

Delaware Compensation Rating Bureau, Inc.

Responses to Questions Directed to DCRB for March 1, 2013 Workers
Compensation Task Force Meeting

DCRB's responses to the questions posed on February 25 and 26 are provided below after a recitation of each question. After the ten most recent questions and their current responses or status, DCRB has offered some additional materials and updates for the Task Force's benefit.

1. Please provide summaries of the data presented in Exhibit 1 (cost increases from 2010 to 2012) grouped by provider types, at the most general level (e.g. fewer than 50 categories). The purpose of this request is to allow the Task Force to compare changes in total claims, total payments, and/or total costs per procedure among different provider types.

Exhibit 12 accompanying this response is a summary based on provider taxonomy divided into 23 provider types. The next more detailed subdivision of taxonomy codes would produce much more than the requested limit of 50 categories.

Exhibit 12 is provided in both PDF and Excel formats.

2. For the 30 most frequently performed procedure codes, please provide per-procedure costs for each of the provider types used in response to Question #1.

Exhibit 13 accompanying this response presents the 30 most frequently reported procedure codes for the two-year period July 2010 through June 2012. Within each of those 30 procedure codes, data attributed to the provider taxonomy groupings used in Exhibit 12 is shown, with the per procedure costs reported in year 1 and year 2, as well as the year-to-year dollar and percentage changes in per procedure costs. Consistent with previous reports to the Task Force "per procedure" costs are computed by dividing total paid costs by the record count for each procedure.

Exhibit 13 is provided in both PDF and Excel formats.

3. For the 30 most expensive procedure codes, please provide per-procedure costs for each of the provider types used in response to Question #1.

Exhibit 14 accompanying this response presents the 30 procedure codes with the largest amounts paid for the two year period July 2010 through June 2012. Within each of those 30 procedure codes, data attributed to the provider taxonomy groupings used in Exhibit 12 is shown, with the per procedure costs reported in year 1 and year 2, as well as the year-to-year dollar and percentage changes in per procedure costs. Consistent with previous reports to the Task Force "per procedure" costs are computed by dividing total paid costs by the record count for each procedure.

Exhibit 14 is provided in both PDF and Excel formats.

4. For each procedure where identical procedures are performed by hospitals and medical professionals outside a hospital setting, please provide per-procedure costs.

and

5. For each procedure where identical procedures are performed by ambulatory surgical centers and medical professionals outside of ambulatory surgical centers, please provide per-procedure costs.

It seemed to DCRB that producing one report comparing procedures performed inside and outside hospitals, and another report comparing services provided inside and outside ambulatory surgical centers, would produce two comparisons in both of which hospitals were being compared to ambulatory surgical centers with other providers being included with one or the other of those two groups depending on the report. Accordingly, DCRB has prepared a single report, Exhibit 15, in response to the combination of these questions.

Exhibit 15 organizes Medical Data Call information for the two year period July 2010 through June 2012 based on the reported Place of Service. Hospitals are defined based on place of service codes 21 (Hospital Inpatient), 22 (Hospital Outpatient) and 23 (Emergency Room). Ambulatory Surgical Centers are defined as place of service code 24. Place of service codes other than 21, 22, 23 or 24 are combined in the All Other Places of Service section of the report.

Any procedure with records in the hospital and/or ambulatory surgical center places of service and with records in the all other places of service group is included in the report. The report is sorted by procedure code based on the combined two-year paid amounts across all places of service.

Based on work the DCRB has previously performed in cooperation with the Health Care Advisory Panel, we are aware that ambulatory surgical center billings often include line items with duplicate procedure codes where one line reflects the professional or doctor's fee for a specific surgical procedure and the other line is associated with the facility fee charged by the ambulatory surgical center for the use of the room and equipment during the surgery performed. This billing pattern affects reported results for ambulatory surgical centers, and the comparison of that place of service to hospitals and/or other places of service may be significantly impacted by this practice. For example, in hospitals physicians billing for surgeries would use the applicable procedure code and the hospital would bill its counterpart to facility fees under a revenue code. Differentiating between these separate components of cost for single procedure codes within the ambulatory surgical centers is both complicated and not totally consistent from record to record, and DCRB wants the Task Force to be aware of this consideration.

Exhibit 15 is provided in PDF and Excel formats.

6. Please indicate whether delays in the Industrial Accident Board's production of written opinions beyond 14 days have been the basis for or been a causal reason behind any rate increase requested by DCRB.

Procedures and timelines to be followed in instances of contested workers compensation cases are set forth in substantial part in title 19, § 2348. Hearings; notice of awards; evidence. Paragraph (k) thereof sets forth the 14-day requirement referred to in this question.

The steps applied and time required for handling disputes are integral parts of a workers compensation benefit system. They can affect the administration and resultant costs of individual claims by virtue of direct decisions, and they can affect broad groups of claims by way of establishing administrative or judicial precedents. The following narrative will first briefly discuss the conceptual considerations of the timing and nature of Industrial Accident Board decisions as respect system costs and DCRB filings.

In terms of timing, the mandate for written decisions to be issued within 14 days needs to be taken in context of the hearing process. Hearings can be scheduled

as much as 120 days after the date of the notice of pre-trial conference. Such hearings may be extended or continued under various circumstances, in some cases beyond 180 days after the date of the petition. Hearings may also be recessed by the Board in order to have the parties provide additional information pertinent to the final decision in the matter. During 2012 the average time for disposition of a petition was 208 days. DCRB understands that while the 14-day requirement is not met in all cases it is met in many cases, and on average the time to issuance of a decision is perhaps a week or 10 days longer than the letter of the law.

For commercial carriers, delays in decisions can result in some additional costs. When decisions terminating or reducing benefits take place later than might be expected, payments already made to claimants during the pendency of their claims are generally not recovered. The Workers Compensation Fund participates in some of these cases, effectively pooling selected costs among all carriers instead of visiting them on the specific carriers of record, but assessments for that fund are included in residual market expense loadings for DCRB filings.

DCRB perceives the nature of decisions issued on disputed cases to be a potentially more material factor in system costs than are nominal delays in the processing of cases. Weight given to various types of evidence, interpretations made of statutory language and case law and perceptions of the appropriate balance within the administrative system are key contributors to the flow of decisions issued by any administrative body such as the Industrial Accident Board. Without suggesting that either scenario is in place for Delaware, the DCRB would observe that a system consistently issuing decisions favorable to claimants, and doing so on a very timely basis, would result in higher system costs than would an alternative system in which decisions generally favored employers or insurers but took somewhat longer to issue. Thus, timeliness (while certainly desirable) is not the only metric affecting system outcomes and costs.

The Industrial Accident Board does not track the nature of its decisions, in part owing to difficulties and ambiguities which would arise in characterizing the "winners" in disputed cases. DCRB believes that many other similarly-situated entities also do not record the character of decisions rendered in any statistical sense, for similar reasons.

As a practical matter, the DCRB has not assessed the effects of the cited factor in developing any of its historical rate filings. Given the apparently nominal increments in case durations that could reasonably be attributed to delays of decisions beyond 14 days after the close of hearings of late and in light of the vagaries of assessing implications of decisions on ongoing benefits, such an

enterprise would seem both difficult and unlikely to result in any material measured impact.

7. Please provide any and all information regarding reserves for indemnity or medical and/or any review of reserve policies that resulted in a rate decrease from 1999 through 2012, by year.

Counting from the December 1, 1999 approval through the December 1, 2012 filing and excluding the October 1, 2008 filing which was specific and limited to recognizing medical cost containment provisions of Senate Bill 1, there have been fourteen workers compensation rate filings implemented in Delaware. Eight of those filings resulted in increases in residual market rate levels, and six produced reductions in residual market rate levels.

“Reserves for indemnity or medical”, including carrier case reserves for future indemnity and medical payments and for additional “bulk” reserves estimated from paid and case incurred loss data using various actuarial methodologies, are intrinsic components of each rate filing’s supporting information and analysis. Thus, reserves are significant factors in every workers compensation rate filing regardless of whether the filing’s indication is for an increase or decrease, and reserves played a part of each Delaware filing from 1999 to 2012.

The DCRB does not, and cannot, perform separate and independent analyses of loss experience by carrier or group, an enterprise that would benefit from and require consideration of a variety of factors that might influence the timing and amounts of transactions including payments and reserve changes. Accordingly we do not maintain records pertaining to matters such as carriers’ “reserve policies” and we do not impose judgments about such policies or changes in them in preparing our annual rate filings.

In the context of impacts of reserve data on filing indications, in one of Department of Insurance’s actuarial reviews of the DCRB’s filing effective December 1, 2006 it was noted that cumulative medical case-incurred loss development factors exceeded comparable medical paid loss development factors at many maturities. Such differences were counterintuitive, since loss development methods endeavor to estimate ultimate loss values by projecting either paid or case-incurred amounts from interim evaluations to a final level by applying those cumulative loss-development factors, and, by definition, case-incurred losses are higher than paid losses at any evaluation point by the amount of case reserves established for open cases.

The observed patterns of medical incurred loss development, supplemented by DCRB questions posed to larger writers of Delaware workers compensation business, indicated that strengthening of medical case reserves had taken place during the calendar years 2003 and 2004.

Given the changes in medical case reserve levels observed during calendar years 2003 and 2004 and their implications for the DCRB's loss development analyses, the DCRB applied age-to-age medical incurred loss development factors derived based on experience reported in calendar years 2001, 2002, 2005 and 2006 in preparing the December 1, 2007 filing. This approach removed the effects of case reserve changes made in 2003 and 2004 from the calculation of development factors, but retained the December 31, 2006 medical case reserves as the base to which incurred loss development factors were applied.

The December 1, 2008 filing similarly excluded calendar years 2003 and 2004, and used calendar years 2002, 2005, 2006 and 2007 to measure medical incurred loss development. The December 1, 2009 and later filings used the most recent available four years of medical incurred loss development experience, the same experience period relative to the prospective rating periods as had historically been applied in DCRB filings.

The December 1, 2007 and December 1, 2008 DCRB filings both proposed residual market rate level reductions. Had the adjustments described above not been employed for those filings the rate level indications for December 1, 2007 and December 1, 2008 would have been somewhat higher than those filed by the DCRB, but in both cases the resulting indications would have still been for reductions. Thus, while the magnitudes of the reductions filed for 2007 and 2008 were greater with the benefit of adjustments made in the DCRB's loss development analysis than they would have been using more common procedures, those adjustments alone did not "result in" decreases for either of those years. The DCRB's filings for December 1, 2007 and December 1, 2008 are the only filings from 1999 through 2012 for which any special handling was applied to reserve data incorporated into incurred losses reported by DCRB members.

The effects of reserve changes on loss development methodologies seen on calendar years 2003 and 2004 have not been observed in any subsequent periods as of this writing, and were not a consideration in the preparation of DCRB's December 1, 2012 residual market rate and voluntary market rate filing.

8. Provide information available to the DCRB regarding insurance company practices and procedures for case reserves, claim handling, claim settlement, claim closure or other considerations consistent with applicable Actuarial Standards of Practice that would impact an analysis of the projected ultimate losses and reserves contained in the DCRB's filing for rates and loss costs proposed effective December 1, 2012.

The DCRB does not require or otherwise obtain information from its member insurers specific to their practices and procedures for case reserves, claim handling, claim settlement, claim closure or other considerations. DCRB is not staffed or possessed of sufficient expertise to evaluate representations about those matters, and in at least some respects carrier practices and procedures in these areas could be considered proprietary. The following narrative will further discuss the request above and DCRB's ability to respond thereto.

There are currently 44 active Actuarial Standards of Practice (ASOPs) published by the Actuarial Standards Board. While including provisions related to the interests of the public (for example ASOP 17, Expert Testimony by Actuaries and ASOP 41, Actuarial Communications) the ASOPs commonly contemplate actuarial work being performed for a specific client or principal. In such environments it is customary, appropriate and advisable that the actuary consider a variety of available information that is specific to their client or principal.

There are approximately 300 insurers who are members of the DCRB. Various numbers of those members are owned by approximately 90 different holding companies, or insurer "groups".

Consistent with Delaware law and its own Bylaws, DCRB prepares rating value indications on a statewide basis for workers compensation insurance. These indications are filed on behalf of, and are based upon the experience of, all carriers licensed to write workers compensation business in the state of Delaware.

ASOPs include language pertaining to changing conditions that may affect estimates of unpaid claims. In particular, ASOP 43 includes the following section:

3.6.7 Changing Conditions — The actuary should consider whether there have been significant changes in conditions, particularly with regard to claims, losses, or exposures, that are likely to be insufficiently reflected in the experience data or in the assumptions used to estimate the unpaid claims. Examples include reinsurance program changes and changes in the practices used by the entity's claims personnel to the extent such

changes are likely to have a material effect on the results of the actuary's unpaid claim estimate analysis. Changing conditions can arise from circumstances particular to the entity or from external factors affecting others within an industry. When determining whether there have been known, significant changes in conditions, the actuary should consider obtaining supporting information from the principal or the principal's duly authorized representative and may rely upon their representations unless, in the actuary's professional judgment, they appear to be unreasonable.

A fair reading of the above language is that it anticipates the actuary working for a single customer ("the entity") in a situation in which information about changing conditions can be obtained through a specific source ("the principal or the principal's duly authorized representative").

The Introduction to Standards of Practice contains some language that DCRB finds pertinent to its role as the licensed rating organization for workers compensation insurance in Delaware. Two sections from that Introduction are reproduced below:

3.1.7 The ASOPs are principles-based and do not attempt to dictate every step and decision in an actuarial assignment.

4.5.2 *Practical/Practicable*—ASOPs frequently call upon actuaries to undertake certain inquiries, perform certain analytical tests, or make disclosures if it is "practical" or "practicable" to do so. Neither of these terms is intended to suggest that all possible steps should always be taken to complete an assignment. To the contrary, the constraints of a professional relationship or assignment and the specifics of a given environment frequently require the actuary to choose a course of action that is likely to yield an appropriate result without being unnecessarily time consuming, elaborate, or costly relative to the principal's legitimate needs. Thus, it is appropriate for the actuary, exercising professional judgment, to decide that the circumstances surrounding a particular assignment are such that it would not be practical or practicable to undertake a particular task. The actuary might choose to disregard items that, in the actuary's professional judgment, are not material to the purpose and nature of the assignment.

ASOP 23, Data Quality, includes a separate definition of "practical" which reads as follows:

2.6 Practical – Realistic in approach during the time of the assignment, given the purpose and nature of the assignment and any constraints, including cost and time considerations.

It is simply not practical or practicable for the DCRB to canvass even a limited number, let alone many, of its 300 members and 90 different insurance carrier groups to ascertain whether any of them have, or think that they have, experienced changes in conditions that might affect their claim settlement and/or development results, and to then undertake adjustments or corrections designed to account for individual company conditions or circumstances. As a consequence DCRB has not accumulated any documentation or information responsive to this request.

9. The medical claim severity trend for the DCRB 12/1/2012 filing shown in the Brown Book on Exhibit VII-2 is 12.5% a year on a historical basis. Provide information available to the DCRB regarding the factors that are contributing to that historical value and the corresponding historical experience; such as price inflation in the cost of a medical treatment, changes in the number of procedures per injury, changes in the number of units per procedure, changes in the types of treatment provided, changes in the length of treatment, changes in injury types, etc.

Overall residual market rate and voluntary market loss cost indications are derived by the DCRB from aggregate financial data. So far as we are aware this practice is predominant, if not universal, across the country.

Aggregate financial data is used for purposes of the overall rate level analyses because it is the most current data available concerning results of underwriting workers compensation insurance business. However, this data is generally summarized at the policy year level. Accordingly, aggregate financial data does not include such detailed information as price inflation in the cost of a medical treatment, changes in the number of procedures per injury, changes in the number of units per procedure, changes in the types of treatment provided, changes in the length of treatment or changes in injury types.

The metric of trend experience most directly available from aggregate financial data is for loss ratios. Loss ratio trend can be measured (and DCRB performs such measurements) across various periods of history and using alternative trend models (including linear and exponential curves).

Over a series of previous filings DCRB's approach to trend has separated loss ratio trend into two component parts. One of these is claim frequency, which we measure based on indemnity claim counts and exposures reported in unit statistical data. In addition to measuring annual rates of change in claim frequency directly, DCRB uses observed policy year claim frequency rates to

adjust observed loss ratios for known changes in claim frequency. Since insurance costs can be expressed as the product of the number of claims incurred and the average cost of those claims, we have adopted the terminology of “severity ratios” for the loss ratios adjusted to a common level of claim frequency.

The medical claim severity trend in our December 1, 2012 filing was measured by applying an exponential trend model through the most recent seven available medical severity ratios determined as described above. That trend was not derived as the cumulative result of separate underlying analyses, and is not susceptible of being allocated or attributed to distinct underlying factors based on information available to the DCRB.

10. We understand that over 80 percent of the bills for workers compensation services are paid under the fee schedule amounts. Are we able to see the exact percentage, and at what average level are invoices being paid?

DCRB would be interested in the source(s) and/or basis for the understanding expressed above. In contemplating the question posed, our initial thoughts are as follow:

Where the Delaware Fee Schedule publishes dollar amounts for specific procedures (often referred to as “90/75 fees”), charges and payments could mechanically be compared to those established levels. Accomplishing this comparison in a meaningful way would involve some challenges, including the following:

- Some procedures are susceptible of being billed either with or without the application of “modifiers”. Where modifiers are recognized in the fee schedule a given procedure would have to be reported multiple times depending on the contents of the modifier field. While DCRB has observed the presence of multipliers in the Medical Data Call information we are not certain how the need to recognize modifiers in the context of this question might either complicate or frustrate production of summaries attempting to identify the payment metrics of interest.
- In some cases, in particular for ambulatory surgical centers, DCRB has seen the same procedure code(s) used for professional services and for facility fees of the ASC. Parsing these separate billings into the appropriate groups for purposes of comparison to the fee schedule, which generally address the professional services and not the facility fees,

proved difficult when DCRB was working with the Health Care Advisory Panel on questions pertaining to ASCs.

The Delaware Fee Schedule often does not show dollar amounts for listed procedures. These procedures are commonly called "POC85" procedures, because the fee schedule has included a payment factor of 85 percent as part of the process of determining the allowable payment amount.

DCRB understands from its participation in the Workers Compensation Task Force and the Data Collection Committee that subsequent to the implementation of the fee schedule in 2008, the intended indexing of charges from specified historical points forward using specific CPI changes has not taken place. So far as we know, payers of medical bills have not known what the historical charges to be used in the determination of fee amounts were. With respect to hospitals, DCRB has also heard that the procedures set forth in Senate Bill 1 for determination of fees were in conflict with prevailing Medicare laws and would have been disallowed had they been accomplished as a practical matter.

Because of the above factors, DCRB believes that procedures not carrying specific dollar amounts in the Delaware fee schedule have generally been being reimbursed at 85 percent of current charges rather than 85 percent of historical charges indexed for CPI changes. In this situation, an attempt to compare payments to the fee schedule for POC85 procedures would first require establishing what the intended fee schedule provisions were, and those provisions would vary by provider. The Medical Data Call was not intended to parse out and report individual claimants, employers or providers, and DCRB has seen instances in the reported records where different carriers and/or third party administrators use unique identifiers within their own systems for the providers to whom they are remitting payments. Thus, even if DCRB knew the correct historical indexed charges for a provider we could not confidently associate medical bill line items with any given provider.

In addition to the constructs of 90/75 or POC85, the Delaware Fee Schedule applies a fee cap of 100 percent of the Average Wholesale Price, a value which is published and commercially available, to drugs. DCRB has obtained a resource for wholesale prices of drugs and believes that we can compare payments to fee schedule amounts in this area.

Based on the above points, it seems to DCRB that a review comparing payment amounts to fee schedule provisions may necessarily be limited to a portion(s) of procedures that have been reported to us. Perhaps further dialogue will more clearly define an approach that can be pursued toward the Task Force's interest.

Additional/Continuing Items from Previous Task Force Meetings

DCRB expects to provide six sets of selected Exhibits from the Brown Book for the December 1, 2012 DCRB filing, each based on a specified carrier group's, or combination of carrier groups', data, to the consultant advising the Task Force via email very soon. After and based on discussion of DCRB concerns about the confidentiality of individual carrier information, these materials will be labeled anonymously as "carrier 1" through "carrier 6" and the underlying premium and loss data for each carrier group or combination of groups will be indexed to a common base using appropriate scalar factors. This approach preserves the differences between the intended study groups for analytical purposes without stating or making obvious the identities of each subject set of experience.

The Brown Book exhibits will respond to the Task Force's first question presented to DCRB on February 18, 2013.

DCRB has begun work on, and continues to pursue, an evaluation of the effect of SB238 on Delaware workers compensation costs. An evaluation of this legislation, enacted in 2012 and effective January 31, 2013, was requested by the Task Force's fourth question presented to DCRB on February 18, 2013.

We have spoken with representatives of a Delaware hospital, and through that dialogue we gained an improved understanding of procedures and practices pertinent to the changes invoked by SB238. We have also had the benefit of some discussion with the Delaware Healthcare Association. DCRB has requested information from the Department of Labor which that agency was to have received and/or produced under the terms of SB238. Our request has given rise to an effort by Department of Labor counsel to draft a confidentiality and non-disclosure agreement under which the Department would provide us the information under discussion. DCRB counsel has reviewed an initial draft and submitted some changes for the Department's consideration and the Delaware Healthcare Association (included as a signatory to the Agreement) has taken that matter under review, but a final form of that document has not been reached as of this submission.

Separate and apart from our outreach to the Department of Labor the DCRB is developing internal analysis toward an estimate of the levels of hospital and ambulatory surgical center costs prior to the implementation of SB238 and the effects of implementing that law on those costs. As this process proceeds iteratively by defining and producing various reports and materials, evaluating the implications of results obtained and then creating a new set of resources for further study, the extent of work that will ultimately be applied to the study and

the time that may be required to complete it are not clearly defined or limited at this juncture.

The DCRB is mindful of the Task Force's keen interest in this assessment and intends to bring our work to completion as expeditiously as possible. Our best estimate of a completion date for this work is presently that we could submit that work product for the March 15, 2013 Task Force meeting.

Additional March 1, 2013 Task Force Meeting Materials

In previous meetings the Task Force has articulated an interest in relating the detailed medical payment information being collected under the Medical Data Call with the DCRB's December 1, 2012 residual market rate and voluntary market loss cost filing. From the DCRB's perspective those previous discussions have not resulted in clarity or consensus on this matter. With further reflection on the subject DCRB has prepared Exhibit 16 which is included with this response to the Task Force. DCRB would respectfully ask for an opportunity to provide a verbal discussion of Exhibit 16 to the Task Force during its March 1, 2013 meeting. This presentation would be brief, with a duration (not accounting for questions and/or Task Force discussion) of approximately 10 minutes.

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Transactions Reported July 2010 - June 2012
 By Provider Type (Provider Taxonomy)
 Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)

Exhibit 12

Provider Type	Year 1							Year 2							Year 1 vs. Year 2	
	Claim Count	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Claim Count	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	%
Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	9,392	163,541	314,268	477,989	\$41,969,890	\$26,997,084	\$165.08	9,640	162,798	336,214	650,499	\$42,173,091	\$27,371,157	\$168.13	\$3.05	1.85%
Hospitals (TAX: 281P00000X-287300000X)	2,687	28,311	140,924	389	\$20,806,123	\$15,308,560	\$540.73	2,834	31,743	165,784	144	\$24,280,764	\$17,397,958	\$548.09	\$7.36	1.36%
Suppliers (TAX: 331L00000X-335V00000X)	2,586	39,821	158,076	2,046,862	\$7,670,942	\$6,426,824	\$161.39	2,724	43,992	175,754	2,479,826	\$8,717,342	\$6,973,704	\$158.52	-\$2.87	-1.78%
Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	2,263	114,639	154,401	13,982	\$9,200,289	\$6,628,390	\$57.82	2,233	102,065	140,120	18,802	\$8,953,437	\$6,338,568	\$62.10	\$4.28	7.41%
Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	1,582	17,134	23,292	9,718	\$6,100,393	\$4,148,834	\$242.14	1,618	14,849	22,396	21,523	\$7,338,033	\$4,959,734	\$334.01	\$91.87	37.94%
Chiropractic Providers (TAX: 111N00000X-111NX0800X)	818	44,392	48,752	112	\$2,955,381	\$1,907,704	\$42.97	807	44,939	49,473	78	\$2,860,378	\$1,942,029	\$43.21	\$0.24	0.56%
Other Service Providers (TAX: 170100000X-177F00000X)	823	12,066	31,624	88,663	\$2,679,568	\$1,409,272	\$116.80	730	9,434	22,819	43,038	\$2,299,605	\$1,328,234	\$140.79	\$24.00	20.54%
Group Practice (TAX: 193200000X-193400000X)	788	7,729	13,696	10,173	\$2,071,443	\$1,278,062	\$165.36	847	10,247	18,697	12,406	\$1,847,558	\$1,284,731	\$125.38	-\$39.98	-24.18%
Pharmacy Service Providers (TAX: 183500000X-183700000X)	542	5,695	35,681	416,416	\$1,355,936	\$1,057,187	\$185.63	663	6,240	74,472	449,026	\$1,702,678	\$1,195,100	\$191.52	\$5.89	3.17%
Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	779	3,555	8,868	34,163	\$1,665,895	\$764,651	\$215.09	1,033	4,357	7,921	34,394	\$2,149,579	\$1,056,098	\$242.39	\$27.30	12.69%
Laboratories (TAX: 291900000X-293D00000X)	358	4,686	7,628	0	\$464,199	\$199,129	\$42.49	546	9,423	14,900	0	\$878,519	\$509,167	\$54.03	\$11.54	27.16%
Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	398	1,067	2,232	1,446	\$465,689	\$246,467	\$230.99	347	1,069	2,747	2,808	\$543,846	\$314,457	\$294.16	\$63.17	27.35%
Hospital Units (TAX: 273100000X-276400000X)	111	1,107	2,251	0	\$351,619	\$294,481	\$266.02	83	989	1,924	0	\$245,916	\$207,272	\$209.58	-\$56.44	-21.22%
Transportation Services (TAX: 341600000X-347E00000X)	239	705	7,498	420	\$295,647	\$235,691	\$334.31	194	545	5,559	31	\$283,782	\$249,254	\$457.35	\$123.03	36.80%
Agencies (TAX: 251300000X-253Z00000X)	66	755	1,735	1,916	\$174,756	\$125,270	\$165.92	67	1,122	2,981	108	\$255,181	\$200,708	\$178.88	\$12.96	7.81%
Behavioral Health & Social Service Providers (TAX: 101Y00000X-106H00000X)	124	1,051	1,273	190	\$152,391	\$97,393	\$92.67	161	1,862	2,824	339	\$245,644	\$151,936	\$81.60	-\$11.07	-11.95%
Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	126	864	1,044	1,096	\$170,929	\$79,946	\$92.53	127	814	833	906	\$150,436	\$82,008	\$100.75	\$8.22	8.88%
Dental Providers (TAX: 122300000X-126900000X)	30	160	133	2,949	\$51,588	\$37,049	\$231.56	43	163	145	2,043	\$105,460	\$91,572	\$561.79	\$330.24	142.62%
Managed Care Organizations (TAX: 302F00000X-305S00000X)	23	565	1,142	0	\$77,821	\$45,290	\$80.16	44	1,679	1,777	8,500	\$100,129	\$74,104	\$44.14	-\$36.02	-44.94%
Nursing Service Providers (TAX: 163W00000X-167G00000X)	52	457	4,366	139	\$46,847	\$34,823	\$76.20	56	611	5,798	313	\$71,714	\$57,428	\$93.99	\$17.79	23.35%
Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	4	16	90	0	\$16,900	\$12,900	\$806.22	10	117	1,398	0	\$109,992	\$76,960	\$657.78	-\$148.44	-18.41%
Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	43	160	187	10	\$15,554	\$7,715	\$48.22	60	366	467	0	\$33,987	\$24,332	\$66.48	\$18.26	37.87%
Student, Health Care (TAX: 390200000X-390200000X)	23	46	31	834	\$9,382	\$7,843	\$170.50	18	89	90	505	\$14,864	\$12,644	\$142.07	-\$28.44	-16.68%
Sub-Total	-	448,522	959,192	3,107,467	\$98,769,180	\$67,350,564	\$150.16	-	449,513	1,055,093	3,725,289	\$105,361,934	\$71,899,155	\$159.95	\$9.79	6.52%
All Other Data Reported	-	10,097	38,402	21,098	\$2,491,474	\$1,567,759	\$155.27	-	10,532	31,236	77,302	\$3,339,810	\$2,224,166	\$211.18	\$55.91	36.01%
Grand Total	11,818	458,619	997,594	3,128,565	\$101,260,654	\$68,918,324	\$150.27	12,180	460,045	1,086,329	3,802,591	\$108,701,744	\$74,123,321	\$161.12	\$10.85	7.22%

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Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
97110 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	31,405	54,919	\$3,203,513	\$2,319,954	\$73.87	27,486	49,627	\$3,002,065	\$2,162,139	\$78.66	\$4.79	6.49%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	16,972	22,067	\$1,280,834	\$931,445	\$54.88	15,661	21,606	\$1,292,780	\$906,191	\$57.86	\$2.98	5.43%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	4,597	6,626	\$374,354	\$292,903	\$63.72	4,885	6,746	\$374,650	\$285,649	\$58.47	-\$5.24	-8.23%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	3,166	5,403	\$318,059	\$202,939	\$64.10	2,050	3,242	\$199,712	\$139,474	\$68.04	\$3.94	6.14%
	Hospitals (TAX: 281P00000X-287300000X)	1,604	2,362	\$181,787	\$141,431	\$88.17	2,263	3,351	\$299,111	\$228,140	\$100.81	\$12.64	14.33%
	Other Service Providers (TAX: 170100000X-177F00000X)	1,233	2,137	\$105,478	\$76,239	\$61.83	862	1,224	\$70,479	\$49,151	\$57.02	-\$4.81	-7.78%
	Group Practice (TAX: 193200000X-193400000X)	685	1,181	\$67,971	\$48,191	\$70.35	1,216	2,209	\$119,468	\$89,971	\$73.99	\$3.64	5.17%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	145	145	\$7,573	\$4,194	\$28.93	618	618	\$35,801	\$25,181	\$40.75	\$11.82	40.86%
	Hospital Units (TAX: 273100000X-276400000X)	136	170	\$17,750	\$14,363	\$105.61	146	151	\$15,889	\$14,204	\$97.29	-\$8.32	-7.88%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	167	180	\$11,499	\$8,838	\$52.92	52	54	\$3,382	\$2,721	\$52.32	-\$0.60	-1.13%
	Agencies (TAX: 251300000X-253Z00000X)	25	71	\$3,807	\$2,096	\$83.83	116	271	\$15,496	\$15,338	\$132.23	\$48.39	57.73%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	6	12	\$540	\$277	\$46.09	79	177	\$7,965	\$6,651	\$84.19	\$38.10	82.65%
	Suppliers (TAX: 331L00000X-335V00000X)	6	36	\$996	\$969	\$161.45	33	61	\$2,075	\$2,032	\$61.57	-\$99.88	-61.86%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	2	3	\$183	\$158	\$78.94	32	106	\$6,208	\$4,310	\$134.69	\$55.76	70.64%
Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	0	0	\$0	\$0	\$0.00	4	4	\$121	\$103	\$25.67	\$25.67	n/a	
All Other Data Reported	1,334	1,512	\$87,962	\$68,739	\$51.53	751	1,038	\$70,886	\$45,183	\$60.16	\$8.63	16.76%	
97140 - MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	20,057	23,257	\$1,343,684	\$1,014,690	\$50.59	18,384	22,049	\$1,406,984	\$1,010,270	\$54.95	\$4.36	8.63%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	8,480	9,072	\$535,897	\$399,988	\$47.17	7,031	7,827	\$467,572	\$335,151	\$47.67	\$0.50	1.06%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	3,381	3,907	\$242,118	\$135,388	\$40.04	2,981	3,757	\$217,367	\$139,370	\$46.75	\$6.71	16.75%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	1,611	1,842	\$113,775	\$76,567	\$47.53	1,157	1,369	\$88,219	\$61,111	\$52.82	\$5.29	11.13%
	Hospitals (TAX: 281P00000X-287300000X)	863	918	\$84,590	\$66,866	\$77.48	1,308	1,376	\$133,848	\$106,773	\$81.63	\$4.15	5.36%
	Group Practice (TAX: 193200000X-193400000X)	518	585	\$33,887	\$27,024	\$52.17	869	987	\$54,916	\$44,282	\$50.96	-\$1.21	-2.32%
	Other Service Providers (TAX: 170100000X-177F00000X)	747	916	\$52,702	\$40,341	\$54.00	519	599	\$32,194	\$24,920	\$48.02	-\$5.99	-11.09%
	Hospital Units (TAX: 273100000X-276400000X)	92	94	\$9,490	\$7,917	\$86.06	141	141	\$18,304	\$15,762	\$111.79	\$25.73	29.90%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	38	38	\$2,239	\$1,081	\$28.45	134	134	\$6,593	\$4,063	\$30.32	\$1.86	6.55%
	Agencies (TAX: 251300000X-253Z00000X)	7	7	\$296	\$296	\$42.28	73	73	\$3,086	\$3,086	\$42.28	\$0.00	0.00%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	40	52	\$3,323	\$1,536	\$38.40	18	18	\$1,097	\$900	\$49.97	\$11.58	30.15%
	All Other Data Reported	612	655	\$35,304	\$27,724	\$45.30	504	507	\$33,949	\$22,366	\$44.38	-\$0.92	-2.04%

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97010 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS HOT OR COLD PACKS	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	17,304	17,290	\$603,640	\$384,085	\$22.20	15,599	15,646	\$551,668	\$380,736	\$24.41	\$2.21	9.96%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	9,415	9,389	\$327,582	\$225,001	\$23.90	7,735	7,732	\$277,404	\$186,275	\$24.08	\$0.18	0.77%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	5,637	5,599	\$201,375	\$120,337	\$21.35	5,202	5,195	\$180,249	\$114,799	\$22.07	\$0.72	3.37%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	1,308	1,292	\$46,457	\$22,538	\$17.23	1,087	1,059	\$37,659	\$25,266	\$23.24	\$6.01	34.89%
	Group Practice (TAX: 193200000X-193400000X)	489	490	\$18,376	\$10,250	\$20.96	714	718	\$24,723	\$17,931	\$25.11	\$4.15	19.80%
	Hospitals (TAX: 281P00000X-287300000X)	520	520	\$15,558	\$12,582	\$24.20	668	675	\$35,144	\$28,369	\$42.47	\$18.27	75.52%
	Other Service Providers (TAX: 170100000X-177F00000X)	635	734	\$22,368	\$14,957	\$23.55	499	506	\$16,393	\$11,771	\$23.59	\$0.03	0.15%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	23	23	\$702	\$471	\$20.49	172	172	\$5,759	\$4,961	\$28.84	\$8.36	40.79%
	Hospital Units (TAX: 273100000X-276400000X)	45	45	\$1,317	\$1,084	\$24.09	53	53	\$2,226	\$1,827	\$34.48	\$10.39	43.13%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	57	57	\$2,815	\$2,129	\$37.35	19	19	\$710	\$560	\$29.49	-\$7.86	-21.04%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	2	2	\$74	\$62	\$31.07	10	10	\$370	\$313	\$31.31	\$0.24	0.79%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	3	3	\$111	\$94	\$31.31	3	3	\$126	\$96	\$31.98	\$0.67	2.13%
	All Other Data Reported	494	494	\$16,681	\$12,003	\$24.30	452	417	\$16,418	\$9,780	\$21.64	-\$2.66	-10.95%
97014 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STIMULATION (UNATTENDED)	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	9,298	9,304	\$379,226	\$290,439	\$31.24	7,391	7,420	\$309,393	\$238,540	\$32.27	\$1.04	3.32%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	5,961	6,061	\$249,845	\$191,785	\$32.17	5,025	5,012	\$219,545	\$168,267	\$33.49	\$1.31	4.08%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	3,597	3,653	\$154,180	\$101,764	\$28.29	3,795	3,826	\$164,388	\$123,864	\$32.64	\$4.35	15.37%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	818	818	\$34,709	\$22,518	\$27.53	453	422	\$19,856	\$13,982	\$30.86	\$3.34	12.12%
	Group Practice (TAX: 193200000X-193400000X)	337	355	\$14,760	\$12,151	\$36.06	371	376	\$15,703	\$12,700	\$34.23	-\$1.83	-5.06%
	Other Service Providers (TAX: 170100000X-177F00000X)	440	539	\$17,828	\$14,109	\$32.07	241	241	\$9,820	\$6,889	\$28.59	-\$3.48	-10.85%
	Hospitals (TAX: 281P00000X-287300000X)	242	242	\$11,592	\$9,422	\$38.94	254	254	\$14,956	\$14,642	\$57.65	\$18.71	48.06%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	52	52	\$1,622	\$1,280	\$24.61	131	131	\$4,848	\$3,384	\$25.83	\$1.22	4.96%
	Agencies (TAX: 251300000X-253Z00000X)	7	7	\$230	\$230	\$32.85	28	28	\$920	\$920	\$32.85	\$0.00	0.00%
	Hospital Units (TAX: 273100000X-276400000X)	3	3	\$142	\$121	\$40.38	5	5	\$289	\$226	\$45.26	\$4.88	12.08%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	4	4	\$172	\$163	\$40.87	2	2	\$86	\$85	\$42.34	\$1.47	3.60%
All Other Data Reported	414	416	\$15,493	\$13,351	\$32.25	327	290	\$14,443	\$9,592	\$29.33	-\$2.91	-9.04%	

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99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	13,776	14,165	\$1,724,054	\$1,015,614	\$73.72	13,160	13,192	\$1,675,932	\$980,650	\$74.52	\$0.79	1.08%
	Other Service Providers (TAX: 170100000X-177F00000X)	972	995	\$130,309	\$75,359	\$77.53	732	742	\$99,532	\$56,050	\$76.57	-\$0.96	-1.24%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	743	743	\$87,073	\$54,321	\$73.11	790	790	\$93,829	\$60,704	\$76.84	\$3.73	5.10%
	Group Practice (TAX: 193200000X-193400000X)	697	696	\$86,884	\$50,746	\$72.81	609	609	\$69,437	\$40,521	\$66.54	-\$6.27	-8.61%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	636	636	\$67,681	\$49,310	\$77.53	549	545	\$56,144	\$43,237	\$78.76	\$1.23	1.58%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	336	334	\$48,689	\$23,458	\$69.81	367	367	\$38,868	\$24,861	\$67.74	-\$2.07	-2.97%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	260	359	\$36,269	\$18,832	\$72.43	436	436	\$54,539	\$32,754	\$75.12	\$2.69	3.72%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	215	215	\$19,873	\$11,634	\$54.11	227	227	\$20,905	\$12,888	\$56.78	\$2.66	4.92%
	Hospitals (TAX: 281P00000X-287300000X)	78	78	\$16,476	\$12,083	\$154.91	145	146	\$26,994	\$19,715	\$135.97	-\$18.95	-12.23%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	19	19	\$1,343	\$770	\$40.53	35	35	\$2,616	\$1,838	\$52.50	\$11.98	29.55%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	5	5	\$495	\$413	\$82.63	36	36	\$3,564	\$3,017	\$83.82	\$1.19	1.44%
	Suppliers (TAX: 331L00000X-335V00000X)	18	18	\$2,278	\$1,262	\$70.09	10	10	\$1,514	\$752	\$75.19	\$5.10	7.28%
	Hospital Units (TAX: 273100000X-276400000X)	14	14	\$1,781	\$1,431	\$102.19	13	13	\$1,550	\$1,161	\$89.33	-\$12.86	-12.58%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	7	7	\$1,003	\$492	\$70.34	14	14	\$1,829	\$1,156	\$82.54	\$12.21	17.36%
	Dental Providers (TAX: 122300000X-126900000X)	4	4	\$540	\$237	\$59.34	10	10	\$1,270	\$582	\$58.20	-\$1.14	-1.92%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	7	7	\$700	\$373	\$53.32	4	4	\$400	\$204	\$50.96	-\$2.36	-4.43%
	Laboratories (TAX: 291900000X-293D00000X)	0	0	\$0	\$0	\$0.00	9	9	\$1,441	\$598	\$66.45	\$66.45	n/a
	All Other Data Reported	561	561	\$69,429	\$42,985	\$76.62	653	629	\$80,159	\$47,277	\$72.40	-\$4.22	-5.51%

