

Workers Compensation Insurance

New Hampshire Insurance Department

Detailed Medical Cost Comparison

The following exhibits compare the cost of Workers Compensation Medical services in New Hampshire to our neighboring states and to costs nationwide. This information provides important benchmarks against which cost containment strategies may be measured and gives valuable insight into the medical cost drivers that threaten the financial soundness of the workers compensation system.

New Hampshire is the 9th most expensive state for workers comp coverage in the country, according to the 2012 Oregon WC Rate Ranking Study. Workers Compensation must be provided by all employers, and are significant cost of doing business in the state. New Hampshire is currently one of only 7 states without a Physician Fee Schedule.

Knowing how payments for different medical services contribute to workers compensation medical benefit costs provides insight into the cost drivers of overall medical benefits. The costs in this study are shown for individual services or procedures in the following categories:

Physician Costs:

- Surgical Procedures
- Radiology Procedures, including MRI's
- Physical Medicine, including Physical Therapy and Therapeutic Procedures
- Evaluation and Management - Services involving office visits and consultations

Facility Costs:

- Hospital Outpatient Surgical Procedures
- Hospital Outpatient Non-Surgical Procedures
- Ambulatory Surgical Center Surgical Procedures
- Comparison of Outpatient Surgical Costs at Ambulatory Surgical Centers versus Hospitals

The average cost per procedure for the most common procedure codes is shown for New Hampshire, the region¹, and countrywide².

The top 10 procedure codes for WC in each category is ranked by paid dollars. In cases where the top 10 made up less than 50% of the total, more procedures were included so the data would represent at least 50% of the total dollars paid in each category.

On average, Surgical Procedures in NH are 83% more expensive than the surrounding region¹, and more than twice as expensive as they are Nationally². Radiology is 35% more expensive than the region, and 66% more expensive than Nationally. Therapy and Doctor visits compare similarly, with New Hampshire medical costs exceeding both the surrounding states and the nation by a substantial margin. New Hampshire was more expensive, not only on average, but for every single individual procedure reviewed.

The data was provided by the National Council on Compensation Insurance. The NCCI is an advisory organization that provides information to the insurance industry and to regulators. They provide services to the Workers Comp industry in about 35 states. In New Hampshire, they develop rates and advisory loss costs, and administer the Residual Market, as well as providing data for analysis of issues such as the pricing of proposed state legislation and research. They provide similar services to all the New England States except Massachusetts.

Contact Sally MacFadden, P&C Actuary at the NH Insurance Department with any questions.

¹ Region includes CT, ME, RI, VT.

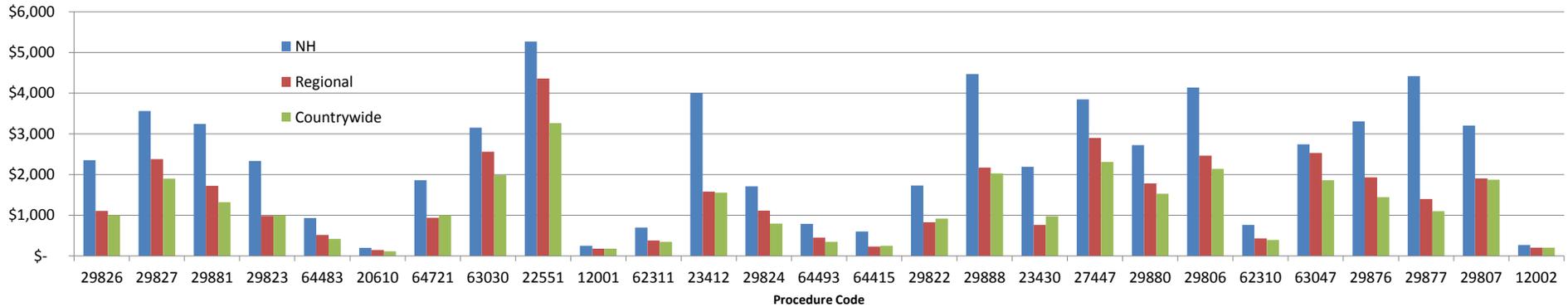
Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT,

² NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.

