%
\$34.87	19.54%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$291.61	19.28%
\$600.34	19.26%
\$13.73	19.20%
\$25.74	18.59%
\$68.64	18.56%
\$39.41	18.29%
\$499.80	18.22%
\$232.49	18.16%
\$22.68	17.97%
\$110.03	17.79%
\$181.08	17.56%
\$11.64	17.44%
\$17.30	17.21%
\$531.34	17.20%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$484.16	17.16%
\$15.26	17.09%
\$96.90	16.88%
\$299.47	16.83%
\$11.72	16.82%
\$89.04	16.73%
\$6.30	16.64%
\$30.85	16.58%
\$31.65	16.58%
\$12.58	16.39%
\$179.26	16.22%
\$3.43	15.99%
\$2.89	15.86%
\$64.81	15.76%
\$124.83	15.35%
\$328.17	15.29%
\$153.37	15.28%
\$9.67	15.18%
\$26.16	15.04%
\$82.14	14.92%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$5.39	14.81%
\$13.10	14.61%
\$42.61	14.37%
\$9.58	14.09%
\$6.18	13.95%
\$9.31	13.93%
\$1.52	13.83%
\$19.81	13.73%
\$99.16	13.32%
\$8.75	13.17%
\$4.76	13.04%
\$17.61	13.01%
\$13.27	13.00%
\$102.79	12.90%
\$10.59	12.81%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$0.35	12.60%
\$10.52	12.57%
\$18.88	12.44%
\$68.60	12.12%
\$72.41	12.06%
\$0.82	12.00%
\$25.02	11.99%
\$65.14	11.80%
\$19.99	11.67%
\$145.38	11.61%
\$20.65	11.02%
\$5.37	11.01%
\$2.93	10.99%
\$910.47	10.87%
\$39.98	10.85%
\$35.81	10.73%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$111.05	10.70%
\$8.40	10.59%
\$10.77	10.36%
\$3.85	10.30%
\$14.41	10.27%
\$11.01	10.09%
\$19.37	9.70%
\$32.52	9.69%
\$137.76	9.65%
\$4.48	9.59%
\$2.22	9.58%
\$2.96	9.49%
\$4.88	9.35%
\$4.15	9.19%
\$159.84	9.18%
\$7.60	8.63%
\$9.24	8.56%
\$2.60	7.90%
\$1.33	7.85%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$15.28	7.80%
\$29.40	7.46%
\$24.19	7.43%
\$94.49	7.41%
\$47.35	7.41%
\$6.55	7.36%
\$4.99	7.29%
\$12.32	7.23%
\$0.93	7.10%
\$289.27	7.09%
\$5.52	6.99%
\$256.03	6.70%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$6.36	6.66%
\$3.61	6.63%
\$4.47	6.62%
\$3.69	6.47%
\$132.47	6.45%
\$118.15	6.42%
\$34.90	6.29%
\$131.34	6.00%
\$4.24	5.98%
\$18.37	5.98%
\$161.94	5.67%
\$50.60	5.54%

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$9.16	5.48%
\$48.11	5.21%
\$73.25	4.95%
\$10.73	4.61%
\$6.36	4.40%
\$1.50	4.37%
\$2.53	4.36%
\$74.70	4.25%
\$53.20	4.22%
\$1.24	4.09%
\$2.57	4.02%
\$15,500.20	n/a
\$1,099.70	n/a
\$2,126.27	n/a
\$817.41	n/a
\$3,730.04	n/a
\$1,947.66	n/a
\$334.54	n/a
\$6,285.75	n/a
\$2,461.90	n/a
\$2,219.91	n/a
\$2,715.83	n/a
\$1,069.85	n/a
\$1,776.34	n/a
\$1,671.14	n/a

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$548.45	n/a
\$1,390.03	n/a
\$2,432.47	n/a
\$3,076.19	n/a
\$4,233.60	n/a
\$1,961.58	n/a
\$1,515.06	n/a
\$1,455.21	n/a
\$1,065.65	n/a
\$315.48	n/a
\$3,005.00	n/a
\$1,795.93	n/a
\$2,517.18	n/a
\$817.50	n/a
\$1,218.43	n/a
\$94.18	n/a
\$1,317.96	n/a
\$722.72	n/a

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$1,748.88	n/a
\$1,694.97	n/a
\$1,693.22	n/a
\$1,008.09	n/a
\$1,467.57	n/a
\$1,449.71	n/a
\$502.48	n/a
\$784.35	n/a
\$283.48	n/a
\$563.50	n/a
\$731.28	n/a
\$1,066.00	n/a
\$1,059.95	n/a
\$1,046.89	n/a
\$255.45	n/a
\$169.44	n/a
\$319.41	n/a
\$624.25	n/a
\$309.47	n/a

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$884.01	n/a
\$330.05	n/a
\$817.60	n/a
\$272.49	n/a
\$398.48	n/a
\$787.53	n/a
\$313.04	n/a
\$108.40	n/a
\$472.60	n/a
\$321.05	n/a
\$423.27	n/a
\$212.86	n/a
\$187.11	n/a
\$9.63	n/a

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$219.56	n/a
\$86.29	n/a
\$140.77	n/a
\$419.64	n/a
\$414.38	n/a
\$164.67	n/a
\$385.71	n/a
\$375.00	n/a
\$373.95	n/a
\$146.11	n/a
\$34.15	n/a
\$193.77	n/a
\$190.40	n/a
\$283.69	n/a
\$262.44	n/a
\$173.35	n/a

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$246.50	n/a
\$111.56	n/a
\$148.55	n/a
\$111.13	n/a
\$87.34	n/a
\$214.72	n/a
\$66.64	n/a
\$94.05	n/a
\$87.32	n/a
\$172.90	n/a
\$57.34	n/a
\$20.63	n/a
\$77.21	n/a
\$30.00	n/a
\$144.00	n/a
\$61.42	n/a
\$19.51	n/a
\$102.75	n/a
\$62.30	n/a
\$61.92	n/a
\$61.09	n/a
\$15.44	n/a
\$76.50	n/a
\$74.38	n/a
\$43.11	n/a

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
\$58.23	n/a
\$52.30	n/a
\$48.88	n/a
\$31.57	n/a
\$13.92	n/a
\$38.56	n/a
\$12.49	n/a
\$5.04	n/a
\$34.76	n/a
\$23.21	n/a
\$22.68	n/a
\$21.48	n/a
\$10.03	n/a
\$12.59	n/a
\$8.83	n/a
\$2.73	n/a
<b>\$127.47</b>	<b>27.39%</b>
<b>\$131.86</b>	<b>7.35%</b>
<b>-\$86.22</b>	<b>-15.25%</b>

EXHIBIT 11

Year 1 vs. Year 2	
Difference	% Difference
-\$6.36	-1.08%