

Delaware Compensation Rating Bureau, Inc.

*Responses to Questions Directed to DCRB by Email of February 18, 2013*

DCRB's responses to the five (5) questions presented are shown below in the numerical sequence in which they were posed.

1. For each of the five largest insurance companies for workers compensation in Delaware (based on 2010 direct written premium), and all other insurance companies combined, please provide information corresponding to the following exhibits in the DCRB "brown book" for the December 1, 2012 filing:
  - Exhibit I
  - Exhibit IV-1 to IV-10
  - Exhibit VI-1 to VI-5
  - Exhibit VII-1 to VII-3

DCRB cannot provide the data requested for individual "companies" (because financial data is not generally reported to us on such a basis. We expect that the intent of the inquiry was to address individual carrier "groups" (sets of insurance companies under common ownership). Read in that fashion, the question effectively seeks a partitioning of DCRB data into five component parts, each attributable to one of the five groups with the largest shares of 2010 Delaware premiums, and another residual part which combines the experience of all writers not among the five largest writers for 2010.

DCRB is proceeding on multiple fronts with regard to this question. First, the release of data specific to an identified or apparent company, companies or group into the public realm is of concern to the DCRB and its members, and may conflict with some provisions of insurance law in Delaware. DCRB is discussing this request with the Task Force's consultant to determine if there is a mutually-acceptable alternative to the question as posed which could address our concerns.

Although in the time available prior to noon on Thursday February 21 the DCRB has not been able to obtain and organize the necessary historical data and/or complete the calculations embodied in the several sets of exhibits referred to above, we are actively moving these analyses along pending results of the above-described discussions.

2. With respect to data provided in Exhibit 1 at the February 15, 2013 Workers Compensation Task Force meeting, please provide all data for procedures that were billed by hospitals for all 1900 identified procedures.

Exhibit 1 looked for procedures having percentage growth above a specified level over time. DCRB has extracted hospital data (using places of service inpatient and outpatient) meeting that criteria in response to this request. Limiting the report to hospitals reduces the universe of procedures for which data exists, so the universe of data is fewer lines than were contemplated with the original report.

Consistent with our discussion of DCRB's reticence to publish data or reports isolating individual entities, we have suppressed printing of any lines of the report in which a value(s) of "1" appeared for claim count, record count or procedure units. Data attributable to those entries is included in the consolidated "all other" line at the bottom of the report.

Diagnosis-Related Groups (DRGs) are used for a significant portion of hospital billings. These codes are subject to periodic updating which creates a series of "versions" of the codes and their associated descriptions. At present DCRB cannot confidently ascribe reported DRG billings in the Medical Data Call to a given version of the code structure. Work on this issue is ongoing. For purposes of this report we have identified the aggregate of DRG-based billings as a separate line at the bottom of the report. In the original Exhibit 1 these codes were included in the "all other" line.

Considering that the last exhibit provided for the February 15, 2013 meeting was numbered "10" we have numbered this as Exhibit 11. Exhibit 11 is provided in both PDF and Excel formats.

3. Please provide data from January 1, 2013 through the present relating to changes in per-procedure costs for hospitals under the new statutory payment regimen that took effect on that date.

DCRB's recollection of discussion at the February 15, 2013 Task Force meeting was that Senate Bill 238 of the 146<sup>th</sup> General Assembly became effective on January 31, 2013, not January 1, 2013. That impression is reinforced by our reading of the text of the law itself.

In either case, question 3 seeks information not yet available to DCRB or, to the best of DCRB's knowledge, any other source. The Medical Data Call collects transactions (payments) on a calendar quarter basis. Some data sources literally report quarterly, submitting their transactions for three months' of activity at a time after the close of each quarter. Other data sources submit interim, partial reports during each quarter. All data sources have until the end of the following quarter to complete their submission of Medical Data Call records to the DCRB.

At the present time the third quarter of 2012 Medical Data Call reporting is the most recent period in DCRB's possession and considered to be complete. The fourth quarter of 2012 Medical Data Call reports will not be available until after the end of the first quarter of 2013, and the first quarter of 2013 Medical Data Call reports will not be accessible until after the close of the second quarter of 2013.

The first quarter 2013 data, when the DCRB has received all Medical Data Call reports for the quarter, will include some payments processed under the terms of Senate Bill 238 but it will also include a substantial body of payments that were not yet subject to this law change. DCRB expects that the revised reimbursement formula would apply to services rendered after the effective date of the law, which from our reading of the act would mean services performed on or after January 31, 2013. Payments for bills attributable to such services might start to be issued in mid-February, and should begin to represent the majority of payments made in March of 2013.

4. Please provide an estimate of the overall rate impact of the statutory change in hospital and ambulatory surgery center reimbursements brought about by Senate Bill 238 of the 146<sup>th</sup> General Assembly.

Based on the above discussion of question number 3, early evaluations of the effects of this law will necessarily be based on information other than comparative payment data before and after implementation of the law.

DCRB is currently reviewing the provisions of SB238 and considering appropriate additional resources to inform an estimate of the effects of this legislation on system costs. As part of our review we expect to interface with at least some other members of the Workers Compensation Task Force, notably the Department of Labor, the Delaware Healthcare Facilities Association and the Delaware Medical Society as their perspectives and resources apparently available to them in the normal course of business and under the terms of SB238 will be helpful to our work.

We will complete this analysis as expeditiously as possible. Depending upon our access to resources we hope to be able to establish an expected completion date for this work within the next week.

5. Please provide a narrative summary of the process by which workers compensation insurance rates are set in Delaware.

In response to this question DCRB has prepared the attached discussion of the workers compensation ratemaking procedures in use in Delaware.

We perceive this inquiry to address the production of Manual rates (for residual market business), Manual DCRB loss costs (for voluntary market business) and Manual carrier rates for voluntary business. We have included a discussion of the determination of classification relativities for residual market rates and voluntary market loss costs. We have not extended our discussion into the realm of pricing programs that are, or may be, applied to individual policies such as experience rating, merit rating, schedule rating or special credit programs such as the Workplace Safety Program or the Construction Classification Premium Adjustment Program.

6. Additional Information Provided in Response to Ongoing Task Force Activities

DCRB is providing herewith the following items which we understand to be of interest to the Task force:

- Corrected PDF versions of Exhibits 1 and 2 from the package of DCRB materials originally submitted for purposes of the February 15, 2013 Task Force meeting.

These revised exhibits correct the claim counts which were misstated on the original reports. DCRB is also aware that the new exhibits reflect some other changes arising from our review and revision of the derivation of claim counts. These exhibits should replace the original exhibits, and are being provided in both PDF and Excel formats consistent with recent Task Force discussions.

- Excel versions of the corrected Exhibits 1 and 2, and excel versions of the original Exhibits 3 through 9 from the materials for the February 15, 2013 Task Force meeting.

These exhibits were all previously provided as PDF files. One Excel file which includes separate tabs for each of those exhibits is provided herewith.

**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)**  
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Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
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	\$155.37	1400.73%
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	\$402.49	835.91%
84436 - THYROXINE; TOTAL	2	2	2	\$76.50	\$67.71	\$33.86	2	2	2	\$652.00	\$539.46	\$269.73	\$235.88	696.72%
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	\$402.22	685.94%
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	\$63.77	599.91%
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	\$43.93	487.03%
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	\$208,040.73	420.31%
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	\$406.48	372.36%
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	\$24.25	354.88%
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	\$25.33	326.62%
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	\$1,251.45	267.81%
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	\$4,941.93	267.01%
0343 - DIAGNOSTIC RADIOPHARMS	13	14	18	\$1,781.00	\$833.68	\$59.55	21	21	24	\$5,620.00	\$4,531.84	\$215.80	\$156.25	262.40%
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	\$1,255.68	258.11%
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	\$92.10	252.98%
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	\$1,649.89	238.95%
73000 - RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	5	6	6	\$328.50	\$257.67	\$42.95	3	3	3	\$413.00	\$388.10	\$129.37	\$86.42	201.24%
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	\$83.88	196.75%
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	\$115.60	192.67%
84100 - PHOSPHORUS INORGANIC (PHOSPHATE);	3	3	3	\$95.00	\$31.01	\$10.34	3	3	3	\$111.00	\$87.80	\$29.27	\$18.93	183.13%
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	\$2,797.45	181.45%
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	\$157.58	177.74%

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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	\$171.42	176.05%
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	\$66.43	171.39%
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	\$23.95	170.00%
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	\$266.58	168.08%
82247 - BILIRUBIN; TOTAL	5	5	5	\$197.75	\$68.46	\$13.69	2	2	2	\$89.00	\$70.75	\$35.38	\$21.68	158.36%
J7506 - PREDNISONE, ORAL, PER 5 MG	14	17	86	\$91.32	\$68.62	\$4.04	11	11	61	\$137.85	\$113.38	\$10.31	\$6.27	155.35%
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	\$4.26	152.90%
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	\$1,203.25	150.58%
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	\$1,745.05	147.64%
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	\$77.21	141.84%
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	\$62.58	139.23%
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	\$67.27	133.43%
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	\$147.51	133.18%
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	\$1,208.89	132.98%
83690 - LIPASE	8	8	8	\$451.67	\$191.33	\$23.92	13	14	14	\$1,082.64	\$779.86	\$55.70	\$31.79	132.91%

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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	\$82.64	131.58%
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	\$34.38	127.51%
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	\$71.39	127.07%
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	\$2,235.33	126.94%
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	\$428.89	126.88%
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	\$654.72	125.18%
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	\$69.75	123.95%

