

**WISCONSIN INSURANCE ALLIANCE  
WORKERS' COMPENSATION MEDICAL DATA CALL**

***A Baseline Analysis and Recommendations for a Medical Fee Schedule***

DATE: August 24, 2009

**FOR: THE WISCONSIN WORKERS' COMPENSATION ADVISORY COUNCIL (WCAC)**

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## Executive Summary

The Wisconsin Worker's Compensation Advisory Council is charged with recommending policy designed to maintain the overall stability of the worker's compensation system. During the most recent legislative cycles, the Council has considered changes designed to reduce or slow the rate of medical inflation while preserving the availability and quality of medical care provided to injured workers. However, during these discussions concern was expressed that proponents of the changes had not provided the statistical data and analysis to support these changes. To address this concern, the Wisconsin Insurance Alliance (WIA) with assistance from the Wisconsin Compensation Rating Bureau (WCRB) conducted a medical data call to analyze key medical cost components of our worker's compensation system. It is important to note that WCRB's only role was to collect the data. WCRB did not participate in and is not responsible for the analysis or report conclusions. Some key findings are:

- A significant amount of data was collected through the data call providing a robust database for analysis.
- This data both demonstrates shortcomings with Wisconsin's current system and creates the basis for development of a system to remedy these issues.
- The current formula amount of 1.4 standard deviations from the mean has insignificant cost control attributes – and probably does not effectively control outlier costs.
- Wisconsin providers are paid at levels considerably beyond neighboring state maximum medical payment fee schedules. The certified database levels are nearly 200% of the maximum medical payment amounts of our neighboring states.
- Voluntary market forces appear to be controlling medical costs modestly.
- While intrastate payment variations existed, they were not significant. Median payments were the greatest in the Milwaukee Area and lowest in the Appleton/Green Bay/Door County/Sheboygan Area.
- A medical fee schedule could address the escalation of Wisconsin's medical payment per claim and provide the following additional benefits:
  - A published medical fee schedule will give healthcare providers a reference to validate correct payment. This ease of validation should reduce administrative burdens within a doctor's office or hospital reimbursement department. Likewise, payors will have an official source from which to issue correct payments.
  - A published medical fee schedule accessible to all system participants, and codified as a maximum reimbursement level, should dramatically reduce medical fee dispute cases that are addressed by DWD; resources can be refocused on injured workers.
  - A published medical fee schedule will minimize the need for costly proprietary bill audits.

Other recent studies reach conclusions similar to the findings of this report. A recent study by NCCI ("Effectiveness of WC Fee Schedules: A Closer Look", NCCI, 2008) shows that the medical share of total benefits continues to increase, while the indemnity share is decreasing. The study describes the medical share increase as "pervasive" among all report designs. The share distribution that was 54% indemnity and 46% medical in 1987 is 41% indemnity and 59% medical in 2007. The divide in Wisconsin is even greater as evidenced by WCRB data. It is unclear at what point the medical share

will negatively tip the balance of compensation benefit. It is possible that this balance has already been negatively tipped.

In April of 2009, The Workers Compensation Research Institute (WCRI) shared some study results that show the overall medical payment per loss time claim in Wisconsin escalating at an alarming rate.

If the Council were to recommend implementation of a medical fee schedule as a part of the current agreed upon bill process, the time required for administrative rule writing and actual fee schedule development would be (optimistically projecting) 12 to 24 months – from the date the bill is approved. Approving the approach now in this context, really means a medical fee schedule would first be in place by 2011 at the earliest – or perhaps later. Therefore, we urge expeditious action.

## I. Background

To help resolve disputes regarding the reasonableness of medical fees within the Wisconsin workers' compensation system, the agreed bill for 1992 contained provisions (s. 102.16 and DWD 80.72) establishing a certified database system/dispute resolution process. Prior to the certified database system, a wide array of usual and customary fee levels/tools were used by payers to adjust payments made on medical charges within the workers' compensation system.

It was hoped that the establishment of certified databases would provide readily available prima facie evidence as to the reasonableness of fees (and eliminate case-by-case determinations by the workers' compensation division as to reasonableness of cutbacks imposed by these widely varying usual and customary tools), reduce fee disputes, reign in outlier charges, and produce a modicum of savings. In 1994 a separate hospital radiology database was established by DWD as the hospital industry was concerned about the anomalous outcomes in the certified databases that related to radiology. The formula amount was eventually changed from 1.5 standard deviations from the mean to 1.4 standard deviations from the mean. The change was intended to produce cost savings, but based on this study, it is unlikely meaningful savings were realized.

For all practical purposes, the certified databases have been used as a fee schedule by all workers' compensation insurers in Wisconsin. The certified databases are based on accepted coding systems and the 1.4 standard deviation from the mean formula amount is used as a maximum medical payment. The databases are built into medical claim payment systems in the same manner as fee schedules from other states.

While there is evidence that the certified database system may have reduced the number of fee disputes in some of the early years, there is not any evidence that the overall burden experienced by DWD in resolving fee disputes has been remedied by the certified database system. Unlike fee schedules in other states, providers have an explicit remedy to challenge the reduction in payment from charged amounts. In fact, it is our understanding that challenges have grown in Wisconsin and that the challenges have become a time consuming and resource consumption issue to the Workers' Compensation Division.

As to the effectiveness in reining in outliers and producing medical cost savings within the system, most of the commentary up until this point has been more anecdotal than systematic. WCRI reports are often cited that show per procedure costs are among the highest in the "study states", while overall medical costs per claim are in the lower echelon. Aside from the certified databases (which are not supported or surrounded by published rules that help with application of the fee amounts) there is the reality of the role of voluntary market practices/forces within Wisconsin when it comes to what is paid on medical claims. Examples include PPO networks<sup>1</sup>, the application of commonly accepted coding conventions<sup>2</sup> and the application of specific coding guidelines<sup>3</sup>. The extent to which these voluntary market forces, in conjunction with the certified database system, impact medical costs has not been clearly understood.

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<sup>1</sup> Despite the fact that employees have free choice of providers in Wisconsin, all major payers are affiliated with one or more of the many networks that exist in Wisconsin, and which offer discounts off of charged amounts.

<sup>2</sup> e.g., multiple surgical cutbacks, reductions based on modifier usage

<sup>3</sup> e.g., NCCI Edits

A major purpose of this study is to take a look at a significant amount of data, from a large segment of the payer community, so as to establish a reasonable baseline. Without an understanding of the current landscape in Wisconsin, there will be little understating as to what a fee schedule can and should achieve. Simply, a baseline is the logical starting point for any fee schedule discussions.

## **II. Brief History and Basic Methodology of the Wisconsin Medical Data Call**

On June 24th, 2008 the Wisconsin Compensation Rating Bureau (WCRB) posted General Circular Letter 520 to all members of the Bureau: Wisconsin Medical Call for Data.<sup>4</sup> The letter indicated that “The Wisconsin Insurance Alliance (WIA) has been engaged in the development of a medical fee schedule. The goal of the development and implementation of a fee schedule in Wisconsin is to positively impact medical expenses by reducing or slowing the rate of medical inflation, and to do so without a negative impact to the availability and quality medical care provided to injured workers.” Additionally, WCRB wrote: “To obtain the most robust database possible, WCRB is requesting all members to participate in this voluntary call for transactional medical data”.

On September 2nd, 2008 WCRB posted General Circular Letter 524<sup>5</sup> which published the medical call submission filing instructions. The data specification sheet<sup>6</sup> lists 178 elements associated with standard billing forms for professional services, hospital outpatient and inpatient, and ambulatory surgery centers. Prescription pharmacy information was not part of the data call, although NDC information was requested if it was available within the scope of the data call.

Pursuant to Letter 524, eighty six (86) files for years 2006 and 2007 were submitted to WCRB. After cataloging all files with the WCRB, duplicate files were forwarded to True Course Medical Data Analysis and Claim Service for analysis. The files contained 1,218,358 bills: 636,912 for 2006 and 581,446 for 2007.

A thorough effort was made to validate the data for compliance with the data call format and for the reasonableness of the data reported. Possible concerns included reported data that meets the technical specifications of the data call (e.g. up to six numerical values) but includes an amount shown that is implausible for the service described. Dealing with extreme cases is a problem in all such databases. The extremes may come from data entry errors, miscoding or inconsistent use of modifiers, or special billing situations. Some types of service are more prone to coding errors than others. We chose a conservative approach to editing that eliminated as few observations as possible. We also attempted to be balanced about eliminating both high end and low end extremes. A detailed description of the quality control process, including the outlier algorithm (credit is hereby given to WCRI for the formula used), is contained in Appendix IV.

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<sup>4</sup> See Appendix I

<sup>5</sup> See Appendix II

<sup>6</sup> See Appendix III

The findings below come from this carefully screened database. We believe that these findings truly represent the distribution of charges by Wisconsin providers with very little sampling error.

### III. Total Charges and Total Payments

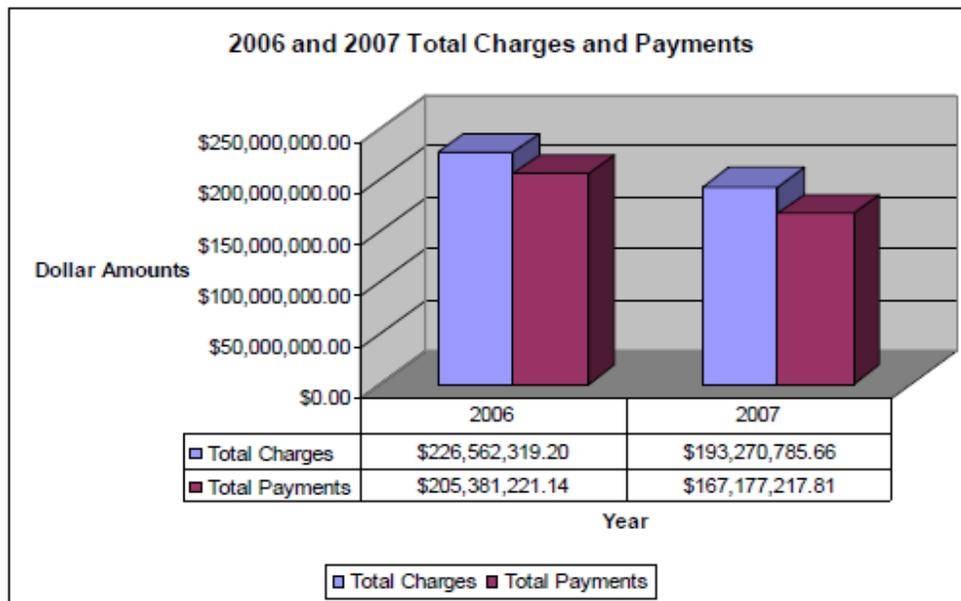
1,143,831 records/bills of the 1,218,358 originally submitted were ultimately imported into the database after working with the various submitters to resolve issues. This represents 94% of the 1,218,358 originally submitted.

The imported bills were found to contain 2,913,701 distinct service lines, a ratio of 2.55 service lines per claim.

After removing bills that had zero payment recommended and bills that had zero charges, total charges were \$491,837,888.65 and total recommended were \$ 406,387,939.92 (82.6%).

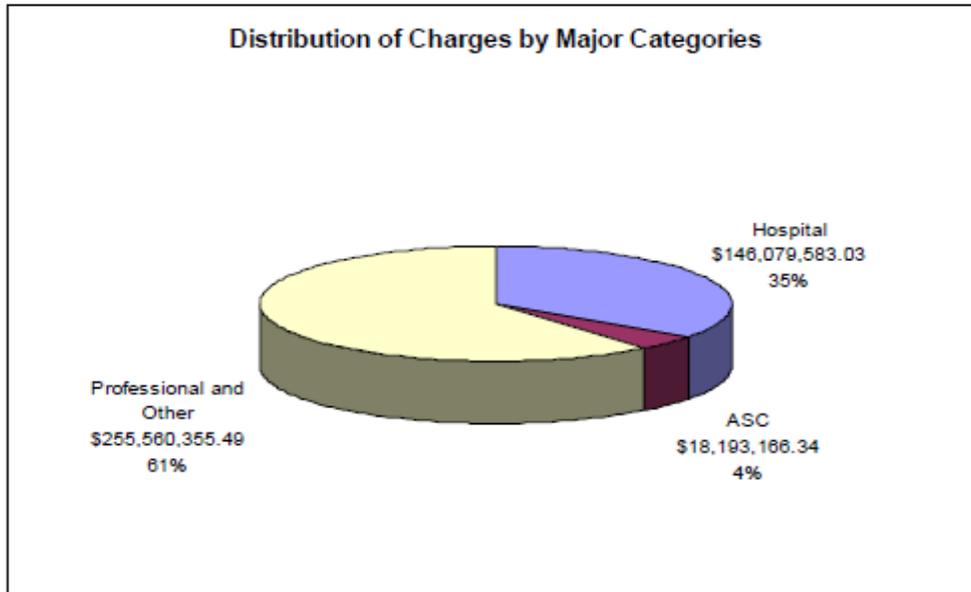
As for service line dollars, of the 2,913,701 distinct service lines, charges totaled \$550,369,942.27 and recommended totaled \$ 372,533,654.01 (67.7%). These totals are less than the whole-bill amounts for several reasons. First, some submitters provided only bill-level data, leaving service-line data blank. Second some submitters included duplicate charges for which zero payments were made. Third, because the data layout specification only provided room for the first 15 service lines, it is likely subsequent service lines that could not be provided on the file were nevertheless included in the whole-bill total. The ratio of recommended to charge is again skewed by the number of “zero recommended” service lines. If such service lines are removed, charges total \$419,833,104.86 and recommended total \$372,558,438.95 (88.7%). See Appendix IV for more detail.

It is important as a starting point to know that on average medical bills are being paid probably somewhere between 83% of charges if you look at the whole claim data, or 89% if you look at the verifiable service line data.



#### IV. Distribution of Charges by Provider Type

The chart below shows how medical charges were distributed among provider types for years 2006 & 2007.



#### V. Office and Emergency Department Evaluation and Management Codes

Our analysis took a look at two office evaluation and management codes and two emergency department *evaluation* codes<sup>7</sup>:

- 99213<sup>8</sup> (Intermediate Office Visit)
- 99214<sup>9</sup> (More Complex Office Visit)
- 99283<sup>10</sup> (Intermediate Emergency Room Visit)

<sup>7</sup> See Appendix V for detail sheets for 99213, 99214, 99283, and 99284. Also refer to the Chart of Key Characteristics, Chart of Interstate Comparisons, and Chart of Regional Comparisons in later sections in this report.

<sup>8</sup> 99213: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three 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.

<sup>9</sup> 99214: Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate 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 moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

## 99284<sup>11</sup> (More Complex Emergency Room Visit)

### KEY FINDINGS

- 95% of charges in this code group start a level *below* the state formula of 1.4 standard deviations from the mean (“state formula amount”).
- 99% of all payments that are made are below the state formula amount.
- From 2006-2007 charges in this group increased by 7%, and payments increased by 6%.
- In this category of codes, we observed that payment was made at a rate of 91% of charges.
- When we compare the average maximum medical allowance for this group of codes from the fee schedules of Michigan, Minnesota, Illinois, and Iowa (the Iowa levels are established at a usual and customary level), to the average state formula amount for the same codes, we find that the state formula amount stands at 188% of these fee schedules. The average payment level for this group of codes stands at 137% of these neighboring fee schedules.
- In looking at intrastate comparisons, we chose to establish a state median (50<sup>th</sup> percentile) for each procedure (only payment data elements are listed in the chart in Section XV). We divided Wisconsin into 6 regions and compared the median payments in each region to the state median. The intrastate comparison for this group of codes reveals the following regional differences. The lowest reporting region is Appleton/Green Bay/ Door County/ Sheboygan with a 95% median ratio, and the highest reporting region is the Madison area with 116% median ratio. (What this tells us is that if the median payment for a particular code for all of Wisconsin was \$100.00, that the Northeast Region is showing a median payment of \$95.00, while the Madison area is showing a median payment of \$116.00.) Please consult chart in Section XV for more detailed information.

## VI. Physical Medicine and Chiropractic Codes

Our analysis took a look at 3 physical therapy codes and 4 chiropractic codes<sup>12</sup>:

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<sup>10</sup> 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.

<sup>11</sup> 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.

<sup>12</sup> See Appendix VI for detail sheets for 97110, 97124, 97140, 98940, 98941, 98942, and 98943. Also refer to the Chart of Key Characteristics by Codes, Chart of Interstate Comparisons, and Chart of Regional Comparisons in later sections in this report.

97110<sup>13</sup> (Therapeutic exercise)  
97124<sup>14</sup> (Massage)  
97140<sup>15</sup> (Manual Therapy)  
98940<sup>16</sup> (CMT Spinal 1 to 2 regions)  
98941<sup>17</sup> (CMT Spinal 3 to 4 regions)  
98942<sup>18</sup> (CMT Spinal 5 regions)  
98943<sup>19</sup> (CMT Extraspinal)

## KEY FINDINGS

- 92% of charges in this code group start a level *below* the state formula amount.
- 99% of all payments that are made are below the state formula amount.
- In this category of codes, we observed that payment was made at a rate of 86% of charges.
- From 2006-2007 charges in this group increased by 4%, and payments increased by 3%.
- When we compare the average maximum medical allowance for this group of codes from the fee schedules of neighboring states to the average state formula amount for the same group of codes, we find that the state formula amount stands at 199% of these fee schedules for the PT codes, and 181% for the chiropractic codes. The average *payment level* for this group of codes stands at 116% for the PT codes and 113% for the chiropractic codes- as compared to these neighboring fee schedules.
- The intrastate comparison for this group of codes reveals that the Madison and Milwaukee areas are reporting the highest median payments, while the southeast region is reporting the lowest. Please consult chart in Section XV for more detailed information.

## VII. Professional Surgical

Our analysis took a look at five individual procedures<sup>20</sup>:

29826<sup>21</sup> (Shoulder, Decompression)  
29881<sup>22</sup> (Meniscectomy) 11

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<sup>13</sup> 97110: Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

<sup>14</sup> 97124: Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)

<sup>15</sup> 97140: Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes

<sup>16</sup> 98940: Chiropractic manipulative treatment (CMT); spinal, one to two regions

<sup>17</sup> 98941: Chiropractic manipulative treatment (CMT); spinal, three to four regions

<sup>18</sup> 98942: Chiropractic manipulative treatment (CMT); spinal, five regions

<sup>19</sup> 98943: Chiropractic manipulative treatment (CMT); extraspinal, one or more regions

<sup>20</sup> See Appendix VII for detail sheets for 29881, 29877, 64721, 29827, and 29826. Also refer to the Chart of Key Characteristics, Chart of Interstate Comparisons, and Chart of Regional Comparisons in later sections in this report.

<sup>21</sup> 29826: Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release

<sup>22</sup> 29881: Arthroscopy, knee, surgical; with meniscectomy medial OR lateral, including any meniscal shaving

29877<sup>23</sup> (Chondroplasty)  
29827<sup>24</sup> (Rotator Cuff Repair)  
64721<sup>25</sup> (Carpal Tunnel)

## KEY FINDINGS

- 93% of charges in this code group start a level *below* the state formula amount.
- 98% of all payments that are made are below the state formula amount.
- From 2006-2007 charges in this group increased by 5%, and payments increased by 7%.
- In this category of codes, we observed that payment was being made at a rate of 84% of charges.
- When we compare the average maximum medical allowance for this group of codes from the fee schedules of neighboring states to the average state formula amount for the same group of codes, we find that the state formula amount stands at 228% of these fee schedules. The average *payment level* for this group of codes stands at 150% of these neighboring fee schedules.
- The intrastate comparison for this group of codes reveals the regional medians falling between 96% and 114% of the state median. Please consult chart in Section XV for more detailed information.

## VIII. Professional Radiology

Our analysis took a look at four common professional radiological interpretation codes<sup>26</sup>:

72100.26<sup>27</sup> (Interpretation of Spine X-Ray)  
72141.26<sup>28</sup> (Interpretation of MRI)  
72148.26<sup>29</sup> (Interpretation of MRI)  
73721.26<sup>30</sup> (Interpretation of MRI)

## KEY FINDINGS

- 96% of charges in this code group start a level *below* the state formula amount.
- 99% of all payments that are made are below the state formula amount.
- From 2006-2007 both charges and payments increased by 6%.
- In this category of codes, we observed that payment is being made at a rate of 90% of charges.
- When we compare the average maximum medical allowance for this group of codes from the fee schedules of neighboring states to the average state formula amount for the same group of

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<sup>23</sup> 29877: Arthroscopy, knee, surgical; with debridement/shaving of articular cartilage (chondroplasty)

<sup>24</sup> 29827: Arthroscopy, shoulder, surgical; rotator cuff repair

<sup>25</sup> 64721: Neuroplasty and /or transposition; median nerve at carpal tunnel

<sup>26</sup> See Appendix VIII for detail sheets for 72100.26, 72141.26, 72148.26, and 73721.26. Also refer to the Chart of Key Characteristics, Chart of Interstate Comparisons, and Chart of Regional Comparisons in later sections in this report.

<sup>27</sup> 72100: Radiologic examination, spine, lumbosacral; two or three views

<sup>28</sup> 72141: Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material

<sup>29</sup> 72148: Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material

<sup>30</sup> 73721: Magnetic resonance (eg, proton) imaging, any joint lower extremity; without contrast material

codes, we find that the state formula amount stands at 205% of these fee schedules. The average *payment level* for this group of codes stands at 147% of these neighboring fee schedules.

- In our opinion this code grouping also reveals a rather tight band around the median. Please consult chart in Section XV for more detailed information.

## **IX. Ambulatory Surgery Center (ASC)**

For the purposes of this study, an ASC was defined as a facility so recognized by the Wisconsin Hospital Association.

The following codes were used in our analysis<sup>31</sup>:

29881<sup>32</sup>/80.6

64721<sup>33</sup>/04.43

### **KEY FINDINGS**

- When compared to the exact same procedures performed in a hospital outpatient setting, both charges and payments were 25% less in the ASC setting.
- Please consult Chart of Key Characteristics and the Chart of Regional/Intrastate Comparisons for additional information. These codes were not included in the bordering state comparison analysis given the diversity in state approaches in this area of coding (e.g., Minnesota has a “percentage of charge” approach).

## **X. Hospital Outpatient Surgical**

The study used only data from hospitals so recognized by the Wisconsin Hospital Association. The following codes, which are a mirror image of those in the ASC study<sup>34</sup>, are<sup>35</sup>:

29881/80.6 (see footnote 32)

64721/04.43 (see footnote 33)

- When compared to the exact same procedures performed in an ASC setting, both charges and payments were 25% greater (on average) than in a hospital setting.
- Please consult Chart of Key Characteristics and the Chart of Regional/Intrastate Comparisons for additional information. These codes were not included in the bordering state comparison analysis given the diversity in state approaches in this area of coding

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<sup>31</sup> See Appendix IX for detail sheets for 29881/80.6 and 64721/04.43.

<sup>32</sup> 29881: Arthroscopy, knee, surgical; with meniscotomy (medial OR lateral, including any meniscal shaving)

<sup>33</sup> 64721: Neuroplasty and /or transposition; median nerve at carpal tunnel

<sup>34</sup> We used the same codes as the costs/charges/payment between these two settings is often a consideration in fee schedule development.

<sup>35</sup> See Appendix X for detail sheets for 29881/80.6 and, 64721/04.43.

## **XI. Hospital Inpatient (Surgical)**

The study took a look at 3 DRGs associated with workers' compensation inpatient medical treatment<sup>36</sup>. The report authors acknowledge that the data sample was quite limited for the DRG analysis, but it was concluded that while the information might not be definitive in findings – it might prove probative in discussions. The reason for the limited sampling was two-fold. First, many submitters did not report DRG information. Second, the report drafters did not have time to investigate the grouping of ungrouped records.

DRG 219 (Lower Extremity and Humerus Procedures except Hip, Foot and Femur, Age Greater than 17 without CC)

DRG 500 (Back and Neck Procedures except Spinal Fusion without CC)

DRG 520 (Cervical Spinal Fusion without CC)

### **KEY FINDINGS**

- Please consult Chart of Key Characteristics and the Chart of Regional/Intrastate Comparisons for additional information. These codes were not including in the bordering state comparison analysis given the diversity in state approaches to this area of coding (e.g., hospital specific ratios).

## **XII. Hospital Radiology**

The study took a look at the same four radiological procedures discussed above for professional radiology; however, these codes extracted the technical component from hospital facilities<sup>37</sup>.

72100 (See footnote 27; Spine X-Ray)

72141 (See footnote 28; MRI)

72148 (See footnote 29; MRI)

73721 (See footnote 30; MRI)

### **KEY FINDINGS**

- 92% of charges in this code group start a level *below* the state formula amount.
- 99% of all payments that are made are below the state formula amount.
- In this category of codes, we observed that payment was made at a rate of 92% of charges.
- From 2006-2007 charges and payments in this group increased by 8%.
- We did not conduct an interstate comparison as further investigation was required into how our neighboring jurisdictions handle this category of codes. Direct comparison data from Illinois is available, but not included in this report.
- The intrastate comparison for this group of codes reveals the Madison and Milwaukee areas at 116% of the state median, with the Appleton/Green Bay/ Door County/ Sheboygan on the low end of the spectrum at 92% of the state median. Please consult chart in Section XV for more detailed information.

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<sup>36</sup> See Appendix XI for detail sheets on DRG 219, DRG 500, and DRG 520.

<sup>37</sup> See Appendix XII for detail sheets on 72100, 72141, 72148, and 73721. Also refer to the Chart of Key Characteristics, Chart of Interstate Comparisons, and Chart of Regional Comparisons in later sections in this report.

### XIII. Chart of Key Characteristics

% of Charges Above Formula Amount	% of Charges Below Formula Amount	% of Payments Above Formula Amount	% of Payments Below Formula Amount	% of Payment Compared to Charges	% Increase in Charges 2006-2007	% Increase In Payments 2006-2007
7%	93%	1.70%	98.30%	88.40%	5%	5%

The information in the chart above gives a glimpse at the current playing field in Wisconsin based on all of the groups of codes reviewed in this report for 2006 and 2007. The individual code analysis from which the above summary was drawn follows immediately below.

Chart of Key Characteristics											
Code	Year	Average Charge	Average Payment	Formula Amount	% of Charges Above Formula Amount	% of Charges Below Formula Amount	% of Payments Above Formula Amount	% of Payments Below Formula Amount	% of Payment Compared to Charges	% Increase in Charges 2006-2007	% Increase In Payments 2006-2007
<b>Professional Surgical</b>											
29826	2006	3,845.60	2,987.34	5,115.16	2.8	97.2	0.9	99.1	77.7%	3%	9%
	2007	3,953.65	3,281.48	5,122.33	3.7	96.3	1.5	98.5	83.0%		
29827	2006	4,536.11	3,729.14	6,387.07	11.6	88.4	3.9	96.1	82.2%	2%	9%
	2007	4,647.36	4,080.21	6,251.44	10.0	90.0	3.1	96.9	87.8%		
29877	2006	3,205.42	2,597.07	4,123.12	5.7	94.3	1.0	99.0	81.0%	1%	2%
	2007	3,243.23	2,644.91	3,965.68	6.2	93.8	0.0	100.0	81.6%		
29881	2006	3,463.45	3,010.88	4,608.20	5.4	94.6	1.4	98.6	86.9%	9%	11%
	2007	3,801.88	3,368.26	4,781.42	5.6	94.4	2.0	98.0	88.6%		
64721	2006	2,023.92	1,769.70	2,717.18	6.1	93.9	1.4	98.6	87.4%	8%	7%
	2007	2,197.96	1,912.57	3,023.41	8.3	91.7	0.7	99.3	87.0%		
<i>Category Averages</i>					6.5	93.5	1.6	98.4	84.3%	5%	7%
<b>Professional Radiology</b>											
72100.26	2006	55.91	50.19	73.77	7.6	92.4	0.4	99.6	89.8%	3%	3%
	2007	57.86	51.94	73.55	1.8	98.2	0.8	99.2	89.8%		
72141.26	2006	399.68	359.26	507.29	1.9	98.1	1.1	98.9	89.9%	7%	9%
	2007	430.25	393.75	543.52	1.8	98.2	0.4	99.6	91.5%		
72148.26	2006	400.53	355.38	521.17	4.7	95.3	1.4	98.6	88.7%	5%	5%
	2007	420.04	375.17	534.61	4	96	1.6	98.4	89.3%		
73721.26	2006	343.84	316.29	464.17	4.4	95.6	1	99	92.0%	9%	6%
	2007	376.25	337.55	468.58	6.7	93.3	1.2	98.8	89.7%		
<i>Category Averages</i>					4.1	95.9	1.0	99.0	90.1%	6%	6%

Chart of Key Characteristics - Cont.											
Code	Year	Average Charge	Average Payment	Formula Amount	% of Charges Above Formula Amount	% of Charges Below Formula Amount	% of Payments Above Formula Amount	% of Payments Below Formula Amount	% of Payment Compared to Charges	% Increase in Charges 2006-2007	% Increase In Payments 2006-2007
<b>PT and Chiropractic</b>											
97110	2006	63.55	54.14	85.59	6.6	93.4	0.1	99.9	85.2%	6%	7%
	2007	67.52	58.21	90.26	7.2	92.8	0.4	99.6	86.2%		
97124	2006	37.59	30.75	59.86	10.7	89.3	0.3	99.7	81.8%	3%	0%
	2007	38.84	30.73	65.69	9.6	90.4	0.3	99.7	79.1%		
97140	2006	59.43	49.74	79.07	6.8	93.2	0.8	99.2	83.7%	5%	6%
	2007	62.69	52.70	82.69	8.4	91.6	0	100	84.1%		
98940	2006	47.31	41.57	56.72	7.7	92.3	3	97	87.9%	2%	1%
	2007	48.47	41.92	58.53	9.9	90.1	4.1	95.9	86.5%		
98941	2006	60.43	54.77	76.13	7.4	92.6	1.2	98.8	90.6%	2%	-2%
	2007	61.43	53.53	76.91	6	94	1.6	98.4	87.1%		
98942	2006	73.17	65.42	94.21	6.5	93.5	1.1	98.9	89.4%	4%	4%
	2007	76.14	68.33	97.77	8.9	91.1	4.3	95.7	89.7%		
98943	2006	40.44	35.40	55.03	5.4	94.6	1	99	87.5%	6%	7%
	2007	42.96	38.10	58.00	6.2	93.8	0.1	99.9	88.7%		
<i>Category Averages</i>					7.7	92.3	1.3	98.7	86.3%	4%	3%
<b>E&amp;M and ER Visit</b>											
99213	2006	102.26	93.04	124.97	3.3	96.7	0.3	99.7	91.0%	7%	7%
	2007	110.41	100.04	134.09	4.2	95.8	0.1	99.9	90.6%		
99214	2006	155.8	138.72	198.05	4.2	95.8	0.1	99.9	89.0%	7%	7%
	2007	166.9	149.04	208.39	4.1	95.9	0.2	99.8	89.3%		
99283	2006	203.04	188.05	260.62	6.4	93.6	3.1	96.9	92.6%	4%	4%
	2007	210.94	195.08	268.69	7.5	92.5	1.6	98.4	92.5%		
99284	2006	309.73	284.41	383.83	4.9	95.1	1.3	98.7	91.8%	10%	6%
	2007	343.31	303.51	418.36	6.2	93.8	0.9	99.1	88.4%		
<i>Category Averages</i>					5.1	94.9	1.0	99.1	89.9%	7%	6%
<b>Hospital Inpatient</b>											
DRG 219	2006	19,840.22	16,923.46	32,382.34	12.5	87.5	4.2	95.8	85.3%	-12%	1%
	2007	17,718.06	17,065.83	25,340.17	4.8	95.2	4.8	95.2	96.3%		
DRG 500	2006	11,623.15	10,109.63	16,007.44	10.3	89.7	3.4	96.6	87.0%	-6%	2%
	2007	11,006.02	10,333.91	17,005.31	3.2	96.8	3.2	96.8	93.9%		
DRG 520	2006	19,239.78	17,829.30	25,599.27	13.6	86.4	9.1	90.9	92.7%	11%	6%
	2007	21,540.35	18,995.10	31,088.77	5.3	94.7	0.0	100.0	88.2%		
<i>Category Averages</i>					8.3	91.7	4.1	95.9	90.6%	-2%	3%
<b>ASC</b>											
29881	2006	4185.99	3694.58	5682.31	5.7	94.3	1.9	98.1	88.3%	4%	3%
	2007	4351.17	3820.38	6032.40	7.1	92.9	4.8	95.2	87.8%		
64721	2006	2377.59	2103.57	3157.44	8.9	91.1	2.2	97.8	88.5%	5%	6%
	2007	2498.27	2233.02	3146.36	10.6	89.4	9.1	90.9	89.4%		
<i>Category Averages</i>					8.08	91.93	4.50	95.50	88%	4%	5%
<b>Hospital Outpatient Surgical Facility</b>											
29881	2006	5796.54	5260.63	9182.99	12.10	87.90	3.40	96.60	90.8%	9%	2%
	2007	6353.03	5372.78	10434.34	11.10	88.90	0.00	100.00	84.6%		
64721	2006	2900.04	2590.76	4884.54	10.50	89.50	5.20	94.80	89.3%	11%	10%
	2007	3257.82	2866.11	5318.19	9.00	91.00	3.00	97.00	88.0%		
<i>Category Averages</i>					10.68	89.33	2.90	97.10	88%	10%	6%
<b>Hospital Radiology</b>											
72100	2006	240.80	224.20	353.11	6.20	93.80	0.90	99.10	93.1%	9%	7%
	2007	263.19	240.56	401.37	4.60	95.40	0.00	100.00	91.4%		
72148	2006	1,982.59	1,841.99	2,552.12	11.80	88.20	0.40	99.60	92.9%	10%	9%
	2007	2,202.24	2,032.38	2,787.07	10.80	89.20	1.10	98.90	92.3%		
72141	2006	2,037.69	1,858.31	2,545.13	8.00	92.00	0.50	99.50	91.2%	8%	9%
	2007	2,213.92	2,040.31	2,744.99	6.30	93.70	1.10	98.90	92.2%		
73721	2006	1,838.80	1,687.27	2,428.97	6.40	93.60	0.20	99.80	91.8%	7%	7%
	2007	1,986.43	1,822.31	2,548.51	7.20	92.80	0.00	100.00	91.7%		
<i>Category Averages</i>					7.7	92.3	0.5	99.5	92.1%	8%	8%

#### XIV. Chart of Bordering State/Interstate Comparisons

WI Formula Amount As % of Avg-Neighboring State	WI Avg. Payment As % of Avg-Neighboring State
198%	134%

The existing state formula amount, on average, exceeds the average neighboring fee schedule (or U&C amount for Iowa) amounts for comparable codes by nearly 200%. If we examine what is actually *paid* in Wisconsin, the amounts exceed, on average, the maximum medical amounts of neighboring states by 134%. The individual code analysis from which the above summary was extracted follows immediately below.

Bordering States Comparisons										
Code	Year	WI Formula Amount (As Calculated From Database)	WI Average Payment	Michigan FS	Illinois FS	Minnesota FS	Iowa (U&C)	Average - Neighboring State	WI Formula Amount As % of Avg. - Neighboring State	WI Avg. Payment As % of Avg. - Neighboring State
<b>Professional Surgical</b>										
29826	2007	5,122.33	3,281.48	993.75	3,598.57	1,459.76	2,859.91	2,228.00	229.91%	147.28%
29827	2007	6,251.44	4,080.21	1,631.64	3,066.14	1,700.00	2,924.91	2,330.67	268.22%	175.07%
29877	2007	3,965.68	2,644.91	841.17	3,960.39	1,189.95	2,599.42	2,147.73	184.64%	123.15%
29881	2007	4,781.42	3,368.26	880.55	3,431.88	1,252.98	2,957.41	2,130.71	224.41%	158.08%
64721	2007	3,023.41	1,912.57	559.14	1,935.58	684.91	2,005.42	1,296.26	233.24%	147.54%
								Average %	228.08%	150.23%
<b>Professional Radiology</b>										
72100.26	2007	73.55	51.94	20.63	50.59	57.56	42.10	42.72	172.17%	121.58%
72141.26	2007	543.52	393.75	116.46	444.18	122.32	359.16	260.53	208.62%	151.13%
72148.26	2007	534.61	375.17	141.68	458.89	120.69	293.70	253.74	210.69%	147.86%
73721.26	2007	468.58	337.55	119.97	301.02	124.53	267.80	203.33	230.45%	166.01%
								Average %	205.48%	146.65%
<b>PT and Chiropractic</b>										
97110	2007	90.26	58.21	39.16	73.54	30.44	57.34	50.12	180.09%	116.14%
97124	2007	65.69	30.73	30.62	34.32	23.80	37.82	31.64	207.62%	97.12%
97140	2007	82.69	52.70	35.64	44.13	33.76	43.92	39.36	210.07%	133.88%
								PT Average %	199.26%	115.72%
98940	2007	58.53	41.92	35.64	39.23	38.19	36.33	37.35	156.72%	112.24%
98941	2007	79.61	53.53	49.70	50.99	48.71	46.71	49.03	162.38%	109.18%
98942	2007	97.77	68.33	64.76	49.02	59.78	61.42	58.75	166.43%	116.32%
98943	2007	58.00	38.10	33.63	37.26	35.98	31.14	34.50	168.10%	110.43%
								Chiro Average %	181.33%	113.88%
<b>E&amp;M and ER Visit</b>										
99213	2007	134.09	100.04	55.17	76.48	57.56	89.01	69.56	166.99%	143.83%
99214	2007	208.39	149.04	82.19	111.78	120.69	129.00	110.92	187.88%	134.37%
99283	2007	268.69	195.08	76.88	185.32	124.53	199.95	146.67	183.19%	133.01%
99284	2007	418.36	303.51	112.95	278.47	190.64	298.66	220.18	190.01%	137.85%
								Average %	188.47%	137.26%

**XV. Chart of Regional/Intrastate Comparisons**

In looking at intrastate comparisons, we chose to establish a state median (50<sup>th</sup> percentile) for each procedure based on payment data. We divided Wisconsin into 6 regions and compared the median payments in each region to the state median. Basically, the chart indicates that median payments were the greatest in the Milwaukee Area, and the lowest in the Appleton/Green Bay/Door County/Sheboygan Area, with the other regions falling somewhere in-between.

