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)
Excludes Ambulatory Surgical Center (POS 24)

	Year 1						Year 2					
Procedure Code/Description	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
0207 - BURN CARE	5	10	22	$ 671,361.00	$ 494,972.67	$ 49,497.27	4	4	36	$ 792,786.00	$ 802,614.00	$ 200,653.50
0636 - DRUGS REQUIRE SPECIFIC ID: DRUGS REQUIRING DETAIL CODING	307	907	7,862	$ 115,259.13	$ 74,660.49	$ 82.32	288	863	8,208	$ 257,053.53	$ 189,914.75	$ 220.06
L8687-IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	2	2	2	$ 35,404.00	$ 30,093.40	$ 15,046.70	3	4	4	$ 208,290.00	$ 140,721.53	$ 35,180.38
00228287911-OXYCODONE HYDROCHLORIDE	2	2	105	$ 116.94	$ 116.94	$ 58.47	136	699	79,169	$ 108,695.64	$ 91,603.77	$ 131.05
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
0250 - PHARMACY	1,020	1,621	39,004	$ 419,528.97	$ 264,532.78	$ 163.19	1,016	1,668	47,674	$ 726,624.37	$ 558,928.08	$ 335.09
0300 - LABORATORY - CLINICAL DIAGNOSTIC	155	333	1,143	$ 62,299.79	$ 36,767.71	$ 110.41	172	412	1,858	$ 220,942.19	$ 87,803.58	$ 213.12
0260 - IV THERAPY	192	231	690	$ 47,728.00	$ 32,569.15	$ 140.99	120	167	684	$ 68,352.59	$ 45,183.09	$ 270.56
0120 - ROOM & BOARD (SEMI-PRIVATE 2 BEDS)	148	180	533	$ 727,066.25	$ 578,816.30	$ 3,215.65	147	185	848	$ 850,419.79	$ 1,139,701.58	$ 6,160.55
0272 - MEDICAL/SURGICAL SUPPLIES: STERILE SUPPLIES	476	634	3,921	$ 279,340.38	$ 190,073.42	$ 299.80	462	531	4,438	$ 409,783.85	$ 299,329.52	$ 563.71
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
0360 - OPERATING ROOM SERVICES	255	334	2,113	$ 1,854,560.02	$ 1,197,970.81	$ 3,586.74	228	273	6,134	$ 2,418,101.85	$ 1,646,448.28	$ 6,030.95
22600-ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	5	10	10	$ 62,941.50	$ 23,466.42	$ 2,346.64	21	41	39	$ 211,945.09	$ 157,625.20	$ 3,844.52
S5165-HOME MODIFICATIONS; PER SERVICE	2	3	3	$ 17,756.96	$ 17,756.96	$ 5,918.99	2	13	13	$ 124,653.40	$ 124,653.40	$ 9,588.72
L8680-IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	10	17	224	$ 139,082.00	$ 71,956.51	$ 4,232.74	10	13	200	$ 111,638.00	$ 88,953.83	$ 6,842.60
63481057170-OPANA ER	10	52	2,771	$ 28,415.01	$ 27,146.90	$ 522.06	13	69	5,752	$ 59,871.94	$ 57,171.86	$ 828.58
80104-DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC METHOD, EACH PROCEDURE	80	239	581	$ 27,555.00	$ 12,427.11	$ 52.00	217	785	2,609	$ 117,615.13	$ 64,776.41	$ 82.52
99455-WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDICAL HISTORY COMMENSURATE WITH THE PATIENT'S CONDITION; PERFORMANCE OF AN EXAMINATION COMMENSURATE WITH THE PATIENT'S CONDITION; FORMULATION OF A DIAGNOSIS, ASSESSMENT OF CAPABILITIES AND STABILITY, AND CALCULATION OF IMPAIRMENT; DEVELOPMENT OF FUTURE MEDICAL TREATMENT PLAN; AND COMPLETION OF NECESSARY DOCUMENTATION/CERTIFICATES AND REPORT.	51	81	180	$ 61,325.32	$ 54,418.26	$ 671.83	44	54	54	$ 56,051.50	$ 55,355.46	$ 1,025.10
0430 - OCCUPATIONAL THERAPY	52	482	1,247	$ 145,509.04	$ 95,095.49	$ 197.29	56	411	1,890	$ 203,559.76	$ 122,424.70	$ 297.87
0301 - LABORATORY - CLINICAL DIAGNOSTIC: CHEMISTRY	232	586	4,364	$ 161,757.27	$ 107,257.09	$ 183.03	254	777	6,350	$ 300,552.30	$ 211,595.98	$ 272.32
0370 - ANESTHESIA	415	479	9,485	$ 369,206.03	$ 250,161.03	$ 522.26	360	413	10,904	$ 481,795.28	$ 318,262.07	$ 770.61
J8499-PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	222	557	12,539	$ 62,526.00	$ 45,927.55	$ 82.46	123	285	8,093	$ 41,100.12	$ 33,616.86	$ 117.95
97750-PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	298	810	4,046	$ 324,602.57	$ 245,147.29	$ 302.65	266	605	4,105	$ 329,920.41	$ 245,703.73	$ 406.12
23420-RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	10	13	12	$ 60,868.00	$ 47,773.45	$ 3,674.88	9	10	10	$ 56,941.69	$ 48,925.04	$ 4,892.50
A0431-AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	6	6	6	$ 91,073.48	$ 71,158.00	$ 11,859.67	7	7	7	$ 112,762.19	$ 109,431.59	$ 15,633.08
22630-ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	28	53	51	$ 289,421.40	$ 151,763.07	$ 2,863.45	28	47	47	$ 281,685.00	$ 177,026.00	$ 3,766.51
97546-WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	150	2,699	4,030	$ 366,147.16	$ 292,906.73	$ 108.52	138	2,001	3,887	$ 365,763.56	$ 285,301.19	$ 142.58
0710 - RECOVERY ROOM	452	533	11,987	$ 517,839.14	$ 367,573.22	$ 689.63	415	486	13,966	$ 598,474.84	$ 439,615.00	$ 904.56