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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	\$439.01	122.32%
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	\$90.52	121.99%
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	\$911.90	115.31%
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	\$146.70	108.41%
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	\$63.46	108.11%
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	\$3,559.07	106.46%
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	\$1,215.87	105.76%
00406851501 - OXYCODONE HCL	2	6	456	\$345.59	\$345.59	\$57.60	3	5	780	\$920.40	\$591.16	\$118.23	\$60.63	105.27%
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	\$121.52	100.65%
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	\$1,544.88	99.23%
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	\$620.42	99.02%
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	\$46.99	98.41%
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	\$44.68	98.24%
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	\$222.64	96.46%
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	\$3,102.36	96.21%
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	\$312.65	93.21%
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	\$22.35	91.19%
11740 - EVACUATION OF SUBUNGUAL HEMATOMA	4	4	4	\$206.00	\$177.24	\$44.31	6	6	6	\$514.60	\$501.04	\$83.51	\$39.20	88.46%
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	\$118.07	88.04%
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	\$275.87	87.90%
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	\$173.40	85.99%
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	\$149.92	85.82%
0380 - BLOOD	6	6	38	\$1,140.00	\$921.46	\$153.58	7	8	35	\$3,182.00	\$2,240.56	\$280.07	\$126.49	82.36%
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	\$144.38	82.13%
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	\$4.09	81.38%

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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	\$206.85	81.32%
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	\$24.99	81.28%
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	\$88.94	80.16%
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	\$65.04	80.03%
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	\$13.86	79.35%
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	\$408.61	79.13%
84460 - TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	7	7	7	\$317.00	\$148.10	\$21.16	6	6	6	\$267.00	\$226.88	\$37.81	\$16.66	78.73%
0309 - LABORATORY - CLINICAL DIAGNOSTIC: OTHER LABORATORY	2	2	4	\$241.00	\$199.52	\$99.76	2	2	9	\$554.00	\$356.43	\$178.22	\$78.46	78.64%
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	\$41.82	77.99%
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	\$8.64	77.75%
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	\$10.30	77.50%
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	\$598.57	75.38%
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	\$96.93	74.79%
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	\$8,742.40	74.59%
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	\$19.39	73.51%
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	\$822.76	69.99%
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	\$1,014.43	69.91%
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	\$182.89	69.63%
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	\$1,338.36	67.72%
84550 - URIC ACID; BLOOD	4	4	4	\$217.00	\$80.63	\$20.16	4	4	4	\$169.50	\$135.07	\$33.77	\$13.61	67.52%

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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	\$1,152.35	67.33%
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	\$2,434.44	65.50%
A9270 - NON-COVERED ITEM OR SERVICE	9	10	19	\$57.00	\$32.72	\$3.27	49	55	111	\$416.57	\$295.42	\$5.37	\$2.10	64.16%
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	\$15.96	63.66%
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	\$223.49	63.23%
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	\$116.40	62.96%
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	\$347.14	61.50%
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	\$503.36	60.90%
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	\$39.29	60.33%
0922 - OTHER DIAGNOSTIC SERVICES: ELECTROMYOLOGRAM	5	18	47	\$8,686.00	\$4,566.92	\$253.72	15	55	120	\$28,920.00	\$22,040.85	\$400.74	\$147.02	57.95%
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	\$135.08	57.16%
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	\$309.60	55.56%
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	\$1,495.71	55.44%
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	\$42.13	55.29%

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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	\$53.85	54.74%
25000 - INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S 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	\$584.03	54.51%
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	\$5.92	54.24%
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	\$835.33	53.20%
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	\$40.08	52.96%
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	\$1,342.49	52.89%
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	\$519.24	52.77%
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	\$71.38	51.46%
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	\$191.25	51.40%
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	\$17.40	51.22%
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	\$5.11	50.69%
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	\$77.80	50.65%
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	\$83.33	50.00%
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	\$19.63	48.75%
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	\$1,403.29	48.63%
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	\$1,934.04	48.20%
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	\$57.18	48.13%
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	\$138.21	47.48%
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	\$85.43	46.83%
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	\$163.93	46.35%

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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	\$182.20	45.61%
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	\$96.04	45.61%
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	\$40.17	45.30%
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	\$30.70	45.21%
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	\$236.43	44.05%
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 MUCOCELE, 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	\$20.49	43.45%
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	\$80.78	43.14%
82150 - AMYLASE	13	13	13	\$986.45	\$664.27	\$51.10	15	16	16	\$1,539.75	\$1,166.99	\$72.94	\$21.84	42.74%

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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						Year 1 vs. 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	Difference	% Difference
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	\$0.85	42.50%
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	\$16.72	42.47%
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	\$21.18	42.30%
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	\$1,287.06	41.17%
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	\$21.27	40.59%
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	\$23.76	40.50%
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	\$89.77	39.84%
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	\$342.52	39.31%
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	\$71.49	38.66%
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	\$142.04	38.64%
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	\$75.54	38.57%
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	\$7.52	38.08%
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	\$383.61	37.95%
29530 - STRAPPING; KNEE	2	2	2	\$731.33	\$705.01	\$352.51	2	2	2	\$1,438.26	\$969.16	\$484.58	\$132.08	37.47%
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	\$22.60	36.21%
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	\$564.92	35.61%
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	\$162.64	34.65%
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	\$44.20	34.03%

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
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	\$13.70	33.86%
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	\$17.47	33.73%
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	\$79.97	33.14%
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	\$258.68	32.99%
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	\$17.72	32.95%
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	\$23.83	32.69%
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	\$269.59	32.54%
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	\$902.25	31.87%
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	\$63.43	31.68%
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	\$217.72	31.61%
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	\$39.66	30.55%
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	\$91.42	30.43%
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	\$2.05	30.25%
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	\$18.22	30.08%
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	\$2.65	29.51%
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	\$99.59	29.47%

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
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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	\$28.48	29.34%
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	\$67.50	29.06%
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	\$407.88	28.41%
84439 - THYROXINE; FREE	3	3	3	\$341.25	\$285.18	\$95.06	3	4	4	\$587.00	\$487.36	\$121.84	\$26.78	28.17%
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	\$2.63	27.60%
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	\$34.62	27.23%
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	\$40.78	26.92%
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	\$186.98	26.88%
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	\$9.22	26.86%
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	\$21.74	26.78%
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	\$115.87	26.63%
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	\$2.13	26.21%
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	\$985.97	26.02%
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	\$39.43	25.77%
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	\$34.67	25.75%
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	\$289.25	25.60%

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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	\$19.80	25.56%
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	\$178.47	25.18%
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	\$76.68	25.01%
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	\$3.00	24.98%
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	\$23.72	24.90%
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	\$18.43	24.13%
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	\$10.08	24.07%
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	\$5.46	23.85%
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	\$258.69	23.51%
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	\$106.43	23.39%
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	\$2.53	23.36%
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	\$19.80	23.32%
84134 - PREALBUMIN	2	2	2	\$168.50	\$124.29	\$62.15	2	2	2	\$200.00	\$153.01	\$76.51	\$14.36	23.11%
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	\$313.06	23.05%
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	\$147.53	23.04%

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

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AND 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,	17	22	26	\$4,354.71	\$2,583.49	\$117.43	17	21	30	\$5,469.80	\$3,006.85	\$143.18	\$25.75	21.93%
85651 - SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	21	22	22	\$825.11	\$572.88	\$26.04	6	7	7	\$261.61	\$222.15	\$31.74	\$5.70	21.87%
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	\$598.25	21.87%
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	\$19.57	21.53%
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	\$307.64	21.22%
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	\$11.69	21.21%
J1956 - INJECTION, LEVOFLOXACIN, 250 MG	4	5	9	\$1,218.56	\$710.43	\$142.09	4	4	13	\$897.77	\$688.78	\$172.20	\$30.11	21.19%
C1729 - CATHETER, DRAINAGE	2	2	2	\$6.00	\$4.85	\$2.43	3	3	3	\$10.50	\$8.77	\$2.92	\$0.50	20.55%
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	\$8.99	20.11%
94799 - UNLISTED PULMONARY SERVICE OR PROCEDURE	5	6	6	\$328.99	\$283.82	\$47.30	3	3	3	\$180.71	\$170.04	\$56.68	\$9.38	19.82%

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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	\$34.87	19.54%
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	\$291.61	19.28%
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	\$600.34	19.26%
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	\$13.73	19.20%
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	\$25.74	18.59%
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	\$68.64	18.56%
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	\$39.41	18.29%
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	\$499.80	18.22%
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	\$232.49	18.16%
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	\$22.68	17.97%
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	\$110.03	17.79%
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	\$181.08	17.56%

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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	\$11.64	17.44%
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	\$17.30	17.21%
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	\$531.34	17.20%
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	\$484.16	17.16%
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	\$15.26	17.09%
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	\$96.90	16.88%
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	\$299.47	16.83%
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	\$11.72	16.82%
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	\$89.04	16.73%
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	\$6.30	16.64%

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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	\$30.85	16.58%
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	\$31.65	16.58%
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	\$12.58	16.39%
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	\$179.26	16.22%
85652 - SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	8	10	10	\$425.20	\$214.60	\$21.46	10	13	13	\$374.50	\$323.60	\$24.89	\$3.43	15.99%
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	\$2.89	15.86%
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	\$64.81	15.76%
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	\$124.83	15.35%
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	\$328.17	15.29%
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	\$153.37	15.28%
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	\$9.67	15.18%
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	\$26.16	15.04%
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	\$82.14	14.92%
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	\$5.39	14.81%
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	\$13.10	14.61%
72265 - MYEOGRAPHY, 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	\$42.61	14.37%