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97530 - THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	7,742	8,933	\$513,924	\$353,460	\$45.65	6,490	7,732	\$539,404	\$310,001	\$47.77	\$2.11	4.62%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	3,303	3,544	\$208,848	\$145,270	\$43.98	2,454	2,875	\$191,790	\$106,460	\$43.38	-\$0.60	-1.36%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	818	933	\$58,169	\$39,884	\$48.76	421	452	\$27,325	\$17,660	\$41.95	-\$6.81	-13.97%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	438	606	\$34,513	\$23,346	\$53.30	519	545	\$26,244	\$21,968	\$42.33	-\$10.97	-20.59%
	Group Practice (TAX: 193200000X-193400000X)	187	211	\$11,381	\$8,574	\$45.85	307	344	\$19,762	\$12,826	\$41.78	-\$4.07	-8.88%
	Other Service Providers (TAX: 170100000X-177F00000X)	148	159	\$9,707	\$6,367	\$43.02	334	368	\$23,878	\$9,913	\$29.68	-\$13.34	-31.02%
	Hospitals (TAX: 281P00000X-287300000X)	91	100	\$9,076	\$6,961	\$76.49	264	351	\$36,015	\$25,589	\$96.93	\$20.43	26.71%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	0	0	\$0	\$0	\$0.00	102	102	\$5,167	\$3,777	\$37.03	\$37.03	n/a
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	7	9	\$315	\$177	\$25.28	76	76	\$3,420	\$2,923	\$38.46	\$13.18	52.14%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	16	16	\$914	\$561	\$35.05	7	7	\$414	\$190	\$27.12	-\$7.93	-22.61%
All Other Data Reported	161	163	\$9,161	\$6,969	\$43.29	172	189	\$13,082	\$9,571	\$55.65	\$12.36	28.55%	
97035 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	3,896	3,902	\$170,549	\$105,283	\$27.02	2,558	2,584	\$110,475	\$70,240	\$27.46	\$0.44	1.61%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	3,114	3,310	\$137,352	\$98,300	\$31.57	2,409	2,420	\$110,921	\$70,793	\$29.39	-\$2.18	-6.91%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	2,201	2,200	\$104,970	\$65,481	\$29.75	1,619	1,624	\$75,641	\$52,102	\$32.18	\$2.43	8.17%
	Hospitals (TAX: 281P00000X-287300000X)	446	449	\$21,263	\$17,053	\$38.24	336	340	\$17,631	\$14,148	\$42.11	\$3.87	10.13%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	446	447	\$20,831	\$12,559	\$28.16	205	199	\$9,617	\$6,795	\$33.15	\$4.99	17.72%
	Group Practice (TAX: 193200000X-193400000X)	173	173	\$7,526	\$5,442	\$31.46	247	257	\$11,306	\$8,306	\$33.63	\$2.17	6.90%
	Other Service Providers (TAX: 170100000X-177F00000X)	194	293	\$9,483	\$6,434	\$33.17	158	158	\$5,434	\$4,212	\$26.66	-\$6.51	-19.62%
	Hospital Units (TAX: 273100000X-276400000X)	41	41	\$1,700	\$1,414	\$34.50	34	34	\$1,504	\$1,292	\$37.99	\$3.49	10.13%
All Other Data Reported	164	166	\$6,057	\$4,956	\$30.22	95	72	\$3,796	\$2,858	\$30.09	-\$0.13	-0.44%	
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	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	4,452	5,224	\$301,076	\$236,425	\$53.11	4,051	5,194	\$323,936	\$241,501	\$59.62	\$6.51	12.26%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,982	2,074	\$123,486	\$93,559	\$47.20	2,607	2,867	\$168,543	\$112,965	\$43.33	-\$3.87	-8.20%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	1,275	1,277	\$72,813	\$50,689	\$39.76	1,353	1,360	\$82,037	\$54,706	\$40.43	\$0.68	1.70%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	291	367	\$23,780	\$16,880	\$58.01	322	428	\$31,135	\$21,207	\$65.86	\$7.86	13.54%
	Other Service Providers (TAX: 170100000X-177F00000X)	230	237	\$12,709	\$10,417	\$45.29	142	153	\$8,667	\$6,185	\$43.55	-\$1.74	-3.84%
	Group Practice (TAX: 193200000X-193400000X)	144	146	\$8,578	\$6,826	\$47.40	207	225	\$13,086	\$10,694	\$51.66	\$4.26	8.99%

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Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Hospitals (TAX: 281P00000X-287300000X)	123	142	\$13,492	\$10,865	\$88.33	112	152	\$12,985	\$9,344	\$83.43	-\$4.90	-5.55%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	4	4	\$148	\$148	\$37.00	19	19	\$1,444	\$1,082	\$56.93	\$19.93	53.86%
	Agencies (TAX: 251300000X-253Z00000X)	0	0	\$0	\$0	\$0.00	19	19	\$1,026	\$1,026	\$54.02	\$54.02	n/a
	Hospital Units (TAX: 273100000X-276400000X)	5	8	\$620	\$451	\$90.22	14	17	\$1,516	\$1,274	\$91.02	\$0.80	0.88%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	7	7	\$391	\$233	\$33.23	2	2	\$122	\$108	\$53.94	\$20.71	62.30%
	All Other Data Reported	157	163	\$9,654	\$7,822	\$49.82	185	232	\$16,486	\$11,854	\$64.07	\$14.25	28.60%
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.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	6,083	6,058	\$1,085,671	\$669,577	\$110.07	7,230	7,537	\$1,343,781	\$841,639	\$116.41	\$6.34	5.76%
	Other Service Providers (TAX: 170100000X-177F00000X)	565	684	\$118,151	\$66,233	\$117.23	508	580	\$106,014	\$60,870	\$119.82	\$2.60	2.22%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	319	319	\$54,949	\$39,796	\$124.75	359	359	\$63,790	\$43,233	\$120.43	-\$4.32	-3.47%
	Group Practice (TAX: 193200000X-193400000X)	218	218	\$36,337	\$24,500	\$112.39	362	362	\$63,820	\$39,781	\$109.89	-\$2.49	-2.22%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	233	233	\$36,033	\$27,025	\$115.99	255	250	\$39,194	\$31,771	\$124.59	\$8.61	7.42%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	211	212	\$34,539	\$22,517	\$106.72	227	226	\$38,230	\$22,136	\$97.52	-\$9.20	-8.62%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	59	59	\$10,222	\$6,251	\$105.95	97	97	\$18,992	\$11,463	\$118.18	\$12.23	11.54%
	Hospitals (TAX: 281P00000X-287300000X)	46	47	\$9,390	\$7,134	\$155.09	21	21	\$5,520	\$4,582	\$218.20	\$63.11	40.69%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	28	28	\$3,942	\$2,353	\$84.04	26	26	\$3,802	\$2,139	\$82.28	-\$1.76	-2.10%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	3	3	\$371	\$222	\$73.85	16	16	\$2,459	\$1,785	\$111.58	\$37.72	51.08%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	6	6	\$627	\$410	\$68.34	12	12	\$1,290	\$908	\$75.69	\$7.35	10.76%
	Suppliers (TAX: 331L00000X-335V00000X)	10	10	\$1,695	\$1,192	\$119.18	2	2	\$331	\$187	\$93.69	-\$25.50	-21.39%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	6	6	\$1,036	\$710	\$118.26	3	3	\$503	\$276	\$92.15	-\$26.11	-22.08%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	3	3	\$522	\$408	\$136.05	3	3	\$510	\$413	\$137.50	\$1.45	1.07%
	All Other Data Reported	236	236	\$39,334	\$26,769	\$113.43	331	284	\$60,613	\$37,112	\$112.12	-\$1.31	-1.15%

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Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
99080 - SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFORMATION CONVEYED IN THE USUAL MEDICAL COMMUNICATIONS OR STANDARD REPORTING FORM	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	6,336	7,050	\$203,182	\$167,980	\$26.51	6,557	6,706	\$207,532	\$169,538	\$25.86	-\$0.66	-2.47%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	471	471	\$14,171	\$12,181	\$25.86	462	467	\$14,964	\$10,971	\$23.75	-\$2.11	-8.17%
	Other Service Providers (TAX: 170100000X-177F00000X)	469	518	\$15,430	\$13,366	\$28.50	382	384	\$11,614	\$10,690	\$27.98	-\$0.51	-1.81%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	193	217	\$5,790	\$5,247	\$27.19	401	407	\$12,172	\$10,619	\$26.48	-\$0.71	-2.60%
	Group Practice (TAX: 193200000X-193400000X)	277	301	\$8,320	\$7,300	\$26.35	295	309	\$13,086	\$6,909	\$23.42	-\$2.93	-11.13%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	181	182	\$5,758	\$4,372	\$24.15	257	262	\$7,843	\$5,907	\$22.98	-\$1.17	-4.84%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	62	65	\$1,995	\$1,418	\$22.87	99	102	\$2,940	\$1,876	\$18.95	-\$3.92	-17.13%
	Behavioral Health & Social Service Providers (TAX: 101Y00000X-106H00000X)	27	27	\$934	\$698	\$25.83	9	9	\$270	\$139	\$15.42	-\$10.42	-40.32%
	Suppliers (TAX: 331L00000X-335V00000X)	19	19	\$790	\$726	\$38.22	15	15	\$450	\$450	\$30.00	-\$8.22	-21.51%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	9	9	\$290	\$233	\$25.92	15	15	\$450	\$275	\$18.30	-\$7.61	-29.37%
	Hospitals (TAX: 281P00000X-287300000X)	19	19	\$570	\$528	\$27.79	2	2	\$60	\$59	\$29.25	\$1.46	5.26%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	6	6	\$180	\$164	\$27.38	11	11	\$330	\$300	\$27.27	-\$0.10	-0.37%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	2	2	\$60	\$56	\$28.13	14	19	\$420	\$416	\$29.73	\$1.61	5.71%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	10	10	\$328	\$244	\$24.38	2	2	\$60	\$60	\$30.00	\$5.63	23.08%
All Other Data Reported	353	357	\$14,045	\$9,942	\$28.16	394	405	\$11,873	\$10,876	\$27.60	-\$0.56	-1.99%	
98941 - CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	4,707	4,818	\$354,108	\$221,635	\$47.09	4,419	4,413	\$304,196	\$213,427	\$48.30	\$1.21	2.57%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,045	1,045	\$75,779	\$53,432	\$51.13	885	893	\$63,981	\$39,779	\$44.95	-\$6.18	-12.09%
	Group Practice (TAX: 193200000X-193400000X)	109	109	\$7,992	\$5,716	\$52.44	210	210	\$14,841	\$11,624	\$55.35	\$2.91	5.55%
	Other Service Providers (TAX: 170100000X-177F00000X)	58	58	\$3,892	\$3,444	\$59.38	48	48	\$3,120	\$2,963	\$61.72	\$2.34	3.94%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	78	78	\$5,901	\$3,853	\$49.40	28	28	\$1,832	\$1,284	\$45.87	-\$3.53	-7.14%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	18	18	\$1,200	\$513	\$28.48	28	28	\$1,785	\$984	\$35.13	\$6.65	23.34%
	Hospital Units (TAX: 273100000X-276400000X)	2	2	\$160	\$123	\$61.64	2	2	\$108	\$108	\$53.93	-\$7.71	-12.51%
	All Other Data Reported	79	79	\$5,576	\$4,455	\$56.40	72	72	\$4,616	\$2,748	\$38.16	-\$18.23	-32.33%
97124 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	1,809	2,847	\$137,435	\$79,650	\$44.03	2,087	3,173	\$150,289	\$83,699	\$40.11	-\$3.92	-8.91%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	930	2,053	\$52,759	\$26,720	\$28.73	1,755	3,286	\$139,162	\$94,262	\$53.71	\$24.98	86.94%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,000	1,199	\$60,853	\$36,058	\$36.06	1,157	6,609	\$79,140	\$45,867	\$39.64	\$3.59	9.94%
	Other Service Providers (TAX: 170100000X-177F00000X)	334	487	\$29,773	\$16,079	\$48.14	582	761	\$37,133	\$27,909	\$47.95	-\$0.19	-0.39%
	Group Practice (TAX: 193200000X-193400000X)	180	271	\$11,320	\$8,842	\$49.12	142	393	\$18,080	\$13,582	\$95.65	\$46.53	94.72%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	8	8	\$416	\$270	\$33.80	143	205	\$9,087	\$6,209	\$43.42	\$9.62	28.48%
	Hospitals (TAX: 281P00000X-287300000X)	35	36	\$2,331	\$1,277	\$36.47	56	108	\$9,072	\$7,196	\$128.50	\$92.03	252.33%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	32	32	\$1,200	\$492	\$15.39	14	18	\$959	\$452	\$32.27	\$16.89	109.76%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	0	0	\$0	\$0	\$0.00	12	12	\$540	\$311	\$25.93	\$25.93	n/a
	Hospital Units (TAX: 273100000X-276400000X)	9	9	\$675	\$0	\$0.00	28	28	\$1,266	\$0	\$0.00	\$0.00	#DIV/0!
	All Other Data Reported	114	144	\$5,488	\$3,334	\$29.25	90	194	\$7,221	\$3,755	\$41.72	\$12.47	42.64%
97012 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS TRACTION, MECHANICAL	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	2,605	2,618	\$112,344	\$79,998	\$30.71	2,643	2,643	\$116,295	\$79,646	\$30.13	-\$0.57	-1.87%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,429	1,522	\$79,657	\$47,595	\$33.31	1,196	1,219	\$58,211	\$40,027	\$33.47	\$0.16	0.48%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	522	523	\$22,905	\$16,408	\$31.43	430	432	\$19,501	\$13,789	\$32.07	\$0.64	2.02%
	Group Practice (TAX: 193200000X-193400000X)	74	74	\$3,176	\$1,883	\$25.44	158	158	\$7,968	\$6,405	\$40.54	\$15.09	59.31%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	14	14	\$499	\$451	\$32.18	65	65	\$1,653	\$1,625	\$25.00	-\$7.19	-22.34%
	Other Service Providers (TAX: 170100000X-177F00000X)	68	68	\$3,129	\$2,699	\$39.70	4	4	\$167	\$123	\$30.82	-\$8.88	-22.37%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	42	42	\$1,835	\$1,394	\$33.18	11	11	\$495	\$391	\$35.54	\$2.36	7.11%
	Hospitals (TAX: 281P00000X-287300000X)	14	14	\$614	\$479	\$34.21	7	8	\$508	\$304	\$43.41	\$9.20	26.89%
	All Other Data Reported	152	152	\$5,469	\$4,653	\$30.61	84	69	\$3,771	\$2,612	\$31.10	\$0.48	1.58%
98940 - CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	2,859	2,855	\$174,477	\$117,556	\$41.12	3,013	3,005	\$177,722	\$124,468	\$41.31	\$0.19	0.47%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,056	1,054	\$62,581	\$47,339	\$44.83	1,098	1,069	\$58,970	\$36,637	\$33.37	-\$11.46	-25.57%
	Group Practice (TAX: 193200000X-193400000X)	101	101	\$5,789	\$3,748	\$37.11	170	170	\$10,930	\$8,064	\$47.44	\$10.32	27.82%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	40	40	\$1,600	\$1,600	\$40.00	59	59	\$2,360	\$2,360	\$40.00	\$0.00	0.00%
	Other Service Providers (TAX: 170100000X-177F00000X)	56	56	\$3,316	\$2,623	\$46.84	22	22	\$1,295	\$1,123	\$51.03	\$4.19	8.94%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	50	50	\$2,743	\$1,679	\$33.59	5	5	\$281	\$256	\$51.21	\$17.63	52.48%
	Hospital Units (TAX: 273100000X-276400000X)	11	11	\$648	\$496	\$45.07	20	20	\$977	\$903	\$45.13	\$0.06	0.14%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	2	2	\$110	\$108	\$54.20	4	4	\$174	\$148	\$36.93	-\$17.27	-31.86%
	All Other Data Reported	179	179	\$10,160	\$7,078	\$39.54	46	46	\$2,631	\$1,026	\$22.31	-\$17.23	-43.57%
99070 - SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,967	24,414	\$146,159	\$82,191	\$41.78	2,530	36,121	\$234,682	\$119,600	\$47.27	\$5.49	13.13%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	486	33,294	\$190,461	\$168,575	\$346.86	754	53,562	\$217,401	\$198,562	\$263.35	-\$83.52	-24.08%
	Suppliers (TAX: 331L00000X-335V00000X)	229	1,331	\$22,129	\$18,441	\$80.53	380	1,758	\$31,136	\$21,629	\$56.92	-\$23.61	-29.32%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	153	156	\$7,302	\$1,935	\$12.65	277	277	\$20,399	\$6,501	\$23.47	\$10.82	85.56%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	212	285	\$11,932	\$6,294	\$29.69	144	588	\$10,210	\$7,562	\$52.52	\$22.83	76.88%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	131	534	\$4,165	\$1,606	\$12.26	90	97	\$5,028	\$933	\$10.37	-\$1.89	-15.42%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Group Practice (TAX: 193200000X-193400000X)	65	185	\$2,115	\$1,620	\$24.92	54	93	\$2,712	\$945	\$17.50	-\$7.43	-29.79%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	32	34	\$1,129	\$655	\$20.45	61	67	\$1,428	\$1,160	\$19.02	-\$1.43	-6.99%
	Hospitals (TAX: 281P00000X-287300000X)	53	80	\$3,210	\$2,238	\$42.22	28	145	\$2,581	\$845	\$30.17	-\$12.05	-28.53%
	Other Service Providers (TAX: 170100000X-177F00000X)	20	32	\$9,917	\$1,291	\$64.55	7	6	\$361	\$93	\$13.26	-\$51.29	-79.46%
	Behavioral Health & Social Service Providers (TAX: 101Y00000X-106H00000X)	9	9	\$1,460	\$0	\$0.00	0	0	\$0	\$0	#DIV/0!	#DIV/0!	#DIV/0!
	All Other Data Reported	82	879	\$13,864	\$4,853	\$59.19	121	844	\$9,766	\$4,888	\$40.40	-\$18.79	-31.74%
97113 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES													
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	1,803	4,310	\$256,987	\$201,251	\$111.62	1,777	3,969	\$245,374	\$196,057	\$110.33	-\$1.29	-1.16%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,161	1,729	\$109,957	\$76,206	\$65.64	1,517	2,338	\$129,242	\$95,303	\$62.82	-\$2.82	-4.29%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	470	489	\$35,854	\$22,008	\$46.83	201	296	\$20,650	\$14,078	\$70.04	\$23.21	49.57%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	55	157	\$9,082	\$7,399	\$134.53	125	205	\$13,539	\$6,840	\$54.72	-\$79.81	-59.32%
	Hospitals (TAX: 281P00000X-287300000X)	17	17	\$6,513	\$2,113	\$124.27	154	174	\$21,982	\$16,856	\$109.46	-\$14.82	-11.92%
	Group Practice (TAX: 193200000X-193400000X)	24	74	\$4,476	\$3,533	\$147.19	43	131	\$8,917	\$7,025	\$163.37	\$16.17	10.99%
	Other Service Providers (TAX: 170100000X-177F00000X)	27	75	\$4,706	\$3,526	\$130.59	23	48	\$3,047	\$2,294	\$99.76	-\$30.83	-23.61%
	Agencies (TAX: 251300000X-253Z00000X)	5	18	\$1,099	\$1,099	\$219.85	13	47	\$2,870	\$2,870	\$220.79	\$0.94	0.43%
	All Other Data Reported	188	205	\$14,070	\$12,086	\$64.29	66	209	\$13,420	\$11,817	\$179.05	\$114.76	178.51%
G0283 - ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE													
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	1,773	1,774	\$61,142	\$48,033	\$27.09	1,744	1,760	\$54,357	\$42,491	\$24.36	-\$2.73	-10.07%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	899	902	\$37,038	\$23,015	\$25.60	839	839	\$29,545	\$19,576	\$23.33	-\$2.27	-8.86%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	512	516	\$24,982	\$20,430	\$39.90	603	707	\$33,983	\$21,116	\$35.02	-\$4.88	-12.24%
	Hospitals (TAX: 281P00000X-287300000X)	328	328	\$14,754	\$11,748	\$35.82	271	274	\$13,931	\$11,343	\$41.86	\$6.04	16.87%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	179	179	\$6,306	\$4,000	\$22.35	125	125	\$4,387	\$3,378	\$27.03	\$4.68	20.94%
	Group Practice (TAX: 193200000X-193400000X)	40	40	\$1,788	\$841	\$21.02	23	23	\$1,003	\$883	\$38.40	\$17.38	82.66%
	Hospital Units (TAX: 273100000X-276400000X)	33	33	\$1,613	\$1,356	\$41.10	23	23	\$1,162	\$954	\$41.46	\$0.36	0.88%
	Other Service Providers (TAX: 170100000X-177F00000X)	7	7	\$233	\$180	\$25.78	25	25	\$542	\$464	\$18.56	-\$7.22	-28.01%
	All Other Data Reported	50	50	\$1,638	\$1,176	\$23.51	57	15	\$1,187	\$789	\$13.84	-\$9.68	-41.15%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
99212 - 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 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.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	2,306	2,597	\$196,125	\$133,762	\$58.01	2,112	2,119	\$170,714	\$111,857	\$52.96	-\$5.04	-8.69%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	651	650	\$65,824	\$39,510	\$60.69	792	792	\$64,417	\$43,554	\$54.99	-\$5.70	-9.39%
	Group Practice (TAX: 193200000X-193400000X)	140	140	\$11,544	\$8,147	\$58.19	123	123	\$9,454	\$5,976	\$48.59	-\$9.61	-16.51%
	Other Service Providers (TAX: 170100000X-177F00000X)	130	130	\$11,479	\$7,839	\$60.30	119	119	\$10,192	\$6,753	\$56.75	-\$3.55	-5.88%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	139	139	\$11,205	\$8,790	\$63.24	92	92	\$7,489	\$5,547	\$60.29	-\$2.95	-4.66%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	74	74	\$7,768	\$4,474	\$60.46	96	96	\$8,250	\$5,563	\$57.94	-\$2.52	-4.16%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	66	66	\$4,122	\$1,769	\$26.80	60	60	\$3,674	\$2,450	\$40.83	\$14.03	52.36%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	57	57	\$5,320	\$2,992	\$52.50	50	50	\$4,635	\$2,864	\$57.28	\$4.79	9.12%
	Hospitals (TAX: 281P00000X-287300000X)	27	27	\$4,115	\$2,950	\$109.28	37	37	\$6,220	\$4,619	\$124.85	\$15.57	14.25%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	14	14	\$721	\$434	\$31.03	10	10	\$509	\$354	\$35.43	\$4.39	14.16%
	All Other Data Reported	164	164	\$13,529	\$9,757	\$59.50	137	133	\$11,712	\$8,361	\$61.03	\$1.53	2.58%
A4556 - ELECTRODES, (E. G., APNEA MONITOR), PER PAIR	Suppliers (TAX: 331L00000X-335V00000X)	2,221	31,179	\$281,180	\$206,040	\$92.77	2,398	29,703	\$314,383	\$224,082	\$93.45	\$0.68	0.73%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	440	3,394	\$46,674	\$31,730	\$72.11	516	3,774	\$48,129	\$28,873	\$55.96	-\$16.16	-22.41%
	Other Service Providers (TAX: 170100000X-177F00000X)	102	1,347	\$14,009	\$11,921	\$116.87	100	964	\$11,454	\$8,617	\$86.17	-\$30.70	-26.27%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	146	174	\$3,663	\$1,479	\$10.13	50	51	\$820	\$335	\$6.70	-\$3.43	-33.84%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	59	1,208	\$9,821	\$9,821	\$166.46	101	1,782	\$14,946	\$14,946	\$147.98	-\$18.47	-11.10%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	31	218	\$2,723	\$1,768	\$57.04	22	208	\$2,345	\$1,501	\$68.21	\$11.16	19.57%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	22	236	\$3,068	\$2,428	\$110.37	22	112	\$2,528	\$1,859	\$84.51	-\$25.86	-23.43%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	9	44	\$1,024	\$422	\$46.91	7	7	\$151	\$87	\$12.39	-\$34.52	-73.59%
	Group Practice (TAX: 193200000X-193400000X)	10	87	\$1,339	\$772	\$77.17	6	6	\$166	\$51	\$8.50	-\$68.67	-88.99%
	Agencies (TAX: 251300000X-253Z00000X)	2	26	\$211	\$211	\$105.30	3	56	\$455	\$260	\$86.72	-\$18.58	-17.64%
	All Other Data Reported	71	618	\$5,953	\$4,063	\$57.23	29	337	\$5,390	\$4,148	\$143.04	\$85.81	149.94%

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97032 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	1,378	1,477	\$60,593	\$48,236	\$35.00	1,549	1,553	\$60,806	\$46,952	\$30.31	-\$4.69	-13.41%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	838	869	\$43,279	\$32,128	\$38.34	560	577	\$27,174	\$23,365	\$41.72	\$3.38	8.83%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	469	500	\$24,123	\$19,114	\$40.75	451	426	\$21,710	\$13,873	\$30.76	-\$9.99	-24.52%
	Other Service Providers (TAX: 170100000X-177F00000X)	117	119	\$5,472	\$4,712	\$40.27	112	112	\$5,318	\$3,875	\$34.60	-\$5.68	-14.10%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	37	37	\$1,782	\$1,555	\$42.03	107	112	\$5,146	\$4,181	\$39.08	-\$2.96	-7.03%
	Hospitals (TAX: 281P00000X-287300000X)	97	97	\$5,289	\$4,299	\$44.32	20	22	\$1,358	\$1,024	\$51.19	\$6.87	15.49%
	Group Practice (TAX: 193200000X-193400000X)	25	25	\$1,140	\$988	\$39.51	39	41	\$1,097	\$1,063	\$27.26	-\$12.25	-31.01%
	All Other Data Reported	93	101	\$3,628	\$2,903	\$31.21	54	54	\$2,576	\$1,442	\$26.71	-\$4.50	-14.43%
97039 - UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	1,453	1,463	\$76,212	\$52,765	\$36.31	1,688	1,710	\$86,840	\$64,187	\$38.03	\$1.71	4.71%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,010	1,017	\$46,826	\$30,716	\$30.41	797	800	\$41,465	\$29,640	\$37.19	\$6.78	22.29%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	190	191	\$8,490	\$6,341	\$33.38	86	87	\$4,515	\$3,342	\$38.86	\$5.48	16.43%
	Group Practice (TAX: 193200000X-193400000X)	77	78	\$4,145	\$3,170	\$41.17	114	116	\$6,070	\$3,766	\$33.03	-\$8.13	-19.76%
	Other Service Providers (TAX: 170100000X-177F00000X)	30	30	\$1,625	\$1,381	\$46.04	20	20	\$1,075	\$633	\$31.66	-\$14.38	-31.23%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	15	16	\$665	\$106	\$7.08	20	20	\$900	\$153	\$7.65	\$0.57	8.00%
		All Other Data Reported	81	81	\$4,255	\$3,262	\$40.27	63	64	\$3,330	\$939	\$14.91	-\$25.36
80101 - DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, ENZYME ASSAY), EACH DRUG CLASS	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,521	6,346	\$243,890	\$126,377	\$83.09	1,941	8,915	\$297,695	\$169,526	\$87.34	\$4.25	5.12%
	Laboratories (TAX: 291900000X-293D00000X)	296	1,459	\$57,452	\$26,519	\$89.59	460	2,352	\$87,141	\$49,313	\$107.20	\$17.61	19.65%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	203	375	\$15,315	\$11,033	\$54.35	429	868	\$32,773	\$22,891	\$53.36	-\$0.99	-1.83%
	Other Service Providers (TAX: 170100000X-177F00000X)	68	684	\$27,254	\$16,506	\$242.73	112	857	\$29,903	\$23,500	\$209.82	-\$32.91	-13.56%
	Group Practice (TAX: 193200000X-193400000X)	39	293	\$11,432	\$8,020	\$205.63	111	1,079	\$37,511	\$31,695	\$285.54	\$79.91	38.86%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	43	320	\$10,654	\$45	\$1.05	89	820	\$24,857	\$2,860	\$32.14	\$31.08	2946.54%
	Hospitals (TAX: 281P00000X-287300000X)	22	102	\$7,318	\$4,621	\$210.04	25	103	\$8,292	\$3,218	\$128.71	-\$81.33	-38.72%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	26	54	\$1,592	\$900	\$34.63	3	10	\$720	\$612	\$204.00	\$169.37	489.07%
	All Other Data Reported	9	80	\$2,965	\$2,127	\$236.31	43	316	\$12,751	\$8,145	\$189.41	-\$46.89	-19.84%

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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.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,952	1,949	\$382,176	\$241,030	\$123.48	1,847	1,846	\$343,290	\$235,287	\$127.39	\$3.91	3.17%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	175	175	\$26,954	\$22,379	\$127.88	161	160	\$23,841	\$19,075	\$118.48	-\$9.41	-7.36%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	145	145	\$24,402	\$15,848	\$109.29	126	126	\$21,472	\$14,676	\$116.48	\$7.18	6.57%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	96	96	\$15,814	\$11,523	\$120.03	165	165	\$27,721	\$21,750	\$131.82	\$11.79	9.82%
	Other Service Providers (TAX: 170100000X-177F00000X)	96	109	\$17,835	\$13,283	\$138.36	73	73	\$13,888	\$9,800	\$134.25	-\$4.11	-2.97%
	Group Practice (TAX: 193200000X-193400000X)	85	85	\$16,075	\$11,341	\$133.43	76	76	\$13,516	\$9,530	\$125.39	-\$8.03	-6.02%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	33	33	\$4,860	\$3,365	\$101.98	29	29	\$4,244	\$2,591	\$89.34	-\$12.64	-12.39%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	28	28	\$7,381	\$4,056	\$144.84	8	8	\$1,874	\$1,085	\$135.67	-\$9.17	-6.33%
	Hospitals (TAX: 281P00000X-287300000X)	8	8	\$1,319	\$1,215	\$151.83	9	9	\$2,131	\$1,822	\$202.44	\$50.61	33.34%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	2	2	\$392	\$298	\$148.91	14	14	\$2,744	\$2,116	\$151.12	\$2.21	1.48%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	6	6	\$1,029	\$795	\$132.42	9	9	\$1,347	\$1,135	\$126.13	-\$6.29	-4.75%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	2	2	\$225	\$199	\$99.50	7	7	\$810	\$612	\$87.43	-\$12.07	-12.13%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	6	6	\$1,430	\$739	\$123.11	2	2	\$373	\$305	\$152.49	\$29.38	23.87%
	Dental Providers (TAX: 122300000X-126900000X)	2	2	\$311	\$187	\$93.46	3	3	\$604	\$230	\$76.64	-\$16.82	-18.00%
	Suppliers (TAX: 331L00000X-335V00000X)	2	2	\$433	\$295	\$147.73	2	2	\$582	\$287	\$143.58	-\$4.15	-2.81%
	All Other Data Reported	93	93	\$17,893	\$12,234	\$131.54	110	108	\$18,785	\$14,106	\$128.24	-\$3.31	-2.52%
97001 - PHYSICAL THERAPY EVALUATION	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	1,576	1,777	\$252,296	\$179,252	\$113.74	1,381	1,381	\$224,810	\$162,099	\$117.38	\$3.64	3.20%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	641	637	\$102,864	\$75,463	\$117.73	560	557	\$89,674	\$61,974	\$110.67	-\$7.06	-6.00%
	Hospitals (TAX: 281P00000X-287300000X)	143	143	\$31,150	\$23,037	\$161.10	173	174	\$38,920	\$29,460	\$170.29	\$9.19	5.70%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	147	147	\$22,981	\$16,613	\$113.01	119	117	\$19,807	\$14,175	\$119.11	\$6.10	5.40%
	Group Practice (TAX: 193200000X-193400000X)	39	39	\$6,177	\$4,510	\$115.65	63	63	\$10,626	\$7,511	\$119.22	\$3.57	3.09%
	Other Service Providers (TAX: 170100000X-177F00000X)	49	49	\$7,818	\$5,795	\$118.27	34	34	\$5,152	\$3,882	\$114.18	-\$4.10	-3.46%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	2	2	\$377	\$219	\$109.44	28	28	\$3,811	\$3,267	\$116.67	\$7.23	6.60%

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	Hospital Units (TAX: 273100000X-276400000X)	8	8	\$1,626	\$1,305	\$163.09	8	8	\$1,831	\$1,584	\$197.99	\$34.90	21.40%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	4	4	\$711	\$593	\$148.14	10	10	\$2,020	\$1,935	\$193.50	\$45.36	30.62%
	Agencies (TAX: 251300000X-253Z00000X)	3	3	\$607	\$607	\$202.49	6	6	\$996	\$969	\$161.47	-\$41.02	-20.26%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	3	3	\$497	\$340	\$113.33	3	3	\$567	\$476	\$158.63	\$45.30	39.97%
	Physician Asssts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	2	2	\$365	\$290	\$145.10	2	2	\$362	\$204	\$102.05	-\$43.05	-29.67%
	All Other Data Reported	44	44	\$7,289	\$4,499	\$102.24	35	33	\$5,410	\$3,878	\$110.80	\$8.56	8.38%
97545 - WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	1,995	2,015	\$446,862	\$352,629	\$176.76	1,557	1,558	\$360,360	\$277,674	\$178.34	\$1.58	0.90%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	527	522	\$117,415	\$86,472	\$164.08	509	807	\$114,945	\$90,715	\$178.22	\$14.14	8.62%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	164	164	\$37,036	\$28,126	\$171.50	55	47	\$12,837	\$10,462	\$190.22	\$18.72	10.92%
	Other Service Providers (TAX: 170100000X-177F00000X)	59	59	\$12,430	\$7,956	\$134.84	21	21	\$4,446	\$3,432	\$163.42	\$28.58	21.20%
	Group Practice (TAX: 193200000X-193400000X)	12	12	\$2,756	\$2,084	\$173.70	50	50	\$11,696	\$9,196	\$183.92	\$10.22	5.88%
	All Other Data Reported	71	71	\$15,182	\$12,454	\$175.41	15	15	\$3,327	\$2,323	\$154.83	-\$20.57	-11.73%
98943 - CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, 1 OR MORE REGIONS	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	1,749	1,749	\$84,858	\$52,798	\$30.19	1,853	1,850	\$90,221	\$60,530	\$32.67	\$2.48	8.21%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	477	477	\$24,091	\$18,613	\$39.02	495	527	\$24,961	\$13,518	\$27.31	-\$11.71	-30.01%
	Group Practice (TAX: 193200000X-193400000X)	54	54	\$2,651	\$2,345	\$43.42	51	51	\$2,609	\$1,648	\$32.31	-\$11.11	-25.58%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	55	55	\$2,326	\$1,272	\$23.13	13	13	\$565	\$419	\$32.25	\$9.12	39.44%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	22	22	\$1,660	\$187	\$8.50	36	36	\$2,290	\$478	\$13.28	\$4.78	56.21%
	Other Service Providers (TAX: 170100000X-177F00000X)	2	2	\$111	\$104	\$51.83	6	6	\$324	\$150	\$25.07	-\$26.76	-51.63%
	All Other Data Reported	95	95	\$4,302	\$3,754	\$39.51	30	30	\$1,367	\$355	\$11.82	-\$27.70	-70.09%
97546 - WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	1,815	2,881	\$259,459	\$210,054	\$115.73	1,485	2,893	\$272,570	\$210,726	\$141.90	\$26.17	22.61%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	594	700	\$66,200	\$51,384	\$86.51	431	810	\$76,042	\$60,715	\$140.87	\$54.36	62.84%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	129	229	\$20,861	\$16,169	\$125.34	13	21	\$1,960	\$1,539	\$118.37	-\$6.97	-5.56%
	Other Service Providers (TAX: 170100000X-177F00000X)	10	18	\$1,644	\$1,200	\$119.99	56	131	\$12,174	\$9,854	\$175.96	\$55.97	46.65%
	Group Practice (TAX: 193200000X-193400000X)	34	83	\$7,673	\$5,704	\$167.77	6	16	\$1,532	\$1,204	\$200.73	\$32.95	19.64%
	All Other Data Reported	117	119	\$10,310	\$8,395	\$71.76	10	16	\$1,487	\$1,264	\$126.38	\$54.63	76.13%
A4630 - REPLACEMENT BATTERIES, MEDICALLY NECESSARY, TRANSCUTANEOUS ELECTRICAL STIMULATOR, OWNED BY PATIENT	Suppliers (TAX: 331L00000X-335V00000X)	1,783	5,281	\$36,819	\$21,516	\$12.07	1,803	5,350	\$46,247	\$24,770	\$13.74	\$1.67	13.85%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	222	684	\$6,023	\$4,732	\$21.32	206	849	\$7,160	\$5,282	\$25.64	\$4.32	20.29%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	66	252	\$2,160	\$1,944	\$29.45	90	351	\$3,186	\$2,827	\$31.41	\$1.96	6.64%
	Other Service Providers (TAX: 170100000X-177F00000X)	64	237	\$2,171	\$2,049	\$32.01	40	206	\$1,551	\$1,395	\$34.87	\$2.86	8.93%

Delaware Compensation Rating Bureau, Inc.
 Top 30 Most Frequently Performed Procedure Codes for Transactions Reported July 2010 - June 2012
 Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)

Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Group Practice (TAX: 193200000X-193400000X)	4	8	\$84	\$70	\$17.57	39	39	\$362	\$302	\$7.73	-\$9.84	-55.99%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	16	69	\$512	\$410	\$25.66	8	40	\$210	\$138	\$17.27	-\$8.39	-32.68%
	Agencies (TAX: 251300000X-253Z00000X)	2	6	\$36	\$31	\$15.30	3	11	\$99	\$67	\$22.20	\$6.90	45.10%
	All Other Data Reported	39	139	\$1,138	\$666	\$17.08	17	44	\$441	\$333	\$19.57	\$2.50	14.62%
99283 - 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 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 SEVERITY.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,206	1,203	\$288,314	\$240,465	\$199.39	1,201	1,198	\$302,188	\$251,376	\$209.31	\$9.91	4.97%
	Hospitals (TAX: 281P00000X-287300000X)	790	790	\$316,765	\$275,213	\$348.37	732	731	\$325,944	\$268,556	\$366.88	\$18.51	5.31%
	Other Service Providers (TAX: 170100000X-177F00000X)	35	47	\$8,155	\$6,767	\$193.34	27	27	\$6,996	\$6,511	\$241.16	\$47.81	24.73%
	Group Practice (TAX: 193200000X-193400000X)	33	33	\$7,871	\$5,763	\$174.63	28	28	\$6,886	\$5,819	\$207.83	\$33.20	19.01%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	27	27	\$7,645	\$5,987	\$221.74	33	33	\$9,414	\$7,579	\$229.67	\$7.94	3.58%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	22	22	\$8,446	\$7,246	\$329.35	31	31	\$10,974	\$8,620	\$278.06	-\$51.30	-15.58%
	All Other Data Reported	55	55	\$18,448	\$16,880	\$306.91	39	36	\$11,635	\$8,049	\$206.38	-\$100.53	-32.75%
77003 - FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID)	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,366	1,468	\$255,544	\$146,279	\$107.09	1,225	1,221	\$226,121	\$120,321	\$98.22	-\$8.86	-8.28%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	380	382	\$104,624	\$56,835	\$149.57	444	444	\$126,944	\$65,032	\$146.47	-\$3.10	-2.07%
	Hospitals (TAX: 281P00000X-287300000X)	108	108	\$28,397	\$16,291	\$150.84	117	118	\$30,877	\$18,708	\$159.90	\$9.06	6.00%
	Other Service Providers (TAX: 170100000X-177F00000X)	127	129	\$46,916	\$12,195	\$96.03	37	37	\$12,747	\$2,999	\$81.05	-\$14.98	-15.60%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	80	80	\$18,229	\$12,119	\$151.48	59	59	\$12,303	\$5,735	\$97.20	-\$54.28	-35.83%
	Group Practice (TAX: 193200000X-193400000X)	48	48	\$8,558	\$6,484	\$135.08	36	36	\$3,701	\$2,387	\$66.30	-\$68.78	-50.92%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	4	103	\$798	\$421	\$105.15	9	9	\$1,962	\$1,668	\$185.30	\$80.15	76.22%
	All Other Data Reported	59	59	\$12,863	\$6,593	\$111.74	67	64	\$13,499	\$6,700	\$100.01	-\$11.73	-10.50%
TOP 30 SUB-TOTAL		287,882	446,483	\$23,029,891	\$15,989,952	\$55.54	270,370	468,538	\$23,044,709	\$15,884,034	\$58.75	\$3.21	5.77%
ALL OTHER DATA REPORTED		170,737	551,111	\$78,230,763	\$52,928,371	\$310.00	189,675	617,791	\$85,657,035	\$58,239,286	\$307.05	-\$2.95	-0.95%
GRAND TOTAL		458,619	997,594	\$101,260,654	\$68,918,324	\$150.27	460,045	1,086,329	\$108,701,744	\$74,123,321	\$161.12	\$10.85	7.22%

Delaware Compensation Rating Bureau, Inc.
 Top 30 Most Expensive Procedure Codes for Transactions Reported July 2010 - June 2012
 Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)

Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
97110 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	31,405	54,919	\$3,203,513	\$2,319,954	\$73.87	27,486	49,627	\$3,002,065	\$2,162,139	\$78.66	\$4.79	6.49%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	16,972	22,067	\$1,280,834	\$931,445	\$54.88	15,661	21,606	\$1,292,780	\$906,191	\$57.86	\$2.98	5.43%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	4,597	6,626	\$374,354	\$292,903	\$63.72	4,885	6,746	\$374,650	\$285,649	\$58.47	-\$5.24	-8.23%
	Hospitals (TAX: 281P00000X-287300000X)	1,604	2,362	\$181,787	\$141,431	\$88.17	2,263	3,351	\$299,111	\$228,140	\$100.81	\$12.64	14.33%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	3,166	5,403	\$318,059	\$202,939	\$64.10	2,050	3,242	\$199,712	\$139,474	\$68.04	\$3.94	6.14%
	Group Practice (TAX: 193200000X-193400000X)	685	1,181	\$67,971	\$48,191	\$70.35	1,216	2,209	\$119,468	\$89,971	\$73.99	\$3.64	5.17%
	Other Service Providers (TAX: 170100000X-177F00000X)	1,233	2,137	\$105,478	\$76,239	\$61.83	862	1,224	\$70,479	\$49,151	\$57.02	-\$4.81	-7.78%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	145	145	\$7,573	\$4,194	\$28.93	618	618	\$35,801	\$25,181	\$40.75	\$11.82	40.86%
	Hospital Units (TAX: 273100000X-276400000X)	136	170	\$17,750	\$14,363	\$105.61	146	151	\$15,889	\$14,204	\$97.29	-\$8.32	-7.88%
	Agencies (TAX: 251300000X-253Z00000X)	25	71	\$3,807	\$2,096	\$83.83	116	271	\$15,496	\$15,338	\$132.23	\$48.39	57.73%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	167	180	\$11,499	\$8,838	\$52.92	52	54	\$3,382	\$2,721	\$52.32	-\$0.60	-1.13%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	6	12	\$540	\$277	\$46.09	79	177	\$7,965	\$6,651	\$84.19	\$38.10	82.65%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	2	3	\$183	\$158	\$78.94	32	106	\$6,208	\$4,310	\$134.69	\$55.76	70.64%
	Suppliers (TAX: 331L00000X-335V00000X)	6	36	\$996	\$969	\$161.45	33	61	\$2,075	\$2,032	\$61.57	-\$99.88	-61.86%
	Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	0	0	\$0	\$0	\$0.00	4	4	\$121	\$103	\$25.67	\$25.67	n/a
	All Other Data Reported	1,334	1,512	\$87,962	\$68,739	\$51.53	751	1,038	\$70,886	\$45,183	\$60.16	\$8.63	16.76%
0278 - MEDICAL/SURGICAL SUPPLIES: OTHER IMPLANTS	Hospitals (TAX: 281P00000X-287300000X)	226	1,536	\$3,089,566	\$2,204,445	\$9,754.18	215	1,449	\$3,590,581	\$2,394,199	\$11,135.81	\$1,381.63	14.16%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	58	293	\$797,708	\$350,531	\$6,043.64	42	283	\$573,278	\$449,853	\$10,710.78	\$4,667.14	77.22%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	33	40	\$24,706	\$18,629	\$564.52	68	116	\$81,602	\$61,351	\$902.22	\$337.70	59.82%
	Hospital Units (TAX: 273100000X-276400000X)	8	25	\$56,340	\$46,122	\$5,765.26	4	30	\$30,159	\$25,054	\$6,263.46	\$498.20	8.64%
	All Other Data Reported	5	19	\$49,192	\$38,319	\$7,663.89	7	13	\$130,460	\$77,533	\$11,076.13	\$3,412.25	44.52%
97140 - MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	20,057	23,257	\$1,343,684	\$1,014,690	\$50.59	18,384	22,049	\$1,406,984	\$1,010,270	\$54.95	\$4.36	8.63%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	8,480	9,072	\$535,897	\$399,988	\$47.17	7,031	7,827	\$467,572	\$335,151	\$47.67	\$0.50	1.06%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	3,381	3,907	\$242,118	\$135,388	\$40.04	2,981	3,757	\$217,367	\$139,370	\$46.75	\$6.71	16.75%
	Hospitals (TAX: 281P00000X-287300000X)	863	918	\$84,590	\$66,866	\$77.48	1,308	1,376	\$133,848	\$106,773	\$81.63	\$4.15	5.36%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	1,611	1,842	\$113,775	\$76,567	\$47.53	1,157	1,369	\$88,219	\$61,111	\$52.82	\$5.29	11.13%
	Group Practice (TAX: 193200000X-193400000X)	518	585	\$33,887	\$27,024	\$52.17	869	987	\$54,916	\$44,282	\$50.96	-\$1.21	-2.32%
	Other Service Providers (TAX: 170100000X-177F00000X)	747	916	\$52,702	\$40,341	\$54.00	519	599	\$32,194	\$24,920	\$48.02	-\$5.99	-11.09%

