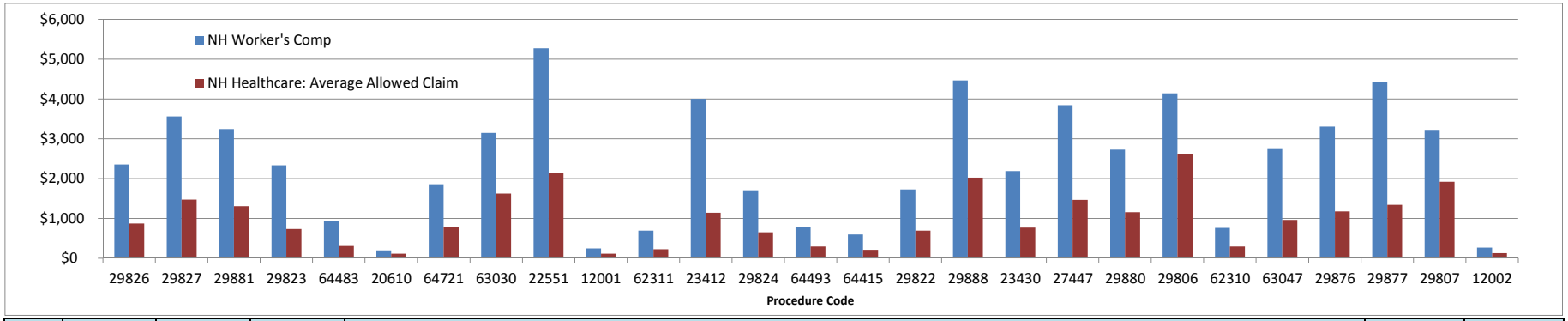
Top 50% of Payments for Surgical Procedures (Physician costs)

On average, Workers' Comp payments for Surgical Procedures in NH are 256% the average allowed claim costs for Healthcare in NH.