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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	\$9.58	14.09%
73120 - RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	5	6	6	\$745.07	\$265.80	\$44.30	10	12	12	\$765.34	\$605.74	\$50.48	\$6.18	13.95%
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	\$9.31	13.93%
85014 - BLOOD COUNT; HEMATOCRIT (HCT)	3	5	7	\$64.23	\$54.88	\$10.98	9	14	20	\$209.23	\$174.91	\$12.49	\$1.52	13.83%
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	\$19.81	13.73%
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	\$99.16	13.32%
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	\$8.75	13.17%
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	\$4.76	13.04%
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	\$17.61	13.01%
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	\$13.27	13.00%
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	\$102.79	12.90%
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	\$10.59	12.81%

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

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
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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	\$35.81	10.73%
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	\$111.05	10.70%
86038 - ANTINUCLEAR ANTIBODIES (ANA);	5	5	5	\$646.50	\$396.38	\$79.28	5	5	5	\$512.75	\$438.37	\$87.67	\$8.40	10.59%
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	\$10.77	10.36%
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	\$3.85	10.30%
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	\$14.41	10.27%
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	\$11.01	10.09%
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	\$19.37	9.70%
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	\$32.52	9.69%
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	\$137.76	9.65%
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	\$4.48	9.59%
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	\$2.22	9.58%
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	\$2.96	9.49%
85670 - THROMBIN TIME; PLASMA	4	4	4	\$214.00	\$208.65	\$52.16	2	2	2	\$117.00	\$114.08	\$57.04	\$4.88	9.35%
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	\$4.15	9.19%
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	\$159.84	9.18%
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	\$7.60	8.63%

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
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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	\$9.24	8.56%
86430 - RHEUMATOID FACTOR; QUALITATIVE	5	5	5	\$544.50	\$164.46	\$32.89	2	2	2	\$83.50	\$70.98	\$35.49	\$2.60	7.90%
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	\$1.33	7.85%
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	\$15.28	7.80%
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	\$29.40	7.46%
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	\$24.19	7.43%
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	\$94.49	7.41%
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	\$47.35	7.41%
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	\$6.55	7.36%
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	\$4.99	7.29%
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	\$12.32	7.23%
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	\$0.93	7.10%
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	\$289.27	7.09%

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
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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	\$5.52	6.99%
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	\$256.03	6.70%
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	\$6.36	6.66%
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	\$3.61	6.63%
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	\$4.47	6.62%
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	\$3.69	6.47%
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	\$132.47	6.45%
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	\$118.15	6.42%
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	\$34.90	6.29%

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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						Year 1 vs. 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	Difference	% Difference
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	\$131.34	6.00%
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	\$4.24	5.98%
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	\$18.37	5.98%
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	\$161.94	5.67%
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	\$50.60	5.54%
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	\$9.16	5.48%
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	\$48.11	5.21%
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	\$73.25	4.95%
00025152531 - CELEBREX	3	11	555	\$2,561.45	\$2,561.45	\$232.86	2	8	390	\$1,948.72	\$1,948.72	\$243.59	\$10.73	4.61%
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	\$6.36	4.40%
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	\$1.50	4.37%
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	\$2.53	4.36%
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	\$74.70	4.25%
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	\$53.20	4.22%
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	\$1.24	4.09%
83874 - MYOGLOBIN	11	12	12	\$1,005.54	\$766.58	\$63.88	10	14	14	\$1,130.50	\$930.27	\$66.45	\$2.57	4.02%
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	\$15,500.20	n/a
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	\$1,099.70	n/a
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	\$2,126.27	n/a
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	\$817.41	n/a
0124 - PSYCHIATRIC	0	0	0	\$0.00	\$0.00	\$0.00	3	4	27	\$25,865.00	\$14,920.15	\$3,730.04	\$3,730.04	n/a

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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	\$1,947.66	n/a
9999999999 - COMPOUND DRUGS	0	0	0	\$0.00	\$0.00	\$0.00	11	39	140	\$17,616.96	\$13,046.87	\$334.54	\$334.54	n/a
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	\$6,285.75	n/a
26540 - REPAIR OF COLLATERAL LIGAMENT, METACARPPOPHALANGEAL OR INTERPHALANGEAL JOINT	0	0	0	\$0.00	\$0.00	\$0.00	5	5	5	\$17,743.25	\$12,309.51	\$2,461.90	\$2,461.90	n/a
24149 - RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)	0	0	0	\$0.00	\$0.00	\$0.00	2	5	5	\$15,153.00	\$11,099.53	\$2,219.91	\$2,219.91	n/a
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	\$2,715.83	n/a
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	\$1,069.85	n/a
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	\$1,776.34	n/a
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	\$1,671.14	n/a
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	\$548.45	n/a
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	\$1,390.03	n/a
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	\$2,432.47	n/a
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	\$3,076.19	n/a
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	\$4,233.60	n/a
28725 - ARTHRODESIS; SUBTALAR	0	0	0	\$0.00	\$0.00	\$0.00	2	4	4	\$12,305.50	\$7,846.32	\$1,961.58	\$1,961.58	n/a
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	\$1,515.06	n/a
27513 - OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANCONDYLAR 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	\$1,455.21	n/a

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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	\$1,065.65	n/a
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	\$315.48	n/a
0202 - MEDICAL	0	0	0	\$0.00	\$0.00	\$0.00	2	2	9	\$27,045.00	\$6,010.00	\$3,005.00	\$3,005.00	n/a
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	\$1,795.93	n/a
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	\$2,517.18	n/a
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	\$817.50	n/a
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	\$1,218.43	n/a
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	\$94.18	n/a
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	\$1,317.96	n/a
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	\$722.72	n/a
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	\$1,748.88	n/a
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	\$1,694.97	n/a
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	\$1,693.22	n/a
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	\$1,008.09	n/a
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	\$1,467.57	n/a
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	\$1,449.71	n/a

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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	\$502.48	n/a
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	\$784.35	n/a
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	\$283.48	n/a
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	\$563.50	n/a
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	\$731.28	n/a
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	\$1,066.00	n/a
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	\$1,059.95	n/a
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	\$1,046.89	n/a
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	\$255.45	n/a
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	\$169.44	n/a
59011044010 - OXYCONTIN	0	0	0	\$0.00	\$0.00	\$0.00	3	6	390	\$2,046.99	\$1,916.46	\$319.41	\$319.41	n/a
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	\$624.25	n/a
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	\$309.47	n/a
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	\$884.01	n/a
00002324030 - CYMBALTA	0	0	0	\$0.00	\$0.00	\$0.00	4	5	270	\$1,766.82	\$1,650.24	\$330.05	\$330.05	n/a
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	\$817.60	n/a

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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	\$272.49	n/a
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	\$398.48	n/a
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	\$787.53	n/a
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	\$313.04	n/a
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	\$108.40	n/a
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	\$472.60	n/a
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	\$321.05	n/a
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	\$423.27	n/a
16590048230 - CYMBALTA	0	0	0	\$0.00	\$0.00	\$0.00	2	5	150	\$1,227.05	\$1,064.30	\$212.86	\$212.86	n/a
90801 - PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	0	0	0	\$0.00	\$0.00	\$0.00	4	5	5	\$1,166.00	\$935.53	\$187.11	\$187.11	n/a

Delaware Compensation Rating Bureau, Inc.  
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Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
00228287911 - OXYCODONE HYDROCHLORIDE	0	0	0	\$0.00	\$0.00	\$0.00	2	93	630	\$1,083.74	\$895.41	\$9.63	\$9.63	n/a
55111018015 - TIZANIDINE HCL	0	0	0	\$0.00	\$0.00	\$0.00	2	4	594	\$914.62	\$878.25	\$219.56	\$219.56	n/a
00228287811 - OXYCODONE HYDROCHLORIDE	0	0	0	\$0.00	\$0.00	\$0.00	3	10	1,170	\$950.50	\$862.90	\$86.29	\$86.29	n/a
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	\$140.77	n/a
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	\$419.64	n/a
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	\$414.38	n/a
16590065990 - OXYCODONE HYDROCHLORIDE	0	0	0	\$0.00	\$0.00	\$0.00	2	5	780	\$1,224.60	\$823.34	\$164.67	\$164.67	n/a
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	\$385.71	n/a
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	\$375.00	n/a
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	\$373.95	n/a
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	\$146.11	n/a
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	\$34.15	n/a
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	\$193.77	n/a
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	\$190.40	n/a
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	\$283.69	n/a

Delaware Compensation Rating Bureau, Inc.  
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Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
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	\$262.44	n/a
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	\$173.35	n/a
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	\$246.50	n/a
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	\$111.56	n/a
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	\$148.55	n/a
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	\$111.13	n/a
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	\$87.34	n/a
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	\$214.72	n/a
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	\$66.64	n/a
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	\$94.05	n/a
84403 - TESTOSTERONE; TOTAL	0	0	0	\$0.00	\$0.00	\$0.00	3	4	4	\$632.77	\$349.26	\$87.32	\$87.32	n/a
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	\$172.90	n/a
53746019005 - NAPROXEN	0	0	0	\$0.00	\$0.00	\$0.00	2	6	300	\$418.20	\$344.04	\$57.34	\$57.34	n/a
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	\$20.63	n/a
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	\$77.21	n/a
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	\$30.00	n/a
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	\$144.00	n/a