<u>General Description</u>	<u>Zips Starting with</u>	<u>% of Median</u>
State of Wisconsin	All	100%
Milwaukee Area	532	111%
Madison Area	537	109%
Southeast (Waukesha/Racine/Kenosha)	531/534	101%
Appleton/Green Bay/Door County/Sheboygan	530/542/543/549	96%
LaCrosse Area/Central Wisconsin Area (Stevens Point/Wausau)	544/546	106%
All Other	535/538/539/540/541/547/548	100%

The individual code analysis from which the above summary was drawn follows immediately below.

Chart of Regional Comparisons								
State-wide Median PA		Milwaukee Area	Madison Area	Southeast (Waukesha/Racine/Kenosha)	Appleton/Green Bay/Door County/Sheboygan	LaCrosse Area/Central Wisconsin	All Other	
Code	Year							
<b>Professional Surgical</b>								
29826	2006	\$ 3,161.03	100%	127%	112%	100%	122%	93%
	2007	\$ 3,388.00	98%	104%	94%	99%	123%	79%
29827	2006	\$ 3,810.91	100%	110%	135%	105%	108%	151%
	2007	\$ 4,023.25	97%	140%	77%	104%	105%	116%
29877	2006	\$ 2,858.85	104%	106%	124%	92%	114%	97%
	2007	\$ 2,620.00	99%	120%	79%	87%	134%	78%
29881	2006	\$ 3,253.00	104%	100%	107%	98%	105%	89%
	2007	\$ 3,505.00	107%	94%	101%	90%	107%	96%
64721	2006	\$ 1,822.40	112%	118%	78%	94%	115%	96%
	2007	\$ 1,910.00	116%	124%	98%	91%	120%	77%
<b>Category Averages</b>			<b>104%</b>	<b>114%</b>	<b>101%</b>	<b>96%</b>	<b>115%</b>	<b>97%</b>
<b>Professional Radiology</b>								
72100.26	2006	\$ 51.00	91%	121%	92%	114%	116%	112%
	2007	\$ 53.55	93%	108%	93%	105%	102%	112%
72141.26	2006	\$ 378.25	98%	109%	99%	96%	112%	118%
	2007	\$ 420.00	101%	102%	93%	91%	100%	119%
72148.26	2006	\$ 371.45	100%	106%	102%	94%	114%	123%
	2007	\$ 373.35	104%	110%	102%	94%	112%	131%
73721.26	2006	\$ 334.80	106%	101%	110%	102%	113%	103%
	2007	\$ 323.85	113%	97%	93%	98%	123%	114%
<b>Category Averages</b>			<b>101%</b>	<b>107%</b>	<b>98%</b>	<b>99%</b>	<b>112%</b>	<b>117%</b>

Chart of Regional Comparisons - Cont.								
		State-wide Median PA	Milwaukee Area	Madison Area	Southeast (Waukesha/Racine/Kenosha)	Appleton/Green Bay/Door County/Sheboygan	Lacrosse Area/Central Wisconsin	All Other
<b>PT and Chiropractic</b>								
97110	2006	\$ 55.25	116%	119%	114%	101%	100%	69%
	2007	\$ 60.68	115%	113%	105%	97%	101%	66%
97124	2006	\$ 30.19	138%	76%	50%	70%	116%	99%
	2007	\$ 26.97	167%	167%	78%	74%	133%	181%
97140	2006	\$ 50.00	110%	130%	104%	111%	115%	67%
	2007	\$ 54.00	104%	128%	94%	103%	102%	69%
98940	2006	\$ 43.00	106%	115%	98%	105%	100%	100%
	2007	\$ 43.20	106%	116%	74%	104%	100%	102%
98941	2006	\$ 55.00	108%	118%	95%	106%	100%	100%
	2007	\$ 55.00	109%	118%	86%	101%	101%	100%
98942	2006	\$ 67.00	110%	93%	110%	113%	100%	90%
	2007	\$ 70.00	100%	107%	71%	135%	101%	86%
98943	2006	\$ 35.00	74%	106%	82%	109%	103%	97%
	2007	\$ 40.00	101%	112%	25%	105%	100%	98%
<b>Category Averages</b>			<b>112%</b>	<b>116%</b>	<b>85%</b>	<b>102%</b>	<b>105%</b>	<b>95%</b>
<b>E&amp;M and ER Visit</b>								
99213	2006	\$ 94.50	99%	123%	100%	99%	105%	98%
	2007	\$ 100.80	100%	118%	101%	96%	102%	98%
99214	2006	\$ 140.40	100%	125%	100%	95%	111%	103%
	2007	\$ 149.15	98%	120%	99%	96%	104%	106%
99283	2006	\$ 187.20	118%	116%	113%	92%	118%	108%
	2007	\$ 194.00	115%	118%	126%	92%	125%	97%
99284	2006	\$ 285.00	108%	108%	116%	95%	121%	107%
	2007	\$ 316.35	104%	98%	117%	98%	104%	99%
<b>Category Averages</b>			<b>105%</b>	<b>116%</b>	<b>109%</b>	<b>95%</b>	<b>111%</b>	<b>102%</b>
<b>Hospital Inpatient</b>								
DRG 219	2006	\$ 15,523.07	67%	107%	No Data	80%	91%	86%
	2007	\$ 16,375.98	99%	113%	112%	71%	103%	90%
DRG 500	2006	\$ 9,809.55	128%	79%	90%	98%	88%	62%
	2007	\$ 10,548.25	140%	96%	No Data	94%	101%	100%
DRG 520	2006	\$ 17,543.31	96%	100%	73%	84%	112%	115%
	2007	\$ 19,282.99	84%	75%	No Data	93%	112%	15%
<b>Category Averages</b>			<b>102%</b>	<b>95%</b>	<b>92%</b>	<b>87%</b>	<b>101%</b>	<b>78%</b>
<b>ASC</b>								
29881	2006	\$ 3,700.90	114%	70%	No Data	98%	106%	118%
	2007	\$ 3,545.00	99%	95%	No Data	111%	134%	156%
64721	2006	\$ 2,094.00	107%	90%	No Data	82%	105%	145%
	2007	\$ 2,034.41	121%	98%	124%	99%	107%	No Data
<b>Category Averages</b>			<b>110%</b>	<b>88%</b>	<b>124%</b>	<b>98%</b>	<b>113%</b>	<b>140%</b>
<b>Hospital Outpatient</b>								
29881	2006	\$ 4,564.80	168%	97%	158%	80%	79%	108%
	2007	\$ 4,853.14	165%	82%	111%	83%	78%	93%
64721	2006	\$ 2,262.14	147%	111%	115%	91%	85%	95%
	2007	\$ 2,510.24	149%	85%	150%	86%	87%	111%
<b>Category Averages</b>			<b>157%</b>	<b>94%</b>	<b>134%</b>	<b>85%</b>	<b>82%</b>	<b>102%</b>
<b>Hospital Radiology</b>								
72100	2006	\$ 221.00	127%	136%	137%	89%	76%	99%
	2007	\$ 225.30	131%	147%	156%	89%	79%	89%
72148	2006	\$ 1,856.48	115%	107%	95%	95%	105%	97%
	2007	\$ 2,055.73	114%	106%	108%	87%	100%	101%
72141	2006	\$ 1,848.00	120%	114%	88%	90%	100%	102%
	2007	\$ 2,065.86	114%	112%	107%	85%	90%	101%
73721	2006	\$ 1,733.00	107%	101%	95%	100%	104%	93%
	2007	\$ 1,827.23	103%	105%	98%	97%	105%	94%
<b>Category Averages</b>			<b>116%</b>	<b>116%</b>	<b>111%</b>	<b>92%</b>	<b>95%</b>	<b>97%</b>

## **XVI. Conclusions**

Our analysis examined available recent historical charge and payment data from carriers with a significant book of business in Wisconsin. The positive response from carriers for the request for data and the statistical methods utilized created a robust database for consideration by the Council. With the detail sheets for all of the studied codes found in the appendices, we confirmed that the current state formula amount has minimal impact on what is being paid in the Wisconsin system. The majority of medical charges in the system start at a level below the formula amount (which is not surprising given the formula amount design) and nearly all payments are made below the formula amount. We hope this study gives context and understanding to the relation of the current certified database provisions and the reality of medical charges and payments in our system. This robust database could provide the basis for implementation of a medical fee schedule.

While the study did not compare actual payment data from surrounding jurisdictions, it provided the Wisconsin data to compare against the surrounding state fee schedules and the U&C level from Iowa. The comparison strikingly demonstrates that the certified database levels are nearly 200% of the maximum medical payment amounts of our neighboring states (perhaps a bit closer to Illinois in some instances). This is an apples-to-apples comparison. Payments are being made at a percentage of 134% of neighboring fee schedule amounts. While it might be argued that comparing payment data from Wisconsin to maximum medical amounts from surrounding jurisdictions might be comparing apples-to-oranges, we feel that it is safe to conclude that payments in these surrounding jurisdictions are made at levels equal to or below the fee schedule maximums. We encourage a reading of the “WCRI Medical Price Index for Workers’ Compensation, Second Edition” for additional and enlightening interstate payment comparisons.

We further believe that our analysis demonstrates that there are market forces at work that impact medical payments more than the certified databases. With payments being made somewhere between 83% and 89% of charges, it appears that there is some influence by common re-pricing tactics (e.g., multiple surgical cutbacks) and PPO-type agreements.

The analysis confirms that median charges and payments in the Milwaukee and Madison areas are among the highest in the state, but the intrastate comparison does raise the question as to whether or not Wisconsin would need more than one fee schedule for the entire state. We believe the outcomes are tightly clustered enough to support the application of one fee schedule to the entire state.

WCRI preliminary study results from April 2009 show the OVERALL medical payment per loss time claim in Wisconsin continuing to escalate at an alarming rate.

Referenced in our executive summary, a recent study by NCCI shows that the medical share of total benefits continues to increase, while the indemnity share is decreasing. The share distribution that was 54% indemnity and 46% medical in 1987, is 41% indemnity and 59% medical in 2007.

With an existing certified database system that has very minimal impact on medical cost control, an overburdened dispute resolution process (which is almost hard to comprehend in the face of one of the nations’ highest WC medical payment rates), a shrinking indemnity share, and a disturbing overall medical payment per claim trend, we believe that now is the time for WCAC to seriously consider and establish a medical fee schedule for our workers’ compensation system.

## **XVII. Rule Proposal**

This proposal is designed to provide guidance for potential design discussions of a medical fee schedule. We recommend that the WCAC include language in the biennial bill to direct DWD to promulgate rules establishing a medical fee schedule. The fee schedule will establish maximum medical payment amounts for procedures, treatments, services and other billable items rendered during the course of treatment and covered under this Act. We recommend that the agreed upon bill provide only this minimal framework to authorize DWD and WCAC to devise the fee schedule.

# **Rule Proposal**

### **Establishment**

The Department shall promulgate rules establishing a medical fee schedule. The fee schedule will establish maximum medical payment amounts for procedures, treatments, services and other billable items rendered during the course of treatment and covered under this Act.

### **Effective Date**

The fee schedule will apply to procedures, treatments, services and other items rendered *on or after the official posting date* of the fee schedule (or partial posting thereof).

### **Fee Scheduling Areas**

The fee schedule may include, but will not be limited to, the following areas:

1. Ambulatory Surgery Centers
2. Anesthesia Services
3. Dental Services
4. Emergency Department Services
5. HCPCS (Healthcare Common Procedure Coding System) Level II
6. Hospital Inpatient Services
7. Hospital Outpatient Services (surgical and other)
8. Professional Services
9. Hospital Rehabilitation Services and Skilled Nursing Facilities
10. Independent Diagnostic Testing Facilities

### **Important Fee Schedule Considerations**

The fee schedule should address, but not be limited to, the following areas:

1. Payments made to Allied Health Care Professionals (e.g., Physician Assistants, CRNAs)
2. Correct Coding
3. Out-of-State Treatment
4. Cost-Outliers/Extraordinary Treatment
5. The Updating of New Codes
6. Dispute Resolution

7. The Incorporation of Reference Materials and General Rules Supporting Fee Schedule Application (e.g., modifiers, global days parameters)
8. Access to Quality Healthcare
9. Fraud Provisions
10. Anomalous Entries in Fee Schedule
11. Implants

### **Fee Schedule Formula Amount**

As a result of the Workers' Compensation Medical Data Call, we now have Wisconsin-specific baseline data covering services rendered in 2007 and 2008 to serve as a basis for a fee schedule. We propose that the maximum allowable payment under the medical fee schedule be established at a percentile of medical charges from this dataset. Facility medical fee schedules may be established at the specified percentile using medical charge databases from the Wisconsin Hospital Association. At the discretion of the Department, the medical fee schedule may be developed using resource-based relative value scales, and other commonly accepted "weight and conversion" calculation methods, if these methods can be utilized to approximate the percentile within accepted statistical modeling parameters. The Department may establish a process by which new codes are entered into the fee schedule at a level which represents the specified percentile, and which is relative to existing fee schedule levels.

### **Fee Schedule Coverage – Geographic and Socioeconomic Considerations**

There shall be single fee schedule that shall be applied uniformly statewide, unless the Department determines that socio-economic and/or geographic considerations require multiple versions of the fee schedule. In no circumstance, shall more than four iterations of the fee schedule be established.

### **Annual Increase to Fee Schedule Amounts**

The Department shall automatically increase or decrease the maximum allowable payment for a procedure, treatment, service or other billable item established and in effect on January 1 of that year by the percentage change in the specified price index for the 12 month period ending August 31 of that year. The increase or decrease shall become effective on January 1 of the following year.

### **Prompt Payment**

When a patient notifies a provider that the treatment, procedure, or service being sought is for a work-related illness or injury and furnishes the provider the name and address of the responsible employer, the provider shall bill the employer directly. The employer shall make the payment and providers shall submit bills and records in accordance with the provisions of this Section. All payments to providers for treatment provided pursuant to this Act shall be made within 60 days of receipt of the bills as long as the claim contains substantially all the required data elements necessary to adjudicate the bills. In the case of nonpayment to a provider within 60 days of receipt of the bill which contained substantially all of the required data elements necessary to adjudicate the bill or nonpayment to provider of a portion of such a bill up to the lesser of the Actual charge or the payment level set by the Department in the fee schedule established in this Section, the bill, or portion of the bill, shall incur interest at a rate of 1% per month payable to the provider.

### **Allowance of Contracted Rates**

Nothing in this Act shall prohibit an employer or insurer from contracting with a health care provider or group of health care providers for reimbursement levels for benefits under this Act different from those provided in this Section.

### **Balance Billing**

A provider shall not hold an employee liable for costs related to a non-disputed procedure, treatment, or service rendered in connection with a compensable injury. A provider shall not bill or otherwise attempt to recover from the employee the difference between the provider's charge and the amount paid by the employer or the insurer on a compensable injury.

If an employer notifies a provider that the employer does not consider the illness or injury to be compensable under this Act, the provider may seek payment of the provider's Actual charges from the employee for any procedure, treatment, or service rendered. Once an employee informs the provider that there is an application filed with the Department to resolve a dispute over payment of such charges, the provider shall cease any and all efforts to collect payment for the services that are the subject of the dispute. Any statute of limitations or statute of repose applicable to the provider's efforts to collect payment from the employee shall be tolled from the date that the employee files the application with the Department until the date that the provider is permitted to resume collection efforts under the provisions of this section.

If an employer notifies a provider that the employer will pay only a portion of a bill for any procedure, treatment, or service rendered in connection with a compensable illness or disease, the provider may seek payment from the employee for the remainder of the amount of the bill up to the lesser of the Actual charge, negotiated rate, if applicable, or the payment level set by the Department in the fee schedule established in the Section. Once an employee informs the provider that there is an application filed with the Department to resolve a dispute over payment of such charges, the provider shall cease any and all efforts to collect payment for the services that are the subject of the dispute. Any statute of limitations or statute of repose applicable to the provider's efforts to collect payment from the employee shall be tolled from the date that the employee files the application with the Department until the date that the provider is permitted to resume collection efforts under the provisions of this Section.

When there is a dispute over the compensability of or amount of payment for a procedure, treatment, or service, and a case is pending or proceeding before the Department, the provider may mail the employee reminders that the employee will be responsible for payment of any procedure, treatment or service rendered by the provider. The reminders must state that they are not bills, to the extent practicable include itemized information, and state that the employee need not pay until such time as the provider is permitted to resume collection efforts under this Section. The reminders shall not be provided to any credit rating agency. The reminders may request that the employee furnish the provider with information about the proceeding under this Act, such as the file number, names of parties, and status of the case. If an employee fails to respond to such request for information or fails to furnish the information requested within 90 days of the date of the reminder, the provider is entitled to resume any and all efforts to collect payment from the employee for the services rendered to the employee and the employee shall be responsible for payment of any outstanding bills for a procedure, treatment, or service rendered by a provider.

Upon a final award for judgment by the Department, or a settlement agreed to by the employer and the employee, a provider may resume any and all efforts to collect payment from the employee for

the services rendered to the employee and the employee shall be responsible for payment of any outstanding bills for a procedure, treatment, or service rendered by a provider. In the case of a procedure, treatment, or service deemed compensable, the provider shall not require a payment rate greater than the lesser of the Actual charge or the payment level set by the Department in the fee schedule established in this section. Payment for services deemed not covered or not compensable under this Act is the responsibility of the employee unless a provider and employee have agreed otherwise in writing. Services not covered or not compensable under this Act are not subject to the fee schedule in this Section. Nothing in this Act shall prohibit an employer or insurer from contracting with a health care provider or group of health care providers for reimbursement levels for benefits under this Act different from those provided in this Section.

**Status Report**

On or before January 1, (three years post fee schedule implementation) 2XXX the Department shall provide a report to the WCAC regarding positive observations and negative concerns about the fee schedule, and suggested changes or additions requiring WCAC action.

# APPENDICES

# APPENDIX I

## **WCRB General Circular Letter 520**



**GENERAL CIRCULAR LETTER 520—June 24, 2008**

TO ALL MEMBERS OF THE BUREAU

**WISCONSIN MEDICAL CALL FOR DATA**

**BACKGROUND:**

The Wisconsin Insurance Alliance (WIA) has been engaged in the development of a medical fee schedule for workers compensation. The goal of the development and implementation of a fee schedule in Wisconsin is to positively impact medical expenses by reducing or slowing the rate of medical inflation, and do so without a negative impact to the availability and quality of medical care provided to injured workers.

In the past, implementation of a fee schedule via the Agreed Bill process has been unsuccessful due to opponents' position that the available statistical data and analysis did not support this undertaking.

**RESOLUTION:**

The WIA membership and the WCRB Governing Committee agree that efforts must continue in the analysis, and ultimate control, of rising workers' compensation medical costs. In an effort to further analyze medical billed and paid values, and to develop credible recommendations for a fee schedule, a call for this medical data is critical. As a result of this initiative, a Wisconsin Medical Call for Data and Wisconsin Medical Call Submission Instructions are being developed.

To obtain the most robust database possible, WCRB is requesting all members to participate in this voluntary call for transactional medical data.

The use of this data will be limited to the scope of this project. A confidentiality agreement has been signed by all parties concerned to not disclose any confidential information they receive to any other person, firm, or corporation, or use the confidential information for their own or any other party's benefit. All confidential information provided shall be and remain the property of the originating entity.

**IMPLEMENTATION:**

A two year period (2006/2007 service dates) of transactional medical data will be collected. A two year period of data will allow for analysis of billing and payment trends, and should provide the baseline needed for the establishment of a fee schedule. Data filings will be requested to be submitted in two stages:

- All medical transactional data for calendar year 2006 on October 31, 2008
- All medical transactional data for calendar year 2007 on November 30, 2008.

The following table provides a list of data elements and definitions that will be collected in this call. A final list of data elements will be published in the Wisconsin Medical Call Submission Instructions.

## WISCONSIN MEDICAL CALL TRANSACTIONAL DATA ELEMENTS

<b>Data Element Name</b>	<b>Definition</b>
Billing Provider FEIN	Federal Tax ID number of the billing provider.
Billing Provider Postal Code	Postal code of provider's mailing address of the billing provider.
Date Insurer Paid Bill	Date insurer or financially responsible party paid bill or received credit from provider.
Days/Units Billed	Number of services billed per line item in days or units.
DRG Code	Code indicating the diagnostic related group.
Facility Code	Code indicating type of facility where treatment was rendered.
Facility Postal Code	Postal code of facility's mailing address.
HCPCS Bill Procedure Code	HCPCS (Health Care Financing Administration's Common Procedure Coding System) code billed that identifies treatment rendered.
HCPCS Line Procedure Billed Code	HCPCS (Health Care Financing Administration's Common Procedure Coding System) code billed that identifies treatment rendered.
HCPCS Modifier Billed Code	HCPCS (Health Care Financing Administration's Common Procedure Coding System) code identifying special circumstances related to procedure billed.
HCPCS Principal Procedure Billed Code	HCPCS (Health Care Financing Administration's Common Procedure Coding System) code indicating the principal procedure billed.
ICD-9 CM Diagnosis Code	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
ICD-9 CM Principal Procedure Code	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code indicating the principal procedure rendered.
ICD-9 CM Procedure Code	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
NDC Billed Code	NDC ( National Drug Code) identifying drugs or pharmaceuticals billed.
Place of Service Line Code	Code indicating the place of service at line level.
Principal Diagnosis Code	Code indicating principal diagnosis.
Principal Procedure Date	Date the principal procedure was performed.
Revenue Billed Code	Code indicating specific cost center billed.
Service Bill Date(s) Range	Starting date and ending date on which service(s) were performed at the bill level.
Service Line Date(s) Range	Starting date and ending date on which service(s) were performed at the line level.
Total Recommended Payment Per Bill	Total recommended payment per bill after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment).
Total Recommended Payment Per Line	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment).
Total Charge Per Bill	Cumulative charge amount of all line items per bill.
Total Charge Per Line	Service charge per line item.
Insurer Claim Number	This would be a unique number assigned by the insurer to a claim (which might also be connected to an individual bill from the claim).
Unique Bill ID Number	Unique number assigned by an insurer to individual bills/invoices.

WCRB's role in this project is to provide documentation that will include a record layout and submission instructions (Wisconsin Medical Call Submission Instructions). We will also collect the data files and forward them to the WIA for editing, analysis, and any future fee schedule proposal.

WCRB's projected timeline of this project is as follows:

- 07-01-08:** Industry release of the Wisconsin Medical Call Submission Instructions (will be posted on [www.wcrb.org](http://www.wcrb.org) under the "Products" tab, in the Public Products/Manuals and Instructions area)
- 10-31-08:** Due date for all medical transactional data for calendar year 2006
- 11-30-08:** Due date for all medical transactional data for calendar year 2007

WCRB is expecting that there will be a large volume of data being submitted as a result of this data call. To expedite the process, we are suggesting that as soon as the files are available they be sent to the WCRB for processing.

**QUESTIONS:**

Submission of data: Michael Mann, VP – IT, 262-796-4401; or [michael.mann@wcrb.org](mailto:michael.mann@wcrb.org).

All other: Kay Higgins, Unit Statistical Specialist, 262-796-4570; or [kay.higgins@wcrb.org](mailto:kay.higgins@wcrb.org).

# APPENDIX II

## **WCRB General Circular Letter 524**



Wisconsin Compensation Rating Bureau

262-796-4540 □ Fax 262-796-4400 □ www.wcrb.org

P.O. Box 3080 □ Milwaukee, WI 53201-3080

Located at 20700 Swenson Drive, Suite 100, Waukesha, WI 53186

**GENERAL CIRCULAR LETTER 524—September 2, 2008**

TO ALL MEMBERS OF THE BUREAU

**WISCONSIN MEDICAL CALL FOR DATA**

General Circular 520, dated June 24, 2008 announced a request for the voluntary submission of Wisconsin medical data necessary for the development of a Wisconsin fee schedule. The WI [Medical Call Submission Filing Instructions](#), contact information, transmittal form, and flat file necessary for the submission of this data can be found in the Public Products/Manuals and Instructions area of the WCRB Web site.

As previously announced, a two year period (2006 and 2007 service dates) of transactional medical data will be collected. We are requesting that all medical transactional data for calendar year 2006 be submitted on, or prior to, October 31, 2008, and calendar year 2007 data be submitted on, or prior to, November 30, 2008.

To help the WCRB better gauge our member participation for this submission of medical claim data, we are asking all companies to please complete the form at the bottom of this Circular and return it to WCRB as soon as possible. Please let us know if you will or will not be able to meet the deadlines noted above, or if your company has elected not to participate in this voluntary call for data.

---

Company Name: \_\_\_\_\_

Carrier/Group Code: \_\_\_\_\_

Responder Name: \_\_\_\_\_ Phone # \_\_\_\_\_

My company **will** participate in this voluntary call for data, and **will be able** to meet the deadlines noted above.

My company **will** participate in this voluntary call for data, **but will not be able** to meet the deadlines noted above. WCRB can expect our data file(s) on:

Calendar Year 2006 \_\_\_\_\_

Calendar Year 2007 \_\_\_\_\_

My company has elected **not to participate** in this voluntary call for data.

---

Please complete, print, and return to Kay Higgins at fax number 262-796-4416, or via e-mail to [kay.higgins@wcrb.org](mailto:kay.higgins@wcrb.org)

# APPENDIX III

## **Data Specification Sheet**

**WISCONSIN MEDICAL CALL SUBMISSION INSTRUCTIONS  
MEDICAL TRANSACTIONS FOR CALENDAR YEAR 2006 AND 2007  
GENERAL INSTRUCTIONS**

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**GENERAL**

These specifications are for the distribution of reporting transactional medical call data to WCRB by carriers or their vendors.

Unless otherwise specified, the following standards will apply:

1. All alphanumeric (AN) data fields are to be left-justified and right blank-filled.
2. All numeric (N) data fields are to be right-justified and left zero-filled, and unsigned.
3. All fields will be character; no signed or packed fields will be written.
4. No special characters in currency fields. Two decimal positions are implied in all currency fields. See Field Description to identify the currency fields.
5. Data file format is text and may be compressed using WinZIP or WinRAR.
6. Data shall be written to a password protected CD or DVD. The password shall be sent to WCRB under separate cover. Any other means of file submission must be discussed and approved by WCRB.
7. One carrier per data file.
8. One data file per CD or DVD.
9. One completed transmittal letter per CD or DVD. The transmittal must accompany the CD or DVD.
10. If more than 15 billed procedures exist for a single claim form, do not report the claim form.

## ***CONTACT PAGE***

**Questions regarding the nature of data elements and intent of this call for data should be directed to:**

True Course Medical Data Analysis & Claims  
Services, LLC  
Glen Boyle  
1101 N. Old World Third Street - Suite 105  
Milwaukee, WI 53203  
Telephone: 414-545-7170  
Fax: 414-545-7175  
Cell: 414-881-0162  
Office Manager: Susie Peckman 414-545-7170  
E-mail: [glen.boyle@truecoursemdcs.com](mailto:glen.boyle@truecoursemdcs.com)

**Questions regarding the submission of data and technical issues should be directed to either:**

Wisconsin Compensation Rating Bureau  
Michael Mann, VP – Information Technology  
P.O. Box 3080  
Milwaukee, WI 53201-3080  
Telephone: 262-796-4401  
E-mail: [Michael.Mann@wcrb.org](mailto:Michael.Mann@wcrb.org)

Wisconsin Compensation Rating Bureau  
Debbie Wussow  
P.O. Box 3080  
Milwaukee, WI 53201-3080  
Telephone: 262-796-4405  
E-mail: [Debbie.Wussow@wcrb.org](mailto:Debbie.Wussow@wcrb.org)

**Wisconsin Medical Call  
Transmittal Letter**

1. Calendar year of data  2006  2007

2. Insurance carrier for which the data is being submitted

\_\_\_\_\_

3. File Name \_\_\_\_\_

4. Total number of records \_\_\_\_\_

5. Person to contact regarding this submission

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Field Number	Field Title	Class	Position	Bytes	Field Description
1	Billing Provider FEIN	(N)	01-09	9	Federal Tax ID number of the billing provider. DP Note: All digits cannot be the same value.
2	Billing Provider Postal Code	(AN)	10-14	5	Postal code of provider's mailing address of the billing provider. DP Note: Report the first 5 characters.
3	Facility Code (from facility UB claims only)	(AN)	15-17	3	Code indicating type of facility where treatment was rendered.
4	Facility Postal Code	(AN)	18-22	5	Postal code of facility's mailing address. DP Note: Report the first 5 characters.
5	1st ICD-9 CM Diagnosis Code	(AN)	23-27	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
6	2nd ICD-9 CM Diagnosis Code	(AN)	28-32	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
7	3rd ICD-9 CM Diagnosis Code	(AN)	33-37	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
8	4th ICD-9 CM Diagnosis Code	(AN)	38-42	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
9	5th ICD-9 CM Diagnosis Code	(AN)	43-47	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
10	6th ICD-9 CM Diagnosis Code	(AN)	48-52	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
11	7th ICD-9 CM Diagnosis Code	(AN)	53-57	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
12	8th ICD-9 CM Diagnosis Code	(AN)	58-62	5	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code denoting the diagnosis of the work related injury or illness.
13	Service Bill Date(s) Range	(N)	63-78	16	Starting date and ending date on which service(s) were performed at the bill level. FORMAT: CCYYMMDDCCYYMMDD

14	Service Line Date(s) Range HCPCS Line Procedure Billed Code 1	(N)	79-94	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCTTMMDDCCYYMMDD
15	Place of Service Line Code HCPCS Line Procedure Billed Code 1	(AN)	95-96	2	Code indicating the place of service at line level.
16	HCPCS Line Procedure Billed Code Code 1	(AN)	97-101	5	HCPCS code billed that identifies treatment rendered.
17	1st Modifier HCPCS Line Procedure Billed Code 1	(AN)	102-103	2	HCPCS code identifying special circumstances related to procedure billed.
18	2nd Modifier HCPCS Line Procedure Billed Code 1	(AN)	104-105	2	HCPCS code identifying special circumstances related to procedure billed.
19	3rd Modifier HCPCS Line Procedure Billed Code 1	(AN)	106-107	2	HCPCS code identifying special circumstances related to procedure billed.
20	Days/Units HCPCS Line Procedure Billed Code 1	(AN)	108-112	5	Number of services billed per line item in days or units.
21	Total Charge Per Line HCPCS Billed Procedure 1	(N)	113-124	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 122 and 123
22	Total Recommended Payment HCPCS Billed Procedure Code 1	(N)	125-136	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 134 and 135.
23	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 1 (If from UB)	(AN)	137-139	3	Code indicating specific cost center billed.
24	Service Line Date(s) Range HCPCS Line Procedure Billed Code 2	(N)	140-155	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
25	Place of Service Line Code HCPCS Line Procedure Billed Code 2	(AN)	156-157	2	Code indicating the place of service at line level.
26	HCPCS Line Procedure Billed Code 2	(AN)	158-162	5	HCPCS code billed that identifies treatment rendered.
27	1st Modifier HCPCS Line Procedure Billed Code 2	(AN)	163-164	2	HCPCS code identifying special circumstances related to procedure billed.
28	2nd Modifier HCPCS Line Procedure Billed Code 2	(AN)	165-166	2	HCPCS code identifying special circumstances related to procedure billed.
29	3rd Modifier HCPCS Line Procedure Billed Code 2	(AN)	167-168	2	HCPCS code identifying special circumstances related to procedure billed.
30	Days/Units HCPCS Line Procedure Billed Code 2	(AN)	169-173	5	Number of services billed per line item in days or units.
31	Total Charge Per Line HCPCS Billed Procedure 2	(N)	174-185	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 183 and 184
32	Total Recommended Payment HCPCS Billed Procedure Code 2	(N)	186-197	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 195 and 196.
33	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 2 (If from UB)	(AN)	198-200	3	Code indicating specific cost center billed.
34	Service Line Date(s) Range HCPCS Line Procedure Billed Code 3	(N)	201-216	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD

35	Place of Service Line Code HCPCS Line Procedure Billed Code 3	(AN)	217-218	2	Code indicating the place of service at line level.
36	HCPCS Line Procedure Billed Code 3	(AN)	219-223	5	HCPCS code billed that identifies treatment rendered.
37	1st Modifier HCPCS Line Procedure Billed Code 3	(AN)	224-225	2	HCPCS code identifying special circumstances related to procedure billed.
38	2nd Modifier HCPCS Line Procedure Billed Code 3	(AN)	226-227	2	HCPCS code identifying special circumstances related to procedure billed.
39	3rd Modifier HCPCS Line Procedure Billed Code 3	(AN)	228-229	2	HCPCS code identifying special circumstances related to procedure billed.
40	Days/Units HCPCS Line Procedure Billed Code 3	(AN)	230-234	5	Number of services billed per line item in days or units.
41	Total Charge Per Line HCPCS Billed Procedure 3	(N)	235-246	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 244 and 245
42	Total Recommended Payment HCPCS Billed Procedure Code 3	(N)	247-258	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 256 and 257.
43	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 3 (If from UB)	(AN)	259-261	3	Code indicating specific cost center billed.
44	Service Line Date(s) Range HCPCS Line Procedure Billed Code 4	(N)	262-277	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
45	Place of Service Line Code HCPCS Line Procedure Billed Code 4	(AN)	278-279	2	Code indicating the place of service at line level.
46	HCPCS Line Procedure Billed Code 4	(AN)	280-284	5	HCPCS code billed that identifies treatment rendered.
47	1st Modifier HCPCS Line Procedure Billed Code 4	(AN)	285-286	2	HCPCS code identifying special circumstances related to procedure billed.
48	2nd Modifier HCPCS Line Procedure Billed Code 4	(AN)	287-288	2	HCPCS code identifying special circumstances related to procedure billed.
49	3rd Modifier HCPCS Line Procedure Billed Code 4	(AN)	289-290	2	HCPCS code identifying special circumstances related to procedure billed.
50	Days/Units HCPCS Line Procedure Billed Code 4	(AN)	291-295	5	Number of services billed per line item in days or units.
51	Total Charge Per Line HCPCS Billed Procedure 4	(N)	296-307	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 305 and 306
52	Total Recommended Payment HCPCS Billed Procedure Code 4	(N)	308-319	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 317 and 318.
53	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 4 (If from UB)	(AN)	320-322	3	Code indicating specific cost center billed.
54	Service Line Date(s) Range HCPCS Line Procedure Billed Code 5	(N)	323-338	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
55	Place of Service Line Code HCPCS Line Procedure Billed Code 5	(AN)	339-340	2	Code indicating the place of service at line level.
56	HCPCS Line Procedure Billed Code 5	(AN)	341-345	5	HCPCS code billed that identifies treatment rendered.

57	1st Modifier HCPCS Line Procedure Billed Code 5	(AN)	346-347	2	HCPCS code identifying special circumstances related to procedure billed.
58	2nd Modifier HCPCS Line Procedure Billed Code 5	(AN)	348-349	2	HCPCS code identifying special circumstances related to procedure billed.
59	3rd Modifier HCPCS Line Procedure Billed Code 5	(AN)	350-351	2	HCPCS code identifying special circumstances related to procedure billed.
60	Days/Units HCPCS Line Procedure Billed Code 5	(AN)	352-356	5	Number of services billed per line item in days or units.
61	Total Charge Per Line HCPCS Billed Procedure 5	(N)	357-368	12	Service charge per line item. DP Note: Implied Decimal between positions 366 and 367.
62	Total Recommended Payment HCPCS Billed Procedure Code 5	(N)	369-380	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 378 and 379.
63	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 5 (If from UB)	(AN)	381-383	3	Code indicating specific cost center billed.
64	Service Line Date(s) Range HCPCS Line Procedure Billed Code 6	(N)	384-399	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
65	Place of Service Line Code HCPCS Line Procedure Billed Code 6	(AN)	400-401	2	Code indicating the place of service at line level.
66	HCPCS Line Procedure Billed Code 6	(AN)	402-406	5	HCPCS code billed that identifies treatment rendered.
67	1st Modifier HCPCS Line Procedure Billed Code 6	(AN)	407-408	2	HCPCS code identifying special circumstances related to procedure billed.
68	2nd Modifier HCPCS Line Procedure Billed Code 6	(AN)	409-410	2	HCPCS code identifying special circumstances related to procedure billed.
69	3rd Modifier HCPCS Line Procedure Billed Code 6	(AN)	411-412	2	HCPCS code identifying special circumstances related to procedure billed.
70	Days/Units HCPCS Line Procedure Billed Code 6	(AN)	413-417	5	Number of services billed per line item in days or units.
71	Total Charge Per Line HCPCS Billed Procedure 6	(N)	418-429	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 427 and 428.
72	Total Recommended Payment HCPCS Billed Procedure Code 6	(N)	430-441	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 439 and 440.
73	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 6 (If from UB)	(AN)	442-444	3	Code indicating specific cost center billed.
74	Service Line Date(s) Range HCPCS Line Procedure Billed Code 7	(N)	445-460	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
75	Place of Service Line Code Procedure Code 7	(AN)	461-462	2	Code indicating the place of service at line level.
76	HCPCS Line Procedure Billed Code 7	(AN)	463-467	5	HCPCS code billed that identifies treatment rendered.
77	1st Modifier HCPCS Line Procedure Billed Code 7	(AN)	468-469	2	HCPCS code identifying special circumstances related to procedure billed.