Delaware Compensation Rating Bureau, Inc.
Top 30 Most Expensive Procedure Codes for Transactions Reported July 2010 - June 2012
Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)

Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Hospital Units (TAX: 273100000X-276400000X)	92	94	\$9,490	\$7,917	\$86.06	141	141	\$18,304	\$15,762	\$111.79	\$25.73	29.90%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	38	38	\$2,239	\$1,081	\$28.45	134	134	\$6,593	\$4,063	\$30.32	\$1.86	6.55%
	Agencies (TAX: 251300000X-253Z00000X)	7	7	\$296	\$296	\$42.28	73	73	\$3,086	\$3,086	\$42.28	\$0.00	0.00%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	40	52	\$3,323	\$1,536	\$38.40	18	18	\$1,097	\$900	\$49.97	\$11.58	30.15%
	Suppliers (TAX: 331L00000X-335V00000X)	0	0	\$0	\$0	\$0.00	3	5	\$240	\$164	\$54.77	\$54.77	n/a
	All Other Data Reported	612	655	\$35,304	\$27,724	\$45.30	501	502	\$33,709	\$22,201	\$44.31	-\$0.99	-2.18%
0360 - OPERATING ROOM SERVICES	Hospitals (TAX: 281P00000X-287300000X)	217	1,754	\$1,287,959	\$904,374	\$4,167.62	208	5,196	\$1,861,111	\$1,218,210	\$5,856.78	\$1,689.16	40.53%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	96	244	\$494,511	\$239,882	\$2,498.77	49	793	\$469,107	\$360,503	\$7,357.20	\$4,858.43	194.43%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	11	11	\$14,821	\$13,106	\$1,191.45	3	3	\$17,897	\$14,635	\$4,878.40	\$3,686.95	309.45%
	All Other Data Reported	10	104	\$57,269	\$40,609	\$4,060.92	13	142	\$69,988	\$53,101	\$4,084.66	\$23.74	0.58%
99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	13,776	14,165	\$1,724,054	\$1,015,614	\$73.72	13,160	13,192	\$1,675,932	\$980,650	\$74.52	\$0.79	1.08%
	Other Service Providers (TAX: 170100000X-177F00000X)	972	995	\$130,309	\$75,359	\$77.53	732	742	\$99,532	\$56,050	\$76.57	-\$0.96	-1.24%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	743	743	\$87,073	\$54,321	\$73.11	790	790	\$93,829	\$60,704	\$76.84	\$3.73	5.10%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	636	636	\$67,681	\$49,310	\$77.53	549	545	\$56,144	\$43,237	\$78.76	\$1.23	1.58%
	Group Practice (TAX: 193200000X-193400000X)	697	696	\$86,884	\$50,746	\$72.81	609	609	\$69,437	\$40,521	\$66.54	-\$6.27	-8.61%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	260	359	\$36,269	\$18,832	\$72.43	436	436	\$54,539	\$32,754	\$75.12	\$2.69	3.72%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	336	334	\$48,689	\$23,458	\$69.81	367	367	\$38,868	\$24,861	\$67.74	-\$2.07	-2.97%
	Hospitals (TAX: 281P00000X-287300000X)	78	78	\$16,476	\$12,083	\$154.91	145	146	\$26,994	\$19,715	\$135.97	-\$18.95	-12.23%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	215	215	\$19,873	\$11,634	\$54.11	227	227	\$20,905	\$12,888	\$56.78	\$2.66	4.92%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	5	5	\$495	\$413	\$82.63	36	36	\$3,564	\$3,017	\$83.82	\$1.19	1.44%

Delaware Compensation Rating Bureau, Inc.
Top 30 Most Expensive Procedure Codes for Transactions Reported July 2010 - June 2012
Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)

Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	19	19	\$1,343	\$770	\$40.53	35	35	\$2,616	\$1,838	\$52.50	\$11.98	29.55%
	Hospital Units (TAX: 273100000X-276400000X)	14	14	\$1,781	\$1,431	\$102.19	13	13	\$1,550	\$1,161	\$89.33	-\$12.86	-12.58%
	Suppliers (TAX: 331L00000X-335V00000X)	18	18	\$2,278	\$1,262	\$70.09	10	10	\$1,514	\$752	\$75.19	\$5.10	7.28%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	7	7	\$1,003	\$492	\$70.34	14	14	\$1,829	\$1,156	\$82.54	\$12.21	17.36%
	Dental Providers (TAX: 122300000X-126900000X)	4	4	\$540	\$237	\$59.34	10	10	\$1,270	\$582	\$58.20	-\$1.14	-1.92%
	Laboratories (TAX: 291900000X-293D00000X)	0	0	\$0	\$0	\$0.00	9	9	\$1,441	\$598	\$66.45	\$66.45	n/a
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	7	7	\$700	\$373	\$53.32	4	4	\$400	\$204	\$50.96	-\$2.36	-4.43%
	All Other Data Reported	561	561	\$69,429	\$42,985	\$76.62	653	629	\$80,159	\$47,277	\$72.40	-\$4.22	-5.51%
0490 - AMBULATORY SURGERY	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	516	558	\$1,174,365	\$905,774	\$1,755.38	677	726	\$1,516,311	\$1,117,625	\$1,650.85	-\$104.53	-5.95%
	Hospitals (TAX: 281P00000X-287300000X)	39	36	\$68,813	\$54,588	\$1,399.68	143	145	\$398,957	\$325,414	\$2,275.63	\$875.94	62.58%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	35	30	\$120,166	\$97,828	\$2,795.08	25	25	\$69,343	\$59,172	\$2,366.86	-\$428.22	-15.32%
	Hospital Units (TAX: 273100000X-276400000X)	2	2	\$2,062	\$1,753	\$876.35	2	2	\$2,542	\$2,160	\$1,080.14	\$203.79	23.25%
	All Other Data Reported	13	13	\$21,976	\$15,844	\$1,218.74	56	56	\$119,325	\$76,763	\$1,370.77	\$152.03	12.47%
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.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	6,083	6,058	\$1,085,671	\$669,577	\$110.07	7,230	7,537	\$1,343,781	\$841,639	\$116.41	\$6.34	5.76%
	Other Service Providers (TAX: 170100000X-177F00000X)	565	684	\$118,151	\$66,233	\$117.23	508	580	\$106,014	\$60,870	\$119.82	\$2.60	2.22%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	319	319	\$54,949	\$39,796	\$124.75	359	359	\$63,790	\$43,233	\$120.43	-\$4.32	-3.47%
	Group Practice (TAX: 193200000X-193400000X)	218	218	\$36,337	\$24,500	\$112.39	362	362	\$63,820	\$39,781	\$109.89	-\$2.49	-2.22%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	233	233	\$36,033	\$27,025	\$115.99	255	250	\$39,194	\$31,771	\$124.59	\$8.61	7.42%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	211	212	\$34,539	\$22,517	\$106.72	227	226	\$38,230	\$22,136	\$97.52	-\$9.20	-8.62%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	59	59	\$10,222	\$6,251	\$105.95	97	97	\$18,992	\$11,463	\$118.18	\$12.23	11.54%
	Hospitals (TAX: 281P00000X-287300000X)	46	47	\$9,390	\$7,134	\$155.09	21	21	\$5,520	\$4,582	\$218.20	\$63.11	40.69%

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Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	28		\$3,942	\$2,353	\$84.04	26	26	\$3,802	\$2,139	\$82.28	-\$1.76	-2.10%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	3	3	\$371	\$222	\$73.85	16	16	\$2,459	\$1,785	\$111.58	\$37.72	51.08%
	Suppliers (TAX: 331L00000X-335V00000X)	10	10	\$1,695	\$1,192	\$119.18	2	2	\$331	\$187	\$93.69	-\$25.50	-21.39%
	Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)	6	6	\$627	\$410	\$68.34	12	12	\$1,290	\$908	\$75.69	\$7.35	10.76%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	6	6	\$1,036	\$710	\$118.26	3	3	\$503	\$276	\$92.15	-\$26.11	-22.08%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	3	3	\$522	\$408	\$136.05	3	3	\$510	\$413	\$137.50	\$1.45	1.07%
	All Other Data Reported	236	236	\$39,334	\$26,769	\$113.43	331	284	\$60,613	\$37,112	\$112.12	-\$1.31	-1.15%
0270 - MEDICAL/SURGICAL SUPPLIES	Hospitals (TAX: 281P00000X-287300000X)	941	10,792	\$896,503	\$706,140	\$750.41	898	12,714	\$932,435	\$660,629	\$735.67	-\$14.75	-1.97%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	267	2,321	\$288,070	\$185,592	\$695.10	136	1,715	\$175,536	\$140,451	\$1,032.73	\$337.63	48.57%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	44	181	\$18,366	\$15,596	\$354.45	30	139	\$7,035	\$5,800	\$193.32	-\$161.13	-45.46%
	Hospital Units (TAX: 273100000X-276400000X)	40	255	\$17,657	\$14,420	\$360.51	18	79	\$3,596	\$2,938	\$163.22	-\$197.29	-54.73%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	2	20	\$1,326	\$1,071	\$535.37	9	145	\$14,068	\$10,126	\$1,125.07	\$589.70	110.15%
	Group Practice (TAX: 193200000X-193400000X)	2	2	\$5,397	\$5,386	\$2,692.97	2	2	\$5,399	\$5,396	\$2,697.99	\$5.01	0.19%
	Agencies (TAX: 251300000X-253Z00000X)	11	16	\$76	\$45	\$4.13	25	55	\$1,465	\$1,235	\$49.39	\$45.26	1095.17%
	Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	0	0	\$0	\$0	\$0.00	9	50	\$422	\$299	\$33.21	\$33.21	n/a
	All Other Data Reported	20	163	\$11,434	\$9,655	\$482.77	21	149	\$27,554	\$15,673	\$746.31	\$263.55	54.59%
0120 - ROOM & BOARD (SEMI-PRIVATE 2 BEDS)	Hospitals (TAX: 281P00000X-287300000X)	137	403	\$406,306	\$287,946	\$2,101.80	149	555	\$710,885	\$1,024,422	\$6,875.31	\$4,773.51	227.12%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	34	103	\$305,285	\$278,291	\$8,185.02	18	60	\$60,731	\$50,266	\$2,792.54	-\$5,392.47	-65.88%
	Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	2	18	\$7,440	\$5,940	\$2,970.00	9	172	\$47,067	\$38,857	\$4,317.42	\$1,347.42	45.37%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	0	0	\$0	\$0	\$0.00	2	14	\$12,735	\$10,284	\$5,141.77	\$5,141.77	n/a
	Group Practice (TAX: 193200000X-193400000X)	0	0	\$0	\$0	\$0.00	3	28	\$10,420	\$8,857	\$2,952.33	\$2,952.33	n/a
	All Other Data Reported	7	9	\$8,036	\$6,639	\$948.49	4	19	\$8,582	\$7,017	\$1,754.23	\$805.73	84.95%
460 - SPINAL FUSION EXCEPT CERVICAL WITHOUT MAJOR COMPLICATIONS AND COMORBIDITIES	Hospitals (TAX: 281P00000X-287300000X)	292	3,096	\$1,056,935	\$820,373	\$2,809.50	109	2,569	\$475,304	\$320,716	\$2,942.35	\$132.85	4.73%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	130	2,434	\$599,414	\$244,718	\$1,882.44	36	508	\$157,494	\$127,176	\$3,532.67	\$1,650.23	87.66%
	All Other Data Reported	36	352	\$112,969	\$91,223	\$2,533.96	0	0	\$0	\$0	\$0	\$0	n/a
97010 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS: HOT OR COLD PACKS	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	17,304	17,290	\$603,640	\$384,085	\$22.20	15,599	15,646	\$551,668	\$380,736	\$24.41	\$2.21	9.96%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	9,415	9,389	\$327,582	\$225,001	\$23.90	7,735	7,732	\$277,404	\$186,275	\$24.08	\$0.18	0.77%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	5,637	5,599	\$201,375	\$120,337	\$21.35	5,202	5,195	\$180,249	\$114,799	\$22.07	\$0.72	3.37%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	1,308	1,292	\$46,457	\$22,538	\$17.23	1,087	1,059	\$37,659	\$25,266	\$23.24	\$6.01	34.89%
	Hospitals (TAX: 281P00000X-287300000X)	520	520	\$15,558	\$12,582	\$24.20	668	675	\$35,144	\$28,369	\$42.47	\$18.27	75.52%
	Group Practice (TAX: 193200000X-193400000X)	489	490	\$18,376	\$10,250	\$20.96	714	718	\$24,723	\$17,931	\$25.11	\$4.15	19.80%
	Other Service Providers (TAX: 170100000X-177F00000X)	635	734	\$22,368	\$14,957	\$23.55	499	506	\$16,393	\$11,771	\$23.59	\$0.03	0.15%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	23	23	\$702	\$471	\$20.49	172	172	\$5,759	\$4,961	\$28.84	\$8.36	40.79%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Hospital Units (TAX: 273100000X-276400000X)	45	45	\$1,317	\$1,084	\$24.09	53	53	\$2,226	\$1,827	\$34.48	\$10.39	43.13%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	57	57	\$2,815	\$2,129	\$37.35	19	19	\$710	\$560	\$29.49	-\$7.86	-21.04%
	Pharmacy Service Providers (TAX: 183500000X-183700000X)	2	2	\$74	\$62	\$31.07	10	10	\$370	\$313	\$31.31	\$0.24	0.79%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	3	3	\$111	\$94	\$31.31	3	3	\$126	\$96	\$31.98	\$0.67	2.13%
	All Other Data Reported	494	494	\$16,681	\$12,003	\$24.30	452	417	\$16,418	\$9,780	\$21.64	-\$2.66	-10.95%
0207 - BURN CARE	Hospitals (TAX: 281P00000X-287300000X)	3	10	\$201,720	\$170,948	\$56,982.54	4	36	\$792,786	\$802,614	\$200,653.50	\$143,670.96	252.13%
	All Other Data Reported	7	12	\$469,641	\$324,025	\$46,289.29	0	0	\$0	\$0	\$0.00	\$0.00	n/a
97014 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	9,298	9,304	\$379,226	\$290,439	\$31.24	7,391	7,420	\$309,393	\$238,540	\$32.27	\$1.04	3.32%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	5,961	6,061	\$249,845	\$191,785	\$32.17	5,025	5,012	\$219,545	\$168,267	\$33.49	\$1.31	4.08%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	3,597	3,653	\$154,180	\$101,764	\$28.29	3,795	3,826	\$164,388	\$123,864	\$32.64	\$4.35	15.37%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	818	818	\$34,709	\$22,518	\$27.53	453	422	\$19,856	\$13,982	\$30.86	\$3.34	12.12%
	Group Practice (TAX: 193200000X-193400000X)	337	355	\$14,760	\$12,151	\$36.06	371	376	\$15,703	\$12,700	\$34.23	-\$1.83	-5.06%
	Hospitals (TAX: 281P00000X-287300000X)	242	242	\$11,592	\$9,422	\$38.94	254	254	\$14,956	\$14,642	\$57.65	\$18.71	48.06%
	Other Service Providers (TAX: 170100000X-177F00000X)	440	539	\$17,828	\$14,109	\$32.07	241	241	\$9,820	\$6,889	\$28.59	-\$3.48	-10.85%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	52	52	\$1,622	\$1,280	\$24.61	131	131	\$4,848	\$3,384	\$25.83	\$1.22	4.96%
	Agencies (TAX: 251300000X-253Z00000X)	7	7	\$230	\$230	\$32.85	28	28	\$920	\$920	\$32.85	\$0.00	0.00%
	Hospital Units (TAX: 273100000X-276400000X)	3	3	\$142	\$121	\$40.38	5	5	\$289	\$226	\$45.26	\$4.88	12.08%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	4	4	\$172	\$163	\$40.87	2	2	\$86	\$85	\$42.34	\$1.47	3.60%
	All Other Data Reported	414	416	\$15,493	\$13,351	\$32.25	327	290	\$14,443	\$9,592	\$29.33	-\$2.91	-9.04%
29826 - ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	122	122	\$407,126	\$308,040	\$2,524.92	112	111	\$360,140	\$249,691	\$2,229.38	-\$295.54	-11.70%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	32	32	\$173,120	\$101,932	\$3,185.38	51	51	\$239,776	\$176,970	\$3,470.00	\$284.63	8.94%
	Hospitals (TAX: 281P00000X-287300000X)	26	26	\$134,735	\$101,115	\$3,889.04	22	22	\$96,911	\$69,988	\$3,181.27	-\$707.78	-18.20%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	27	27	\$29,024	\$14,406	\$533.57	41	41	\$39,471	\$29,324	\$715.22	\$181.65	34.04%
	Group Practice (TAX: 193200000X-193400000X)	4	4	\$9,201	\$7,579	\$1,894.82	7	7	\$21,629	\$15,889	\$2,269.92	\$375.10	19.80%
	Other Service Providers (TAX: 170100000X-177F00000X)	2	2	\$7,352	\$5,512	\$2,755.82	4	4	\$15,482	\$5,600	\$1,399.96	-\$1,355.87	-49.20%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	0	0	\$0	\$0	\$0.00	2	2	\$5,353	\$4,700	\$2,350.02	\$2,350.02	n/a
	All Other Data Reported	17	17	\$44,549	\$38,982	\$2,293.06	38	38	\$112,554	\$79,636	\$2,095.68	-\$197.38	-8.61%

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99283 - 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 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 SEVERITY.	Hospitals (TAX: 281P00000X-287300000X)	790	790	\$316,765	\$275,213	\$348.37	732	731	\$325,944	\$268,556	\$366.88	\$18.51	5.31%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,206	1,203	\$288,314	\$240,465	\$199.39	1,201	1,198	\$302,188	\$251,376	\$209.31	\$9.91	4.97%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	22	22	\$8,446	\$7,246	\$329.35	31	31	\$10,974	\$8,620	\$278.06	-\$51.30	-15.58%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	27	27	\$7,645	\$5,987	\$221.74	33	33	\$9,414	\$7,579	\$229.67	\$7.94	3.58%
	Other Service Providers (TAX: 170100000X-177F00000X)	35	47	\$8,155	\$6,767	\$193.34	27	27	\$6,996	\$6,511	\$241.16	\$47.81	24.73%
	Group Practice (TAX: 193200000X-193400000X)	33	33	\$7,871	\$5,763	\$174.63	28	28	\$6,886	\$5,819	\$207.83	\$33.20	19.01%
	Nursing Service Providers (TAX: 163W00000X-167G00000X)	0	0	\$0	\$0	\$0.00	3	3	\$1,080	\$549	\$182.95	\$182.95	n/a
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	0	0	\$0	\$0	\$0.00	2	2	\$456	\$427	\$213.34	\$213.34	n/a
	All Other Data Reported	55	55	\$18,448	\$16,880	\$306.91	34	31	\$10,099	\$7,073	\$208.04	-\$98.87	-32.21%
	97530 - THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	7,742	8,933	\$513,924	\$353,460	\$45.65	6,490	7,732	\$539,404	\$310,001	\$47.77	\$2.11
Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)		3,303	3,544	\$208,848	\$145,270	\$43.98	2,454	2,875	\$191,790	\$106,460	\$43.38	-\$0.60	-1.36%
Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)		818	933	\$58,169	\$39,884	\$48.76	421	452	\$27,325	\$17,660	\$41.95	-\$6.81	-13.97%
Chiropractic Providers (TAX: 111N00000X-111NX0800X)		438	606	\$34,513	\$23,346	\$53.30	519	545	\$26,244	\$21,968	\$42.33	-\$10.97	-20.59%
Hospitals (TAX: 281P00000X-287300000X)		91	100	\$9,076	\$6,961	\$76.49	264	351	\$36,015	\$25,589	\$96.93	\$20.43	26.71%
Group Practice (TAX: 193200000X-193400000X)		187	211	\$11,381	\$8,574	\$45.85	307	344	\$19,762	\$12,826	\$41.78	-\$4.07	-8.88%
Other Service Providers (TAX: 170100000X-177F00000X)		148	159	\$9,707	\$6,367	\$43.02	334	368	\$23,878	\$9,913	\$29.68	-\$13.34	-31.02%
Managed Care Organizations (TAX: 302F00000X-305S00000X)		0	0	\$0	\$0	\$0.00	102	102	\$5,167	\$3,777	\$37.03	\$37.03	n/a
Eye and Vision Services Providers (TAX: 152W00000X-156FX1900X)		7	9	\$315	\$177	\$25.28	76	76	\$3,420	\$2,923	\$38.46	\$13.18	52.14%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	16	16	\$914	\$561	\$35.05	7	7	\$414	\$190	\$27.12	-\$7.93	-22.61%
	All Other Data Reported	161	163	\$9,161	\$6,969	\$43.29	172	189	\$13,082	\$9,571	\$55.65	\$12.36	28.55%
64483 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	422	525	\$413,880	\$275,856	\$653.69	445	451	\$405,048	\$314,281	\$706.25	\$52.56	8.04%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	122	122	\$148,699	\$109,806	\$900.05	179	180	\$236,385	\$165,721	\$925.81	\$25.76	2.86%
	Hospitals (TAX: 281P00000X-287300000X)	24	24	\$33,231	\$28,433	\$1,184.72	44	46	\$61,737	\$50,200	\$1,140.90	-\$43.82	-3.70%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	41	41	\$33,503	\$27,610	\$673.41	46	45	\$38,872	\$30,522	\$663.52	-\$9.88	-1.47%
	Group Practice (TAX: 193200000X-193400000X)	16	17	\$17,826	\$11,146	\$696.60	19	22	\$19,466	\$13,506	\$710.83	\$14.23	2.04%
	Other Service Providers (TAX: 170100000X-177F00000X)	3	3	\$1,649	\$1,194	\$397.93	4	4	\$3,656	\$2,208	\$551.99	\$154.06	38.71%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	0	0	\$0	\$0	\$0.00	3	3	\$2,689	\$2,366	\$788.53	\$788.53	n/a
	Suppliers (TAX: 331L00000X-335V00000X)	0	0	\$0	\$0	\$0.00	2	2	\$2,560	\$1,158	\$579.05	\$579.05	n/a
	All Other Data Reported	16	115	\$15,705	\$11,057	\$691.05	25	23	\$22,385	\$15,118	\$604.73	-\$86.32	-12.49%
62311 - INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL)	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	525	523	\$427,049	\$303,022	\$577.19	500	500	\$428,679	\$295,491	\$590.98	\$13.80	2.39%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	122	122	\$153,393	\$117,193	\$960.60	130	130	\$186,285	\$138,169	\$1,062.84	\$102.24	10.64%
	Hospitals (TAX: 281P00000X-287300000X)	44	44	\$57,885	\$46,421	\$1,055.03	42	42	\$50,276	\$36,040	\$858.09	-\$196.95	-18.67%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	16	16	\$12,644	\$9,684	\$605.26	24	24	\$19,865	\$15,433	\$643.05	\$37.80	6.24%
	Other Service Providers (TAX: 170100000X-177F00000X)	31	33	\$19,996	\$14,210	\$458.39	17	17	\$12,424	\$10,623	\$624.90	\$166.51	36.32%
	Group Practice (TAX: 193200000X-193400000X)	19	19	\$15,871	\$11,702	\$615.90	21	21	\$11,297	\$9,140	\$435.24	-\$180.66	-29.33%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	0	0	\$0	\$0	\$0.00	7	7	\$5,756	\$5,222	\$745.93	\$745.93	n/a
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	2	2	\$2,100	\$729	\$364.54	3	3	\$3,150	\$2,246	\$748.65	\$384.11	105.37%
	All Other Data Reported	19	19	\$18,854	\$13,606	\$716.11	11	10	\$8,902	\$5,273	\$479.38	-\$236.73	-33.06%
72148 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	452	444	\$561,390	\$304,306	\$673.24	452	434	\$618,409	\$323,474	\$715.65	\$42.41	6.30%
	Hospitals (TAX: 281P00000X-287300000X)	66	66	\$79,833	\$57,211	\$866.84	59	59	\$90,893	\$70,104	\$1,188.20	\$321.36	37.07%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	60	60	\$79,667	\$35,660	\$594.33	53	53	\$76,658	\$29,532	\$557.21	-\$37.12	-6.25%
	Other Service Providers (TAX: 170100000X-177F00000X)	34	133	\$34,520	\$23,367	\$687.28	27	27	\$28,334	\$15,725	\$582.40	-\$104.87	-15.26%

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Procedure Code/Description	Provider Taxonomy	Year 1					Year 2					Year 1 vs. Year 2	
		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	14	14	\$21,579	\$18,360	\$1,311.46	17	17	\$27,051	\$19,010	\$1,118.22	-\$193.24	-14.73%
	Group Practice (TAX: 193200000X-193400000X)	24	24	\$28,683	\$14,010	\$583.76	25	25	\$36,995	\$20,495	\$819.82	\$236.05	40.44%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	3	3	\$5,600	\$5,132	\$1,710.74	2	2	\$3,600	\$3,546	\$1,773.03	\$62.29	3.64%
	Agencies (TAX: 251300000X-253Z00000X)	2	2	\$2,301	\$2,083	\$1,041.68	3	3	\$2,700	\$2,310	\$770.00	-\$271.68	-26.08%
	Suppliers (TAX: 331L00000X-335V00000X)	0	0	\$0	\$0	\$0.00	2	2	\$3,623	\$2,448	\$1,224.02	\$1,224.02	n/a
	All Other Data Reported	29	29	\$32,449	\$25,546	\$880.91	22	20	\$22,497	\$13,177	\$598.95	-\$281.95	-32.01%
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	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	4,452	5,224	\$301,076	\$236,425	\$53.11	4,051	5,194	\$323,936	\$241,501	\$59.62	\$6.51	12.26%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,982	2,074	\$123,486	\$93,559	\$47.20	2,607	2,867	\$168,543	\$112,965	\$43.33	-\$3.87	-8.20%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	1,275	1,277	\$72,813	\$50,689	\$39.76	1,353	1,360	\$82,037	\$54,706	\$40.43	\$0.68	1.70%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	291	367	\$23,780	\$16,880	\$58.01	322	428	\$31,135	\$21,207	\$65.86	\$7.86	13.54%
	Hospitals (TAX: 281P00000X-287300000X)	123	142	\$13,492	\$10,865	\$88.33	112	152	\$12,985	\$9,344	\$83.43	-\$4.90	-5.55%
	Group Practice (TAX: 193200000X-193400000X)	144	146	\$8,578	\$6,826	\$47.40	207	225	\$13,086	\$10,694	\$51.66	\$4.26	8.99%
	Other Service Providers (TAX: 170100000X-177F00000X)	230	237	\$12,709	\$10,417	\$45.29	142	153	\$8,667	\$6,185	\$43.55	-\$1.74	-3.84%
	Hospital Units (TAX: 273100000X-276400000X)	5	8	\$620	\$451	\$90.22	14	17	\$1,516	\$1,274	\$91.02	\$0.80	0.88%
	Managed Care Organizations (TAX: 302F00000X-305S00000X)	4	4	\$148	\$148	\$37.00	19	19	\$1,444	\$1,082	\$56.93	\$19.93	53.86%
	Agencies (TAX: 251300000X-253Z00000X)	0	0	\$0	\$0	\$0.00	19	19	\$1,026	\$1,026	\$54.02	\$54.02	n/a
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	7	7	\$391	\$233	\$33.23	2	2	\$122	\$108	\$53.94	\$20.71	62.30%
	Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	0	0	\$0	\$0	\$0.00	4	4	\$126	\$108	\$26.88	\$26.88	n/a
	All Other Data Reported	157	163	\$9,654	\$7,822	\$49.82	181	228	\$16,360	\$11,746	\$64.90	\$15.07	30.25%
97545 - WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	1,995	2,015	\$446,862	\$352,629	\$176.76	1,557	1,558	\$360,360	\$277,674	\$178.34	\$1.58	0.90%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	527	522	\$117,415	\$86,472	\$164.08	509	807	\$114,945	\$90,715	\$178.22	\$14.14	8.62%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	164	164	\$37,036	\$28,126	\$171.50	55	47	\$12,837	\$10,462	\$190.22	\$18.72	10.92%
	Group Practice (TAX: 193200000X-193400000X)	59	59	\$12,430	\$7,956	\$134.84	21	21	\$4,446	\$3,432	\$163.42	\$28.58	21.20%
	Other Service Providers (TAX: 170100000X-177F00000X)	12	12	\$2,756	\$2,084	\$173.70	50	50	\$11,696	\$9,196	\$183.92	\$10.22	5.88%
	All Other Data Reported	71	71	\$15,182	\$12,454	\$175.41	15	15	\$3,327	\$2,323	\$0.00	0	n/a
490 - BACK & NECK PROC EXC SPINAL FUSION WITH COMPLICATIONS AND COMORBIDITES/MCC OR DISC DEVICE/NEUROSTIMULATOR	Hospitals (TAX: 281P00000X-287300000X)	164	1,732	\$449,093	\$365,597	\$2,229.25	62	477	\$209,897	\$170,370	\$2,747.90	\$518.65	23.27%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	23	18	\$141,215	\$121,075	\$5,264.11	54	192	\$139,600	\$116,132	\$2,150.58	-\$3,113.53	-59.15%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	20	17	\$63,155	\$53,682	\$2,684.09	27	24	\$58,784	\$45,913	\$1,700.48	-\$983.61	-36.65%
	All Other Data Reported	0	0	\$0	\$0	\$0.00	0	0	\$0	\$0	\$0.00	\$0.00	0.00%
0250 - PHARMACY	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	320	4,392	\$70,707	\$34,464	\$107.70	199	6,188	\$91,274	\$69,915	\$351.33	\$243.63	226.21%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	20	17	\$63,155	\$53,682	\$2,684.09	27	24	\$58,784	\$45,913	\$1,700.48	-\$983.61	-36.65%
	Hospital Units (TAX: 273100000X-276400000X)	39	245	\$5,321	\$4,231	\$108.48	27	76	\$3,770	\$3,019	\$111.81	\$3.33	3.07%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	6	8	\$39	\$31	\$5.20	15	805	\$7,850	\$6,193	\$412.87	\$407.67	7844.87%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	29	60	\$1,573	\$1,378	\$47.50	37	105	\$1,822	\$1,569	\$42.40	-\$5.10	-10.74%
	Nursing & Custodial Care Facilities (TAX: 310400000X-317400000X)	0	0	\$0	\$0	\$0.00	9	48	\$3,517	\$1,313	\$145.90	\$145.90	n/a
	Agencies (TAX: 251300000X-253Z00000X)	2	2	\$6	\$3	\$1.28	2	31	\$1,199	\$964	\$482.16	\$480.89	37716.47%
	Transportation Services (TAX: 341600000X-347E00000X)	3	4	\$29	\$23	\$7.63	2	2	\$23	\$19	\$9.43	\$1.80	23.53%
	All Other Data Reported	30	606	\$8,904	\$3,935	\$131.16	34	2,017	\$36,251	\$19,764	\$581.30	\$450.14	343.20%
29881 - ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	94	94	\$268,693	\$207,883	\$2,211.52	94	94	\$305,246	\$222,302	\$2,364.91	\$153.39	6.94%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	29	29	\$95,457	\$75,539	\$2,604.78	34	34	\$112,771	\$82,450	\$2,425.01	-\$179.77	-6.90%
	Hospitals (TAX: 281P00000X-287300000X)	27	27	\$113,406	\$84,687	\$3,136.55	25	25	\$89,542	\$67,160	\$2,686.41	-\$450.14	-14.35%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	8	8	\$6,315	\$4,261	\$532.63	28	28	\$24,928	\$18,001	\$642.88	\$110.25	20.70%
	Other Service Providers (TAX: 170100000X-177F00000X)	3	3	\$11,265	\$8,002	\$2,667.33	3	3	\$11,265	\$8,420	\$2,806.79	\$139.47	5.23%
	Group Practice (TAX: 193200000X-193400000X)	0	0	\$0	\$0	\$0.00	4	4	\$7,828	\$6,976	\$1,744.03	\$1,744.03	n/a
	Suppliers (TAX: 331L00000X-335V00000X)	0	0	\$0	\$0	\$0.00	2	2	\$1,532	\$1,338	\$669.13	\$669.13	n/a
	All Other Data Reported	8	8	\$19,587	\$17,282	\$2,160.30	7	7	\$14,753	\$11,045	\$1,577.90	-\$582.40	-26.96%
22612 - ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	85	81	\$499,603	\$301,204	\$3,543.58	93	93	\$558,156	\$320,992	\$3,451.53	-\$92.06	-2.60%
	Other Service Providers (TAX: 170100000X-177F00000X)	5	5	\$34,800	\$18,697	\$3,739.41	9	9	\$55,975	\$32,390	\$3,598.84	-\$140.57	-3.76%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	23	22	\$82,096	\$21,455	\$932.81	35	35	\$103,490	\$22,626	\$646.47	-\$286.34	-30.70%
	Group Practice (TAX: 193200000X-193400000X)	11	11	\$58,991	\$28,906	\$2,627.83	2	2	\$9,614	\$7,129	\$3,564.38	\$936.55	35.64%
	Hospitals (TAX: 281P00000X-287300000X)	0	0	\$0	\$0	\$0.00	2	2	\$12,216	\$10,384	\$5,191.80	\$5,191.80	n/a
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	0	0	\$0	\$0	\$0.00	2	2	\$13,260	\$5,941	\$2,970.32	\$2,970.32	n/a
	All Other Data Reported	7	7	\$27,035	\$16,989	\$2,426.94	8	6	\$38,026	\$24,336	\$3,042.04	\$615.10	25.34%
0710 - RECOVERY ROOM	Hospitals (TAX: 281P00000X-287300000X)	407	9,509	\$396,366	\$291,946	\$717.31	406	11,234	\$496,092	\$365,973	\$901.41	\$184.10	25.67%

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		Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Charged Amt	Paid Amt	Per Proc Cost	Difference	% Difference
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	101	2,061	\$96,836	\$58,195	\$576.18	54	2,168	\$67,937	\$48,806	\$903.82	\$327.63	56.86%
	Hospital Units (TAX: 273100000X-276400000X)	8	92	\$8,396	\$6,898	\$862.30	6	358	\$6,966	\$5,923	\$987.08	\$124.78	14.47%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	7	73	\$5,914	\$4,783	\$683.24	5	5	\$7,311	\$6,034	\$1,206.89	\$523.65	76.64%
	All Other Data Reported	10	252	\$10,327	\$5,751	\$575.13	15	201	\$20,168	\$12,879	\$858.60	\$283.47	49.29%
0450 - EMERGENCY ROOM	Hospitals (TAX: 281P00000X-287300000X)	368	395	\$167,861	\$132,053	\$358.84	651	690	\$323,125	\$254,608	\$391.10	\$32.27	8.99%
	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	464	462	\$198,632	\$156,172	\$336.58	292	298	\$118,446	\$100,532	\$344.29	\$7.71	2.29%
	Hospital Units (TAX: 273100000X-276400000X)	84	84	\$34,723	\$32,643	\$388.60	47	47	\$20,785	\$19,991	\$425.34	\$36.73	9.45%
	Technologists, Technicians & Other Tech Svc Prov (TAX: 242T00000X-247ZC0005X)	20	21	\$8,368	\$6,725	\$336.26	16	18	\$8,673	\$7,003	\$437.72	\$101.46	30.17%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	23	23	\$4,940	\$4,032	\$175.30	21	21	\$5,877	\$4,555	\$216.92	\$41.61	23.74%
	All Other Data Reported	18	18	\$8,380	\$7,255	\$403.05	42	42	\$20,715	\$16,069	\$382.60	-\$20.45	-5.07%
62290 - INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	230	255	\$253,038	\$181,347	\$788.47	303	337	\$328,767	\$223,856	\$738.80	-\$49.67	-6.30%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	62	67	\$98,326	\$78,427	\$1,264.96	80	89	\$174,949	\$105,381	\$1,317.26	\$52.30	4.13%
	Hospitals (TAX: 281P00000X-287300000X)	19	21	\$31,965	\$27,090	\$1,425.79	35	37	\$60,834	\$53,084	\$1,516.70	\$90.90	6.38%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	13	13	\$12,149	\$9,919	\$762.97	16	16	\$13,585	\$10,432	\$651.99	-\$110.98	-14.55%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	3	3	\$2,517	\$2,417	\$805.54	3	9	\$8,748	\$7,250	\$2,416.62	\$1,611.08	200.00%
	Group Practice (TAX: 193200000X-193400000X)	2	3	\$2,478	\$2,379	\$1,189.28	6	7	\$6,804	\$4,028	\$671.28	-\$517.99	-43.56%
	All Other Data Reported	8	10	\$7,981	\$7,188	\$898.55	9	9	\$8,721	\$3,284	\$364.89	-\$533.66	-59.39%
00670 - ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTRUMENTATION OR VASCULAR PROCEDURES)	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	141	13,553	\$483,611	\$283,347	\$2,009.55	162	15,674	\$565,985	\$358,896	\$2,215.41	\$205.86	10.24%
	Other Service Providers (TAX: 170100000X-177F00000X)	4	254	\$11,851	\$10,073	\$2,518.34	6	983	\$19,215	\$15,110	\$2,518.38	\$0.04	0.00%
	All Other Data Reported	17	3,014	\$59,175	\$35,209	\$2,071.13	5	161	\$17,010	\$12,295	\$2,459.05	\$387.92	18.73%

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99204 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE 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 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	Allopathic & Osteopathic Physicians (TAX: 202C00000X-209800000X)	1,235	1,229	\$343,871	\$236,148	\$191.21	1,306	1,304	\$367,595	\$247,941	\$189.85	-\$1.37	-0.71%
	Ambulatory Health Care Facilities (TAX: 261Q00000X-261QX0203X)	154	154	\$39,486	\$30,237	\$196.34	194	194	\$50,447	\$35,697	\$184.01	-\$12.34	-6.28%
	Chiropractic Providers (TAX: 111N00000X-111NX0800X)	96	95	\$21,366	\$16,814	\$175.15	80	79	\$19,442	\$12,310	\$153.88	-\$21.27	-12.14%
	Other Service Providers (TAX: 170100000X-177F00000X)	73	83	\$19,511	\$15,109	\$206.98	61	61	\$15,137	\$12,360	\$202.63	-\$4.35	-2.10%
	Group Practice (TAX: 193200000X-193400000X)	55	55	\$16,139	\$10,543	\$191.69	87	87	\$24,451	\$15,138	\$174.01	-\$17.68	-9.23%
	Physician Assts & Adv Practice Nursing Providers (TAX: 363A00000X-367H00000X)	63	63	\$18,938	\$11,833	\$187.83	51	51	\$15,026	\$9,507	\$186.40	-\$1.42	-0.76%
	Resp, Dev, Rehab and Restorative Svc Providers (TAX: 221700000X-229N00000X)	42	42	\$12,745	\$7,932	\$188.86	57	57	\$20,231	\$11,769	\$206.48	\$17.62	9.33%
	Hospitals (TAX: 281P00000X-287300000X)	5	5	\$2,393	\$2,242	\$448.45	8	8	\$2,908	\$2,389	\$298.65	-\$149.80	-33.40%
	Podiatric Medicine & Surgery Service Providers (TAX: 211D00000X-213ES0131X)	7	7	\$1,458	\$921	\$131.62	3	3	\$585	\$384	\$128.10	-\$3.52	-2.67%
	All Other Data Reported	68	68	\$40,400	\$12,494	\$183.74	66	64	\$18,797	\$11,593	\$175.65	-\$8.08	-4.40%
TOP 30 SUB-TOTAL		219,503	352,417	\$36,094,086	\$25,126,083	\$114.47	203,047	348,883	\$37,636,365	\$26,930,258	\$132.63	\$18.16	15.87%
ALL OTHER DATA REPORTED		239,116	645,177	\$65,166,568	\$43,792,241	\$183.14	256,998	737,446	\$71,065,379	\$47,193,063	\$183.63	\$0.49	0.27%
GRAND TOTAL		458,619	997,594	\$101,260,654	\$68,918,324	\$150.27	460,045	1,086,329	\$108,701,744	\$74,123,321	\$161.12	\$10.85	7.22%

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
 Hospital Place of Service, Ambulatory Surgical Center Place of Service and All Other Places of Service (POS)
 Transactions Reported July 2010 - June 2012

Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
97110 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	4,549	6,522	0	\$566,487	\$442,109	\$97.19						n/a	113,188	180,787	0	\$10,611,908	\$7,647,064	\$67.56
0278 - MEDICAL/SURGICAL SUPPLIES: OTHER IMPLANTS	631	3,703	0	\$8,283,465	\$5,553,352	\$8,800.88	20	47	0	\$38,111	\$29,964	\$1,498.22	15	54	0	\$102,015	\$82,720	\$5,514.67
97140 - MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	2,675	2,750	0	\$273,715	\$219,959	\$82.23						n/a	66,890	77,430	0	\$4,647,721	\$3,347,515	\$50.05
0360 - OPERATING ROOM SERVICES	571	8,212	0	\$4,097,568	\$2,745,495	\$4,808.22						n/a	36	35	0	\$175,094	\$98,924	\$2,747.89
99213 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM FOCUSED HISTORY; AN EXPANDED PROBLEM FOCUSED EXAMINATION; MEDICAL DECISION MAKING OF LOW COMPLEXITY. COUNSELING AND 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	464	460	0	\$76,173	\$45,820	\$98.75	15	15	0	\$2,088	\$715	\$47.69	35,668	36,195	0	\$4,447,139	\$2,640,750	\$74.04
0490 - AMBULATORY SURGERY	818	849	0	\$1,948,334	\$1,476,044	\$1,804.45	629	684	0	\$1,443,719	\$1,109,917	\$1,764.57	61	60	0	\$101,806	\$70,960	\$1,163.27
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.	111	107	0	\$21,970	\$16,171	\$145.69	6	6	0	\$1,352	\$753	\$125.45	17,361	17,787	0	\$3,158,347	\$1,976,469	\$113.85
0270 - MEDICAL/SURGICAL SUPPLIES	2,350	28,159	0	\$2,358,771	\$1,742,932	\$741.67	30	31	0	\$955	\$617	\$20.57	95	608	0	\$46,612	\$36,903	\$388.45
0120 - ROOM & BOARD (SEMI-PRIVATE 2 BEDS)	352	1,190	0	\$1,526,067	\$1,674,606	\$4,757.40						n/a	13	191	0	\$51,419	\$43,912	\$3,377.82

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
 Hospital Place of Service, Ambulatory Surgical Center Place of Service and All Other Places of Service (POS)
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Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
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97010 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; HOT OR COLD PACKS	1,423	1,338	0	\$59,431	\$48,389	\$34.00						n/a	66,722	66,805	0	\$2,346,474	\$1,539,888	\$23.08
97014 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)	620	529	0	\$32,779	\$29,656	\$47.83						n/a	38,576	38,932	0	\$1,621,266	\$1,220,767	\$31.65
29826 - ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH CORACOACROMIAL LIGAMENT (IE, ARCH) RELEASE, WHEN PERFORMED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	118	118	0	\$478,721	\$322,704	\$2,734.78	311	311	0	\$969,476	\$723,054	\$2,324.93	78	77	0	\$248,226	\$163,606	\$2,097.52
99283 - 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 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 SEVERITY.	3,671	3,676	0	\$1,189,264	\$997,054	\$271.60	22	22	0	\$5,258	\$4,045	\$183.87	566	563	0	\$135,160	\$113,731	\$200.94
97530 - THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	429	548	0	\$53,550	\$39,983	\$93.20						n/a	23,628	27,167	0	\$1,688,960	\$1,072,464	\$45.39
64483 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, SINGLE LEVEL	149	150	0	\$196,264	\$141,346	\$948.63	743	841	0	\$760,717	\$559,499	\$753.03	519	632	0	\$500,311	\$359,336	\$692.36
62311 - INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL)	136	136	0	\$155,919	\$115,807	\$851.52	658	657	0	\$661,062	\$488,007	\$741.65	739	739	0	\$617,443	\$430,390	\$582.40
72148 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	318	318	0	\$234,474	\$171,685	\$539.89						n/a	1,028	1,099	0	\$1,522,307	\$813,814	\$791.65

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
 Hospital Place of Service, Ambulatory Surgical Center Place of Service and All Other Places of Service (POS)
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	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
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	387	427	0	\$38,909	\$30,963	\$80.01						n/a	17,316	19,890	0	\$1,188,819	\$875,299	\$50.55
97545 - WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	10	2	0	\$2,068	\$1,738	\$173.78						n/a	5,025	5,339	0	\$1,137,225	\$881,784	\$175.48
0250 - PHARMACY	3,058	81,839	0	\$1,025,295	\$719,853	\$235.40	6	10	0	\$51	\$41	\$6.91	231	4,839	0	\$120,858	\$103,608	\$448.52
29881 - ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	112	112	0	\$386,718	\$278,921	\$2,490.37	198	198	0	\$542,394	\$414,790	\$2,094.90	56	56	0	\$153,475	\$121,635	\$2,172.05
22612 - ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	224	219	0	\$1,201,699	\$645,557	\$2,881.95	3	3	0	\$13,545	\$10,563	\$3,520.90	55	53	0	\$278,018	\$154,928	\$2,816.88
0710 - RECOVERY ROOM	989	25,679	0	\$1,089,362	\$785,271	\$794.01						n/a	30	274	0	\$26,952	\$21,917	\$730.57
0450 - EMERGENCY ROOM	1,949	2,017	0	\$890,524	\$717,408	\$368.09	11	11	0	\$772	\$606	\$55.06	86	91	0	\$29,227	\$23,625	\$274.71
62290 - INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR	83	85	0	\$122,153	\$95,752	\$1,153.64	381	428	0	\$549,124	\$368,627	\$967.53	325	363	0	\$339,585	\$251,702	\$774.47
00670 - ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTRUMENTATION OR VASCULAR PROCEDURES)	285	32,827	0	\$986,146	\$604,534	\$2,121.17	3	373	0	\$8,850	\$7,523	\$2,507.50	47	439	0	\$161,851	\$102,874	\$2,188.82
99204 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE 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 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	27	27	0	\$10,185	\$7,077	\$262.12	3	3	0	\$788	\$568	\$189.23	3,681	3,679	0	\$1,039,954	\$695,719	\$189.00
64493 - INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL	112	113	0	\$134,384	\$99,390	\$887.41	435	437	0	\$431,029	\$306,947	\$705.63	351	364	0	\$398,226	\$289,718	\$825.41

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
 Hospital Place of Service, Ambulatory Surgical Center Place of Service and All Other Places of Service (POS)
 Transactions Reported July 2010 - June 2012

Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
22840 - POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS 1 INTERSPACE, ATLANTOAXIAL TRANSARTICULAR SCREW FIXATION, SUBLAMINAR WIRING AT C1, FACET SCREW FIXATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	168	168	0	\$777,167	\$561,548	\$3,342.55	3	3	0	\$13,474	\$11,708	\$3,902.64	33	31	0	\$147,693	\$122,780	\$3,720.60
97113 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	158	162	0	\$27,482	\$18,689	\$118.29						n/a	7,511	14,329	0	\$874,303	\$663,671	\$88.36
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.	34	34	0	\$7,397	\$4,907	\$144.33	27	27	0	\$2,454	\$2,255	\$83.52	5,311	5,317	0	\$985,899	\$666,031	\$125.41
97799 - UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	8	17	0	\$5,361	\$5,266	\$658.20						n/a	404	1,395	0	\$809,521	\$653,292	\$1,617.06
73221 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	274	273	0	\$239,516	\$160,421	\$585.48						n/a	676	660	0	\$882,648	\$494,477	\$731.48
99070 - SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)	111	282	0	\$31,599	\$4,639	\$41.79	251	263	0	\$31,216	\$10,830	\$43.15	7,514	154,237	0	\$885,273	\$636,949	\$84.77
22851 - APPLICATION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE(S), METHYLMETHACRYLATE) TO VERTEBRAL DEFECT OR INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	373	392	0	\$1,034,746	\$477,341	\$1,279.73	10	10	0	\$18,930	\$10,865	\$1,086.53	129	135	0	\$324,149	\$156,260	\$1,211.32

Delaware Compensation Rating Bureau, Inc.
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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.	1,394	1,391	0	\$726,735	\$558,286	\$400.49	20	20	0	\$6,894	\$5,319	\$265.97	267	366	0	\$108,939	\$79,941	\$299.40
73721 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	288	288	0	\$243,387	\$176,500	\$612.85						n/a	635	726	0	\$843,508	\$458,242	\$721.64
0128 - REHAB	23	422	0	\$894,971	\$595,301	\$25,882.64						n/a	2	23	0	\$21,020	\$17,465	\$8,732.69
97001 - PHYSICAL THERAPY EVALUATION	358	356	0	\$78,583	\$59,617	\$166.53						n/a	4,725	4,918	0	\$760,162	\$544,318	\$115.20
63030 - LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; 1 INTERSPACE, LUMBAR	146	146	0	\$680,197	\$428,459	\$2,934.65	21	21	0	\$136,556	\$89,605	\$4,266.89	27	24	0	\$106,502	\$77,754	\$2,879.79
97546 - WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	\$186	\$150	\$75.04						n/a	4,698	7,915	0	\$731,725	\$578,058	\$123.04
0370 - ANESTHESIA	866	20,220	0	\$835,931	\$561,633	\$648.54						n/a	26	169	0	\$15,071	\$6,790	\$261.17
A4556 - ELECTRODES, (E.G., APNEA MONITOR), PER PAIR	2	15	0	\$905	\$77	\$38.56						n/a	6,365	75,516	0	\$769,528	\$555,337	\$87.25
97035 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	929	912	0	\$44,922	\$36,170	\$38.93						n/a	17,545	17,895	0	\$785,052	\$514,332	\$29.32
72141 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	226	226	0	\$176,367	\$122,455	\$541.84						n/a	568	548	0	\$775,314	\$424,210	\$746.85
63481062970 - PERCOCET	4	0	480	\$2,962	\$2,821	\$705.20						n/a	918	0	94,691	\$583,712	\$537,210	\$585.20
0420 - PHYSICAL THERAPY	3,630	7,449	0	\$772,393	\$509,161	\$140.26						n/a	57	579	0	\$34,547	\$19,357	\$339.60
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)	41	41	0	\$59,863	\$35,127	\$856.75	311	317	0	\$290,134	\$214,903	\$691.01	401	433	0	\$342,086	\$276,509	\$689.55

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80101 - DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (EG, IMMUNOASSAY, ENZYME ASSAY), EACH DRUG CLASS	49	207	0	\$16,536	\$8,223	\$167.81						n/a	5,391	24,826	0	\$892,977	\$499,686	\$92.69
22857 - TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE, LUMBAR	67	66	0	\$731,819	\$426,401	\$6,364.20						n/a	15	15	0	\$153,337	\$79,494	\$5,299.62
63047 - 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; LUMBAR	152	148	0	\$653,472	\$425,637	\$2,800.24	2	2	0	\$9,506	\$8,077	\$4,038.33	31	31	0	\$113,502	\$60,518	\$1,952.19
97750 - PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES	18	47	0	\$3,466	\$2,784	\$154.67						n/a	1,397	8,104	0	\$651,057	\$488,067	\$349.37
0272 - MEDICAL/SURGICAL SUPPLIES: STERILE SUPPLIES	1,149	8,296	0	\$679,230	\$481,976	\$419.47						n/a	16	63	0	\$9,894	\$7,427	\$464.18
72158 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; LUMBAR	117	117	0	\$182,800	\$141,346	\$1,208.09						n/a	252	243	0	\$564,806	\$345,653	\$1,371.64
29822 - ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	52	52	0	\$190,671	\$141,636	\$2,723.77	143	143	0	\$397,031	\$269,970	\$1,887.90	45	45	0	\$123,919	\$74,046	\$1,645.46
77003 - FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC INJECTION PROCEDURES (EPIDURAL OR SUBARACHNOID)	373	378	0	\$91,676	\$62,594	\$167.81	2,093	2,198	0	\$425,637	\$206,565	\$98.69	1,700	1,789	0	\$386,772	\$211,605	\$124.47
22845 - ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	221	221	0	\$742,189	\$345,224	\$1,562.10	14	14	0	\$57,362	\$32,136	\$2,295.42	55	55	0	\$182,946	\$89,284	\$1,623.34
0320 - RADIOLOGY - DIAGNOSTIC	1,856	2,497	0	\$584,337	\$405,129	\$218.28	123	123	0	\$56,015	\$42,928	\$349.01	90	97	0	\$22,469	\$17,971	\$199.67
97124 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)	92	145	0	\$11,462	\$8,507	\$92.46						n/a	10,388	21,691	0	\$740,795	\$447,459	\$43.07
99080 - SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFORMATION CONVEYED IN THE USUAL MEDICAL COMMUNICATIONS OR STANDARD REPORTING FORM	19	17	0	\$778	\$520	\$27.36	5	5	0	\$222	\$120	\$23.94	17,325	18,346	0	\$554,907	\$452,900	\$26.14

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99212 - 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 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.	143	143	0	\$16,540	\$10,840	\$75.80	48	48	0	\$5,710	\$2,756	\$57.41	7,205	7,498	0	\$606,767	\$404,727	\$56.17
64494 - INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	58	58	0	\$67,659	\$52,552	\$906.07	274	275	0	\$216,292	\$157,929	\$576.38	333	348	0	\$283,835	\$201,839	\$606.12
29827 - ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	44	44	0	\$170,929	\$136,341	\$3,098.65	78	78	0	\$283,556	\$211,025	\$2,705.45	25	25	0	\$114,372	\$58,613	\$2,344.54
29824 - ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)	58	58	0	\$175,667	\$110,441	\$1,904.16	150	150	0	\$338,372	\$251,867	\$1,679.11	28	28	0	\$61,129	\$40,227	\$1,436.68
63650 - PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL	10	10	0	\$50,256	\$40,854	\$4,085.42	102	103	0	\$524,029	\$323,799	\$3,174.50	19	21	0	\$61,114	\$21,743	\$1,144.37
20610 - ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL BURSA)	45	41	0	\$16,555	\$13,312	\$295.81	52	53	0	\$16,970	\$9,005	\$173.18	2,414	2,618	0	\$487,041	\$360,259	\$149.24
22558 - ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR	119	119	0	\$580,652	\$319,931	\$2,688.49						n/a	18	18	0	\$97,987	\$60,414	\$3,356.33
63075 - DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYECTOMY; CERVICAL, SINGLE INTERSPACE	118	117	0	\$535,982	\$269,622	\$2,284.94	13	13	0	\$77,564	\$31,181	\$2,398.52	38	38	0	\$154,821	\$72,323	\$1,903.24
01992 - ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK OR INJECTION IS PERFORMED BY A DIFFERENT PROVIDER); PRONE POSITION	30	694	0	\$22,913	\$10,482	\$349.40	123	2,240	0	\$95,604	\$65,431	\$531.96	418	3,679	0	\$376,869	\$293,359	\$701.82

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22842 - POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	106	105	0	\$437,219	\$293,142	\$2,765.49						n/a	25	23	0	\$115,206	\$71,456	\$2,858.23
22551 - ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2	60	60	0	\$409,623	\$261,029	\$4,350.48	8	8	0	\$51,000	\$33,730	\$4,216.19	13	13	0	\$98,448	\$69,489	\$5,345.34
L8687 - IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	3	3	0	\$57,898	\$48,089	\$16,029.53	7	7	0	\$230,467	\$192,749	\$27,535.58	3	3	0	\$185,796	\$122,726	\$40,908.78
22554 - ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); CERVICAL BELOW C2	96	96	0	\$469,456	\$275,031	\$2,864.90	7	7	0	\$43,114	\$17,907	\$2,558.20	33	33	0	\$142,902	\$64,395	\$1,951.37
95904 - NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	58	159	0	\$21,831	\$15,222	\$262.46						n/a	1,999	4,492	0	\$551,990	\$328,947	\$164.56
82542 - COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELSEWHERE SPECIFIED; QUANTITATIVE, SINGLE STATIONARY AND MOBILE PHASE	2	2	0	\$282	\$268	\$133.95						n/a	1,724	6,099	0	\$536,348	\$330,128	\$191.49
22856 - TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES OSTEOPHYTECTOMY FOR NERVE ROOT OR SPINAL CORD DECOMPRESSION AND MICRODISSECTION), SINGLE INTERSPACE, CERVICAL	39	39	0	\$398,098	\$251,439	\$6,447.14						n/a	8	8	0	\$97,085	\$78,697	\$9,837.16
22630 - ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION), SINGLE INTERSPACE; LUMBAR	74	72	0	\$415,280	\$225,204	\$3,043.30						n/a	26	26	0	\$155,826	\$103,585	\$3,984.04
0301 - LABORATORY - CLINICAL DIAGNOSTIC: CHEMISTRY	1,334	10,572	0	\$458,398	\$315,994	\$236.88						n/a	29	142	0	\$3,912	\$2,859	\$98.60
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	29	29	0	\$41,282	\$31,754	\$1,094.97	182	183	0	\$201,172	\$132,870	\$730.06	155	157	0	\$204,330	\$152,699	\$985.16

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62310 - INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; CERVICAL OR THORACIC	30	30	0	\$37,375	\$24,994	\$833.13	219	219	0	\$231,287	\$185,308	\$846.16	142	137	0	\$149,092	\$99,936	\$703.78
99199 - UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	24	30	0	\$5,255	\$2,680	\$111.65	7	7	0	\$501	\$462	\$65.93	2,409	4,985	0	\$455,132	\$299,475	\$124.31
97012 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; TRACTION, MECHANICAL	35	36	0	\$1,932	\$1,445	\$41.27						n/a	9,483	9,600	0	\$436,264	\$299,037	\$31.53
64721 - NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	50	50	0	\$107,577	\$76,361	\$1,527.22	174	174	0	\$286,806	\$181,665	\$1,044.05	23	23	0	\$40,003	\$30,562	\$1,328.79
27096 - INJECTION PROCEDURE FOR SACROILIAC JOINT, ANESTHETIC/STEROID, WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT) INCLUDING ARTHROGRAPHY WHEN PERFORMED	42	42	0	\$52,537	\$18,518	\$440.91	131	137	0	\$178,882	\$139,460	\$1,064.58	168	168	0	\$170,836	\$130,217	\$775.10
L8680 - IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	5	88	0	\$24,630	\$20,842	\$4,168.35	33	321	0	\$187,210	\$117,022	\$3,546.12	25	336	0	\$226,090	\$140,069	\$5,602.74
59011044010 - OXYCONTIN	6	0	390	\$2,047	\$1,916	\$319.41						n/a	506	0	37,885	\$288,315	\$268,507	\$530.65
01630 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT; NOT OTHERWISE SPECIFIED	90	5,660	0	\$128,007	\$74,932	\$832.58	148	7,785	0	\$197,709	\$147,340	\$995.54	47	726	0	\$64,285	\$41,287	\$878.45
63042 - LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC, REEXPLORATION, SINGLE INTERSPACE; LUMBAR	66	62	0	\$358,044	\$207,643	\$3,146.10						n/a	14	14	0	\$71,276	\$54,688	\$3,906.29

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99244 - OFFICE 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 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	21	21	0	\$7,248	\$3,345	\$159.28						n/a	1,009	1,021	0	\$395,314	\$244,908	\$242.72
72125 - COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	361	361	0	\$229,693	\$188,094	\$521.04						n/a	180	176	0	\$108,119	\$54,918	\$305.10
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.	406	412	0	\$267,096	\$206,554	\$508.75						n/a	86	86	0	\$44,003	\$35,390	\$411.51
64415 - INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE	104	104	0	\$85,023	\$50,591	\$486.45	260	267	0	\$236,507	\$154,039	\$592.46	87	93	0	\$52,848	\$35,290	\$405.63
95903 - NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH F-WAVE STUDY	57	119	0	\$21,416	\$14,996	\$263.08						n/a	1,092	2,213	0	\$345,633	\$219,197	\$200.73
49010 - EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	70	69	0	\$375,873	\$164,982	\$2,356.88						n/a	17	17	0	\$94,607	\$64,909	\$3,818.19

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29880 - ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING) INCLUDING DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), SAME OR SEPARATE COMPARTMENT(S), WHEN PERFORMED	23	23	0	\$76,165	\$58,294	\$2,534.52	63	63	0	\$202,790	\$124,650	\$1,978.57	16	16	0	\$53,226	\$41,748	\$2,609.26
22830 - EXPLORATION OF SPINAL FUSION	113	111	0	\$421,878	\$175,153	\$1,550.03	2	2	0	\$9,547	\$6,953	\$3,476.67	23	23	0	\$80,089	\$41,518	\$1,805.13
97033 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	319	319	0	\$28,896	\$23,587	\$73.94						n/a	2,641	3,615	0	\$269,499	\$199,559	\$75.56
27447 - ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE ARTHROPLASTY)	41	41	0	\$218,358	\$171,723	\$4,188.36						n/a	14	14	0	\$71,421	\$51,287	\$3,663.35
99243 - OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED 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 MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	16	16	0	\$4,682	\$2,889	\$180.56						n/a	1,039	1,050	0	\$297,214	\$216,895	\$208.75
0430 - OCCUPATIONAL THERAPY	878	2,618	0	\$320,865	\$202,238	\$230.34						n/a	15	519	0	\$28,204	\$15,282	\$1,018.81
64479 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE LEVEL	19	19	0	\$25,472	\$18,177	\$956.69	187	187	0	\$218,573	\$161,249	\$862.30	52	51	0	\$54,621	\$36,955	\$710.67
0352 - CT SCAN: BODY	229	289	0	\$301,967	\$207,781	\$907.34						n/a	7	7	0	\$5,231	\$4,874	\$696.29
G0283 - ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	700	703	0	\$33,446	\$27,020	\$38.60						n/a	6,831	6,917	0	\$256,143	\$184,752	\$27.05

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99144 - MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; AGE 5 YEARS OR OLDER, FIRST 30 MINUTES INTRA-SERVICE TIME	42	42	0	\$9,361	\$6,647	\$158.26	1,081	1,082	0	\$292,245	\$161,352	\$149.26	282	278	0	\$71,863	\$43,569	\$154.50
23412 - REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC	24	24	0	\$93,494	\$67,637	\$2,818.20	43	43	0	\$130,387	\$103,234	\$2,400.80	18	18	0	\$61,112	\$40,607	\$2,255.92
29877 - ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	38	37	0	\$106,051	\$57,205	\$1,505.39	77	77	0	\$211,546	\$119,079	\$1,546.48	17	17	0	\$43,359	\$34,589	\$2,034.64
97032 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	121	124	0	\$7,004	\$5,597	\$46.25						n/a	5,825	5,998	0	\$263,487	\$204,115	\$35.04
60951071270 - ENDOCET	117	0	2,503	\$4,719	\$4,200	\$35.90						n/a	1,320	0	144,906	\$239,097	\$204,273	\$154.75
A0429 - AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	22	22	0	\$28,830	\$23,464	\$1,066.53						n/a	506	506	0	\$215,807	\$183,112	\$361.88
0612 - MAGNETIC RESONANCE TECH. (MRT): SPINAL CORD (INCL. SPINE)	132	134	0	\$249,693	\$186,419	\$1,412.26						n/a	15	15	0	\$28,012	\$19,070	\$1,271.31
0258 - PHARMACY: IV SOLUTIONS	1,029	5,686	0	\$261,938	\$187,891	\$182.60						n/a	88	529	0	\$30,464	\$16,981	\$192.96
99215 - 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 COMPREHENSIVE HISTORY; A COMPREHENSIVE 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 PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	13	13	0	\$3,425	\$2,306	\$177.37	24	24	0	\$8,784	\$3,771	\$157.12	1,433	1,431	0	\$454,139	\$197,617	\$137.90
0002327030 - CYMBALTA	2	0	60	\$336	\$336	\$167.76						n/a	858	0	36,728	\$219,248	\$200,756	\$233.98
83925 - OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE	4	4	0	\$442	\$376	\$94.05						n/a	2,339	5,345	0	\$386,941	\$200,573	\$85.75

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95900 - NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITHOUT F-WAVE STUDY	70	142	0	\$15,832	\$10,675	\$152.50						n/a	919	1,794	0	\$258,979	\$189,537	\$206.24
99245 - OFFICE CONSULTATION FOR A NEW OR ESTABLISHED 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 PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 80 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	8	8	0	\$3,208	\$1,880	\$234.99						n/a	591	688	0	\$372,231	\$197,876	\$334.82
72131 - COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	252	252	0	\$110,169	\$79,544	\$315.65						n/a	333	325	0	\$247,637	\$114,814	\$344.79
0610 - MAGNETIC RESONANCE TECH. (MRT)	143	144	0	\$267,242	\$184,892	\$1,292.95						n/a	7	5	0	\$10,014	\$8,512	\$1,215.96
64491 - INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; SECOND LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10	10	0	\$13,988	\$8,425	\$842.53	158	159	0	\$131,439	\$80,632	\$510.33	158	160	0	\$139,554	\$103,137	\$652.77
63056 - TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; LUMBAR (INCLUDING TRANSFACET, OR LATERAL EXTRAFORAMINAL APPROACH) (EG, FAR LATERAL HERNIATED INTERVERTEBRAL DISC)	34	34	0	\$197,823	\$100,745	\$2,963.08	10	10	0	\$56,566	\$35,900	\$3,590.04	15	15	0	\$86,734	\$54,939	\$3,662.62
00025152531 - CELEBREX	19	0	945	\$4,510	\$4,510	\$237.38						n/a	884	0	39,252	\$224,360	\$183,025	\$207.04
29888 - ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	16	16	0	\$109,307	\$56,932	\$3,558.25	18	18	0	\$94,377	\$55,198	\$3,066.56	20	20	0	\$108,523	\$70,110	\$3,505.52
22600 - ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	39	39	0	\$214,358	\$141,993	\$3,640.85						n/a	12	10	0	\$60,529	\$39,098	\$3,258.20
A0431 - AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	2	2	0	\$32,632	\$31,000	\$15,500.20						n/a	11	11	0	\$171,204	\$149,589	\$13,599.02
72100 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; 2 OR 3 VIEWS	666	671	0	\$55,019	\$40,815	\$61.28	6	6	0	\$942	\$323	\$53.84	1,438	1,435	0	\$181,755	\$133,225	\$92.65

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29823 - ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	24	24	0	\$62,025	\$36,336	\$1,513.99	49	49	0	\$155,220	\$99,817	\$2,037.09	18	18	0	\$47,819	\$37,773	\$2,098.49
01400 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT OTHERWISE SPECIFIED	62	2,910	0	\$67,491	\$35,504	\$572.64	150	5,429	0	\$140,415	\$98,574	\$657.16	49	465	0	\$50,297	\$36,114	\$737.01
00071101468 - LYRICA	13	0	1,380	\$4,726	\$4,066	\$312.77						n/a	811	0	55,973	\$227,864	\$165,346	\$203.88
63685 - INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	23	23	0	\$78,763	\$47,969	\$2,085.63	28	28	0	\$264,045	\$119,129	\$4,254.62	4	4	0	\$3,874	\$1,060	\$265.11
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.	854	854	0	\$182,060	\$160,638	\$188.10	8	8	0	\$1,200	\$1,072	\$134.06	64	64	0	\$9,092	\$5,892	\$92.07
20680 - REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	51	48	0	\$79,507	\$55,468	\$1,087.62	78	76	0	\$118,618	\$84,611	\$1,084.75	25	25	0	\$33,761	\$25,640	\$1,025.61
A4649 - SURGICAL SUPPLY; MISCELLANEOUS	30	39	0	\$17,015	\$14,440	\$481.33	123	169	0	\$120,573	\$65,040	\$528.78	957	8,193	0	\$190,368	\$86,065	\$89.93
60793041130 - FLECTOR	5	0	270	\$1,867	\$1,864	\$372.77						n/a	449	0	26,383	\$184,746	\$160,167	\$356.72
23420 - RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	18	18	0	\$100,663	\$85,761	\$4,764.50	31	31	0	\$106,252	\$64,270	\$2,073.21	5	4	0	\$17,147	\$10,937	\$2,187.49
00591093201 - APAP/OXYCODONE	7	0	580	\$1,031	\$1,031	\$147.26						n/a	1,067	0	110,191	\$194,072	\$157,638	\$147.74
64495 - INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	34	34	0	\$26,260	\$16,875	\$496.33	73	73	0	\$55,132	\$38,137	\$522.43	177	193	0	\$150,806	\$103,430	\$584.35
95861 - NEEDLE ELECTROMYOGRAPHY; 2 EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	94	110	0	\$53,473	\$27,145	\$288.78						n/a	504	502	0	\$188,822	\$130,685	\$259.30
22614 - ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	124	126	0	\$209,239	\$123,311	\$994.45						n/a	36	40	0	\$70,455	\$33,660	\$935.01

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63481061770 - OPANA ER	2	0	126	\$531	\$463	\$231.72						n/a	375	0	24,510	\$178,500	\$156,227	\$416.60
00630 - ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	73	3,094	0	\$149,605	\$92,897	\$1,272.56	42	1,264	0	\$55,853	\$36,578	\$870.91	22	607	0	\$44,401	\$26,087	\$1,185.78
72295 - DISCOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	20	26	0	\$12,074	\$9,901	\$495.05	63	81	0	\$88,744	\$28,270	\$448.74	169	186	0	\$150,230	\$117,298	\$694.07
73030 - RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF 2 VIEWS	593	598	0	\$61,881	\$47,714	\$80.46	4	4	0	\$606	\$364	\$91.01	1,049	1,049	0	\$141,690	\$105,316	\$100.40
64555 - PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	2	2	0	\$18,000	\$14,400	\$7,200.00	35	35	0	\$232,500	\$99,933	\$2,855.24	11	11	0	\$40,024	\$31,898	\$2,899.80
64720032110 - METAXALONE	16	0	1,340	\$5,398	\$5,398	\$337.39						n/a	518	0	49,504	\$161,399	\$139,586	\$269.47
G0289 - ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY) AT THE TIME OF OTHER SURGICAL KNEE ARTHROSCOPY IN A DIFFERENT COMPARTMENT OF THE SAME KNEE	10	10	0	\$14,467	\$4,108	\$410.81	62	62	0	\$136,713	\$105,314	\$1,698.62	18	18	0	\$36,826	\$30,261	\$1,681.18
95860 - NEEDLE ELECTROMYOGRAPHY; 1 EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	32	32	0	\$13,371	\$9,318	\$291.19						n/a	588	586	0	\$172,787	\$130,246	\$221.51
01810 - ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF FOREARM, WRIST, AND HAND	66	2,934	0	\$60,871	\$29,737	\$450.55	160	4,770	0	\$124,898	\$87,399	\$546.24	41	363	0	\$29,857	\$19,278	\$470.19
72146 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	49	48	0	\$37,977	\$27,081	\$552.68						n/a	133	129	0	\$186,283	\$107,868	\$811.04
97002 - PHYSICAL THERAPY RE-EVALUATION	29	25	0	\$4,380	\$2,864	\$98.77						n/a	2,508	2,501	0	\$271,751	\$130,819	\$52.16
00406853001 - OXYCODONE HCL	4	0	360	\$517	\$517	\$129.21						n/a	821	0	112,786	\$149,216	\$132,945	\$161.93
00071101668 - LYRICA	77	0	1,080	\$3,332	\$3,293	\$42.76						n/a	595	0	44,358	\$139,707	\$124,417	\$209.10
A0425 - GROUND MILEAGE, PER STATUTE MILE	30	252	0	\$7,432	\$6,437	\$214.58						n/a	994	24,606	0	\$247,082	\$121,139	\$121.87
99999999999 - COMPOUND DRUGS	52	0	153	\$20,918	\$15,144	\$291.23						n/a	784	0	4,491	\$142,495	\$112,415	\$143.39
90806 - INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 45 TO 50 MINUTES FACE-TO-FACE WITH THE PATIENT;	2	2	0	\$381	\$298	\$149.15						n/a	1,416	1,423	0	\$208,725	\$125,115	\$88.36
0300 - LABORATORY - CLINICAL DIAGNOSTIC	709	2,961	0	\$279,473	\$122,530	\$172.82						n/a	36	40	0	\$3,769	\$2,041	\$56.70
64718 - NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	27	27	0	\$58,321	\$31,559	\$1,168.87	61	61	0	\$139,442	\$75,571	\$1,238.87	10	10	0	\$24,070	\$16,453	\$1,645.32
64417 - INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	17	17	0	\$20,388	\$13,834	\$813.75	163	165	0	\$147,878	\$95,225	\$584.20	19	19	0	\$14,095	\$10,618	\$558.82
29807 - ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	17	120	0	\$64,991	\$45,833	\$2,696.03	23	23	0	\$93,317	\$63,234	\$2,749.29	3	3	0	\$10,300	\$6,698	\$2,232.50

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29806 - ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	13	13	0	\$66,662	\$47,039	\$3,618.38	19	19	0	\$75,766	\$55,245	\$2,907.63	4	4	0	\$13,259	\$11,950	\$2,987.58
99205 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY; A COMPREHENSIVE 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 PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 60 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	3	3	0	\$1,921	\$574	\$191.46	2	2	0	\$690	\$231	\$115.61	520	519	0	\$201,084	\$112,171	\$215.71
73610 - RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF 3 VIEWS	595	600	0	\$57,452	\$44,043	\$74.02	3	3	0	\$324	\$212	\$70.71	890	881	0	\$109,072	\$65,791	\$73.92
64492 - INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), CERVICAL OR THORACIC; THIRD AND ANY ADDITIONAL LEVEL(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	5	0	\$6,801	\$4,818	\$963.50	68	68	0	\$52,387	\$31,574	\$464.33	106	111	0	\$98,799	\$71,260	\$672.27
29846 - ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT	11	11	0	\$33,187	\$21,126	\$1,920.55	42	42	0	\$105,784	\$74,211	\$1,766.94	10	10	0	\$16,054	\$11,430	\$1,143.02
22855 - REMOVAL OF ANTERIOR INSTRUMENTATION	33	33	0	\$118,893	\$73,568	\$2,229.35						n/a	12	12	0	\$45,195	\$32,704	\$2,725.33
73222 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	65	65	0	\$68,237	\$51,466	\$791.78						n/a	81	80	0	\$114,309	\$54,376	\$671.31
0351 - CT SCAN: HEAD	148	161	0	\$153,784	\$101,231	\$683.99						n/a	7	6	0	\$5,245	\$4,018	\$574.02
73130 - RADIOLOGIC EXAMINATION, HAND; MINIMUM OF 3 VIEWS	690	698	0	\$68,568	\$53,038	\$76.87	3	3	0	\$360	\$314	\$104.66	706	709	0	\$73,499	\$51,386	\$72.78
73630 - RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF 3 VIEWS	540	543	0	\$59,893	\$45,015	\$83.36	4	4	0	\$437	\$286	\$71.50	950	945	0	\$93,807	\$57,452	\$60.48
63035 - LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISC; EACH ADDITIONAL INTERSPACE, CERVICAL OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	37	37	0	\$95,129	\$79,328	\$2,144.01	12	12	0	\$23,921	\$14,139	\$1,178.26	9	7	0	\$11,577	\$9,284	\$1,031.53

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A0436 - ROTARY WING AIR MILEAGE, PER STATUTE MILE	2	82	0	\$9,184	\$8,467	\$4,233.60						n/a	10	650	0	\$99,926	\$93,334	\$9,333.41
00002324030 - CYMBALTA	5	0	270	\$1,767	\$1,650	\$330.05						n/a	449	0	17,948	\$118,017	\$99,985	\$222.68
95920 - INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	154	314	0	\$123,764	\$77,694	\$504.51	14	15	0	\$5,250	\$2,304	\$164.54	26	66	0	\$31,453	\$18,857	\$725.25
15240 - FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; 20 SQ CM OR LESS	13	13	0	\$31,463	\$24,869	\$1,912.98	24	24	0	\$55,813	\$34,518	\$1,438.26	28	28	0	\$51,569	\$37,710	\$1,346.80
64575 - INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)	12	12	0	\$81,524	\$38,695	\$3,224.62	24	24	0	\$110,884	\$56,782	\$2,365.92	2	3	0	\$1,390	\$1,182	\$590.75
64590 - INSERTION OR REPLACEMENT OF PERIPHERAL OR GASTRIC NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING	4	4	0	\$75,850	\$41,973	\$10,493.22	9	9	0	\$60,500	\$46,621	\$5,180.10	5	5	0	\$8,834	\$7,509	\$1,501.78
63402019310 - LUNESTA	3	0	90	\$706	\$706	\$235.44						n/a	417	0	13,451	\$103,402	\$91,870	\$220.31
00228287911 - OXYCODONE HYDROCHLORIDE	93	0	630	\$1,084	\$895	\$9.63						n/a	608	0	78,644	\$107,729	\$90,825	\$149.38
22325 - OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT; LUMBAR	27	27	0	\$145,930	\$78,060	\$2,891.10						n/a	4	4	0	\$22,585	\$13,558	\$3,389.52
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.	757	765	0	\$102,451	\$55,947	\$73.91						n/a	462	460	0	\$61,174	\$35,120	\$76.02
73718 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	37	37	0	\$33,634	\$26,107	\$705.61						n/a	91	88	0	\$114,501	\$64,897	\$713.16

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64708 - NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED	14	19	0	\$31,591	\$14,083	\$1,005.92	99	101	0	\$147,840	\$62,320	\$629.49	13	13	0	\$29,545	\$12,798	\$984.43
97022 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; WHIRLPOOL	287	288	0	\$29,545	\$23,052	\$80.32						n/a	2,088	2,084	0	\$111,401	\$65,574	\$31.41
00450 - ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	238	372	0	\$110,508	\$84,072	\$353.24						n/a	5	157	0	\$5,214	\$4,484	\$896.85
22585 - ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	80	80	0	\$146,004	\$67,876	\$848.45	4	4	0	\$26,000	\$9,282	\$2,320.50	28	28	0	\$57,958	\$10,223	\$365.09
63048 - 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; EACH ADDITIONAL SEGMENT, CERVICAL, THORACIC, OR LUMBAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	86	92	0	\$129,895	\$73,582	\$855.61						n/a	16	15	0	\$23,109	\$13,708	\$856.78
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)	51	51	0	\$86,488	\$61,400	\$1,203.92	8	8	0	\$10,235	\$7,375	\$921.90	18	18	0	\$24,171	\$17,672	\$981.77
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	9	9	0	\$37,968	\$26,542	\$2,949.06	40	40	0	\$60,533	\$44,705	\$1,117.62	10	10	0	\$17,144	\$14,665	\$1,466.48
73110 - RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF 3 VIEWS	365	367	0	\$36,244	\$28,722	\$78.69	4	4	0	\$460	\$278	\$69.52	663	664	0	\$80,518	\$56,740	\$85.58
52152021502 - OXYCODONE HCL	3	0	540	\$956	\$768	\$255.87						n/a	568	0	70,684	\$96,872	\$83,989	\$147.87
29875 - ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	18	18	0	\$43,086	\$26,952	\$1,497.34	29	29	0	\$82,515	\$44,470	\$1,533.45	8	8	0	\$15,220	\$12,516	\$1,564.44
63076 - DISCECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERVICAL, EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	52	52	0	\$103,883	\$60,522	\$1,163.88	9	9	0	\$36,216	\$9,344	\$1,038.24	26	26	0	\$55,121	\$13,385	\$514.79

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0305 - LABORATORY - CLINICAL DIAGNOSTIC: HEMATOLOGY	962	2,529	0	\$137,035	\$82,070	\$85.31						n/a	30	35	0	\$1,718	\$1,180	\$39.34
23120 - CLAVICULECTOMY; PARTIAL	13	13	0	\$35,797	\$29,706	\$2,285.11	35	35	0	\$70,633	\$48,345	\$1,381.29	4	3	0	\$6,110	\$3,692	\$923.09
22850 - REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	50	50	0	\$102,095	\$62,790	\$1,255.80	2	2	0	\$2,340	\$1,617	\$808.74	13	11	0	\$25,882	\$16,612	\$1,277.81
63857011133 - FLECTOR	3	0	180	\$1,117	\$1,102	\$367.30						n/a	235	0	19,875	\$94,787	\$79,837	\$339.73
29876 - ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, 2 OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	7	6	0	\$16,409	\$9,990	\$1,427.17	26	26	0	\$68,319	\$45,582	\$1,753.15	11	11	0	\$29,126	\$24,354	\$2,214.04
72040 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; 2 OR 3 VIEWS	270	271	0	\$23,248	\$17,765	\$65.80	5	5	0	\$375	\$150	\$30.00	707	711	0	\$88,984	\$61,747	\$87.34
J8499 - PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	19	829	0	\$4,204	\$3,468	\$182.53						n/a	823	19,803	0	\$99,423	\$76,076	\$92.44
0424 - PHYSICAL THERAPY; EVALUATION/RE-EVALUATION	420	432	0	\$119,850	\$76,274	\$181.60						n/a	23	23	0	\$3,989	\$2,574	\$111.90
01480 - ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	60	4,041	0	\$76,267	\$41,791	\$696.52	37	1,917	0	\$30,416	\$19,052	\$514.93	22	153	0	\$25,284	\$17,281	\$785.50
80104 - DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC METHOD, EACH PROCEDURE						n/a	11	31	0	\$1,255	\$640	\$58.14	1,024	3,190	0	\$145,170	\$77,204	\$75.39
0260 - IV THERAPY	382	1,327	0	\$114,035	\$75,983	\$198.91						n/a	16	47	0	\$2,046	\$1,770	\$110.61
29873 - ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	12	12	0	\$31,857	\$26,780	\$2,231.70	14	14	0	\$44,669	\$29,948	\$2,139.15	11	11	0	\$31,875	\$20,098	\$1,827.06
97016 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; VASOPNEUMATIC DEVICES	135	135	0	\$12,187	\$9,900	\$73.34						n/a	2,086	2,088	0	\$96,097	\$66,868	\$32.06
29879 - ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING OR MICROFRACTURE	13	13	0	\$41,344	\$28,031	\$2,156.20	21	21	0	\$63,978	\$40,883	\$1,946.82	4	4	0	\$7,526	\$7,440	\$1,859.97
22852 - REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	49	47	0	\$138,540	\$64,522	\$1,316.77						n/a	7	7	0	\$16,275	\$11,618	\$1,659.66
0306 - LABORATORY - CLINICAL DIAGNOSTIC: BACTERIOLOGY/MICROBIOLOGY	343	911	0	\$119,967	\$75,657	\$220.57						n/a	9	9	0	\$604	\$451	\$50.11
0410 - RESPIRATORY SERVICES	109	1,416	0	\$137,624	\$75,745	\$694.91						n/a	2	2	0	\$192	\$177	\$88.35
0302 - LABORATORY - CLINICAL DIAGNOSTIC: IMMUNOLOGY	343	952	0	\$120,717	\$74,064	\$215.93						n/a	7	9	0	\$760	\$630	\$89.96
63090 - VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, TRANSPERITONEAL OR RETROPERITONEAL APPROACH WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA OR NERVE ROOT(S), LOWER THORACIC, LUMBAR, OR SACRAL; SINGLE SEGMENT	38	38	0	\$135,053	\$60,620	\$1,595.25						n/a	4	4	0	\$15,822	\$13,449	\$3,362.18
55111018015 - TIZANIDINE HCL	4	0	594	\$915	\$878	\$219.56						n/a	820	0	65,623	\$83,004	\$73,036	\$89.07
74177 - COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	93	93	0	\$91,966	\$67,575	\$726.62						n/a	19	19	0	\$9,305	\$6,011	\$316.37