**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						Year 1 vs. 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	Difference	% Difference
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	\$61.42	n/a
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	\$19.51	n/a
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	\$102.75	n/a
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	\$62.30	n/a
86708 - HEPATITIS A ANTIBODY (HAAB); TOTAL	0	0	0	\$0.00	\$0.00	\$0.00	3	3	3	\$322.00	\$185.75	\$61.92	\$61.92	n/a
55111017915 - TIZANIDINE HCL	0	0	0	\$0.00	\$0.00	\$0.00	2	3	150	\$192.22	\$183.28	\$61.09	\$61.09	n/a
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	\$15.44	n/a
16590060730 - MORPHINE SULFATE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	90	\$191.07	\$153.00	\$76.50	\$76.50	n/a
82003 - ACETAMINOPHEN	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$278.50	\$148.75	\$74.38	\$74.38	n/a
00093005801 - TRAMADOL HCL	0	0	0	\$0.00	\$0.00	\$0.00	3	3	156	\$129.32	\$129.32	\$43.11	\$43.11	n/a
83887 - NICOTINE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$271.00	\$116.45	\$58.23	\$58.23	n/a
J1245 - INJECTION, DIPYRIDAMOLE, PER 10 MG	0	0	0	\$0.00	\$0.00	\$0.00	2	2	12	\$129.72	\$104.59	\$52.30	\$52.30	n/a
80196 - SALICYLATE	0	0	0	\$0.00	\$0.00	\$0.00	2	2	2	\$154.00	\$97.75	\$48.88	\$48.88	n/a
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	\$31.57	n/a
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	\$13.92	n/a
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	\$38.56	n/a
J1040 - INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	0	0	0	\$0.00	\$0.00	\$0.00	5	6	7	\$279.75	\$74.94	\$12.49	\$12.49	n/a
0257 - PHARMACY: NON-PRESCRIPTION	0	0	0	\$0.00	\$0.00	\$0.00	14	14	19	\$77.21	\$70.54	\$5.04	\$5.04	n/a
86701 - ANTIBODY; HIV-1	2	2	2	\$370.00	\$0.00	\$0.00	2	2	2	\$72.49	\$69.52	\$34.76	\$34.76	n/a
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	\$23.21	n/a
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	\$22.68	n/a
J8540 - DEXAMETHASONE, ORAL, 0.25 MG	0	0	0	\$0.00	\$0.00	\$0.00	2	2	112	\$53.20	\$42.96	\$21.48	\$21.48	n/a

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
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00409155930 - MARCAINE HCL	0	0	0	\$0.00	\$0.00	\$0.00	2	3	3	\$45.00	\$30.10	\$10.03	\$10.03	n/a
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	\$12.59	n/a
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	\$8.83	n/a
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	\$2.73	n/a
<b>Sub-Total</b>	-	22,698	134,952	\$15,844,337.15	\$10,564,803.34	\$465.45	-	25,657	168,216	\$21,103,613.61	\$15,212,474.39	\$592.92	\$127.47	27.39%
<b>DRG Data Reported</b>	-	2,747	27,433	\$7,069,227.32	\$4,925,390.17	\$1,793.01	-	1,491	23,689	\$4,272,383.34	\$2,869,977.04	\$1,924.87	\$131.86	7.35%
<b>All Other Data Reported</b>	-	18,480	90,220	\$15,568,480.38	\$10,448,769.76	\$565.41	-	21,179	94,510	\$17,020,848.15	\$10,148,710.71	\$479.19	-\$86.22	-15.25%
<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	-\$6.36	-1.08%

## **Delaware Compensation Rating Bureau, Inc.**

### *Narrative Summary*

#### *Promulgation of Workers Compensation Rates in Delaware*

The following pages outline the work and analysis applied to develop workers compensation rates in Delaware. The establishment of residual market rate changes in Delaware Compensation Rating Bureau, Inc. (DCRB) filings is addressed first, and most substantively. The derivation of voluntary market loss cost changes is more briefly described, as that enterprise is a very straightforward effort based on the indicated residual market changes and expense loadings approved and proposed in residual market rates in successive years. Finally, a short review of how insurance carrier rates are established is presented at the conclusion of this document.

#### *DCRB Residual Market Rates*

##### - Data Resources

A variety of data resources are employed in the enterprise of preparing annual DCRB filings for residual market rates. The two most important of these are aggregate financial data and unit statistical reports.

Aggregate financial data is submitted to the DCRB once annually by every carrier licensed to write workers compensation business in Delaware. Data is evaluated as of each calendar year-end, and is due to be submitted to the DCRB in mid-April.

Templates for the submission of this data are provided to the carriers by DCRB in the form of a Financial Data Reporting Application (FDRA), an on-line tool used to facilitate the organization, verification and submission of carrier data to the DCRB. Data submitted include various measures of premium volume by policy year, indemnity and medical losses paid through the most recent year-end by policy year, indemnity and medical case reserves as of the most recent year-end, Incurred-But Not Reported Losses as established by each company for each policy year as of the last year-end date, expense data for the carrier's book of Delaware workers compensation business and a large claim call which identifies individual claims with loss amounts in excess of a specified reporting threshold (\$250,000). The financial calls separate experience into subsets based on whether the policies involved were written on a first-dollar basis or on a large deductible basis, and also provide separate reporting of residual market business either being handled by those carriers designated as servicing carriers for the Delaware Insurance Plan or written on a direct assignment basis by carriers electing to fulfill their obligations to support the residual market in that fashion.

DCRB reviews carrier submissions, pursues missing reports and communicates with carrier data sources to validate reported financial data before proceeding to summarize that data for purposes of our annual filing analysis. We strive to complete this substantial data quality effort by late May of each year.

Throughout the year DCRB members are submitting unit statistical reports to us. These reports are initially submitted based on data available eighteen months after each policy is issued, with those first reports due to be provided to us approximately 20 months after the inception of each policy. At annual intervals after the initial unit reports are filed, DCRB receives subsequent reports if claims remain open and/or the previously reported data has changed on any claim or for the policy as a whole (including premium amounts, exposures by classification, results of special rating programs, etc.)

Unit statistical data allows DCRB to allocate experience to individual classifications (for purposes of establishing rating values specific to each industry risk classification) and to individual employers (for purposes of experience rating and/or merit rating calculations). While the receipt of unit statistical data and the editing of such data is in progress throughout the year, a master file associated with each annual filing is “frozen” roughly coincident with the close of our collection of aggregate financial data for a given annual rate filing cycle.

- Adjustments to Data for Ratemaking

The DCRB uses aggregate financial data to compile an experience history which becomes the key basis for loss and expense data supporting each year’s annual rating value filing to the Insurance Department. Loss data is massaged in the following three fashions in preparation for this work:

- Large deductible business is excluded from the analysis.

Large deductible experience as written and recorded by insurers (i.e., on a net basis after recognition of the applicable premium credits and loss deductibles) cannot be combined with first-dollar business. Adjusting large deductible experience to a first-dollar basis would require accounting and calculations that cannot be reconciled to independent sources and that are not needed by the companies for their own business purposes. Finally, employers capable of assuming the liability for retentions recognized as large deductibles (\$100,000 or more per claim or accident) are effectively self-insured and are not paying premiums materially impacted by DCRB manual rates. Thus, the exclusion of large deductible data serves to improve the consistency of the data and allows DCRB rating values to reflect the collective experience of employers whose

premiums will be determined in significant part by reference to DCRB rates or loss costs.

- Loss data is “capped”, a process in which the DCRB removes loss amounts in excess of a series of selected limits established by policy year from the aggregate financial data used for ratemaking.

This step protects the ratemaking experience from extreme impacts of catastrophic claims. The effects of loss limitations overall must still be accounted for and included in final rating values, so that the loss limitation procedure is not intended to reduce the overall rate level. Removing losses above the selected limits from the DCRB’s preliminary analysis does, however, demonstrably remove some volatility that would otherwise result from the impact of individual large claims on the total statewide experience.

- Experience is adjusted for the estimated effects of Senate Bill 1, enacted in 2007.

Workers compensation losses were expected to be favorably impacted by the implementation of changes such as the introduction of a Delaware fee schedule and certification of medical providers. The DCRB submitted a filing in late 2008 which estimated the effects of those changes as an overall 11.57% reduction. In the adjudication of later DCRB filings, a further convention was imposed on medical severity trends which reduced the trends measured from experience data by 1.8 percent per year on the premise that workers compensation losses would increase more slowly subsequent to the implementation of Senate Bill 1’s provisions than had been the case prior to those changes.

Because experience after implementation of provisions of Senate Bill 1 was expected to be different from experience before those changes, DCRB adjusts its recent experience to a “pre-Senate Bill 1” level. These adjustments are based on the previous estimates of the impacts of Senate Bill 1, and avoid having changes in experience attributable to the new law from being incorporated into the DCRB’s underlying analysis.

- Estimation Adjustment of Data to Current Premium and Benefit Levels

All premiums are adjusted to current residual market rate levels. An additional adjustment is made to indemnity losses to bring the losses to current benefit levels by adjusting for the impact of changes in the statewide average weekly wage which is updated annually and upon which benefits including maximum and minimum benefit levels are determined.

- Estimation of Ultimate (Final) Loss Amounts for Prior Policy Years

Once the above-described adjustments have been completed, the DCRB uses the financial data to estimate the total, final cost (subject to the applicable loss limits and prior to the anticipated effect of Senate Bill 1) of claims incurred in prior policy years. These estimates are developed using loss development analyses which track the historical changes in cumulative loss payments and case reserves to develop a model for anticipated future changes to currently-stated loss payments and case incurred loss amounts.