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)
Excludes Ambulatory Surgical Center (POS 24)

	Year 1						Year 2					
Procedure Code/Description	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
00002327030-CYMBALTA	68	390	15,284	$ 83,078.93	$ 77,939.56	$ 199.85	100	470	21,504	$ 136,505.07	$ 123,152.13	$ 262.03
00630-ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	40	48	1,449	$ 91,380.00	$ 52,277.27	$ 1,089.11	41	47	2,252	$ 102,625.62	$ 66,707.06	$ 1,419.30
00378912498-FENTANYL	15	111	2,170	$ 123,006.49	$ 99,907.04	$ 900.06	13	68	1,875	$ 102,404.54	$ 78,759.88	$ 1,158.23
97022-APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL	155	1,472	1,467	$ 84,715.20	$ 49,611.48	$ 33.70	117	903	905	$ 56,230.75	$ 39,014.24	$ 43.21
82542-COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELSEWHERE SPECIFIED; QUANTITATIVE, SINGLE STATIONARY AND MOBILE PHASE	183	492	1,509	$ 130,748.88	$ 79,993.66	$ 162.59	351	1,234	4,592	$ 405,881.22	$ 250,402.61	$ 202.92
22856-TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), SINGLE INTERSPACE, CERVICAL	9	16	16	$ 128,507.09	$ 96,972.70	$ 6,060.79	16	31	31	$ 366,676.01	$ 233,163.13	$ 7,521.39
99456-WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDICAL HISTORY COMMENSURATE WITH THE PATIENT'S CONDITION; PERFORMANCE OF AN EXAMINATION COMMENSURATE WITH THE PATIENT'S CONDITION; FORMULATION OF A DIAGNOSIS, ASSESSMENT OF CAPABILITIES AND STABILITY, AND CALCULATION OF IMPAIRMENT; DEVELOPMENT OF FUTURE MEDICAL TREATMENT PLAN; AND COMPLETION OF NECESSARY DOCUMENTATION/CERTIFICATES AND REPORT.	56	73	72	$ 59,871.66	$ 56,530.25	$ 774.39	45	57	46	$ 56,331.00	$ 53,786.00	$ 943.61
22850-REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	13	27	27	$ 57,489.00	$ 30,418.66	$ 1,126.62	18	36	34	$ 70,488.20	$ 48,982.74	$ 1,360.63
97124-THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	448	4,442	7,077	$ 301,574.91	$ 172,722.82	$ 38.88	422	6,038	14,759	$ 450,681.60	$ 283,242.85	$ 46.91
63481069370-OPANA ER	17	103	6,594	$ 88,051.84	$ 75,436.56	$ 732.39	16	69	4,642	$ 65,748.47	$ 60,853.86	$ 881.94
0258 - PHARMACY: IV SOLUTIONS	473	576	2,677	$ 138,393.39	$ 96,777.62	$ 168.02	447	541	3,538	$ 154,009.04	$ 108,093.86	$ 199.80
A0425-GROUND MILEAGE, PER STATUTE MILE	328	554	12,224	$ 123,597.23	$ 63,795.10	$ 115.15	269	470	12,634	$ 130,917.24	$ 63,781.21	$ 135.70
80103-TISSUE PREPARATION FOR DRUG ANALYSIS	125	767	3,006	$ 75,380.00	$ 47,233.75	$ 61.58	167	923	5,462	$ 112,355.00	$ 66,850.00	$ 72.43
0612 - MAGNETIC RESONANCE TECH. (MRT): SPINAL CORD (INCL. SPINE)	60	76	76	$ 135,470.88	$ 98,110.89	$ 1,290.93	61	71	73	$ 142,233.15	$ 107,377.52	$ 1,512.36
63402019310-LUNESTA	39	208	6,290	$ 46,626.73	$ 42,284.60	$ 203.29	39	212	7,251	$ 57,482.02	$ 50,292.21	$ 237.23
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)	9	33	33	$ 53,342.78	$ 34,852.39	$ 1,056.13	8	36	36	$ 57,316.33	$ 44,219.53	$ 1,228.32
64483-INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	159	308	414	$ 315,260.48	$ 212,242.54	$ 689.10	152	360	368	$ 381,313.97	$ 288,439.03	$ 801.22