78	2nd Modifier HCPCS Line Procedure Billed Code 7	(AN)	470-471	2	HCPCS code identifying special circumstances related to procedure billed.
79	3rd Modifier HCPCS Line Procedure Billed Code 7	(AN)	472-473	2	HCPCS code identifying special circumstances related to procedure billed.
80	Days/Units HCPCS Line Procedure Billed Code 7	(AN)	474-478	5	Number of services billed per line item in days or units.
81	Total Charge Per Line HCPCS Billed Procedure 7	(N)	479-490	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 488 and 489.
82	Total Recommended Payment HCPCS Billed Procedure Code 7	(N)	491-502	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 500 and 501.
83	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 7 (If from UB)	(AN)	503-505	3	Code indicating specific cost center billed.
84	Service Line Date(s) Range HCPCS Line Procedure Billed Code 8	(N)	506-521	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
85	Place of Service Line Code Procedure Code 8	(AN)	522-523	2	Code indicating the place of service at line level.
86	HCPCS Line Procedure Billed Code 8	(AN)	524-528	5	HCPCS code billed that identifies treatment rendered.
87	1st Modifier HCPCS Line Procedure Billed Code 8	(AN)	529-530	2	HCPCS code identifying special circumstances related to procedure billed.
88	2nd Modifier HCPCS Line Procedure Billed Code 8	(AN)	531-532	2	HCPCS code identifying special circumstances related to procedure billed.
89	3rd Modifier HCPCS Line Procedure Billed Code 8	(AN)	533-534	2	HCPCS code identifying special circumstances related to procedure billed.
90	Days/Units HCPCS Line Procedure Billed Code 8	(AN)	535-539	5	Number of services billed per line item in days or units.
91	Total Charge Per Line HCPCS Billed Procedure 8	(N)	540-551	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 549 and 550.
92	Total Recommended Payment HCPCS Billed Procedure Code 8	(N)	552-563	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 561 and 562.
93	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 8 (If from UB)	(AN)	564-566	3	Code indicating specific cost center billed.
94	Service Line Date(s) Range HCPCS Line Procedure Billed Code 9	(N)	567-582	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
95	Place of Service Line Code Procedure Code 9	(AN)	583-584	2	Code indicating the place of service at line level.
96	HCPCS Line Procedure Billed Code 9	(AN)	585-589	5	HCPCS code billed that identifies treatment rendered.
97	1st Modifier HCPCS Line Procedure Billed Code 9	(AN)	590-591	2	HCPCS code identifying special circumstances related to procedure billed.
98	2nd Modifier HCPCS Line Procedure Billed Code 9	(AN)	592-593	2	HCPCS code identifying special circumstances related to procedure billed.

99	3rd Modifier HCPCS Line Procedure Billed Code 9	(AN)	594-595	2	HCPCS code identifying special circumstances related to procedure billed.
100	Days/Units HCPCS Line Procedure Billed Code 9	(AN)	596-600	5	Number of services billed per line item in days or units.
101	Total Charge Per Line HCPCS Billed Procedure 9	(N)	601-612	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 610 and 611.
102	Total Recommended Payment HCPCS Billed Procedure Code 9	(N)	613-624	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 622 and 623.
103	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 9 (If from UB)	(AN)	625-627	3	Code indicating specific cost center billed.
104	Service Line Date(s) Range HCPCS Line Procedure Billed Code 10	(N)	628-643	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
105	Place of Service Line Code Procedure Code 10	(AN)	644-645	2	Code indicating the place of service at line level.
106	HCPCS Line Procedure Billed Code 10	(AN)	646-650	5	HCPCS code billed that identifies treatment rendered.
107	1st Modifier HCPCS Line Procedure Billed Code 10	(AN)	651-652	2	HCPCS code identifying special circumstances related to procedure billed.
108	2nd Modifier HCPCS Line Procedure Billed Code 10	(AN)	653-654	2	HCPCS code identifying special circumstances related to procedure billed.
109	3rd Modifier HCPCS Line Procedure Billed Code 10	(AN)	655-656	2	HCPCS code identifying special circumstances related to procedure billed.
110	Days/Units HCPCS Line Procedure Billed Code 10	(AN)	657-661	5	Number of services billed per line item in days or units.
111	Total Charge Per Line HCPCS Billed Procedure 10	(N)	662-673	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 671 and 672.
112	Total Recommended Payment HCPCS Billed Procedure Code 10	(N)	674-685	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 683 and 684.
113	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 10 (If from UB)	(AN)	686-688	3	Code indicating specific cost center billed.
114	Service Line Date(s) Range HCPCS Line Procedure Billed Code 11	(N)	689-704	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
115	Place of Service Line Code Procedure Code 11	(AN)	705-706	2	Code indicating the place of service at line level.
116	HCPCS Line Procedure Billed Code 11	(AN)	707-711	5	HCPCS code billed that identifies treatment rendered.
117	1st Modifier HCPCS Line Procedure Billed Code 11	(AN)	712-713	2	HCPCS code identifying special circumstances related to procedure billed.
118	2nd Modifier HCPCS Line Procedure Billed Code 11	(AN)	714-715	2	HCPCS code identifying special circumstances related to procedure billed.
119	3rd Modifier HCPCS Line Procedure Billed Code 11	(AN)	716-717	2	HCPCS code identifying special circumstances related to procedure billed.
120	Days/Units HCPCS Line Procedure Billed Code 11	(AN)	718-722	5	Number of services billed per line item in days or units.

121	Total Charge Per Line HCPCS Billed Procedure 11	(N)	723-734	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 732 and 733.
122	Total Recommended Payment HCPCS Billed Procedure Code 11	(N)	735-746	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 744 and 745.
123	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 11 (If from UB)	(AN)	747-749	3	Code indicating specific cost center billed.
124	Service Line Date(s) Range HCPCS Line Procedure Billed Code 12	(N)	750-765	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
125	Place of Service Line Code Procedure Code 12	(AN)	766-767	2	Code indicating the place of service at line level.
126	HCPCS Line Procedure Billed Code 12	(AN)	768-772	5	HCPCS code billed that identifies treatment rendered.
127	1st Modifier HCPCS Line Procedure Billed Code 12	(AN)	773-774	2	HCPCS code identifying special circumstances related to procedure billed.
128	2nd Modifier HCPCS Line Procedure Billed Code 12	(AN)	775-776	2	HCPCS code identifying special circumstances related to procedure billed.
129	3rd Modifier HCPCS Line Procedure Billed Code 12	(AN)	777-778	2	HCPCS code identifying special circumstances related to procedure billed.
130	Days/Units HCPCS Line Procedure Billed Code 12	(AN)	779-783	5	Number of services billed per line item in days or units.
131	Total Charge Per Line HCPCS Billed Procedure 12	(N)	784-795	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 793 and 794.
132	Total Recommended Payment HCPCS Billed Procedure Code 12	(N)	796-807	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 805 and 806.
133	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 12 (If from UB)	(AN)	808-810	3	Code indicating specific cost center billed.
134	Service Line Date(s) Range HCPCS Line Procedure Billed Code 13	(N)	811-826	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
135	Place of Service Line Code Procedure Code 13	(AN)	827-828	2	Code indicating the place of service at line level.
136	HCPCS Line Procedure Billed Code 13	(AN)	829-833	5	HCPCS code billed that identifies treatment rendered.
137	1st Modifier HCPCS Line Procedure Billed Code 13	(AN)	834-835	2	HCPCS code identifying special circumstances related to procedure billed.
138	2nd Modifier HCPCS Line Procedure Billed Code 13	(AN)	836-837	2	HCPCS code identifying special circumstances related to procedure billed.
139	3rd Modifier HCPCS Line Procedure Billed Code 13	(AN)	838-839	2	HCPCS code identifying special circumstances related to procedure billed.
140	Days/Units HCPCS Line Procedure Billed Code 13	(AN)	840-844	5	Number of services billed per line item in days or units.
141	Total Charge Per Line HCPCS Billed Procedure 13	(N)	845-856	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 854 and 855.

142	Total Recommended Payment HCPCS Billed Procedure Code 13	(N)	857-868	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 866 and 867.
143	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 13 (If from UB)	(AN)	869-871	3	Code indicating specific cost center billed.
144	Service Line Date(s) Range HCPCS Line Procedure Billed Code 14	(N)	872-887	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
145	Place of Service Line Code Procedure Code 14	(AN)	888-889	2	Code indicating the place of service at line level.
146	HCPCS Line Procedure Billed Code 14	(AN)	890-894	5	HCPCS code billed that identifies treatment rendered.
147	1st Modifier HCPCS Line Procedure Billed Code 14	(AN)	895-896	2	HCPCS code identifying special circumstances related to procedure billed.
148	2nd Modifier HCPCS Line Procedure Billed Code 14	(AN)	897-898	2	HCPCS code identifying special circumstances related to procedure billed.
149	3rd Modifier HCPCS Line Procedure Billed Code 14	(AN)	899-900	2	HCPCS code identifying special circumstances related to procedure billed.
150	Days/Units HCPCS Line Procedure Billed Code 14	(AN)	901-905	5	Number of services billed per line item in days or units.
151	Total Charge Per Line HCPCS Billed Procedure 14	(N)	906-917	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 915 and 916.
152	Total Recommended Payment HCPCS Billed Procedure Code 14	(N)	918-929	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 927 and 928.
153	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 14 (If from UB)	(AN)	930-932	3	Code indicating specific cost center billed.
154	Service Line Date(s) Range HCPCS Line Procedure Billed Code 15	(N)	933-948	16	Starting date and ending date on which service(s) were performed at the line level. FORMAT: CCYYMMDDCCYYMMDD
155	Place of Service Line Code Procedure Code 15	(AN)	949-950	2	Code indicating the place of service at line level.
156	HCPCS Line Procedure Billed Code 15	(AN)	951-955	5	HCPCS code billed that identifies treatment rendered.
157	1st Modifier HCPCS Line Procedure Billed Code 15	(AN)	956-957	2	HCPCS code identifying special circumstances related to procedure billed.
158	2nd Modifier HCPCS Line Procedure Billed Code 15	(AN)	958-959	2	HCPCS code identifying special circumstances related to procedure billed.
159	3rd Modifier HCPCS Line Procedure Billed Code 15	(AN)	960-961	2	HCPCS code identifying special circumstances related to procedure billed.
160	Days/Units HCPCS Line Procedure Billed Code 15	(AN)	962-966	5	Number of services billed per line item in days or units.
161	Total Charge Per Line HCPCS Billed Procedure 15	(N)	967-978	12	Service charge per line item. DP Note: Implied Decimal between positions between positions 976 and 977.

162	Total Recommended Payment HCPCS Billed Procedure Code 15	(N)	979-990	12	Total recommended payment per line after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 988 and 989.
163	Revenue Code Billed w/ HCPCS Line Procedure Billed Code 15 (If from UB)	(AN)	991-993	3	Code indicating specific cost center billed.
164	DRG Code (From UB Claims Only)	(AN)	994-996	3	Code indicating the diagnostic related group.
165	First ICD-9-CM Procedure Code (From UB Claims Only)	(AN)	997-1000	4	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
166	Second ICD-9-CM Procedure Code (From UB Claims Only)	(AN)	1001-1004	4	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
167	Third ICD-9-CM Procedure Code (From UB Claims Only)	(AN)	1005-1008	4	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
168	Fourth ICD-9-CM Procedure Code (From UB Claims Only)	(AN)	1009-1012	4	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
169	Fifth ICD-9-CM Procedure Code (From UB Claims Only)	(AN)	1013-1016	4	ICD-9-CM (International Classification Diseases, 9th Edition, Clinical Modification) code identifying a procedure (other than principal procedure).
170	NDC Billed Code 1	(AN)	1017 - 1027	11	NDC ( National Drug Code) identifying drugs or pharmaceuticals billed.
171	NDC Billed Code 2	(AN)	1028 -1038	11	NDC ( National Drug Code) identifying drugs or pharmaceuticals billed.
172	NDC Billed Code 3	(AN)	1039 - 1049	11	NDC ( National Drug Code) identifying drugs or pharmaceuticals billed.
173	NDC Billed Code 4	(AN)	1050 - 1060	11	NDC ( National Drug Code) identifying drugs or pharmaceuticals billed.
174	NDC Billed Code 5	(AN)	1061 - 1071	11	NDC ( National Drug Code) identifying drugs or pharmaceuticals billed.
175	Total Charge Per Bill	(N)	1072 - 1083	12	Cumulative charge amount of all line items per bill. DP Note: Implied decimal between positions 1076 and 1077.
176	Total Recommended Payment Per Bill	(N)	1084 - 1095	12	Total recommended payment per bill after all clinical edits, PPO discounts, and other adjustments (e.g., certified database adjustment). DP Note: Implied decimal between positions 1088 and 1089.
177	Date Insurer Paid Bill	(AN)	1096 - 1103	8	Date insurer or financially responsible party paid bill or received credit from provider. FORMAT: CCYYMMDD
178	Insurer Claim Number	(AN)	1104 - 1123	20	This would be a unique number assigned by the insurer to a claim (which might also be connected to an individual bill from the claim).

179	Unique Record Identifier	(AN)	1124 - 1143	20	Unique number assigned by an insurer to individual bills/invoices.
180	Reserved for Future Use	(N)	1144-1500	357	

# APPENDIX IV

## **Data Project Plan, Validation Sheet, Section IV Calculations**

# Outlier Algorithm and Validation Tests

## A. Outlier Algorithm

The upper bound starts at the 90<sup>th</sup> percentile of the charge distribution for a unique procedure and searches upward through the percentiles. The upper bound is set to 120% of  $P_i$  if the ratio of  $P_{i+1}$  to  $P_i$  is greater than 1.5. The lower bound starts at the 10<sup>th</sup> percentile and searches downward through the percentiles. The lower bound is set to 80 percent of  $P_i$  if the ratio of  $P_i$  to  $P_{i-1}$  is greater than 2. If the increase or decrease was larger than expected, then those lines were deleted from the study.

## B. Project Plan and Data Validation

(Not every record was validated using the below chart. The study focused on validating those items retrieved and used in the report.)

- 1.00 Import Data File Submissions
  - 1.01 Distinguish Layout-Compliant, Layout-Non-compliant but Convertible, and Non-Importable Submissions
  - 1.02 Build Import Routine for Compliant Submissions
  - 1.03 Import Compliant Submissions
  - 1.04 Generate and Send Emails to Confirm Changes to Non-Compliant but Convertible Submissions
  - 1.05 Build Conversion Routines and Import Non-Compliant but Convertible Submissions
  - 1.06 Generate and Send Emails Seeking Revised Submissions for Non-Importable Submissions
  - 1.07 Upon Submitter Response, Import Revised Submissions
- 2.00 Data Standardization
  - 2.01 Billing Provider Postal Code - Provide Missing Leading Zero
  - 2.02 Facility Code (UB claims only) - Remove Provided Leading Zero
  - 2.03 Facility Postal Code - Provide Missing Leading Zero
  - 2.04 ICD-9 CM Diagnosis Codes (1-8) - Remove Provided Decimal Points
  - 2.05 Service Bill Date From - Fix Dates not in CCYYMMDD Format
  - 2.06 Service Bill Date To - Fix Dates not in CCYYMMDD Format
  - 2.07 Service Line Date From (1-15) - Fix Dates not in CCYYMMDD Format
  - 2.08 Service Line Date To (1-15) - Fix Dates not in CCYYMMDD Format
  - 2.09 Days/Units (1-15) - Identify and Supply Implied Decimals
  - 2.10 Days/Units (1-15) - Remove Provided Leading Zero
  - 2.11 Charge (1-15) - Apply Implied Decimal If Not Already Supplied
  - 2.12 Recommended (1-15) - Supply Implied Decimal If Not Already Supplied
  - 2.13 NDC Billed Code (1-5) - Supply/Substitute Asterisk for all Explicit and Implicit Place Holders
  - 2.14 Total Charge Per Bill - Supply Implied Decimal if Not Already Supplied
  - 2.15 Total Recommended Payment Per Bill - Supply Implied Decimal if Not Already Supplied
  - 2.16 Date Insurer Paid Bill - Fix Dates not in CCYYMMDD Format

- 3.00 Run Data Validation Tests
  - 3.01 Billing Provider FEIN - Numeric
  - 3.02 Billing Provider FEIN - Length of 9 Characters
  - 3.03 Billing Provider FEIN - All Digits Not Same Value
  - 3.04 Billing Provider Postal Code - Numeric
  - 3.05 Billing Provider Postal Code - Length of 5 Characters
  - 3.06 Facility Code - Length of 3 Characters
  - 3.07 Facility Code - First Digit Valid
  - 3.08 Facility Code - Second Digit Valid
  - 3.09 Facility Code - Third Digit Valid
  - 3.10 Facility Postal Code - Numeric
  - 3.11 Facility Postal Code - Length of 5 Characters
  - 3.12 ICD-9 CM Diagnosis Codes (1-8) - Codes Valid
  - 3.13 Service Bill Date From - Valid Date
  - 3.14 Service Bill Date To - Valid Date
  - 3.15 Service Bill Date From - Date in Data Call Request Timeframe
  - 3.16 Service Bill Date To - Date in Data Call Request Timeframe
  - 3.17 Service Line Date From (1-15) - Valid Date
  - 3.18 Service Line Date To (1-15) - Valid Date
  - 3.19 Place of Service (1-15) - Code Valid
  - 3.20 HCPCS/CPT Code (1-15) - Code Valid
  - 3.21 Modifier (1-15 x 1-3) - Code Valid
  - 3.22 Days/Units (1-15) - Numeric
  - 3.23 Charge (1-15) - Numeric
  - 3.24 Recommended (1-15) - Numeric
  - 3.25 Recommended (1-15) - Less Than or Equal To Charge
  - 3.26 Revenue Code (1-15) - Code Valid
  - 3.27 DRG Code - Code Valid
  - 3.28 ICD-9 CM Procedure Code (1-5) - Code Valid
  - 3.29 NDC Billed Code (1-5) - Code Valid
  - 3.30 Total Charge Per Bill - Numeric
  - 3.31 Total Charge Per Bill - Equals Line Charges (1-15)
  - 3.32 Total Recommended Payment Per Bill - Numeric
  - 3.33 Total Recommended Payment Per Bill - Equals Line Recommended (1-15)
  - 3.34 Total Recommended Payment Per Bill - Less Than or Equal to Total Charge
  - 3.35 Date Insurer Paid Bill - Valid Date
  - 3.36 Unique Record Identifier - Unique

SECTION IV CALCULATIONS

CHARGE DOLLARS

Bill Level	Both Years			2006			2007		
	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed
	Hospital	228,408	\$ 217,691,956.52	\$ 181,115,972.10	123,185	\$ 126,870,626.92	\$ 98,284,843.86	105,223	\$ 90,821,329.60
ASC	14,185	\$ 22,376,835.64	\$ 19,615,641.19	7,307	\$ 12,192,313.36	\$ 10,143,204.60	6,878	\$ 10,184,522.28	\$ 9,472,436.59
Professional and Other	777,319	\$ 303,334,929.99	\$ 253,449,383.11	405,573	\$ 188,713,394.12	\$ 145,752,717.77	371,746	\$ 114,621,535.87	\$ 107,696,665.34
Combination	123,919	\$ 43,613,857.65	\$ 37,656,892.25	65,160	\$ 23,957,331.39	\$ 19,683,632.76	58,759	\$ 19,656,526.26	\$ 17,973,259.49
TOTAL:	1,143,831	\$ 587,017,579.80	\$ 491,837,888.65	601,225	\$ 351,733,665.79	\$ 273,864,398.99	542,606	\$ 235,283,914.01	\$ 217,973,489.66

Service Line Level

Service Line Level	Both Years			2006			2007		
	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed
	Hospital	799,353	\$ 202,102,513.68	\$ 146,079,583.03	440,893	\$ 118,884,814.15	\$ 75,804,786.71	358,460	\$ 83,217,699.53
ASC	26,098	\$ 22,071,646.43	\$ 18,193,166.34	13,599	\$ 12,004,129.17	\$ 9,220,126.21	12,499	\$ 10,067,517.26	\$ 8,973,040.13
Professional and Other	1,895,195	\$ 284,843,827.31	\$ 220,869,217.12	1,011,950	\$ 177,223,369.19	\$ 123,430,712.65	883,245	\$ 107,620,458.12	\$ 97,438,504.47
Combination	193,055	\$ 41,351,954.85	\$ 34,691,138.37	102,216	\$ 22,743,735.44	\$ 18,106,693.63	90,839	\$ 18,608,219.41	\$ 16,584,444.74
TOTAL:	2,913,701	\$ 550,369,942.27	\$ 419,833,104.86	1,568,658	\$ 330,856,047.95	\$ 226,562,319.20	1,345,043	\$ 219,513,894.32	\$ 193,270,785.66

RECOMMENDED DOLLARS

Bill Level	Both Years			2006			2007		
	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed
	Hospital	228,408	\$ 157,645,069.29	\$ 157,359,821.58	123,185	\$ 85,755,717.44	\$ 85,714,158.47	105,223	\$ 71,889,351.85
ASC	14,185	\$ 14,934,684.49	\$ 14,908,256.10	7,307	\$ 7,711,076.01	\$ 7,695,605.16	6,878	\$ 7,223,608.48	\$ 7,212,650.94
Professional and Other	777,319	\$ 202,619,174.35	\$ 202,515,422.75	405,573	\$ 115,106,440.55	\$ 115,073,444.13	371,746	\$ 87,512,733.80	\$ 87,441,978.62
Combination	123,919	\$ 31,619,739.32	\$ 31,604,439.49	65,160	\$ 16,598,614.13	\$ 16,591,086.30	58,759	\$ 15,021,125.19	\$ 15,013,353.19
TOTAL:	1,143,831	\$ 406,818,667.45	\$ 406,387,939.92	601,225	\$ 225,171,848.13	\$ 225,074,294.06	542,606	\$ 181,646,819.32	\$ 181,313,645.86

Service Line Level

Service Line Level	Both Years			2006			2007		
	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed	Records	All Data	Zero Crg/Rec Removed
	Hospital	799,353	\$ 141,950,043.35	\$ 141,951,035.29	440,893	\$ 77,128,075.09	\$ 77,129,047.09	358,460	\$ 64,821,968.26
ASC	26,098	\$ 14,376,686.37	\$ 14,376,686.37	13,599	\$ 7,420,673.07	\$ 7,420,673.07	12,499	\$ 6,956,013.30	\$ 6,956,013.30
Professional and Other	1,895,195	\$ 186,402,681.88	\$ 186,426,474.88	1,011,950	\$ 105,278,775.30	\$ 105,302,568.30	883,245	\$ 81,123,906.58	\$ 81,123,906.58
Combination	193,055	\$ 29,804,242.41	\$ 29,804,242.41	102,216	\$ 15,528,932.68	\$ 15,528,932.68	90,839	\$ 14,275,309.73	\$ 14,275,309.73
TOTAL:	2,913,701	\$ 372,533,654.01	\$ 372,558,438.95	1,568,658	\$ 205,356,456.14	\$ 205,381,221.14	1,345,043	\$ 167,177,197.87	\$ 167,177,217.81

# APPENDIX V

**Detail Sheets for 99213, 99214, 99283, 99284**

**WIA Data Call  
Code:**

**99213**

**2006**

Total Observations:	54,952
Average (Charge):	\$102.26
Minimum (Charge):	\$48.00
Maximum (Charge):	\$200.00
Average (Recommended):	\$93.04
Minimum (Recommended):	\$39.00
Maximum (Recommended):	\$145.00
Ceiling:	\$124.97
Observations Below Ceiling (Charge):	53,161 96.7%
Observations Above Ceiling (Charge):	1,791 3.3%
Aggregate Dollars Below Ceiling (Charge):	\$5,355,349.39 95.3%
Aggregate Dollars Above Ceiling (Charge):	\$264,298.52 4.7%
Average Cut Above Ceiling (Charge):	\$22.60
Aggregate Cut Above Ceiling (Charge):	\$40,478.63
Unique Provider FEINs Found Below Ceiling (Charge):	1,612
Unique Provider FEINs Found Above Ceiling (Charge):	148
Observations Below Ceiling (Recommended):	54,787 99.7%
Observations Above Ceiling (Recommended):	165 0.3%
Aggregate Dollars Below Ceiling (Recommended):	\$5,091,595.44 99.6%
Aggregate Dollars Above Ceiling (Recommended):	\$21,098.17 0.4%
Average Cut Above Ceiling (Recommended):	\$2.90
Aggregate Cut Above Ceiling (Recommended):	\$478.25
Unique FEINs Found Below Ceiling (Recommended):	1,703
Unique FEINs Found Above Ceiling (Recommended):	23

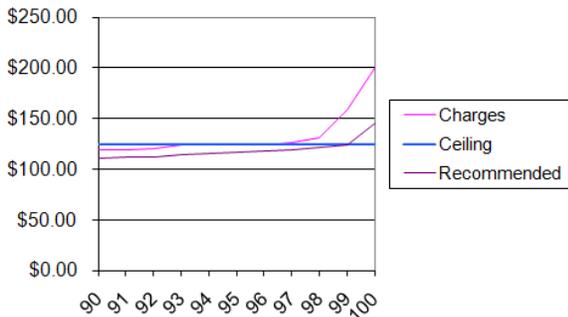
**2007**

Total Observations:	43,177
Average (Charge):	\$110.41
Minimum (Charge):	\$54.50
Maximum (Charge):	\$213.00
Average (Recommended):	\$100.04
Minimum (Recommended):	\$45.00
Maximum (Recommended):	\$152.55
Ceiling:	\$134.09
Observations Below Ceiling (Charge):	41,351 95.8%
Observations Above Ceiling (Charge):	1,826 4.2%
Aggregate Dollars Below Ceiling (Charge):	\$4,481,851.49 94.0%
Aggregate Dollars Above Ceiling (Charge):	\$285,113.80 6.0%
Average Cut Above Ceiling (Charge):	\$22.05
Aggregate Cut Above Ceiling (Charge):	\$40,259.01
Unique Provider FEINs Found Below Ceiling (Charge):	1,408
Unique Provider FEINs Found Above Ceiling (Charge):	131
Observations Below Ceiling (Recommended):	43,130 99.9%
Observations Above Ceiling (Recommended):	47 0.1%
Aggregate Dollars Below Ceiling (Recommended):	\$4,312,759.07 99.8%
Aggregate Dollars Above Ceiling (Recommended):	\$6,558.19 0.2%
Average Cut Above Ceiling (Recommended):	\$5.44
Aggregate Cut Above Ceiling (Recommended):	\$255.79
Unique FEINs Found Below Ceiling (Recommended):	1,492
Unique FEINs Found Above Ceiling (Recommended):	16

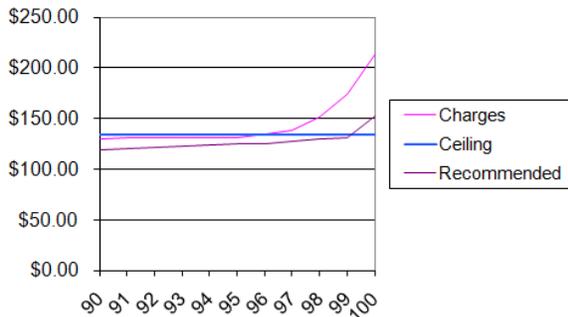
Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2748	\$ 75.00	\$ 65.00
10	5496	\$ 81.00	\$ 70.10
15	8243	\$ 87.50	\$ 75.68
20	10991	\$ 90.00	\$ 80.00
25	13738	\$ 94.00	\$ 84.55
30	16486	\$ 97.00	\$ 88.00
35	19234	\$ 99.00	\$ 90.00
40	21981	\$ 101.14	\$ 93.00
45	24729	\$ 104.80	\$ 93.28
50	27476	\$ 105.00	\$ 94.50
55	30224	\$ 106.00	\$ 95.40
60	32972	\$ 106.00	\$ 98.00
65	35719	\$ 106.00	\$ 99.56
70	38467	\$ 106.00	\$ 102.00
75	41214	\$ 110.00	\$ 104.31
80	43962	\$ 113.00	\$ 105.71
85	46710	\$ 115.00	\$ 108.24
90	49457	\$ 119.00	\$ 111.00
91	50007	\$ 119.00	\$ 111.45
92	50556	\$ 120.00	\$ 112.00
93	51106	\$ 124.00	\$ 113.97
94	51655	\$ 124.00	\$ 115.00
95	52205	\$ 124.00	\$ 117.00
96	52754	\$ 124.00	\$ 117.80
97	53304	\$ 126.00	\$ 119.00
98	53853	\$ 131.00	\$ 122.00
99	54403	\$ 159.00	\$ 124.00
100	54952	\$ 200.00	\$ 145.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2159	\$ 84.00	\$ 70.10
10	4318	\$ 90.00	\$ 77.00
15	6477	\$ 95.00	\$ 83.00
20	8636	\$ 97.00	\$ 88.66
25	10795	\$ 99.90	\$ 92.00
30	12954	\$ 103.00	\$ 95.00
35	15112	\$ 106.00	\$ 96.40
40	17271	\$ 110.00	\$ 98.56
45	19430	\$ 112.00	\$ 99.00
50	21589	\$ 112.00	\$ 100.80
55	23748	\$ 113.00	\$ 101.96
60	25907	\$ 114.00	\$ 104.53
65	28066	\$ 115.00	\$ 107.10
70	30224	\$ 116.00	\$ 109.64
75	32383	\$ 117.00	\$ 111.05
80	34542	\$ 119.00	\$ 113.05
85	36701	\$ 123.00	\$ 115.90
90	38860	\$ 130.00	\$ 119.00
91	39292	\$ 131.00	\$ 120.00
92	39723	\$ 131.00	\$ 121.00
93	40155	\$ 131.00	\$ 122.06
94	40587	\$ 131.00	\$ 123.39
95	41019	\$ 131.00	\$ 124.45
96	41450	\$ 135.00	\$ 124.45
97	41882	\$ 138.00	\$ 127.16
98	42314	\$ 151.00	\$ 129.75
99	42746	\$ 174.00	\$ 131.00
100	43177	\$ 213.00	\$ 152.55

**90th - 100th Percentiles  
With Area of Fee Cuts**



**90th - 100th Percentiles  
With Area of Fee Cuts**



Notes: Data excludes extreme outliers.  
Ceiling is defined as 1.4 standard deviations from the mean.  
Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 99214**

**2006**

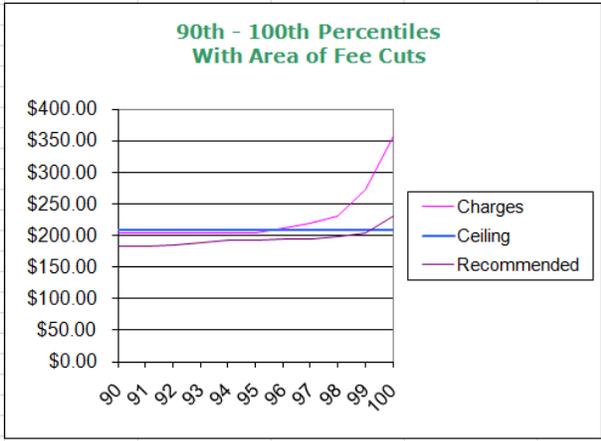
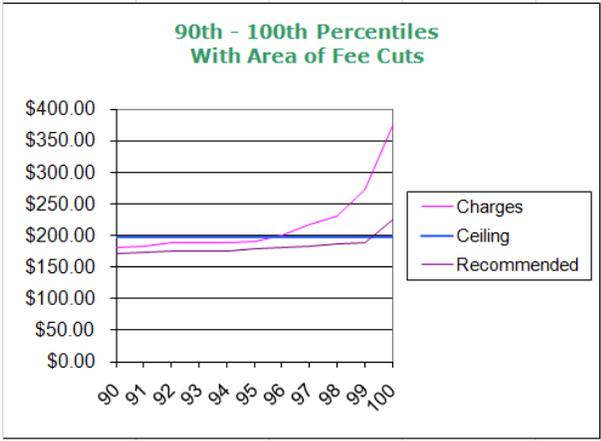
Total Observations:	12,449
Average (Charge):	\$155.80
Minimum (Charge):	\$69.00
Maximum (Charge):	\$375.00
Average (Recommended):	\$138.72
Minimum (Recommended):	\$49.00
Maximum (Recommended):	\$225.00
Ceiling:	\$198.05
Observations Below Ceiling (Charge):	11,932 95.8%
Observations Above Ceiling (Charge):	517 4.2%
Aggregate Dollars Below Ceiling (Charge):	\$1,811,444.15 93.4%
Aggregate Dollars Above Ceiling (Charge):	\$128,144.06 6.6%
Average Cut Above Ceiling (Charge):	\$49.81
Aggregate Cut Above Ceiling (Charge):	\$25,750.38
Unique Provider FEINs Found Below Ceiling (Charge):	896
Unique Provider FEINs Found Above Ceiling (Charge):	86
Observations Below Ceiling (Recommended):	12,441 99.9%
Observations Above Ceiling (Recommended):	8 0.1%
Aggregate Dollars Below Ceiling (Recommended):	\$1,725,280.73 99.9%
Aggregate Dollars Above Ceiling (Recommended):	\$1,668.30 0.1%
Average Cut Above Ceiling (Recommended):	\$10.48
Aggregate Cut Above Ceiling (Recommended):	\$83.87
Unique FEINs Found Below Ceiling (Recommended):	956
Unique FEINs Found Above Ceiling (Recommended):	7

**2007**

Total Observations:	12,172
Average (Charge):	\$166.90
Minimum (Charge):	\$76.25
Maximum (Charge):	\$357.30
Average (Recommended):	\$149.04
Minimum (Recommended):	\$59.86
Maximum (Recommended):	\$230.00
Ceiling:	\$208.39
Observations Below Ceiling (Charge):	11,676 95.9%
Observations Above Ceiling (Charge):	496 4.1%
Aggregate Dollars Below Ceiling (Charge):	\$1,906,566.24 93.8%
Aggregate Dollars Above Ceiling (Charge):	\$124,975.16 6.2%
Average Cut Above Ceiling (Charge):	\$43.58
Aggregate Cut Above Ceiling (Charge):	\$21,615.30
Unique Provider FEINs Found Below Ceiling (Charge):	817
Unique Provider FEINs Found Above Ceiling (Charge):	81
Observations Below Ceiling (Recommended):	12,153 99.8%
Observations Above Ceiling (Recommended):	19 0.2%
Aggregate Dollars Below Ceiling (Recommended):	\$1,809,915.44 99.8%
Aggregate Dollars Above Ceiling (Recommended):	\$4,236.29 0.2%
Average Cut Above Ceiling (Recommended):	\$14.58
Aggregate Cut Above Ceiling (Recommended):	\$276.94
Unique FEINs Found Below Ceiling (Recommended):	875
Unique FEINs Found Above Ceiling (Recommended):	5

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	623	\$ 111.00	\$ 94.00
10	1245	\$ 123.00	\$ 102.60
15	1868	\$ 129.00	\$ 107.30
20	2490	\$ 135.00	\$ 114.00
25	3113	\$ 141.00	\$ 120.00
30	3735	\$ 146.00	\$ 127.00
35	4358	\$ 150.00	\$ 132.59
40	4980	\$ 151.00	\$ 137.28
45	5603	\$ 156.00	\$ 139.52
50	6225	\$ 156.00	\$ 140.40
55	6847	\$ 156.00	\$ 143.44
60	7470	\$ 158.00	\$ 148.00
65	8092	\$ 163.50	\$ 150.98
70	8715	\$ 165.00	\$ 155.33
75	9337	\$ 171.00	\$ 156.80
80	9960	\$ 174.22	\$ 161.10
85	10582	\$ 174.22	\$ 165.10
90	11205	\$ 181.00	\$ 171.00
91	11329	\$ 182.00	\$ 173.85
92	11454	\$ 188.00	\$ 174.22
93	11578	\$ 188.00	\$ 174.22
94	11703	\$ 188.00	\$ 175.00
95	11827	\$ 190.00	\$ 178.60
96	11952	\$ 200.00	\$ 179.99
97	12076	\$ 218.00	\$ 182.00
98	12201	\$ 230.00	\$ 187.24
99	12325	\$ 273.00	\$ 188.00
100	12449	\$ 375.00	\$ 225.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	609	\$ 123.00	\$ 104.80
10	1218	\$ 130.00	\$ 110.00
15	1826	\$ 141.00	\$ 119.60
20	2435	\$ 146.00	\$ 126.50
25	3043	\$ 152.50	\$ 131.65
30	3652	\$ 157.00	\$ 140.40
35	4261	\$ 163.00	\$ 143.44
40	4869	\$ 163.00	\$ 144.00
45	5478	\$ 163.00	\$ 146.96
50	6086	\$ 164.00	\$ 149.15
55	6695	\$ 167.00	\$ 153.00
60	7304	\$ 167.00	\$ 157.00
65	7912	\$ 173.00	\$ 161.20
70	8521	\$ 174.22	\$ 164.00
75	9129	\$ 179.00	\$ 165.51
80	9738	\$ 185.00	\$ 170.74
85	10347	\$ 191.87	\$ 175.42
90	10955	\$ 203.45	\$ 182.28
91	11077	\$ 203.45	\$ 183.02
92	11199	\$ 204.00	\$ 184.37
93	11320	\$ 204.00	\$ 188.03
94	11442	\$ 204.00	\$ 191.87
95	11564	\$ 204.00	\$ 191.87
96	11686	\$ 212.00	\$ 193.80
97	11807	\$ 218.51	\$ 193.80
98	11929	\$ 230.00	\$ 199.00
99	12051	\$ 273.00	\$ 203.45
100	12172	\$ 357.30	\$ 230.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 99283**