Source: NCCI Medical Data Call, Service Year 2012.

Top 50% of Payments for Surgical Procedures (Physician costs)

On average, Professional Costs for Surgical Procedures in NH are 83% more expensive than the surrounding region, and 108% more expensive than countrywide. New Hampshire was more expensive for all 27 of the procedures studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	29826	\$ 2,355	\$ 1,106	\$ 1,006	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)	6.1%
2	29827	\$ 3,560	\$ 2,378	\$ 1,900	Arthroscopy, shoulder, surgical; with rotator cuff repair	5.5%
3	29881	\$ 3,242	\$ 1,722	\$ 1,322	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	4.3%
4	29823	\$ 2,335	\$ 982	\$ 1,000	Arthroscopy, shoulder, surgical; debridement, extensive	2.8%
5	64483	\$ 930	\$ 517	\$ 420	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	2.4%
6	20610	\$ 197	\$ 147	\$ 117	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	2.2%
7	64721	\$ 1,860	\$ 940	\$ 1,006	Neuroplasty and/or transposition; median nerve at carpal tunnel	2.1%
8	63030	\$ 3,151	\$ 2,561	\$ 1,985	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	1.9%
9	22551	\$ 5,271	\$ 4,361	\$ 3,260	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	1.9%
10	12001	\$ 250	\$ 178	\$ 178	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	1.8%
11	62311	\$ 697	\$ 382	\$ 350	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)	1.8%
12	23412	\$ 4,004	\$ 1,579	\$ 1,559	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1.8%
13	29824	\$ 1,710	\$ 1,113	\$ 798	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	1.7%
14	64493	\$ 793	\$ 452	\$ 346	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	1.6%
15	64415	\$ 602	\$ 231	\$ 249	Injection, anesthetic agent; brachial plexus, single	1.4%
16	29822	\$ 1,732	\$ 828	\$ 923	Arthroscopy, shoulder, surgical; debridement, limited	1.3%
17	29888	\$ 4,468	\$ 2,174	\$ 2,029	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.2%
18	23430	\$ 2,194	\$ 762	\$ 976	Tenodesis of long tendon of biceps	1.2%
19	27447	\$ 3,846	\$ 2,901	\$ 2,311	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1.0%
20	29880	\$ 2,727	\$ 1,783	\$ 1,533	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	1.0%
21	29806	\$ 4,139	\$ 2,463	\$ 2,139	Arthroscopy, shoulder, surgical; capsulorrhaphy	0.9%
22	62310	\$ 763	\$ 436	\$ 396	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	0.8%
23	63047	\$ 2,744	\$ 2,527	\$ 1,862	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	0.8%
24	29876	\$ 3,307	\$ 1,931	\$ 1,447	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	0.8%
25	29877	\$ 4,417	\$ 1,400	\$ 1,104	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	0.8%
26	29807	\$ 3,202	\$ 1,909	\$ 1,876	Arthroscopy, shoulder, surgical; repair of SLAP lesion	0.8%
27	12002	\$ 270	\$ 208	\$ 205	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	0.8%