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)
Excludes Ambulatory Surgical Center (POS 24)

	Year 1						Year 2					
Procedure Code/Description	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
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.	122	522	526	$ 71,011.27	$ 35,760.23	$ 68.51	133	697	699	$ 92,613.30	$ 55,306.80	$ 79.35
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.	430	488	488	$ 96,563.89	$ 82,458.30	$ 168.97	380	430	430	$ 94,588.16	$ 84,072.07	$ 195.52
00450-ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	72	110	240	$ 51,390.50	$ 36,930.89	$ 335.74	97	133	289	$ 64,331.93	$ 51,625.04	$ 388.16
0352 - CT SCAN: BODY	90	114	146	$ 129,389.07	$ 95,438.51	$ 837.18	101	122	150	$ 177,808.66	$ 117,216.17	$ 960.79
E1399-DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	239	643	2,153	$ 375,593.67	$ 270,132.76	$ 420.11	256	660	3,000	$ 391,528.52	$ 317,287.52	$ 480.74
0350 - CT SCAN	38	51	59	$ 83,487.00	$ 54,896.29	$ 1,076.40	49	66	77	$ 144,715.75	$ 81,052.01	$ 1,228.06
59011048010-OXYCONTIN	40	245	22,329	$ 305,662.72	$ 271,772.81	$ 1,109.28	37	279	26,280	$ 385,233.58	$ 353,062.22	$ 1,265.46
01992-ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PROVIDER); PRONE POSITION	97	201	1,905	$ 178,691.00	$ 126,960.06	$ 631.64	116	247	2,468	$ 221,090.55	$ 176,881.06	$ 716.12
95904-NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	574	1,170	2,524	$ 311,997.60	$ 185,319.86	$ 158.39	496	887	2,127	$ 261,823.40	$ 158,849.45	$ 179.09
E0731-FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIENT'S SKIN BY LAYERS OF FABRIC)	80	85	86	$ 43,767.03	$ 34,258.39	$ 403.04	84	95	95	$ 54,169.78	$ 43,260.19	$ 455.37
95900-NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITHOUT F-WAVE STUDY	339	595	1,135	$ 159,614.57	$ 114,798.37	$ 192.94	250	394	801	$ 115,196.39	$ 85,413.29	$ 216.79
0424 - PHYSICAL THERAPY: EVALUATION/RE-EVALUATION	170	207	214	$ 55,416.88	$ 34,665.70	$ 167.47	176	236	241	$ 68,421.74	$ 44,181.88	$ 187.21
A4595-ELECTRICAL STIMULATOR SUPPLIES, 2 LEAD, PER MONTH, (E.G. TENS, NMES)	174	476	2,749	$ 60,189.12	$ 43,879.08	$ 92.18	150	382	3,156	$ 52,558.55	$ 39,193.50	$ 102.60
0278 - MEDICAL/SURGICAL SUPPLIES: OTHER IMPLANTS	255	321	1,901	$ 4,006,395.13	$ 2,650,819.48	$ 8,258.00	236	325	1,856	$ 4,379,085.50	$ 2,985,252.92	$ 9,185.39
72125-COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	191	268	267	$ 156,428.60	$ 113,943.86	$ 425.16	199	273	270	$ 181,383.42	$ 129,068.18	$ 472.78
22585-ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	25	59	59	$ 121,997.24	$ 40,621.66	$ 688.50	24	49	49	$ 81,964.80	$ 37,477.06	$ 764.84
22852-REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	17	29	27	$ 74,192.91	$ 37,560.72	$ 1,295.20	13	27	27	$ 80,621.70	$ 38,578.42	$ 1,428.83