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01830 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL RADIUS, DISTAL ULNA, WRIST, OR HAND JOINTS; NOT OTHERWISE SPECIFIED	26	1,816	0	\$30,444	\$18,715	\$719.81	60	2,688	0	\$59,677	\$37,988	\$633.13	27	197	0	\$24,974	\$15,880	\$588.16
73140 - RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF 2 VIEWS	387	388	0	\$31,403	\$24,720	\$63.88	4	4	0	\$340	\$255	\$63.81	671	692	0	\$63,249	\$47,574	\$70.90
00400 - ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERIOR TRUNK AND PERINEUM; NOT OTHERWISE SPECIFIED	57	1,956	0	\$50,947	\$34,117	\$598.55	21	779	0	\$15,897	\$12,363	\$588.73	29	343	0	\$35,672	\$25,901	\$893.13
73562 - RADIOLOGIC EXAMINATION, KNEE; 3 VIEWS	104	104	0	\$12,632	\$9,207	\$88.53						n/a	561	562	0	\$90,040	\$62,951	\$112.21
64450 - INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	52	51	0	\$22,685	\$18,115	\$348.37	96	96	0	\$57,673	\$33,925	\$353.39	93	94	0	\$28,334	\$19,633	\$211.10
73564 - RADIOLOGIC EXAMINATION, KNEE; COMPLETE, 4 OR MORE VIEWS	348	360	0	\$54,743	\$44,852	\$128.88						n/a	312	315	0	\$39,310	\$26,818	\$85.96
26418 - REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	17	17	0	\$36,802	\$25,423	\$1,495.48	19	19	0	\$36,285	\$25,010	\$1,316.32	17	17	0	\$27,052	\$20,691	\$1,217.10
52152021402 - OXYCODONE HCL	3	0	270	\$199	\$199	\$66.38						n/a	1,001	0	120,967	\$79,756	\$70,219	\$70.15
73218 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	31	31	0	\$22,681	\$18,137	\$585.05						n/a	62	60	0	\$77,899	\$51,905	\$837.18
24342 - REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	5	5	0	\$15,174	\$12,123	\$2,424.50	22	22	0	\$67,890	\$42,815	\$1,946.13	8	8	0	\$22,387	\$13,331	\$1,666.32
99291 - CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30-74 MINUTES	125	125	0	\$78,425	\$46,317	\$370.53						n/a	41	41	0	\$22,772	\$18,883	\$460.56
70551 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	42	42	0	\$25,361	\$15,959	\$379.98						n/a	64	64	0	\$88,303	\$48,949	\$764.83
23430 - TENODESIS OF LONG TENDON OF BICEPS	16	16	0	\$52,241	\$28,266	\$1,766.65	11	11	0	\$26,458	\$20,054	\$1,823.11	7	7	0	\$27,680	\$15,346	\$2,192.23
01402 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY	46	3,588	0	\$87,911	\$47,959	\$1,042.58						n/a	14	298	0	\$28,085	\$15,493	\$1,106.65
73560 - RADIOLOGIC EXAMINATION, KNEE; 1 OR 2 VIEWS	334	341	0	\$18,850	\$12,375	\$37.05	3	3	0	\$320	\$212	\$70.75	685	684	0	\$67,352	\$50,445	\$73.64
20936 - AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS) OBTAINED FROM SAME INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	119	116	0	\$98,644	\$46,696	\$392.41						n/a	30	28	0	\$24,763	\$15,402	\$513.41
00406851501 - OXYCODONE HCL	11	0	1,236	\$1,266	\$937	\$85.16						n/a	833	0	90,485	\$71,820	\$60,610	\$72.76

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62291 - INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	18	18	0	\$19,907	\$10,739	\$596.62	25	36	0	\$41,296	\$32,592	\$1,303.67	23	27	0	\$26,634	\$17,957	\$780.76
49505 - REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE	29	29	0	\$65,510	\$47,981	\$1,654.51	7	7	0	\$14,455	\$8,081	\$1,154.43	7	7	0	\$9,373	\$4,542	\$648.79
73700 - COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	105	105	0	\$54,049	\$40,724	\$387.84						n/a	65	61	0	\$34,375	\$19,659	\$302.45
90375 - RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	12	43	0	\$59,713	\$58,441	\$4,870.10						n/a	7	7	0	\$2,298	\$1,908	\$272.53
70553 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	36	36	0	\$53,226	\$34,139	\$948.30						n/a	30	28	0	\$61,142	\$26,173	\$872.42
97003 - OCCUPATIONAL THERAPY EVALUATION	121	126	0	\$26,036	\$20,835	\$172.19						n/a	309	508	0	\$53,372	\$38,568	\$124.82
72156 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; CERVICAL	20	20	0	\$35,527	\$29,421	\$1,471.04						n/a	23	23	0	\$44,062	\$29,847	\$1,297.68
00228287811 - OXYCODONE HYDROCHLORIDE	10	0	1,170	\$951	\$863	\$86.29						n/a	856	0	93,503	\$66,920	\$57,690	\$67.40
97018 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; PARAFFIN BATH	265	266	0	\$17,602	\$13,078	\$49.35						n/a	1,754	1,763	0	\$69,516	\$44,920	\$25.61
29825 - ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	11	11	0	\$35,478	\$23,435	\$2,130.44	11	14	0	\$35,721	\$23,695	\$2,154.13	7	7	0	\$17,788	\$10,723	\$1,531.91
63481062870 - PERCOCET	5	0	780	\$3,400	\$3,400	\$680.04						n/a	109	0	12,501	\$57,452	\$54,274	\$497.93
97810 - ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	8	8	0	\$1,000	\$266	\$33.25						n/a	1,159	1,162	0	\$98,136	\$57,100	\$49.27
20926 - TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)	23	22	0	\$51,154	\$30,419	\$1,322.58	11	11	0	\$21,457	\$13,726	\$1,247.85	8	8	0	\$16,398	\$12,438	\$1,554.81
71020 - RADIOLOGIC EXAMINATION, CHEST, 2 VIEWS, FRONTAL AND LATERAL;	698	699	0	\$58,254	\$44,270	\$63.42						n/a	234	243	0	\$19,051	\$11,737	\$50.16
64510 - INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	5	5	0	\$5,302	\$4,156	\$831.11	60	60	0	\$59,587	\$42,779	\$712.98	20	20	0	\$12,608	\$8,833	\$441.64
70486 - COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	83	83	0	\$63,413	\$48,616	\$585.74						n/a	32	32	0	\$10,111	\$6,965	\$217.66
26055 - TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)	21	21	0	\$43,964	\$27,610	\$1,314.74	25	25	0	\$39,872	\$23,282	\$931.27	6	6	0	\$9,420	\$4,531	\$755.19
27486 - REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; 1 COMPONENT	11	11	0	\$59,449	\$38,417	\$3,492.49						n/a	4	4	0	\$22,750	\$16,748	\$4,186.94
63459070060 - AMRIX	3	0	90	\$1,156	\$1,156	\$385.20						n/a	144	0	4,895	\$59,774	\$53,884	\$374.19
0730 - EKG/ECG	384	442	0	\$113,063	\$53,756	\$139.99						n/a	10	10	0	\$1,366	\$793	\$79.31

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20605 - ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG, TEMPOROMANDIBULAR, ACROMIOCLAVICULAR, WRIST, ELBOW OR ANKLE, OLECRANON BURSA)	5	5	0	\$2,938	\$1,193	\$238.55	14	14	0	\$2,889	\$1,707	\$121.91	400	399	0	\$70,347	\$51,179	\$127.95
25000 - INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)	10	10	0	\$20,194	\$14,803	\$1,480.27	41	41	0	\$68,339	\$33,750	\$823.16	6	6	0	\$7,927	\$5,499	\$916.53
95934 - H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	22	25	0	\$3,665	\$2,742	\$124.62						n/a	529	658	0	\$100,755	\$51,280	\$96.94
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.	341	345	0	\$72,624	\$34,005	\$99.72						n/a	200	200	0	\$39,978	\$19,379	\$96.90
0921 - OTHER DIAGNOSTIC SERVICES: PERIPHERAL VASCULAR LAB	93	98	0	\$79,459	\$51,555	\$554.35						n/a	3	3	0	\$1,780	\$1,177	\$392.35
S9122 - HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR	9	36	0	\$984	\$984	\$109.32						n/a	328	1,855	0	\$72,146	\$50,980	\$155.43
L8699 - PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	11	19	0	\$7,797	\$6,346	\$576.87	60	108	0	\$75,979	\$32,237	\$537.28	20	33	0	\$31,162	\$13,142	\$657.11
15004 - 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, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	15	15	0	\$18,023	\$9,485	\$632.36	17	17	0	\$21,820	\$12,908	\$759.30	45	45	0	\$41,352	\$29,053	\$645.62
72132 - COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	41	41	0	\$24,401	\$16,355	\$398.90						n/a	86	185	0	\$73,932	\$34,830	\$405.00
90675 - RABIES VACCINE, FOR INTRAMUSCULAR USE	80	85	0	\$50,084	\$47,339	\$591.74						n/a	9	9	0	\$3,870	\$3,125	\$347.23

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64480 - INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL LEVEL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	3	3	0	\$5,308	\$4,512	\$1,503.93	48	48	0	\$49,253	\$36,844	\$767.58	21	20	0	\$15,518	\$8,597	\$409.36
23410 - REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE	6	6	0	\$22,371	\$19,225	\$3,204.09	11	11	0	\$31,541	\$22,575	\$2,052.31	4	4	0	\$11,128	\$7,809	\$1,952.13
71260 - COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	82	82	0	\$58,365	\$45,139	\$550.48						n/a	21	21	0	\$5,982	\$3,978	\$189.43
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)	40	32	0	\$91,896	\$42,875	\$1,071.88						n/a	4	4	0	\$6,600	\$5,610	\$1,402.50
72050 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF 4 VIEWS	202	202	0	\$33,797	\$23,994	\$118.78						n/a	248	248	0	\$39,702	\$24,471	\$98.67
93971 - DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY	129	130	0	\$54,609	\$42,149	\$326.73						n/a	46	46	0	\$13,161	\$5,926	\$128.83
95990 - REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INTRAVENTRICULAR), INCLUDES ELECTRONIC ANALYSIS OF PUMP, WHEN PERFORMED;	6	6	0	\$491	\$417	\$69.56						n/a	23	700	0	\$56,000	\$47,600	\$2,069.57
G0154 - DIRECT SKILLED NURSING SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	95	96	0	\$15,574	\$9,860	\$103.79						n/a	260	267	0	\$49,408	\$36,854	\$141.75
27814 - OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR MEDIAL AND POSTERIOR MALLEOLI), INCLUDES INTERNAL FIXATION, WHEN PERFORMED	15	15	0	\$43,850	\$34,755	\$2,317.00	3	3	0	\$7,172	\$5,543	\$1,847.79	3	3	0	\$7,743	\$5,918	\$1,972.71
00186504031 - NEXIUM	5	0	140	\$1,081	\$1,057	\$211.49						n/a	207	0	7,026	\$46,558	\$44,867	\$216.75
20550 - INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR "FASCIA")	7	7	0	\$3,616	\$2,846	\$406.52	5	5	0	\$705	\$577	\$115.36	360	399	0	\$60,053	\$42,095	\$116.93
00603499121 - OXYCODONE HYDROCHLORIDE	3	0	260	\$226	\$197	\$65.78						n/a	623	0	67,576	\$55,329	\$44,940	\$72.14
16590052730 - ZOLPIDEM TARTRATE	4	0	120	\$817	\$668	\$167.10						n/a	267	0	8,894	\$53,704	\$44,000	\$164.80
16590061786 - OXYCONTIN	5	0	360	\$5,415	\$5,415	\$1,082.97						n/a	36	0	2,790	\$40,636	\$39,084	\$1,085.67

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97811 - ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	\$350	\$54	\$27.00						n/a	1,036	1,477	0	\$105,088	\$43,953	\$42.43
01710 - ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED	10	316	0	\$11,945	\$6,933	\$693.31	44	1,866	0	\$41,909	\$31,839	\$723.61	8	254	0	\$8,342	\$5,182	\$647.79
L8689 - EXTERNAL RECHARGING SYSTEM FOR BATTERY (INTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR, REPLACEMENT ONLY	3	3	0	\$9,814	\$2,670	\$890.15	8	8	0	\$27,904	\$18,213	\$2,276.58	6	6	0	\$37,201	\$22,609	\$3,768.25
20930 - ALLOGRAFT, MORSELIZED, OR PLACEMENT OF OSTEOPROMOTIVE MATERIAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	98	96	0	\$67,133	\$33,560	\$342.44	2	2	0	\$1,378	\$976	\$487.90	20	18	0	\$12,398	\$8,948	\$447.40
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)	19	19	0	\$43,433	\$20,894	\$1,099.70	5	5	0	\$12,200	\$7,940	\$1,587.91	10	10	0	\$23,968	\$14,604	\$1,460.38
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	20	18	0	\$80,136	\$33,466	\$1,673.28						n/a	7	7	0	\$26,775	\$9,818	\$1,402.50
64520 - INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	36	36	0	\$24,877	\$21,262	\$590.61	21	21	0	\$20,073	\$11,175	\$532.15	13	13	0	\$14,091	\$10,483	\$806.37
77002 - FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)	153	151	0	\$43,106	\$17,896	\$116.97	94	94	0	\$22,317	\$9,108	\$96.90	124	123	0	\$28,751	\$15,590	\$125.73
20931 - ALLOGRAFT, STRUCTURAL, FOR SPINE SURGERY ONLY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	54	55	0	\$42,115	\$24,404	\$451.92	13	13	0	\$31,589	\$13,958	\$1,073.71	15	15	0	\$10,646	\$3,428	\$228.55

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62351 - IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION VIA AN EXTERNAL PUMP OR IMPLANTABLE RESERVOIR/INFUSION PUMP; WITH LAMINECTOMY	24	24	0	\$58,825	\$30,038	\$1,251.58						n/a	8	8	0	\$18,488	\$11,633	\$1,454.15
00300 - ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES OF HEAD, NECK, AND POSTERIOR TRUNK, NOT OTHERWISE SPECIFIED	118	941	0	\$27,898	\$13,885	\$117.67	21	1,053	0	\$26,865	\$18,315	\$872.12	11	105	0	\$11,710	\$9,068	\$824.34
J3010 - INJECTION, FENTANYL CITRATE, 0.1 MG	278	502	0	\$5,739	\$4,169	\$15.00						n/a	238	16,839	0	\$268,556	\$36,563	\$153.63
11760 - REPAIR OF NAIL BED	22	22	0	\$12,326	\$10,736	\$487.98	6	6	0	\$3,333	\$2,833	\$472.18	45	45	0	\$37,855	\$27,126	\$602.81
00591093301 - APAP/OXYCODONE	4	0	330	\$449	\$449	\$112.14						n/a	441	0	35,589	\$49,328	\$39,866	\$90.40
76377 - 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	21	23	0	\$6,512	\$5,294	\$252.11						n/a	155	252	0	\$54,660	\$34,943	\$225.44
15736 - MUSCLE, MYOCUTANEOUS, OR FASCIOCTANEOUS FLAP; UPPER EXTREMITY	9	9	0	\$46,285	\$27,072	\$3,008.00	4	4	0	\$16,120	\$5,755	\$1,438.71	3	3	0	\$10,896	\$6,590	\$2,196.65
97116 - THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	135	160	0	\$10,781	\$8,591	\$63.64						n/a	1,100	1,950	0	\$48,610	\$30,513	\$27.74
00320 - ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND LYMPHATIC SYSTEM OF NECK; NOT OTHERWISE SPECIFIED, AGE 1 YEAR OR OLDER	233	396	0	\$54,607	\$35,567	\$152.65						n/a	3	39	0	\$7,556	\$3,324	\$1,108.01
25320 - CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY	5	5	0	\$18,129	\$11,856	\$2,371.24	9	8	0	\$33,579	\$23,239	\$2,582.09	2	2	0	\$4,175	\$3,549	\$1,774.29
59746017710 - CYCLOBENZAPRINE HYDROCHLORIDE	3	0	90	\$86	\$86	\$28.55						n/a	790	0	45,453	\$46,066	\$38,508	\$48.74
25609 - OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS	9	9	0	\$24,132	\$15,067	\$1,674.10	12	12	0	\$31,590	\$20,445	\$1,703.75	2	2	0	\$5,765	\$2,972	\$1,486.23
Q9967 - LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	65	4,359	0	\$9,998	\$7,734	\$118.98	252	1,791	0	\$27,581	\$13,417	\$53.24	433	3,555	0	\$34,267	\$17,265	\$39.87

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11012 - DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, MUSCLE, AND BONE	50	50	0	\$59,214	\$27,248	\$544.96	7	7	0	\$10,898	\$5,725	\$817.79	6	6	0	\$7,326	\$5,404	\$900.69
26735 - OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	11	11	0	\$37,768	\$31,290	\$2,844.54	2	2	0	\$3,218	\$2,719	\$1,359.73	4	4	0	\$7,974	\$4,086	\$1,021.49
J0585 - INJECTION, ONABOTULINUMTOXINA, 1 UNIT	4	1,100	0	\$30,204	\$17,441	\$4,360.31						n/a	13	3,400	0	\$27,800	\$20,525	\$1,578.84
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	43	63	0	\$5,358	\$3,979	\$92.52						n/a	897	945	0	\$54,480	\$33,898	\$37.79
99223 - INITIAL HOSPITAL 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 ARE OF HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 70 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	122	122	0	\$54,578	\$27,617	\$226.37						n/a	47	47	0	\$19,175	\$10,084	\$214.55
76942 - ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION AND INTERPRETATION	16	16	0	\$4,721	\$2,840	\$177.51	13	13	0	\$2,771	\$1,043	\$80.24	154	157	0	\$64,089	\$33,557	\$217.90
22610 - ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH LATERAL TRANSVERSE TECHNIQUE, WHEN PERFORMED)	5	5	0	\$25,313	\$13,683	\$2,736.53						n/a	6	6	0	\$35,095	\$23,675	\$3,945.80
85025 - BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT	549	550	0	\$36,462	\$27,914	\$50.85						n/a	480	476	0	\$20,015	\$8,823	\$18.38
00406055201 - OXYCODONE HCL	8	0	541	\$264	\$264	\$32.98						n/a	1,012	0	86,541	\$44,301	\$36,305	\$35.87

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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)	196	196	0	\$36,584	\$24,890	\$126.99						n/a	354	351	0	\$21,879	\$11,466	\$32.39
01470 - ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED	23	1,758	0	\$26,269	\$15,365	\$668.03	25	1,545	0	\$25,516	\$17,986	\$719.45	4	250	0	\$4,291	\$2,211	\$552.80
L8681 - PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR, REPLACEMENT ONLY	4	4	0	\$8,226	\$4,123	\$1,030.71	13	13	0	\$28,662	\$19,034	\$1,464.18	6	6	0	\$18,148	\$12,022	\$2,003.60
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	9	9	0	\$35,264	\$19,136	\$2,126.27						n/a	4	2	0	\$21,393	\$15,882	\$3,970.56
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)	41	39	0	\$51,117	\$27,819	\$678.52						n/a	9	9	0	\$13,490	\$6,799	\$755.40
72193 - COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	73	73	0	\$41,484	\$30,398	\$416.41						n/a	21	21	0	\$7,098	\$3,891	\$185.29
76000 - FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034 (EG, CARDIAC FLUOROSCOPY)	132	132	0	\$34,464	\$12,996	\$98.45	73	72	0	\$13,071	\$3,584	\$49.10	217	217	0	\$25,190	\$17,583	\$81.03
23350 - INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER ARTHROGRAPHY	45	45	0	\$19,186	\$15,714	\$349.20						n/a	74	73	0	\$38,293	\$18,137	\$245.09
28615 - OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	18	18	0	\$42,077	\$31,963	\$1,775.74						n/a	6	6	0	\$4,911	\$1,866	\$311.05
0964 - ANESTHETIST (CRNA)	63	228	0	\$47,442	\$32,717	\$519.32						n/a	2	2	0	\$1,140	\$1,083	\$541.50
60793013605 - SKELAXIN	86	0	560	\$2,799	\$2,764	\$32.14						n/a	84	0	7,552	\$34,756	\$30,834	\$367.07
G0151 - SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	97	97	0	\$14,536	\$10,015	\$103.25						n/a	202	220	0	\$35,070	\$23,473	\$116.20

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Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
73590 - RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, 2 VIEWS	247	249	0	\$19,749	\$16,468	\$66.67						n/a	272	269	0	\$26,048	\$16,894	\$62.11
0434 - OCCUPATIONAL THERAPY; EVALUATION/RE-EVALUATION	168	203	0	\$50,149	\$31,883	\$189.78						n/a	7	6	0	\$1,462	\$1,121	\$160.12
74160 - COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	67	67	0	\$37,531	\$28,022	\$418.24						n/a	23	23	0	\$7,897	\$4,475	\$194.58
01230 - ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; NOT OTHERWISE SPECIFIED	17	1,936	0	\$40,960	\$27,388	\$1,611.07						n/a	3	57	0	\$9,855	\$5,049	\$1,683.00
96360 - INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	13	13	0	\$5,696	\$2,581	\$198.55	69	69	0	\$10,902	\$4,898	\$70.99	479	476	0	\$70,514	\$24,711	\$51.59
20103 - EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	7	7	0	\$9,615	\$7,061	\$1,008.67	21	21	0	\$26,367	\$15,836	\$754.09	10	10	0	\$11,368	\$9,074	\$907.37
62284 - INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERIOR FOSSA)	30	30	0	\$15,559	\$11,567	\$385.58						n/a	61	160	0	\$34,718	\$20,361	\$333.78
16590056630 - FLECTOR	15	0	1,047	\$4,518	\$4,518	\$301.19						n/a	103	0	3,571	\$29,510	\$27,331	\$265.35
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.	131	132	0	\$43,788	\$26,380	\$201.37						n/a	25	25	0	\$9,017	\$5,172	\$206.87

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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.	334	335	0	\$28,796	\$19,817	\$59.33						n/a	221	228	0	\$19,668	\$11,476	\$51.93
J3490 - UNCLASSIFIED DRUGS	116	1,161	0	\$9,453	\$6,059	\$52.23	22	22	0	\$220	\$127	\$5.79	318	6,670	0	\$38,304	\$25,017	\$78.67
01610 - ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF SHOULDER AND AXILLA	17	1,169	0	\$21,510	\$15,158	\$891.63	11	1,328	0	\$16,272	\$11,787	\$1,071.54	4	10	0	\$5,252	\$4,130	\$1,032.41
64910 - NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE	10	10	0	\$26,778	\$20,545	\$2,054.47	7	7	0	\$10,743	\$7,975	\$1,139.29	2	2	0	\$3,000	\$2,475	\$1,237.50
16590004630 - CELEBREX	16	0	1,050	\$3,202	\$3,202	\$200.13						n/a	130	0	4,890	\$30,052	\$27,570	\$212.08
13132 - REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	10	10	0	\$10,761	\$8,904	\$890.41	5	5	0	\$5,097	\$4,064	\$812.79	24	24	0	\$30,068	\$17,781	\$740.88
90715 - TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	202	202	0	\$26,858	\$22,693	\$112.34						n/a	129	129	0	\$8,584	\$7,886	\$61.13
0551 - VISIT CHARGE	109	109	0	\$16,176	\$11,181	\$102.58						n/a	114	115	0	\$30,293	\$19,174	\$168.20
63081 - VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, ANTERIOR APPROACH WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S); CERVICAL, SINGLE SEGMENT	4	4	0	\$35,013	\$23,323	\$5,830.80						n/a	2	2	0	\$9,679	\$6,911	\$3,455.47
64831 - SUTURE OF DIGITAL NERVE, HAND OR FOOT; 1 NERVE	9	9	0	\$27,099	\$19,506	\$2,167.33	8	8	0	\$12,882	\$6,950	\$868.70	4	4	0	\$5,582	\$3,726	\$931.39
0259 - PHARMACY: OTHER	343	3,175	0	\$36,288	\$26,145	\$76.22						n/a	33	249	0	\$1,638	\$4,002	\$121.27
11042 - DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); FIRST 20 SQ CM OR LESS	67	379	0	\$32,020	\$22,315	\$333.06	5	5	0	\$2,671	\$1,600	\$320.10	57	56	0	\$11,522	\$6,200	\$108.77
0271 - MEDICAL/SURGICAL SUPPLIES: NONSTERILE SUPPLIES	294	941	0	\$38,547	\$29,790	\$101.33						n/a	3	5	0	\$223	\$89	\$29.72

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01936 - ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC	11	770	0	\$17,350	\$10,288	\$935.23	21	558	0	\$19,706	\$12,797	\$609.37	11	73	0	\$9,108	\$6,736	\$612.38
72195 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	4	4	0	\$2,134	\$1,284	\$321.05						n/a	31	31	0	\$44,472	\$28,505	\$919.50
90801 - PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	5	5	0	\$1,166	\$936	\$187.11						n/a	191	193	0	\$46,390	\$28,767	\$150.61
64787 - IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	3	3	0	\$2,154	\$1,905	\$634.89	37	39	0	\$47,225	\$21,756	\$588.00	7	7	0	\$7,481	\$5,759	\$822.65
99255 - 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 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 MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 110 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	78	77	0	\$48,661	\$22,921	\$293.86						n/a	23	23	0	\$13,194	\$6,261	\$272.23
63402019110 - LUNESTA	7	0	190	\$1,616	\$1,474	\$210.56						n/a	123	0	4,146	\$31,376	\$27,663	\$224.90
16590003990 - CARISOPRODOL	12	0	3,860	\$4,796	\$4,796	\$399.65						n/a	102	0	9,210	\$28,407	\$24,335	\$238.58
63655 - LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL	14	14	0	\$44,842	\$27,861	\$1,990.05						n/a	2	2	0	\$3,750	\$1,251	\$625.64
78315 - BONE AND/OR JOINT IMAGING; 3 PHASE STUDY	37	37	0	\$24,457	\$18,606	\$502.85						n/a	23	23	0	\$16,094	\$10,503	\$456.65
96374 - THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	114	114	0	\$17,057	\$14,240	\$124.91	87	87	0	\$13,827	\$6,638	\$76.29	106	217	0	\$12,679	\$7,911	\$74.63
66336071830 - ZOLPIDEM TARTRATE	8	0	240	\$1,795	\$1,646	\$205.71						n/a	143	0	4,620	\$35,637	\$26,951	\$188.47
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	6	138	0	\$3,047	\$1,857	\$309.47	23	298	0	\$14,902	\$10,778	\$468.61	31	163	0	\$18,816	\$15,915	\$513.38
27759 - TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE	9	9	0	\$29,370	\$24,429	\$2,714.31						n/a	3	3	0	\$5,479	\$3,839	\$1,279.57

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16590065960 - OXYCODONE HYDROCHLORIDE	2	0	150	\$223	\$223	\$111.31						n/a	188	0	19,096	\$29,570	\$27,858	\$148.18
26410 - REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	5	5	0	\$4,554	\$2,926	\$585.27	17	17	0	\$20,780	\$16,220	\$954.12	11	11	0	\$13,116	\$8,711	\$791.92
23700 - MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)	19	19	0	\$17,374	\$8,567	\$450.90	25	25	0	\$30,884	\$12,517	\$500.67	17	17	0	\$15,596	\$6,749	\$397.01
0922 - OTHER DIAGNOSTIC SERVICES: ELECTROMYEOGRAM	73	167	0	\$37,606	\$26,608	\$364.49						n/a	6	18	0	\$3,437	\$1,184	\$197.27
64447 - INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	18	19	0	\$14,180	\$7,488	\$416.02	14	14	0	\$17,457	\$13,000	\$928.60	13	19	0	\$10,529	\$7,141	\$549.27
60793013601 - SKELAXIN	4	0	270	\$1,286	\$1,286	\$321.45						n/a	71	0	6,238	\$31,445	\$26,328	\$370.82
29125 - APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	209	209	0	\$30,265	\$19,001	\$90.91	9	9	0	\$1,125	\$336	\$37.30	82	82	0	\$10,546	\$8,158	\$99.49
22846 - ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7	7	0	\$23,162	\$11,379	\$1,625.56						n/a	9	9	0	\$33,668	\$15,717	\$1,746.37
78452 - MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECTION, QUALITATIVE OR QUANTITATIVE WALL MOTION, EJECTION FRACTION BY FIRST PASS OR GATED TECHNIQUE, ADDITIONAL QUANTIFICATION, WHEN PERFORMED); MULTIPLE STUDIES, AT REST AND/OR STRESS (EXERCISE OR PHARMACOLOGIC) AND/OR REDISTRIBUTION AND/OR REST REINJECTION	9	9	0	\$12,039	\$9,852	\$1,094.68						n/a	29	29	0	\$34,834	\$17,121	\$590.36
27134 - REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	2	2	0	\$19,376	\$13,835	\$6,917.30						n/a	2	2	0	\$15,372	\$13,066	\$6,533.10
66336063590 - CARISOPRODOL	2	0	60	\$495	\$396	\$198.18						n/a	66	0	4,920	\$38,440	\$26,496	\$401.45
20552 - INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	16	15	0	\$3,541	\$2,009	\$125.55	2	2	0	\$2,178	\$289	\$144.69	242	239	0	\$36,702	\$24,089	\$99.54
01740 - ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT OTHERWISE SPECIFIED	8	1,169	0	\$15,886	\$10,809	\$1,351.07	12	613	0	\$11,951	\$7,823	\$651.90	7	57	0	\$10,303	\$7,728	\$1,103.95
86803 - HEPATITIS C ANTIBODY;	42	42	0	\$4,633	\$3,520	\$83.80						n/a	296	296	0	\$32,957	\$22,822	\$77.10
14040 - ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; DEFECT 10 SQ CM OR LESS	15	15	0	\$26,440	\$15,342	\$1,022.78	8	16	0	\$13,138	\$5,042	\$630.27	5	5	0	\$7,805	\$5,944	\$1,188.78
27822 - OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP	6	6	0	\$20,662	\$16,511	\$2,751.89	4	4	0	\$11,221	\$6,744	\$1,685.92	2	2	0	\$4,908	\$2,825	\$1,412.39

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90471 - IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); 1 VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	346	347	0	\$19,508	\$16,392	\$47.38						n/a	530	539	0	\$12,404	\$9,667	\$18.24
0460 - PULMONARY FUNCTION	106	917	0	\$58,688	\$25,927	\$244.60						n/a	2	2	0	\$160	\$90	\$44.88
16590050460 - LYRICA	7	0	720	\$2,526	\$2,526	\$360.93						n/a	102	0	7,125	\$26,279	\$23,399	\$229.40
73090 - RADIOLOGIC EXAMINATION; FOREARM, 2 VIEWS	130	131	0	\$19,563	\$16,917	\$130.13						n/a	129	128	0	\$11,810	\$8,737	\$67.73
20553 - INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLE(S)	7	7	0	\$7,972	\$5,920	\$845.77	3	3	0	\$766	\$367	\$122.17	200	234	0	\$46,280	\$19,123	\$95.62
64999 - UNLISTED PROCEDURE, NERVOUS SYSTEM	6	6	0	\$14,682	\$2,836	\$472.59	3	3	0	\$5,000	\$1,712	\$570.73	35	35	0	\$36,300	\$20,849	\$595.69
22505 - MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	16	18	0	\$8,100	\$2,295	\$143.44	14	14	0	\$23,100	\$4,047	\$289.04	31	31	0	\$31,800	\$19,032	\$613.93
73080 - RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF 3 VIEWS	156	157	0	\$16,700	\$13,922	\$89.24						n/a	161	163	0	\$18,330	\$11,265	\$69.97
63055 - TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVERTEBRAL DISC), SINGLE SEGMENT; THORACIC	4	4	0	\$23,707	\$15,548	\$3,886.92						n/a	2	2	0	\$11,853	\$9,287	\$4,643.41
S9123 - NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL NURSING CARE ONLY, NOT TO BE USED WHEN CPT CODES 99500-99602 CAN BE USED)	5	5	0	\$326	\$326	\$65.19						n/a	204	204	0	\$33,029	\$24,496	\$120.08
23415 - CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	8	8	0	\$28,832	\$20,289	\$2,536.18	2	2	0	\$4,786	\$1,662	\$830.84	3	3	0	\$4,299	\$2,769	\$922.89
A0428 - AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	6	6	0	\$4,512	\$3,372	\$561.92						n/a	80	78	0	\$32,908	\$21,269	\$265.86
96365 - INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1 HOUR	39	39	0	\$11,214	\$8,655	\$221.92	3	3	0	\$865	\$525	\$174.98	113	113	0	\$22,643	\$15,405	\$136.33
95928 - CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS	75	85	0	\$28,739	\$20,005	\$266.73						n/a	14	14	0	\$5,769	\$4,537	\$324.10

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99222 - INITIAL HOSPITAL 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 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 PROBLEM(S) REQUIRING ADMISSION ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 50 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	109	109	0	\$28,913	\$16,938	\$155.39						n/a	44	43	0	\$10,869	\$7,597	\$172.65
72265 - MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	26	26	0	\$11,174	\$8,090	\$311.17						n/a	63	162	0	\$30,333	\$16,359	\$259.67
15101 - SPLIT-THICKNESS AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	12	30	0	\$48,472	\$20,991	\$1,749.27						n/a	2	16	0	\$4,000	\$3,400	\$1,700.00
73510 - RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF 2 VIEWS	157	157	0	\$18,363	\$14,148	\$90.11						n/a	140	140	0	\$15,565	\$10,174	\$72.67
73100 - RADIOLOGIC EXAMINATION, WRIST; 2 VIEWS	121	135	0	\$8,674	\$6,998	\$57.83						n/a	247	248	0	\$25,200	\$17,099	\$69.23
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.	94	94	0	\$7,095	\$5,929	\$63.07						n/a	731	731	0	\$40,153	\$18,129	\$24.80
95929 - CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS	77	90	0	\$29,294	\$19,782	\$256.91						n/a	13	13	0	\$5,439	\$4,256	\$327.40
A0427 - AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS1-EMERGENCY)	2	2	0	\$8,637	\$6,910	\$3,454.80						n/a	29	29	0	\$24,763	\$16,927	\$583.68
16590061260 - APAP/OXYCODONE	7	0	720	\$1,628	\$1,628	\$232.63						n/a	125	0	10,464	\$25,593	\$22,194	\$177.55
63688 - REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	6	6	0	\$12,805	\$10,027	\$1,671.14	12	12	0	\$27,797	\$13,576	\$1,131.32	2	2	0	\$1,665	\$202	\$101.01

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26951 - AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE	8	8	0	\$12,450	\$9,386	\$1,173.30						n/a	9	9	0	\$16,810	\$14,205	\$1,578.37
J1170 - INJECTION, HYDROMORPHONE, UP TO 4 MG	453	1,402	0	\$11,157	\$8,645	\$19.08						n/a	86	8,785	0	\$34,534	\$14,852	\$172.69
93970 - DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	73	79	0	\$30,553	\$20,884	\$286.08						n/a	23	23	0	\$6,172	\$2,567	\$111.61
26615 - OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE	11	11	0	\$32,461	\$16,294	\$1,481.25	3	3	0	\$6,087	\$3,500	\$1,166.77	3	3	0	\$4,548	\$3,600	\$1,199.99
72070 - RADIOLOGIC EXAMINATION, SPINE; THORACIC, 2 VIEWS	112	111	0	\$10,896	\$7,860	\$70.18	2	2	0	\$400	\$191	\$95.36	168	167	0	\$21,357	\$15,237	\$90.70
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)	85	132	0	\$18,607	\$15,258	\$179.50						n/a	116	207	0	\$12,132	\$7,973	\$68.74
00603258221 - CARISOPRODOL	5	0	270	\$156	\$156	\$31.15						n/a	589	0	43,690	\$25,930	\$22,842	\$38.78
28035 - RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)	2	2	0	\$4,054	\$3,446	\$1,722.86	20	20	0	\$26,801	\$13,831	\$691.56	3	3	0	\$7,100	\$5,594	\$1,864.56
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)	281	284	0	\$28,386	\$19,765	\$70.34						n/a	112	111	0	\$4,633	\$2,901	\$25.91
46987032211 - KADIAN	76	0	1,020	\$5,545	\$5,544	\$72.95						n/a	59	0	3,643	\$19,120	\$17,037	\$288.76
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	6	6	0	\$1,871	\$1,688	\$281.28						n/a	34	34	0	\$24,414	\$20,884	\$614.23
15620 - DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS, OR FEET	8	8	0	\$13,279	\$10,916	\$1,364.49	5	5	0	\$11,192	\$9,072	\$1,814.45	3	3	0	\$3,151	\$2,540	\$846.60
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)	25	25	0	\$27,111	\$16,677	\$667.07						n/a	9	9	0	\$9,371	\$5,268	\$585.38
J0696 - INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	7	10	0	\$670	\$604	\$86.22						n/a	37	1,289	0	\$35,862	\$21,289	\$575.39

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64704 - NEUROPLASTY; NERVE OF HAND OR FOOT	3	3	0	\$3,600	\$1,920	\$639.92	45	45	0	\$38,087	\$17,813	\$395.85	2	2	0	\$2,537	\$2,156	\$1,078.23
78306 - BONE AND/OR JOINT IMAGING; WHOLE BODY	40	40	0	\$21,421	\$14,184	\$354.60						n/a	22	21	0	\$13,493	\$7,692	\$349.65
90718 - TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	130	130	0	\$10,455	\$8,986	\$69.13	5	5	0	\$125	\$100	\$20.00	510	507	0	\$16,372	\$12,500	\$24.51
00603258232 - CARISOPRODOL	5	0	150	\$101	\$85	\$16.99						n/a	588	0	43,658	\$26,608	\$21,487	\$36.54
86703 - ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	59	59	0	\$7,317	\$5,536	\$93.83						n/a	221	221	0	\$27,329	\$15,984	\$72.32
16590048230 - CYMBALTA	5	0	150	\$1,227	\$1,064	\$212.86						n/a	77	0	2,970	\$22,591	\$20,430	\$265.33
G0431 - DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER	18	99	0	\$3,981	\$2,388	\$132.65						n/a	183	825	0	\$44,190	\$19,033	\$104.00
16590050660 - LYRICA	4	0	300	\$1,164	\$1,164	\$290.97						n/a	96	0	5,670	\$21,183	\$20,197	\$210.38
00830 - ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	17	1,176	0	\$20,253	\$12,384	\$728.45	5	185	0	\$4,739	\$3,743	\$748.59	7	249	0	\$8,544	\$4,998	\$714.02
26750 - CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	15	15	0	\$5,376	\$4,513	\$300.85						n/a	39	39	0	\$17,376	\$16,507	\$423.27
22328 - OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, 1 FRACTURED VERTEBRA OR DISLOCATED SEGMENT; EACH ADDITIONAL FRACTURED VERTEBRA OR DISLOCATED SEGMENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	25	25	0	\$26,635	\$15,298	\$611.93						n/a	8	8	0	\$8,888	\$5,660	\$707.50
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	15	15	0	\$18,322	\$13,738	\$915.84						n/a	24	24	0	\$17,408	\$7,118	\$296.60
96366 - INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	9	19	0	\$3,040	\$2,376	\$264.05	2	2	0	\$171	\$48	\$23.80	90	232	0	\$23,406	\$18,358	\$203.98
28470 - CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	2	2	0	\$592	\$562	\$281.20						n/a	44	46	0	\$24,758	\$20,035	\$455.34
72192 - COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	53	53	0	\$24,506	\$15,854	\$299.13						n/a	16	16	0	\$7,966	\$4,490	\$280.61
78320 - BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	20	20	0	\$12,842	\$9,166	\$458.28						n/a	25	25	0	\$20,614	\$11,052	\$442.08

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23472 - ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))	3	3	0	\$17,384	\$11,526	\$3,841.96						n/a	2	2	0	\$11,784	\$8,681	\$4,340.44
00093005801 - TRAMADOL HCL	3	0	156	\$129	\$129	\$43.11						n/a	371	0	28,046	\$22,229	\$19,745	\$53.22
97004 - OCCUPATIONAL THERAPY RE-EVALUATION	5	5	0	\$968	\$673	\$134.60						n/a	183	183	0	\$24,599	\$18,836	\$102.93
95926 - SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES, RECORDING FROM THE CENTRAL NERVOUS SYSTEM; IN LOWER LIMBS	63	63	0	\$23,642	\$14,326	\$227.39	7	7	0	\$1,750	\$698	\$99.67	22	22	0	\$7,071	\$4,484	\$203.82
28415 - OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;	3	3	0	\$13,374	\$7,867	\$2,622.19						n/a	7	7	0	\$14,381	\$11,492	\$1,641.78
96372 - THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	192	228	0	\$20,344	\$14,159	\$73.74	6	6	0	\$138	\$98	\$16.37	308	319	0	\$9,624	\$5,070	\$16.46
64702 - NEUROPLASTY; DIGITAL, 1 OR BOTH, SAME DIGIT	4	4	0	\$6,852	\$4,317	\$1,079.24	13	13	0	\$12,513	\$7,232	\$556.32	8	8	0	\$8,990	\$7,642	\$955.19
99135 - ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)						n/a	45	45	0	\$23,625	\$17,598	\$391.07	3	3	0	\$1,575	\$1,418	\$472.50
96361 - INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	53	195	0	\$17,432	\$12,185	\$229.90						n/a	41	117	0	\$9,075	\$6,764	\$164.97
25115 - RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS	6	6	0	\$21,446	\$6,979	\$1,163.25	8	8	0	\$15,845	\$10,506	\$1,313.25	2	2	0	\$7,258	\$894	\$447.18
25270 - REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	12	12	0	\$17,362	\$14,318	\$1,193.19						n/a	6	6	0	\$4,740	\$4,029	\$671.50
72157 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES; THORACIC	10	10	0	\$10,853	\$8,254	\$825.41						n/a	9	9	0	\$19,213	\$9,993	\$1,110.35
73200 - COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	38	38	0	\$11,945	\$8,843	\$232.71						n/a	34	33	0	\$21,656	\$9,228	\$271.42
16590050130 - LUNESTA	7	0	240	\$2,222	\$1,134	\$162.02						n/a	46	0	2,371	\$24,270	\$16,844	\$366.18
0940 - OTHER THERAPEUTIC SERV	52	148	0	\$24,305	\$17,865	\$343.56						n/a	5	9	0	\$305	\$83	\$16.58