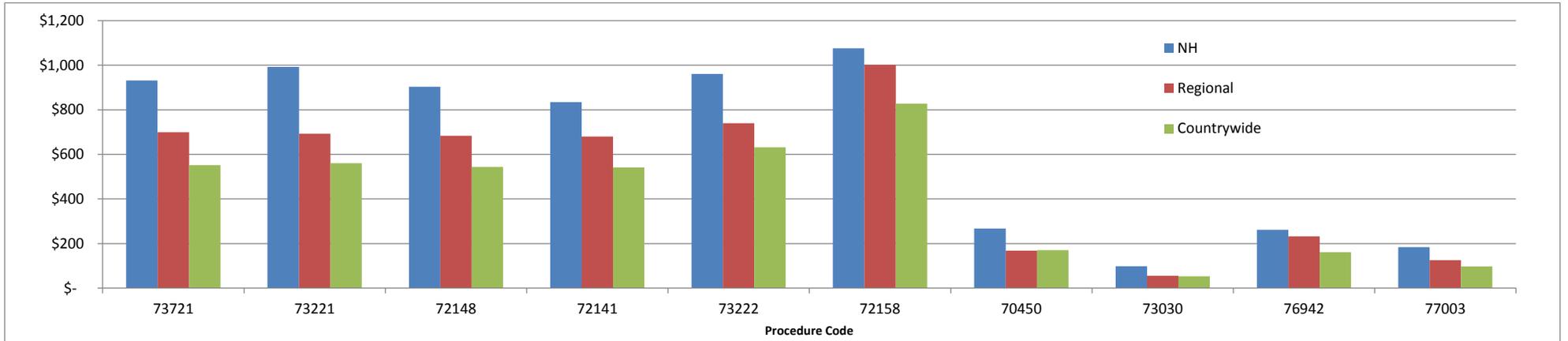
¹ The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.

² Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.

Source: NCCI Medical Data Call, Service Year 2012.

Top 10 Radiology Procedures (Physician costs)

On average, Professional Costs for Radiology Procedures in NH are 35% more expensive than the surrounding region, and 66% more expensive than countrywide. New Hampshire was more expensive for all 10 of the procedures studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	73721	\$ 932	\$ 699	\$ 552	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	14.4%
2	73221	\$ 992	\$ 693	\$ 561	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	14.2%
3	72148	\$ 903	\$ 684	\$ 544	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	12.2%
4	72141	\$ 835	\$ 680	\$ 542	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	5.5%
5	73222	\$ 961	\$ 740	\$ 632	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	5.1%
6	72158	\$ 1,076	\$ 1,002	\$ 828	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	2.8%
7	70450	\$ 268	\$ 168	\$ 171	Computed tomography, head or brain; without contrast material	2.3%
8	73030	\$ 98	\$ 56	\$ 53	Radiologic examination, shoulder; complete, minimum of 2 views	2.3%
9	76942	\$ 262	\$ 232	\$ 161	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	2.3%
10	77003	\$ 184	\$ 125	\$ 97	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)	1.9%

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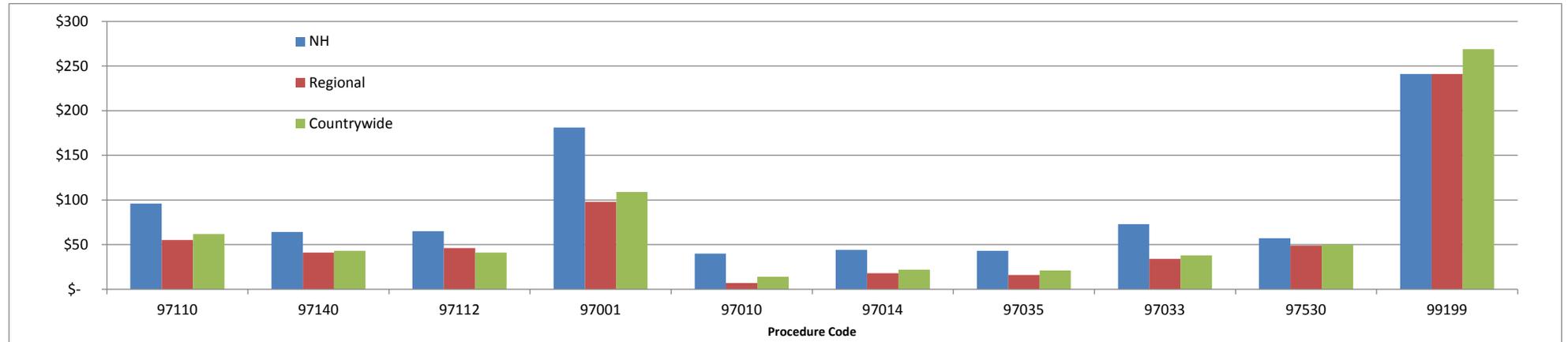
² Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.