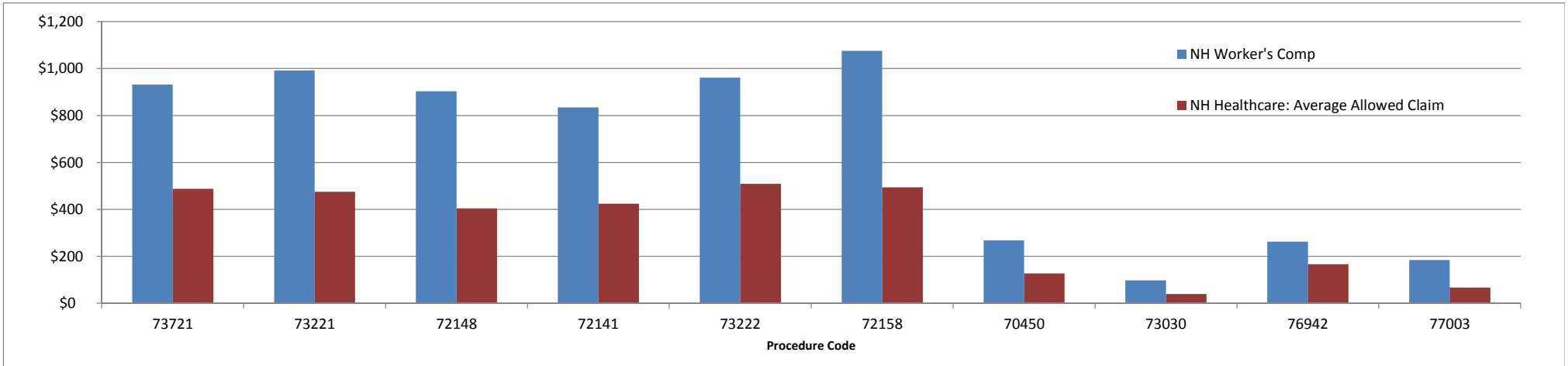
Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	29826	$ 2,355	$ 872	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	6.1%	270.1%
2	29827	$ 3,560	$ 1,476	Arthroscopy, shoulder, surgical; with rotator cuff repair	5.5%	241.1%
3	29881	$ 3,242	$ 1,307	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%	248.0%
4	29823	$ 2,335	$ 739	Arthroscopy, shoulder, surgical; debridement, extensive	2.8%	315.9%
5	64483	$ 930	$ 307	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	2.4%	303.3%
6	20610	$ 197	$ 113	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	2.2%	174.1%
7	64721	$ 1,860	$ 783	Neuroplasty and/or transposition; median nerve at carpal tunnel	2.1%	237.4%
8	63030	$ 3,151	$ 1,626	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	1.9%	193.8%
9	22551	$ 5,271	$ 2,145	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	1.9%	245.8%
10	12001	$ 250	$ 117	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%	212.8%
11	62311	$ 697	$ 227	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%	307.5%
12	23412	$ 4,004	$ 1,140	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1.8%	351.2%
13	29824	$ 1,710	$ 651	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	1.7%	262.6%
14	64493	$ 793	$ 292	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%	271.4%
15	64415	$ 602	$ 216	Injection, anesthetic agent; brachial plexus, single	1.4%	278.7%
16	29822	$ 1,732	$ 696	Arthroscopy, shoulder, surgical; debridement, limited	1.3%	248.7%
17	29888	$ 4,468	$ 2,023	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.2%	220.9%
18	23430	$ 2,194	$ 768	Tenodesis of long tendon of biceps	1.2%	285.8%
19	27447	$ 3,846	$ 1,469	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1.0%	261.9%
20	29880	$ 2,727	$ 1,156	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%	236.0%
21	29806	$ 4,139	$ 2,622	Arthroscopy, shoulder, surgical; capsulorrhaphy	0.9%	157.9%
22	62310	$ 763	$ 298	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%	255.8%
23	63047	$ 2,744	$ 964	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%	284.5%
24	29876	$ 3,307	$ 1,175	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	0.8%	281.5%
25	29877	$ 4,417	$ 1,346	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	0.8%	328.1%
26	29807	$ 3,202	$ 1,922	Arthroscopy, shoulder, surgical; repair of SLAP lesion	0.8%	166.6%
27	12002	$ 270	$ 129	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%	209.1%
					50.7%	

(A) NCCI Medical Data Call, Service Year 2012.
(B) NHID All Payers Claim Database.

Average	256%
min	158%
max	351%

Top 10 Radiology Procedures (Physician costs)

On average, Workers' Compensation Payments for Radiology Procedures in NH are 207% the average allowed claim costs for Healthcare in NH.



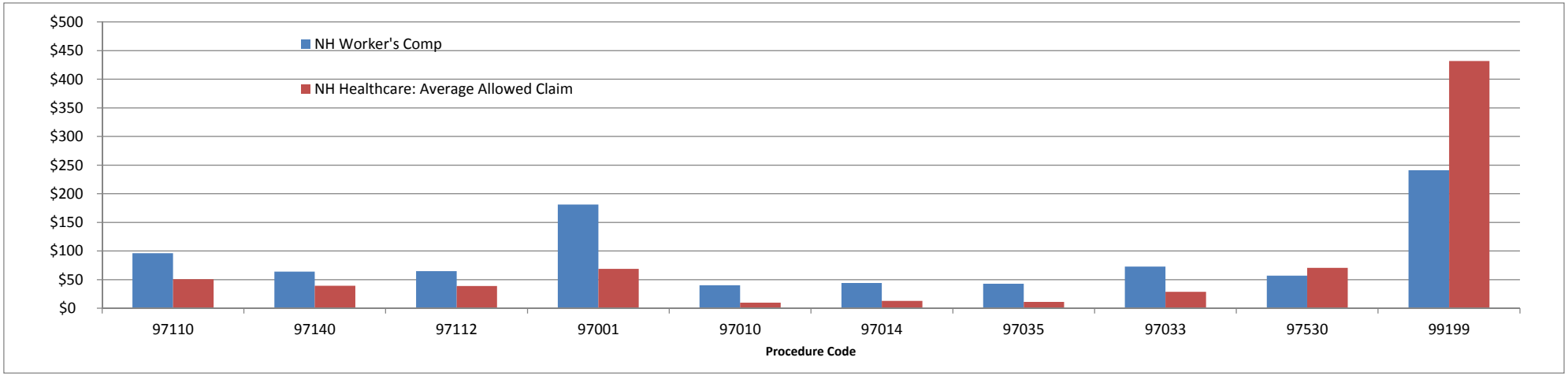
Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	73721	$ 932	$ 487	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	14.4%	191.3%
2	73221	$ 992	$ 475	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	14.2%	208.9%
3	72148	$ 903	$ 404	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	12.2%	223.5%
4	72141	$ 835	$ 424	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	5.5%	197.0%
5	73222	$ 961	$ 508	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	5.1%	189.0%
6	72158	$ 1,076	$ 494	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	2.8%	217.9%
7	70450	$ 268	$ 128	Computed tomography, head or brain; without contrast material	2.3%	210.0%
8	73030	$ 98	$ 40	Radiologic examination, shoulder; complete, minimum of 2 views	2.3%	246.4%
9	76942	$ 262	$ 166	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	2.3%	157.4%
10	77003	$ 184	$ 67	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	1.9%	276.5%
					63.0%	