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26765 - OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH	8	8	0	\$25,997	\$7,490	\$936.22	5	5	0	\$5,482	\$4,660	\$931.94	7	7	0	\$6,734	\$5,731	\$818.66
12011 - SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	65	65	0	\$15,669	\$12,481	\$192.02						n/a	25	25	0	\$6,969	\$5,324	\$212.95
77012 - COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), RADIOLOGICAL SUPERVISION AND INTERPRETATION	29	29	0	\$23,761	\$10,391	\$358.31						n/a	14	14	0	\$11,368	\$7,098	\$507.01
20600 - ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS, TOES)	2	2	0	\$432	\$355	\$177.35	3	3	0	\$522	\$303	\$100.93	129	130	0	\$20,825	\$16,808	\$130.29
15002 - 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; FIRST 100 SQ CM OR 1% OF BODY AREA OF INFANTS AND CHILDREN	25	25	0	\$17,441	\$11,786	\$471.43	6	6	0	\$6,720	\$4,355	\$725.91	3	3	0	\$2,451	\$1,277	\$425.62
13131 - REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	7	7	0	\$5,100	\$2,896	\$413.74	2	2	0	\$2,881	\$845	\$422.72	30	30	0	\$25,592	\$13,618	\$453.95
22556 - ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); THORACIC	4	4	0	\$23,238	\$10,895	\$2,723.67						n/a	2	2	0	\$12,570	\$6,411	\$3,205.35
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.	14	14	0	\$1,825	\$1,518	\$108.40						n/a	89	79	0	\$18,329	\$15,773	\$177.23
E0218 - WATER CIRCULATING COLD PAD WITH PUMP	19	19	0	\$5,374	\$3,368	\$177.25	54	54	0	\$17,419	\$8,800	\$162.97	18	18	0	\$6,884	\$4,979	\$276.63
10144060615 - ZANAFLEX CAPSULE	95	0	1,280	\$6,685	\$6,669	\$70.20						n/a	30	0	2,204	\$11,285	\$10,423	\$347.43

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97760 - ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MINUTES	82	89	0	\$10,115	\$7,869	\$95.96						n/a	167	205	0	\$12,218	\$9,220	\$55.21
A4550 - SURGICAL TRAYS	14	14	0	\$1,216	\$807	\$57.66	20	20	0	\$1,752	\$1,189	\$59.47	752	768	0	\$80,815	\$15,069	\$20.04
71275 - COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF PERFORMED, AND IMAGE POSTPROCESSING	25	25	0	\$21,137	\$15,930	\$637.18						n/a	7	7	0	\$2,085	\$1,078	\$154.00
0255 - PHARMACY: INCIDENT TO RADIOLOGY	85	430	0	\$26,883	\$15,986	\$188.07						n/a	6	25	0	\$1,800	\$978	\$162.93
73720 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	6	6	0	\$4,073	\$3,053	\$508.85						n/a	10	10	0	\$21,017	\$13,848	\$1,384.82
27829 - OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	13	13	0	\$21,422	\$14,587	\$1,122.10						n/a	2	2	0	\$3,026	\$2,161	\$1,080.35
69990 - MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	67	67	0	\$61,926	\$12,911	\$192.70	11	11	0	\$5,700	\$1,577	\$143.40	10	10	0	\$11,020	\$2,052	\$205.17
74176 - COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	21	21	0	\$14,905	\$12,788	\$608.96						n/a	16	16	0	\$10,034	\$3,484	\$217.73
72114 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS, MINIMUM OF 6 VIEWS	47	47	0	\$8,133	\$6,652	\$141.52						n/a	76	74	0	\$14,925	\$9,468	\$124.57
29898 - ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	3	3	0	\$11,436	\$8,715	\$2,904.93	2	2	0	\$6,007	\$4,289	\$2,144.57	2	2	0	\$3,577	\$3,040	\$1,520.02
01214 - ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	9	730	0	\$20,795	\$13,343	\$1,482.51						n/a	2	2	0	\$4,240	\$2,635	\$1,317.50
26952 - AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)	6	6	0	\$9,684	\$8,307	\$1,384.58	10	10	0	\$13,328	\$5,424	\$542.44	2	2	0	\$3,227	\$2,125	\$1,062.41
26356 - REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY, WITHOUT FREE GRAFT, EACH TENDON	3	4	0	\$12,291	\$9,456	\$3,152.01	3	3	0	\$4,695	\$3,669	\$1,223.16	2	2	0	\$3,130	\$2,661	\$1,330.25
73550 - RADIOLOGIC EXAMINATION, FEMUR, 2 VIEWS	142	142	0	\$10,271	\$7,647	\$53.85						n/a	92	95	0	\$11,838	\$8,090	\$87.93

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72128 - COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	36	36	0	\$15,487	\$10,219	\$283.87						n/a	21	21	0	\$9,940	\$5,508	\$262.30
95991 - REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INTRAVENTRICULAR), INCLUDES ELECTRONIC ANALYSIS OF PUMP, WHEN PERFORMED; REQUIRING PHYSICIAN'S SKILL	3	3	0	\$536	\$361	\$120.19						n/a	166	166	0	\$33,086	\$15,264	\$91.95
01392 - ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR PATELLA	11	484	0	\$16,340	\$11,106	\$1,009.60	3	232	0	\$3,625	\$1,917	\$638.83	2	20	0	\$3,000	\$2,550	\$1,275.00
L3908 - WRIST HAND ORTHOSIS, WRIST EXTENSION CONTROL COCK-UP, NON MOLDED, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	11	11	0	\$1,060	\$894	\$81.29						n/a	420	422	0	\$21,470	\$14,583	\$34.72
26600 - CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	5	5	0	\$1,600	\$1,566	\$313.10						n/a	30	30	0	\$16,793	\$13,910	\$463.68
01250 - ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER LEG	4	385	0	\$5,003	\$2,376	\$593.89	6	493	0	\$7,677	\$5,945	\$990.87	4	45	0	\$8,956	\$7,131	\$1,782.75
95937 - NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY 1 METHOD	99	147	0	\$15,860	\$7,382	\$74.57						n/a	52	120	0	\$11,398	\$8,027	\$154.36
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)	17	17	0	\$28,758	\$11,370	\$668.80						n/a	7	7	0	\$10,943	\$3,917	\$559.51
28300 - OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	7	7	0	\$15,568	\$12,614	\$1,802.05						n/a	3	3	0	\$4,187	\$2,650	\$883.38
71010 - RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	402	403	0	\$18,200	\$12,075	\$30.04						n/a	132	132	0	\$4,873	\$3,047	\$23.08
26727 - PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH	3	3	0	\$5,920	\$1,210	\$403.32	12	12	0	\$28,182	\$10,130	\$844.20	2	2	0	\$4,439	\$3,773	\$1,886.45
00603646932 - ZOLPIDEM TARTRATE	4	0	120	\$694	\$555	\$138.75						n/a	102	0	7,274	\$19,047	\$14,450	\$141.67

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99253 - INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A DETAILED 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 MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 55 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	70	70	0	\$16,008	\$10,456	\$149.37						n/a	24	24	0	\$6,004	\$4,536	\$188.99
0421 - PHYSICAL THERAPY: VISIT CHARGE	49	61	0	\$10,900	\$8,082	\$164.93						n/a	67	67	0	\$11,536	\$6,902	\$103.01
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)	8	10	0	\$3,682	\$2,044	\$255.45						n/a	75	96	0	\$29,353	\$12,920	\$172.27
49999034790 - TIZANIDINE HCL	2	0	180	\$558	\$465	\$232.59						n/a	84	0	7,652	\$23,293	\$14,202	\$169.07
97150 - THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	157	176	0	\$14,458	\$11,481	\$73.13						n/a	99	99	0	\$4,878	\$3,064	\$30.95
00620 - ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	6	686	0	\$18,650	\$11,957	\$1,992.91						n/a	3	221	0	\$4,735	\$2,542	\$847.27
01160 - ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT						n/a	7	159	0	\$5,200	\$4,420	\$631.43	17	97	0	\$12,150	\$9,920	\$583.54
20670 - REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	5	91	0	\$10,363	\$5,325	\$1,065.01	5	5	0	\$5,730	\$4,492	\$898.31	6	6	0	\$4,684	\$4,479	\$746.52
24358 - TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	2	2	0	\$4,115	\$3,498	\$1,748.88	4	4	0	\$6,129	\$5,209	\$1,302.31	3	3	0	\$6,481	\$5,509	\$1,836.28
62368 - ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING	9	9	0	\$1,647	\$1,259	\$139.90	2	2	0	\$300	\$161	\$80.35	288	304	0	\$60,118	\$12,733	\$44.21
0310 - LABORATORY - PATHOLOGY	74	117	0	\$22,376	\$13,839	\$187.01						n/a	3	3	0	\$605	\$290	\$96.57

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27570 - MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)	6	6	0	\$4,349	\$2,663	\$443.76	12	12	0	\$10,869	\$5,594	\$466.20	8	8	0	\$7,272	\$5,726	\$715.73
15732 - MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK (EG, TEMPORALIS, MASSETER MUSCLE, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	3	3	0	\$11,731	\$9,152	\$3,050.53						n/a	2	2	0	\$4,828	\$4,828	\$2,414.24
83986 - PH; BODY FLUID, NOT OTHERWISE SPECIFIED	5	5	0	\$99	\$89	\$17.87						n/a	1,427	1,414	0	\$23,187	\$13,859	\$9.71
20694 - REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	16	16	0	\$17,691	\$9,408	\$588.01	4	4	0	\$4,576	\$2,166	\$541.45	4	4	0	\$2,861	\$2,066	\$516.53
64727 - INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)	2	2	0	\$1,414	\$837	\$418.59	28	28	0	\$20,116	\$10,390	\$371.07	4	4	0	\$4,680	\$2,287	\$571.75
11044 - DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	11	11	0	\$14,247	\$8,547	\$777.01	2	2	0	\$2,153	\$1,538	\$768.96	6	6	0	\$4,074	\$3,321	\$553.43
26720 - CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	13	13	0	\$4,370	\$3,538	\$272.15						n/a	27	27	0	\$11,222	\$9,388	\$347.69
0324 - RADIOLOGY - DIAGNOSTIC: CHEST X-RAY	76	111	0	\$22,248	\$12,095	\$159.14						n/a	4	3	0	\$910	\$796	\$198.95
64640 - DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	5	5	0	\$2,887	\$1,889	\$377.75	5	5	0	\$7,550	\$2,498	\$499.55	28	30	0	\$13,325	\$8,220	\$293.57
28445 - OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	4	4	0	\$13,948	\$9,395	\$2,348.69						n/a	2	2	0	\$3,693	\$3,139	\$1,569.36
16590050430 - LYRICA	10	0	750	\$3,111	\$2,263	\$226.26						n/a	38	0	3,184	\$12,710	\$10,255	\$269.87
36415 - COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	531	547	0	\$9,105	\$6,544	\$12.32						n/a	726	723	0	\$18,989	\$5,972	\$8.23
0540 - AMBULANCE	15	34	0	\$13,538	\$11,064	\$737.62						n/a	2	2	0	\$1,367	\$1,299	\$649.33
0999 - OTHER PATIENT CONVENIENCE ITEM	17	31	0	\$11,694	\$300	\$17.65						n/a	6	0	0	\$12,059	\$12,059	\$2,009.82
85730 - THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	235	235	0	\$13,155	\$9,916	\$42.20						n/a	119	119	0	\$5,364	\$2,397	\$20.14
11010 - DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN AND SUBCUTANEOUS TISSUES	13	13	0	\$12,369	\$4,944	\$380.28						n/a	16	16	0	\$11,411	\$7,328	\$457.98
86706 - HEPATITIS B SURFACE ANTIBODY (HBSAB)	36	36	0	\$2,839	\$2,497	\$69.36						n/a	189	189	0	\$13,849	\$9,746	\$51.56
29540 - STRAPPING; ANKLE AND/OR FOOT	21	21	0	\$3,648	\$2,924	\$139.23						n/a	154	154	0	\$10,808	\$9,307	\$60.44
00603499821 - APAP/OXYCODONE	2	0	180	\$115	\$92	\$46.11						n/a	438	0	26,809	\$13,420	\$12,111	\$27.65

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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)	6	6	0	\$14,172	\$6,394	\$1,065.65						n/a	4	4	0	\$8,990	\$5,708	\$1,426.97
51785 - NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	29	29	0	\$12,756	\$9,155	\$315.70						n/a	9	9	0	\$4,050	\$2,896	\$321.83
65162054111 - CYCLOBENZAPRINE HYDROCHLORIDE	6	0	1,530	\$1,587	\$1,401	\$233.42						n/a	174	0	10,922	\$13,442	\$10,635	\$61.12
16590067160 - OXYCODONE HYDROCHLORIDE	7	0	840	\$1,508	\$1,508	\$215.36						n/a	55	0	5,790	\$10,855	\$10,383	\$188.77
J2405 - INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	444	1,535	0	\$14,875	\$11,454	\$25.80						n/a	22	116	0	\$561	\$378	\$17.17
12032 - REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM	20	20	0	\$12,702	\$9,449	\$472.43	5	5	0	\$4,267	\$230	\$45.96	8	8	0	\$3,142	\$2,112	\$263.97
53746019005 - NAPROXEN	6	0	300	\$418	\$344	\$57.34						n/a	198	0	11,901	\$13,004	\$11,345	\$57.30
73060 - RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF 2 VIEWS	89	88	0	\$8,680	\$5,715	\$64.22						n/a	88	88	0	\$8,287	\$5,875	\$66.76
55111017915 - TIZANIDINE HCL	3	0	150	\$192	\$183	\$61.09						n/a	222	0	10,778	\$14,795	\$11,341	\$51.09
27691 - TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)	5	5	0	\$11,914	\$7,530	\$1,505.92						n/a	2	2	0	\$5,134	\$3,946	\$1,973.19
72149 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	4	4	0	\$1,087	\$659	\$164.69						n/a	16	16	0	\$28,395	\$10,664	\$666.47
70544 - MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	19	19	0	\$9,231	\$4,389	\$230.98						n/a	11	11	0	\$10,818	\$6,775	\$615.88
72052 - RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	31	31	0	\$5,476	\$2,214	\$71.41	2	2	0	\$428	\$314	\$156.85	56	55	0	\$11,187	\$8,628	\$154.08
01952 - ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR WITHOUT SKIN GRAFTING, ANY SITE, FOR TOTAL BODY SURFACE AREA (TBSA) TREATED DURING ANESTHESIA AND SURGERY; BETWEEN 4% AND 9% OF TOTAL BODY SURFACE AREA	20	162	0	\$21,750	\$10,104	\$505.21	2	0	0	\$1,810	\$474	\$237.06	2	164	0	\$1,375	\$510	\$254.92
97034 - APPLICATION OF A MODALITY TO 1 OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	2	2	0	\$156	\$133	\$66.30						n/a	325	332	0	\$15,266	\$10,887	\$33.50

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27535 - OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED						n/a	2	2	0	\$9,378	\$7,892	\$3,945.79	2	2	0	\$3,385	\$3,116	\$1,557.88
72020 - RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	191	224	0	\$10,367	\$7,650	\$40.05						n/a	87	89	0	\$5,854	\$3,347	\$38.47
01320 - ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF KNEE AND/OR POPLITEAL AREA	8	698	0	\$9,120	\$5,944	\$743.04	4	114	0	\$2,534	\$1,995	\$498.72	3	13	0	\$3,678	\$2,860	\$953.45
85610 - PROTHROMBIN TIME;	351	351	0	\$11,874	\$8,814	\$25.11						n/a	246	245	0	\$9,951	\$1,896	\$7.71
97597 - DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE DEBRIDEMENT WITH SCISSORS, SCALPEL AND FORCEPS), OPEN WOUND, (EG, FIBRIN, DEVITALIZED EPIDERMIS AND/OR DERMIS, EXUDATE, DEBRIS, BIOFILM), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, USE OF A WHIRLPOOL, WHEN PERFORMED AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION, TOTAL WOUND(S) SURFACE AREA; FIRST 20 SQ CM OR LESS	22	22	0	\$4,918	\$3,143	\$142.85						n/a	142	141	0	\$15,749	\$7,458	\$52.52
00228203150 - ALPRAZOLAM	7	0	420	\$479	\$479	\$68.40						n/a	159	0	11,505	\$11,434	\$10,072	\$63.34
49999085060 - OXYCODONE HCL	2	0	180	\$452	\$377	\$188.40						n/a	56	0	4,940	\$12,117	\$10,037	\$179.23
72072 - RADIOLOGIC EXAMINATION, SPINE; THORACIC, 3 VIEWS	64	64	0	\$9,633	\$7,845	\$122.58						n/a	43	43	0	\$4,090	\$2,556	\$59.45
A6212 - FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING	2	2	0	\$19	\$18	\$8.83						n/a	34	897	0	\$10,863	\$10,324	\$303.65
01620 - ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT, AND SHOULDER JOINT	4	102	0	\$3,495	\$2,066	\$516.47	15	217	0	\$10,640	\$7,193	\$479.54	2	2	0	\$1,180	\$1,003	\$501.50
70480 - COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRAST MATERIAL	19	19	0	\$8,981	\$7,413	\$390.14						n/a	8	8	0	\$4,124	\$2,790	\$348.70
00002323730 - CYMBALTA	2	0	60	\$388	\$311	\$155.30						n/a	56	0	1,920	\$13,205	\$9,864	\$176.14
16590006590 - CYCLOBENZAPRINE HYDROCHLORIDE	2	0	120	\$215	\$168	\$84.12						n/a	113	0	7,396	\$11,834	\$9,987	\$88.38
26546 - REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)	6	6	0	\$9,032	\$7,678	\$1,279.59						n/a	2	2	0	\$2,846	\$2,419	\$1,209.66
73223 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	3	3	0	\$1,107	\$446	\$148.55						n/a	10	8	0	\$23,158	\$9,611	\$961.15

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	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
A9579 - INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED (NOS), PER ML	65	806	0	\$6,987	\$4,799	\$73.83						n/a	204	2,045	0	\$13,425	\$5,249	\$25.73
29870 - ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	2	2	0	\$2,660	\$517	\$258.55	6	8	0	\$11,602	\$3,535	\$589.18	5	5	0	\$6,893	\$5,971	\$1,194.21
12041 - REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	26	26	0	\$11,654	\$7,416	\$285.25						n/a	7	7	0	\$2,930	\$2,523	\$360.47
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	7	7	0	\$13,798	\$9,730	\$1,390.03						n/a	3	3	0	\$1,703	\$148	\$49.38
J3301 - INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	19	132	0	\$1,565	\$1,298	\$68.32	170	1,152	0	\$5,852	\$2,291	\$13.47	1,079	3,196	0	\$28,111	\$6,213	\$5.76
95972 - 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); COMPLEX SPINAL CORD, OR PERIPHERAL (IE, PERIPHERAL NERVE, SACRAL NERVE, NEUROMUSCULAR) (EXCEPT CRANIAL NERVE) NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, WITH INTRAOPERATIVE OR SUBSEQUENT PROGRAMMING, FIRST HOUR	3	3	0	\$769	\$571	\$190.42	31	31	0	\$8,535	\$4,155	\$134.04	24	24	0	\$6,861	\$5,038	\$209.91
66336058190 - CYCLOBENZAPRINE HYDROCHLORIDE	3	0	180	\$448	\$359	\$119.63						n/a	96	0	5,172	\$12,208	\$9,384	\$97.75
73723 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	2	2	0	\$2,544	\$1,916	\$958.24						n/a	7	6	0	\$17,823	\$7,825	\$1,117.86
55111018010 - TIZANIDINE HCL	7	0	840	\$1,537	\$1,231	\$175.81						n/a	110	0	12,990	\$11,707	\$8,482	\$77.11
16590003930 - CARISOPRODOL	7	0	510	\$1,333	\$1,311	\$187.29						n/a	58	0	3,770	\$9,673	\$8,343	\$143.84

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22523 - PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL CANNULATION (EG, KYPHOPLASTY); THORACIC	2	2	0	\$5,046	\$6,102	\$3,050.94						n/a	2	2	0	\$3,970	\$3,456	\$1,727.83
29405 - APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	3	3	0	\$1,125	\$925	\$308.21	2	2	0	\$1,551	\$1,042	\$521.05	51	51	0	\$12,406	\$7,589	\$148.81
66336047090 - OXYCODONE HYDROCHLORIDE	12	0	1,200	\$1,920	\$1,683	\$140.28						n/a	78	0	6,516	\$11,425	\$7,826	\$100.34
16590065990 - OXYCODONE HYDROCHLORIDE	5	0	780	\$1,225	\$823	\$164.67						n/a	85	0	8,760	\$14,885	\$8,670	\$102.00
27194 - CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITH MANIPULATION, REQUIRING MORE THAN LOCAL ANESTHESIA	6	6	0	\$6,000	\$6,000	\$1,000.00						n/a	4	4	0	\$4,000	\$3,400	\$850.00
13160 - SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	5	5	0	\$9,901	\$6,204	\$1,240.89						n/a	3	3	0	\$3,680	\$3,053	\$1,017.57
20692 - APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)	7	7	0	\$14,330	\$6,126	\$875.11						n/a	2	2	0	\$3,669	\$3,118	\$1,559.07
73722 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	6	6	0	\$5,859	\$4,263	\$710.54						n/a	7	7	0	\$10,178	\$4,918	\$702.50
L1906 - ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	16	16	0	\$3,930	\$3,151	\$196.95						n/a	84	84	0	\$7,755	\$5,964	\$71.00
00603258228 - CARISOPRODOL	4	0	240	\$137	\$137	\$34.36						n/a	258	0	18,287	\$10,319	\$8,975	\$34.79
J2275 - INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	12	15	0	\$722	\$562	\$46.81						n/a	8	1,060	0	\$21,695	\$8,539	\$1,067.41
11043 - DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED); FIRST 20 SQ CM OR LESS	12	12	0	\$12,509	\$5,903	\$491.88						n/a	8	8	0	\$4,341	\$3,106	\$388.21
29530 - STRAPPING; KNEE	5	5	0	\$2,253	\$1,757	\$351.43						n/a	132	132	0	\$10,612	\$7,241	\$54.86
87070 - CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	90	96	0	\$11,508	\$7,834	\$87.05						n/a	35	35	0	\$3,597	\$1,049	\$29.98
61312 - CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL	2	2	0	\$8,035	\$2,935	\$1,467.57						n/a	2	2	0	\$8,276	\$5,928	\$2,964.20
29130 - APPLICATION OF FINGER SPLINT; STATIC	60	61	0	\$9,784	\$6,547	\$109.11						n/a	31	31	0	\$2,614	\$2,299	\$74.17

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73500 - RADIOLOGIC EXAMINATION, HIP, UNILATERAL; 1 VIEW	58	58	0	\$2,453	\$1,479	\$25.50						n/a	99	100	0	\$21,674	\$7,308	\$73.82
55253027660 - CYCLOBENZAPRINE HYDROCHLORIDE	2	0	60	\$693	\$693	\$346.68						n/a	16	0	702	\$8,152	\$7,997	\$499.80
80051 - ELECTROLYTE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CARBON DIOXIDE (82374), CHLORIDE (82435), POTASSIUM (84132), SODIUM (84295)	132	132	0	\$10,116	\$7,859	\$59.53						n/a	44	44	0	\$1,420	\$804	\$18.27
27380 - SUTURE OF INFRAPATELLAR TENDON; PRIMARY	4	4	0	\$7,760	\$5,964	\$1,491.02						n/a	3	3	0	\$3,245	\$2,598	\$866.03
0452 - EMERGENCY ROOM: ER/ BEYOND EMTALA	56	57	0	\$8,412	\$8,343	\$148.98						n/a	2	2	0	\$183	\$181	\$90.70
85027 - BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)	240	241	0	\$11,930	\$8,158	\$33.99						n/a	21	21	0	\$750	\$351	\$16.72
71250 - COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	17	17	0	\$5,306	\$4,235	\$249.14						n/a	12	12	0	\$8,102	\$4,240	\$353.35
27766 - OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	3	3	0	\$8,634	\$5,263	\$1,754.45						n/a	4	4	0	\$4,502	\$3,207	\$801.64
64636 - DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); LUMBAR OR SACRAL, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	\$4,400	\$3,520	\$1,760.00	12	12	0	\$11,958	\$2,774	\$231.20	10	10	0	\$8,926	\$2,160	\$216.03
73040 - RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	24	24	0	\$6,415	\$5,280	\$219.98						n/a	22	22	0	\$6,381	\$3,115	\$141.57
29240 - STRAPPING; SHOULDER (EG, VELPEAU)	4	4	0	\$736	\$506	\$126.48						n/a	101	101	0	\$10,499	\$7,853	\$77.76
84484 - TROPONIN, QUANTITATIVE	84	95	0	\$10,528	\$8,273	\$98.48						n/a	2	2	0	\$184	\$82	\$41.23
20520 - REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	9	9	0	\$4,935	\$4,083	\$453.70	6	6	0	\$3,300	\$2,805	\$467.50	3	3	0	\$1,660	\$1,411	\$470.33
99238 - HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	61	61	0	\$9,950	\$5,864	\$96.13						n/a	32	31	0	\$5,091	\$2,420	\$75.64
12013 - SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM	20	20	0	\$6,872	\$6,324	\$316.20						n/a	8	8	0	\$2,475	\$1,896	\$237.04
90701 - DIPHTHERIA, TETANUS TOXOIDS, AND WHOLE CELL PERTUSSIS VACCINE (DTP), FOR INTRAMUSCULAR USE	72	90	0	\$8,525	\$7,479	\$103.88	17	17	0	\$659	\$512	\$30.10	6	6	0	\$224	\$191	\$31.83
90714 - TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE	120	120	0	\$8,378	\$7,305	\$60.87						n/a	11	22	0	\$1,004	\$871	\$79.15
72197 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	3	3	0	\$3,687	\$2,615	\$871.73						n/a	3	3	0	\$6,813	\$5,435	\$1,811.51

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64633 - DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, SINGLE FACET JOINT						n/a	7	7	0	\$8,902	\$5,779	\$825.58	2	2	0	\$4,079	\$2,228	\$1,113.77
01820 - ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	3	52	0	\$2,415	\$1,873	\$624.25	6	312	0	\$5,309	\$3,279	\$546.49	8	34	0	\$5,322	\$2,795	\$349.38
65222 - REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	5	5	0	\$1,250	\$1,000	\$200.00						n/a	78	78	0	\$15,388	\$6,919	\$88.70
S0020 - INJECTION, BUPIVACAINE HYDROCHLORIDE, 30 ML	7	7	0	\$158	\$121	\$17.26						n/a	734	1,404	0	\$11,086	\$7,741	\$10.55
73650 - RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF 2 VIEWS	44	45	0	\$3,602	\$1,999	\$45.44						n/a	111	111	0	\$9,561	\$5,740	\$51.71
J1040 - INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	6	7	0	\$280	\$75	\$12.49	8	8	0	\$640	\$115	\$14.37	456	503	0	\$14,282	\$7,382	\$16.19
70543 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	5	5	0	\$7,367	\$3,571	\$714.28						n/a	3	3	0	\$6,349	\$3,985	\$1,328.21
99239 - HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	56	56	0	\$11,957	\$5,784	\$103.29						n/a	16	16	0	\$3,430	\$1,721	\$107.57
71550 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY); WITHOUT CONTRAST MATERIAL(S)	4	4	0	\$4,103	\$3,076	\$769.10						n/a	6	6	0	\$9,154	\$4,396	\$732.62
00750 - ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	4	141	0	\$5,184	\$3,747	\$936.74	4	204	0	\$2,311	\$1,834	\$458.58	3	7	0	\$2,925	\$1,882	\$627.39
25440 - REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)						n/a	2	2	0	\$3,890	\$3,307	\$1,653.42	2	2	0	\$6,080	\$4,134	\$2,067.20
20696 - APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN 1 PLANE), UNILATERAL, EXTERNAL FIXATION WITH STEREOTACTIC COMPUTER-ASSISTED ADJUSTMENT (EG, SPATIAL FRAME), INCLUDING IMAGING; INITIAL AND SUBSEQUENT ALIGNMENT(S), ASSESSMENT(S), AND COMPUTATION(S) OF ADJUSTMENT SCHEDULE(S)	4	4	0	\$9,559	\$3,950	\$987.49						n/a	2	2	0	\$8,014	\$3,406	\$1,702.98
28400 - CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	5	5	0	\$3,572	\$2,649	\$529.89						n/a	9	9	0	\$6,779	\$4,691	\$521.17
87086 - CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE	104	105	0	\$6,747	\$5,271	\$50.68						n/a	86	86	0	\$5,058	\$2,059	\$23.94

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62319 - INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDES CONTRAST FOR LOCALIZATION WHEN PERFORMED, EPIDURAL OR SUBARACHNOID; LUMBAR OR SACRAL (CAUDAL)	7	7	0	\$5,058	\$3,702	\$528.83	2	2	0	\$4,000	\$2,255	\$1,127.73	5	5	0	\$4,020	\$1,344	\$268.82
00406324301 - HYDROMORPHONE HCL	2	0	160	\$79	\$79	\$39.47						n/a	248	0	16,848	\$7,958	\$7,211	\$29.08
66336063530 - CARISOPRODOL	4	0	120	\$828	\$828	\$207.00						n/a	45	0	1,293	\$9,484	\$6,350	\$141.10
12042 - REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	11	11	0	\$5,469	\$4,035	\$366.85	2	2	0	\$1,381	\$180	\$90.00	9	9	0	\$4,064	\$2,945	\$327.25
95851 - RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)	5	4	0	\$203	\$168	\$33.56						n/a	265	297	0	\$22,316	\$6,971	\$26.31
59762502701 - GABAPENTIN	3	0	630	\$838	\$718	\$239.33						n/a	49	0	5,691	\$7,573	\$6,420	\$131.02
93010 - ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	297	298	0	\$9,640	\$5,632	\$18.96						n/a	92	90	0	\$2,384	\$1,463	\$15.90
29845 - ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	2	2	0	\$2,697	\$2,294	\$1,146.99	4	4	0	\$6,412	\$4,477	\$1,119.30	2	2	0	\$1,310	\$211	\$105.32
74150 - COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	17	17	0	\$8,915	\$4,971	\$292.39						n/a	6	6	0	\$4,041	\$2,002	\$333.69
99140 - ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)	32	32	0	\$7,803	\$4,790	\$149.69						n/a	15	15	0	\$3,433	\$2,134	\$142.24
81003 - 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, WITHOUT MICROSCOPY	128	128	0	\$4,053	\$3,048	\$23.81						n/a	494	491	0	\$10,209	\$3,870	\$7.83
94760 - NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	390	391	0	\$7,550	\$3,690	\$9.46	2	2	0	\$176	\$18	\$9.00	226	225	0	\$5,059	\$3,131	\$13.86
26320 - REMOVAL OF IMPLANT FROM FINGER OR HAND	2	2	0	\$1,985	\$1,442	\$721.10	2	2	0	\$3,239	\$2,753	\$1,376.58	5	5	0	\$3,104	\$2,638	\$527.68
49999085490 - APAP/OXYCODONE	7	0	630	\$2,578	\$2,201	\$314.40						n/a	18	0	1,620	\$6,728	\$4,609	\$256.06
J1650 - INJECTION, ENOXAPARIN SODIUM, 10 MG	33	155	0	\$4,538	\$3,644	\$110.43						n/a	2	304	0	\$3,143	\$3,143	\$1,571.68
10140 - INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	4	4	0	\$4,742	\$4,006	\$1,001.39						n/a	32	33	0	\$7,447	\$2,735	\$85.47

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23650 - CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	7	7	0	\$4,119	\$3,567	\$509.53						n/a	5	5	0	\$3,172	\$3,108	\$621.63
00603254428 - APAP/BUTALBITAL/CAFFEINE	3	0	252	\$166	\$158	\$52.58						n/a	159	0	13,228	\$8,377	\$6,493	\$40.84
23552 - OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)	3	3	0	\$4,233	\$3,598	\$1,199.35						n/a	2	2	0	\$5,960	\$3,040	\$1,519.80
72126 - COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	11	11	0	\$5,886	\$4,104	\$373.07						n/a	8	8	0	\$7,306	\$2,499	\$312.37
J3370 - INJECTION, VANCOMYCIN HCL, 500 MG	47	112	0	\$2,632	\$1,979	\$42.11						n/a	16	641	0	\$7,060	\$4,558	\$284.87
16590067190 - OXYCODONE HYDROCHLORIDE	2	0	360	\$1,048	\$645	\$322.62						n/a	33	0	3,390	\$10,423	\$5,820	\$176.38
00211 - ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION OF HEMATOMA	3	621	0	\$6,810	\$3,562	\$1,187.35						n/a	2	19	0	\$5,590	\$2,902	\$1,450.82
64782 - EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	4	4	0	\$9,541	\$4,614	\$1,153.56						n/a	2	2	0	\$2,143	\$1,821	\$910.57
0920 - OTHER DIAGNOSTIC SERVICES	3	3	0	\$5,346	\$4,798	\$1,599.31						n/a	2	2	0	\$1,870	\$1,620	\$810.00
16590050030 - LUNESTA	3	0	90	\$948	\$758	\$252.78						n/a	23	0	990	\$6,204	\$5,639	\$245.16
77073 - BONE LENGTH STUDIES (ORTHOENTOGENOGRAM, SCANOGRAM)	4	4	0	\$412	\$344	\$86.09						n/a	43	43	0	\$9,955	\$6,028	\$140.19
77080 - DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	13	13	0	\$2,030	\$1,596	\$122.75						n/a	38	38	0	\$8,840	\$4,737	\$124.66
31500 - INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	10	10	0	\$7,458	\$5,350	\$535.00						n/a	3	3	0	\$1,292	\$929	\$309.57
73660 - RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF 2 VIEWS	36	36	0	\$3,072	\$2,358	\$65.49						n/a	70	70	0	\$6,134	\$3,913	\$55.90
81025 - URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	65	66	0	\$5,673	\$4,758	\$73.20						n/a	64	64	0	\$1,741	\$1,476	\$23.07
95865 - NEEDLE ELECTROMYOGRAPHY; LARYNX	18	18	0	\$6,300	\$5,109	\$283.81						n/a	4	4	0	\$1,400	\$1,092	\$273.12
97532 - DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	36	36	0	\$2,052	\$1,346	\$37.40						n/a	31	124	0	\$7,750	\$4,722	\$152.33
66336014590 - OXYCODONE/APAP	5	0	450	\$1,937	\$1,103	\$220.57						n/a	15	0	1,504	\$6,482	\$4,940	\$329.33
64722 - DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	3	3	0	\$5,658	\$3,115	\$1,038.45						n/a	5	5	0	\$3,671	\$2,927	\$585.31
65162061750 - TRAMADOL HYDROCHLORIDE AND ACETAMIN	4	0	120	\$124	\$123	\$30.73						n/a	96	0	6,950	\$6,979	\$5,914	\$61.61
65862019101 - CYCLOBENZAPRINE HYDROCHLORIDE	4	0	240	\$346	\$278	\$69.46						n/a	107	0	5,647	\$7,762	\$5,758	\$53.81
0441 - SPEECH-LANGUAGE PATHOLOGY: VISIT CHARGE	50	170	0	\$10,980	\$4,709	\$94.18						n/a	11	11	0	\$1,254	\$1,254	\$114.00

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J1885 - INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	222	475	0	\$5,253	\$4,079	\$18.37						n/a	125	347	0	\$4,792	\$1,863	\$14.90
26860 - ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;						n/a	3	3	0	\$5,502	\$4,478	\$1,492.74	2	2	0	\$2,379	\$1,429	\$714.48
63664 - REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED	2	2	0	\$5,583	\$3,449	\$1,724.31						n/a	2	2	0	\$4,600	\$2,448	\$1,224.06
00603388128 - APAP/HYDROCODONE BITARTRATE	6	0	622	\$260	\$238	\$39.73						n/a	321	0	14,620	\$6,559	\$5,643	\$17.58
13151 - REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM						n/a	2	2	0	\$2,160	\$466	\$233.24	6	6	0	\$6,520	\$5,404	\$900.61
85018 - BLOOD COUNT; HEMOGLOBIN (HGB)	56	67	0	\$7,207	\$5,748	\$102.65						n/a	21	21	0	\$154	\$91	\$4.32
73565 - RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	10	10	0	\$942	\$651	\$65.06						n/a	87	88	0	\$7,801	\$5,170	\$59.42
27420 - RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)						n/a	3	3	0	\$5,534	\$1,625	\$541.65	2	2	0	\$4,865	\$4,135	\$2,067.54
66336013590 - OXYCODONE HYDROCHLORIDE	2	0	360	\$1,278	\$563	\$281.46						n/a	26	0	2,520	\$8,235	\$5,176	\$199.08
16590061460 - APAP/OXYCODONE	11	0	1,170	\$1,599	\$1,224	\$111.28						n/a	54	0	4,800	\$5,829	\$4,491	\$83.16
72285 - DISCOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	4	5	0	\$474	\$421	\$105.25						n/a	4	8	0	\$6,255	\$5,285	\$1,321.13
00054023525 - MORPHINE SULFATE	3	0	336	\$329	\$77	\$25.79						n/a	279	0	30,735	\$5,773	\$5,559	\$19.92
10121 - INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	4	4	0	\$3,496	\$2,440	\$610.10						n/a	11	11	0	\$4,479	\$3,187	\$289.73
86850 - ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	76	78	0	\$6,696	\$5,411	\$71.20						n/a	3	3	0	\$245	\$191	\$63.68
64634 - DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT); CERVICAL OR THORACIC, EACH ADDITIONAL FACET JOINT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)						n/a	8	8	0	\$7,093	\$3,227	\$403.40	2	2	0	\$5,073	\$2,364	\$1,182.05
27193 - CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION; WITHOUT MANIPULATION	2	2	0	\$2,490	\$1,872	\$936.19						n/a	4	4	0	\$4,665	\$3,715	\$928.82
82055 - ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH	43	43	0	\$4,552	\$2,898	\$67.39						n/a	237	236	0	\$7,216	\$2,643	\$11.15

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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.	37	37	0	\$8,055	\$4,082	\$110.32						n/a	14	14	0	\$3,744	\$1,432	\$102.30
63707 - REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY	2	2	0	\$2,275	\$1,577	\$788.38						n/a	5	5	0	\$13,591	\$3,825	\$765.00
10060 - INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE	7	7	0	\$7,796	\$3,626	\$518.05						n/a	13	13	0	\$3,612	\$1,751	\$134.70
00093005805 - TRAMADOL HCL	11	0	960	\$796	\$796	\$72.36						n/a	54	0	8,142	\$4,739	\$4,581	\$84.83
93880 - DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	9	9	0	\$4,345	\$2,608	\$289.82						n/a	13	13	0	\$5,306	\$2,675	\$205.74
49999085430 - APAP/OXYCODONE	9	0	450	\$1,865	\$1,572	\$174.67						n/a	19	0	1,290	\$5,911	\$3,616	\$190.30
36620 - ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS	13	13	0	\$6,495	\$2,985	\$229.63						n/a	12	12	0	\$5,136	\$2,189	\$182.41
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)	33	33	0	\$4,060	\$2,863	\$86.74						n/a	83	83	0	\$3,387	\$2,287	\$27.55
00093014905 - NAPROXEN	4	0	600	\$716	\$501	\$125.24						n/a	71	0	4,457	\$4,774	\$4,616	\$65.02
66336084390 - TIZANIDINE HCL	2	0	240	\$653	\$404	\$201.84						n/a	31	0	2,440	\$6,359	\$4,713	\$152.03
28510 - CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	5	5	0	\$3,566	\$2,879	\$575.77						n/a	11	11	0	\$3,438	\$2,232	\$202.88
29505 - APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	42	42	0	\$5,773	\$4,600	\$109.53						n/a	6	6	0	\$896	\$496	\$82.64

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72275 - EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION						n/a	11	11	0	\$3,930	\$2,541	\$231.01	15	15	0	\$4,760	\$2,549	\$169.96
J2250 - INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	238	461	0	\$3,338	\$2,516	\$10.57	4	7	0	\$33	\$13	\$3.29	256	742	0	\$6,331	\$2,538	\$9.91
49587 - REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; INCARCERATED OR STRANGULATED	2	20	0	\$2,070	\$1,694	\$847.23						n/a	4	3	0	\$4,991	\$3,314	\$828.41
87075 - CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES	29	33	0	\$7,069	\$4,500	\$155.18						n/a	12	12	0	\$1,107	\$475	\$39.58
73620 - RADIOLOGIC EXAMINATION, FOOT; 2 VIEWS	40	40	0	\$2,212	\$1,679	\$41.98						n/a	73	74	0	\$5,426	\$3,292	\$45.09
90901 - BIOFEEDBACK TRAINING BY ANY MODALITY	16	17	0	\$3,974	\$2,715	\$169.67						n/a	40	43	0	\$6,257	\$2,240	\$56.00
94010 - SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH OR WITHOUT MAXIMAL VOLUNTARY VENTILATION	4	4	0	\$287	\$239	\$59.71						n/a	71	71	0	\$6,471	\$4,706	\$66.28
10120 - INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	11	11	0	\$3,182	\$2,329	\$211.75						n/a	18	17	0	\$4,100	\$2,588	\$143.79
A9270 - NON-COVERED ITEM OR SERVICE	73	140	0	\$527	\$377	\$5.17						n/a	66	4,275	0	\$5,630	\$4,534	\$68.70
95816 - ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	12	12	0	\$4,271	\$2,033	\$169.44						n/a	10	10	0	\$4,518	\$2,873	\$287.25
99241 - OFFICE CONSULTATION FOR A NEW OR ESTABLISHED 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. PHYSICIANS TYPICALLY SPEND 15 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	2	2	0	\$292	\$94	\$47.15						n/a	60	60	0	\$7,758	\$4,801	\$80.01
00591345201 - MORPHINE SULFATE	5	0	280	\$3,205	\$3,197	\$639.33						n/a	3	0	172	\$1,937	\$1,668	\$555.89