Source: NCCI Medical Data Call, Service Year 2012.

63.0%

Top 10 Physical Medicine Procedures (Physician costs)

On average, Professional Costs for Therapeutic Services in NH are 96% more expensive than the surrounding region, and 64% more expensive than countrywide. New Hampshire was more expensive for 9 of the 10 procedures studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	97110	\$ 96	\$ 55	\$ 62	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	34.8%
2	97140	\$ 64	\$ 41	\$ 43	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	15.8%
3	97112	\$ 65	\$ 46	\$ 41	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	5.6%
4	97001	\$ 181	\$ 98	\$ 109	Physical therapy evaluation	4.6%
5	97010	\$ 40	\$ 7	\$ 14	Application of a modality to 1 or more areas; hot or cold packs	4.3%
6	97014	\$ 44	\$ 18	\$ 22	Application of a modality to 1 or more areas; electrical stimulation (unattended)	4.0%
7	97035	\$ 43	\$ 16	\$ 21	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	3.1%
8	97033	\$ 73	\$ 34	\$ 38	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	2.2%
9	97530	\$ 57	\$ 49	\$ 50	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	2.0%
10	99199	\$ 241	\$ 241	\$ 269	Unlisted special service, procedure or report	2.0%

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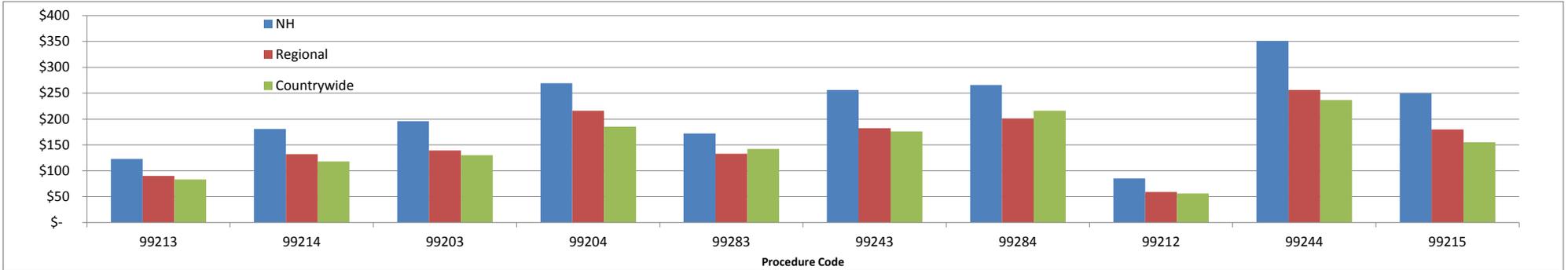
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Source: NCCI Medical Data Call, Service Year 2012.

78.4%

Top 10 Evaluation and Management Procedure Codes (Physician costs)