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)
Excludes Ambulatory Surgical Center (POS 24)

	Year 1						Year 2					
Procedure Code/Description	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
59011010710-OXYCONTIN	34	114	11,338	$ 152,237.56	$ 142,385.13	$ 1,248.99	2	4	450	$ 6,001.03	$ 5,507.22	$ 1,376.81
80101-DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, ENZYME ASSAY), EACH DRUG CLASS	516	2,227	9,713	$ 377,871.19	$ 196,148.77	$ 88.08	700	3,213	15,320	$ 531,641.34	$ 311,759.95	$ 97.03
63481062970-PERCOCET	83	540	54,959	$ 320,304.06	$ 303,727.37	$ 562.46	63	382	40,212	$ 266,370.14	$ 236,303.90	$ 618.60
00071101468-LYRICA	115	419	28,376	$ 136,178.03	$ 82,117.94	$ 195.99	123	405	28,977	$ 96,411.74	$ 87,294.53	$ 215.54
00670-ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTRUMENTATION OR VASCULAR PROCEDURES)	138	162	16,821	$ 554,637.00	$ 328,629.07	$ 2,028.57	148	170	16,445	$ 593,360.00	$ 378,779.43	$ 2,228.11
0320 - RADIOLOGY - DIAGNOSTIC	591	927	1,218	$ 271,016.26	$ 191,905.95	$ 207.02	625	1,019	1,376	$ 335,789.22	$ 231,193.15	$ 226.88
22551-ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	5	6	6	$ 32,176.50	$ 24,992.00	$ 4,165.33	33	67	67	$ 475,893.74	$ 305,526.56	$ 4,560.10
97016-APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	132	1,172	1,172	$ 52,994.99	$ 38,781.80	$ 33.09	102	1,049	1,051	$ 55,288.62	$ 37,986.33	$ 36.21
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)	84	181	196	$ 154,669.51	$ 120,948.11	$ 668.22	98	261	278	$ 247,279.25	$ 190,687.64	$ 730.60
0490 - AMBULATORY SURGERY	139	342	338	$ 721,491.75	$ 569,562.66	$ 1,665.39	175	537	571	$ 1,328,648.76	$ 977,441.22	$ 1,820.19
0450 - EMERGENCY ROOM	642	974	1,000	$ 422,678.16	$ 338,686.16	$ 347.73	699	1,061	1,108	$ 497,072.88	$ 402,346.91	$ 379.21
E0730-TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS, FOR MULTIPLE NERVE STIMULATION	179	210	209	$ 94,103.69	$ 63,792.65	$ 303.77	149	162	171	$ 83,688.32	$ 53,566.41	$ 330.66
29877-ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	21	34	33	$ 87,834.10	$ 54,966.51	$ 1,616.66	14	21	21	$ 61,576.46	$ 36,827.30	$ 1,753.68
64494-INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	100	169	173	$ 146,470.26	$ 104,931.45	$ 620.90	119	222	233	$ 205,022.96	$ 149,459.34	$ 673.24
97010-APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	2,847	35,932	35,938	$ 1,257,057.14	$ 805,593.41	$ 22.42	2,702	32,213	32,205	$ 1,148,847.76	$ 782,683.41	$ 24.30
22830-EXPLORATION OF SPINAL FUSION	36	71	69	$ 239,676.56	$ 108,807.12	$ 1,532.49	35	65	65	$ 262,289.80	$ 107,864.11	$ 1,659.45
97140-MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	2,679	36,446	41,343	$ 2,457,305.74	$ 1,799,419.62	$ 49.37	2,469	33,119	38,837	$ 2,464,130.13	$ 1,768,054.10	$ 53.38
00002324030-CYMBALTA	52	189	7,711	$ 45,228.84	$ 40,479.13	$ 214.18	71	265	10,507	$ 74,554.84	$ 61,155.92	$ 230.78
97039-UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	269	2,856	2,876	$ 142,217.63	$ 97,741.17	$ 34.22	272	2,788	2,817	$ 144,195.00	$ 102,659.90	$ 36.82
95861-NEEDLE ELECTROMYOGRAPHY; 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	277	339	348	$ 133,291.65	$ 86,670.45	$ 255.67	233	259	264	$ 109,003.19	$ 71,159.94	$ 274.75
00025152531-CELEBREX	121	465	20,527	$ 123,795.90	$ 93,416.39	$ 200.90	122	438	19,670	$ 105,073.80	$ 94,118.35	$ 214.88
59011042010-OXYCONTIN	49	206	13,516	$ 57,192.00	$ 52,010.11	$ 252.48	69	344	22,729	$ 103,404.99	$ 92,825.22	$ 269.84
60793041130-FLECTOR	81	166	9,598	$ 59,290.63	$ 56,775.11	$ 342.02	106	288	17,055	$ 127,322.95	$ 105,255.72	$ 365.47