Because Delaware law defines loss adjustment expenses to be considered as losses and included in the loss portion of rates and premiums, the reported loss data is adjusted by applying an overall factor to account for prevailing levels of loss adjustment expense. The factor used is derived from a review of loss adjustment expenses reported over a period of prior years by DCRB members in response to a portion of the financial calls devoted specifically to expenses.

- Trending Prior Policy Years to Future Rate Period

Ratemaking uses historical data to project future results. If and to the extent that historical data shows tendencies to change over time, those changes must be taken into account in the future projections needed for ratemaking.

The DCRB employs commonly-used methods to measure and apply trend adjustments to historical data. These methods involve fitting curves, generally exponential lines which reflect constant percentage changes over time in the value(s) being studied, to observed historical data. In order to more clearly see component changes in experience over time, the DCRB performs is trend analysis of historical loss ratios separately for claim frequency and claim severity. If the same type of curve is fitted to historical data over the same time periods, this separate approach will give claim frequency and claim severity trends which can be multiplied to give the effective loss ratio trend being proposed in a filing.

The DCRB applies the trend values arrived at in its filing analysis to each of the most recent available four policy years, and averages the resulting projections of future loss ratios. This use of multiple prior policy years as the stating points for trending avoids having rate change indications depend either exclusively or substantially on any single prior year of experience, since results do tend to vary over time due in part to the limited volume of data presented in the Delaware market.

- Adjustments to Trended Loss Ratios

Two considerations must be applied to the trended loss ratios derived as discussed above. First, because the underlying experience was adjusted to a pre-Senate Bill 1 basis a savings factor reflecting the DCRB's initial evaluation of the provisions of SB1 is applied. This factor reduces the projected medical loss ratio by 17.4 percent. Secondly, because the loss development and trend work has been performed on a limited loss basis, a provision for losses in excess of the limit on future losses implied by the series of historical loss limitations applied in the DCRB's analysis must be included.

- Permissible Loss Ratio

The DCRB collects expense data from its members as part of the annual financial data calls. Based on that reported experience over a period of three recent years, expense provisions are determined for commission, other acquisition and general expenses. Budgetary provisions for taxes are included in the filed expense provisions, as are prevailing assessment rates which DCRB obtains from the Delaware Department of Labor. The impact of premium discounts is measured using a recent policy year's distribution of policies by premium size. Finally, a provision for uncollectible premium in the residual market is added based on reported overall experience for the Delaware Insurance Plan over a period of prior years.

Using the above-described expense provisions and projected cash flows for the receipt of premium and payment of losses and expenses, an economic consultant retained by the DCRB studies industry data to establish available investment income, current leverage ratios in the industry and appropriate rates of return on the business of writing workers compensation insurance. An Internal Rate of Return Model is then employed which combines the effects of expense needs, available investment income, target rate of return and the timing of cash flows pertinent to the underwriting of workers compensation insurance to derive a permissible loss ratio including loss adjustment expense and loss-based assessments. As part of that analysis an indicated profit provision for residual market rates is also determined.

- Indicated Change in Residual Market Rates

The indicated change in residual market rate level is computed by dividing the trended loss and loss adjustment expense ratio by the permissible loss and loss adjustment expense ratio, and then adjusting that change for the estimated effects of a change in indemnity benefit levels which will be made during the

future rating period based on changes in the Statewide Average Weekly Wage in Delaware.

#### *DCRB Voluntary Market Loss Costs*

In Delaware both residual market rates and voluntary market loss costs are determined based on an analysis of total statewide experience. Under this approach the underlying loss and loss adjustment expenses for residual market rates and voluntary market loss costs are the same, and as a result the indicated change in voluntary market loss costs can be computed directly from the indicated change in residual market rate level by multiplying the residual market rate change factor by the ratio of the permissible loss, loss adjustment and loss based assessment ratio proposed for the future residual market rates by the permissible loss, loss adjustment expense and loss-based assessment ratio from the current schedule of residual market rates. This calculation simply removes the effects of any expense changes from the residual market change to derive the contemporaneous voluntary market loss cost change.

#### *Classification Rate and Loss Cost Relativities*

For residual market rates and voluntary market loss costs, the overall filed levels (and filed changes to existing levels) need to be embodied in schedules of manual rating values by risk classification.

The derivation of classification rating values is accomplished using a five-year period of historical experience in each classification. There are over 300 such approved classifications in the uniform classification plan administered by the DCRB. The classification data is subject to many of the same adjustments that are applied to the financial data and include loss development, separate frequency and severity trends, adjustment to current benefit levels and capping of large losses. One difference in the classification ratemaking process is that losses are adjusted to a post-Senate Bill 1 basis rather than the pre-Senate Bill 1 adjustments applied to financial data. An analysis of each classification's experience is performed which will assign more favorable changes in rates and loss costs to classifications with recent experience that compares well to the costs anticipated in the currently-approved rates or loss costs, and assigns less favorable changes in rates and loss costs to other classifications with relatively poor comparisons between their recent experience and the prevailing rating values. The extent to which individual classifications are allowed to move away from the average proposed changes in rating values increases as the volume of payroll reported by insured employers in a class over the five-year experience period increases.

Many Delaware classifications are quite small in terms of payroll exposure generated by insured employers assigned to them. Limited amounts of experience are not useful or reliable as a basis for adjusting rates or loss costs, and accordingly the DCRB employs a “non-reviewed” approach to the smallest classifications (those failing to reach a specified level of credibility for their reported experience).

The non-reviewed procedure uses relativities between classification rating values from Pennsylvania and the average Delaware rate to produce one indication of rating values for each class. A second indication is computed by applying the average manual change by industry group to each non-reviewed classification’s current rating value. These two indications are then combined giving 1/3 weight to the first and 2/3 weight to the second.

#### Carrier Rates

Once a DCRB filing has been approved by the Insurance Commissioner, every insurer licensed to write workers compensation business is required to make its own independent filing with the Insurance Department to establish its schedule of manual rates. While it is common for such filings to develop and propose an expense load to be applied to DCRB’ voluntary market loss costs to compute the company’s rates, Delaware law does allow more diversity of approach if a company wishes to depart from using a constant expense load and DCRB loss costs for all classifications.

As a result of carrier filings over time, the marketplace has come to include a broad range of approved rating values for every DCRB classification.

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Exhibit 1

Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
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	\$ 151,156.23	305.38%
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	\$ 137.75	167.34%
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	\$ 20,133.68	133.81%
00228287911-OXYCODONE HYDROCHLORIDE	2	2	105	\$ 116.94	\$ 116.94	\$ 58.47	136	699	79,169	\$ 108,695.64	\$ 91,603.77	\$ 131.05	\$ 72.58	124.13%
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	\$ 3,559.07	106.46%
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	\$ 171.90	105.34%
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	\$ 102.70	93.02%
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	\$ 129.57	91.90%
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	\$ 2,944.90	91.58%
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	\$ 263.91	88.03%
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	\$ 8,742.40	74.59%
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	\$ 2,444.21	68.15%
22800-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	\$ 1,497.88	63.83%
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	\$ 3,669.74	62.00%
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	\$ 2,609.87	61.66%
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	\$ 306.52	58.71%
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	\$ 30.52	58.70%
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	\$ 353.27	52.58%
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	\$ 100.58	50.98%
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	\$ 89.29	48.78%
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	\$ 248.35	47.55%
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	\$ 35.50	43.05%
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	\$ 103.47	34.19%
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	\$ 1,217.62	33.13%
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	\$ 3,773.42	31.82%

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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	Difference	% Difference
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	\$ 903.06	31.54%
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	\$ 34.06	31.38%
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	\$ 214.93	31.17%
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	\$ 62.18	31.11%
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	\$ 330.19	30.32%
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	\$ 258.17	28.68%
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	\$ 9.50	28.19%
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	\$ 40.33	24.81%
22000-TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYECTOMY 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	\$ 1,460.60	24.10%
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	\$ 169.23	21.85%
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	\$ 234.01	20.77%
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	\$ 8.03	20.64%
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	\$ 149.55	20.42%
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	\$ 31.79	18.92%
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	\$ 20.55	17.85%
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	\$ 10.84	17.61%
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	\$ 221.43	17.15%
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	\$ 33.94	16.69%

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63007-TRANSFEDICULAR 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	\$ 172.19	16.30%
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	\$ 112.12	16.27%
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	\$ 10.84	15.83%
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	\$ 26.54	15.71%
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	\$ 52.42	15.61%
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	\$ 123.61	14.76%
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	\$ 60.63	14.43%
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	\$ 151.66	14.09%
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	\$ 156.18	14.08%
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	\$ 84.48	13.37%
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	\$ 20.69	13.06%

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)

Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
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	\$ 52.33	12.98%
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	\$ 23.85	12.36%
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	\$ 19.74	11.79%
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	\$ 10.42	11.30%
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	\$ 927.39	11.23%
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	\$ 47.61	11.20%
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	\$ 133.63	10.32%
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	\$ 127.81	10.23%
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	\$ 8.95	10.17%
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	\$ 56.14	9.98%
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	\$ 19.56	9.98%
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	\$ 199.54	9.84%
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	\$ 19.86	9.60%
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	\$ 394.76	9.48%
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	\$ 3.12	9.43%
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	\$ 62.38	9.34%
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	\$ 154.80	9.30%
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	\$ 31.49	9.06%
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	\$ 26.88	8.85%
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	\$ 137.02	8.48%