On average, Professional Costs for Evaluation and Management in NH are 36% more expensive than the surrounding region, and 47% more expensive than countrywide. New Hampshire was more expensive for all 10 of the procedure codes studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	99213	\$ 123	\$ 90	\$ 83	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 physicians, other qualified health care professionals, 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. Typically, 15 minutes are spent face-to-face with the patient and/or family.	31.6%
2	99214	\$ 181	\$ 132	\$ 118	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 physicians, other qualified health care professionals, 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. Typically, 25 minutes are spent face-to-face with the patient and/or family.	21.0%
3	99203	\$ 196	\$ 139	\$ 130	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 physicians, other qualified health care professionals, 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. Typically, 30 minutes are spent face-to-face with the patient and/or family.	8.9%
4	99204	\$ 269	\$ 216	\$ 185	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 physicians, other qualified health care professionals, 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. Typically, 45 minutes are spent face-to-face with the patient and/or family.	7.9%
5	99283	\$ 172	\$ 133	\$ 142	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 physicians, other qualified health care professionals, 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.	5.2%
6	99243	\$ 256	\$ 182	\$ 176	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 physicians, other qualified health care professionals, 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. Typically, 40 minutes are spent face-to-face with the patient and/or family.	3.5%
7	99284	\$ 266	\$ 201	\$ 216	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 physicians, other qualified health care professionals, 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 or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	3.3%
8	99212	\$ 85	\$ 59	\$ 56	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 physicians, other qualified health care professionals, 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. Typically, 10 minutes are spent face-to-face with the patient and/or family.	3.3%
9	99244	\$ 351	\$ 256	\$ 237	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 physicians, other qualified health care professionals, 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. Typically, 60 minutes are spent face-to-face with the patient and/or family.	2.6%
10	99215	\$ 250	\$ 180	\$ 155	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 physicians, other qualified health care professionals, 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. Typically, 40 minutes are spent face-to-face with the patient and/or family.	2.0%

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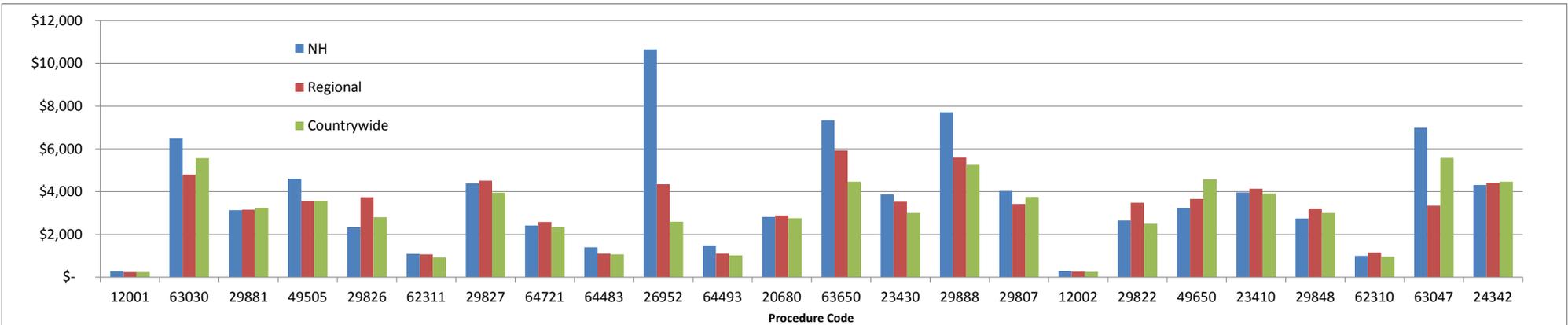
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Source: NCCI Medical Data Call, Service Year 2012.

89.3%

Top 50% of Payments for Hospital Outpatient Surgical Procedures (Facility Costs)