(A) NCCI Medical Data Call, Service Year 2012.
(B) NHID All Payers Claim Database.

Average	207%
min	157%
max	277%

Top 10 Physical Medicine Procedures (Physician costs)

On average, Workers' Compensation Payments for Physical Medicine Procedures in NH are 210% the average allowed claim costs for Healthcare in NH.



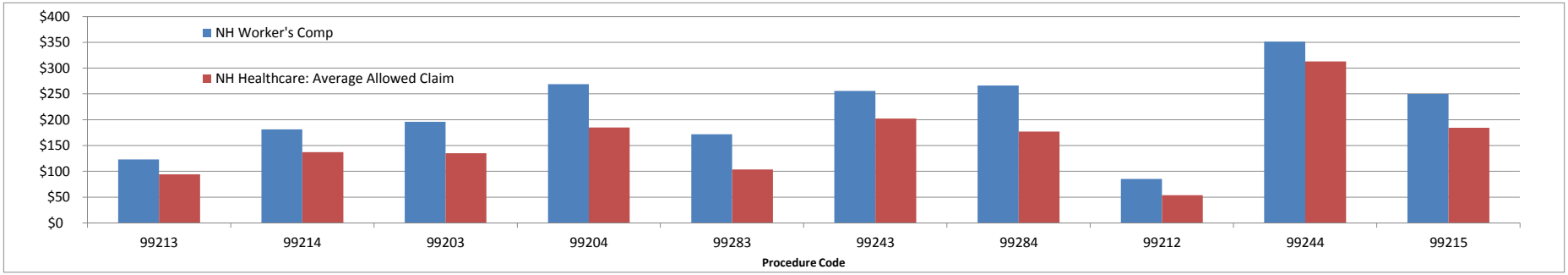
Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	97110	$ 96	$ 51	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	34.8%	189.4%
2	97140	$ 64	$ 39	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	15.8%	162.4%
3	97112	$ 65	$ 39	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%	167.1%
4	97001	$ 181	$ 69	Physical therapy evaluation	4.6%	262.9%
5	97010	$ 40	$ 10	Application of a modality to 1 or more areas; hot or cold packs	4.3%	405.0%
6	97014	$ 44	$ 13	Application of a modality to 1 or more areas; electrical stimulation (unattended)	4.0%	346.7%
7	97035	$ 43	$ 11	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	3.1%	380.3%
8	97033	$ 73	$ 29	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	2.2%	252.6%
9	97530	$ 57	$ 71	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	2.0%	80.8%
10	99199	$ 241	$ 432	Unlisted special service, procedure or report	2.0%	55.8%
					78.4%	

(A) NCCI Medical Data Call, Service Year 2012.
(B) NHID All Payers Claim Database.