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
64494-INJECTIONS(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	\$ 52.34	8.43%
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	\$ 1.88	8.37%
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	\$ 126.95	8.28%
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	\$ 4.01	8.13%
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	\$ 16.60	7.75%
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	\$ 2.60	7.59%
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	\$ 19.08	7.46%
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	\$ 13.99	6.96%
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	\$ 17.36	6.88%
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	\$ 23.45	6.86%
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	\$ 25.31	6.81%
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	\$ 31.49	6.61%
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	\$ 23.29	6.56%
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	\$ 42.46	6.38%

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Procedure Code/Description	Year 1						Year 2						Year 1 vs. 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	Difference	% Difference
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	\$ 44.96	6.33%
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	\$ 1.86	6.00%
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	\$ 37.78	5.80%
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	\$ 3.79	5.67%
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	\$ 39.10	5.62%
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	\$ 2.78	5.41%
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	\$ 7.86	5.32%
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	\$ 81.13	4.30%
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	\$ 2.15	4.30%
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	\$ 29.93	4.19%
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.	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	\$ 4.67	4.18%
<b>SUBTOTAL</b>	-----	<b>216,609</b>	<b>652,662</b>	<b>\$ 36,371,434</b>	<b>\$ 25,241,780</b>	<b>\$116.53</b>	-----	<b>205,659</b>	<b>769,404</b>	<b>\$ 41,980,159</b>	<b>\$ 30,228,301</b>	<b>\$146.98</b>	<b>\$30.45</b>	<b>26.13%</b>
<b>ALL OTHER DATA REPORTED</b>	-----	<b>234,322</b>	<b>3,447,478</b>	<b>\$ 55,889,707</b>	<b>\$ 37,721,242</b>	<b>\$160.98</b>	-----	<b>245,456</b>	<b>4,086,012</b>	<b>\$ 56,263,010</b>	<b>\$ 37,093,477</b>	<b>\$151.12</b>	<b>-\$9.86</b>	<b>-6.12%</b>
<b>GRAND TOTAL</b>	<b>11,797</b>	<b>450,931</b>	<b>4,100,140</b>	<b>\$ 92,261,141</b>	<b>\$ 62,963,023</b>	<b>\$139.63</b>	<b>12,118</b>	<b>451,115</b>	<b>4,855,416</b>	<b>\$ 98,243,169</b>	<b>\$ 67,321,777</b>	<b>\$149.23</b>	<b>\$9.61</b>	<b>6.88%</b>

Delaware Compensation Rating Bureau, Inc.  
 Per Diagnosis 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)

Exhibit 2

Diagnosis Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Diag Cost	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Per Diag Cost	Difference	% Difference
824.5-BIMALLEOLAR FRACTURE OPEN	9	142	205	\$18,572	\$10,700	\$1,188.94	5	53	524	\$186,967	\$105,605	\$21,121.09	\$19,932.15	1676.47%
722.80-POSTLAMINECTOMY SYNDROME OF UNSPECIFIED REGION	3	9	9	\$3,712	\$3,370	\$1,123.32	5	44	167	\$154,282	\$93,799	\$18,759.77	\$17,636.46	1570.03%
805.6-CLOSED FRACTURE OF SACRUM AND COCCYX WITHOUT SPINAL CORD INJURY	6	100	122	\$9,438	\$7,353	\$1,225.44	10	150	893	\$245,113	\$173,157	\$17,315.71	\$16,090.28	1313.02%
892.1-OPEN WOUND OF FOOT EXCEPT TOE(S) ALONE COMPLICATED	9	41	659	\$19,112	\$15,591	\$1,732.31	5	38	627	\$91,107	\$71,966	\$14,393.27	\$12,660.97	730.87%
722.5-DEGENERATION OF THORACIC OR LUMBAR INTERVERTEBRAL DISC	9	174	853	\$20,247	\$14,554	\$1,617.15	20	390	5,158	\$306,525	\$236,928	\$11,846.38	\$10,229.23	632.55%
726.33-OLECRANON BURSITIS	17	142	352	\$26,229	\$19,238	\$1,131.62	17	271	721	\$147,830	\$120,140	\$7,067.04	\$5,935.42	524.51%
721.2-THORACIC SPONDYLOSIS WITHOUT MYELOPATHY	17	62	121	\$30,433	\$19,007	\$1,118.09	11	101	757	\$95,221	\$72,724	\$6,611.31	\$5,493.23	491.31%
756.12-SPONDYLOLISTHESIS CONGENITAL	22	156	177	\$25,140	\$15,504	\$704.73	18	188	204	\$99,024	\$68,864	\$3,825.80	\$3,121.07	442.88%
718.42-CONTRACTURE OF UPPER ARM JOINT	6	261	303	\$26,327	\$15,294	\$2,549.04	7	246	882	\$133,022	\$86,650	\$12,378.57	\$9,829.53	385.62%
897.2-TRAUMATIC AMPUTATION OF LEG(S) (COMPLETE) (PARTIAL) UNILATERAL AT OR ABOVE KNEE WITHOUT COMPLICATION	5	45	152	\$42,549	\$32,756	\$6,551.16	3	189	208	\$111,697	\$94,094	\$31,364.83	\$24,813.67	378.77%
848.9-UNSPECIFIED SITE OF SPRAIN AND STRAIN	41	393	432	\$46,657	\$38,787	\$946.03	37	264	463	\$174,483	\$165,035	\$4,460.40	\$3,514.37	371.48%
715.35-OSTEOARTHRITIS LOCALIZED NOT SPECIFIED WHETHER PRIMARY OR SECONDARY INVOLVING PELVIC REGION AND THIGH	9	84	355	\$77,723	\$32,367	\$3,596.29	5	85	1,053	\$158,616	\$73,254	\$14,650.84	\$11,054.55	307.39%
860.0-TRAUMATIC PNEUMOTHORAX WITHOUT OPEN WOUND INTO THORAX	5	27	27	\$19,182	\$14,755	\$2,950.93	6	61	1,105	\$79,784	\$68,432	\$11,405.39	\$8,454.45	286.50%
839.20-CLOSED DISLOCATION LUMBAR VERTEBRA	22	473	514	\$22,208	\$15,901	\$722.76	24	1,500	1,797	\$87,884	\$66,932	\$2,788.84	\$2,066.08	285.86%
709.2-SCAR CONDITIONS AND FIBROSIS OF SKIN	31	130	348	\$59,352	\$35,879	\$1,157.40	22	114	910	\$112,940	\$86,436	\$3,928.89	\$2,771.49	239.46%
854.00-INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED	14	66	449	\$71,247	\$58,340	\$4,167.12	13	267	473	\$205,611	\$174,046	\$13,388.18	\$9,221.05	221.28%
996.77-OTHER COMPLICATIONS DUE TO INTERNAL JOINT PROSTHESIS	8	58	866	\$56,819	\$35,841	\$4,480.15	7	90	1,092	\$182,990	\$97,244	\$13,892.05	\$9,411.90	210.08%
813.42-OTHER CLOSED FRACTURES OF DISTAL END OF RADIUS (ALONE)	50	906	1,723	\$169,221	\$127,518	\$2,550.36	54	1,391	3,954	\$519,552	\$387,327	\$7,172.72	\$4,622.36	181.24%
852.20-SUBDURAL HEMORRHAGE FOLLOWING INJURY WITHOUT OPEN INTRACRANIAL WOUND WITH STATE OF CONSCIOUSNESS UNSPECIFIED	4	167	868	\$87,131	\$36,441	\$9,110.22	7	161	3,457	\$295,360	\$169,686	\$24,240.79	\$15,130.58	166.08%
820.8-FRACTURE OF UNSPECIFIED PART OF NECK OF FEMUR CLOSED	14	412	1,188	\$138,348	\$52,494	\$3,749.55	9	124	1,030	\$115,375	\$84,814	\$9,423.78	\$5,674.22	151.33%
V57.89-CARE INVOLVING OTHER SPECIFIED REHABILITATION PROCEDURE	24	402	4,220	\$414,029	\$236,709	\$9,862.86	25	504	9,334	\$900,130	\$598,044	\$23,921.75	\$14,058.90	142.54%
806.4-CLOSED FRACTURE OF LUMBAR SPINE WITH SPINAL CORD INJURY	6	58	58	\$109,805	\$73,963	\$12,327.19	3	74	74	\$165,883	\$88,397	\$29,465.74	\$17,138.56	139.03%
719.4-PAIN IN JOINT	34	144	2,680	\$31,891	\$23,821	\$700.63	51	1,198	4,033	\$107,760	\$84,434	\$1,655.56	\$954.93	136.30%
927.3-CRUSHING INJURY OF FINGER(S)	56	323	862	\$62,798	\$40,845	\$729.37	47	705	1,909	\$108,256	\$76,714	\$1,632.21	\$902.84	123.78%
842.09-OTHER WRIST SPRAIN	20	265	404	\$33,489	\$23,704	\$1,185.21	24	594	849	\$75,592	\$59,983	\$2,499.31	\$1,314.09	110.87%
738.4-ACQUIRED SPONDYLOLISTHESIS	25	147	904	\$438,066	\$196,846	\$7,873.82	35	356	2,895	\$842,569	\$580,892	\$16,596.92	\$8,723.10	110.79%
781.2-ABNORMALITY OF GAIT	21	309	536	\$34,071	\$24,187	\$1,151.74	31	761	1,056	\$102,244	\$74,771	\$2,411.98	\$1,260.24	109.42%
813.01-FRACTURE OF OLECRANON PROCESS OF ULNA CLOSED	9	130	389	\$40,015	\$32,453	\$3,605.84	10	524	1,365	\$98,256	\$74,264	\$7,426.39	\$3,820.55	105.95%
996.41-MECHANICAL LOOSENING OF PROSTHETIC JOINT	5	41	348	\$129,551	\$69,476	\$13,895.30	8	105	1,586	\$300,768	\$222,038	\$27,754.81	\$13,859.51	99.74%
780.2-SYNCOPE AND COLLAPSE	31	164	344	\$39,525	\$25,495	\$822.43	44	369	638	\$102,110	\$68,969	\$1,567.47	\$745.04	90.59%