**2006**

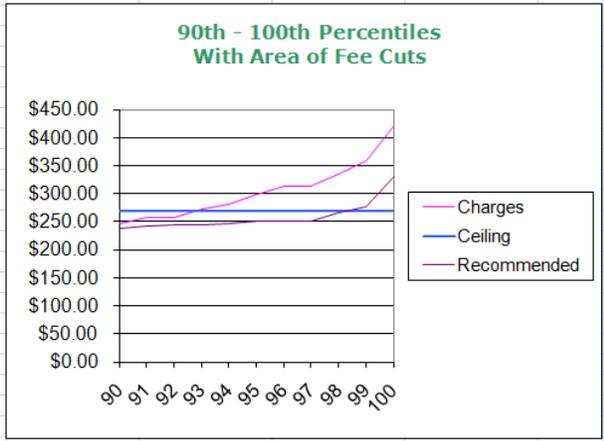
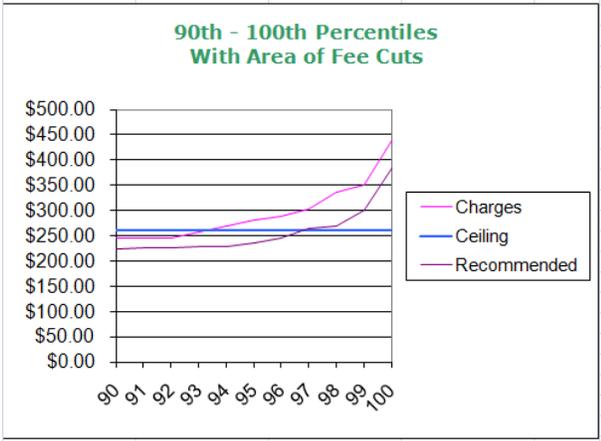
Total Observations:	6,568	
Average (Charge):	\$203.04	
Minimum (Charge):	\$83.00	
Maximum (Charge):	\$439.50	
Average (Recommended):	\$188.05	
Minimum (Recommended):	\$63.70	
Maximum (Recommended):	\$383.00	
Ceiling:	\$260.62	
Observations Below Ceiling (Charge):	6,149	93.6%
Observations Above Ceiling (Charge):	419	6.4%
Aggregate Dollars Below Ceiling (Charge):	\$1,202,585.30	90.2%
Aggregate Dollars Above Ceiling (Charge):	\$130,972.63	9.8%
Average Cut Above Ceiling (Charge):	\$51.96	
Aggregate Cut Above Ceiling (Charge):	\$21,772.28	
Unique Provider FEINs Found Below Ceiling (Charge):	374	
Unique Provider FEINs Found Above Ceiling (Charge):	91	
Observations Below Ceiling (Recommended):	6,363	96.9%
Observations Above Ceiling (Recommended):	205	3.1%
Aggregate Dollars Below Ceiling (Recommended):	\$1,174,954.96	95.1%
Aggregate Dollars Above Ceiling (Recommended):	\$60,131.22	4.9%
Average Cut Above Ceiling (Recommended):	\$32.70	
Aggregate Cut Above Ceiling (Recommended):	\$6,703.84	
Unique FEINs Found Below Ceiling (Recommended):	410	
Unique FEINs Found Above Ceiling (Recommended):	47	

**2007**

Total Observations:	4,768	
Average (Charge):	\$210.94	
Minimum (Charge):	\$63.90	
Maximum (Charge):	\$422.00	
Average (Recommended):	\$195.08	
Minimum (Recommended):	\$63.90	
Maximum (Recommended):	\$330.00	
Ceiling:	\$268.69	
Observations Below Ceiling (Charge):	4,409	92.5%
Observations Above Ceiling (Charge):	359	7.5%
Aggregate Dollars Below Ceiling (Charge):	\$893,069.18	88.8%
Aggregate Dollars Above Ceiling (Charge):	\$112,676.84	11.2%
Average Cut Above Ceiling (Charge):	\$45.17	
Aggregate Cut Above Ceiling (Charge):	\$16,217.17	
Unique Provider FEINs Found Below Ceiling (Charge):	260	
Unique Provider FEINs Found Above Ceiling (Charge):	70	
Observations Below Ceiling (Recommended):	4,691	98.4%
Observations Above Ceiling (Recommended):	77	1.6%
Aggregate Dollars Below Ceiling (Recommended):	\$908,405.96	97.7%
Aggregate Dollars Above Ceiling (Recommended):	\$21,724.35	2.3%
Average Cut Above Ceiling (Recommended):	\$13.44	
Aggregate Cut Above Ceiling (Recommended):	\$1,035.23	
Unique FEINs Found Below Ceiling (Recommended):	298	
Unique FEINs Found Above Ceiling (Recommended):	24	

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	329	\$ 151.00	\$ 124.00
10	657	\$ 155.00	\$ 143.78
15	986	\$ 173.00	\$ 151.00
20	1314	\$ 182.00	\$ 158.00
25	1642	\$ 182.00	\$ 164.00
30	1971	\$ 182.00	\$ 172.90
35	2299	\$ 182.00	\$ 172.90
40	2628	\$ 183.00	\$ 179.40
45	2956	\$ 194.00	\$ 182.00
50	3284	\$ 200.00	\$ 187.20
55	3613	\$ 205.00	\$ 194.37
60	3941	\$ 211.00	\$ 202.00
65	4270	\$ 214.00	\$ 208.00
70	4598	\$ 220.00	\$ 212.00
75	4926	\$ 220.00	\$ 217.00
80	5255	\$ 224.00	\$ 220.00
85	5583	\$ 226.00	\$ 221.40
90	5912	\$ 245.00	\$ 224.00
91	5977	\$ 245.00	\$ 226.00
92	6043	\$ 246.00	\$ 226.00
93	6109	\$ 257.00	\$ 228.00
94	6174	\$ 269.00	\$ 229.00
95	6240	\$ 281.00	\$ 235.27
96	6306	\$ 288.00	\$ 245.00
97	6371	\$ 303.00	\$ 264.00
98	6437	\$ 336.00	\$ 269.00
99	6503	\$ 350.00	\$ 301.35
100	6568	\$ 439.50	\$ 383.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	239	\$ 160.00	\$ 124.53
10	477	\$ 166.00	\$ 148.52
15	716	\$ 182.00	\$ 156.60
20	954	\$ 188.00	\$ 164.90
25	1192	\$ 188.00	\$ 169.20
30	1431	\$ 188.00	\$ 174.60
35	1669	\$ 188.00	\$ 178.60
40	1908	\$ 194.00	\$ 182.00
45	2146	\$ 197.00	\$ 188.00
50	2384	\$ 208.00	\$ 194.00
55	2623	\$ 214.00	\$ 203.84
60	2861	\$ 216.00	\$ 212.00
65	3100	\$ 224.00	\$ 216.00
70	3338	\$ 224.00	\$ 221.40
75	3576	\$ 229.00	\$ 224.00
80	3815	\$ 237.00	\$ 229.00
85	4053	\$ 241.00	\$ 237.00
90	4292	\$ 246.00	\$ 237.00
91	4339	\$ 257.00	\$ 243.30
92	4387	\$ 258.00	\$ 244.00
93	4435	\$ 273.00	\$ 244.00
94	4482	\$ 280.00	\$ 246.00
95	4530	\$ 299.00	\$ 250.43
96	4578	\$ 314.00	\$ 250.47
97	4625	\$ 314.00	\$ 251.67
98	4673	\$ 335.00	\$ 266.53
99	4721	\$ 359.50	\$ 277.10
100	4768	\$ 422.00	\$ 330.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call  
Code:**

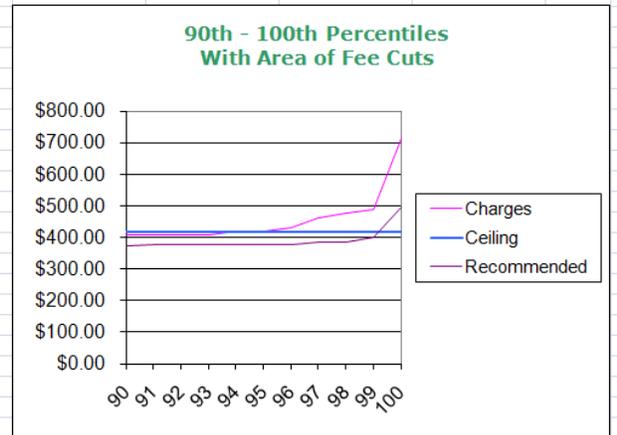
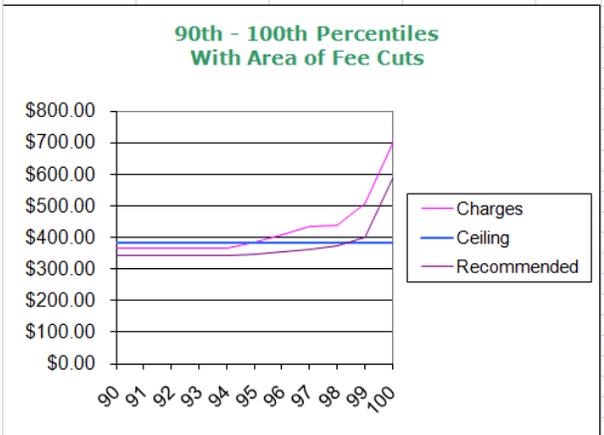
**99284**

2006			
Total Observations:		2,371	
Average (Charge):		\$309.73	
Minimum (Charge):		\$136.00	
Maximum (Charge):		\$700.00	
Average (Recommended):		\$284.41	
Minimum (Recommended):		\$89.77	
Maximum (Recommended):		\$588.00	
Ceiling:		\$383.83	
Observations Below Ceiling (Charge):	2,254		95.1%
Observations Above Ceiling (Charge):	117		4.9%
Aggregate Dollars Below Ceiling (Charge):	\$680,821.57		92.7%
Aggregate Dollars Above Ceiling (Charge):	\$53,543.01		7.3%
Average Cut Above Ceiling (Charge):	\$73.80		
Aggregate Cut Above Ceiling (Charge):	\$8,634.75		
Unique Provider FEINs Found Below Ceiling (Charge):	197		
Unique Provider FEINs Found Above Ceiling (Charge):	47		
Observations Below Ceiling (Recommended):	2,341		98.7%
Observations Above Ceiling (Recommended):	30		1.3%
Aggregate Dollars Below Ceiling (Recommended):	\$659,933.49		97.9%
Aggregate Dollars Above Ceiling (Recommended):	\$14,395.05		2.1%
Average Cut Above Ceiling (Recommended):	\$96.00		
Aggregate Cut Above Ceiling (Recommended):	\$2,880.11		
Unique FEINs Found Below Ceiling (Recommended):	217		
Unique FEINs Found Above Ceiling (Recommended):	19		

2007			
Total Observations:		1,911	
Average (Charge):		\$343.31	
Minimum (Charge):		\$149.00	
Maximum (Charge):		\$713.00	
Average (Recommended):		\$303.51	
Minimum (Recommended):		\$96.05	
Maximum (Recommended):		\$496.00	
Ceiling:		\$418.36	
Observations Below Ceiling (Charge):	1,792		93.8%
Observations Above Ceiling (Charge):	119		6.2%
Aggregate Dollars Below Ceiling (Charge):	\$600,325.66		91.5%
Aggregate Dollars Above Ceiling (Charge):	\$55,733.60		8.5%
Average Cut Above Ceiling (Charge):	\$49.99		
Aggregate Cut Above Ceiling (Charge):	\$5,948.37		
Unique Provider FEINs Found Below Ceiling (Charge):	165		
Unique Provider FEINs Found Above Ceiling (Charge):	45		
Observations Below Ceiling (Recommended):	1,893		99.1%
Observations Above Ceiling (Recommended):	18		0.9%
Aggregate Dollars Below Ceiling (Recommended):	\$572,266.47		98.7%
Aggregate Dollars Above Ceiling (Recommended):	\$7,732.03		1.3%
Average Cut Above Ceiling (Recommended):	\$11.19		
Aggregate Cut Above Ceiling (Recommended):	\$201.49		
Unique FEINs Found Below Ceiling (Recommended):	198		
Unique FEINs Found Above Ceiling (Recommended):	7		

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	119	\$ 233.00	\$ 186.25
10	238	\$ 270.00	\$ 213.75
15	356	\$ 280.00	\$ 233.00
20	475	\$ 285.00	\$ 255.00
25	593	\$ 285.00	\$ 256.50
30	712	\$ 285.00	\$ 270.00
35	830	\$ 285.00	\$ 270.75
40	949	\$ 293.00	\$ 275.00
45	1067	\$ 300.00	\$ 285.00
50	1186	\$ 308.00	\$ 285.00
55	1305	\$ 311.00	\$ 296.00
60	1423	\$ 315.00	\$ 299.25
65	1542	\$ 315.00	\$ 308.00
70	1660	\$ 327.00	\$ 310.49
75	1779	\$ 333.00	\$ 313.04
80	1897	\$ 343.60	\$ 326.42
85	2016	\$ 344.00	\$ 335.00
90	2134	\$ 365.00	\$ 343.60
91	2158	\$ 365.00	\$ 344.00
92	2182	\$ 365.00	\$ 344.00
93	2206	\$ 365.00	\$ 344.00
94	2229	\$ 365.00	\$ 344.00
95	2253	\$ 383.00	\$ 344.99
96	2277	\$ 409.00	\$ 354.06
97	2300	\$ 435.80	\$ 362.16
98	2324	\$ 438.00	\$ 372.52
99	2348	\$ 506.00	\$ 399.00
100	2371	\$ 700.00	\$ 588.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	96	\$ 259.00	\$ 174.34
10	192	\$ 293.00	\$ 212.18
15	287	\$ 302.00	\$ 241.60
20	383	\$ 315.00	\$ 256.50
25	478	\$ 320.00	\$ 275.20
30	574	\$ 330.00	\$ 288.00
35	669	\$ 333.00	\$ 303.45
40	765	\$ 333.00	\$ 310.50
45	860	\$ 344.00	\$ 313.41
50	956	\$ 345.00	\$ 316.35
55	1052	\$ 345.00	\$ 323.00
60	1147	\$ 345.00	\$ 327.75
65	1243	\$ 345.00	\$ 330.00
70	1338	\$ 345.00	\$ 334.53
75	1434	\$ 354.00	\$ 343.93
80	1529	\$ 365.00	\$ 345.00
85	1625	\$ 395.00	\$ 357.00
90	1720	\$ 409.00	\$ 371.70
91	1740	\$ 409.00	\$ 378.20
92	1759	\$ 409.00	\$ 378.20
93	1778	\$ 409.00	\$ 378.20
94	1797	\$ 421.00	\$ 378.20
95	1816	\$ 421.00	\$ 378.71
96	1835	\$ 432.00	\$ 378.71
97	1854	\$ 460.00	\$ 383.71
98	1873	\$ 478.00	\$ 383.71
99	1892	\$ 489.00	\$ 401.05
100	1911	\$ 713.00	\$ 496.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

# APPENDIX VI

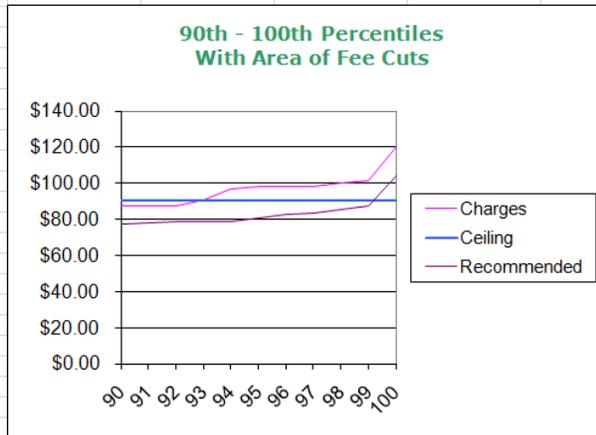
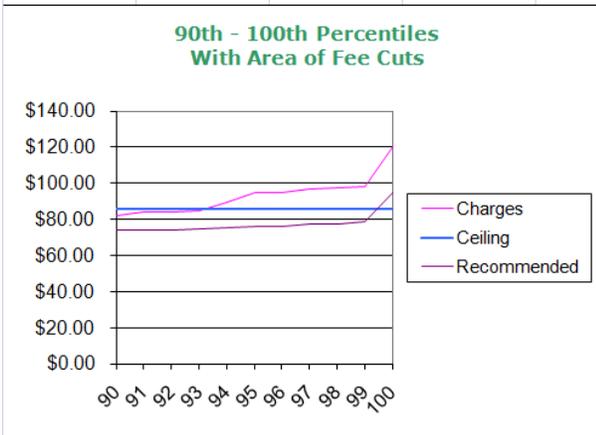
**Detail Sheets for 97110, 97124, 97140, 98940, 98941,  
98942, 98943**

**WIA Data Call  
Code:**

**97110 - Per Unit**

2006				2007			
Total Observations:		86,800		Total Observations:		69,887	
Average (Charge):		\$63.55		Average (Charge):		\$67.52	
Minimum (Charge):		\$24.00		Minimum (Charge):		\$23.50	
Maximum (Charge):		\$120.00		Maximum (Charge):		\$120.00	
Average (Recommended):		\$54.14		Average (Recommended):		\$58.21	
Minimum (Recommended):		\$14.00		Minimum (Recommended):		\$12.28	
Maximum (Recommended):		\$94.50		Maximum (Recommended):		\$104.00	
Ceiling:		\$85.59		Ceiling:		\$90.26	
Observations Below Ceiling (Charge):	81,069		93.4%	Observations Below Ceiling (Charge):	64,835		92.8%
Observations Above Ceiling (Charge):	5,731		6.6%	Observations Above Ceiling (Charge):	5,052		7.2%
Aggregate Dollars Below Ceiling (Charge):	\$4,966,267.09		90.0%	Aggregate Dollars Below Ceiling (Charge):	\$4,222,742.63		89.5%
Aggregate Dollars Above Ceiling (Charge):	\$549,999.77		10.0%	Aggregate Dollars Above Ceiling (Charge):	\$496,324.19		10.5%
Average Cut Above Ceiling (Charge):	\$10.38			Average Cut Above Ceiling (Charge):	\$7.99		
Aggregate Cut Above Ceiling (Charge):	\$59,485.61			Aggregate Cut Above Ceiling (Charge):	\$40,353.76		
Unique Provider FEINs Found Below Ceiling (Charge):	1,068			Unique Provider FEINs Found Below Ceiling (Charge):	944		
Unique Provider FEINs Found Above Ceiling (Charge):	105			Unique Provider FEINs Found Above Ceiling (Charge):	61		
Observations Below Ceiling (Recommended):	86,754		99.9%	Observations Below Ceiling (Recommended):	69,642		99.6%
Observations Above Ceiling (Recommended):	46		0.1%	Observations Above Ceiling (Recommended):	245		0.4%
Aggregate Dollars Below Ceiling (Recommended):	\$4,695,005.27		99.9%	Aggregate Dollars Below Ceiling (Recommended):	\$4,045,582.02		99.4%
Aggregate Dollars Above Ceiling (Recommended):	\$4,088.09		0.1%	Aggregate Dollars Above Ceiling (Recommended):	\$22,424.15		0.6%
Average Cut Above Ceiling (Recommended):	\$3.28			Average Cut Above Ceiling (Recommended):	\$1.27		
Aggregate Cut Above Ceiling (Recommended):	\$150.97			Aggregate Cut Above Ceiling (Recommended):	\$311.57		
Unique FEINs Found Below Ceiling (Recommended):	1,096			Unique FEINs Found Below Ceiling (Recommended):	966		
Unique FEINs Found Above Ceiling (Recommended):	19			Unique FEINs Found Above Ceiling (Recommended):	13		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	4340	\$ 38.00	\$ 31.20	5	3495	\$ 41.00	\$ 32.99
10	8680	\$ 42.00	\$ 33.24	10	6989	\$ 44.00	\$ 33.62
15	13020	\$ 45.00	\$ 34.50	15	10484	\$ 48.00	\$ 36.12
20	17360	\$ 49.00	\$ 38.00	20	13978	\$ 53.00	\$ 41.00
25	21700	\$ 52.00	\$ 42.00	25	17472	\$ 58.00	\$ 45.00
30	26040	\$ 55.00	\$ 45.00	30	20967	\$ 60.00	\$ 49.02
35	30380	\$ 58.00	\$ 48.00	35	24461	\$ 63.60	\$ 52.00
40	34720	\$ 60.00	\$ 51.00	40	27955	\$ 65.00	\$ 55.25
45	39060	\$ 63.60	\$ 54.00	45	31450	\$ 65.00	\$ 58.83
50	43400	\$ 65.00	\$ 55.25	50	34944	\$ 65.00	\$ 60.68
55	47741	\$ 65.00	\$ 57.00	55	38438	\$ 70.00	\$ 63.60
60	52080	\$ 66.00	\$ 60.71	60	41933	\$ 72.00	\$ 65.00
65	56420	\$ 70.00	\$ 63.00	65	45427	\$ 75.00	\$ 67.50
70	60760	\$ 72.25	\$ 63.91	70	48921	\$ 77.10	\$ 69.44
75	65100	\$ 75.00	\$ 66.00	75	52416	\$ 77.79	\$ 71.20
80	69440	\$ 77.70	\$ 66.69	80	55910	\$ 81.00	\$ 73.25
85	73780	\$ 78.00	\$ 71.00	85	59404	\$ 85.00	\$ 76.00
90	78120	\$ 82.00	\$ 73.73	90	62899	\$ 87.18	\$ 77.70
91	78988	\$ 84.00	\$ 73.82	91	63598	\$ 87.18	\$ 78.00
92	79856	\$ 84.26	\$ 74.00	92	64297	\$ 87.18	\$ 78.46
93	80724	\$ 85.00	\$ 74.79	93	64995	\$ 91.00	\$ 78.96
94	81592	\$ 89.36	\$ 75.07	94	65694	\$ 96.75	\$ 78.96
95	82460	\$ 95.00	\$ 76.00	95	66393	\$ 98.00	\$ 80.85
96	83328	\$ 95.00	\$ 76.15	96	67092	\$ 98.00	\$ 82.82
97	84196	\$ 97.00	\$ 77.62	97	67791	\$ 98.00	\$ 83.45
98	85064	\$ 97.13	\$ 77.70	98	68490	\$ 100.00	\$ 85.44
99	85932	\$ 98.00	\$ 78.97	99	69189	\$ 101.25	\$ 87.18
100	86800	\$ 120.00	\$ 94.50	100	69887	\$ 120.00	\$ 104.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

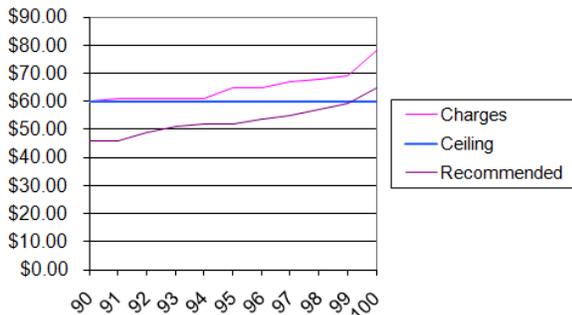
**WIA Data Call  
Code:**

**97124 - Per Unit**

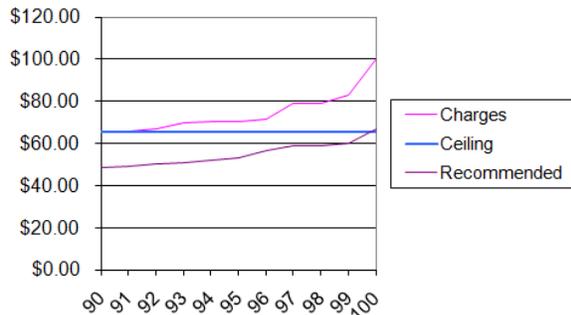
2006				2007			
Total Observations:			1,552	Total Observations:			976
Average (Charge):			\$37.59	Average (Charge):			\$38.84
Minimum (Charge):			\$10.00	Minimum (Charge):			\$10.00
Maximum (Charge):			\$78.00	Maximum (Charge):			\$100.40
Average (Recommended):			\$30.75	Average (Recommended):			\$30.73
Minimum (Recommended):			\$8.51	Minimum (Recommended):			\$8.51
Maximum (Recommended):			\$65.00	Maximum (Recommended):			\$67.14
Ceiling:			\$59.86	Ceiling:			\$65.69
Observations Below Ceiling (Charge):		1,386	89.3%	Observations Below Ceiling (Charge):		882	90.4%
Observations Above Ceiling (Charge):		166	10.7%	Observations Above Ceiling (Charge):		94	9.6%
Aggregate Dollars Below Ceiling (Charge):		\$47,672.89	81.7%	Aggregate Dollars Below Ceiling (Charge):		\$30,986.84	81.7%
Aggregate Dollars Above Ceiling (Charge):		\$10,666.18	18.3%	Aggregate Dollars Above Ceiling (Charge):		\$6,922.27	18.3%
Average Cut Above Ceiling (Charge):		\$4.39		Average Cut Above Ceiling (Charge):		\$7.95	
Aggregate Cut Above Ceiling (Charge):		\$729.48		Aggregate Cut Above Ceiling (Charge):		\$747.72	
Unique Provider FEINs Found Below Ceiling (Charge):		168		Unique Provider FEINs Found Below Ceiling (Charge):		111	
Unique Provider FEINs Found Above Ceiling (Charge):		13		Unique Provider FEINs Found Above Ceiling (Charge):		15	
Observations Below Ceiling (Recommended):		1,547	99.7%	Observations Below Ceiling (Recommended):		973	99.7%
Observations Above Ceiling (Recommended):		5	0.3%	Observations Above Ceiling (Recommended):		3	0.3%
Aggregate Dollars Below Ceiling (Recommended):		\$47,397.27	99.3%	Aggregate Dollars Below Ceiling (Recommended):		\$29,789.77	99.3%
Aggregate Dollars Above Ceiling (Recommended):		\$322.00	0.7%	Aggregate Dollars Above Ceiling (Recommended):		\$201.42	0.7%
Average Cut Above Ceiling (Recommended):		\$4.54		Average Cut Above Ceiling (Recommended):		\$1.45	
Aggregate Cut Above Ceiling (Recommended):		\$22.70		Aggregate Cut Above Ceiling (Recommended):		\$4.36	
Unique FEINs Found Below Ceiling (Recommended):		178		Unique FEINs Found Below Ceiling (Recommended):		123	
Unique FEINs Found Above Ceiling (Recommended):		2		Unique FEINs Found Above Ceiling (Recommended):		1	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	78	\$ 15.00	\$ 9.30	5	49	\$ 15.00	\$ 9.63
10	156	\$ 15.00	\$ 10.00	10	98	\$ 17.00	\$ 10.00
15	233	\$ 19.00	\$ 15.00	15	147	\$ 18.00	\$ 15.00
20	311	\$ 20.00	\$ 15.00	20	196	\$ 20.00	\$ 17.00
25	388	\$ 25.00	\$ 19.00	25	244	\$ 25.00	\$ 18.00
30	466	\$ 25.00	\$ 20.50	30	293	\$ 25.00	\$ 20.00
35	544	\$ 26.00	\$ 22.34	35	342	\$ 25.00	\$ 21.00
40	621	\$ 30.19	\$ 25.00	40	391	\$ 27.00	\$ 24.00
45	699	\$ 35.00	\$ 28.52	45	440	\$ 30.00	\$ 25.00
50	776	\$ 38.00	\$ 30.19	50	488	\$ 35.00	\$ 26.97
55	854	\$ 42.00	\$ 32.55	55	537	\$ 40.00	\$ 34.00
60	932	\$ 45.00	\$ 36.00	60	586	\$ 40.50	\$ 36.00
65	1009	\$ 47.00	\$ 37.00	65	635	\$ 45.00	\$ 39.28
70	1087	\$ 47.00	\$ 42.00	70	684	\$ 50.00	\$ 40.00
75	1164	\$ 50.00	\$ 44.00	75	732	\$ 53.00	\$ 44.13
80	1242	\$ 51.00	\$ 45.00	80	781	\$ 60.00	\$ 45.00
85	1320	\$ 55.00	\$ 45.00	85	830	\$ 65.00	\$ 48.69
90	1397	\$ 60.00	\$ 45.80	90	879	\$ 65.00	\$ 48.69
91	1413	\$ 61.00	\$ 45.80	91	889	\$ 66.00	\$ 49.12
92	1428	\$ 61.00	\$ 48.82	92	898	\$ 66.95	\$ 50.00
93	1444	\$ 61.00	\$ 50.82	93	908	\$ 70.00	\$ 51.01
94	1459	\$ 61.00	\$ 52.00	94	918	\$ 70.30	\$ 51.74
95	1475	\$ 65.00	\$ 52.00	95	928	\$ 70.30	\$ 52.95
96	1490	\$ 65.00	\$ 53.80	96	937	\$ 71.34	\$ 56.32
97	1506	\$ 66.95	\$ 55.00	97	947	\$ 79.00	\$ 58.94
98	1521	\$ 68.00	\$ 57.00	98	957	\$ 79.00	\$ 58.94
99	1537	\$ 69.00	\$ 59.31	99	967	\$ 83.25	\$ 60.00
100	1552	\$ 78.00	\$ 65.00	100	976	\$ 100.40	\$ 67.14

**90th - 100th Percentiles  
With Area of Fee Cuts**



**90th - 100th Percentiles  
With Area of Fee Cuts**



Notes: Data excludes extreme outliers.  
Ceiling is defined as 1.4 standard deviations from the mean.  
Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

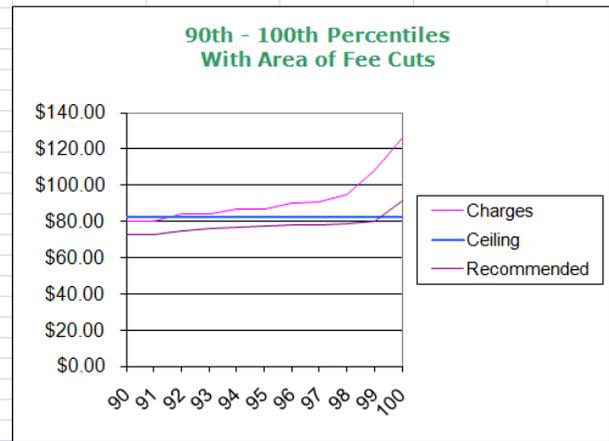
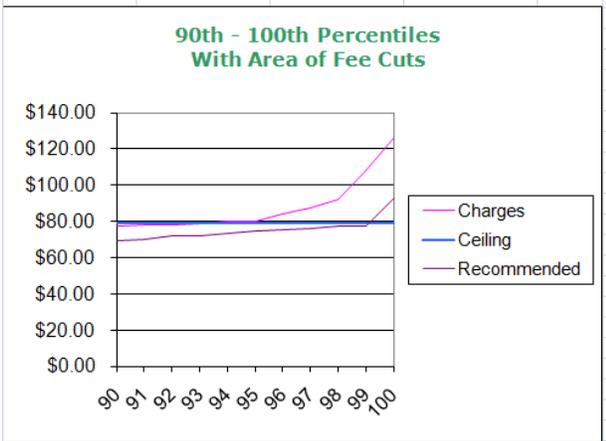
**WIA Data Call**

**Code: 97140 - Per Unit**

2006				2007			
Total Observations:		35,496		Total Observations:		30,976	
Average (Charge):		\$59.43		Average (Charge):		\$62.69	
Minimum (Charge):		\$24.00		Minimum (Charge):		\$24.00	
Maximum (Charge):		\$126.00		Maximum (Charge):		\$126.00	
Average (Recommended):		\$49.74		Average (Recommended):		\$52.70	
Minimum (Recommended):		\$17.00		Minimum (Recommended):		\$19.26	
Maximum (Recommended):		\$93.00		Maximum (Recommended):		\$91.40	
Ceiling:		\$79.07		Ceiling:		\$82.69	
Observations Below Ceiling (Charge):	33,083		93.2%	Observations Below Ceiling (Charge):	28,383		91.6%
Observations Above Ceiling (Charge):	2,413		6.8%	Observations Above Ceiling (Charge):	2,593		8.4%
Aggregate Dollars Below Ceiling (Charge):	\$1,892,028.71		89.7%	Aggregate Dollars Below Ceiling (Charge):	\$1,704,045.69		87.8%
Aggregate Dollars Above Ceiling (Charge):	\$217,536.78		10.3%	Aggregate Dollars Above Ceiling (Charge):	\$237,833.81		12.2%
Average Cut Above Ceiling (Charge):	\$11.09			Average Cut Above Ceiling (Charge):	\$9.03		
Aggregate Cut Above Ceiling (Charge):	\$26,749.87			Aggregate Cut Above Ceiling (Charge):	\$23,427.55		
Unique Provider FEINs Found Below Ceiling (Charge):	616			Unique Provider FEINs Found Below Ceiling (Charge):	576		
Unique Provider FEINs Found Above Ceiling (Charge):	63			Unique Provider FEINs Found Above Ceiling (Charge):	47		
Observations Below Ceiling (Recommended):	35,215		99.2%	Observations Below Ceiling (Recommended):	30,961		100.0%
Observations Above Ceiling (Recommended):	281		0.8%	Observations Above Ceiling (Recommended):	15		0.0%
Aggregate Dollars Below Ceiling (Recommended):	\$1,742,862.26		98.7%	Aggregate Dollars Below Ceiling (Recommended):	\$1,631,182.80		99.9%
Aggregate Dollars Above Ceiling (Recommended):	\$22,674.90		1.3%	Aggregate Dollars Above Ceiling (Recommended):	\$1,303.44		0.1%
Average Cut Above Ceiling (Recommended):	\$1.63			Average Cut Above Ceiling (Recommended):	\$4.21		
Aggregate Cut Above Ceiling (Recommended):	\$457.28			Aggregate Cut Above Ceiling (Recommended):	\$63.14		
Unique FEINs Found Below Ceiling (Recommended):	635			Unique FEINs Found Below Ceiling (Recommended):	596		
Unique FEINs Found Above Ceiling (Recommended):	12			Unique FEINs Found Above Ceiling (Recommended):	5		

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	1775	\$ 40.00	\$ 29.79
10	3550	\$ 42.00	\$ 30.00
15	5325	\$ 45.00	\$ 30.68
20	7100	\$ 48.76	\$ 34.00
25	8874	\$ 49.00	\$ 39.00
30	10649	\$ 52.00	\$ 41.00
35	12424	\$ 54.00	\$ 44.00
40	14199	\$ 55.00	\$ 46.00
45	15974	\$ 58.00	\$ 48.76
50	17748	\$ 60.00	\$ 50.00
55	19523	\$ 60.00	\$ 52.00
60	21298	\$ 63.00	\$ 54.90
65	23073	\$ 64.80	\$ 55.25
70	24848	\$ 65.00	\$ 58.00
75	26622	\$ 65.00	\$ 60.00
80	28397	\$ 70.00	\$ 61.75
85	30172	\$ 74.70	\$ 65.00
90	31947	\$ 77.12	\$ 69.41
91	32302	\$ 78.00	\$ 70.00
92	32657	\$ 78.00	\$ 71.99
93	33012	\$ 78.94	\$ 72.20
94	33367	\$ 80.00	\$ 73.50
95	33722	\$ 80.00	\$ 75.00
96	34077	\$ 84.00	\$ 75.59
97	34432	\$ 87.50	\$ 76.00
98	34787	\$ 92.00	\$ 77.12
99	35142	\$ 108.00	\$ 77.70
100	35496	\$ 126.00	\$ 93.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	1549	\$ 42.00	\$ 30.42
10	3098	\$ 44.00	\$ 30.68
15	4647	\$ 48.76	\$ 31.30
20	6196	\$ 48.88	\$ 37.20
25	7744	\$ 52.00	\$ 42.00
30	9293	\$ 55.00	\$ 45.00
35	10842	\$ 57.00	\$ 48.67
40	12391	\$ 60.00	\$ 49.59
45	13940	\$ 60.00	\$ 52.00
50	15488	\$ 63.33	\$ 54.00
55	17037	\$ 65.00	\$ 55.00
60	18586	\$ 65.00	\$ 56.87
65	20135	\$ 66.00	\$ 59.67
70	21684	\$ 69.00	\$ 61.60
75	23232	\$ 71.20	\$ 64.11
80	24781	\$ 73.00	\$ 65.09
85	26330	\$ 78.00	\$ 69.53
90	27879	\$ 80.31	\$ 72.76
91	28189	\$ 80.31	\$ 73.00
92	28498	\$ 84.00	\$ 75.00
93	28808	\$ 84.00	\$ 76.29
94	29118	\$ 87.00	\$ 76.61
95	29428	\$ 87.00	\$ 77.13
96	29737	\$ 90.30	\$ 77.74
97	30047	\$ 91.00	\$ 77.74
98	30357	\$ 94.50	\$ 78.61
99	30667	\$ 108.00	\$ 80.31
100	30976	\$ 126.00	\$ 91.40



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 98940 - Per Unit**

**2006**

Total Observations:	32,484	
Average (Charge):	\$47.31	
Minimum (Charge):	\$24.00	
Maximum (Charge):	\$76.00	
Average (Recommended):	\$41.57	
Minimum (Recommended):	\$20.80	
Maximum (Recommended):	\$70.00	
Ceiling:	\$56.72	
Observations Below Ceiling (Charge):	29,967	92.3%
Observations Above Ceiling (Charge):	2,517	7.7%
Aggregate Dollars Below Ceiling (Charge):	\$1,384,799.90	90.1%
Aggregate Dollars Above Ceiling (Charge):	\$152,017.19	9.9%
Average Cut Above Ceiling (Charge):	\$3.68	
Aggregate Cut Above Ceiling (Charge):	\$9,259.18	
Unique Provider FEINs Found Below Ceiling (Charge):	909	
Unique Provider FEINs Found Above Ceiling (Charge):	93	
Observations Below Ceiling (Recommended):	31,522	97.0%
Observations Above Ceiling (Recommended):	962	3.0%
Aggregate Dollars Below Ceiling (Recommended):	\$1,293,725.08	95.8%
Aggregate Dollars Above Ceiling (Recommended):	\$56,517.25	4.2%
Average Cut Above Ceiling (Recommended):	\$2.03	
Aggregate Cut Above Ceiling (Recommended):	\$1,954.99	
Unique FEINs Found Below Ceiling (Recommended):	948	
Unique FEINs Found Above Ceiling (Recommended):	34	

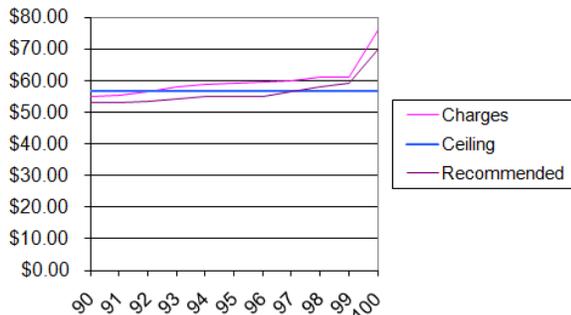
**2007**

Total Observations:	26,332	
Average (Charge):	\$48.47	
Minimum (Charge):	\$25.00	
Maximum (Charge):	\$81.00	
Average (Recommended):	\$41.92	
Minimum (Recommended):	\$20.80	
Maximum (Recommended):	\$68.00	
Ceiling:	\$58.53	
Observations Below Ceiling (Charge):	23,714	90.1%
Observations Above Ceiling (Charge):	2,618	9.9%
Aggregate Dollars Below Ceiling (Charge):	\$1,114,815.04	87.3%
Aggregate Dollars Above Ceiling (Charge):	\$161,556.59	12.7%
Average Cut Above Ceiling (Charge):	\$3.18	
Aggregate Cut Above Ceiling (Charge):	\$8,333.46	
Unique Provider FEINs Found Below Ceiling (Charge):	808	
Unique Provider FEINs Found Above Ceiling (Charge):	98	
Observations Below Ceiling (Recommended):	25,255	95.9%
Observations Above Ceiling (Recommended):	1,077	4.1%
Aggregate Dollars Below Ceiling (Recommended):	\$1,038,923.20	94.1%
Aggregate Dollars Above Ceiling (Recommended):	\$64,789.10	5.9%
Average Cut Above Ceiling (Recommended):	\$1.63	
Aggregate Cut Above Ceiling (Recommended):	\$1,755.75	
Unique FEINs Found Below Ceiling (Recommended):	846	
Unique FEINs Found Above Ceiling (Recommended):	41	