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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.	31	31	0	\$5,242	\$3,437	\$110.86						n/a	11	11	0	\$1,813	\$1,405	\$127.68
E0673 - SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG						n/a	2	4	0	\$1,126	\$886	\$442.79	10	14	0	\$5,438	\$3,891	\$389.13
82565 - CREATININE; BLOOD	183	183	0	\$5,394	\$3,552	\$19.41						n/a	84	84	0	\$2,164	\$1,193	\$14.20
70470 - COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	3	3	0	\$2,862	\$2,368	\$789.28						n/a	5	5	0	\$4,994	\$2,350	\$470.06
67875 - TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	3	3	0	\$2,626	\$1,658	\$552.66	2	2	0	\$769	\$459	\$229.66	2	3	0	\$3,050	\$2,593	\$1,296.25
15040 - HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS						n/a	2	2	0	\$2,757	\$2,344	\$1,171.85	2	2	0	\$2,757	\$2,344	\$1,171.85
73020 - RADIOLOGIC EXAMINATION, SHOULDER; 1 VIEW	20	19	0	\$696	\$507	\$25.36						n/a	76	76	0	\$5,308	\$4,179	\$54.99
11011 - DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL AT THE SITE OF AN OPEN FRACTURE AND/OR AN OPEN DISLOCATION (EG, EXCISIONAL DEBRIDEMENT); SKIN, SUBCUTANEOUS TISSUE, MUSCLE FASCIA, AND MUSCLE	2	2	0	\$1,914	\$230	\$115.10	3	3	0	\$2,642	\$2,130	\$710.03	2	2	0	\$2,704	\$2,298	\$1,149.20
25246 - INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	17	17	0	\$4,346	\$2,425	\$142.64						n/a	16	16	0	\$7,109	\$2,230	\$139.38
0451 - EMERGENCY ROOM: EM/EMTALA	55	56	0	\$4,577	\$4,546	\$82.66						n/a	2	2	0	\$90	\$90	\$44.79
87340 - INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; HEPATITIS B SURFACE ANTIGEN (HBSAG)	25	25	0	\$1,762	\$1,390	\$55.59						n/a	90	90	0	\$4,707	\$3,231	\$35.90
66336047830 - DIAZEPAM	2	0	60	\$258	\$258	\$129.00						n/a	49	0	1,715	\$7,852	\$4,338	\$88.52
16590016360 - NAPROXEN	15	0	900	\$1,938	\$1,926	\$128.41						n/a	23	0	1,380	\$2,807	\$2,658	\$115.55

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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	64	80	0	\$8,532	\$3,634	\$56.78						n/a	17	17	0	\$2,032	\$936	\$55.07
C1788 - PORT, INDWELLING (IMPLANTABLE)	24	49	0	\$6,009	\$4,138	\$172.43						n/a	2	4	0	\$508	\$421	\$210.51
99219 - 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 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 PROBLEM(S) REQUIRING ADMISSION TO "OBSERVATION STATUS" ARE OF MODERATE SEVERITY. PHYSICIANS TYPICALLY SPEND 50 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	18	19	0	\$4,256	\$3,029	\$168.28						n/a	9	9	0	\$1,762	\$1,509	\$167.70

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90862 - PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW OF MEDICATION WITH NO MORE THAN MINIMAL MEDICAL PSYCHOTHERAPY	3	3	0	\$394	\$201	\$67.10						n/a	71	71	0	\$10,031	\$4,331	\$61.01
27093 - INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	3	3	0	\$955	\$689	\$229.55						n/a	11	11	0	\$8,421	\$3,799	\$345.36
28585 - OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	2	2	0	\$2,862	\$2,200	\$1,100.07						n/a	2	2	0	\$3,084	\$2,272	\$1,135.94
73120 - RADIOLOGIC EXAMINATION, HAND; 2 VIEWS	29	29	0	\$1,827	\$1,073	\$37.01						n/a	54	54	0	\$4,828	\$3,326	\$61.60
Q9966 - LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	18	79	0	\$1,511	\$727	\$40.38						n/a	164	557	0	\$7,384	\$3,668	\$22.37
72240 - MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	5	5	0	\$3,220	\$2,512	\$502.48						n/a	7	7	0	\$4,209	\$1,860	\$265.76
15650 - TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION	2	2	0	\$2,310	\$1,964	\$981.75						n/a	2	2	0	\$2,656	\$2,364	\$1,181.79
84703 - GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	62	62	0	\$5,914	\$3,801	\$61.31						n/a	11	11	0	\$774	\$495	\$44.97
93660 - EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMITTENT BLOOD PRESSURE MONITORING, WITH OR WITHOUT PHARMACOLOGICAL INTERVENTION	3	3	0	\$5,315	\$3,700	\$1,233.32						n/a	4	4	0	\$786	\$574	\$143.42
00378075101 - CYCLOBENZAPRINE HCL	3	0	150	\$209	\$209	\$69.50						n/a	78	0	4,721	\$4,508	\$4,056	\$51.99
A9500 - TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE	3	6	0	\$1,442	\$1,243	\$414.34						n/a	17	28	0	\$6,241	\$3,015	\$177.34
99100 - ANESTHESIA FOR PATIENT OF EXTREME AGE, YOUNGER THAN 1 YEAR AND OLDER THAN 70 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA PROCEDURE)	16	16	0	\$2,170	\$1,020	\$63.72	4	4	0	\$404	\$339	\$84.85	26	26	0	\$3,950	\$2,889	\$111.13
L4350 - ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	3	3	0	\$414	\$393	\$131.10						n/a	76	74	0	\$6,435	\$3,830	\$50.39
16020 - DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)	19	19	0	\$3,836	\$2,789	\$146.81						n/a	13	13	0	\$2,101	\$1,433	\$110.22
76870 - ULTRASOUND, SCROTUM AND CONTENTS	12	12	0	\$2,597	\$2,234	\$186.15						n/a	13	13	0	\$3,194	\$1,980	\$152.33
16000 - INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	16	16	0	\$3,028	\$2,604	\$162.75						n/a	14	14	0	\$1,650	\$1,563	\$111.66

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12034 - REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM	10	10	0	\$4,080	\$3,222	\$322.22						n/a	2	2	0	\$1,031	\$936	\$468.21
76376 - 3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND, OR OTHER TOMOGRAPHIC MODALITY; NOT REQUIRING IMAGE POSTPROCESSING ON AN INDEPENDENT WORKSTATION	22	22	0	\$1,591	\$1,328	\$60.37						n/a	17	17	0	\$4,222	\$2,826	\$166.24
73000 - RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	13	13	0	\$1,270	\$1,099	\$84.55						n/a	36	36	0	\$3,863	\$3,031	\$84.18
97605 - NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S), WOUND ASSESSMENT, AND INSTRUCTION(S) FOR ONGOING CARE, PER SESSION; TOTAL WOUND(S) SURFACE AREA LESS THAN OR EQUAL TO 50 SQUARE CENTIMETERS	37	37	0	\$4,484	\$3,710	\$100.27						n/a	11	11	0	\$564	\$384	\$34.90
84443 - THYROID STIMULATING HORMONE (TSH)	28	28	0	\$3,254	\$2,656	\$94.87						n/a	34	34	0	\$2,852	\$1,406	\$41.36
49999085360 - OXYCODONE HYDROCHLORIDE/ACETAMINOPH	5	0	300	\$1,425	\$1,272	\$254.40						n/a	8	0	720	\$3,460	\$2,789	\$348.67
01716 - ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER ARM AND ELBOW; TENODESIS, RUPTURE OF LONG TENDON OF BICEPS	3	177	0	\$4,235	\$3,067	\$1,022.33						n/a	2	3	0	\$2,990	\$892	\$446.11
76140 - CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	2	2	0	\$255	\$156	\$77.77						n/a	62	62	0	\$5,473	\$3,801	\$61.31
73115 - RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	8	8	0	\$3,398	\$2,605	\$325.62						n/a	9	9	0	\$2,576	\$1,314	\$146.05
66336058130 - CYCLOBENZAPRINE HCL	2	0	60	\$150	\$150	\$75.00						n/a	63	0	1,928	\$5,151	\$3,750	\$59.53
68462020401 - OXYCODONE HYDROCHLORIDE	6	0	480	\$382	\$382	\$63.67						n/a	55	0	4,870	\$3,728	\$3,500	\$63.64
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	6	6	0	\$1,923	\$1,635	\$272.49	5	5	0	\$1,873	\$1,591	\$318.18	5	5	0	\$943	\$656	\$131.11

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28289 - HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT	2	2	0	\$2,450	\$1,970	\$985.00						n/a	2	2	0	\$1,950	\$1,909	\$954.52
84460 - TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	17	17	0	\$1,152	\$480	\$28.23						n/a	132	132	0	\$4,224	\$3,388	\$25.67
27520 - CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	3	3	0	\$1,912	\$884	\$294.67						n/a	5	5	0	\$4,157	\$2,963	\$592.51
80299 - QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	3	4	0	\$287	\$232	\$77.22						n/a	121	173	0	\$7,630	\$3,612	\$29.85
28555 - OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	2	2	0	\$2,426	\$1,908	\$953.76						n/a	2	2	0	\$2,597	\$1,913	\$956.51
70150 - RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF 3 VIEWS	21	21	0	\$2,541	\$1,816	\$86.48						n/a	19	19	0	\$2,410	\$2,002	\$105.36
95870 - NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN 1 EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL), OTHER THAN THORACIC PARASPINAL, CRANIAL NERVE SUPPLIED MUSCLES, OR SPHINCTERS	7	7	0	\$1,995	\$842	\$120.23	14	14	0	\$4,550	\$959	\$68.48	26	29	0	\$3,894	\$2,017	\$77.58
73010 - RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	9	9	0	\$627	\$352	\$39.06						n/a	31	31	0	\$4,282	\$3,463	\$111.70
55111039990 - LANSOPRAZOLE	2	0	180	\$1,060	\$1,060	\$529.97						n/a	10	0	592	\$3,643	\$2,744	\$274.38
86140 - C-REACTIVE PROTEIN;	37	37	0	\$1,992	\$1,626	\$43.95						n/a	64	62	0	\$4,743	\$2,145	\$33.52
76700 - ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	17	17	0	\$5,045	\$3,326	\$195.64						n/a	3	3	0	\$569	\$384	\$128.00
95813 - ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN 1 HOUR	5	5	0	\$4,283	\$3,216	\$643.18						n/a	2	2	0	\$480	\$480	\$240.00
63395020113 - EVOXAC	4	0	720	\$2,156	\$2,089	\$522.18						n/a	3	0	540	\$1,616	\$1,596	\$532.08
29105 - APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	25	25	0	\$4,224	\$1,942	\$77.68	3	3	0	\$498	\$70	\$23.23	12	12	0	\$1,997	\$1,661	\$138.44
99053 - SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITION TO BASIC SERVICE	208	205	0	\$10,604	\$3,238	\$15.57						n/a	30	30	0	\$1,701	\$416	\$13.86
72190 - RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF 3 VIEWS	6	6	0	\$542	\$457	\$76.24						n/a	26	26	0	\$4,162	\$3,185	\$122.50
64550 - APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR	7	7	0	\$704	\$501	\$71.55						n/a	65	65	0	\$5,028	\$3,115	\$47.92
84520 - UREA NITROGEN; QUANTITATIVE	178	178	0	\$4,302	\$2,735	\$15.37						n/a	73	73	0	\$1,687	\$880	\$12.05
00054408425 - AZATHIOPRINE	16	0	2,655	\$3,480	\$3,008	\$188.02						n/a	5	0	450	\$590	\$590	\$117.97
80061 - LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465), LIPOPROTEIN, DIRECT MEASUREMENT, HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) (83718), TRIGLYCERIDES (84478)	22	22	0	\$2,665	\$2,028	\$92.20						n/a	46	46	0	\$4,172	\$1,560	\$33.91

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13133 - REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	5	5	0	\$2,237	\$1,659	\$331.79	2	2	0	\$666	\$512	\$255.83	4	4	0	\$2,300	\$1,411	\$352.87
11740 - EVACUATION OF SUBUNGUAL HEMATOMA	24	24	0	\$2,766	\$2,504	\$104.34						n/a	9	10	0	\$1,268	\$1,072	\$119.12
J0702 - INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	5	13	0	\$572	\$470	\$93.99						n/a	265	452	0	\$6,319	\$3,077	\$11.61
74170 - COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	4	4	0	\$2,348	\$2,005	\$501.36						n/a	3	3	0	\$1,637	\$1,529	\$509.56
90746 - HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	2	2	0	\$517	\$55	\$27.63						n/a	51	51	0	\$4,064	\$3,459	\$67.81
00406036201 - APAP/HYDROCODONE BITARTRATE	8	0	480	\$294	\$294	\$36.70						n/a	50	0	5,930	\$3,710	\$3,218	\$64.36
12005 - SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM	3	3	0	\$3,446	\$3,066	\$1,022.00						n/a	2	2	0	\$515	\$437	\$218.37
73520 - RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF 2 VIEWS OF EACH HIP, INCLUDING ANTEROPOSTERIOR VIEW OF PELVIS	34	35	0	\$2,363	\$1,882	\$55.35						n/a	27	27	0	\$2,793	\$1,619	\$59.96
66336058160 - CYCLOBENZAPRINE HCL	2	0	120	\$300	\$300	\$150.00						n/a	29	0	1,740	\$4,239	\$3,184	\$109.80
27760 - CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	2	2	0	\$1,420	\$932	\$465.91						n/a	4	4	0	\$2,681	\$2,525	\$631.20
00406035705 - APAP/HYDROCODONE BITARTRATE	5	0	262	\$58	\$58	\$11.59						n/a	331	0	23,034	\$3,880	\$3,398	\$10.26
J0295 - INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	2	2	0	\$193	\$175	\$87.62						n/a	4	304	0	\$5,513	\$3,270	\$817.55
01380 - ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	2	27	0	\$795	\$315	\$157.63	5	269	0	\$4,012	\$2,261	\$452.24	2	2	0	\$1,158	\$842	\$420.90
16590061490 - APAP/OXYCODONE	5	0	540	\$907	\$534	\$106.80						n/a	43	0	3,155	\$5,820	\$2,871	\$66.78
J2001 - INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	87	527	0	\$1,417	\$1,112	\$12.78	185	213	0	\$1,020	\$630	\$3.41	463	803	0	\$6,484	\$1,652	\$3.57
S9088 - SERVICES PROVIDED IN AN URGENT CARE CENTER (LIST IN ADDITION TO CODE FOR SERVICE)						n/a	3	3	0	\$225	\$188	\$62.50	79	79	0	\$6,280	\$3,193	\$40.42
86701 - ANTIBODY; HIV-1	4	4	0	\$442	\$70	\$17.38						n/a	37	37	0	\$3,356	\$3,257	\$88.02
14060 - ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	2	2	0	\$2,770	\$1,254	\$627.00						n/a	2	2	0	\$3,200	\$2,071	\$1,035.66
87077 - CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	53	62	0	\$5,197	\$3,162	\$59.66						n/a	10	10	0	\$290	\$151	\$15.14
27275 - MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA						n/a	3	3	0	\$4,950	\$2,156	\$718.83	6	6	0	\$2,700	\$1,157	\$192.75

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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	103	104	0	\$4,217	\$2,917	\$28.32						n/a	53	53	0	\$5,126	\$386	\$7.29
53746019010 - NAPROXEN	2	0	360	\$418	\$418	\$208.80						n/a	65	0	3,334	\$3,559	\$2,879	\$44.30
36556 - INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEARS OR OLDER	4	4	0	\$3,065	\$1,679	\$419.68						n/a	5	5	0	\$2,735	\$1,573	\$314.55
80074 - ACUTE HEPATITIS PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: HEPATITIS A ANTIBODY (HAAB), IGM ANTIBODY (86709), HEPATITIS B CORE ANTIBODY (HBCAB), IGM ANTIBODY (86705), HEPATITIS B SURFACE ANTIGEN (HBSAG) (87340), HEPATITIS C ANTIBODY (86803)	9	9	0	\$2,621	\$2,293	\$254.77						n/a	6	6	0	\$2,082	\$957	\$159.44
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	47	47	0	\$1,442	\$1,098	\$23.37	2	2	0	\$28	\$20	\$9.90	283	284	0	\$2,819	\$2,125	\$7.51
29260 - STRAPPING; ELBOW OR WRIST	3	3	0	\$641	\$529	\$176.22						n/a	36	37	0	\$3,424	\$2,687	\$74.64
76770 - ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	17	17	0	\$3,640	\$2,464	\$144.93						n/a	6	6	0	\$1,652	\$733	\$122.23
01382 - ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	3	118	0	\$2,315	\$1,649	\$549.67	3	45	0	\$2,815	\$338	\$112.51	5	17	0	\$3,732	\$1,210	\$242.00
15241 - FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	\$425	\$304	\$152.11	2	2	0	\$800	\$680	\$340.00	4	4	0	\$2,900	\$2,211	\$552.83
0307 - LABORATORY - CLINICAL DIAGNOSTIC: UROLOGY	72	80	0	\$5,443	\$3,151	\$43.76						n/a	3	3	0	\$116	\$36	\$12.03
A9503 - TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	34	34	0	\$2,652	\$2,097	\$61.68						n/a	48	47	0	\$1,607	\$1,016	\$21.16
92507 - TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	6	6	0	\$1,175	\$858	\$143.06						n/a	20	77	0	\$3,425	\$2,248	\$112.41
11730 - AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	6	6	0	\$594	\$563	\$93.78	4	4	0	\$636	\$321	\$80.24	18	18	0	\$3,076	\$2,198	\$122.10

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93923 - COMPLETE BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, 3 OR MORE LEVELS (EG, FOR LOWER EXTREMITY: ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS SEGMENTAL BLOOD PRESSURE MEASUREMENTS WITH BIDIRECTIONAL DOPPLER WAVEFORM RECORDING AND ANALYSIS, AT 3 OR MORE LEVELS, OR ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS SEGMENTAL VOLUME PLETHYSMOGRAPHY AT 3 OR MORE LEVELS, OR ANKLE/BRACHIAL INDICES AT DISTAL POSTERIOR TIBIAL AND ANTERIOR TIBIAL/DORSALIS PEDIS ARTERIES PLUS SEGMENTAL TRANSCUTANEOUS OXYGEN TENSION MEASUREMENTS AT 3 OR MORE LEVEL(S), OR SINGLE LEVEL STUDY WITH PROVOCATIVE FUNCTIONAL MANEUVERS (EG, MEASUREMENTS WITH POSTURAL PROVOCATIVE TESTS, OR MEASUREMENTS WITH REACTIVE HYPEREMIA)	5	5	0	\$2,463	\$1,812	\$362.32						n/a	8	8	0	\$2,588	\$1,233	\$154.06
16590060730 - MORPHINE SULFATE	2	0	90	\$191	\$153	\$76.50						n/a	30	0	1,712	\$3,809	\$2,839	\$94.64
00172392770 - DIAZEPAM	4	0	220	\$103	\$103	\$25.78						n/a	139	0	9,323	\$3,023	\$2,871	\$20.66
J1100 - INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	215	1,035	0	\$2,322	\$1,707	\$7.94	27	333	0	\$1,180	\$164	\$6.09	601	1,475	0	\$10,676	\$1,101	\$1.83
76705 - ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)	12	12	0	\$3,569	\$2,686	\$223.82						n/a	4	4	0	\$648	\$281	\$70.21
80202 - VANCOMYCIN	12	12	0	\$2,040	\$1,647	\$137.28						n/a	20	20	0	\$2,350	\$1,290	\$64.51
80100 - DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METHOD, EACH PROCEDURE	4	4	0	\$680	\$370	\$92.55						n/a	66	110	0	\$4,344	\$2,558	\$38.76
72129 - COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	11	11	0	\$3,150	\$1,889	\$171.74						n/a	2	2	0	\$1,778	\$1,018	\$509.00
00406036005 - HYDROCODONE BITARTRATE AND ACETAMIN	3	0	120	\$57	\$57	\$19.02						n/a	140	0	8,825	\$5,088	\$2,826	\$20.18
82550 - CREATINE KINASE (CK), (CPK); TOTAL	58	62	0	\$3,752	\$2,704	\$46.61						n/a	11	11	0	\$375	\$174	\$15.85
87186 - SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION [MIC] OR BREAKPOINT), EACH MULTI-ANTIMICROBIAL, PER PLATE	48	55	0	\$3,394	\$2,283	\$47.56						n/a	16	18	0	\$1,210	\$537	\$33.58
00591551301 - CARISOPRODOL	5	0	300	\$179	\$179	\$35.78						n/a	74	0	5,367	\$2,881	\$2,611	\$35.28

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87205 - SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES	78	83	0	\$3,921	\$2,488	\$31.90						n/a	13	13	0	\$629	\$267	\$20.54
16590007090 - DIAZEPAM	2	0	120	\$131	\$131	\$65.40						n/a	45	0	3,030	\$2,971	\$2,620	\$58.23
28490 - CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	5	5	0	\$1,464	\$1,243	\$248.68						n/a	6	6	0	\$2,038	\$1,477	\$246.13
95831 - MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK	8	8	0	\$546	\$443	\$55.37						n/a	70	75	0	\$5,554	\$2,222	\$31.74
00740 - ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM	5	57	0	\$1,779	\$1,565	\$313.04	3	2	0	\$2,475	\$268	\$89.25	3	10	0	\$2,748	\$810	\$269.93
72080 - RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, 2 VIEWS	17	17	0	\$2,879	\$2,479	\$145.81						n/a	5	5	0	\$359	\$155	\$31.01
86900 - BLOOD TYPING; ABO	76	78	0	\$3,021	\$2,481	\$32.64						n/a	6	6	0	\$203	\$81	\$13.56
99292 - CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	14	14	0	\$4,476	\$2,264	\$161.73						n/a	2	2	0	\$278	\$278	\$139.00
99145 - MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-01999) PROVIDED BY THE SAME PHYSICIAN PERFORMING THE DIAGNOSTIC OR THERAPEUTIC SERVICE THAT THE SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED OBSERVER TO ASSIST IN THE MONITORING OF THE PATIENT'S LEVEL OF CONSCIOUSNESS AND PHYSIOLOGICAL STATUS; EACH ADDITIONAL 15 MINUTES INTRA-SERVICE TIME (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)						n/a	20	31	0	\$3,202	\$1,791	\$89.55	12	13	0	\$1,654	\$747	\$62.28
82948 - GLUCOSE; BLOOD, REAGENT STRIP	114	149	0	\$2,801	\$2,048	\$17.96						n/a	34	39	0	\$634	\$465	\$13.67
86901 - BLOOD TYPING; RH (D)	77	79	0	\$2,881	\$2,389	\$31.03						n/a	5	5	0	\$192	\$78	\$15.63
86618 - ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)	11	11	0	\$1,705	\$891	\$80.99						n/a	22	29	0	\$3,445	\$1,548	\$70.34
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;	4	4	0	\$420	\$309	\$77.21						n/a	30	31	0	\$2,530	\$2,113	\$70.42
82306 - VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED	5	5	0	\$833	\$705	\$140.95						n/a	20	20	0	\$4,856	\$1,715	\$85.73
16590061430 - APAP/OXYCODONE	5	0	450	\$594	\$583	\$116.64						n/a	35	0	1,600	\$3,117	\$1,803	\$51.52

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70200 - RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF 4 VIEWS	8	8	0	\$1,410	\$1,250	\$156.29						n/a	11	11	0	\$1,666	\$1,127	\$102.46
99217 - OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PHYSICIAN TO REPORT ALL SERVICES PROVIDED TO A PATIENT ON DISCHARGE FROM "OBSERVATION STATUS" IF THE DISCHARGE IS ON OTHER THAN THE INITIAL DATE OF "OBSERVATION STATUS." TO REPORT SERVICES TO A PATIENT DESIGNATED AS "OBSERVATION STATUS" OR "INPATIENT STATUS" AND DISCHARGED ON THE SAME DATE, USE THE CODES FOR OBSERVATION OR INPATIENT CARE SERVICES (INCLUDING ADMISSION AND DISCHARGE SERVICES, 99234-99236 AS APPROPRIATE.))	18	18	0	\$2,438	\$1,851	\$102.84						n/a	5	5	0	\$728	\$524	\$104.89
L0172 - CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	14	14	0	\$1,083	\$887	\$63.36						n/a	11	11	0	\$2,179	\$1,433	\$130.27
E0675 - PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY (UNILATERAL OR BILATERAL SYSTEM)						n/a	2	2	0	\$808	\$635	\$317.47	5	5	0	\$2,834	\$1,674	\$334.88
A6021 - COLLAGEN DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH	11	11	0	\$237	\$215	\$19.51						n/a	6	98	0	\$2,891	\$2,088	\$348.00
97762 - CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	23	23	0	\$1,625	\$1,349	\$58.67						n/a	24	29	0	\$1,748	\$934	\$38.93
66336084360 - TIZANIDINE HCL	3	0	360	\$979	\$606	\$201.84						n/a	12	0	900	\$2,221	\$1,669	\$139.05
28450 - TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	2	2	0	\$930	\$888	\$443.94						n/a	6	6	0	\$3,119	\$1,380	\$230.05
59310057920 - PROAIR HFA	5	0	45	\$240	\$240	\$48.00						n/a	32	0	431	\$2,185	\$2,011	\$62.84
E0230 - ICE CAP OR COLLAR	3	3	0	\$39	\$35	\$11.70						n/a	272	294	0	\$4,456	\$2,211	\$8.13
J2270 - INJECTION, MORPHINE SULFATE, UP TO 10 MG	174	276	0	\$2,958	\$2,154	\$12.38						n/a	6	6	0	\$76	\$19	\$3.18
85652 - SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	25	25	0	\$911	\$649	\$25.97						n/a	102	100	0	\$7,087	\$1,491	\$14.62
70160 - RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF 3 VIEWS	16	16	0	\$1,153	\$977	\$61.07						n/a	15	15	0	\$1,584	\$1,160	\$77.36

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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.	8	8	0	\$2,609	\$1,821	\$227.62						n/a	2	2	0	\$580	\$314	\$156.75
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	3	3	0	\$720	\$571	\$190.40						n/a	12	12	0	\$1,950	\$1,535	\$127.89
00781183001 - PROMETHAZINE HCL	5	0	560	\$304	\$296	\$59.12						n/a	57	0	4,062	\$9,865	\$1,795	\$31.49
49999073730 - LUNESTA	3	0	90	\$1,210	\$1,073	\$357.73						n/a	7	0	210	\$2,703	\$1,006	\$143.70
72202 - RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; 3 OR MORE VIEWS	14	14	0	\$1,847	\$1,368	\$97.75						n/a	11	10	0	\$1,206	\$703	\$63.89
G0157 - SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	4	4	0	\$816	\$343	\$85.76						n/a	9	9	0	\$2,510	\$1,696	\$188.48
12031 - REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	5	5	0	\$2,402	\$1,403	\$280.57						n/a	2	2	0	\$942	\$609	\$304.55
00406036601 - APAP/HYDROCODONE BITARTRATE	2	0	120	\$74	\$69	\$34.38						n/a	44	0	3,644	\$2,353	\$1,913	\$43.47
51729 - COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING PRESSURE) AND URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL CLOSURE PRESSURE PROFILE), ANY TECHNIQUE	2	2	0	\$1,559	\$747	\$373.62						n/a	4	4	0	\$2,449	\$1,233	\$308.36
82607 - CYANOCOBALAMIN (VITAMIN B-12);	8	8	0	\$1,729	\$1,458	\$182.28						n/a	14	14	0	\$1,294	\$500	\$35.75
83735 - MAGNESIUM	30	30	0	\$1,846	\$1,411	\$47.03						n/a	24	24	0	\$1,084	\$524	\$21.82
94060 - BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONCHODILATOR ADMINISTRATION	6	7	0	\$1,722	\$1,044	\$173.92						n/a	12	7	0	\$1,496	\$877	\$73.05

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88342 - IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	2	17	0	\$1,690	\$1,607	\$803.59						n/a	3	6	0	\$1,105	\$308	\$102.54
68258704606 - LYRICA	2	0	1,240	\$1,114	\$1,019	\$509.64						n/a	3	0	210	\$974	\$892	\$297.29
82947 - GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	115	115	0	\$2,947	\$1,714	\$14.90						n/a	29	29	0	\$519	\$194	\$6.69
73050 - RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	6	6	0	\$376	\$297	\$49.55						n/a	15	15	0	\$1,889	\$1,573	\$104.89
70260 - RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF 4 VIEWS	10	10	0	\$1,047	\$868	\$86.84						n/a	10	10	0	\$1,561	\$988	\$98.84
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,	13	13	0	\$3,070	\$1,560	\$120.01						n/a	3	5	0	\$1,388	\$293	\$97.51
97537 - COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS, USE OF ASSISTIVE TECHNOLOGY DEVICE/ADAPTIVE EQUIPMENT), DIRECT ONE-ON-ONE CONTACT BY PROVIDER, EACH 15 MINUTES	10	22	0	\$1,214	\$1,032	\$103.19						n/a	35	42	0	\$2,779	\$815	\$23.29

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74022 - RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS, SINGLE VIEW CHEST	19	19	0	\$1,941	\$1,386	\$72.94						n/a	9	9	0	\$834	\$451	\$50.11
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	5	5	0	\$3,278	\$731	\$146.11						n/a	4	3	0	\$2,956	\$1,091	\$272.73
65205 - REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	3	3	0	\$325	\$325	\$108.33						n/a	13	13	0	\$1,978	\$1,494	\$114.92
72120 - RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; BENDING VIEWS ONLY, 2 OR 3 VIEWS	10	10	0	\$804	\$668	\$66.77						n/a	12	11	0	\$1,466	\$1,120	\$93.36
29280 - STRAPPING; HAND OR FINGER	4	4	0	\$608	\$540	\$135.09						n/a	27	27	0	\$1,550	\$1,214	\$44.97
99349 - HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A DETAILED INTERVAL 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 MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 40 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.	2	2	0	\$300	\$255	\$127.50						n/a	13	13	0	\$2,004	\$1,434	\$110.29
A4565 - SLINGS	3	3	0	\$60	\$51	\$17.00	3	3	0	\$60	\$47	\$15.66	139	139	0	\$2,882	\$1,577	\$11.35
97542 - WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	6	20	0	\$1,923	\$1,573	\$262.19						n/a	5	5	0	\$250	\$95	\$19.00
59762372103 - ALPRAZOLAM	2	0	240	\$286	\$286	\$142.76						n/a	19	0	1,530	\$1,531	\$1,369	\$72.06
A6449 - LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	3	12	0	\$16	\$16	\$5.32						n/a	119	585	0	\$2,108	\$1,631	\$13.71
86038 - ANTINUCLEAR ANTIBODIES (ANA);	10	10	0	\$1,159	\$835	\$83.48						n/a	20	20	0	\$1,575	\$797	\$39.84
71110 - RADIOLOGIC EXAMINATION, RIBS, BILATERAL; 3 VIEWS	6	6	0	\$303	\$249	\$41.50						n/a	12	12	0	\$1,598	\$1,379	\$114.91
31575 - LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	4	4	0	\$900	\$338	\$84.38						n/a	10	10	0	\$3,196	\$1,286	\$128.62
15852 - DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	6	6	0	\$3,147	\$845	\$140.77						n/a	2	2	0	\$1,118	\$775	\$387.43
16590083860 - DICLOFENAC SODIUM	2	0	120	\$388	\$388	\$194.17						n/a	2	0	390	\$1,307	\$1,205	\$602.42

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	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
0273 - MEDICAL/SURGICAL SUPPLIES: TAKE HOME SUPPLIES	59	59	0	\$230	\$175	\$2.96	51	51	0	\$435	\$178	\$3.49	6	5	0	\$1,430	\$1,205	\$200.87
80182 - NORTRIPTYLINE	2	2	0	\$173	\$168	\$83.79						n/a	93	91	0	\$1,807	\$1,390	\$14.94
13102 - REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	8	8	0	\$2,548	\$1,199	\$149.81						n/a	2	2	0	\$632	\$322	\$161.16
00078031154 - MIACALCIN	6	0	24	\$894	\$894	\$148.93						n/a	4	0	16	\$618	\$618	\$154.59
00093735056 - LANSOPRAZOLE	2	0	180	\$1,020	\$1,020	\$510.15						n/a	2	0	120	\$680	\$482	\$241.07
21800 - CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	3	4	0	\$1,080	\$973	\$324.19						n/a	3	3	0	\$760	\$521	\$173.67
50580087411 - FLEXERIL	3	0	180	\$378	\$378	\$125.92						n/a	11	0	542	\$1,103	\$1,103	\$100.24
73525 - RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	2	2	0	\$522	\$424	\$211.79						n/a	7	7	0	\$2,028	\$1,032	\$147.49
73220 - MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	2	2	0	\$678	\$462	\$231.16						n/a	2	2	0	\$2,250	\$971	\$485.35
76881 - ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	4	4	0	\$1,133	\$864	\$215.95						n/a	3	3	0	\$726	\$550	\$183.20
95819 - ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	2	2	0	\$1,185	\$980	\$490.15						n/a	3	3	0	\$1,790	\$432	\$143.90
83887 - NICOTINE	2	2	0	\$271	\$116	\$58.23						n/a	21	21	0	\$1,818	\$1,294	\$61.61
83036 - HEMOGLOBIN; GLYCOSYLATED (A1C)	13	13	0	\$954	\$773	\$59.45						n/a	33	31	0	\$1,991	\$569	\$17.23
G0152 - SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES	7	7	0	\$798	\$630	\$90.04						n/a	5	5	0	\$810	\$689	\$137.70
16590006560 - CYCLOBENZAPRINE HYDROCHLORIDE	2	0	120	\$200	\$198	\$98.92						n/a	14	0	791	\$1,318	\$1,118	\$79.88
82746 - FOLIC ACID; SERUM	5	5	0	\$1,176	\$956	\$191.14						n/a	10	10	0	\$908	\$356	\$35.61
80185 - PHENYTOIN; TOTAL	9	9	0	\$1,443	\$1,262	\$140.24						n/a	2	2	0	\$208	\$41	\$20.39
70355 - ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	5	5	0	\$533	\$333	\$66.55						n/a	16	16	0	\$1,800	\$967	\$60.46
74230 - SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	10	10	0	\$2,128	\$1,099	\$109.92						n/a	2	2	0	\$168	\$168	\$84.00
59762181201 - PAROXETINE	4	0	360	\$1,014	\$760	\$189.97						n/a	2	0	180	\$507	\$507	\$253.29
65220 - REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	5	5	0	\$847	\$847	\$169.40						n/a	5	5	0	\$623	\$416	\$83.23
84132 - POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD	65	65	0	\$1,910	\$1,091	\$16.79						n/a	12	13	0	\$365	\$151	\$12.56
76882 - ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	6	6	0	\$748	\$541	\$90.20						n/a	13	13	0	\$1,315	\$657	\$50.54
J7120 - RINGERS LACTATE INFUSION, UP TO 1000 CC	48	62	0	\$1,970	\$1,191	\$24.82						n/a	2	2	0	\$6	\$3	\$1.73

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
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 Transactions Reported July 2010 - June 2012

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72194 - COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS	2	2	0	\$1,193	\$913	\$456.36						n/a	2	2	0	\$401	\$270	\$134.95
51784 - ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	3	3	0	\$1,339	\$800	\$266.63						n/a	4	4	0	\$1,706	\$363	\$90.72
A4216 - STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	3	6	0	\$14	\$12	\$4.03						n/a	111	2,625	0	\$1,907	\$1,133	\$10.21
J0171 - INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	37	969	0	\$2,210	\$1,120	\$30.27						n/a	2	31	0	\$18	\$14	\$6.79
94640 - PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (EG, WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING [IPPB] DEVICE)	7	9	0	\$918	\$774	\$110.56						n/a	13	13	0	\$655	\$358	\$27.52
82962 - GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE	52	70	0	\$1,360	\$946	\$18.20						n/a	32	12	0	\$799	\$182	\$5.70
84403 - TESTOSTERONE; TOTAL	4	4	0	\$633	\$349	\$87.32						n/a	18	17	0	\$2,803	\$771	\$42.82
88311 - DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	25	29	0	\$1,738	\$877	\$35.09						n/a	7	8	0	\$470	\$237	\$33.86
74000 - RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	30	30	0	\$1,314	\$720	\$23.98						n/a	12	12	0	\$671	\$389	\$32.39
10160 - PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	2	2	0	\$572	\$499	\$249.39						n/a	4	4	0	\$1,038	\$575	\$143.84
L3260 - SURGICAL BOOT/SHOE, EACH	2	2	0	\$75	\$66	\$33.23						n/a	66	66	0	\$1,974	\$1,003	\$15.19
76856 - ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	3	3	0	\$914	\$532	\$177.38						n/a	4	4	0	\$840	\$526	\$131.48
27370 - INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	2	2	0	\$495	\$415	\$207.72						n/a	2	2	0	\$932	\$596	\$298.03
95869 - NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)	6	6	0	\$1,200	\$817	\$136.21						n/a	4	4	0	\$602	\$169	\$42.32
85651 - SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	30	30	0	\$1,179	\$873	\$29.11						n/a	4	4	0	\$77	\$74	\$18.44
74020 - RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT VIEWS	10	10	0	\$678	\$530	\$53.02						n/a	5	5	0	\$422	\$379	\$75.89
84439 - THYROXINE; FREE	7	7	0	\$928	\$773	\$110.36						n/a	5	5	0	\$404	\$116	\$23.24
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	11	11	0	\$226	\$170	\$15.44						n/a	2	60	0	\$808	\$686	\$343.24

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J3360 - INJECTION, DIAZEPAM, UP TO 5 MG	27	39	0	\$413	\$348	\$12.88	64	64	0	\$605	\$390	\$6.09	29	29	0	\$289	\$109	\$3.76
62270 - SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	3	3	0	\$652	\$420	\$140.00						n/a	3	3	0	\$868	\$412	\$137.18
00172392660 - DIAZEPAM	6	0	360	\$117	\$72	\$11.97						n/a	71	0	4,515	\$1,217	\$759	\$10.69
84436 - THYROXINE; TOTAL	4	4	0	\$729	\$607	\$151.79						n/a	14	14	0	\$575	\$217	\$15.48
72291 - RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, VERTEBRAL AUGMENTATION, OR SACRAL AUGMENTATION (SACROPLASTY), INCLUDING CAVITY CREATION, PER VERTEBRAL BODY OR SACRUM; UNDER FLUOROSCOPIC GUIDANCE	4	4	0	\$924	\$550	\$137.45						n/a	2	2	0	\$296	\$261	\$130.43
J1110 - INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	3	3	0	\$431	\$387	\$129.02						n/a	9	9	0	\$625	\$420	\$46.66
51797 - VOIDING PRESSURE STUDIES, INTRA-ABDOMINAL (IE, RECTAL, GASTRIC, INTRAPERITONEAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	\$434	\$388	\$194.20						n/a	4	4	0	\$1,450	\$417	\$104.21
16590067130 - OXYCODONE HYDROCHLORIDE	2	0	60	\$108	\$108	\$53.84						n/a	7	0	480	\$764	\$697	\$99.62
J0170 - INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	16	58	0	\$1,086	\$767	\$47.95						n/a	3	33	0	\$58	\$34	\$11.19
G0156 - SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES	16	21	0	\$840	\$330	\$20.63						n/a	7	15	0	\$600	\$450	\$64.29
86160 - COMPLEMENT; ANTIGEN, EACH COMPONENT	2	2	0	\$508	\$389	\$194.31						n/a	12	22	0	\$18,172	\$387	\$32.25
49999089960 - OXYCODONE HYDROCHLORIDE	2	0	120	\$112	\$93	\$46.64						n/a	8	0	660	\$762	\$672	\$84.01
84450 - TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	13	13	0	\$696	\$340	\$26.16						n/a	27	27	0	\$649	\$402	\$14.89
E0110 - CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND HANDGRIPS						n/a	3	3	0	\$234	\$88	\$29.35	13	13	0	\$840	\$632	\$48.63
76817 - ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	3	3	0	\$706	\$600	\$200.03						n/a	2	2	0	\$457	\$118	\$59.00
00591024010 - LORAZEPAM	2	0	120	\$100	\$100	\$50.08						n/a	15	0	1,464	\$849	\$618	\$41.19
49884077905 - IBUPROFEN	2	0	120	\$55	\$33	\$16.46						n/a	34	0	1,837	\$1,050	\$680	\$20.01
84153 - PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL	3	3	0	\$309	\$218	\$72.56						n/a	15	15	0	\$1,511	\$491	\$32.74
84702 - GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	2	2	0	\$575	\$509	\$254.28						n/a	3	3	0	\$283	\$166	\$55.29
87081 - CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;	12	14	0	\$712	\$581	\$48.44						n/a	4	4	0	\$230	\$83	\$20.68
87088 - CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE	13	13	0	\$836	\$557	\$42.83						n/a	9	9	0	\$243	\$100	\$11.13