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Diagnosis Code/Description	Year 1						Year 2						Year 1 vs. Year 2	
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726.5-ENTHESTOPATHY OF HIP REGION	29	607	681	\$59,318	\$37,963	\$1,309.07	23	563	778	\$78,160	\$55,957	\$2,432.93	\$1,123.86	85.85%
682.6-CELLULITIS AND ABSCESS OF LEG EXCEPT FOOT	29	220	2,525	\$56,949	\$44,642	\$1,539.37	24	374	10,583	\$85,264	\$67,211	\$2,800.45	\$1,261.08	81.92%
337.21-REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB	51	2,632	19,703	\$1,034,290	\$220,250	\$4,318.63	52	1,658	6,606	\$712,968	\$402,202	\$7,734.65	\$3,416.02	79.10%
816.12-OPEN FRACTURE OF DISTAL PHALANX OR PHALANGES OF HAND	30	369	447	\$40,008	\$34,033	\$1,134.42	31	423	817	\$73,679	\$62,552	\$2,017.81	\$883.39	77.87%
038.9-UNSPECIFIED SEPTICEMIA	5	67	807	\$48,909	\$39,495	\$7,898.98	5	64	1,386	\$77,926	\$68,217	\$13,643.39	\$5,744.41	72.72%
V58.69-LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS	110	624	1,477	\$67,178	\$34,877	\$317.06	171	1,384	3,216	\$147,291	\$92,104	\$538.62	\$221.56	69.88%
723.0-SPINAL STENOSIS IN CERVICAL REGION	66	846	5,087	\$139,657	\$97,690	\$1,480.15	58	282	3,137	\$209,973	\$143,575	\$2,475.44	\$995.29	67.24%
816.02-CLOSED FRACTURE OF DISTAL PHALANX OR PHALANGES OF HAND	53	317	671	\$71,713	\$39,233	\$740.25	63	859	1,356	\$132,952	\$77,292	\$1,226.86	\$486.60	65.73%
920-CONTUSION OF FACE SCALP AND NECK EXCEPT EYE(S)	137	551	654	\$90,441	\$73,765	\$538.43	136	674	831	\$164,883	\$119,282	\$877.07	\$338.64	62.89%
824.4-BIMALLEOLAR FRACTURE CLOSED	18	238	845	\$76,312	\$69,194	\$3,844.09	18	168	1,071	\$136,814	\$110,176	\$6,120.87	\$2,276.78	59.23%
922.1-CONTUSION OF CHEST WALL	65	276	364	\$39,326	\$32,040	\$492.92	62	406	855	\$56,424	\$48,063	\$775.21	\$282.29	57.27%
814.01-CLOSED FRACTURE OF NAVICULAR (SCAPHOID) BONE OF WRIST	26	346	422	\$64,083	\$49,030	\$1,885.78	12	312	429	\$43,304	\$35,413	\$2,951.08	\$1,065.30	56.49%
883.1-OPEN WOUND OF FINGERS COMPLICATED	79	555	1,199	\$124,453	\$102,317	\$1,295.15	60	870	1,869	\$170,913	\$120,557	\$2,009.28	\$714.12	55.14%
722.1-DISPLACEMENT OF THORACIC OR LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	29	1,278	2,257	\$114,973	\$65,014	\$2,241.85	50	1,754	3,692	\$271,157	\$173,791	\$3,475.82	\$1,233.97	55.04%
724.8-OTHER SYMPTOMS REFERABLE TO BACK	137	3,407	8,891	\$702,644	\$484,532	\$3,536.73	137	5,305	14,708	\$1,064,543	\$746,330	\$5,447.66	\$1,910.93	54.03%
722.91-OTHER AND UNSPECIFIED DISC DISORDER OF CERVICAL REGION	62	464	668	\$123,672	\$77,239	\$1,245.79	58	465	815	\$168,588	\$109,271	\$1,883.99	\$638.20	51.23%
923.20-CONTUSION OF HAND(S)	94	415	633	\$44,118	\$34,100	\$362.77	115	822	997	\$78,626	\$63,013	\$547.94	\$185.17	51.04%
924.20-CONTUSION OF FOOT	96	526	652	\$59,955	\$42,938	\$447.27	102	715	911	\$81,858	\$67,116	\$658.00	\$210.73	47.12%
724.00-SPINAL STENOSIS OF UNSPECIFIED REGION	42	148	150	\$68,436	\$51,441	\$1,224.78	45	165	173	\$81,870	\$80,414	\$1,786.98	\$562.20	45.90%
726.0-ADHESIVE CAPSULITIS OF SHOULDER	70	1,227	1,924	\$166,177	\$104,502	\$1,492.88	55	1,225	2,206	\$166,860	\$119,511	\$2,172.93	\$680.04	45.55%
844.2-SPRAIN OF CRUCIATE LIGAMENT OF KNEE	42	796	1,851	\$253,893	\$181,989	\$4,333.08	56	2,439	3,697	\$606,884	\$351,081	\$6,269.31	\$1,936.23	44.68%
550.90-UNILATERAL OR UNSPECIFIED INGUINAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE	46	348	2,951	\$174,191	\$111,765	\$2,429.67	30	228	1,813	\$138,335	\$103,827	\$3,460.90	\$1,031.22	42.44%
786.50-UNSPECIFIED CHEST PAIN	109	396	578	\$81,558	\$56,366	\$517.12	92	310	737	\$89,925	\$67,630	\$735.11	\$217.99	42.16%
309.81-POSTTRAUMATIC STRESS DISORDER	28	308	352	\$40,701	\$27,782	\$992.23	39	443	437	\$72,336	\$54,607	\$1,400.18	\$407.96	41.12%
805.2-CLOSED FRACTURE OF DORSAL (THORACIC) VERTEBRA WITHOUT SPINAL CORD INJURY	15	195	548	\$145,124	\$118,109	\$7,873.95	14	368	1,218	\$204,342	\$151,909	\$10,850.61	\$2,976.66	37.80%
722.4-DEGENERATION OF CERVICAL INTERVERTEBRAL DISC	146	1,440	4,190	\$447,670	\$217,086	\$1,486.89	167	1,501	3,941	\$492,920	\$331,815	\$1,986.91	\$500.02	33.63%
724.9-OTHER UNSPECIFIED BACK DISORDERS	34	282	428	\$102,155	\$52,894	\$1,555.72	38	713	959	\$152,748	\$78,609	\$2,068.67	\$512.95	32.97%
996.2-MECHANICAL COMPLICATION OF NERVOUS SYSTEM DEVICE IMPLANT AND GRAFT	5	47	768	\$167,642	\$107,041	\$21,408.29	5	74	1,461	\$172,587	\$139,570	\$27,913.93	\$6,505.64	30.39%
813.41-COLLES' FRACTURE CLOSED	23	180	725	\$59,809	\$50,953	\$2,215.37	20	165	987	\$77,442	\$57,142	\$2,857.12	\$641.75	28.97%
891.0-OPEN WOUND OF KNEE LEG (EXCEPT THIGH) AND ANKLE WITHOUT COMPLICATION	70	444	1,852	\$77,351	\$48,597	\$694.25	75	528	1,254	\$84,126	\$66,940	\$892.53	\$198.28	28.56%
721.1-CERVICAL SPONDYLOSIS WITH MYELOPATHY	37	585	1,465	\$303,070	\$231,752	\$6,263.57	41	395	1,491	\$445,261	\$328,154	\$8,003.76	\$1,740.20	27.78%
720.2-SACROILIITIS NOT ELSEWHERE CLASSIFIED	57	485	660	\$113,278	\$71,398	\$1,252.59	61	917	2,096	\$162,683	\$97,212	\$1,593.64	\$341.05	27.23%
840.4-ROTATOR CUFF (CAPSULE) SPRAIN	333	6,008	12,049	\$1,076,422	\$782,711	\$2,350.48	343	9,159	16,360	\$1,729,742	\$1,022,230	\$2,980.26	\$629.78	26.79%
883.2-OPEN WOUND OF FINGERS WITH TENDON INVOLVEMENT	48	724	1,657	\$187,918	\$136,162	\$2,836.71	44	773	2,181	\$208,873	\$157,977	\$3,590.38	\$753.66	26.57%