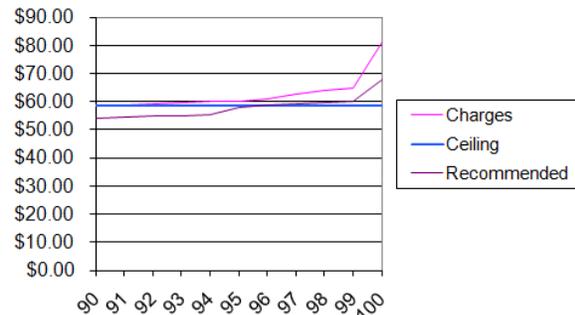
Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	1625	\$ 36.00	\$ 27.00
10	3249	\$ 40.00	\$ 27.00
15	4873	\$ 40.00	\$ 30.00
20	6497	\$ 42.00	\$ 30.81
25	8121	\$ 43.00	\$ 32.85
30	9746	\$ 45.00	\$ 35.75
35	11370	\$ 45.00	\$ 38.25
40	12994	\$ 45.00	\$ 40.00
45	14618	\$ 46.00	\$ 42.00
50	16242	\$ 47.00	\$ 43.00
55	17867	\$ 48.00	\$ 45.00
60	19491	\$ 49.00	\$ 45.00
65	21115	\$ 50.00	\$ 46.46
70	22739	\$ 50.00	\$ 48.00
75	24363	\$ 51.00	\$ 49.00
80	25988	\$ 53.00	\$ 50.00
85	27612	\$ 54.50	\$ 51.12
90	29236	\$ 55.00	\$ 53.00
91	29561	\$ 55.50	\$ 53.00
92	29886	\$ 56.50	\$ 53.55
93	30211	\$ 58.00	\$ 54.00
94	30535	\$ 58.75	\$ 55.00
95	30860	\$ 59.00	\$ 55.00
96	31185	\$ 59.50	\$ 55.00
97	31510	\$ 60.00	\$ 56.50
98	31835	\$ 61.00	\$ 58.00
99	32160	\$ 61.03	\$ 59.00
100	32484	\$ 76.00	\$ 70.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	1317	\$ 37.00	\$ 27.00
10	2634	\$ 40.00	\$ 30.41
15	3950	\$ 42.00	\$ 32.00
20	5267	\$ 43.00	\$ 32.00
25	6583	\$ 45.00	\$ 32.00
30	7900	\$ 45.00	\$ 32.85
35	9217	\$ 45.00	\$ 36.80
40	10533	\$ 46.00	\$ 40.00
45	11850	\$ 47.00	\$ 42.00
50	13166	\$ 48.00	\$ 43.20
55	14483	\$ 49.00	\$ 45.00
60	15800	\$ 49.75	\$ 45.00
65	17116	\$ 50.00	\$ 47.00
70	18433	\$ 52.00	\$ 48.00
75	19749	\$ 53.00	\$ 49.50
80	21066	\$ 54.75	\$ 50.00
85	22383	\$ 55.00	\$ 52.06
90	23699	\$ 58.50	\$ 53.84
91	23963	\$ 58.75	\$ 54.67
92	24226	\$ 59.00	\$ 55.00
93	24489	\$ 59.50	\$ 55.00
94	24753	\$ 60.00	\$ 55.22
95	25016	\$ 60.00	\$ 58.00
96	25279	\$ 61.00	\$ 58.75
97	25543	\$ 62.50	\$ 59.29
98	25806	\$ 64.08	\$ 59.50
99	26069	\$ 65.00	\$ 60.13
100	26332	\$ 81.00	\$ 68.00

**90th - 100th Percentiles With Area of Fee Cuts**



**90th - 100th Percentiles With Area of Fee Cuts**



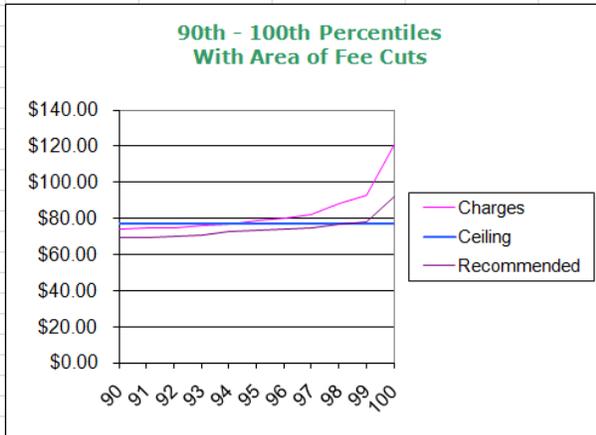
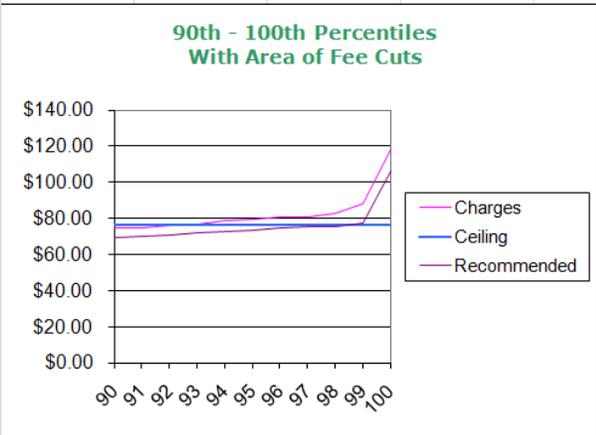
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call  
Code:**

**98941 - Per Unit**

2006				2007			
Total Observations:		22,448		Total Observations:		19,699	
Average (Charge):		\$60.43		Average (Charge):		\$61.43	
Minimum (Charge):		\$30.00		Minimum (Charge):		\$28.00	
Maximum (Charge):		\$118.00		Maximum (Charge):		\$121.00	
Average (Recommended):		\$54.77		Average (Recommended):		\$53.53	
Minimum (Recommended):		\$24.00		Minimum (Recommended):		\$23.63	
Maximum (Recommended):		\$106.00		Maximum (Recommended):		\$92.27	
Ceiling:		\$76.13		Ceiling:		\$76.91	
Observations Below Ceiling (Charge):	20,795		92.6%	Observations Below Ceiling (Charge):	18,523		94.0%
Observations Above Ceiling (Charge):	1,653		7.4%	Observations Above Ceiling (Charge):	1,176		6.0%
Aggregate Dollars Below Ceiling (Charge):	\$1,220,512.60		90.0%	Aggregate Dollars Below Ceiling (Charge):	\$1,108,254.65		91.6%
Aggregate Dollars Above Ceiling (Charge):	\$136,117.53		10.0%	Aggregate Dollars Above Ceiling (Charge):	\$101,841.90		8.4%
Average Cut Above Ceiling (Charge):	\$6.21			Average Cut Above Ceiling (Charge):	\$9.69		
Aggregate Cut Above Ceiling (Charge):	\$10,268.37			Aggregate Cut Above Ceiling (Charge):	\$11,393.17		
Unique Provider FEINs Found Below Ceiling (Charge):	814			Unique Provider FEINs Found Below Ceiling (Charge):	780		
Unique Provider FEINs Found Above Ceiling (Charge):	49			Unique Provider FEINs Found Above Ceiling (Charge):	44		
Observations Below Ceiling (Recommended):	22,180		98.8%	Observations Below Ceiling (Recommended):	19,392		98.4%
Observations Above Ceiling (Recommended):	268		1.2%	Observations Above Ceiling (Recommended):	307		1.6%
Aggregate Dollars Below Ceiling (Recommended):	\$1,207,768.55		98.2%	Aggregate Dollars Below Ceiling (Recommended):	\$1,029,468.90		97.6%
Aggregate Dollars Above Ceiling (Recommended):	\$21,703.98		1.8%	Aggregate Dollars Above Ceiling (Recommended):	\$25,061.48		2.4%
Average Cut Above Ceiling (Recommended):	\$4.85			Average Cut Above Ceiling (Recommended):	\$4.72		
Aggregate Cut Above Ceiling (Recommended):	\$1,300.12			Aggregate Cut Above Ceiling (Recommended):	\$1,449.44		
Unique FEINs Found Below Ceiling (Recommended):	837			Unique FEINs Found Below Ceiling (Recommended):	803		
Unique FEINs Found Above Ceiling (Recommended):	18			Unique FEINs Found Above Ceiling (Recommended):	19		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	1123	\$ 40.00	\$ 36.00	5	985	\$ 45.00	\$ 36.00
10	2245	\$ 45.00	\$ 40.64	10	1970	\$ 48.00	\$ 40.64
15	3368	\$ 50.00	\$ 40.64	15	2955	\$ 51.00	\$ 40.64
20	4490	\$ 52.00	\$ 43.00	20	3940	\$ 55.00	\$ 40.64
25	5612	\$ 55.00	\$ 46.50	25	4925	\$ 55.00	\$ 40.64
30	6735	\$ 55.00	\$ 50.00	30	5910	\$ 57.00	\$ 40.64
35	7857	\$ 57.00	\$ 51.50	35	6895	\$ 58.00	\$ 45.00
40	8980	\$ 58.00	\$ 52.37	40	7880	\$ 59.50	\$ 49.56
45	10102	\$ 60.00	\$ 54.00	45	8865	\$ 60.00	\$ 52.50
50	11224	\$ 60.00	\$ 55.00	50	9850	\$ 61.00	\$ 55.00
55	12347	\$ 60.50	\$ 55.82	55	10835	\$ 62.00	\$ 55.82
60	13469	\$ 62.75	\$ 58.05	60	11820	\$ 63.00	\$ 57.33
65	14592	\$ 64.50	\$ 60.00	65	12805	\$ 65.00	\$ 60.00
70	15714	\$ 65.00	\$ 60.00	70	13790	\$ 65.50	\$ 60.50
75	16836	\$ 68.00	\$ 63.00	75	14775	\$ 68.00	\$ 63.00
80	17959	\$ 69.50	\$ 65.00	80	15760	\$ 69.00	\$ 65.00
85	19081	\$ 72.00	\$ 66.50	85	16745	\$ 71.00	\$ 67.00
90	20204	\$ 75.00	\$ 69.00	90	17730	\$ 74.00	\$ 69.00
91	20428	\$ 75.00	\$ 69.95	91	17927	\$ 75.00	\$ 69.50
92	20653	\$ 76.00	\$ 71.00	92	18124	\$ 75.00	\$ 70.17
93	20877	\$ 76.75	\$ 72.01	93	18321	\$ 76.00	\$ 71.00
94	21102	\$ 78.80	\$ 73.00	94	18518	\$ 76.50	\$ 72.50
95	21326	\$ 79.50	\$ 73.19	95	18715	\$ 79.00	\$ 73.19
96	21551	\$ 80.50	\$ 75.00	96	18912	\$ 80.00	\$ 74.00
97	21775	\$ 81.00	\$ 75.29	97	19109	\$ 82.00	\$ 75.00
98	22000	\$ 82.50	\$ 75.29	98	19306	\$ 88.07	\$ 76.72
99	22224	\$ 88.07	\$ 77.08	99	19503	\$ 92.47	\$ 78.20
100	22448	\$ 118.00	\$ 106.00	100	19699	\$ 121.00	\$ 92.27



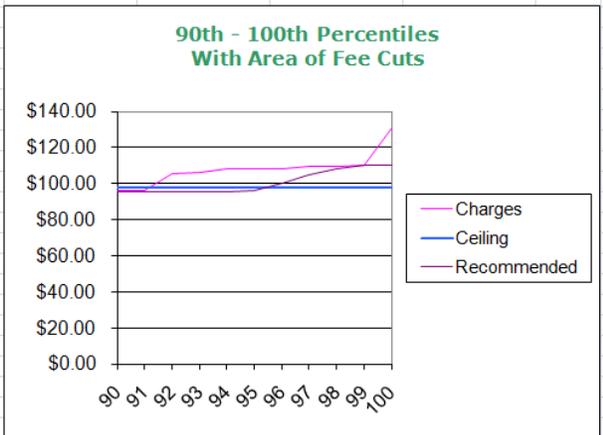
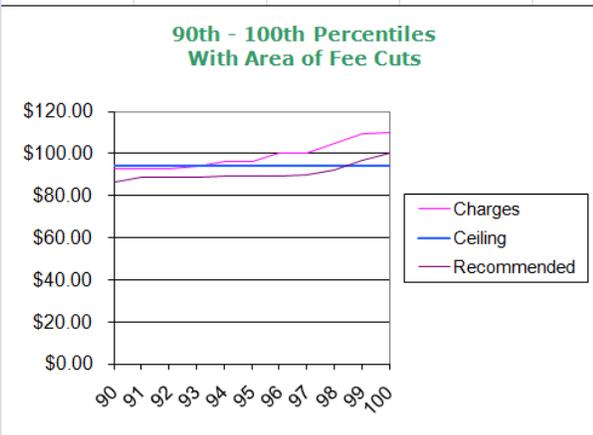
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 98942 - Per Unit**

2006				2007			
Total Observations:		742		Total Observations:		483	
Average (Charge):		\$73.17		Average (Charge):		\$76.14	
Minimum (Charge):		\$35.00		Minimum (Charge):		\$43.25	
Maximum (Charge):		\$110.00		Maximum (Charge):		\$131.00	
Average (Recommended):		\$65.42		Average (Recommended):		\$68.33	
Minimum (Recommended):		\$15.00		Minimum (Recommended):		\$33.75	
Maximum (Recommended):		\$100.00		Maximum (Recommended):		\$110.00	
Ceiling:		\$94.21		Ceiling:		\$97.77	
Observations Below Ceiling (Charge):	694	93.5%		Observations Below Ceiling (Charge):	440	91.1%	
Observations Above Ceiling (Charge):	48	6.5%		Observations Above Ceiling (Charge):	43	8.9%	
Aggregate Dollars Below Ceiling (Charge):	\$49,417.68	91.0%		Aggregate Dollars Below Ceiling (Charge):	\$32,113.08	87.3%	
Aggregate Dollars Above Ceiling (Charge):	\$4,875.00	9.0%		Aggregate Dollars Above Ceiling (Charge):	\$4,663.00	12.7%	
Average Cut Above Ceiling (Charge):	\$7.36			Average Cut Above Ceiling (Charge):	\$10.67		
Aggregate Cut Above Ceiling (Charge):	\$353.11			Aggregate Cut Above Ceiling (Charge):	\$458.82		
Unique Provider FEINs Found Below Ceiling (Charge):	62			Unique Provider FEINs Found Below Ceiling (Charge):	51		
Unique Provider FEINs Found Above Ceiling (Charge):	8			Unique Provider FEINs Found Above Ceiling (Charge):	9		
Observations Below Ceiling (Recommended):	734	98.9%		Observations Below Ceiling (Recommended):	462	95.7%	
Observations Above Ceiling (Recommended):	8	1.1%		Observations Above Ceiling (Recommended):	21	4.3%	
Aggregate Dollars Below Ceiling (Recommended):	\$47,744.63	98.4%		Aggregate Dollars Below Ceiling (Recommended):	\$30,765.29	93.2%	
Aggregate Dollars Above Ceiling (Recommended):	\$796.80	1.6%		Aggregate Dollars Above Ceiling (Recommended):	\$2,237.40	6.8%	
Average Cut Above Ceiling (Recommended):	\$5.39			Average Cut Above Ceiling (Recommended):	\$8.77		
Aggregate Cut Above Ceiling (Recommended):	\$43.15			Aggregate Cut Above Ceiling (Recommended):	\$184.20		
Unique FEINs Found Below Ceiling (Recommended):	69			Unique FEINs Found Below Ceiling (Recommended):	56		
Unique FEINs Found Above Ceiling (Recommended):	3			Unique FEINs Found Above Ceiling (Recommended):	6		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	38	\$ 46.00	\$ 39.00	5	25	\$ 50.00	\$ 39.23
10	75	\$ 54.00	\$ 43.00	10	49	\$ 59.00	\$ 49.50
15	112	\$ 57.00	\$ 49.50	15	73	\$ 60.00	\$ 49.50
20	149	\$ 60.00	\$ 49.50	20	97	\$ 65.00	\$ 49.50
25	186	\$ 65.00	\$ 51.63	25	121	\$ 70.00	\$ 50.00
30	223	\$ 67.00	\$ 57.00	30	145	\$ 70.00	\$ 59.00
35	260	\$ 68.00	\$ 60.00	35	170	\$ 71.00	\$ 62.50
40	297	\$ 70.76	\$ 63.00	40	194	\$ 71.00	\$ 67.00
45	334	\$ 71.00	\$ 67.00	45	218	\$ 72.00	\$ 68.23
50	371	\$ 74.00	\$ 67.00	50	242	\$ 73.75	\$ 70.00
55	409	\$ 74.00	\$ 68.00	55	266	\$ 75.00	\$ 71.00
60	446	\$ 79.00	\$ 71.00	60	290	\$ 75.00	\$ 71.00
65	483	\$ 80.00	\$ 74.00	65	314	\$ 76.50	\$ 72.00
70	520	\$ 80.00	\$ 74.70	70	339	\$ 80.00	\$ 73.75
75	557	\$ 80.00	\$ 78.97	75	363	\$ 80.50	\$ 75.00
80	594	\$ 88.00	\$ 80.00	80	387	\$ 89.95	\$ 76.58
85	631	\$ 88.00	\$ 80.00	85	411	\$ 95.50	\$ 89.95
90	668	\$ 93.00	\$ 86.55	90	435	\$ 96.00	\$ 95.50
91	676	\$ 93.00	\$ 88.75	91	440	\$ 96.00	\$ 95.50
92	683	\$ 93.00	\$ 88.75	92	445	\$ 105.50	\$ 95.50
93	691	\$ 94.00	\$ 88.75	93	450	\$ 106.50	\$ 95.50
94	698	\$ 96.00	\$ 89.00	94	455	\$ 108.00	\$ 95.60
95	705	\$ 96.00	\$ 89.00	95	459	\$ 108.00	\$ 96.44
96	713	\$ 100.00	\$ 89.40	96	464	\$ 108.50	\$ 100.00
97	720	\$ 100.00	\$ 89.95	97	469	\$ 109.50	\$ 104.60
98	728	\$ 105.00	\$ 92.00	98	474	\$ 109.50	\$ 108.50
99	735	\$ 109.50	\$ 96.80	99	479	\$ 110.00	\$ 110.00
100	742	\$ 110.00	\$ 100.00	100	483	\$ 131.00	\$ 110.00

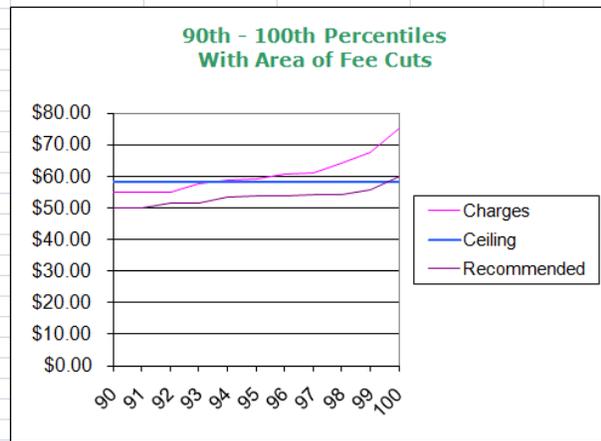
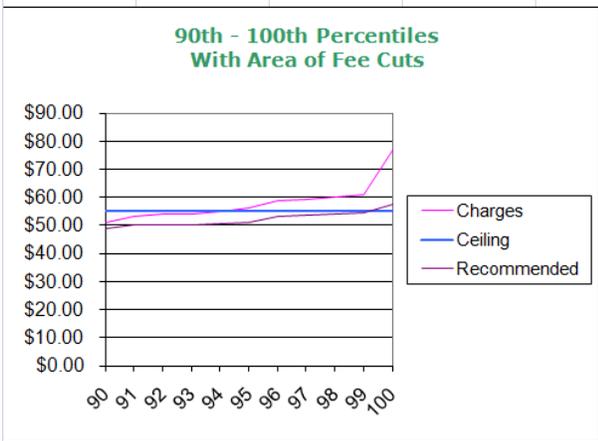


Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call Code: 98943 - Per Unit**

2006				2007			
Total Observations:			1,749	Total Observations:			1,827
Average (Charge):			\$40.44	Average (Charge):			\$42.96
Minimum (Charge):			\$5.00	Minimum (Charge):			\$7.00
Maximum (Charge):			\$76.75	Maximum (Charge):			\$75.25
Average (Recommended):			\$35.44	Average (Recommended):			\$38.10
Minimum (Recommended):			\$5.00	Minimum (Recommended):			\$5.25
Maximum (Recommended):			\$57.33	Maximum (Recommended):			\$60.00
Ceiling:			\$55.03	Ceiling:			\$58.00
Observations Below Ceiling (Charge):		1,655	94.6%	Observations Below Ceiling (Charge):		1,714	93.8%
Observations Above Ceiling (Charge):		94	5.4%	Observations Above Ceiling (Charge):		113	6.2%
Aggregate Dollars Below Ceiling (Charge):		\$65,054.71	92.0%	Aggregate Dollars Below Ceiling (Charge):		\$71,405.22	91.0%
Aggregate Dollars Above Ceiling (Charge):		\$5,680.69	8.0%	Aggregate Dollars Above Ceiling (Charge):		\$7,079.44	9.0%
Average Cut Above Ceiling (Charge):		\$5.40		Average Cut Above Ceiling (Charge):		\$4.65	
Aggregate Cut Above Ceiling (Charge):		\$507.60		Aggregate Cut Above Ceiling (Charge):		\$525.67	
Unique Provider FEINs Found Below Ceiling (Charge):		175		Unique Provider FEINs Found Below Ceiling (Charge):		162	
Unique Provider FEINs Found Above Ceiling (Charge):		19		Unique Provider FEINs Found Above Ceiling (Charge):		14	
Observations Below Ceiling (Recommended):		1,732	99.0%	Observations Below Ceiling (Recommended):		1,826	99.9%
Observations Above Ceiling (Recommended):		17	1.0%	Observations Above Ceiling (Recommended):		1	0.1%
Aggregate Dollars Below Ceiling (Recommended):		\$61,039.98	98.5%	Aggregate Dollars Below Ceiling (Recommended):		\$69,547.11	99.9%
Aggregate Dollars Above Ceiling (Recommended):		\$947.83	1.5%	Aggregate Dollars Above Ceiling (Recommended):		\$60.00	0.1%
Average Cut Above Ceiling (Recommended):		\$0.72		Average Cut Above Ceiling (Recommended):		\$2.00	
Aggregate Cut Above Ceiling (Recommended):		\$12.27		Aggregate Cut Above Ceiling (Recommended):		\$2.00	
Unique FEINs Found Below Ceiling (Recommended):		186		Unique FEINs Found Below Ceiling (Recommended):		171	
Unique FEINs Found Above Ceiling (Recommended):		5		Unique FEINs Found Above Ceiling (Recommended):		1	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	88	\$ 23.00	\$ 18.40	5	92	\$ 23.00	\$ 20.00
10	175	\$ 25.00	\$ 22.67	10	183	\$ 26.00	\$ 25.00
15	263	\$ 28.00	\$ 26.00	15	275	\$ 30.00	\$ 26.25
20	350	\$ 30.00	\$ 26.00	20	366	\$ 35.50	\$ 28.00
25	438	\$ 35.00	\$ 28.00	25	457	\$ 40.00	\$ 28.00
30	525	\$ 38.00	\$ 29.09	30	549	\$ 42.00	\$ 30.00
35	613	\$ 39.00	\$ 30.00	35	640	\$ 42.00	\$ 32.25
40	700	\$ 40.00	\$ 31.01	40	731	\$ 43.00	\$ 35.00
45	788	\$ 42.50	\$ 32.00	45	823	\$ 44.13	\$ 38.00
50	875	\$ 43.00	\$ 35.00	50	914	\$ 44.13	\$ 40.00
55	962	\$ 43.50	\$ 38.00	55	1005	\$ 44.50	\$ 42.22
60	1050	\$ 45.00	\$ 40.00	60	1097	\$ 45.00	\$ 44.00
65	1137	\$ 45.00	\$ 41.49	65	1188	\$ 46.50	\$ 44.13
70	1225	\$ 45.00	\$ 43.00	70	1279	\$ 49.00	\$ 44.50
75	1312	\$ 46.00	\$ 44.00	75	1371	\$ 49.50	\$ 46.50
80	1400	\$ 48.00	\$ 45.00	80	1462	\$ 50.00	\$ 49.50
85	1487	\$ 50.00	\$ 45.50	85	1553	\$ 50.00	\$ 49.66
90	1575	\$ 51.00	\$ 49.00	90	1645	\$ 55.00	\$ 50.00
91	1592	\$ 53.00	\$ 50.00	91	1663	\$ 55.00	\$ 50.00
92	1610	\$ 54.00	\$ 50.00	92	1681	\$ 55.00	\$ 51.33
93	1627	\$ 54.00	\$ 50.00	93	1700	\$ 57.50	\$ 51.36
94	1645	\$ 55.00	\$ 50.67	94	1718	\$ 58.75	\$ 53.28
95	1662	\$ 56.00	\$ 51.00	95	1736	\$ 59.00	\$ 53.71
96	1680	\$ 58.75	\$ 53.00	96	1754	\$ 60.50	\$ 53.71
97	1697	\$ 59.00	\$ 53.73	97	1773	\$ 61.03	\$ 54.22
98	1715	\$ 60.00	\$ 54.00	98	1791	\$ 64.08	\$ 54.22
99	1732	\$ 61.03	\$ 54.38	99	1809	\$ 67.50	\$ 55.57
100	1749	\$ 76.75	\$ 57.33	100	1827	\$ 75.25	\$ 60.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

# APPENDIX VII

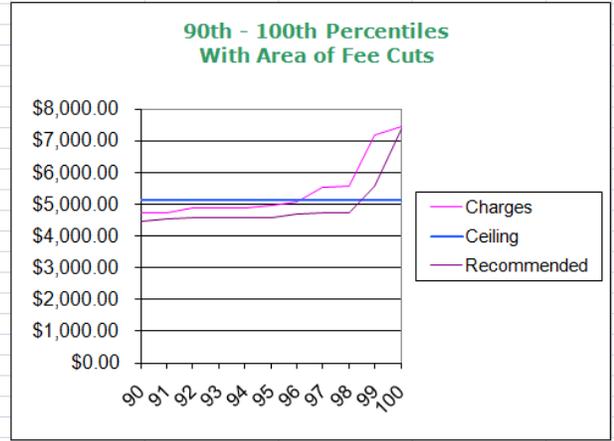
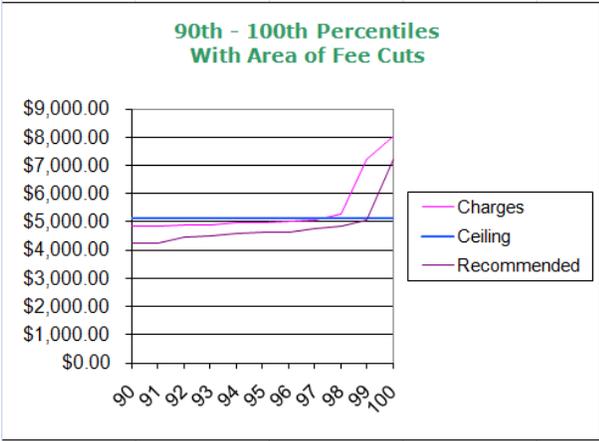
**Detail Sheets for 29826, 29827, 29877, 29881, 64721**

**WIA Data Call**

**Code: Professional Surgical - 29826**

2006				2007				
Total Observations:			323	Total Observations:			272	
Average (Charge):			\$3,845.60	Average (Charge):			\$3,953.65	
Minimum (Charge):			\$632.00	Minimum (Charge):			\$867.00	
Maximum (Charge):			\$8,050.35	Maximum (Charge):			\$7,429.00	
Average (Recommended):			\$2,987.34	Average (Recommended):			\$3,281.48	
Minimum (Recommended):			\$230.58	Minimum (Recommended):			\$867.00	
Maximum (Recommended):			\$7,195.00	Maximum (Recommended):			\$7,355.00	
Ceiling:			\$5,115.16	Ceiling:			\$5,122.33	
Observations Below Ceiling (Charge):			314	97.2%	Observations Below Ceiling (Charge):		262	96.3%
Observations Above Ceiling (Charge):			9	2.8%	Observations Above Ceiling (Charge):		10	3.7%
Aggregate Dollars Below Ceiling (Charge):			\$1,183,280.43	95.3%	Aggregate Dollars Below Ceiling (Charge):		\$1,013,507.21	94.2%
Aggregate Dollars Above Ceiling (Charge):			\$58,847.42	4.7%	Aggregate Dollars Above Ceiling (Charge):		\$61,886.00	5.8%
Average Cut Above Ceiling (Charge):			\$1,423.44		Average Cut Above Ceiling (Charge):		\$1,066.27	
Aggregate Cut Above Ceiling (Charge):			\$12,811.00		Aggregate Cut Above Ceiling (Charge):		\$10,662.69	
Unique Provider FEINs Found Below Ceiling (Charge):			93		Unique Provider FEINs Found Below Ceiling (Charge):		58	
Unique Provider FEINs Found Above Ceiling (Charge):			6		Unique Provider FEINs Found Above Ceiling (Charge):		4	
Observations Below Ceiling (Recommended):			320	99.1%	Observations Below Ceiling (Recommended):		268	98.5%
Observations Above Ceiling (Recommended):			3	0.9%	Observations Above Ceiling (Recommended):		4	1.5%
Aggregate Dollars Below Ceiling (Recommended):			\$944,509.19	97.9%	Aggregate Dollars Below Ceiling (Recommended):		\$867,046.65	97.1%
Aggregate Dollars Above Ceiling (Recommended):			\$20,401.81	2.1%	Aggregate Dollars Above Ceiling (Recommended):		\$25,516.09	2.9%
Average Cut Above Ceiling (Recommended):			\$1,685.45		Average Cut Above Ceiling (Recommended):		\$1,256.69	
Aggregate Cut Above Ceiling (Recommended):			\$5,056.34		Aggregate Cut Above Ceiling (Recommended):		\$5,026.77	
Unique FEINs Found Below Ceiling (Recommended):			97		Unique FEINs Found Below Ceiling (Recommended):		58	
Unique FEINs Found Above Ceiling (Recommended):			2		Unique FEINs Found Above Ceiling (Recommended):		3	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	17	\$ 2,400.00	\$ 1,020.00	5	14	\$ 2,700.00	\$ 1,760.31
10	33	\$ 2,795.00	\$ 1,610.00	10	28	\$ 3,156.00	\$ 2,000.36
15	49	\$ 3,126.00	\$ 1,852.97	15	41	\$ 3,240.00	\$ 2,091.82
20	65	\$ 3,253.00	\$ 2,005.02	20	55	\$ 3,288.00	\$ 2,289.51
25	81	\$ 3,411.00	\$ 2,179.45	25	68	\$ 3,573.00	\$ 2,421.23
30	97	\$ 3,512.25	\$ 2,319.54	30	82	\$ 3,650.00	\$ 2,487.37
35	114	\$ 3,645.00	\$ 2,344.50	35	96	\$ 3,710.00	\$ 2,970.40
40	130	\$ 3,706.00	\$ 2,778.00	40	109	\$ 3,723.00	\$ 3,144.24
45	146	\$ 3,713.00	\$ 2,979.00	45	123	\$ 3,901.00	\$ 3,288.00
50	162	\$ 3,914.00	\$ 3,161.03	50	136	\$ 4,028.00	\$ 3,388.00
55	178	\$ 4,028.00	\$ 3,261.28	55	150	\$ 4,160.00	\$ 3,524.50
60	194	\$ 4,045.00	\$ 3,423.80	60	164	\$ 4,160.00	\$ 3,660.80
65	210	\$ 4,135.00	\$ 3,513.05	65	177	\$ 4,200.00	\$ 3,723.00
70	227	\$ 4,218.00	\$ 3,636.00	70	191	\$ 4,340.00	\$ 3,746.04
75	243	\$ 4,248.50	\$ 3,744.00	75	204	\$ 4,429.00	\$ 4,081.40
80	259	\$ 4,500.00	\$ 3,897.70	80	218	\$ 4,554.00	\$ 4,183.64
85	275	\$ 4,600.00	\$ 4,054.51	85	232	\$ 4,672.00	\$ 4,256.17
90	291	\$ 4,854.00	\$ 4,236.63	90	245	\$ 4,738.00	\$ 4,464.90
91	294	\$ 4,854.00	\$ 4,249.00	91	248	\$ 4,738.00	\$ 4,554.00
92	298	\$ 4,889.00	\$ 4,464.90	92	251	\$ 4,881.00	\$ 4,558.00
93	301	\$ 4,889.25	\$ 4,500.00	93	253	\$ 4,889.00	\$ 4,558.00
94	304	\$ 4,961.00	\$ 4,575.00	94	256	\$ 4,889.24	\$ 4,578.56
95	307	\$ 4,961.00	\$ 4,611.52	95	259	\$ 4,961.00	\$ 4,578.56
96	311	\$ 5,000.00	\$ 4,620.02	96	262	\$ 5,054.00	\$ 4,672.00
97	314	\$ 5,054.00	\$ 4,752.92	97	264	\$ 5,548.00	\$ 4,738.00
98	317	\$ 5,279.00	\$ 4,854.00	98	267	\$ 5,554.00	\$ 4,738.00
99	320	\$ 7,195.00	\$ 5,054.00	99	270	\$ 7,195.00	\$ 5,554.00
100	323	\$ 8,050.35	\$ 7,195.00	100	272	\$ 7,429.00	\$ 7,355.00

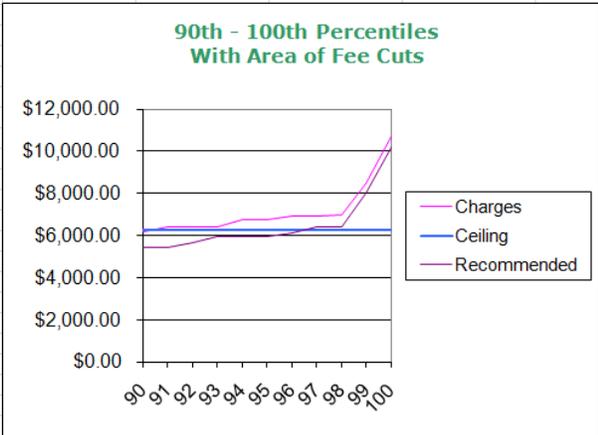
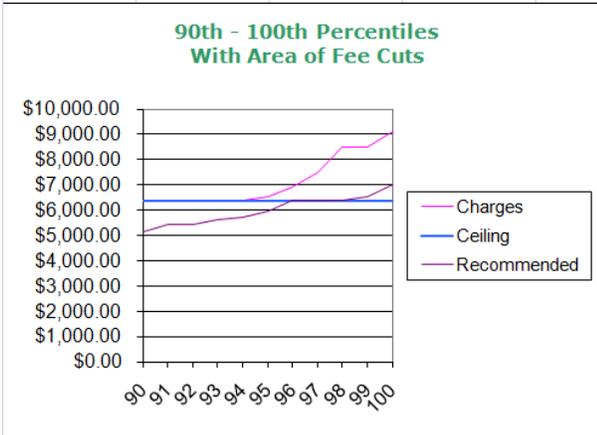


Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call Code: Professional Surgical - 29827**