On average, Facility Costs for Outpatient Surgical Procedures in NH are 15% more expensive than the surrounding region, and 25% more expensive than countrywide. NH was more expensive for 13 of the 24 procedures studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	12001	\$ 268	\$ 234	\$ 232	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	4.1%
2	63030	\$ 6,478	\$ 4,799	\$ 5,562	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	3.8%
3	29881	\$ 3,125	\$ 3,149	\$ 3,241	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	3.7%
4	49505	\$ 4,601	\$ 3,567	\$ 3,563	Repair initial inguinal hernia, age 5 years or older; reducible	3.6%
5	29826	\$ 2,330	\$ 3,739	\$ 2,798	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)	3.3%
6	62311	\$ 1,089	\$ 1,071	\$ 929	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)	3.2%
7	29827	\$ 4,389	\$ 4,511	\$ 3,946	Arthroscopy, shoulder, surgical; with rotator cuff repair	3.0%
8	64721	\$ 2,413	\$ 2,578	\$ 2,349	Neuroplasty and/or transposition; median nerve at carpal tunnel	2.7%
9	64483	\$ 1,394	\$ 1,097	\$ 1,069	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	2.6%
10	26952	\$ 10,648	\$ 4,348	\$ 2,586	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	2.0%
11	64493	\$ 1,479	\$ 1,101	\$ 1,016	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	1.9%
12	20680	\$ 2,808	\$ 2,888	\$ 2,753	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1.7%
13	63650	\$ 7,333	\$ 5,918	\$ 4,471	Percutaneous implantation of neurostimulator electrode array, epidural	1.6%
14	23430	\$ 3,872	\$ 3,527	\$ 3,005	Tenodesis of long tendon of biceps	1.4%
15	29888	\$ 7,714	\$ 5,587	\$ 5,250	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.4%
16	29807	\$ 4,032	\$ 3,418	\$ 3,749	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1.3%
17	12002	\$ 280	\$ 255	\$ 247	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.2%
18	29822	\$ 2,643	\$ 3,483	\$ 2,496	Arthroscopy, shoulder, surgical; debridement, limited	1.2%
19	49650	\$ 3,248	\$ 3,660	\$ 4,584	Laparoscopy, surgical; repair initial inguinal hernia	1.2%
20	23410	\$ 3,963	\$ 4,142	\$ 3,918	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1.1%
21	29848	\$ 2,739	\$ 3,211	\$ 3,000	Endoscopy, wrist, surgical, with release of transverse carpal ligament	1.1%
22	62310	\$ 1,001	\$ 1,153	\$ 958	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	1.1%
23	63047	\$ 6,983	\$ 3,345	\$ 5,578	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	1.1%
24	24342	\$ 4,311	\$ 4,424	\$ 4,464	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	0.9%

¹ The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.

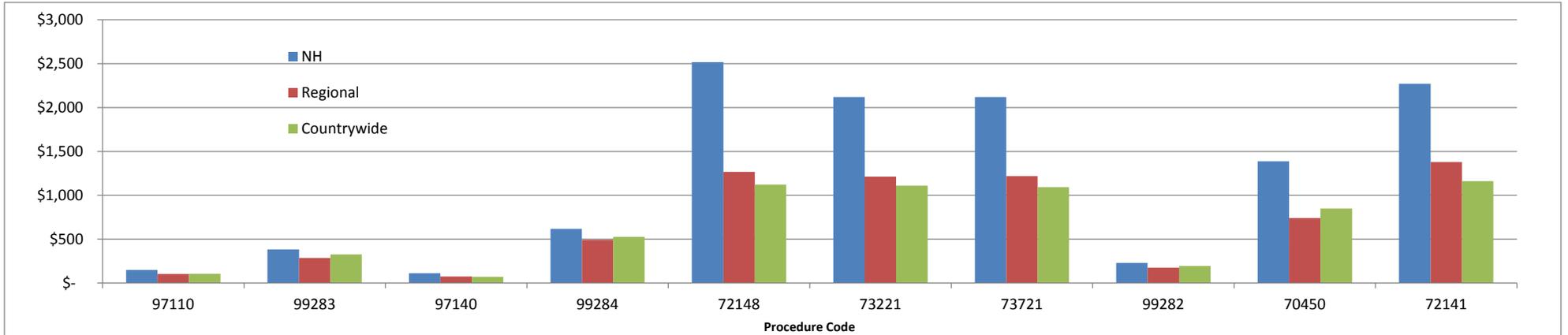
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Source: NCCI Medical Data Call, Service Year 2012.