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840.8-SPRAIN OF OTHER SPECIFIED SITES OF SHOULDER AND UPPER ARM	80	1,268	1,765	\$129,780	\$96,008	\$1,200.09	80	939	1,078	\$148,688	\$119,052	\$1,488.15	\$288.06	24.00%
727.00-SYNOVITIS AND TENOSYNOVITIS UNSPECIFIED	54	503	651	\$58,929	\$42,974	\$795.81	42	261	266	\$62,004	\$41,419	\$986.18	\$190.36	23.92%
719.43-PAIN IN JOINT INVOLVING FOREARM	219	2,751	3,856	\$282,070	\$201,509	\$920.13	205	2,716	5,268	\$319,467	\$230,863	\$1,126.16	\$206.03	22.39%
354.0-CARPAL TUNNEL SYNDROME	229	4,775	7,218	\$582,359	\$388,042	\$1,694.51	210	4,865	9,270	\$639,115	\$433,442	\$2,064.01	\$369.50	21.81%
715.96-OSTEOARTHRITIS UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED INVOLVING LOWER LEG	190	2,251	4,757	\$399,778	\$285,245	\$1,501.29	207	2,672	6,923	\$563,456	\$378,194	\$1,827.03	\$325.74	21.70%
825.0-FRACTURE OF CALCANEUS CLOSED	19	428	739	\$147,433	\$62,085	\$3,267.64	24	466	778	\$123,132	\$95,176	\$3,965.66	\$698.02	21.36%
354.2-LESION OF ULNAR NERVE	55	737	1,099	\$120,709	\$85,293	\$1,550.78	60	853	1,406	\$191,576	\$112,334	\$1,872.23	\$321.45	20.73%
739.3-NONALLOPATHIC LESIONS OF LUMBAR REGION NOT ELSEWHERE CLASSIFIED	85	2,572	3,397	\$180,177	\$130,476	\$1,535.01	72	2,847	3,238	\$178,822	\$131,595	\$1,827.71	\$292.70	19.07%
722.0-DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY	327	8,015	16,423	\$3,225,222	\$2,001,574	\$6,121.02	344	8,531	18,534	\$3,810,461	\$2,477,990	\$7,203.46	\$1,082.44	17.68%
344.1-PARAPLEGIA	8	704	26,827	\$137,401	\$103,100	\$12,887.46	12	1,096	40,769	\$289,981	\$180,434	\$15,036.18	\$2,148.73	16.67%
338.4-CHRONIC PAIN SYNDROME	78	597	1,851	\$411,137	\$233,573	\$2,994.53	103	992	3,999	\$569,024	\$358,255	\$3,478.20	\$483.67	16.15%
873.0-OPEN WOUND OF SCALP WITHOUT COMPLICATION	52	236	246	\$46,860	\$41,477	\$797.63	51	220	230	\$56,537	\$47,075	\$923.03	\$125.40	15.72%
959.2-OTHER AND UNSPECIFIED INJURY TO SHOULDER AND UPPER ARM	107	214	425	\$57,845	\$40,082	\$374.60	134	460	710	\$84,710	\$57,768	\$431.10	\$56.50	15.08%
V57.1-CARE INVOLVING OTHER PHYSICAL THERAPY	68	2,318	2,924	\$202,749	\$142,683	\$2,098.28	59	1,828	2,292	\$199,872	\$142,020	\$2,407.13	\$308.84	14.72%
717.9-UNSPECIFIED INTERNAL DERANGEMENT OF KNEE	59	950	1,495	\$121,202	\$74,662	\$1,265.46	67	1,146	2,133	\$146,227	\$97,181	\$1,450.46	\$185.00	14.62%
724.2-LUMBAGO	1,322	23,554	51,386	\$2,968,122	\$2,032,613	\$1,537.53	1,413	26,416	58,979	\$3,783,907	\$2,461,644	\$1,742.14	\$204.61	13.31%
844.9-SPRAIN OF UNSPECIFIED SITE OF KNEE AND LEG	291	2,677	3,724	\$262,171	\$202,117	\$694.56	255	2,401	3,284	\$258,691	\$199,907	\$783.95	\$89.39	12.87%
823.00-CLOSED FRACTURE OF UPPER END OF TIBIA	28	1,326	2,174	\$199,885	\$147,159	\$5,255.69	26	562	1,321	\$195,938	\$152,840	\$5,878.45	\$622.75	11.85%
726.31-MEDIAL EPICONDYLITIS ELBOW REGION	34	714	864	\$64,942	\$45,712	\$1,344.47	26	469	598	\$51,210	\$39,060	\$1,502.32	\$157.86	11.74%
724.5-BACKACHE UNSPECIFIED	361	1,982	6,148	\$319,684	\$242,148	\$670.77	341	1,943	4,502	\$343,595	\$255,424	\$749.04	\$78.27	11.67%
719.46-PAIN IN JOINT INVOLVING LOWER LEG	538	10,364	15,121	\$1,088,363	\$720,908	\$1,339.98	597	9,771	15,510	\$1,224,373	\$875,698	\$1,466.83	\$126.85	9.47%
715.16-OSTEOARTHRITIS LOCALIZED PRIMARY INVOLVING LOWER LEG	71	968	1,669	\$230,965	\$138,593	\$1,952.01	83	1,539	2,260	\$242,504	\$177,063	\$2,133.29	\$181.28	9.29%
996.49-OTHER MECHANICAL COMPLICATION OF INTERNAL ORTHOPEDIC DEVICE IMPLANT AND GRAFT	32	396	3,838	\$1,065,744	\$708,256	\$22,132.99	24	362	2,000	\$920,972	\$579,156	\$24,131.51	\$1,998.52	9.03%
722.10-DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY	774	19,080	41,637	\$7,792,573	\$4,840,669	\$6,254.09	745	17,304	40,510	\$7,640,379	\$5,064,144	\$6,797.51	\$543.41	8.69%
847.2-SPRAIN LUMBAR REGION	1,056	22,490	40,903	\$1,954,688	\$1,457,997	\$1,380.68	1,028	20,788	40,225	\$2,091,939	\$1,531,464	\$1,489.75	\$109.07	7.90%
784.0-HEADACHE	138	538	813	\$155,310	\$93,688	\$678.90	140	1,027	1,559	\$150,713	\$102,494	\$732.10	\$53.21	7.84%
882.0-OPEN WOUND OF HAND EXCEPT FINGERS ALONE WITHOUT COMPLICATION	190	821	1,013	\$128,564	\$104,678	\$550.94	185	901	1,352	\$142,905	\$109,185	\$590.19	\$39.25	7.12%
850.0-CONCUSSION WITH NO LOSS OF CONSCIOUSNESS	51	226	259	\$64,718	\$50,272	\$985.73	58	184	429	\$71,645	\$61,089	\$1,053.26	\$67.53	6.85%
959.9-OTHER AND UNSPECIFIED INJURY TO UNSPECIFIED SITE	897	9,309	19,831	\$2,083,234	\$1,602,067	\$1,786.03	1,002	10,871	39,276	\$2,407,900	\$1,907,831	\$1,904.02	\$117.99	6.61%
824.2-FRACTURE OF LATERAL MALLEOLUS CLOSED	47	621	1,306	\$87,283	\$66,291	\$1,410.44	28	243	949	\$54,761	\$41,935	\$1,497.67	\$87.23	6.18%
840.9-SPRAIN OF UNSPECIFIED SITE OF SHOULDER AND UPPER ARM	344	5,395	7,268	\$464,824	\$347,168	\$1,009.21	351	5,543	7,500	\$499,845	\$375,232	\$1,069.04	\$59.83	5.93%

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841.9-SPRAIN OF UNSPECIFIED SITE OF ELBOW AND FOREARM	68	1,048	1,244	\$96,871	\$68,023	\$1,000.33	54	922	1,415	\$78,703	\$56,911	\$1,053.90	\$53.57	5.35%
726.19-OTHER SPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION	90	1,326	2,308	\$264,379	\$169,667	\$1,885.18	83	1,461	2,742	\$235,397	\$164,426	\$1,981.03	\$95.85	5.08%
718.81-OTHER JOINT DERANGEMENT NOT ELSEWHERE CLASSIFIED INVOLVING SHOULDER REGION	15	129	476	\$65,528	\$42,520	\$2,834.68	16	304	729	\$69,139	\$47,464	\$2,966.48	\$131.79	4.65%
821.30-FRACTURE OF LOWER END OF FEMUR UNSPECIFIED PART OPEN						\$0.00	2	58	3,231	\$132,998	\$123,773	\$61,886.36	\$61,886.36	#DIV/0!
989-TOXIC EFFECT OF OTHER SUBSTANCES CHIEFLY NONMEDICINAL AS TO SOURCE						\$0.00	8	24	0	\$91,574	\$91,526	\$11,440.77	\$11,440.77	#DIV/0!
<b>SUBTOTAL</b>	-----	<b>164,465</b>	<b>376,254</b>	<b>\$34,187,782</b>	<b>\$22,287,415</b>	-----	-----	<b>180,403</b>	<b>469,547</b>	<b>\$43,021,371</b>	<b>\$29,517,454</b>	-----	-----	-----
<b>ALL OTHER DATA REPORTED</b>	-----	<b>286,466</b>	<b>595,386</b>	<b>\$58,073,359</b>	<b>\$40,675,608</b>	-----	-----	<b>270,712</b>	<b>583,344</b>	<b>\$55,221,798</b>	<b>\$37,804,324</b>	-----	-----	-----
<b>GRAND TOTAL</b>	<b>11,797</b>	<b>450,931</b>	<b>971,640</b>	<b>\$92,261,141</b>	<b>\$62,963,023</b>	<b>\$5,337</b>	<b>12,118</b>	<b>451,115</b>	<b>1,052,891</b>	<b>\$98,243,169</b>	<b>\$67,321,777</b>	<b>\$5,556</b>	<b>\$218</b>	<b>4.09%</b>