2006				2007			
Total Observations:			155	Total Observations:			160
Average (Charge):		\$4,536.11		Average (Charge):		\$4,647.36	
Minimum (Charge):		\$1,363.00		Minimum (Charge):		\$1,870.00	
Maximum (Charge):		\$9,127.00		Maximum (Charge):		\$10,718.27	
Average (Recommended):		\$3,729.14		Average (Recommended):		\$4,080.21	
Minimum (Recommended):		\$510.49		Minimum (Recommended):		\$1,141.53	
Maximum (Recommended):		\$7,020.00		Maximum (Recommended):		\$10,182.34	
Ceiling:		\$6,387.07		Ceiling:		\$6,251.44	
Observations Below Ceiling (Charge):	137	88.4%		Observations Below Ceiling (Charge):	144	90.0%	
Observations Above Ceiling (Charge):	18	11.6%		Observations Above Ceiling (Charge):	16	10.0%	
Aggregate Dollars Below Ceiling (Charge):	\$576,716.37	82.0%		Aggregate Dollars Below Ceiling (Charge):	\$629,920.67	84.7%	
Aggregate Dollars Above Ceiling (Charge):	\$126,381.00	18.0%		Aggregate Dollars Above Ceiling (Charge):	\$113,656.28	15.3%	
Average Cut Above Ceiling (Charge):	\$634.10			Average Cut Above Ceiling (Charge):	\$852.07		
Aggregate Cut Above Ceiling (Charge):	\$11,413.79			Aggregate Cut Above Ceiling (Charge):	\$13,633.17		
Unique Provider FEINs Found Below Ceiling (Charge):	57			Unique Provider FEINs Found Below Ceiling (Charge):	44		
Unique Provider FEINs Found Above Ceiling (Charge):	6			Unique Provider FEINs Found Above Ceiling (Charge):	6		
Observations Below Ceiling (Recommended):	149	96.1%		Observations Below Ceiling (Recommended):	155	96.9%	
Observations Above Ceiling (Recommended):	6	3.9%		Observations Above Ceiling (Recommended):	5	3.1%	
Aggregate Dollars Below Ceiling (Recommended):	\$538,878.19	93.2%		Aggregate Dollars Below Ceiling (Recommended):	\$615,457.93	94.3%	
Aggregate Dollars Above Ceiling (Recommended):	\$39,138.00	6.8%		Aggregate Dollars Above Ceiling (Recommended):	\$37,376.34	5.7%	
Average Cut Above Ceiling (Recommended):	\$135.93			Average Cut Above Ceiling (Recommended):	\$1,223.82		
Aggregate Cut Above Ceiling (Recommended):	\$815.60			Aggregate Cut Above Ceiling (Recommended):	\$6,119.12		
Unique FEINs Found Below Ceiling (Recommended):	62			Unique FEINs Found Below Ceiling (Recommended):	48		
Unique FEINs Found Above Ceiling (Recommended):	3			Unique FEINs Found Above Ceiling (Recommended):	3		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	8	\$ 2,499.00	\$ 1,489.00	5	8	\$ 2,845.00	\$ 2,143.64
10	16	\$ 3,135.00	\$ 1,939.50	10	16	\$ 3,400.00	\$ 2,685.65
15	24	\$ 3,246.00	\$ 2,297.20	15	24	\$ 3,823.00	\$ 2,949.21
20	31	\$ 3,586.00	\$ 2,525.00	20	32	\$ 4,064.00	\$ 3,205.30
25	39	\$ 3,790.00	\$ 2,921.13	25	40	\$ 4,235.00	\$ 3,365.67
30	47	\$ 4,000.00	\$ 3,227.00	30	48	\$ 4,235.00	\$ 3,744.40
35	55	\$ 4,056.00	\$ 3,335.20	35	56	\$ 4,241.00	\$ 3,823.00
40	62	\$ 4,218.00	\$ 3,547.79	40	64	\$ 4,255.00	\$ 3,866.00
45	70	\$ 4,235.00	\$ 3,717.00	45	72	\$ 4,255.00	\$ 3,917.38
50	78	\$ 4,445.00	\$ 3,810.91	50	80	\$ 4,400.00	\$ 4,023.25
55	86	\$ 4,445.00	\$ 3,917.38	55	88	\$ 4,576.00	\$ 4,223.21
60	93	\$ 4,579.00	\$ 4,129.87	60	96	\$ 4,579.00	\$ 4,241.00
65	101	\$ 4,777.00	\$ 4,235.00	65	104	\$ 4,664.00	\$ 4,260.26
70	109	\$ 4,980.00	\$ 4,445.00	70	112	\$ 4,750.00	\$ 4,429.00
75	117	\$ 5,019.00	\$ 4,588.74	75	120	\$ 4,801.70	\$ 4,664.00
80	124	\$ 5,450.00	\$ 4,763.64	80	128	\$ 5,450.00	\$ 4,750.00
85	132	\$ 6,165.00	\$ 4,834.89	85	136	\$ 5,532.80	\$ 4,978.00
90	140	\$ 6,398.00	\$ 5,162.32	90	144	\$ 6,165.00	\$ 5,418.77
91	142	\$ 6,398.00	\$ 5,438.30	91	146	\$ 6,398.00	\$ 5,438.30
92	143	\$ 6,398.00	\$ 5,438.30	92	148	\$ 6,398.00	\$ 5,650.60
93	145	\$ 6,398.00	\$ 5,625.00	93	149	\$ 6,398.00	\$ 5,948.00
94	146	\$ 6,398.00	\$ 5,736.11	94	151	\$ 6,775.00	\$ 5,950.14
95	148	\$ 6,526.00	\$ 5,950.14	95	152	\$ 6,775.00	\$ 5,956.04
96	149	\$ 6,929.00	\$ 6,364.00	96	154	\$ 6,929.00	\$ 6,112.37
97	151	\$ 7,474.00	\$ 6,398.00	97	156	\$ 6,929.00	\$ 6,398.00
98	152	\$ 8,472.00	\$ 6,398.00	98	157	\$ 6,966.00	\$ 6,398.00
99	154	\$ 8,472.00	\$ 6,526.00	99	159	\$ 8,472.00	\$ 8,000.00
100	155	\$ 9,127.00	\$ 7,020.00	100	160	\$ 10,718.27	\$ 10,182.34



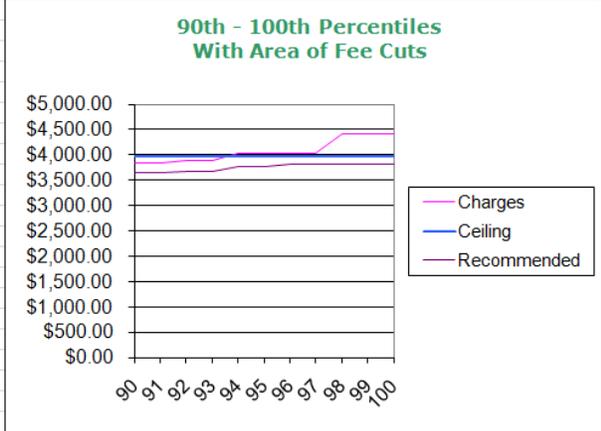
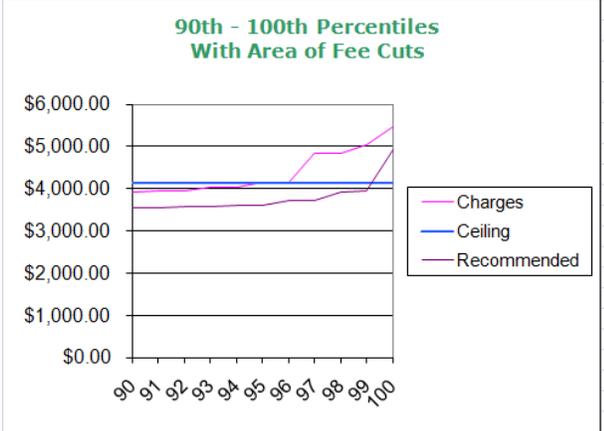
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: Professional Surgical - 29877**

2006				2007				
Total Observations:			105	Total Observations:			48	
Average (Charge):			\$3,205.42	Average (Charge):			\$3,243.23	
Minimum (Charge):			\$1,263.00	Minimum (Charge):			\$1,985.00	
Maximum (Charge):			\$5,474.00	Maximum (Charge):			\$4,420.30	
Average (Recommended):			\$2,597.07	Average (Recommended):			\$2,644.91	
Minimum (Recommended):			\$343.00	Minimum (Recommended):			\$1,526.86	
Maximum (Recommended):			\$4,927.00	Maximum (Recommended):			\$3,818.58	
Ceiling:			\$4,123.12	Ceiling:			\$3,965.68	
Observations Below Ceiling (Charge):			99	94.3%	Observations Below Ceiling (Charge):		45	93.8%
Observations Above Ceiling (Charge):			6	5.7%	Observations Above Ceiling (Charge):		3	6.3%
Aggregate Dollars Below Ceiling (Charge):			\$308,061.47	91.5%	Aggregate Dollars Below Ceiling (Charge):		\$143,174.90	92.0%
Aggregate Dollars Above Ceiling (Charge):			\$28,508.00	8.5%	Aggregate Dollars Above Ceiling (Charge):		\$12,500.30	8.0%
Average Cut Above Ceiling (Charge):			\$628.21		Average Cut Above Ceiling (Charge):		\$201.09	
Aggregate Cut Above Ceiling (Charge):			\$3,769.27		Aggregate Cut Above Ceiling (Charge):		\$603.27	
Unique Provider FEINs Found Below Ceiling (Charge):			49		Unique Provider FEINs Found Below Ceiling (Charge):		30	
Unique Provider FEINs Found Above Ceiling (Charge):			4		Unique Provider FEINs Found Above Ceiling (Charge):		2	
Observations Below Ceiling (Recommended):			104	99.0%	Observations Below Ceiling (Recommended):		48	100.0%
Observations Above Ceiling (Recommended):			1	1.0%	Observations Above Ceiling (Recommended):		0	0.0%
Aggregate Dollars Below Ceiling (Recommended):			\$267,765.58	98.2%	Aggregate Dollars Below Ceiling (Recommended):		\$126,955.70	100.0%
Aggregate Dollars Above Ceiling (Recommended):			\$4,927.00	1.8%	Aggregate Dollars Above Ceiling (Recommended):		\$0.00	0.0%
Average Cut Above Ceiling (Recommended):			\$803.88		Average Cut Above Ceiling (Recommended):		\$0.00	
Aggregate Cut Above Ceiling (Recommended):			\$803.88		Aggregate Cut Above Ceiling (Recommended):		\$0.00	
Unique FEINs Found Below Ceiling (Recommended):			51		Unique FEINs Found Below Ceiling (Recommended):		32	
Unique FEINs Found Above Ceiling (Recommended):			1		Unique FEINs Found Above Ceiling (Recommended):		0	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	6	\$ 2,129.00	\$ 987.68	5	3	\$ 2,486.00	\$ 1,629.86
10	11	\$ 2,620.00	\$ 1,450.83	10	5	\$ 2,584.00	\$ 1,782.37
15	16	\$ 2,620.00	\$ 1,606.07	15	8	\$ 2,620.00	\$ 1,885.75
20	21	\$ 2,730.00	\$ 1,736.73	20	10	\$ 2,780.00	\$ 1,909.29
25	27	\$ 2,789.00	\$ 1,872.36	25	12	\$ 2,785.00	\$ 2,034.65
30	32	\$ 2,861.00	\$ 1,972.00	30	15	\$ 2,921.00	\$ 2,056.98
35	37	\$ 3,019.00	\$ 2,258.00	35	17	\$ 3,005.00	\$ 2,133.52
40	42	\$ 3,094.00	\$ 2,604.00	40	20	\$ 3,176.00	\$ 2,287.12
45	48	\$ 3,177.00	\$ 2,785.00	45	22	\$ 3,200.00	\$ 2,584.00
50	53	\$ 3,200.00	\$ 2,858.85	50	24	\$ 3,275.00	\$ 2,620.00
55	58	\$ 3,327.00	\$ 2,939.30	55	27	\$ 3,362.00	\$ 2,780.00
60	63	\$ 3,369.00	\$ 2,964.72	60	29	\$ 3,367.00	\$ 2,816.00
65	69	\$ 3,391.00	\$ 3,056.38	65	32	\$ 3,550.00	\$ 2,944.00
70	74	\$ 3,426.00	\$ 3,200.00	70	34	\$ 3,617.00	\$ 3,152.00
75	79	\$ 3,529.00	\$ 3,253.00	75	36	\$ 3,619.00	\$ 3,294.76
80	84	\$ 3,596.00	\$ 3,388.00	80	39	\$ 3,663.00	\$ 3,335.00
85	90	\$ 3,782.00	\$ 3,426.00	85	41	\$ 3,782.00	\$ 3,523.00
90	95	\$ 3,931.00	\$ 3,548.00	90	44	\$ 3,836.14	\$ 3,648.25
91	96	\$ 3,938.00	\$ 3,555.20	91	44	\$ 3,836.14	\$ 3,648.25
92	97	\$ 3,945.00	\$ 3,564.73	92	45	\$ 3,885.00	\$ 3,663.00
93	98	\$ 4,040.00	\$ 3,583.30	93	45	\$ 3,885.00	\$ 3,663.00
94	99	\$ 4,040.00	\$ 3,596.00	94	46	\$ 4,040.00	\$ 3,761.00
95	100	\$ 4,160.00	\$ 3,610.00	95	46	\$ 4,040.00	\$ 3,761.00
96	101	\$ 4,160.00	\$ 3,705.52	96	47	\$ 4,040.00	\$ 3,805.20
97	102	\$ 4,834.00	\$ 3,705.52	97	47	\$ 4,040.00	\$ 3,805.20
98	103	\$ 4,834.00	\$ 3,931.00	98	48	\$ 4,420.30	\$ 3,818.58
99	104	\$ 5,046.00	\$ 3,945.00	99	48	\$ 4,420.30	\$ 3,818.58
100	105	\$ 5,474.00	\$ 4,927.00	100	48	\$ 4,420.30	\$ 3,818.58



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call Code: Professional Surgical - 29881**

**2006**

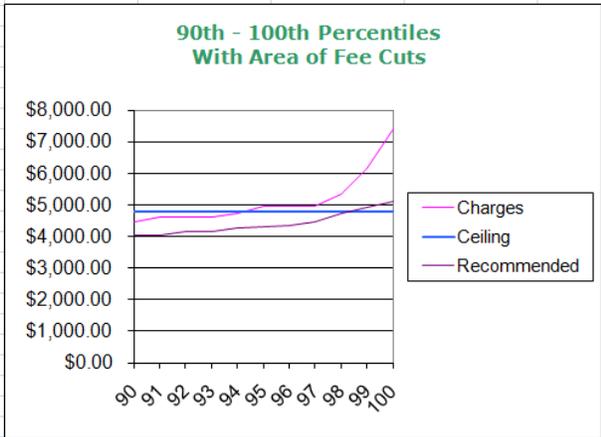
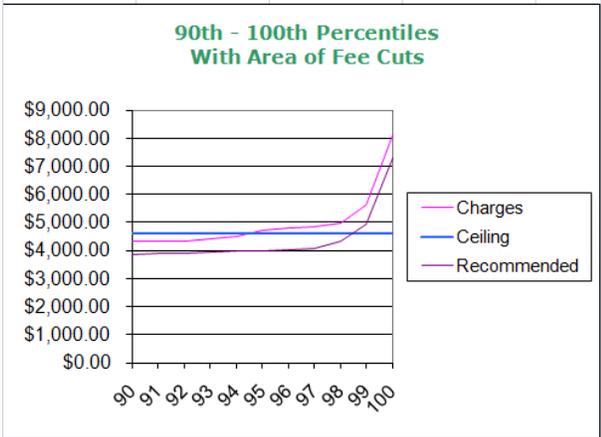
Total Observations:	555
Average (Charge):	\$3,463.45
Minimum (Charge):	\$750.00
Maximum (Charge):	\$8,110.75
Average (Recommended):	\$3,010.88
Minimum (Recommended):	\$596.00
Maximum (Recommended):	\$7,299.68
Ceiling:	\$4,608.20
Observations Below Ceiling (Charge):	525 94.6%
Observations Above Ceiling (Charge):	30 5.4%
Aggregate Dollars Below Ceiling (Charge):	\$1,765,797.17 91.9%
Aggregate Dollars Above Ceiling (Charge):	\$156,416.25 8.1%
Average Cut Above Ceiling (Charge):	\$605.67
Aggregate Cut Above Ceiling (Charge):	\$18,170.19
Unique Provider FEINs Found Below Ceiling (Charge):	144
Unique Provider FEINs Found Above Ceiling (Charge):	16
Observations Below Ceiling (Recommended):	547 98.6%
Observations Above Ceiling (Recommended):	8 1.4%
Aggregate Dollars Below Ceiling (Recommended):	\$1,627,330.60 97.4%
Aggregate Dollars Above Ceiling (Recommended):	\$43,708.18 2.6%
Average Cut Above Ceiling (Recommended):	\$855.32
Aggregate Cut Above Ceiling (Recommended):	\$6,842.57
Unique FEINs Found Below Ceiling (Recommended):	149
Unique FEINs Found Above Ceiling (Recommended):	8

**2007**

Total Observations:	356
Average (Charge):	\$3,801.88
Minimum (Charge):	\$1,605.41
Maximum (Charge):	\$7,395.00
Average (Recommended):	\$3,368.26
Minimum (Recommended):	\$585.26
Maximum (Recommended):	\$5,099.11
Ceiling:	\$4,781.42
Observations Below Ceiling (Charge):	336 94.4%
Observations Above Ceiling (Charge):	20 5.6%
Aggregate Dollars Below Ceiling (Charge):	\$1,245,237.73 92.0%
Aggregate Dollars Above Ceiling (Charge):	\$108,231.00 8.0%
Average Cut Above Ceiling (Charge):	\$630.13
Aggregate Cut Above Ceiling (Charge):	\$12,602.59
Unique Provider FEINs Found Below Ceiling (Charge):	73
Unique Provider FEINs Found Above Ceiling (Charge):	7
Observations Below Ceiling (Recommended):	349 98.0%
Observations Above Ceiling (Recommended):	7 2.0%
Aggregate Dollars Below Ceiling (Recommended):	\$1,164,722.46 97.1%
Aggregate Dollars Above Ceiling (Recommended):	\$34,379.57 2.9%
Average Cut Above Ceiling (Recommended):	\$129.95
Aggregate Cut Above Ceiling (Recommended):	\$909.63
Unique FEINs Found Below Ceiling (Recommended):	75
Unique FEINs Found Above Ceiling (Recommended):	5

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	28	\$ 1,890.00	\$ 1,267.00
10	56	\$ 2,450.00	\$ 1,765.00
15	84	\$ 2,645.00	\$ 2,034.65
20	111	\$ 2,911.00	\$ 2,244.79
25	139	\$ 3,061.00	\$ 2,525.25
30	167	\$ 3,205.00	\$ 2,765.45
35	195	\$ 3,253.00	\$ 2,925.90
40	222	\$ 3,363.00	\$ 3,072.75
45	250	\$ 3,495.00	\$ 3,123.90
50	278	\$ 3,586.00	\$ 3,253.00
55	306	\$ 3,615.00	\$ 3,339.00
60	333	\$ 3,632.00	\$ 3,372.16
65	361	\$ 3,820.00	\$ 3,406.70
70	389	\$ 3,832.00	\$ 3,495.00
75	417	\$ 3,980.99	\$ 3,583.80
80	444	\$ 3,982.00	\$ 3,636.00
85	472	\$ 4,104.00	\$ 3,737.39
90	500	\$ 4,319.90	\$ 3,859.24
91	506	\$ 4,319.90	\$ 3,884.92
92	511	\$ 4,319.90	\$ 3,902.36
93	517	\$ 4,419.00	\$ 3,925.80
94	522	\$ 4,480.00	\$ 3,981.00
95	528	\$ 4,701.00	\$ 3,991.20
96	533	\$ 4,800.00	\$ 4,016.00
97	539	\$ 4,834.00	\$ 4,089.00
98	544	\$ 4,957.00	\$ 4,319.90
99	550	\$ 5,632.00	\$ 4,927.00
100	555	\$ 8,110.75	\$ 7,299.68

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	18	\$ 2,795.00	\$ 1,973.15
10	36	\$ 3,005.00	\$ 2,090.55
15	54	\$ 3,236.00	\$ 2,751.42
20	72	\$ 3,295.00	\$ 2,970.75
25	89	\$ 3,339.00	\$ 3,071.88
30	107	\$ 3,495.00	\$ 3,168.00
35	125	\$ 3,528.00	\$ 3,253.00
40	143	\$ 3,619.00	\$ 3,349.00
45	161	\$ 3,758.00	\$ 3,403.11
50	178	\$ 3,836.14	\$ 3,505.00
55	196	\$ 3,855.00	\$ 3,555.20
60	214	\$ 3,941.00	\$ 3,619.00
65	232	\$ 3,982.00	\$ 3,743.95
70	250	\$ 4,040.00	\$ 3,785.76
75	267	\$ 4,302.00	\$ 3,850.00
80	285	\$ 4,302.00	\$ 3,941.00
85	303	\$ 4,362.00	\$ 3,974.00
90	321	\$ 4,456.00	\$ 4,029.43
91	324	\$ 4,618.00	\$ 4,029.43
92	328	\$ 4,618.00	\$ 4,146.55
93	332	\$ 4,618.00	\$ 4,146.55
94	335	\$ 4,732.00	\$ 4,269.45
95	339	\$ 4,944.00	\$ 4,302.00
96	342	\$ 4,944.00	\$ 4,350.00
97	346	\$ 4,944.00	\$ 4,448.08
98	349	\$ 5,355.00	\$ 4,732.00
99	353	\$ 6,133.00	\$ 4,929.40
100	356	\$ 7,395.00	\$ 5,099.11

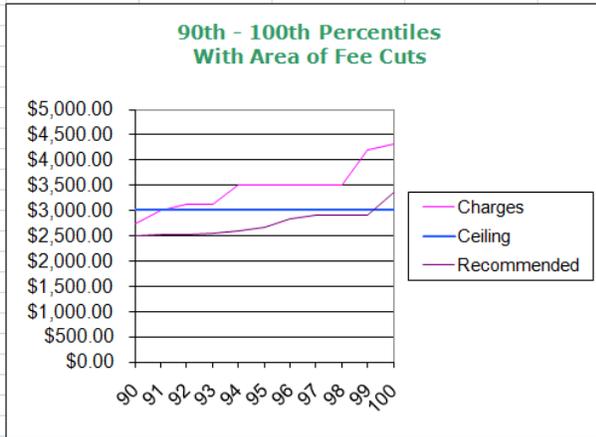
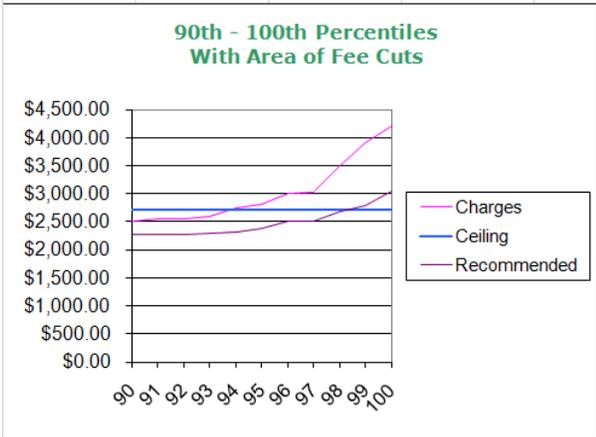


Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call Code: Professional Surgical - 64721**

2006				2007			
Total Observations:		426		Total Observations:		288	
Average (Charge):		\$2,023.92		Average (Charge):		\$2,197.96	
Minimum (Charge):		\$894.00		Minimum (Charge):		\$665.00	
Maximum (Charge):		\$4,199.00		Maximum (Charge):		\$4,312.00	
Average (Recommended):		\$1,769.70		Average (Recommended):		\$1,912.57	
Minimum (Recommended):		\$371.00		Minimum (Recommended):		\$389.88	
Maximum (Recommended):		\$3,037.00		Maximum (Recommended):		\$3,359.20	
Ceiling:		\$2,717.18		Ceiling:		\$3,023.41	
Observations Below Ceiling (Charge):		400	93.9%	Observations Below Ceiling (Charge):		264	91.7%
Observations Above Ceiling (Charge):		26	6.1%	Observations Above Ceiling (Charge):		24	8.3%
Aggregate Dollars Below Ceiling (Charge):		\$777,413.27	90.2%	Aggregate Dollars Below Ceiling (Charge):		\$547,721.86	86.5%
Aggregate Dollars Above Ceiling (Charge):		\$84,774.88	9.8%	Aggregate Dollars Above Ceiling (Charge):		\$85,291.00	13.5%
Average Cut Above Ceiling (Charge):		\$543.39		Average Cut Above Ceiling (Charge):		\$530.38	
Aggregate Cut Above Ceiling (Charge):		\$14,128.20		Aggregate Cut Above Ceiling (Charge):		\$12,729.09	
Unique Provider FEINs Found Below Ceiling (Charge):		98		Unique Provider FEINs Found Below Ceiling (Charge):		73	
Unique Provider FEINs Found Above Ceiling (Charge):		13		Unique Provider FEINs Found Above Ceiling (Charge):		7	
Observations Below Ceiling (Recommended):		420	98.6%	Observations Below Ceiling (Recommended):		286	99.3%
Observations Above Ceiling (Recommended):		6	1.4%	Observations Above Ceiling (Recommended):		2	0.7%
Aggregate Dollars Below Ceiling (Recommended):		\$736,994.47	97.8%	Aggregate Dollars Below Ceiling (Recommended):		\$544,304.61	98.8%
Aggregate Dollars Above Ceiling (Recommended):		\$16,898.00	2.2%	Aggregate Dollars Above Ceiling (Recommended):		\$6,516.44	1.2%
Average Cut Above Ceiling (Recommended):		\$99.15		Average Cut Above Ceiling (Recommended):		\$234.81	
Aggregate Cut Above Ceiling (Recommended):		\$594.92		Aggregate Cut Above Ceiling (Recommended):		\$469.61	
Unique FEINs Found Below Ceiling (Recommended):		109		Unique FEINs Found Below Ceiling (Recommended):		77	
Unique FEINs Found Above Ceiling (Recommended):		3		Unique FEINs Found Above Ceiling (Recommended):		2	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	22	\$ 1,306.00	\$ 1,026.00	5	15	\$ 1,388.00	\$ 1,077.00
10	43	\$ 1,460.00	\$ 1,109.80	10	29	\$ 1,525.00	\$ 1,180.00
15	64	\$ 1,525.00	\$ 1,180.00	15	44	\$ 1,624.00	\$ 1,408.57
20	86	\$ 1,570.00	\$ 1,413.00	20	58	\$ 1,728.00	\$ 1,519.84
25	107	\$ 1,596.00	\$ 1,475.00	25	72	\$ 1,830.00	\$ 1,596.00
30	128	\$ 1,790.00	\$ 1,527.66	30	87	\$ 1,865.00	\$ 1,628.70
35	150	\$ 1,863.00	\$ 1,583.55	35	101	\$ 2,006.00	\$ 1,736.76
40	171	\$ 1,865.00	\$ 1,692.00	40	116	\$ 2,048.00	\$ 1,740.80
45	192	\$ 1,989.00	\$ 1,760.00	45	130	\$ 2,118.00	\$ 1,865.00
50	213	\$ 2,048.00	\$ 1,822.40	50	144	\$ 2,188.00	\$ 1,910.00
55	235	\$ 2,196.00	\$ 1,904.64	55	159	\$ 2,266.00	\$ 2,058.04
60	256	\$ 2,197.00	\$ 1,996.72	60	173	\$ 2,323.00	\$ 2,134.80
65	277	\$ 2,200.00	\$ 2,057.92	65	188	\$ 2,372.00	\$ 2,206.85
70	299	\$ 2,226.00	\$ 2,097.60	70	202	\$ 2,414.00	\$ 2,266.00
75	320	\$ 2,266.00	\$ 2,134.80	75	216	\$ 2,414.00	\$ 2,293.30
80	341	\$ 2,269.00	\$ 2,156.50	80	231	\$ 2,509.00	\$ 2,372.00
85	363	\$ 2,372.00	\$ 2,206.48	85	245	\$ 2,674.00	\$ 2,414.00
90	384	\$ 2,509.00	\$ 2,266.00	90	260	\$ 2,730.30	\$ 2,501.11
91	388	\$ 2,554.10	\$ 2,266.00	91	263	\$ 3,000.00	\$ 2,515.37
92	392	\$ 2,554.10	\$ 2,269.00	92	265	\$ 3,116.00	\$ 2,525.79
93	397	\$ 2,598.00	\$ 2,286.71	93	268	\$ 3,116.00	\$ 2,540.30
94	401	\$ 2,744.96	\$ 2,309.98	94	271	\$ 3,508.00	\$ 2,599.00
95	405	\$ 2,800.00	\$ 2,372.00	95	274	\$ 3,508.00	\$ 2,662.00
96	409	\$ 3,000.00	\$ 2,501.11	96	277	\$ 3,508.00	\$ 2,841.52
97	414	\$ 3,018.00	\$ 2,509.00	97	280	\$ 3,508.00	\$ 2,899.80
98	418	\$ 3,500.00	\$ 2,690.45	98	283	\$ 3,508.00	\$ 2,899.80
99	422	\$ 3,913.00	\$ 2,779.01	99	286	\$ 4,199.00	\$ 2,899.80
100	426	\$ 4,199.00	\$ 3,037.00	100	288	\$ 4,312.00	\$ 3,359.20



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

## APPENDIX VIII

**Detail Sheets for 72100.26, 72141.26, 72148.26,  
73721.26**

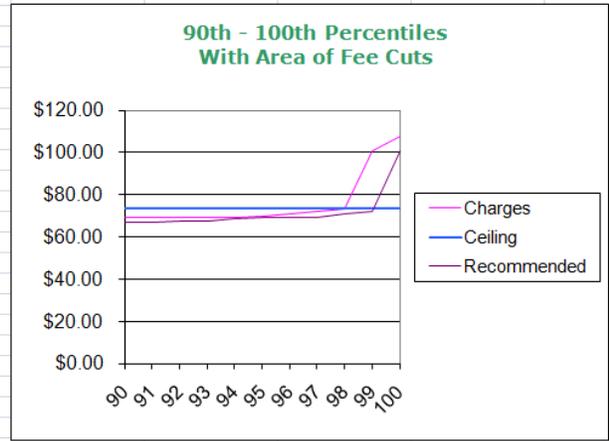
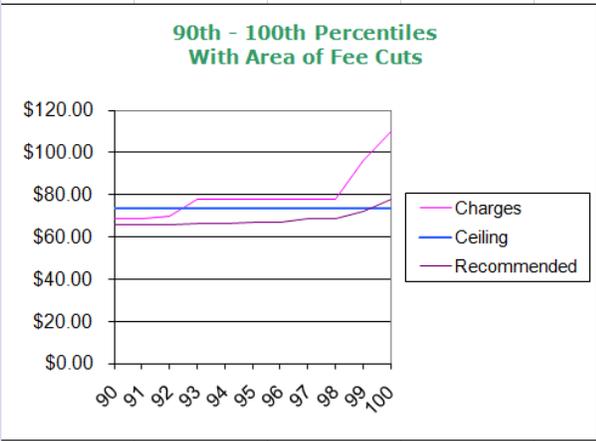
**WIA Data Call**

**Code: Professional Radiology - 72100-26**

2006			2007				
Total Observations:		1,284	Total Observations:		1,100		
Average (Charge):		\$55.91	Average (Charge):		\$57.86		
Minimum (Charge):		\$19.00	Minimum (Charge):		\$25.00		
Maximum (Charge):		\$110.00	Maximum (Charge):		\$107.90		
Average (Recommended):		\$50.19	Average (Recommended):		\$51.94		
Minimum (Recommended):		\$13.00	Minimum (Recommended):		\$11.85		
Maximum (Recommended):		\$78.00	Maximum (Recommended):		\$100.90		
Ceiling:		\$73.77	Ceiling:		\$73.55		
Observations Below Ceiling (Charge):		1,186	92.4%	Observations Below Ceiling (Charge):	1,080	98.2%	
Observations Above Ceiling (Charge):		98	7.6%	Observations Above Ceiling (Charge):	20	1.8%	
Aggregate Dollars Below Ceiling (Charge):		\$63,762.04	88.8%	Aggregate Dollars Below Ceiling (Charge):		\$61,677.71	96.9%
Aggregate Dollars Above Ceiling (Charge):		\$8,026.20	11.2%	Aggregate Dollars Above Ceiling (Charge):		\$1,972.00	3.1%
Average Cut Above Ceiling (Charge):		\$8.13		Average Cut Above Ceiling (Charge):		\$25.05	
Aggregate Cut Above Ceiling (Charge):		\$797.02		Aggregate Cut Above Ceiling (Charge):		\$500.94	
Unique Provider FEINs Found Below Ceiling (Charge):		126		Unique Provider FEINs Found Below Ceiling (Charge):		115	
Unique Provider FEINs Found Above Ceiling (Charge):		8		Unique Provider FEINs Found Above Ceiling (Charge):		6	
Observations Below Ceiling (Recommended):		1,279	99.6%	Observations Below Ceiling (Recommended):		1,091	99.2%
Observations Above Ceiling (Recommended):		5	0.4%	Observations Above Ceiling (Recommended):		9	0.8%
Aggregate Dollars Below Ceiling (Recommended):		\$64,070.17	99.4%	Aggregate Dollars Below Ceiling (Recommended):		\$56,416.99	98.7%
Aggregate Dollars Above Ceiling (Recommended):		\$373.99	0.6%	Aggregate Dollars Above Ceiling (Recommended):		\$719.51	1.3%
Average Cut Above Ceiling (Recommended):		\$1.03		Average Cut Above Ceiling (Recommended):		\$6.39	
Aggregate Cut Above Ceiling (Recommended):		\$5.15		Aggregate Cut Above Ceiling (Recommended):		\$57.53	
Unique FEINs Found Below Ceiling (Recommended):		132		Unique FEINs Found Below Ceiling (Recommended):		117	
Unique FEINs Found Above Ceiling (Recommended):		2		Unique FEINs Found Above Ceiling (Recommended):		2	

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	65	\$ 32.00	\$ 28.58
10	129	\$ 39.00	\$ 32.00
15	193	\$ 46.00	\$ 37.00
20	257	\$ 47.00	\$ 39.00
25	321	\$ 49.00	\$ 42.24
30	386	\$ 50.00	\$ 45.00
35	450	\$ 51.00	\$ 46.92
40	514	\$ 51.00	\$ 48.80
45	578	\$ 51.00	\$ 50.00
50	642	\$ 55.00	\$ 51.00
55	707	\$ 57.00	\$ 52.20
60	771	\$ 58.00	\$ 55.00
65	835	\$ 61.00	\$ 56.93
70	899	\$ 63.25	\$ 59.00
75	963	\$ 65.20	\$ 61.65
80	1028	\$ 66.00	\$ 62.00
85	1092	\$ 68.50	\$ 64.00
90	1156	\$ 68.50	\$ 66.00
91	1169	\$ 68.50	\$ 66.00
92	1182	\$ 70.00	\$ 66.00
93	1195	\$ 78.00	\$ 66.30
94	1207	\$ 78.00	\$ 66.30
95	1220	\$ 78.00	\$ 67.13
96	1233	\$ 78.00	\$ 67.13
97	1246	\$ 78.00	\$ 68.50
98	1259	\$ 78.00	\$ 68.75
99	1272	\$ 95.90	\$ 72.00
100	1284	\$ 110.00	\$ 78.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	55	\$ 35.50	\$ 30.00
10	110	\$ 47.00	\$ 36.88
15	165	\$ 48.00	\$ 39.31
20	220	\$ 50.00	\$ 42.75
25	275	\$ 52.00	\$ 45.90
30	330	\$ 54.00	\$ 47.00
35	385	\$ 54.00	\$ 49.68
40	440	\$ 54.00	\$ 51.30
45	495	\$ 58.00	\$ 51.85
50	550	\$ 61.00	\$ 53.55
55	605	\$ 61.00	\$ 54.00
60	660	\$ 61.00	\$ 54.60
65	715	\$ 63.00	\$ 57.60
70	770	\$ 63.25	\$ 58.00
75	825	\$ 64.00	\$ 61.00
80	880	\$ 65.00	\$ 62.72
85	935	\$ 68.50	\$ 64.00
90	990	\$ 69.00	\$ 66.88
91	1001	\$ 69.00	\$ 67.09
92	1012	\$ 69.00	\$ 67.45
93	1023	\$ 69.00	\$ 67.62
94	1034	\$ 69.00	\$ 68.50
95	1045	\$ 70.00	\$ 69.00
96	1056	\$ 71.00	\$ 69.00
97	1067	\$ 72.00	\$ 69.00
98	1078	\$ 73.00	\$ 70.77
99	1089	\$ 100.90	\$ 72.00
100	1100	\$ 107.90	\$ 100.90



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

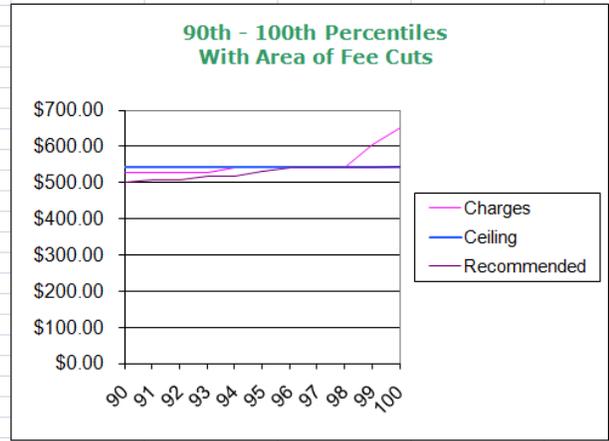
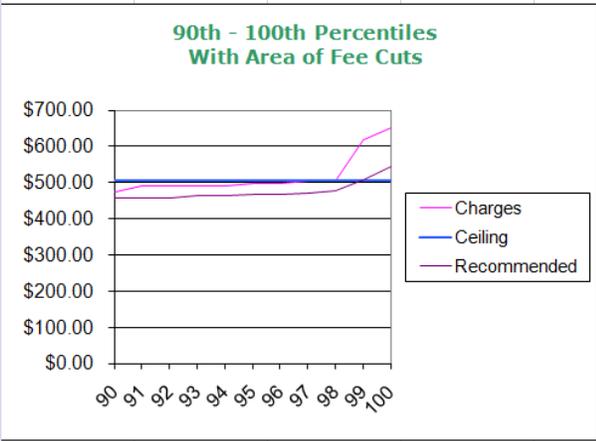
**WIA Data Call**