Average	210%
min	56%
max	405%

Top 10 Evaluation and Management Procedure Codes (Physician costs)

On average, Workers' Compensation Payments for Evaluation and Management Procedures in NH are 137% the average allowed claim costs for Healthcare in NH.



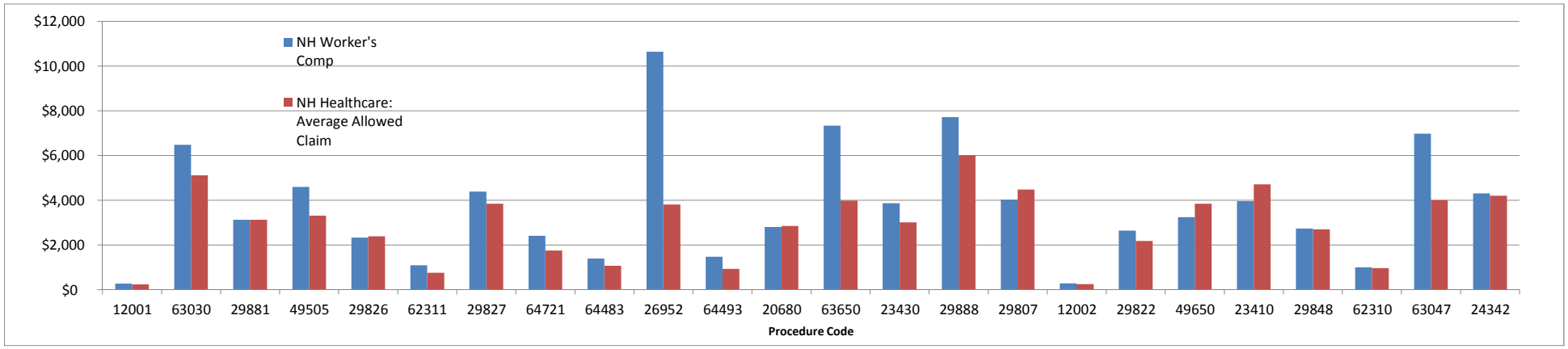
Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	99213	$ 123	$ 94	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: 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%	130.5%
2	99214	$ 181	$ 137	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%	132.1%
3	99203	$ 196	$ 135	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%	145.4%
4	99204	$ 269	$ 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%	145.6%
5	99283	$ 172	$ 104	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%	166.0%
6	99243	$ 256	$ 202	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%	126.7%
7	99284	$ 266	$ 177	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%	150.3%
8	99212	$ 85	$ 54	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%	158.8%
9	99244	$ 351	$ 313	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%	112.1%
10	99215	$ 250	$ 184	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%	135.7%
					89.3%	

(A) NCCI Medical Data Call, Service Year 2012.
(B) NHID All Payers Claim Database.

Average	137%
min	112%
max	166%

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

On average, Workers' Compensation Payments for Hospital Outpatient Surgical Procedures in NH are 128% the average allowed claim costs for Healthcare in NH.