50.4%

Top 10 Hospital Outpatient Non-Surgical Procedures (Facility Costs)

On average, Facility Costs for Outpatient Non-Surgical Procedures in NH are 51% more expensive than both the surrounding region and countrywide. New Hampshire was more expensive for all 10 of the procedures studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	97110	\$ 148	\$ 103	\$ 107	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15.4%
2	99283	\$ 384	\$ 286	\$ 326	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 physicians, other qualified health care professionals, 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.	8.3%
3	97140	\$ 112	\$ 75	\$ 70	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	6.1%
4	99284	\$ 617	\$ 493	\$ 525	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 physicians, other qualified health care professionals, 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 or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	3.8%
5	72148	\$ 2,516	\$ 1,267	\$ 1,122	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	3.5%
6	73221	\$ 2,119	\$ 1,214	\$ 1,109	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	3.2%
7	73721	\$ 2,119	\$ 1,219	\$ 1,092	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	3.1%
8	99282	\$ 228	\$ 174	\$ 195	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 physicians, other qualified health care professionals, 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.	2.9%
9	70450	\$ 1,387	\$ 740	\$ 850	Computed tomography, head or brain; without contrast material	2.7%
10	72141	\$ 2,270	\$ 1,378	\$ 1,163	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2.1%

¹ The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.

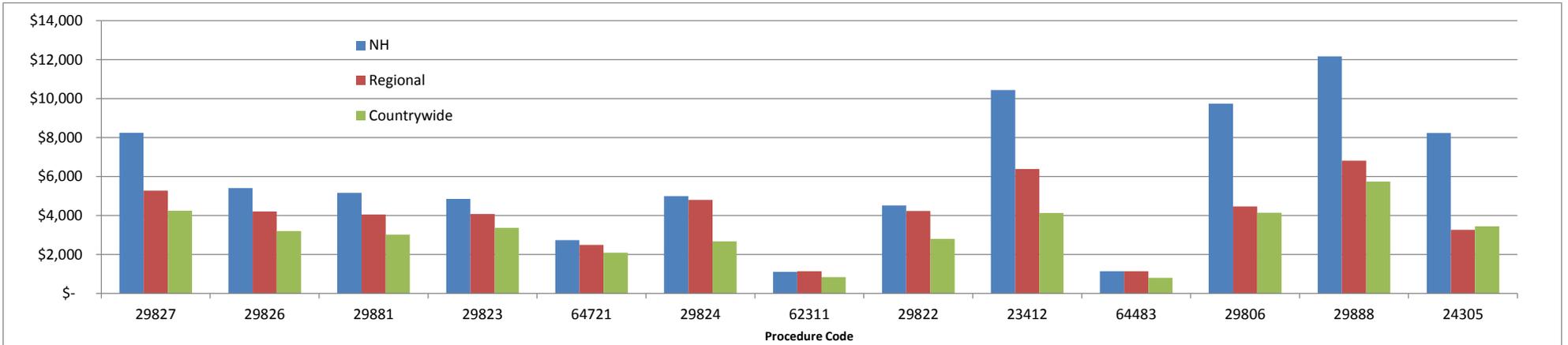
² Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.

Source: NCCI Medical Data Call, Service Year 2012.

51.2%

Top 50% Ambulatory Surgical Center Surgical Procedures (Facility Costs)