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)
Excludes Ambulatory Surgical Center (POS 24)

	Year 1						Year 2					
Procedure Code/Description	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
99284-EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED 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 HIGH SEVERITY, AND REQUIRE URGENT EVALUATION BY THE PHYSICIAN BUT DO NOT POSE AN IMMEDIATE SIGNIFICANT THREAT TO LIFE OR PHYSIOLOGIC FUNCTION.	687	825	924	$ 391,608.50	$ 306,490.48	$ 371.50	696	836	833	$ 444,066.38	$ 331,736.38	$ 396.81
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.	213	251	254	$ 146,929.23	$ 119,558.58	$ 476.33	194	241	244	$ 164,170.04	$ 122,384.98	$ 507.82
63481068706-LIDODERM	225	717	35,141	$ 280,020.81	$ 254,628.92	$ 355.13	244	804	40,298	$ 341,288.33	$ 304,247.04	$ 378.42
73721-MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	354	434	531	$ 510,480.49	$ 288,696.86	$ 665.20	390	489	483	$ 576,414.73	$ 346,045.31	$ 707.66
72148-MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	577	684	775	$ 846,020.44	$ 485,677.24	$ 710.05	569	662	642	$ 910,760.18	$ 499,821.22	$ 755.02
97014-APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	1,859	21,173	21,454	$ 879,798.95	$ 657,332.87	$ 31.05	1,657	18,023	18,007	$ 774,246.21	$ 593,090.25	$ 32.91
72295-DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	29	83	90	$ 67,004.00	$ 54,101.47	$ 651.82	36	106	122	$ 95,299.86	$ 73,097.94	$ 689.60
97110-THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	3,293	61,483	96,824	$ 5,662,306.20	$ 4,112,735.53	$ 66.89	3,066	56,254	90,485	$ 5,516,088.09	$ 3,976,437.59	$ 70.69
73718-MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	58	77	77	$ 89,569.04	$ 53,545.48	$ 695.40	45	51	48	$ 58,566.81	$ 37,459.34	$ 734.50
97002-PHYSICAL THERAPY RE-EVALUATION	705	1,316	1,315	$ 138,191.81	$ 67,586.36	$ 51.36	649	1,221	1,211	$ 137,939.37	$ 66,096.79	$ 54.13
20610-ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	626	1,199	1,398	$ 239,230.68	$ 177,322.02	$ 147.89	630	1,260	1,261	$ 264,365.25	$ 196,248.85	$ 155.75
50458009405-DURAGESIC	5	32	710	$ 61,173.93	$ 60,383.96	$ 1,887.00	4	36	805	$ 77,360.50	$ 70,852.77	$ 1,968.13
97112-THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND/OR PROPRIOCEPTION FOR SITTING AND/OR STANDING ACTIVITIES	1,111	8,670	9,649	$ 566,746.20	$ 434,315.78	$ 50.09	1,112	9,033	10,668	$ 660,982.25	$ 471,946.30	$ 52.25
0270 - MEDICAL/SURGICAL SUPPLIES	924	1,313	13,735	$ 1,238,390.47	$ 937,604.23	$ 714.09	860	1,132	15,032	$ 1,166,992.87	$ 842,230.13	$ 744.02

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)
Excludes Ambulatory Surgical Center (POS 24)