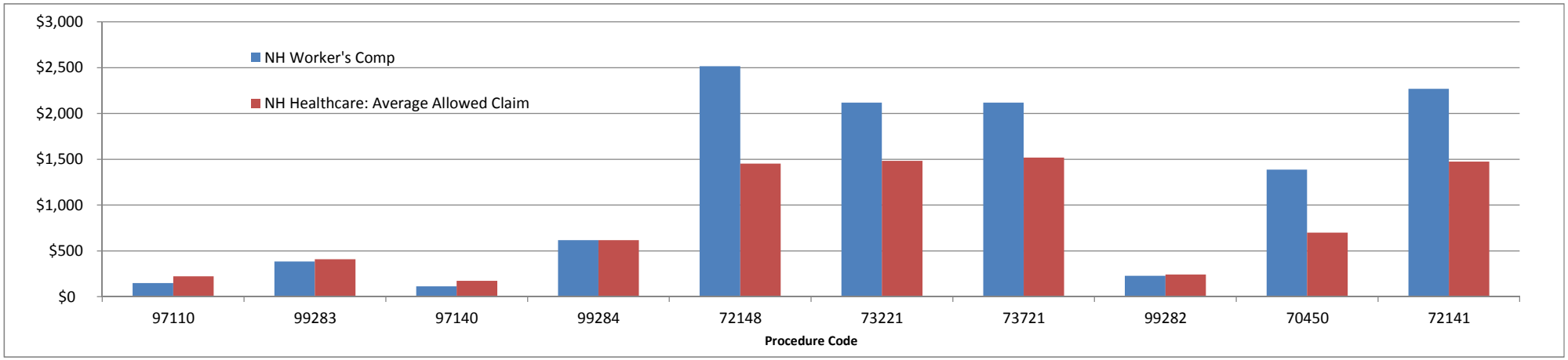
Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	12001	$ 268	$ 232	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	4.1%	115.6%
2	63030	$ 6,478	$ 5,114	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	3.8%	126.7%
3	29881	$ 3,125	$ 3,122	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%	100.1%
4	49505	$ 4,601	$ 3,312	Repair initial inguinal hernia, age 5 years or older; reducible	3.6%	138.9%
5	29826	$ 2,330	$ 2,386	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%	97.7%
6	62311	$ 1,089	$ 762	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%	142.8%
7	29827	$ 4,389	$ 3,842	Arthroscopy, shoulder, surgical; with rotator cuff repair	3.0%	114.2%
8	64721	$ 2,413	$ 1,747	Neuroplasty and/or transposition; median nerve at carpal tunnel	2.7%	138.1%
9	64483	$ 1,394	$ 1,070	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	2.6%	130.3%
10	26952	$ 10,648	$ 3,813	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	2.0%	279.3%
11	64493	$ 1,479	$ 925	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%	159.8%
12	20680	$ 2,808	$ 2,845	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1.7%	98.7%
13	63650	$ 7,333	$ 3,987	Percutaneous implantation of neurostimulator electrode array, epidural	1.6%	183.9%
14	23430	$ 3,872	$ 3,015	Tenodesis of long tendon of biceps	1.4%	128.4%
15	29888	$ 7,714	$ 6,014	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.4%	128.3%
16	29807	$ 4,032	$ 4,479	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1.3%	90.0%
17	12002	$ 280	$ 253	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%	110.6%
18	29822	$ 2,643	$ 2,183	Arthroscopy, shoulder, surgical; debridement, limited	1.2%	121.1%
19	49650	$ 3,248	$ 3,849	Laparoscopy, surgical; repair initial inguinal hernia	1.2%	84.4%
20	23410	$ 3,963	$ 4,711	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1.1%	84.1%
21	29848	$ 2,739	$ 2,705	Endoscopy, wrist, surgical, with release of transverse carpal ligament	1.1%	101.2%
22	62310	$ 1,001	$ 970	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%	103.2%
23	63047	$ 6,983	$ 4,009	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%	174.2%
24	24342	$ 4,311	$ 4,208	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	0.9%	102.5%
					50.4%	

(A) NCCI Medical Data Call, Service Year 2012.
(B) NHID All Payers Claim Database.

Average	128%
min	84%
max	279%

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

On average, Workers' Compensation Payments for Hospital Outpatient Non-Surgical Procedures in NH are 102% the average allowed claim costs for Healthcare in NH.



Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	97110	$ 148	$ 222	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15.4%	66.6%
2	99283	$ 384	$ 407	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%	94.4%
3	97140	$ 112	$ 172	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	6.1%	65.3%
4	99284	$ 617	$ 616	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%	100.2%
5	72148	$ 2,516	$ 1,451	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	3.5%	173.4%
6	73221	$ 2,119	$ 1,482	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	3.2%	142.9%
7	73721	$ 2,119	$ 1,519	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	3.1%	139.5%
8	99282	$ 228	$ 241	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%	94.6%
9	70450	$ 1,387	$ 697	Computed tomography, head or brain; without contrast material	2.7%	198.9%
10	72141	$ 2,270	$ 1,474	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2.1%	153.9%
					51.2%	