**Code: Professional Radiology - 72141-26**

2006				2007				
Total Observations:			365	Total Observations:			277	
Average (Charge):			\$399.68	Average (Charge):			\$430.25	
Minimum (Charge):			\$175.00	Minimum (Charge):			\$140.00	
Maximum (Charge):			\$650.20	Maximum (Charge):			\$650.20	
Average (Recommended):			\$359.26	Average (Recommended):			\$393.75	
Minimum (Recommended):			\$95.00	Minimum (Recommended):			\$95.23	
Maximum (Recommended):			\$545.72	Maximum (Recommended):			\$545.72	
Ceiling:			\$507.29	Ceiling:			\$543.52	
Observations Below Ceiling (Charge):			358	98.1%	Observations Below Ceiling (Charge):		272	98.2%
Observations Above Ceiling (Charge):			7	1.9%	Observations Above Ceiling (Charge):		5	1.8%
Aggregate Dollars Below Ceiling (Charge):			\$141,798.65	97.2%	Aggregate Dollars Below Ceiling (Charge):		\$116,111.53	97.4%
Aggregate Dollars Above Ceiling (Charge):			\$4,082.95	2.8%	Aggregate Dollars Above Ceiling (Charge):		\$3,069.00	2.6%
Average Cut Above Ceiling (Charge):			\$75.99		Average Cut Above Ceiling (Charge):		\$70.28	
Aggregate Cut Above Ceiling (Charge):			\$531.93		Aggregate Cut Above Ceiling (Charge):		\$351.42	
Unique Provider FEINs Found Below Ceiling (Charge):			76		Unique Provider FEINs Found Below Ceiling (Charge):		60	
Unique Provider FEINs Found Above Ceiling (Charge):			4		Unique Provider FEINs Found Above Ceiling (Charge):		1	
Observations Below Ceiling (Recommended):			361	98.9%	Observations Below Ceiling (Recommended):		276	99.6%
Observations Above Ceiling (Recommended):			4	1.1%	Observations Above Ceiling (Recommended):		1	0.4%
Aggregate Dollars Below Ceiling (Recommended):			\$129,034.15	98.4%	Aggregate Dollars Below Ceiling (Recommended):		\$108,523.57	99.5%
Aggregate Dollars Above Ceiling (Recommended):			\$2,094.55	1.6%	Aggregate Dollars Above Ceiling (Recommended):		\$545.72	0.5%
Average Cut Above Ceiling (Recommended):			\$16.35		Average Cut Above Ceiling (Recommended):		\$2.20	
Aggregate Cut Above Ceiling (Recommended):			\$65.40		Aggregate Cut Above Ceiling (Recommended):		\$2.20	
Unique FEINs Found Below Ceiling (Recommended):			77		Unique FEINs Found Below Ceiling (Recommended):		61	
Unique FEINs Found Above Ceiling (Recommended):			1		Unique FEINs Found Above Ceiling (Recommended):		1	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	19	\$ 242.00	\$ 216.00	5	14	\$ 259.00	\$ 222.00
10	37	\$ 292.00	\$ 234.50	10	28	\$ 309.00	\$ 256.00
15	55	\$ 322.00	\$ 270.00	15	42	\$ 348.00	\$ 283.70
20	73	\$ 337.00	\$ 280.80	20	56	\$ 372.00	\$ 313.20
25	92	\$ 348.00	\$ 305.00	25	70	\$ 402.75	\$ 348.00
30	110	\$ 380.00	\$ 316.00	30	84	\$ 420.00	\$ 364.67
35	128	\$ 397.00	\$ 334.40	35	97	\$ 424.00	\$ 375.00
40	146	\$ 399.00	\$ 343.34	40	111	\$ 435.00	\$ 385.48
45	165	\$ 403.00	\$ 367.08	45	125	\$ 435.00	\$ 393.00
50	183	\$ 414.00	\$ 378.25	50	139	\$ 445.00	\$ 420.00
55	201	\$ 422.00	\$ 390.00	55	153	\$ 453.00	\$ 424.80
60	219	\$ 435.00	\$ 399.00	60	167	\$ 458.00	\$ 435.00
65	238	\$ 435.00	\$ 403.00	65	181	\$ 459.00	\$ 435.10
70	256	\$ 437.00	\$ 416.50	70	194	\$ 459.00	\$ 448.84
75	274	\$ 445.00	\$ 422.00	75	208	\$ 475.00	\$ 459.00
80	292	\$ 458.00	\$ 428.26	80	222	\$ 477.00	\$ 465.50
85	311	\$ 466.00	\$ 442.64	85	236	\$ 495.00	\$ 477.00
90	329	\$ 475.00	\$ 455.70	90	250	\$ 526.75	\$ 500.41
91	333	\$ 490.00	\$ 456.15	91	253	\$ 526.75	\$ 507.00
92	336	\$ 490.00	\$ 458.10	92	255	\$ 526.75	\$ 507.00
93	340	\$ 490.00	\$ 465.00	93	258	\$ 526.75	\$ 517.60
94	344	\$ 490.00	\$ 465.50	94	261	\$ 540.00	\$ 517.60
95	347	\$ 498.00	\$ 466.00	95	264	\$ 540.00	\$ 532.00
96	351	\$ 498.00	\$ 468.03	96	266	\$ 540.00	\$ 539.67
97	355	\$ 503.00	\$ 471.00	97	269	\$ 540.00	\$ 539.67
98	358	\$ 503.00	\$ 476.46	98	272	\$ 540.00	\$ 540.00
99	362	\$ 617.80	\$ 508.56	99	275	\$ 604.70	\$ 540.00
100	365	\$ 650.20	\$ 545.72	100	277	\$ 650.20	\$ 545.72



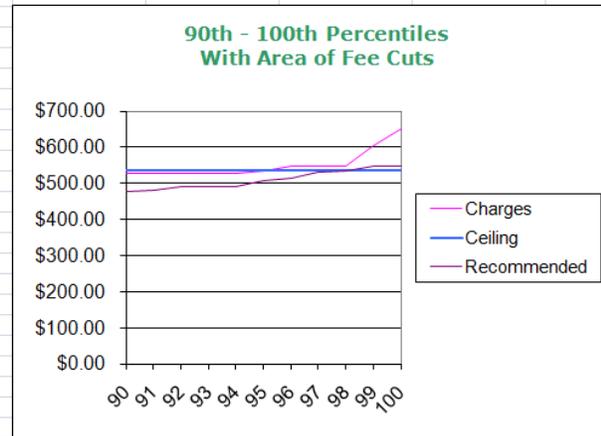
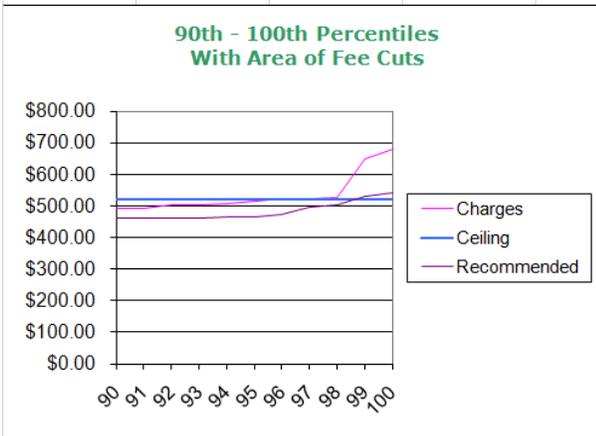
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: Professional Radiology - 72148-26**

2006				2007				
Total Observations:			791	Total Observations:			645	
Average (Charge):			\$400.53	Average (Charge):			\$420.04	
Minimum (Charge):			\$165.00	Minimum (Charge):			\$168.30	
Maximum (Charge):			\$680.00	Maximum (Charge):			\$650.20	
Average (Recommended):			\$355.38	Average (Recommended):			\$375.17	
Minimum (Recommended):			\$88.00	Minimum (Recommended):			\$88.20	
Maximum (Recommended):			\$543.25	Maximum (Recommended):			\$546.00	
Ceiling:			\$521.17	Ceiling:			\$534.61	
Observations Below Ceiling (Charge):			754	95.3%	Observations Below Ceiling (Charge):		619	96.0%
Observations Above Ceiling (Charge):			37	4.7%	Observations Above Ceiling (Charge):		26	4.0%
Aggregate Dollars Below Ceiling (Charge):			\$295,888.94	93.4%	Aggregate Dollars Below Ceiling (Charge):		\$256,062.88	94.5%
Aggregate Dollars Above Ceiling (Charge):			\$20,929.44	6.6%	Aggregate Dollars Above Ceiling (Charge):		\$14,860.80	5.5%
Average Cut Above Ceiling (Charge):			\$44.49		Average Cut Above Ceiling (Charge):		\$36.96	
Aggregate Cut Above Ceiling (Charge):			\$1,646.15		Aggregate Cut Above Ceiling (Charge):		\$960.91	
Unique Provider FEINs Found Below Ceiling (Charge):			91		Unique Provider FEINs Found Below Ceiling (Charge):		87	
Unique Provider FEINs Found Above Ceiling (Charge):			4		Unique Provider FEINs Found Above Ceiling (Charge):		2	
Observations Below Ceiling (Recommended):			780	98.6%	Observations Below Ceiling (Recommended):		635	98.4%
Observations Above Ceiling (Recommended):			11	1.4%	Observations Above Ceiling (Recommended):		10	1.6%
Aggregate Dollars Below Ceiling (Recommended):			\$275,261.58	97.9%	Aggregate Dollars Below Ceiling (Recommended):		\$236,522.33	97.7%
Aggregate Dollars Above Ceiling (Recommended):			\$5,845.79	2.1%	Aggregate Dollars Above Ceiling (Recommended):		\$5,460.00	2.3%
Average Cut Above Ceiling (Recommended):			\$10.27		Average Cut Above Ceiling (Recommended):		\$11.39	
Aggregate Cut Above Ceiling (Recommended):			\$112.92		Aggregate Cut Above Ceiling (Recommended):		\$113.89	
Unique FEINs Found Below Ceiling (Recommended):			92		Unique FEINs Found Below Ceiling (Recommended):		88	
Unique FEINs Found Above Ceiling (Recommended):			1		Unique FEINs Found Above Ceiling (Recommended):		1	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	40	\$ 211.00	\$ 206.00	5	33	\$ 258.00	\$ 211.00
10	80	\$ 290.00	\$ 225.50	10	65	\$ 312.75	\$ 269.60
15	119	\$ 309.00	\$ 262.80	15	97	\$ 337.00	\$ 295.00
20	159	\$ 326.00	\$ 280.80	20	129	\$ 356.00	\$ 303.30
25	198	\$ 341.00	\$ 303.00	25	162	\$ 393.00	\$ 314.40
30	238	\$ 380.00	\$ 311.73	30	194	\$ 409.00	\$ 329.60
35	277	\$ 393.00	\$ 321.30	35	226	\$ 412.00	\$ 347.65
40	317	\$ 397.00	\$ 337.45	40	258	\$ 412.00	\$ 350.20
45	356	\$ 398.00	\$ 356.00	45	291	\$ 419.00	\$ 357.00
50	396	\$ 402.00	\$ 371.45	50	323	\$ 420.00	\$ 373.35
55	436	\$ 412.75	\$ 378.00	55	355	\$ 426.00	\$ 390.15
60	475	\$ 426.00	\$ 394.00	60	387	\$ 450.00	\$ 412.00
65	515	\$ 437.00	\$ 399.00	65	420	\$ 450.00	\$ 422.00
70	554	\$ 450.00	\$ 413.10	70	452	\$ 459.00	\$ 432.00
75	594	\$ 453.00	\$ 422.00	75	484	\$ 474.00	\$ 450.00
80	633	\$ 475.00	\$ 437.00	80	516	\$ 480.00	\$ 459.00
85	673	\$ 475.00	\$ 453.34	85	549	\$ 488.00	\$ 466.71
90	712	\$ 492.00	\$ 460.09	90	581	\$ 526.44	\$ 476.10
91	720	\$ 492.00	\$ 461.40	91	587	\$ 526.44	\$ 481.62
92	728	\$ 503.00	\$ 461.40	92	594	\$ 526.44	\$ 489.59
93	736	\$ 503.00	\$ 463.09	93	600	\$ 529.00	\$ 489.59
94	744	\$ 508.00	\$ 465.00	94	607	\$ 529.00	\$ 490.35
95	752	\$ 515.00	\$ 466.00	95	613	\$ 533.00	\$ 505.87
96	760	\$ 522.00	\$ 473.00	96	620	\$ 546.00	\$ 514.53
97	768	\$ 522.00	\$ 496.49	97	626	\$ 546.00	\$ 532.49
98	776	\$ 526.44	\$ 503.00	98	633	\$ 546.00	\$ 533.00
99	784	\$ 650.20	\$ 528.70	99	639	\$ 604.70	\$ 546.00
100	791	\$ 680.00	\$ 543.25	100	645	\$ 650.20	\$ 546.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

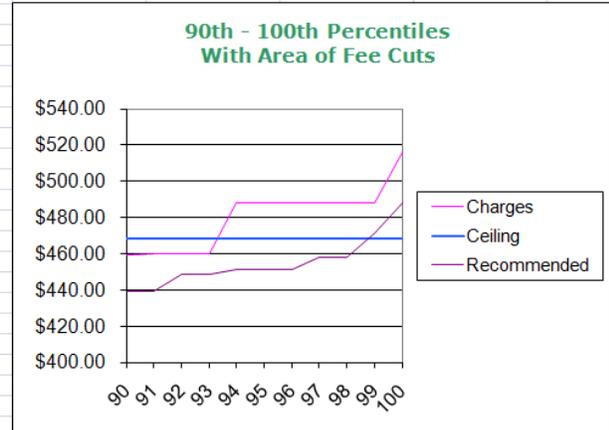
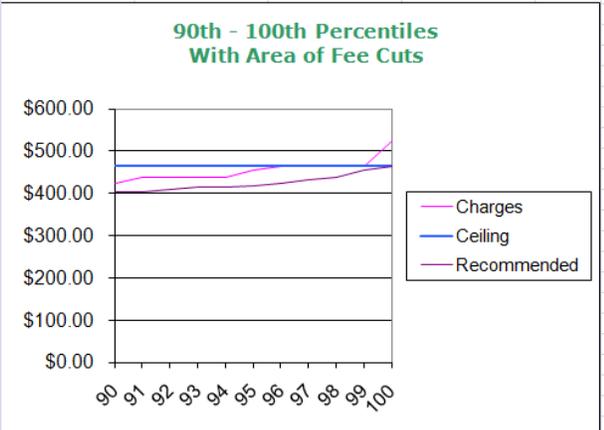
**WIA Data Call**

**Code: Professional Radiology - 73721-26**

2006				2007			
Total Observations:			619	Total Observations:			415
Average (Charge):		\$343.84		Average (Charge):		\$376.25	
Minimum (Charge):		\$56.00		Minimum (Charge):		\$157.00	
Maximum (Charge):		\$524.50		Maximum (Charge):		\$516.00	
Average (Recommended):		\$316.29		Average (Recommended):		\$337.55	
Minimum (Recommended):		\$56.00		Minimum (Recommended):		\$95.78	
Maximum (Recommended):		\$465.00		Maximum (Recommended):		\$488.00	
Ceiling:		\$464.17		Ceiling:		\$468.58	
Observations Below Ceiling (Charge):		592	95.6%	Observations Below Ceiling (Charge):		387	93.3%
Observations Above Ceiling (Charge):		27	4.4%	Observations Above Ceiling (Charge):		28	6.7%
Aggregate Dollars Below Ceiling (Charge):		\$200,008.11	94.0%	Aggregate Dollars Below Ceiling (Charge):		\$142,493.66	91.3%
Aggregate Dollars Above Ceiling (Charge):		\$12,826.00	6.0%	Aggregate Dollars Above Ceiling (Charge):		\$13,649.80	8.7%
Average Cut Above Ceiling (Charge):		\$10.87		Average Cut Above Ceiling (Charge):		\$18.91	
Aggregate Cut Above Ceiling (Charge):		\$293.51		Aggregate Cut Above Ceiling (Charge):		\$529.44	
Unique Provider FEINs Found Below Ceiling (Charge):		85		Unique Provider FEINs Found Below Ceiling (Charge):		46	
Unique Provider FEINs Found Above Ceiling (Charge):		3		Unique Provider FEINs Found Above Ceiling (Charge):		6	
Observations Below Ceiling (Recommended):		613	99.0%	Observations Below Ceiling (Recommended):		410	98.8%
Observations Above Ceiling (Recommended):		6	1.0%	Observations Above Ceiling (Recommended):		5	1.2%
Aggregate Dollars Below Ceiling (Recommended):		\$192,996.17	98.6%	Aggregate Dollars Below Ceiling (Recommended):		\$137,660.98	98.3%
Aggregate Dollars Above Ceiling (Recommended):		\$2,790.00	1.4%	Aggregate Dollars Above Ceiling (Recommended):		\$2,423.14	1.7%
Average Cut Above Ceiling (Recommended):		\$0.83		Average Cut Above Ceiling (Recommended):		\$16.04	
Aggregate Cut Above Ceiling (Recommended):		\$5.00		Aggregate Cut Above Ceiling (Recommended):		\$80.22	
Unique FEINs Found Below Ceiling (Recommended):		87		Unique FEINs Found Below Ceiling (Recommended):		49	
Unique FEINs Found Above Ceiling (Recommended):		1		Unique FEINs Found Above Ceiling (Recommended):		2	

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	31	\$ 185.00	\$ 157.00
10	62	\$ 237.00	\$ 195.00
15	93	\$ 243.00	\$ 243.00
20	124	\$ 276.00	\$ 244.00
25	155	\$ 288.00	\$ 277.00
30	186	\$ 326.00	\$ 288.00
35	217	\$ 339.00	\$ 299.25
40	248	\$ 356.00	\$ 317.90
45	279	\$ 359.00	\$ 326.00
50	310	\$ 372.00	\$ 334.80
55	341	\$ 377.00	\$ 341.25
60	372	\$ 380.00	\$ 344.10
65	403	\$ 385.00	\$ 356.00
70	434	\$ 399.00	\$ 366.96
75	465	\$ 399.00	\$ 372.00
80	496	\$ 403.00	\$ 385.00
85	527	\$ 408.00	\$ 399.00
90	558	\$ 424.00	\$ 403.00
91	564	\$ 437.00	\$ 403.00
92	570	\$ 437.00	\$ 410.00
93	576	\$ 437.00	\$ 415.52
94	582	\$ 437.00	\$ 415.52
95	589	\$ 455.00	\$ 418.50
96	595	\$ 465.00	\$ 424.00
97	601	\$ 465.00	\$ 431.44
98	607	\$ 465.00	\$ 438.04
99	613	\$ 465.00	\$ 455.00
100	619	\$ 524.50	\$ 465.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	21	\$ 243.00	\$ 215.40
10	42	\$ 284.00	\$ 250.00
15	63	\$ 309.00	\$ 283.70
20	83	\$ 328.00	\$ 295.00
25	104	\$ 364.00	\$ 301.00
30	125	\$ 372.00	\$ 302.48
35	146	\$ 374.00	\$ 308.72
40	166	\$ 374.00	\$ 317.90
45	187	\$ 374.00	\$ 317.90
50	208	\$ 379.00	\$ 323.85
55	229	\$ 380.00	\$ 334.80
60	249	\$ 381.00	\$ 364.00
65	270	\$ 395.90	\$ 370.00
70	291	\$ 405.00	\$ 379.00
75	312	\$ 409.00	\$ 388.55
80	332	\$ 419.00	\$ 399.00
85	353	\$ 451.00	\$ 405.00
90	374	\$ 459.00	\$ 439.20
91	378	\$ 460.00	\$ 439.20
92	382	\$ 460.00	\$ 448.72
93	386	\$ 460.00	\$ 448.72
94	391	\$ 487.80	\$ 451.00
95	395	\$ 488.00	\$ 451.00
96	399	\$ 488.00	\$ 451.00
97	403	\$ 488.00	\$ 457.80
98	407	\$ 488.00	\$ 457.80
99	411	\$ 488.00	\$ 471.14
100	415	\$ 516.00	\$ 488.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

# APPENDIX IX

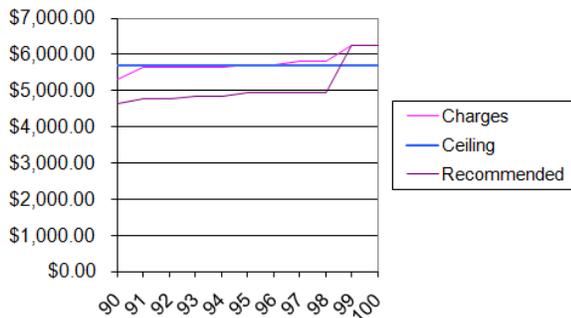
## **Detail Sheets for *ASC 29881/80.6,* *64721/04.43***

**WIA Data Call**

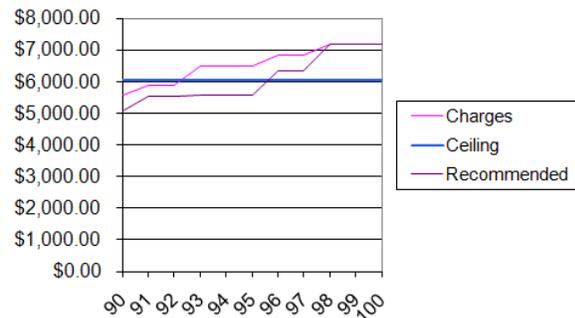
**Code: ASC 29881 Or 80.6**

2006				2007			
Total Observations:			53	Total Observations:			42
Average (Charge):		\$4,185.99		Average (Charge):		\$4,351.17	
Minimum (Charge):		\$1,890.00		Minimum (Charge):		\$1,965.60	
Maximum (Charge):		\$6,255.00		Maximum (Charge):		\$7,174.00	
Average (Recommended):		\$3,691.58		Average (Recommended):		\$3,820.38	
Minimum (Recommended):		\$1,890.00		Minimum (Recommended):		\$1,965.60	
Maximum (Recommended):		\$6,255.00		Maximum (Recommended):		\$7,174.00	
Ceiling:		\$5,682.31		Ceiling:		\$6,032.40	
Observations Below Ceiling (Charge):	50		94.3%	Observations Below Ceiling (Charge):	39		92.9%
Observations Above Ceiling (Charge):	3		5.7%	Observations Above Ceiling (Charge):	3		7.1%
Aggregate Dollars Below Ceiling (Charge):	\$204,088.50		92.0%	Aggregate Dollars Below Ceiling (Charge):	\$162,264.55		88.8%
Aggregate Dollars Above Ceiling (Charge):	\$17,768.74		8.0%	Aggregate Dollars Above Ceiling (Charge):	\$20,484.63		11.2%
Average Cut Above Ceiling (Charge):	\$240.60			Average Cut Above Ceiling (Charge):	\$795.81		
Aggregate Cut Above Ceiling (Charge):	\$721.81			Aggregate Cut Above Ceiling (Charge):	\$2,387.44		
Unique Provider FEINs Found Below Ceiling (Charge):	15			Unique Provider FEINs Found Below Ceiling (Charge):	13		
Unique Provider FEINs Found Above Ceiling (Charge):	2			Unique Provider FEINs Found Above Ceiling (Charge):	2		
Observations Below Ceiling (Recommended):	52		98.1%	Observations Below Ceiling (Recommended):	40		95.2%
Observations Above Ceiling (Recommended):	1		1.9%	Observations Above Ceiling (Recommended):	2		4.8%
Aggregate Dollars Below Ceiling (Recommended):	\$189,398.87		96.8%	Aggregate Dollars Below Ceiling (Recommended):	\$146,949.70		91.6%
Aggregate Dollars Above Ceiling (Recommended):	\$6,255.00		3.2%	Aggregate Dollars Above Ceiling (Recommended):	\$13,506.41		8.4%
Average Cut Above Ceiling (Recommended):	\$572.69			Average Cut Above Ceiling (Recommended):	\$720.81		
Aggregate Cut Above Ceiling (Recommended):	\$572.69			Aggregate Cut Above Ceiling (Recommended):	\$1,441.62		
Unique FEINs Found Below Ceiling (Recommended):	16			Unique FEINs Found Below Ceiling (Recommended):	14		
Unique FEINs Found Above Ceiling (Recommended):	1			Unique FEINs Found Above Ceiling (Recommended):	2		
Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	3	\$ 2,577.00	\$ 2,319.30	5	3	\$ 2,706.00	\$ 2,191.15
10	6	\$ 2,577.00	\$ 2,577.00	10	5	\$ 2,706.00	\$ 2,435.40
15	8	\$ 2,577.00	\$ 2,577.00	15	7	\$ 3,344.00	\$ 2,706.00
20	11	\$ 3,344.00	\$ 2,942.72	20	9	\$ 3,545.00	\$ 3,119.60
25	14	\$ 3,344.00	\$ 3,124.00	25	11	\$ 3,545.00	\$ 3,344.00
30	16	\$ 3,344.00	\$ 3,238.41	30	13	\$ 3,545.00	\$ 3,367.75
35	19	\$ 3,616.00	\$ 3,344.00	35	15	\$ 3,545.00	\$ 3,367.75
40	22	\$ 4,011.00	\$ 3,344.00	40	17	\$ 3,545.00	\$ 3,514.50
45	24	\$ 4,305.00	\$ 3,500.00	45	19	\$ 3,545.00	\$ 3,545.00
50	27	\$ 4,424.00	\$ 3,700.90	50	21	\$ 3,905.00	\$ 3,545.00
55	30	\$ 4,626.00	\$ 3,965.25	55	24	\$ 4,570.00	\$ 3,545.00
60	32	\$ 4,626.30	\$ 3,989.00	60	26	\$ 5,000.00	\$ 3,616.00
65	35	\$ 4,626.30	\$ 4,156.00	65	28	\$ 5,000.00	\$ 3,919.73
70	38	\$ 4,834.00	\$ 4,305.00	70	30	\$ 5,035.00	\$ 4,116.75
75	40	\$ 5,056.00	\$ 4,351.00	75	32	\$ 5,122.00	\$ 4,416.53
80	43	\$ 5,287.00	\$ 4,353.34	80	34	\$ 5,489.00	\$ 4,989.50
85	46	\$ 5,309.00	\$ 4,626.00	85	36	\$ 5,551.00	\$ 5,000.00
90	48	\$ 5,309.00	\$ 4,626.30	90	38	\$ 5,554.00	\$ 5,060.00
91	49	\$ 5,644.00	\$ 4,778.10	91	39	\$ 5,870.00	\$ 5,517.55
92	49	\$ 5,644.00	\$ 4,778.10	92	39	\$ 5,870.00	\$ 5,517.55
93	50	\$ 5,644.00	\$ 4,852.90	93	40	\$ 6,491.24	\$ 5,554.00
94	50	\$ 5,644.00	\$ 4,852.90	94	40	\$ 6,491.24	\$ 5,554.00
95	51	\$ 5,709.30	\$ 4,948.00	95	40	\$ 6,491.24	\$ 5,554.00
96	51	\$ 5,709.30	\$ 4,948.00	96	41	\$ 6,819.39	\$ 6,332.41
97	52	\$ 5,804.44	\$ 4,948.00	97	41	\$ 6,819.39	\$ 6,332.41
98	52	\$ 5,804.44	\$ 4,948.00	98	42	\$ 7,174.00	\$ 7,174.00
99	53	\$ 6,255.00	\$ 6,255.00	99	42	\$ 7,174.00	\$ 7,174.00
100	53	\$ 6,255.00	\$ 6,255.00	100	42	\$ 7,174.00	\$ 7,174.00

**90th - 100th Percentiles With Area of Fee Cuts**



**90th - 100th Percentiles With Area of Fee Cuts**



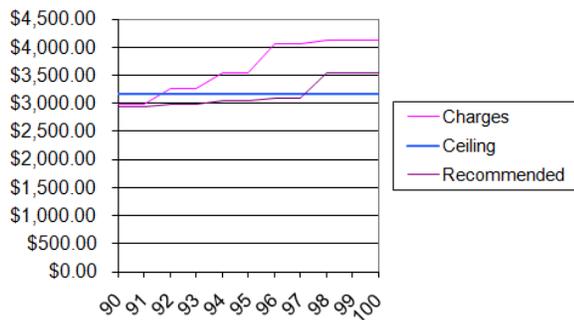
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

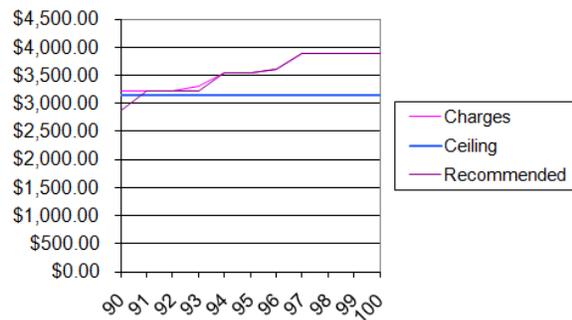
**Code: ASC 64721 Or 04.43**

2006				2007			
Total Observations:			45	Total Observations:			66
Average (Charge):		\$2,377.59		Average (Charge):		\$2,498.27	
Minimum (Charge):		\$1,693.00		Minimum (Charge):		\$1,750.00	
Maximum (Charge):		\$4,114.33		Maximum (Charge):		\$3,877.00	
Average (Recommended):		\$2,103.57		Average (Recommended):		\$2,233.02	
Minimum (Recommended):		\$1,505.00		Minimum (Recommended):		\$1,560.00	
Maximum (Recommended):		\$3,544.00		Maximum (Recommended):		\$3,877.00	
Ceiling:		\$3,157.44		Ceiling:		\$3,146.36	
Observations Below Ceiling (Charge):	41		91.1%	Observations Below Ceiling (Charge):	59		89.4%
Observations Above Ceiling (Charge):	4		8.9%	Observations Above Ceiling (Charge):	7		10.6%
Aggregate Dollars Below Ceiling (Charge):	\$92,018.37		86.0%	Aggregate Dollars Below Ceiling (Charge):	\$140,251.30		85.1%
Aggregate Dollars Above Ceiling (Charge):	\$14,973.29		14.0%	Aggregate Dollars Above Ceiling (Charge):	\$24,634.50		14.9%
Average Cut Above Ceiling (Charge):	\$585.88			Average Cut Above Ceiling (Charge):	\$372.86		
Aggregate Cut Above Ceiling (Charge):	\$2,343.53			Aggregate Cut Above Ceiling (Charge):	\$2,610.01		
Unique Provider FEINs Found Below Ceiling (Charge):	13			Unique Provider FEINs Found Below Ceiling (Charge):	14		
Unique Provider FEINs Found Above Ceiling (Charge):	3			Unique Provider FEINs Found Above Ceiling (Charge):	4		
Observations Below Ceiling (Recommended):	44		97.8%	Observations Below Ceiling (Recommended):	60		90.9%
Observations Above Ceiling (Recommended):	1		2.2%	Observations Above Ceiling (Recommended):	6		9.1%
Aggregate Dollars Below Ceiling (Recommended):	\$91,116.82		96.3%	Aggregate Dollars Below Ceiling (Recommended):	\$126,050.85		85.5%
Aggregate Dollars Above Ceiling (Recommended):	\$3,544.00		3.7%	Aggregate Dollars Above Ceiling (Recommended):	\$21,328.50		14.5%
Average Cut Above Ceiling (Recommended):	\$386.56			Average Cut Above Ceiling (Recommended):	\$408.39		
Aggregate Cut Above Ceiling (Recommended):	\$386.56			Aggregate Cut Above Ceiling (Recommended):	\$2,450.37		
Unique FEINs Found Below Ceiling (Recommended):	15			Unique FEINs Found Below Ceiling (Recommended):	15		
Unique FEINs Found Above Ceiling (Recommended):	1			Unique FEINs Found Above Ceiling (Recommended):	3		
Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	3	\$ 1,893.00	\$ 1,580.71	5	4	\$ 1,950.00	\$ 1,667.25
10	5	\$ 1,936.00	\$ 1,582.84	10	7	\$ 1,988.00	\$ 1,729.75
15	7	\$ 2,013.00	\$ 1,675.22	15	10	\$ 2,048.00	\$ 1,733.00
20	9	\$ 2,013.00	\$ 1,693.00	20	14	\$ 2,162.19	\$ 1,947.58
25	12	\$ 2,019.35	\$ 1,713.60	25	17	\$ 2,163.98	\$ 1,950.00
30	14	\$ 2,025.47	\$ 1,811.70	30	20	\$ 2,168.92	\$ 1,975.00
35	16	\$ 2,025.47	\$ 1,811.70	35	24	\$ 2,189.55	\$ 1,988.00
40	18	\$ 2,025.47	\$ 1,893.00	40	27	\$ 2,238.19	\$ 2,009.49
45	21	\$ 2,094.00	\$ 2,003.00	45	30	\$ 2,340.00	\$ 2,034.41
50	23	\$ 2,150.00	\$ 2,094.00	50	33	\$ 2,426.00	\$ 2,034.41
55	25	\$ 2,208.00	\$ 2,094.00	55	37	\$ 2,487.92	\$ 2,106.00
60	27	\$ 2,208.00	\$ 2,163.84	60	40	\$ 2,520.00	\$ 2,142.00
65	30	\$ 2,226.00	\$ 2,208.00	65	43	\$ 2,732.00	\$ 2,183.40
70	32	\$ 2,575.00	\$ 2,208.00	70	47	\$ 2,732.00	\$ 2,426.00
75	34	\$ 2,625.00	\$ 2,231.25	75	50	\$ 2,737.00	\$ 2,458.80
80	36	\$ 2,870.70	\$ 2,317.50	80	53	\$ 2,737.00	\$ 2,479.50
85	39	\$ 2,935.00	\$ 2,494.75	85	57	\$ 2,870.70	\$ 2,732.00
90	41	\$ 2,982.00	\$ 2,935.00	90	60	\$ 3,215.25	\$ 2,870.70
91	41	\$ 2,982.00	\$ 2,935.00	91	61	\$ 3,215.25	\$ 3,215.25
92	42	\$ 3,260.00	\$ 2,982.00	92	61	\$ 3,215.25	\$ 3,215.25
93	42	\$ 3,260.00	\$ 2,982.00	93	62	\$ 3,306.00	\$ 3,215.25
94	43	\$ 3,544.00	\$ 3,041.22	94	63	\$ 3,544.00	\$ 3,544.00
95	43	\$ 3,544.00	\$ 3,041.22	95	63	\$ 3,544.00	\$ 3,544.00
96	44	\$ 4,054.96	\$ 3,085.75	96	64	\$ 3,600.00	\$ 3,600.00
97	44	\$ 4,054.96	\$ 3,085.75	97	65	\$ 3,877.00	\$ 3,877.00
98	45	\$ 4,114.33	\$ 3,544.00	98	65	\$ 3,877.00	\$ 3,877.00
99	45	\$ 4,114.33	\$ 3,544.00	99	66	\$ 3,877.00	\$ 3,877.00
100	45	\$ 4,114.33	\$ 3,544.00	100	66	\$ 3,877.00	\$ 3,877.00

**90th - 100th Percentiles With Area of Fee Cuts**



**90th - 100th Percentiles With Area of Fee Cuts**



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

# APPENDIX X

**Detail Sheets for *Hospital Outpatient* 29881/80.6,  
64721/04.43**

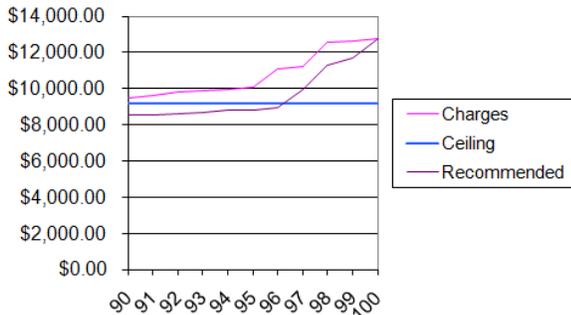
**WIA Data Call**

**Code: Hospital Outpatient 29881 Or 80.6**

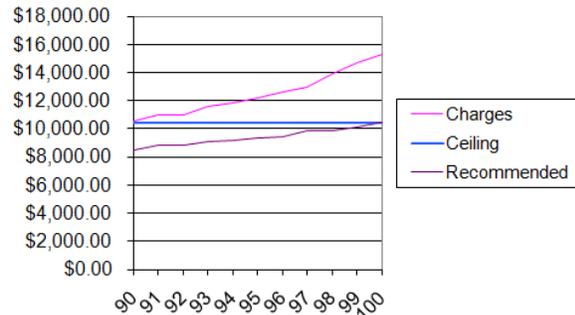
2006				2007			
Total Observations:			149	Total Observations:			108
Average (Charge):		\$5,796.54		Average (Charge):		\$6,353.03	
Minimum (Charge):		\$1,833.70		Minimum (Charge):		\$1,059.50	
Maximum (Charge):		\$12,778.50		Maximum (Charge):		\$15,315.18	
Average (Recommended):		\$5,260.63		Average (Recommended):		\$5,372.78	
Minimum (Recommended):		\$1,794.00		Minimum (Recommended):		\$964.15	
Maximum (Recommended):		\$12,778.50		Maximum (Recommended):		\$10,429.84	
Ceiling:		\$9,182.99		Ceiling:		\$10,434.34	
Observations Below Ceiling (Charge):	131		87.9%	Observations Below Ceiling (Charge):	96		88.9%
Observations Above Ceiling (Charge):	18		12.1%	Observations Above Ceiling (Charge):	12		11.1%
Aggregate Dollars Below Ceiling (Charge):	\$674,968.15		78.1%	Aggregate Dollars Below Ceiling (Charge):	\$538,055.88		78.4%
Aggregate Dollars Above Ceiling (Charge):	\$188,715.85		21.9%	Aggregate Dollars Above Ceiling (Charge):	\$148,071.36		21.6%
Average Cut Above Ceiling (Charge):	\$1,301.22			Average Cut Above Ceiling (Charge):	\$1,904.94		
Aggregate Cut Above Ceiling (Charge):	\$23,422.02			Aggregate Cut Above Ceiling (Charge):	\$22,859.31		
Unique Provider FEINs Found Below Ceiling (Charge):	45			Unique Provider FEINs Found Below Ceiling (Charge):	42		
Unique Provider FEINs Found Above Ceiling (Charge):	12			Unique Provider FEINs Found Above Ceiling (Charge):	7		
Observations Below Ceiling (Recommended):	144		96.6%	Observations Below Ceiling (Recommended):	108		100.0%
Observations Above Ceiling (Recommended):	5		3.4%	Observations Above Ceiling (Recommended):	0		0.0%
Aggregate Dollars Below Ceiling (Recommended):	\$727,331.43		92.8%	Aggregate Dollars Below Ceiling (Recommended):	\$580,260.17		100.0%
Aggregate Dollars Above Ceiling (Recommended):	\$56,502.05		7.2%	Aggregate Dollars Above Ceiling (Recommended):	\$0.00		0.0%
Average Cut Above Ceiling (Recommended):	\$2,117.42			Average Cut Above Ceiling (Recommended):	\$0.00		
Aggregate Cut Above Ceiling (Recommended):	\$10,587.10			Aggregate Cut Above Ceiling (Recommended):	\$0.00		
Unique FEINs Found Below Ceiling (Recommended):	48			Unique FEINs Found Below Ceiling (Recommended):	47		
Unique FEINs Found Above Ceiling (Recommended):	4			Unique FEINs Found Above Ceiling (Recommended):	0		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	8	\$ 3,112.00	\$ 2,662.50	5	6	\$ 3,102.50	\$ 1,705.34
10	15	\$ 3,300.00	\$ 3,112.00	10	11	\$ 3,832.00	\$ 3,119.67
15	23	\$ 3,493.78	\$ 3,240.00	15	17	\$ 3,968.47	\$ 3,428.73
20	30	\$ 3,697.93	\$ 3,373.56	20	22	\$ 4,033.80	\$ 3,630.42
25	38	\$ 3,869.75	\$ 3,588.00	25	27	\$ 4,087.00	\$ 3,756.26
30	45	\$ 3,900.00	\$ 3,651.25	30	33	\$ 4,290.00	\$ 3,946.80
35	53	\$ 4,082.00	\$ 3,820.00	35	38	\$ 4,421.03	\$ 3,983.48
40	60	\$ 4,407.85	\$ 3,967.06	40	44	\$ 4,805.50	\$ 4,230.90
45	68	\$ 4,775.51	\$ 4,202.45	45	49	\$ 5,316.67	\$ 4,516.03
50	75	\$ 5,106.74	\$ 4,564.80	50	54	\$ 5,535.94	\$ 4,853.14
55	82	\$ 5,510.25	\$ 4,991.73	55	60	\$ 6,124.25	\$ 5,409.54
60	90	\$ 6,045.51	\$ 5,489.13	60	65	\$ 6,552.67	\$ 5,550.97
65	97	\$ 6,453.45	\$ 6,045.51	65	71	\$ 7,068.59	\$ 5,921.58
70	105	\$ 6,957.01	\$ 6,494.74	70	76	\$ 7,501.55	\$ 6,388.38
75	112	\$ 7,479.40	\$ 6,725.63	75	81	\$ 8,287.36	\$ 7,337.25
80	120	\$ 7,910.02	\$ 7,196.08	80	87	\$ 8,598.20	\$ 7,738.40
85	127	\$ 8,441.45	\$ 7,807.10	85	92	\$ 8,677.00	\$ 8,026.24
90	135	\$ 9,506.87	\$ 8,556.18	90	98	\$ 10,509.26	\$ 8,475.02
91	136	\$ 9,644.34	\$ 8,565.02	91	99	\$ 10,998.94	\$ 8,793.88
92	138	\$ 9,780.15	\$ 8,618.00	92	100	\$ 11,020.08	\$ 8,793.88
93	139	\$ 9,899.12	\$ 8,687.00	93	101	\$ 11,588.69	\$ 9,051.66
94	141	\$ 9,921.54	\$ 8,810.22	94	102	\$ 11,868.66	\$ 9,153.48
95	142	\$ 10,110.00	\$ 8,830.18	95	103	\$ 12,198.59	\$ 9,338.12
96	144	\$ 11,086.59	\$ 8,911.70	96	104	\$ 12,585.48	\$ 9,458.34
97	145	\$ 11,231.84	\$ 9,977.94	97	105	\$ 12,936.78	\$ 9,826.21
98	147	\$ 12,551.50	\$ 11,296.36	98	106	\$ 13,909.12	\$ 9,831.96
99	148	\$ 12,652.12	\$ 11,703.22	99	107	\$ 14,658.32	\$ 10,104.71
100	149	\$ 12,778.50	\$ 12,778.50	100	108	\$ 15,315.18	\$ 10,429.84