On average, ASC Facility Costs for Surgical Procedures in NH are 37% more expensive than the surrounding region, and 77% more expensive than countrywide. New Hampshire was more expensive for 12 of the 13 procedures studied.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	29827	\$ 8,245	\$ 5,278	\$ 4,244	Arthroscopy, shoulder, surgical; with rotator cuff repair	10.7%
2	29826	\$ 5,411	\$ 4,206	\$ 3,203	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)	9.4%
3	29881	\$ 5,159	\$ 4,054	\$ 3,022	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	6.3%
4	29823	\$ 4,849	\$ 4,077	\$ 3,364	Arthroscopy, shoulder, surgical; debridement, extensive	4.4%
5	64721	\$ 2,729	\$ 2,485	\$ 2,087	Neuroplasty and/or transposition; median nerve at carpal tunnel	3.7%
6	29824	\$ 4,997	\$ 4,792	\$ 2,666	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	2.9%
7	62311	\$ 1,109	\$ 1,136	\$ 834	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)	2.2%
8	29822	\$ 4,512	\$ 4,233	\$ 2,802	Arthroscopy, shoulder, surgical; debridement, limited	2.0%
9	23412	\$ 10,442	\$ 6,384	\$ 4,126	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1.9%
10	64483	\$ 1,136	\$ 1,132	\$ 801	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.9%
11	29806	\$ 9,740	\$ 4,460	\$ 4,145	Arthroscopy, shoulder, surgical; capsulorrhaphy	1.8%
12	29888	\$ 12,166	\$ 6,813	\$ 5,739	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.8%
13	24305	\$ 8,231	\$ 3,267	\$ 3,445	Tendon lengthening, upper arm or elbow, each tendon	1.5%

¹ The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.

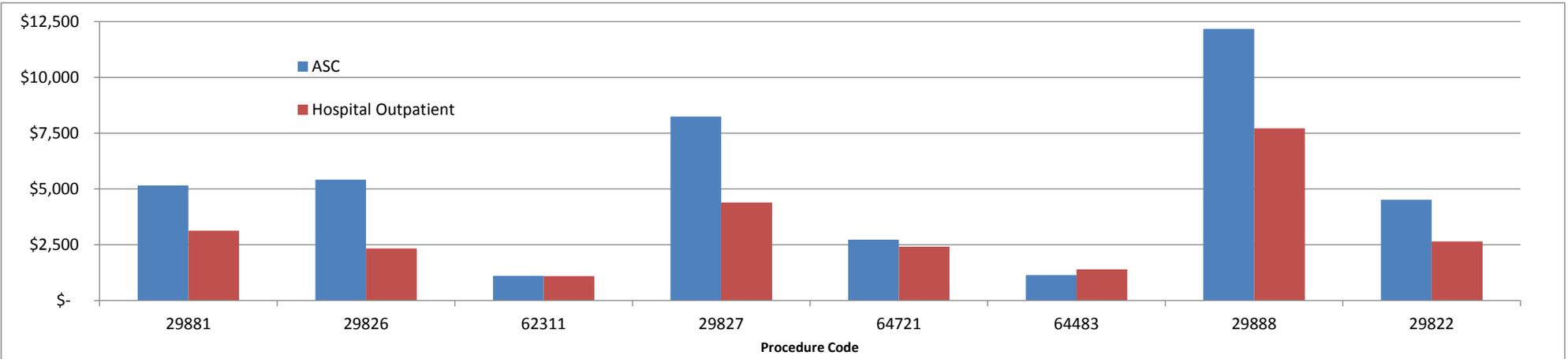
² Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.

Source: NCCI Medical Data Call, Service Year 2012.

50.4%

Comparison of Outpatient Surgical Costs at Ambulatory Surgical Centers versus Hospitals

On average, ASC Facility Costs for Surgical Procedures in NH are 62% more expensive than Hospital Outpatient costs.



Rank	Procedure Code	ASC	Hospital Outpatient	ASC Cost Differential	Description
1	29881	\$ 5,159	\$ 3,125	65%	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
2	29826	\$ 5,411	\$ 2,330	132%	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)
3	62311	\$ 1,109	\$ 1,089	2%	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)
4	29827	\$ 8,245	\$ 4,389	88%	Arthroscopy, shoulder, surgical; with rotator cuff repair
5	64721	\$ 2,729	\$ 2,413	13%	Neuroplasty and/or transposition; median nerve at carpal tunnel
6	64483	\$ 1,136	\$ 1,394	-19%	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
7	29888	\$ 12,166	\$ 7,714	58%	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
8	29822	\$ 4,512	\$ 2,643	71%	Arthroscopy, shoulder, surgical; debridement, limited

¹ The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.

² Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.

Source: NCCI Medical Data Call, Service Year 2012.