	Year 1						Year 2					
Procedure Code/Description	**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**
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.	2,701	8,026	8,122	$ 1,432,819.20	$ 895,096.20	$ 111.52	3,006	9,446	9,772	$ 1,747,498.01	$ 1,097,544.26	$ 116.19
SUBTOTAL	**------**	**216,609**	**652,662**	**$ 36,371,434**	**$ 25,241,780**	**$116.53**	**------**	**205,659**	**769,404**	**$ 41,980,159**	**$ 30,228,301**	**$146.98**
ALL OTHER DATA REPORTED	**------**	**234,322**	**3,447,478**	**$ 55,889,707**	**$ 37,721,242**	**$160.98**	**------**	**245,456**	**4,086,012**	**$ 56,263,010**	**$ 37,093,477**	**$151.12**
GRAND TOTAL	**11,797**	**450,931**	**4,100,140**	**$ 92,261,141**	**$ 62,963,023**	**$139.63**	**12,118**	**451,115**	**4,855,416**	**$ 98,243,169**	**$ 67,321,777**	**$149.23**

Year 1 vs. Year 2	
Difference	% Difference
$ 151,156.23	305.38%
$ 137.75	167.34%
$ 20,133.68	133.81%
$ 72.58	124.13%
$ 3,559.07	106.46%
$ 171.90	105.34%
$ 102.70	93.02%
$ 129.57	91.90%
$ 2,944.90	91.58%
$ 263.91	88.03%
$ 8,742.40	74.59%
$ 2,444.21	68.15%
$ 1,497.88	63.83%
$ 3,669.74	62.00%
$ 2,609.87	61.66%
$ 306.52	58.71%
$ 30.52	58.70%
$ 353.27	52.58%
$ 100.58	50.98%
$ 89.29	48.78%
$ 248.35	47.55%
$ 35.50	43.05%
$ 103.47	34.19%
$ 1,217.62	33.13%
$ 3,773.42	31.82%
$ 903.06	31.54%
$ 34.06	31.38%
$ 214.93	31.17%

Year 1 vs. Year 2	
Difference	% Difference
$ 62.18	31.11%
$ 330.19	30.32%
$ 258.17	28.68%
$ 9.50	28.19%
$ 40.33	24.81%
$ 1,460.60	24.10%
$ 169.23	21.85%
$ 234.01	20.77%
$ 8.03	20.64%
$ 149.55	20.42%
$ 31.79	18.92%
$ 20.55	17.85%
$ 10.84	17.61%
$ 221.43	17.15%
$ 33.94	16.69%
$ 172.19	16.30%
$ 112.12	16.27%

Year 1 vs. Year 2	
Difference	% Difference
$ 10.84	15.83%
$ 26.54	15.71%
$ 52.42	15.61%
$ 123.61	14.76%
$ 60.63	14.43%
$ 151.66	14.09%
$ 156.18	14.08%
$ 84.48	13.37%
$ 20.69	13.06%
$ 52.33	12.98%
$ 23.85	12.36%
$ 19.74	11.79%
$ 10.42	11.30%
$ 927.39	11.23%
$ 47.61	11.20%
$ 76.34	11.09%
$ 133.63	10.32%

Year 1 vs. Year 2	
Difference	% Difference
$ 127.81	10.23%
$ 8.95	10.17%
$ 56.14	9.98%
$ 19.56	9.98%
$ 199.54	9.84%
$ 19.86	9.60%
$ 394.76	9.48%
$ 3.12	9.43%
$ 62.38	9.34%
$ 154.80	9.30%
$ 31.49	9.06%
$ 26.88	8.85%
$ 137.02	8.48%
$ 52.34	8.43%
$ 1.88	8.37%
$ 126.95	8.28%
$ 4.01	8.13%
$ 16.60	7.75%
$ 2.60	7.59%
$ 19.08	7.46%
$ 13.99	6.96%
$ 17.36	6.88%
$ 23.45	6.86%

Year 1 vs. Year 2	
Difference	% Difference
$ 25.31	6.81%
$ 31.49	6.61%
$ 23.29	6.56%
$ 42.46	6.38%
$ 44.96	6.33%
$ 1.86	6.00%
$ 37.78	5.80%
$ 3.79	5.67%
$ 39.10	5.62%
$ 2.78	5.41%
$ 7.86	5.32%
$ 81.13	4.30%
$ 2.15	4.30%
$ 29.93	4.19%

Year 1 vs. Year 2	
Difference	% Difference
$ 4.67	4.18%
$30.45	**26.13%**
-$9.86	**-6.12%**
$9.61	**6.88%**