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	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
J1670 - INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	2	2	0	\$1,388	\$652	\$325.98						n/a	2	2	0	\$5	\$4	\$2.13
24208029905 - LOTEMAX	2	0	10	\$168	\$168	\$84.09						n/a	4	0	20	\$470	\$470	\$117.60
A6199 - ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES	6	6	0	\$125	\$84	\$13.92						n/a	6	88	0	\$585	\$553	\$92.14
84480 - TRIIODOTHYRONINE T3; TOTAL (TT-3)	2	2	0	\$623	\$519	\$259.32						n/a	4	4	0	\$398	\$107	\$26.77
94799 - UNLISTED PULMONARY SERVICE OR PROCEDURE	11	11	0	\$612	\$556	\$50.51						n/a	2	2	0	\$82	\$70	\$34.85
L3650 - SHOULDER ORTHOSIS, FIGURE OF EIGHT DESIGN ABDUCTION RESTRAINER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	11	11	0	\$586	\$418	\$38.04						n/a	4	4	0	\$255	\$186	\$46.44
A4217 - STERILE WATER/SALINE, 500 ML						n/a	152	159	0	\$564	\$274	\$1.80	69	201	0	\$512	\$322	\$4.66
93976 - DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS; LIMITED STUDY	2	2	0	\$388	\$270	\$134.88						n/a	3	3	0	\$943	\$326	\$108.56
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)	13	13	0	\$1,061	\$293	\$22.54						n/a	2	2	0	\$370	\$301	\$150.38
72200 - RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN 3 VIEWS	6	6	0	\$836	\$131	\$21.89						n/a	10	10	0	\$603	\$456	\$45.57
71111 - RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF 4 VIEWS	3	3	0	\$553	\$520	\$173.35						n/a	3	3	0	\$371	\$56	\$18.80
11100 - BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE CLOSURE), UNLESS OTHERWISE LISTED; SINGLE LESION	3	6	0	\$198	\$56	\$18.78						n/a	5	5	0	\$857	\$514	\$102.84
84295 - SODIUM; SERUM, PLASMA OR WHOLE BLOOD	45	45	0	\$1,492	\$524	\$11.64						n/a	2	3	0	\$46	\$39	\$19.69
L0120 - CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	2	2	0	\$154	\$128	\$64.13						n/a	28	28	0	\$636	\$435	\$15.52
76775 - ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	2	2	0	\$300	\$44	\$22.11						n/a	4	4	0	\$615	\$512	\$128.12
51672402701 - WARFARIN SODIUM	3	0	180	\$109	\$109	\$36.49						n/a	22	0	786	\$483	\$445	\$20.23
83880 - NATRIURETIC PEPTIDE	3	3	0	\$478	\$453	\$150.95						n/a	2	2	0	\$442	\$83	\$41.25

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94620 - PULMONARY STRESS TESTING; SIMPLE (EG, 6-MINUTE WALK TEST, PROLONGED EXERCISE TEST FOR BRONCHOSPASM WITH PRE- AND POST-SPIROMETRY AND OXIMETRY)	2	2	0	\$150	\$72	\$35.97						n/a	5	5	0	\$1,000	\$448	\$89.50
J1245 - INJECTION, DIPYRIDAMOLE, PER 10 MG	2	12	0	\$130	\$105	\$52.30						n/a	19	65	0	\$2,082	\$403	\$21.22
99173 - SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL						n/a	2	2	0	\$78	\$5	\$2.44	30	30	0	\$638	\$501	\$16.70
82248 - BILIRUBIN; DIRECT	13	13	0	\$397	\$299	\$23.03						n/a	40	39	0	\$286	\$195	\$4.87
84550 - URIC ACID; BLOOD	9	9	0	\$426	\$255	\$28.36						n/a	19	19	0	\$657	\$236	\$12.44
82435 - CHLORIDE; BLOOD	39	39	0	\$1,291	\$451	\$11.57						n/a	2	3	0	\$46	\$39	\$19.69
66336067330 - AMITRIPTYLINE HCL	2	0	60	\$64	\$59	\$29.55						n/a	13	0	480	\$560	\$428	\$32.94
99406 - SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	2	2	0	\$108	\$100	\$49.95						n/a	50	47	0	\$1,247	\$385	\$7.71
70110 - RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF 4 VIEWS	4	4	0	\$403	\$305	\$76.17						n/a	5	5	0	\$476	\$169	\$33.83
94664 - DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR IPPB DEVICE	4	4	0	\$390	\$344	\$85.94						n/a	7	5	0	\$385	\$127	\$18.16
76857 - ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)	3	3	0	\$297	\$78	\$26.03						n/a	4	4	0	\$946	\$391	\$97.77
00245005811 - KLOR-CON M20	5	0	450	\$265	\$217	\$43.40						n/a	8	0	420	\$255	\$247	\$30.84
84165 - PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM	4	4	0	\$390	\$333	\$83.25						n/a	3	3	0	\$188	\$130	\$43.21
86704 - HEPATITIS B CORE ANTIBODY (HBCAB); TOTAL	4	4	0	\$556	\$419	\$104.72						n/a	2	2	0	\$165	\$31	\$15.63
90472 - IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4	6	0	\$415	\$415	\$103.75						n/a	3	3	0	\$89	\$35	\$11.70
86705 - HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	3	3	0	\$230	\$188	\$62.79						n/a	5	5	0	\$580	\$260	\$52.06
88312 - SPECIAL STAIN INCLUDING INTERPRETATION AND REPORT; GROUP I FOR MICROORGANISMS (EG, ACID FAST, METHENAMINE SILVER)	2	3	0	\$240	\$175	\$87.50						n/a	2	4	0	\$514	\$271	\$135.46
86708 - HEPATITIS A ANTIBODY (HAAB); TOTAL	3	3	0	\$322	\$186	\$61.92						n/a	5	5	0	\$426	\$257	\$51.44
0571 - VISIT CHARGE	4	5	0	\$304	\$239	\$59.65						n/a	3	5	0	\$200	\$200	\$66.67
J2550 - INJECTION, PROMETHAZINE HCL, UP TO 50 MG	60	64	0	\$536	\$360	\$5.99						n/a	7	7	0	\$143	\$78	\$11.10
86141 - C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	7	7	0	\$452	\$403	\$57.64						n/a	2	2	0	\$141	\$5	\$2.50

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 Transactions Reported July 2010 - June 2012

Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
J0330 - INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	44	215	0	\$664	\$393	\$8.93						n/a	2	6	0	\$12	\$11	\$5.43
68382005601 - WARFARIN SODIUM	4	0	360	\$240	\$240	\$60.12						n/a	4	0	240	\$160	\$160	\$40.08
J1644 - INJECTION, HEPARIN SODIUM, PER 1000 UNITS	10	73	0	\$371	\$274	\$27.40						n/a	8	22	0	\$198	\$114	\$14.30
82310 - CALCIUM; TOTAL	19	19	0	\$982	\$339	\$17.84						n/a	7	7	0	\$152	\$48	\$6.84
89051 - CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	8	8	0	\$585	\$300	\$37.54						n/a	3	3	0	\$159	\$81	\$27.07
29550 - STRAPPING; TOES	2	2	0	\$857	\$175	\$87.71						n/a	5	5	0	\$347	\$206	\$41.14
90732 - PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE	4	4	0	\$543	\$330	\$82.40						n/a	4	4	0	\$342	\$39	\$9.80
16590014921 - METHYLPREDNISOLONE	2	0	42	\$28	\$28	\$14.15						n/a	14	0	273	\$332	\$326	\$23.31
85007 - BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	9	9	0	\$411	\$319	\$35.39						n/a	2	2	0	\$39	\$24	\$12.02
A6450 - LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD						n/a	5	5	0	\$25	\$10	\$2.07	89	161	0	\$667	\$332	\$3.73
84134 - PREALBUMIN	4	4	0	\$369	\$277	\$69.33						n/a	3	3	0	\$241	\$64	\$21.26
66336002730 - AMITRIPTYLINE HCL	2	0	60	\$34	\$32	\$15.95						n/a	19	0	634	\$458	\$305	\$16.05
82003 - ACETAMINOPHEN	3	3	0	\$530	\$165	\$54.86						n/a	5	5	0	\$236	\$167	\$33.33
85014 - BLOOD COUNT; HEMATOCRIT (HCT)	19	27	0	\$273	\$230	\$12.09						n/a	22	22	0	\$150	\$85	\$3.88
89060 - CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, TISSUE OR ANY BODY FLUID (EXCEPT URINE)	9	9	0	\$592	\$224	\$24.90						n/a	4	4	0	\$332	\$88	\$22.08
J2765 - INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	42	52	0	\$431	\$249	\$5.92						n/a	14	14	0	\$123	\$63	\$4.53
84075 - PHOSPHATASE, ALKALINE;	10	10	0	\$628	\$271	\$27.06						n/a	3	3	0	\$34	\$28	\$9.32
0257 - PHARMACY: NON-PRESCRIPTION	17	24	0	\$216	\$209	\$12.28						n/a	5	18	0	\$96	\$65	\$13.08
82375 - CARBOXYHEMOGLOBIN; QUANTITATIVE	4	4	0	\$224	\$92	\$23.01						n/a	4	4	0	\$387	\$177	\$44.33

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
 Hospital Place of Service, Ambulatory Surgical Center Place of Service and All Other Places of Service (POS)
 Transactions Reported July 2010 - June 2012

Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
99251 - INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED 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. PHYSICIANS TYPICALLY SPEND 20 MINUTES AT THE BEDSIDE AND ON THE PATIENT'S HOSPITAL FLOOR OR UNIT.	3	3	0	\$415	\$187	\$62.30						n/a	2	2	0	\$385	\$81	\$40.38
J1200 - INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	38	42	0	\$357	\$264	\$6.94						n/a	2	2	0	\$8	\$3	\$1.62
J7050 - INFUSION, NORMAL SALINE SOLUTION, 250 CC	2	2	0	\$50	\$45	\$22.68	20	20	0	\$166	\$106	\$5.32	21	120	0	\$241	\$108	\$5.16
J2175 - INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	13	28	0	\$914	\$200	\$15.36						n/a	7	45	0	\$711	\$60	\$8.62
71120 - RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF 2 VIEWS	2	2	0	\$146	\$140	\$70.10						n/a	2	2	0	\$168	\$113	\$56.71
70360 - RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	3	3	0	\$223	\$175	\$58.28						n/a	3	3	0	\$205	\$75	\$25.03
70100 - RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN 4 VIEWS	5	5	0	\$134	\$88	\$17.50						n/a	2	2	0	\$187	\$157	\$78.62
A6448 - LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	4	4	0	\$51	\$34	\$8.53	7	7	0	\$90	\$58	\$8.25	24	27	0	\$211	\$149	\$6.20
61314063705 - PREDNISOLONE ACETATE	3	0	45	\$142	\$142	\$47.25						n/a	6	0	30	\$91	\$91	\$15.17
J1580 - INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	6	15	0	\$169	\$157	\$26.15						n/a	15	19	0	\$95	\$74	\$4.94
90658 - INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE	4	4	0	\$86	\$70	\$17.50						n/a	15	15	0	\$392	\$143	\$9.50
A6454 - SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	3	9	0	\$16	\$16	\$5.25						n/a	14	14	0	\$273	\$195	\$13.96
86592 - SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)	4	4	0	\$146	\$49	\$12.24						n/a	12	12	0	\$418	\$160	\$13.33
82728 - FERRITIN	3	3	0	\$286	\$141	\$47.00						n/a	3	3	0	\$271	\$60	\$19.98
00378253701 - HCTZ/TRIAMTERENE	4	0	360	\$144	\$108	\$27.04						n/a	2	0	180	\$73	\$73	\$36.35
82247 - BILIRUBIN; TOTAL	9	9	0	\$557	\$171	\$19.02						n/a	2	2	0	\$12	\$4	\$1.84
84155 - PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD	8	8	0	\$419	\$139	\$17.34						n/a	3	3	0	\$33	\$26	\$8.54
83540 - IRON	4	4	0	\$215	\$76	\$18.95						n/a	5	5	0	\$135	\$69	\$13.79

Delaware Compensation Rating Bureau, Inc.
 Per Procedure Cost for Identical Procedure Codes
 Hospital Place of Service, Ambulatory Surgical Center Place of Service and All Other Places of Service (POS)
 Transactions Reported July 2010 - June 2012

Procedure Code And Description	Hospital (Inpt POS = 21 & Outpt POS = 22 & ER POS = 23)						Ambulatory Surgical Center (POS = 24)						All Other Places of Service					
	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost	Record Count	Proc Units	Script Units	Charged Amt	Paid Amt	Per Proc Cost
84100 - PHOSPHORUS INORGANIC (PHOSPHATE):	6	6	0	\$206	\$119	\$19.80						n/a	6	6	0	\$34	\$25	\$4.17
83550 - IRON BINDING CAPACITY	2	2	0	\$123	\$44	\$22.03						n/a	5	5	0	\$183	\$93	\$18.60
00409155930 - MARCAINE HCL	3	0	3	\$45	\$30	\$10.03						n/a	173	0	263	\$3,007	\$99	\$0.57
A6443 - CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	3	12	0	\$16	\$16	\$5.32						n/a	4	318	0	\$129	\$103	\$25.83
51991060401 - VITAMIN D	6	0	48	\$95	\$95	\$15.78						n/a	3	0	9	\$21	\$21	\$7.07
00182111310 - SENNA-S	3	0	168	\$29	\$25	\$8.27						n/a	11	0	1,016	\$118	\$81	\$7.40
J2271 - INJECTION, MORPHINE SULFATE, 100 MG	4	7	0	\$113	\$30	\$7.47						n/a	3	3	0	\$52	\$33	\$10.89
00603533732 - PREDNISONE	5	0	450	\$19	\$15	\$3.04						n/a	8	0	444	\$24	\$24	\$2.98
93042 - RHYTHM ECG, 1-3 LEADS; INTERPRETATION AND REPORT ONLY	8	8	0	\$287	\$29	\$3.66						n/a	2	2	0	\$37	\$8	\$4.00
A6207 - CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	3	3	0	\$15	\$15	\$4.91						n/a	2	3	0	\$36	\$21	\$10.57
77052 - COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION, WITH OR WITHOUT DIGITIZATION OF FILM RADIOGRAPHIC IMAGES; SCREENING MAMMOGRAPHY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	2	2	0	\$25	\$21	\$10.63						n/a	3	3	0	\$88	\$13	\$4.40
00536354701 - DAILY VITE	5	0	450	\$19	\$15	\$3.02						n/a	4	0	300	\$22	\$13	\$3.14
00904188380 - OYSTER SHELL CALCIUM	3	0	810	\$19	\$13	\$4.32						n/a	2	0	540	\$13	\$13	\$6.48
J0280 - INJECTION, AMINOPHYLLIN, UP TO 250 MG	2	2	0	\$7	\$5	\$2.73						n/a	7	11	0	\$519	\$11	\$1.55
00904759160 - FEROSUL	5	0	450	\$11	\$9	\$1.76						n/a	3	0	270	\$7	\$7	\$2.20
SUB-TOTAL	86,704	377,153	63,433	\$59,623,477	\$40,306,301	\$464.87	14,864	54,338	0	\$16,701,838	\$11,127,121	\$748.60	631,184	1,104,763	\$2,242,645	\$79,401,420	\$53,556,874	\$84.85
DRG DATA REPORTED	4,636	51,577	0	\$11,466,993	\$7,909,960	\$1,706.20	161	176	0	\$338,251	\$246,402	\$1,530.45	134	497	0	\$240,657	\$125,297	\$935.06
ALL OTHER DATA REPORTED	13,892	54,354	8,558	\$12,722,228	\$8,223,420	\$591.95	1,593	4,878	131	\$2,417,999	\$1,383,321	\$868.37	165,496	436,187	4,616,389	\$27,049,535	\$20,162,947	\$121.83
GRAND TOTAL	105,232	483,084	71,991	\$83,812,698	\$56,439,681	\$536.34	16,618	59,392	131	\$19,458,089	\$12,756,844	\$767.65	796,814	1,541,447	6,859,034	\$106,691,612	\$73,845,119	\$92.68

Delaware Compensation Rating Bureau, Inc.

Rate Filing Analysis and Medical Data Call Information

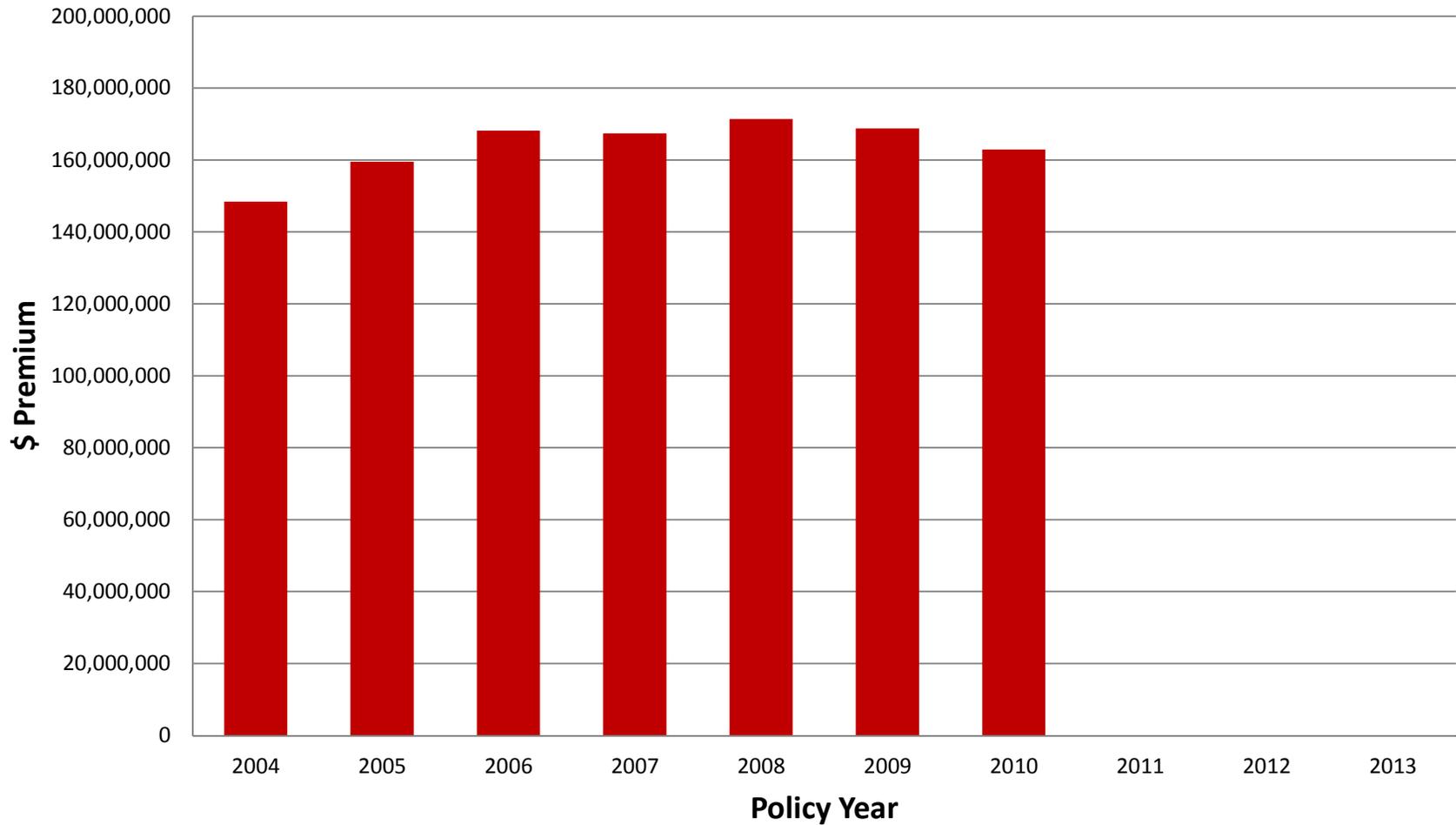
Delaware Compensation Rating Bureau, Inc.

Policy Year Accounting

Premiums and Losses are Tied to Policies Written

Rates Intended to Cover All Costs for Each Year's Business

(Regardless of When Those Costs Are Paid)



Delaware Compensation Rating Bureau, Inc.
Medical Data Call Reports
Year 1 (July 2010 - June 2011) Compared to Year 2 (July 2011 - June 2012)

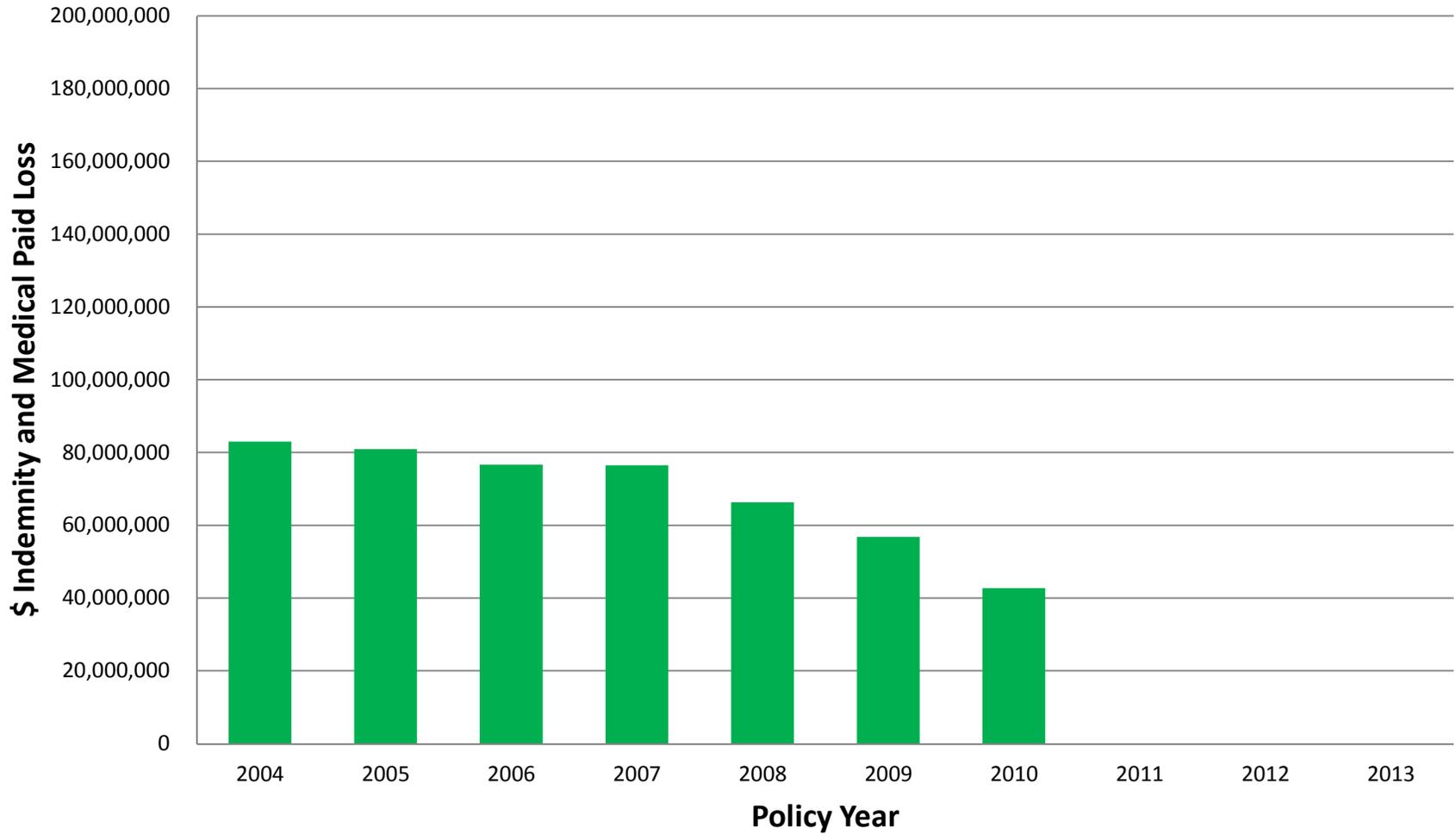
Policy Year	Year 1					Year 2				
	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt	Claim Count	Record Count	Proc Units	Charged Amt	Paid Amt
1979 AND BEFORE	13	331	708	73,436	50,799	6	229	462	51,598	30,976
1980	7	255	843	83,458	66,768	1	24	71	1,327	824
1981	4	167	228	38,451	31,377	3	136	91	39,471	33,258
1982	5	358	359	63,536	51,510	7	316	476	47,189	37,726
1983	7	259	255	59,652	35,565	9	231	599	34,109	25,459
1984	14	2,353	18,793	1,071,694	256,951	16	918	7,495	433,237	208,353
1985	10	386	208	91,921	75,278	9	563	923	106,148	75,997
1986	14	351	1,161	51,189	38,898	11	399	1,376	63,384	46,834
1987	21	1,472	4,444	341,574	260,936	21	1,501	4,598	705,870	433,760
1988	21	1,055	5,681	378,802	255,849	19	592	2,586	221,178	139,469
1989	22	1,625	16,276	910,868	574,496	21	1,677	15,851	511,094	401,107
1990	22	1,165	2,210	468,222	338,058	25	1,736	3,604	466,623	343,137
1991	21	357	1,714	223,175	169,484	26	750	1,996	178,590	138,547
1992	19	1,530	9,976	595,040	494,447	17	1,934	29,325	713,368	556,919
1993	31	1,306	3,781	326,665	249,263	31	1,540	2,555	490,298	296,301
1994	27	1,513	6,164	936,816	461,626	25	2,137	2,627	490,501	355,212
1995	40	2,511	10,522	525,282	406,918	40	2,332	12,944	716,487	525,703
1996	48	2,599	6,808	615,098	492,345	46	2,732	8,861	904,228	655,969
1997	35	1,319	1,896	330,872	250,476	34	1,387	1,352	348,622	265,193
1998	44	1,779	2,758	649,677	371,743	43	2,404	4,562	646,003	461,527
1999	63	3,771	6,506	1,202,814	857,802	59	3,176	4,013	617,243	460,837
2000	81	4,437	14,348	1,191,022	856,111	70	4,845	13,777	1,760,429	1,247,331
2001	101	4,590	11,927	1,423,806	1,034,954	77	4,147	17,463	1,093,011	772,907
2002	113	5,717	26,647	1,962,974	1,440,787	101	6,579	23,764	1,428,766	963,965
2003	160	9,617	18,086	2,494,282	1,765,641	146	7,699	16,319	2,318,042	1,323,813
2004	200	10,034	28,253	3,179,419	2,223,020	181	10,348	41,316	3,275,956	2,029,631
2005	272	13,423	32,418	3,310,627	2,171,002	210	10,670	24,215	2,870,042	1,809,882
2006	582	27,666	85,234	7,017,428	4,580,441	352	18,068	42,426	5,107,335	3,321,974
2007	640	30,945	72,207	7,716,293	5,298,866	450	22,337	60,651	6,031,018	4,080,177
2008	1,090	50,567	111,358	11,461,871	7,506,438	613	31,457	70,356	8,160,315	5,111,734
2009	2,782	117,517	214,695	22,980,106	15,281,201	1,086	48,232	116,525	12,625,321	8,580,884
2010	4,768	146,954	261,774	27,556,231	19,656,207	3,032	125,513	270,147	27,520,940	18,898,731
2011	541	10,690	19,356	1,928,351	1,313,064	4,809	135,960	269,607	27,496,799	19,613,375
2012						584	7,476	13,396	1,227,201	875,810
Grand Total	11,818	458,619	997,594	101,260,654	68,918,324	12,180	460,045	1,086,329	108,701,744	74,123,321

Delaware Compensation Rating Bureau, Inc.

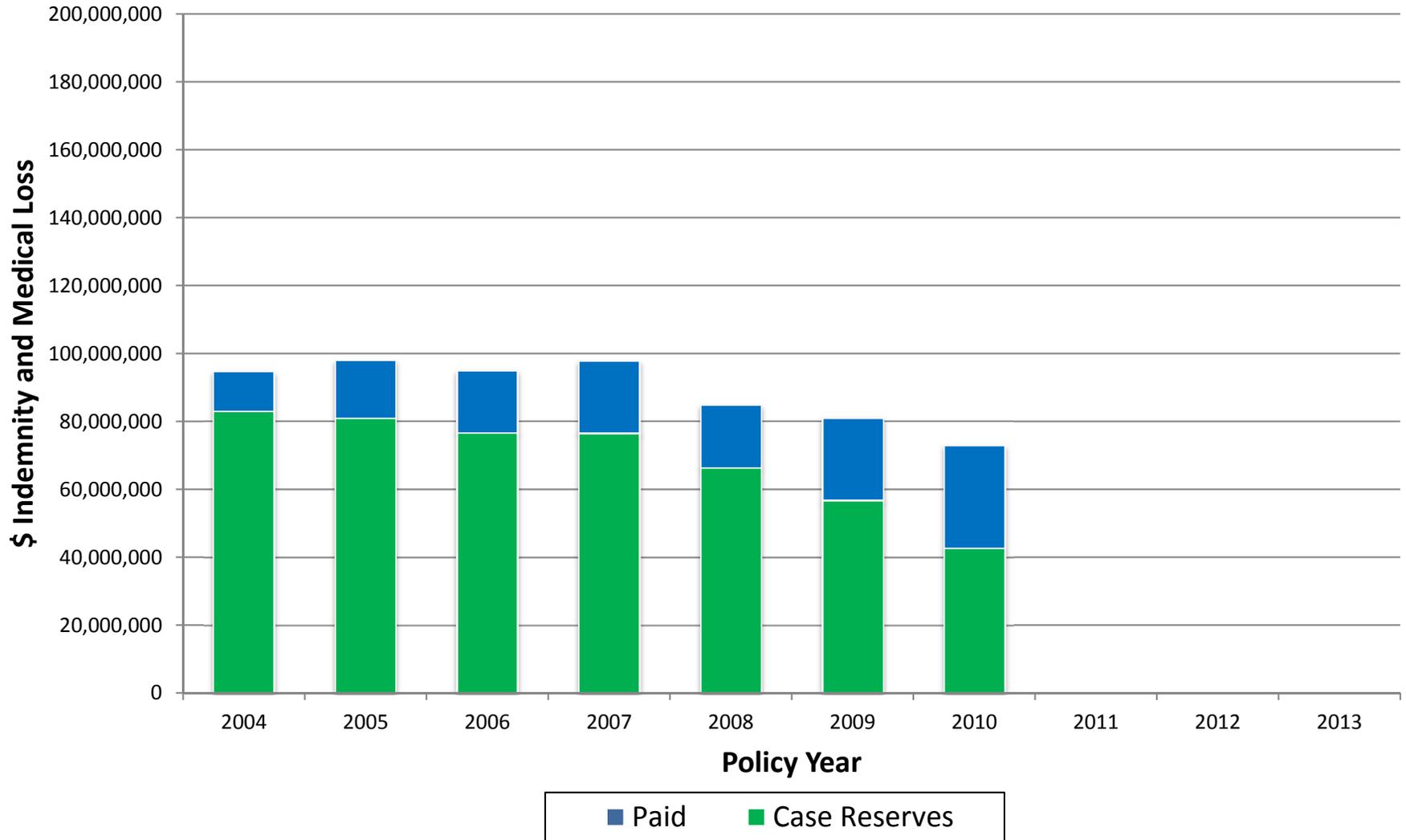
Loss Payments Accumulate Over Time

Snapshot as of December 31, 2011

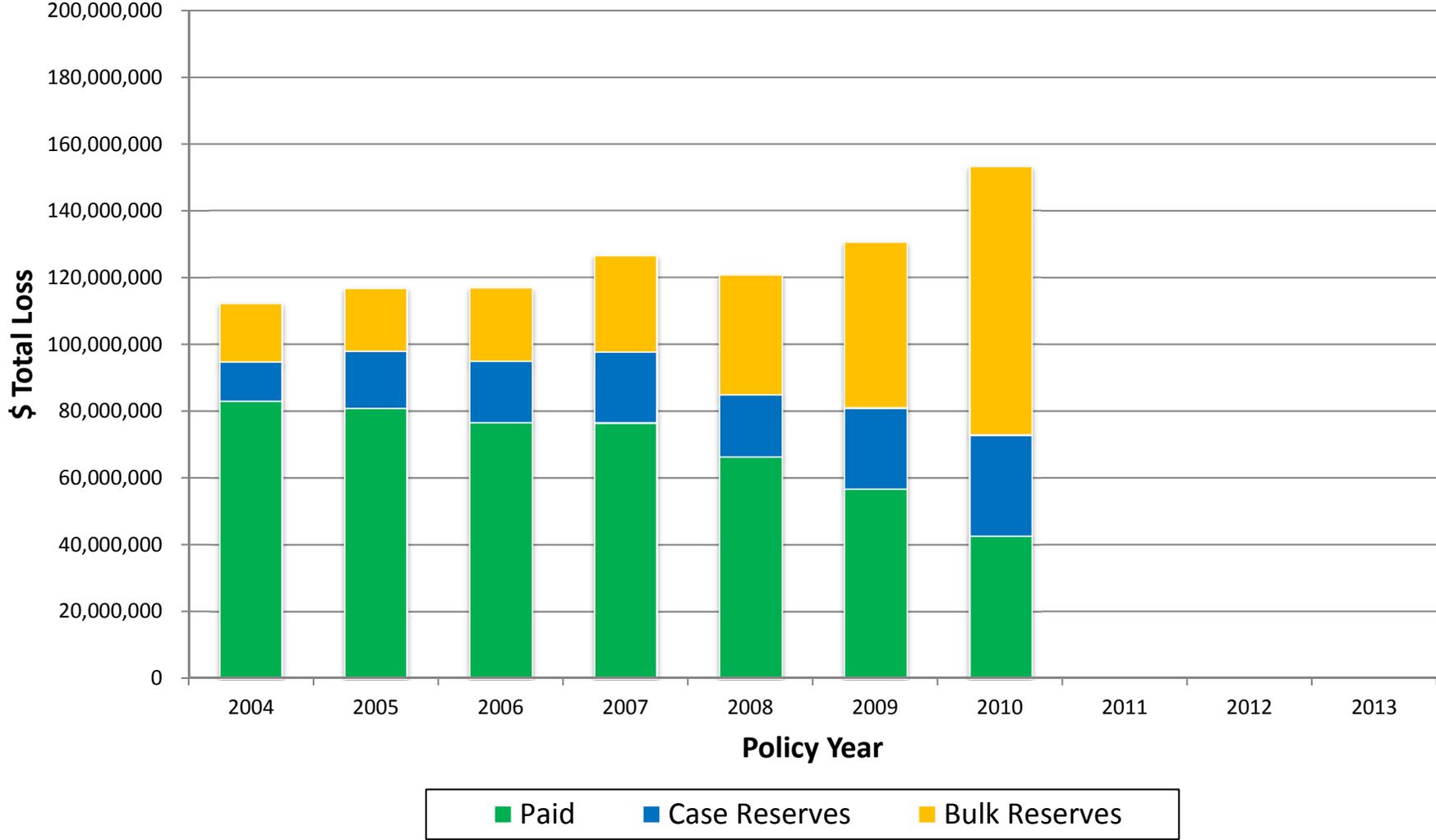
2010's Lower Paid Does Not Imply Lower Final Cost



Delaware Compensation Rating Bureau, Inc.
Carriers Maintain Case Reserves for Future Payments
Snapshot as December 31, 2011



Delaware Compensation Rating Bureau, Inc.
Carriers, DCRB and Independent Actuaries Estimate
Future Changes in Paid Losses and Case Reserves

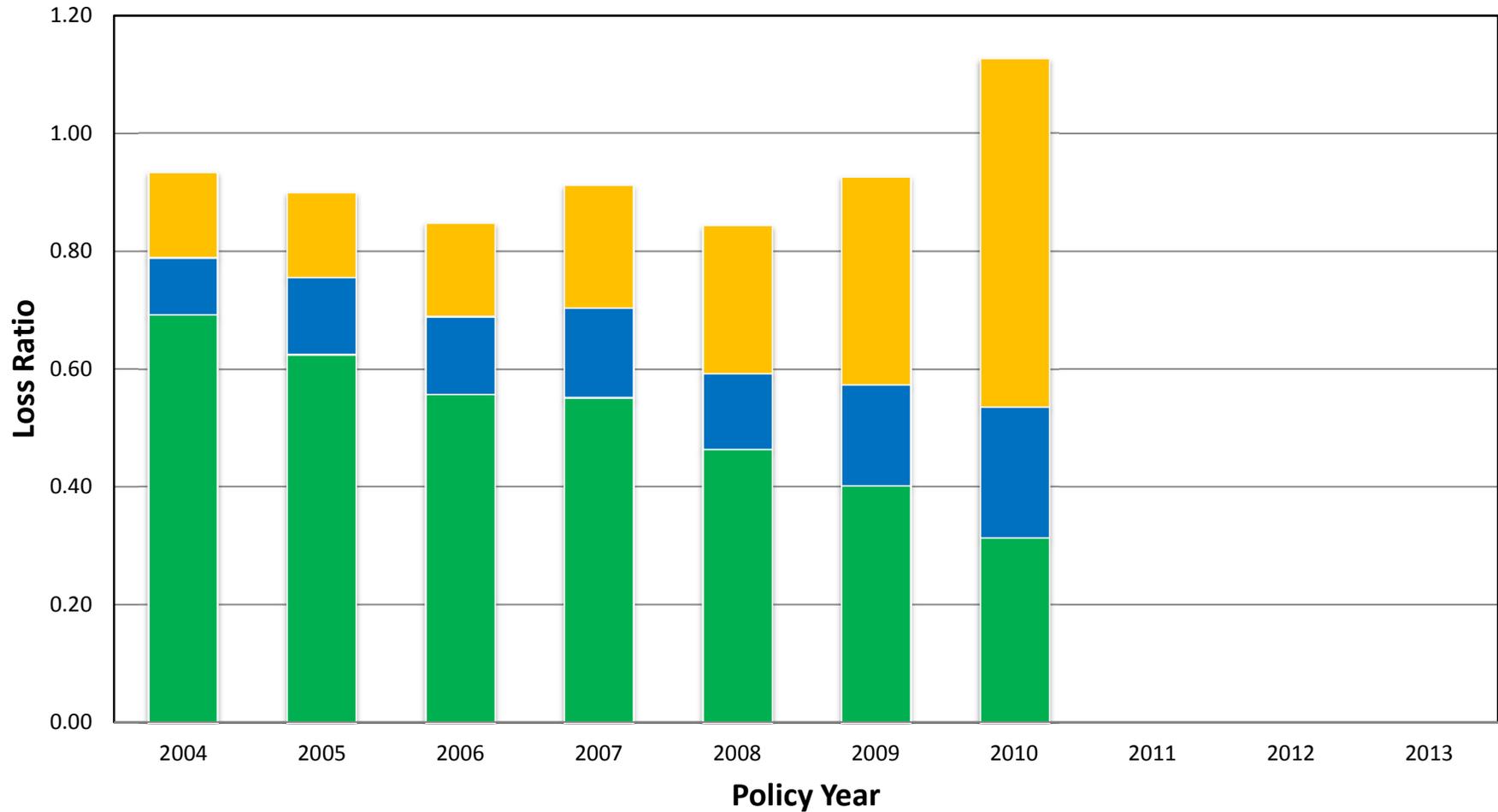


Delaware Compensation Rating Bureau, Inc.

Premiums are Adjusted to 2011 Rates

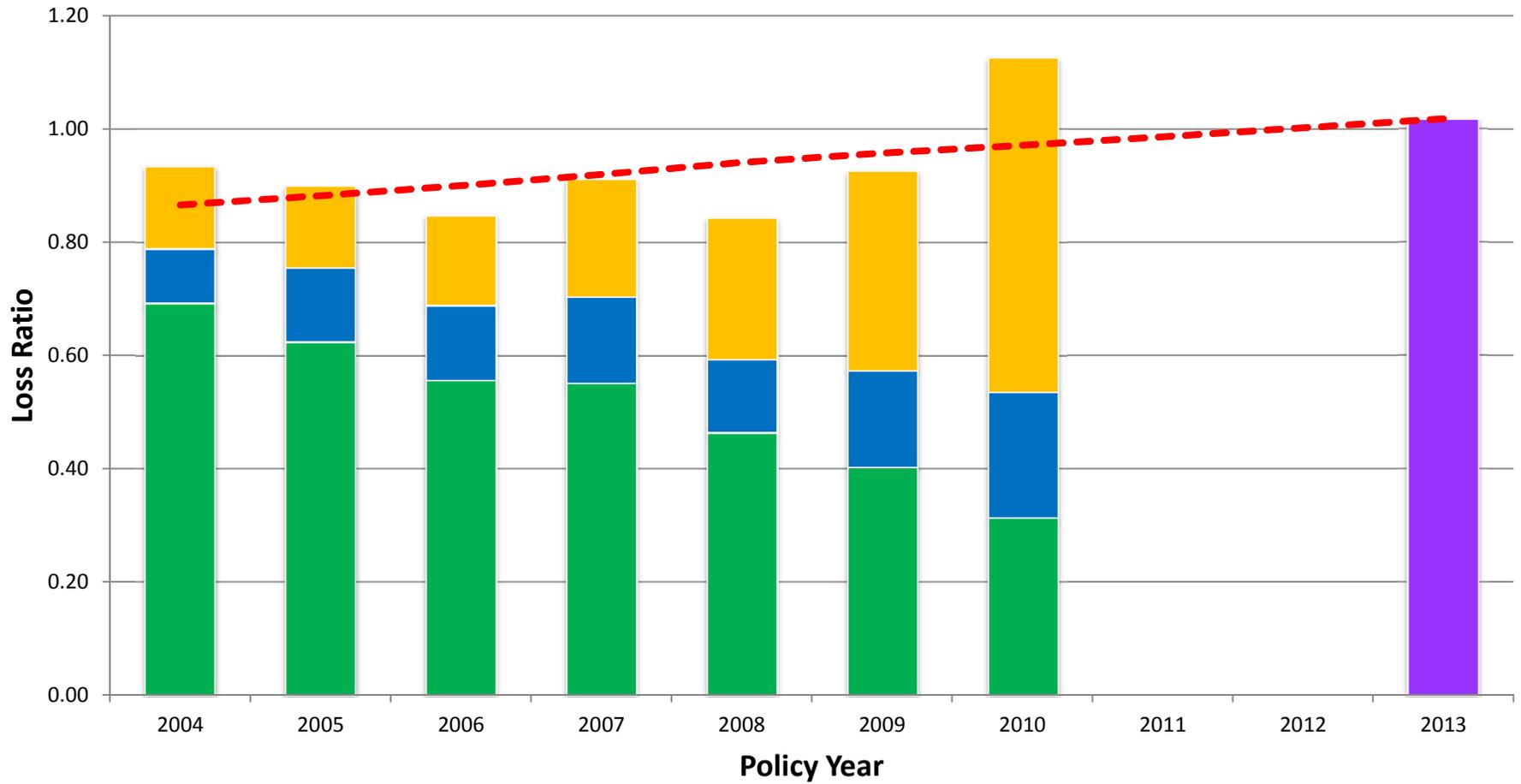
Losses are @ Current Level (Pre-SB1) and include Loss Adjustment Expense

Dollar Estimates Used to Compute Loss Ratio



■ Paid ■ Case Reserves ■ Bulk Reserves

Delaware Compensation Rating Bureau, Inc.
12/1/12 Rate Filing Projected Future
(Almost PY 2013) from Previous Policy Years



Paid
 Case Reserves
 Bulk Reserves
 Trended
 Projection

Delaware Compensation Rating Bureau, Inc.
Medical Data Call Includes Data for Just 18 Months of
Paid Losses Used in Making 12/1/12 Rate Filing