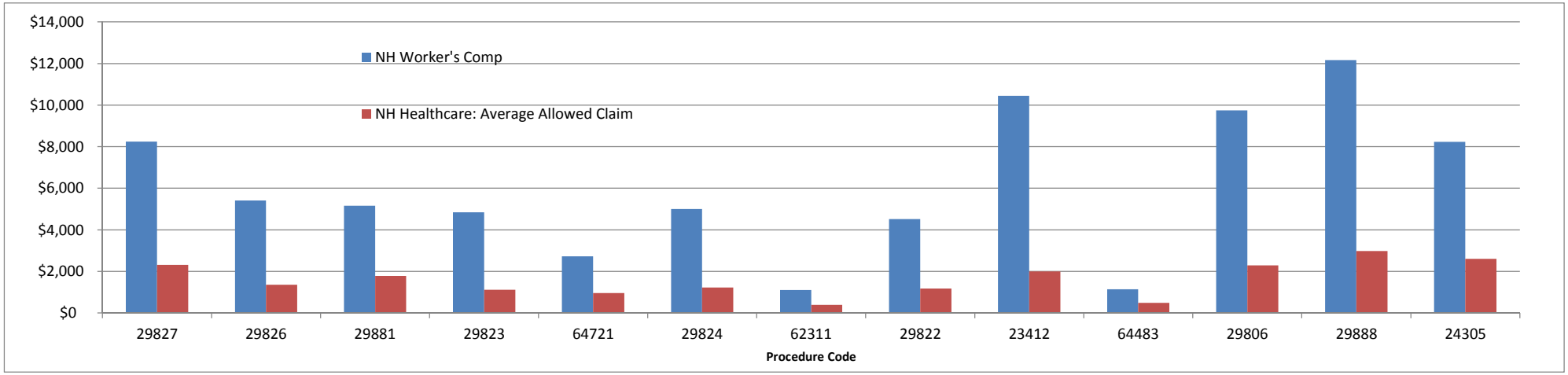
(A) NCCI Medical Data Call, Service Year 2012.

(B) NHID All Payers Claim Database.

Average	102%
min	65%
max	199%

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

On average, Workers' Compensation Payments for Ambulatory Surgical Center Surgical Procedures in NH are 363% the average allowed claim costs for Healthcare in NH.



Rank	Procedure Code	NH Worker's Comp	NH Healthcare: Average Allowed Claim	Description	% of Paid Dollars	NH WC / HC
		(A)	(B)			(A) / (B)
1	**29827**	**$ 8,245**	**$ 2,314**	Arthroscopy, shoulder, surgical; with rotator cuff repair	10.7%	356.4%
2	**29826**	**$ 5,411**	**$ 1,356**	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%	398.9%
3	**29881**	**$ 5,159**	**$ 1,778**	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%	290.2%
4	**29823**	**$ 4,849**	**$ 1,116**	Arthroscopy, shoulder, surgical; debridement, extensive	4.4%	434.6%
5	**64721**	**$ 2,729**	**$ 962**	Neuroplasty and/or transposition; median nerve at carpal tunnel	3.7%	283.7%
6	**29824**	**$ 4,997**	**$ 1,232**	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	2.9%	405.7%
7	**62311**	**$ 1,109**	**$ 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; lumbar or sacral (caudal)	2.2%	280.1%
8	**29822**	**$ 4,512**	**$ 1,172**	Arthroscopy, shoulder, surgical; debridement, limited	2.0%	385.1%
9	**23412**	**$ 10,442**	**$ 2,000**	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1.9%	522.1%
10	**64483**	**$ 1,136**	**$ 492**	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.9%	231.0%
11	**29806**	**$ 9,740**	**$ 2,294**	Arthroscopy, shoulder, surgical; capsulorrhaphy	1.8%	424.6%
12	**29888**	**$ 12,166**	**$ 2,985**	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.8%	407.5%
13	**24305**	**$ 8,231**	**$ 2,609**	Tendon lengthening, upper arm or elbow, each tendon	1.5%	315.5%
					50.4%	

(A) NCCI Medical Data Call, Service Year 2012.
(B) NHID All Payers Claim Database.

Average	363%
min	231%
max	522%