**90th - 100th Percentiles With Area of Fee Cuts**



**90th - 100th Percentiles With Area of Fee Cuts**



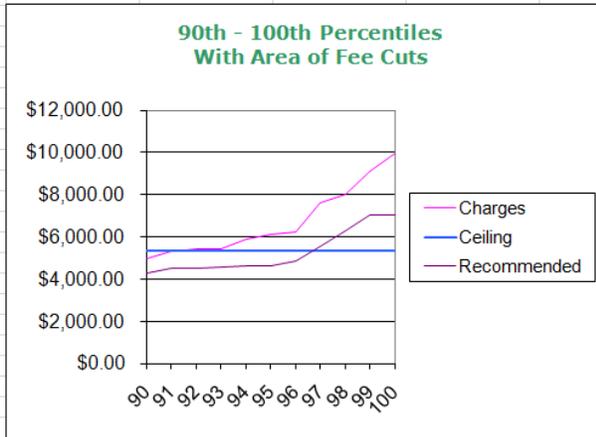
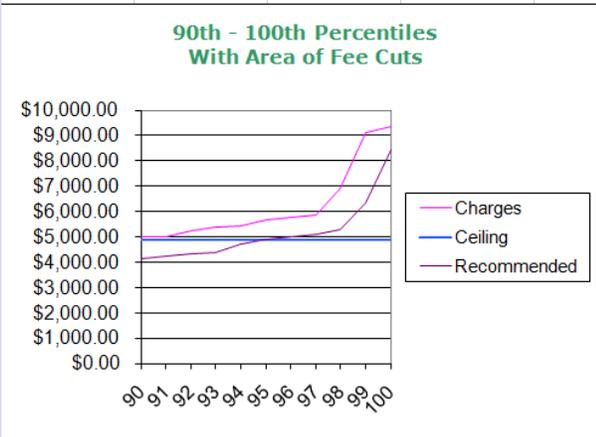
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: Hospital Outpatient 64721 Or 04.43**

2006				2007			
Total Observations:		172		Total Observations:		133	
Average (Charge):		\$2,900.04		Average (Charge):		\$3,257.82	
Minimum (Charge):		\$825.00		Minimum (Charge):		\$1,238.90	
Maximum (Charge):		\$9,371.65		Maximum (Charge):		\$9,961.25	
Average (Recommended):		\$2,590.76		Average (Recommended):		\$2,866.11	
Minimum (Recommended):		\$742.50		Minimum (Recommended):		\$1,176.97	
Maximum (Recommended):		\$8,434.49		Maximum (Recommended):		\$7,030.00	
Ceiling:		\$4,884.54		Ceiling:		\$5,318.19	
Observations Below Ceiling (Charge):	154		89.5%	Observations Below Ceiling (Charge):	121		91.0%
Observations Above Ceiling (Charge):	18		10.5%	Observations Above Ceiling (Charge):	12		9.0%
Aggregate Dollars Below Ceiling (Charge):	\$390,131.73		78.2%	Aggregate Dollars Below Ceiling (Charge):	\$351,704.32		81.2%
Aggregate Dollars Above Ceiling (Charge):	\$108,675.54		21.8%	Aggregate Dollars Above Ceiling (Charge):	\$81,585.48		18.8%
Average Cut Above Ceiling (Charge):	\$1,152.99			Average Cut Above Ceiling (Charge):	\$1,480.60		
Aggregate Cut Above Ceiling (Charge):	\$20,753.83			Aggregate Cut Above Ceiling (Charge):	\$17,767.21		
Unique Provider FEINs Found Below Ceiling (Charge):	51			Unique Provider FEINs Found Below Ceiling (Charge):	40		
Unique Provider FEINs Found Above Ceiling (Charge):	9			Unique Provider FEINs Found Above Ceiling (Charge):	9		
Observations Below Ceiling (Recommended):	163		94.8%	Observations Below Ceiling (Recommended):	129		97.0%
Observations Above Ceiling (Recommended):	9		5.2%	Observations Above Ceiling (Recommended):	4		3.0%
Aggregate Dollars Below Ceiling (Recommended):	\$394,350.41		88.5%	Aggregate Dollars Below Ceiling (Recommended):	\$355,336.49		93.2%
Aggregate Dollars Above Ceiling (Recommended):	\$51,259.68		11.5%	Aggregate Dollars Above Ceiling (Recommended):	\$25,855.94		6.8%
Average Cut Above Ceiling (Recommended):	\$810.98			Average Cut Above Ceiling (Recommended):	\$1,145.80		
Aggregate Cut Above Ceiling (Recommended):	\$7,298.83			Aggregate Cut Above Ceiling (Recommended):	\$4,583.18		
Unique FEINs Found Below Ceiling (Recommended):	56			Unique FEINs Found Below Ceiling (Recommended):	42		
Unique FEINs Found Above Ceiling (Recommended):	5			Unique FEINs Found Above Ceiling (Recommended):	3		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	9	\$ 1,199.30	\$ 1,116.95	5	7	\$ 1,793.30	\$ 1,587.00
10	18	\$ 1,623.00	\$ 1,504.66	10	14	\$ 1,930.25	\$ 1,827.95
15	26	\$ 1,740.25	\$ 1,647.42	15	20	\$ 2,108.27	\$ 1,930.25
20	35	\$ 1,830.47	\$ 1,739.45	20	27	\$ 2,194.25	\$ 2,000.85
25	43	\$ 2,000.00	\$ 1,771.21	25	34	\$ 2,291.00	\$ 2,117.74
30	52	\$ 2,135.75	\$ 1,922.18	30	40	\$ 2,304.75	\$ 2,137.59
35	61	\$ 2,288.00	\$ 2,057.92	35	47	\$ 2,381.20	\$ 2,167.92
40	69	\$ 2,298.23	\$ 2,131.00	40	54	\$ 2,498.86	\$ 2,211.95
45	78	\$ 2,361.00	\$ 2,155.51	45	60	\$ 2,668.19	\$ 2,408.73
50	86	\$ 2,490.20	\$ 2,262.14	50	67	\$ 2,789.19	\$ 2,510.24
55	95	\$ 2,599.00	\$ 2,339.10	55	74	\$ 3,107.86	\$ 2,751.34
60	104	\$ 2,849.40	\$ 2,521.85	60	80	\$ 3,287.00	\$ 2,855.58
65	112	\$ 3,057.50	\$ 2,814.12	65	87	\$ 3,484.25	\$ 3,188.39
70	121	\$ 3,351.75	\$ 3,008.11	70	94	\$ 3,731.00	\$ 3,360.27
75	129	\$ 3,565.57	\$ 3,137.70	75	100	\$ 3,850.75	\$ 3,492.80
80	138	\$ 3,625.25	\$ 3,360.09	80	107	\$ 4,000.00	\$ 3,712.50
85	147	\$ 4,134.78	\$ 3,616.81	85	114	\$ 4,555.16	\$ 3,992.84
90	155	\$ 4,989.00	\$ 4,134.78	90	120	\$ 4,989.69	\$ 4,250.65
91	157	\$ 5,016.09	\$ 4,214.32	91	122	\$ 5,328.93	\$ 4,489.62
92	159	\$ 5,258.22	\$ 4,345.28	92	123	\$ 5,433.70	\$ 4,526.89
93	160	\$ 5,378.30	\$ 4,395.93	93	124	\$ 5,454.48	\$ 4,545.78
94	162	\$ 5,437.23	\$ 4,732.40	94	126	\$ 5,880.56	\$ 4,602.04
95	164	\$ 5,667.41	\$ 4,901.87	95	127	\$ 6,129.63	\$ 4,628.08
96	166	\$ 5,785.98	\$ 4,988.48	96	128	\$ 6,226.54	\$ 4,835.99
97	167	\$ 5,852.34	\$ 5,100.68	97	130	\$ 7,600.00	\$ 5,516.64
98	169	\$ 6,920.65	\$ 5,296.36	98	131	\$ 7,988.00	\$ 6,279.87
99	171	\$ 9,111.00	\$ 6,323.16	99	132	\$ 9,072.00	\$ 7,029.43
100	172	\$ 9,371.65	\$ 8,434.49	100	133	\$ 9,961.25	\$ 7,030.00



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

# APPENDIX XI

## **Detail Sheets for DRGs 219, 500, and 520**

**WIA Data Call  
Code:**

**DRG 219**

**2006**

Total Observations:	24
Average (Charge):	\$19,840.22
Minimum (Charge):	\$8,458.15
Maximum (Charge):	\$42,776.14
Average (Recommended):	\$16,923.46
Minimum (Recommended):	\$7,950.66
Maximum (Recommended):	\$35,563.65
Ceiling:	\$32,382.34
Observations Below Ceiling (Charge):	21
Observations Above Ceiling (Charge):	3
Aggregate Dollars Below Ceiling (Charge):	\$361,422.43
Aggregate Dollars Above Ceiling (Charge):	\$114,742.86
Average Cut Above Ceiling (Charge):	\$5,865.28
Aggregate Cut Above Ceiling (Charge):	\$17,595.85
Unique Provider FEINs Found Below Ceiling (Charge):	14
Unique Provider FEINs Found Above Ceiling (Charge):	3
Observations Below Ceiling (Recommended):	23
Observations Above Ceiling (Recommended):	1
Aggregate Dollars Below Ceiling (Recommended):	\$370,599.43
Aggregate Dollars Above Ceiling (Recommended):	\$35,563.65
Average Cut Above Ceiling (Recommended):	\$3,181.31
Aggregate Cut Above Ceiling (Recommended):	\$3,181.31
Unique FEINs Found Below Ceiling (Recommended):	15
Unique FEINs Found Above Ceiling (Recommended):	1

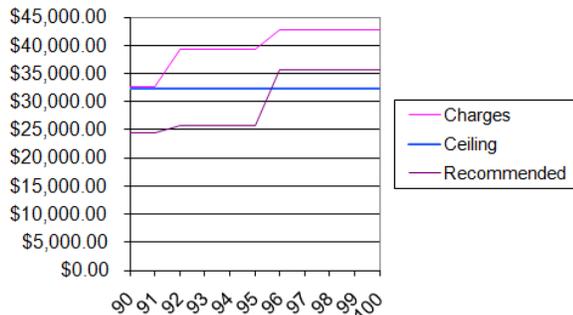
**2007**

Total Observations:	21
Average (Charge):	\$17,718.06
Minimum (Charge):	\$8,928.15
Maximum (Charge):	\$31,798.56
Average (Recommended):	\$17,065.83
Minimum (Recommended):	\$8,928.15
Maximum (Recommended):	\$31,798.56
Ceiling:	\$25,340.17
Observations Below Ceiling (Charge):	20
Observations Above Ceiling (Charge):	1
Aggregate Dollars Below Ceiling (Charge):	\$340,280.77
Aggregate Dollars Above Ceiling (Charge):	\$31,798.56
Average Cut Above Ceiling (Charge):	\$6,458.39
Aggregate Cut Above Ceiling (Charge):	\$6,458.39
Unique Provider FEINs Found Below Ceiling (Charge):	16
Unique Provider FEINs Found Above Ceiling (Charge):	1
Observations Below Ceiling (Recommended):	20
Observations Above Ceiling (Recommended):	1
Aggregate Dollars Below Ceiling (Recommended):	\$326,583.78
Aggregate Dollars Above Ceiling (Recommended):	\$31,798.56
Average Cut Above Ceiling (Recommended):	\$6,458.39
Aggregate Cut Above Ceiling (Recommended):	\$6,458.39
Unique FEINs Found Below Ceiling (Recommended):	16
Unique FEINs Found Above Ceiling (Recommended):	1

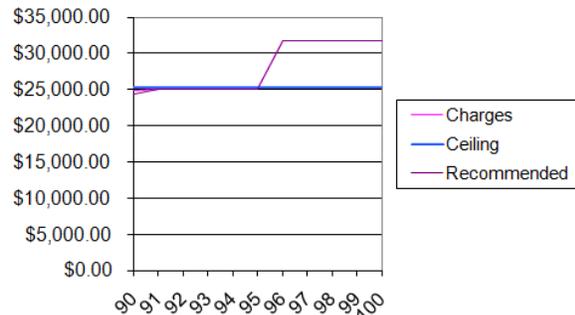
Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2	\$ 10,531.64	\$ 9,233.08
10	3	\$ 11,220.80	\$ 9,859.86
15	4	\$ 11,860.44	\$ 10,098.72
20	5	\$ 13,339.44	\$ 10,391.78
25	6	\$ 13,739.52	\$ 11,807.64
30	8	\$ 14,780.87	\$ 12,453.98
35	9	\$ 14,855.25	\$ 13,339.44
40	10	\$ 15,523.07	\$ 14,112.49
45	11	\$ 16,591.38	\$ 14,780.87
50	12	\$ 16,591.38	\$ 15,523.07
55	14	\$ 17,428.12	\$ 16,591.38
60	15	\$ 19,465.37	\$ 16,591.38
65	16	\$ 22,057.97	\$ 19,465.37
70	17	\$ 22,057.97	\$ 20,128.29
75	18	\$ 22,057.97	\$ 22,057.97
80	20	\$ 25,633.54	\$ 22,057.97
85	21	\$ 31,708.46	\$ 23,075.72
90	22	\$ 32,627.17	\$ 24,431.30
91	22	\$ 32,627.17	\$ 24,431.30
92	23	\$ 39,339.55	\$ 25,633.54
93	23	\$ 39,339.55	\$ 25,633.54
94	23	\$ 39,339.55	\$ 25,633.54
95	23	\$ 39,339.55	\$ 25,633.54
96	24	\$ 42,776.14	\$ 35,563.65
97	24	\$ 42,776.14	\$ 35,563.65
98	24	\$ 42,776.14	\$ 35,563.65
99	24	\$ 42,776.14	\$ 35,563.65
100	24	\$ 42,776.14	\$ 35,563.65

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2	\$ 11,447.52	\$ 9,730.39
10	3	\$ 11,552.25	\$ 10,165.21
15	4	\$ 11,959.07	\$ 11,552.25
20	5	\$ 12,260.12	\$ 12,014.92
25	6	\$ 14,841.39	\$ 13,907.45
30	7	\$ 14,846.26	\$ 14,711.55
35	8	\$ 15,485.84	\$ 14,841.39
40	9	\$ 16,361.71	\$ 14,846.26
45	10	\$ 17,127.24	\$ 16,259.92
50	11	\$ 17,578.29	\$ 16,375.98
55	12	\$ 17,871.95	\$ 16,799.63
60	13	\$ 18,195.53	\$ 17,127.24
65	14	\$ 18,831.23	\$ 18,375.30
70	15	\$ 19,029.47	\$ 18,454.61
75	16	\$ 19,548.19	\$ 19,029.47
80	17	\$ 21,889.07	\$ 21,451.29
85	18	\$ 22,498.87	\$ 22,498.87
90	19	\$ 24,946.44	\$ 24,431.72
91	20	\$ 25,082.18	\$ 25,082.18
92	20	\$ 25,082.18	\$ 25,082.18
93	20	\$ 25,082.18	\$ 25,082.18
94	20	\$ 25,082.18	\$ 25,082.18
95	20	\$ 25,082.18	\$ 25,082.18
96	21	\$ 31,798.56	\$ 31,798.56
97	21	\$ 31,798.56	\$ 31,798.56
98	21	\$ 31,798.56	\$ 31,798.56
99	21	\$ 31,798.56	\$ 31,798.56
100	21	\$ 31,798.56	\$ 31,798.56

**90th - 100th Percentiles  
With Area of Fee Cuts**



**90th - 100th Percentiles  
With Area of Fee Cuts**



Notes: Data excludes extreme outliers.  
Ceiling is defined as 1.4 standard deviations from the mean.  
Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: DRG 500**

**2006**

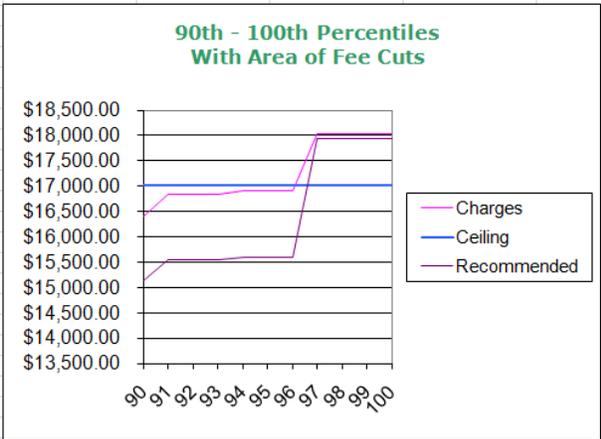
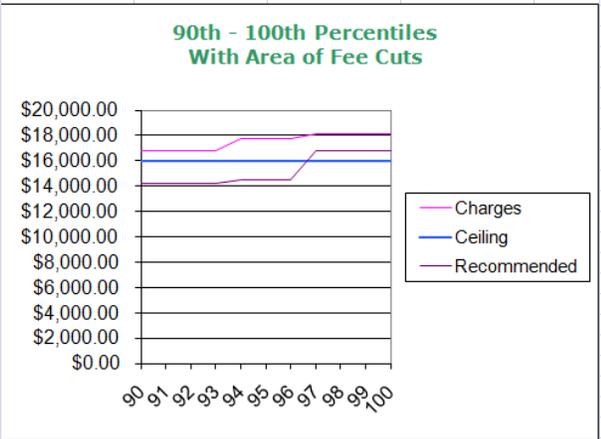
Total Observations:	29
Average (Charge):	\$11,623.15
Minimum (Charge):	\$6,097.00
Maximum (Charge):	\$18,115.87
Average (Recommended):	\$10,109.63
Minimum (Recommended):	\$4,568.35
Maximum (Recommended):	\$16,780.54
Ceiling:	\$16,007.44
Observations Below Ceiling (Charge):	26 89.7%
Observations Above Ceiling (Charge):	3 10.3%
Aggregate Dollars Below Ceiling (Charge):	\$284,402.13 84.4%
Aggregate Dollars Above Ceiling (Charge):	\$52,669.24 15.6%
Average Cut Above Ceiling (Charge):	\$1,548.97
Aggregate Cut Above Ceiling (Charge):	\$4,646.91
Unique Provider FEINs Found Below Ceiling (Charge):	15
Unique Provider FEINs Found Above Ceiling (Charge):	3
Observations Below Ceiling (Recommended):	28 96.6%
Observations Above Ceiling (Recommended):	1 3.4%
Aggregate Dollars Below Ceiling (Recommended):	\$276,398.61 94.3%
Aggregate Dollars Above Ceiling (Recommended):	\$16,780.54 5.7%
Average Cut Above Ceiling (Recommended):	\$773.10
Aggregate Cut Above Ceiling (Recommended):	\$773.10
Unique FEINs Found Below Ceiling (Recommended):	17
Unique FEINs Found Above Ceiling (Recommended):	1

**2007**

Total Observations:	31
Average (Charge):	\$11,006.02
Minimum (Charge):	\$342.45
Maximum (Charge):	\$18,030.38
Average (Recommended):	\$10,333.91
Minimum (Recommended):	\$342.45
Maximum (Recommended):	\$17,945.46
Ceiling:	\$17,005.31
Observations Below Ceiling (Charge):	30 96.8%
Observations Above Ceiling (Charge):	1 3.2%
Aggregate Dollars Below Ceiling (Charge):	\$323,156.34 94.7%
Aggregate Dollars Above Ceiling (Charge):	\$18,030.38 5.3%
Average Cut Above Ceiling (Charge):	\$1,025.07
Aggregate Cut Above Ceiling (Charge):	\$1,025.07
Unique Provider FEINs Found Below Ceiling (Charge):	18
Unique Provider FEINs Found Above Ceiling (Charge):	1
Observations Below Ceiling (Recommended):	30 96.8%
Observations Above Ceiling (Recommended):	1 3.2%
Aggregate Dollars Below Ceiling (Recommended):	\$302,405.85 94.4%
Aggregate Dollars Above Ceiling (Recommended):	\$17,945.46 5.6%
Average Cut Above Ceiling (Recommended):	\$940.15
Aggregate Cut Above Ceiling (Recommended):	\$940.15
Unique FEINs Found Below Ceiling (Recommended):	18
Unique FEINs Found Above Ceiling (Recommended):	1

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2	\$ 6,848.21	\$ 6,097.00
10	3	\$ 7,175.96	\$ 6,505.80
15	5	\$ 8,396.88	\$ 7,557.19
20	6	\$ 8,596.38	\$ 7,682.27
25	8	\$ 9,809.55	\$ 7,890.36
30	9	\$ 9,844.70	\$ 8,597.66
35	11	\$ 10,254.18	\$ 9,228.76
40	12	\$ 10,383.01	\$ 9,629.26
45	14	\$ 10,742.71	\$ 9,760.03
50	15	\$ 10,902.15	\$ 9,809.55
55	16	\$ 11,191.83	\$ 9,811.93
60	18	\$ 12,187.58	\$ 10,185.40
65	19	\$ 12,736.70	\$ 10,548.17
70	21	\$ 13,467.80	\$ 12,104.49
75	22	\$ 14,219.53	\$ 12,121.02
80	24	\$ 14,540.30	\$ 12,736.70
85	25	\$ 14,565.44	\$ 12,795.46
90	27	\$ 16,780.54	\$ 14,219.53
91	27	\$ 16,780.54	\$ 14,219.53
92	27	\$ 16,780.54	\$ 14,219.53
93	27	\$ 16,780.54	\$ 14,219.53
94	28	\$ 17,772.83	\$ 14,492.70
95	28	\$ 17,772.83	\$ 14,492.70
96	28	\$ 17,772.83	\$ 14,492.70
97	29	\$ 18,115.87	\$ 16,780.54
98	29	\$ 18,115.87	\$ 16,780.54
99	29	\$ 18,115.87	\$ 16,780.54
100	29	\$ 18,115.87	\$ 16,780.54

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2	\$ 979.73	\$ 979.73
10	4	\$ 5,992.60	\$ 5,992.60
15	5	\$ 7,544.70	\$ 7,092.02
20	7	\$ 8,330.94	\$ 7,901.45
25	8	\$ 8,404.75	\$ 8,316.18
30	10	\$ 9,064.75	\$ 8,404.75
35	11	\$ 9,495.88	\$ 8,883.46
40	13	\$ 10,081.03	\$ 9,928.45
45	14	\$ 10,606.91	\$ 10,081.03
50	16	\$ 11,034.20	\$ 10,548.25
55	18	\$ 11,753.00	\$ 10,745.00
60	19	\$ 12,107.87	\$ 11,422.71
65	21	\$ 12,933.65	\$ 11,753.00
70	22	\$ 13,120.65	\$ 11,951.66
75	24	\$ 14,060.78	\$ 12,571.00
80	25	\$ 14,717.36	\$ 14,294.11
85	27	\$ 16,243.31	\$ 14,717.36
90	28	\$ 16,417.35	\$ 15,126.84
91	29	\$ 16,837.35	\$ 15,547.53
92	29	\$ 16,837.35	\$ 15,547.53
93	29	\$ 16,837.35	\$ 15,547.53
94	30	\$ 16,899.49	\$ 15,596.48
95	30	\$ 16,899.49	\$ 15,596.48
96	30	\$ 16,899.49	\$ 15,596.48
97	31	\$ 18,030.38	\$ 17,945.46
98	31	\$ 18,030.38	\$ 17,945.46
99	31	\$ 18,030.38	\$ 17,945.46
100	31	\$ 18,030.38	\$ 17,945.46



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call  
Code:**

**DRG 520**

**2006**

Total Observations:	22
Average (Charge):	\$19,239.78
Minimum (Charge):	\$12,417.36
Maximum (Charge):	\$29,898.49
Average (Recommended):	\$17,829.30
Minimum (Recommended):	\$9,933.89
Maximum (Recommended):	\$29,898.49
Ceiling:	\$25,599.27
Observations Below Ceiling (Charge):	19 86.4%
Observations Above Ceiling (Charge):	3 13.6%
Aggregate Dollars Below Ceiling (Charge):	\$340,536.45 80.5%
Aggregate Dollars Above Ceiling (Charge):	\$82,738.74 19.5%
Average Cut Above Ceiling (Charge):	\$1,980.31
Aggregate Cut Above Ceiling (Charge):	\$5,940.93
Unique Provider FEINs Found Below Ceiling (Charge):	13
Unique Provider FEINs Found Above Ceiling (Charge):	2
Observations Below Ceiling (Recommended):	20 90.9%
Observations Above Ceiling (Recommended):	2 9.1%
Aggregate Dollars Below Ceiling (Recommended):	\$335,143.66 85.4%
Aggregate Dollars Above Ceiling (Recommended):	\$57,100.90 14.6%
Average Cut Above Ceiling (Recommended):	\$2,951.18
Aggregate Cut Above Ceiling (Recommended):	\$5,902.36
Unique FEINs Found Below Ceiling (Recommended):	13
Unique FEINs Found Above Ceiling (Recommended):	1

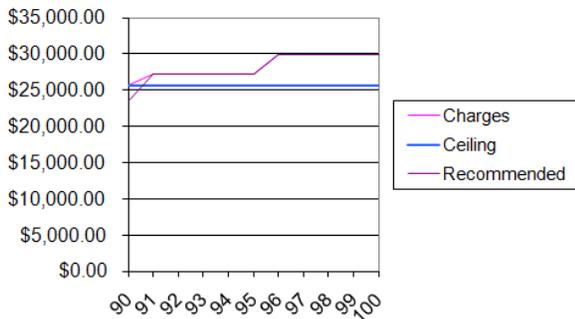
**2007**

Total Observations:	19
Average (Charge):	\$21,540.35
Minimum (Charge):	\$2,899.96
Maximum (Charge):	\$31,335.77
Average (Recommended):	\$18,995.10
Minimum (Recommended):	\$2,899.96
Maximum (Recommended):	\$29,898.49
Ceiling:	\$31,088.77
Observations Below Ceiling (Charge):	18 94.7%
Observations Above Ceiling (Charge):	1 5.3%
Aggregate Dollars Below Ceiling (Charge):	\$377,930.94 92.3%
Aggregate Dollars Above Ceiling (Charge):	\$31,335.77 7.7%
Average Cut Above Ceiling (Charge):	\$247.00
Aggregate Cut Above Ceiling (Charge):	\$247.00
Unique Provider FEINs Found Below Ceiling (Charge):	13
Unique Provider FEINs Found Above Ceiling (Charge):	1
Observations Below Ceiling (Recommended):	19 100.0%
Observations Above Ceiling (Recommended):	0 0.0%
Aggregate Dollars Below Ceiling (Recommended):	\$360,906.87 100.0%
Aggregate Dollars Above Ceiling (Recommended):	\$0.00 0.0%
Average Cut Above Ceiling (Recommended):	\$0.00
Aggregate Cut Above Ceiling (Recommended):	\$0.00
Unique FEINs Found Below Ceiling (Recommended):	14
Unique FEINs Found Above Ceiling (Recommended):	0

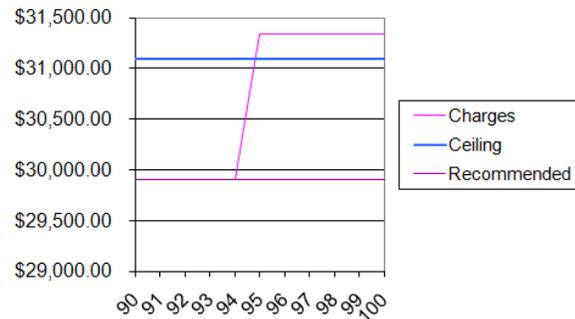
Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2	\$ 14,074.65	\$ 12,554.63
10	3	\$ 14,228.62	\$ 12,667.18
15	4	\$ 15,279.63	\$ 12,805.76
20	5	\$ 15,578.87	\$ 14,021.01
25	6	\$ 15,884.38	\$ 14,693.05
30	7	\$ 15,985.55	\$ 14,706.71
35	8	\$ 17,044.39	\$ 15,279.63
40	9	\$ 17,543.31	\$ 15,339.95
45	10	\$ 17,543.31	\$ 16,829.98
50	11	\$ 17,543.31	\$ 17,543.31
55	13	\$ 18,194.57	\$ 17,543.31
60	14	\$ 20,606.71	\$ 17,828.25
65	15	\$ 20,888.55	\$ 18,619.57
70	16	\$ 21,163.04	\$ 19,635.24
75	17	\$ 22,157.02	\$ 20,104.89
80	18	\$ 23,274.46	\$ 20,606.71
85	19	\$ 23,300.47	\$ 23,300.47
90	20	\$ 25,637.84	\$ 23,586.81
91	21	\$ 27,202.41	\$ 27,202.41
92	21	\$ 27,202.41	\$ 27,202.41
93	21	\$ 27,202.41	\$ 27,202.41
94	21	\$ 27,202.41	\$ 27,202.41
95	21	\$ 27,202.41	\$ 27,202.41
96	22	\$ 29,898.49	\$ 29,898.49
97	22	\$ 29,898.49	\$ 29,898.49
98	22	\$ 29,898.49	\$ 29,898.49
99	22	\$ 29,898.49	\$ 29,898.49
100	22	\$ 29,898.49	\$ 29,898.49

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	1	\$ 2,899.96	\$ 2,899.96
10	2	\$ 15,401.15	\$ 11,315.65
15	3	\$ 15,596.92	\$ 11,863.90
20	4	\$ 15,948.65	\$ 13,954.53
25	5	\$ 15,985.13	\$ 14,246.06
30	6	\$ 17,443.78	\$ 14,386.62
35	7	\$ 19,282.99	\$ 14,672.76
40	8	\$ 20,565.92	\$ 16,135.50
45	9	\$ 22,493.91	\$ 17,970.50
50	10	\$ 23,090.78	\$ 19,282.99
55	11	\$ 23,179.55	\$ 19,794.64
60	12	\$ 23,179.55	\$ 20,781.70
65	13	\$ 23,969.22	\$ 21,572.30
70	14	\$ 24,651.77	\$ 22,186.59
75	15	\$ 25,304.28	\$ 25,304.28
80	16	\$ 29,140.40	\$ 26,226.36
85	17	\$ 29,898.49	\$ 28,515.55
90	18	\$ 29,898.49	\$ 29,898.49
91	18	\$ 29,898.49	\$ 29,898.49
92	18	\$ 29,898.49	\$ 29,898.49
93	18	\$ 29,898.49	\$ 29,898.49
94	18	\$ 29,898.49	\$ 29,898.49
95	19	\$ 31,335.77	\$ 29,898.49
96	19	\$ 31,335.77	\$ 29,898.49
97	19	\$ 31,335.77	\$ 29,898.49
98	19	\$ 31,335.77	\$ 29,898.49
99	19	\$ 31,335.77	\$ 29,898.49
100	19	\$ 31,335.77	\$ 29,898.49

**90th - 100th Percentiles  
With Area of Fee Cuts**



**90th - 100th Percentiles  
With Area of Fee Cuts**



Notes: Data excludes extreme outliers.  
Ceiling is defined as 1.4 standard deviations from the mean.  
Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

# APPENDIX XII

## **Detail Sheets for Hospital Radiology Codes 72100, 72141, 72148, 73721**

**WIA Data Call  
Code:**

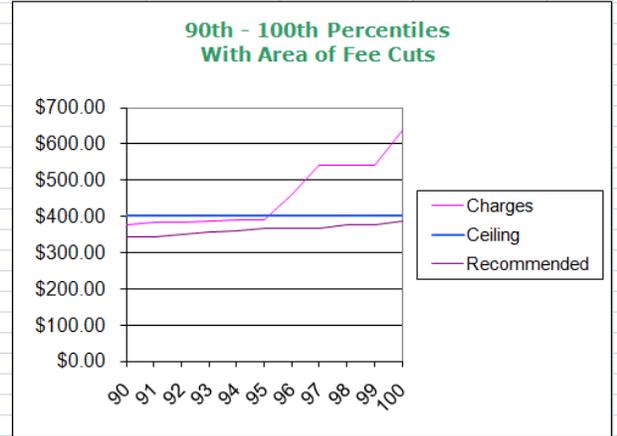
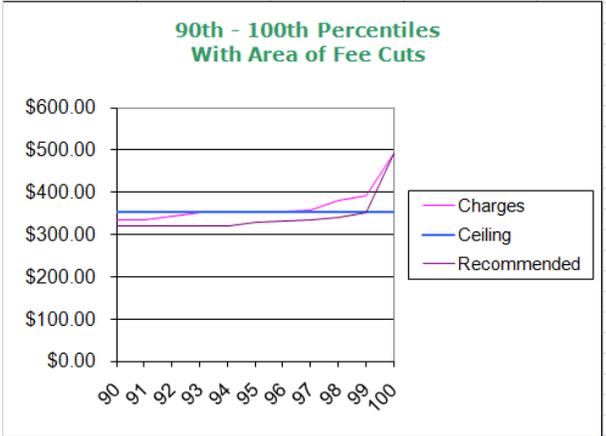
**Hospital Radiology - 72100**

2006			
Total Observations:		810	
Average (Charge):		\$240.80	
Minimum (Charge):		\$44.80	
Maximum (Charge):		\$491.00	
Average (Recommended):		\$224.20	
Minimum (Recommended):		\$42.49	
Maximum (Recommended):		\$491.00	
Ceiling:		\$353.11	
Observations Below Ceiling (Charge):	760		93.8%
Observations Above Ceiling (Charge):	50		6.2%
Aggregate Dollars Below Ceiling (Charge):	\$176,304.62		90.4%
Aggregate Dollars Above Ceiling (Charge):	\$18,740.08		9.6%
Average Cut Above Ceiling (Charge):	\$21.69		
Aggregate Cut Above Ceiling (Charge):	\$1,084.51		
Unique Provider FEINs Found Below Ceiling (Charge):	89		
Unique Provider FEINs Found Above Ceiling (Charge):	10		
Observations Below Ceiling (Recommended):	803		99.1%
Observations Above Ceiling (Recommended):	7		0.9%
Aggregate Dollars Below Ceiling (Recommended):	\$178,750.06		98.4%
Aggregate Dollars Above Ceiling (Recommended):	\$2,849.48		1.6%
Average Cut Above Ceiling (Recommended):	\$53.96		
Aggregate Cut Above Ceiling (Recommended):	\$377.70		
Unique FEINs Found Below Ceiling (Recommended):	93		
Unique FEINs Found Above Ceiling (Recommended):	5		

2007			
Total Observations:		715	
Average (Charge):		\$263.19	
Minimum (Charge):		\$98.00	
Maximum (Charge):		\$639.50	
Average (Recommended):		\$240.56	
Minimum (Recommended):		\$91.44	
Maximum (Recommended):		\$388.00	
Ceiling:		\$401.37	
Observations Below Ceiling (Charge):	682		95.4%
Observations Above Ceiling (Charge):	33		4.6%
Aggregate Dollars Below Ceiling (Charge):	\$170,903.63		90.8%
Aggregate Dollars Above Ceiling (Charge):	\$17,276.09		9.2%
Average Cut Above Ceiling (Charge):	\$122.15		
Aggregate Cut Above Ceiling (Charge):	\$4,030.90		
Unique Provider FEINs Found Below Ceiling (Charge):	91		
Unique Provider FEINs Found Above Ceiling (Charge):	6		
Observations Below Ceiling (Recommended):	715		100.0%
Observations Above Ceiling (Recommended):	0		0.0%
Aggregate Dollars Below Ceiling (Recommended):	\$172,000.10		100.0%
Aggregate Dollars Above Ceiling (Recommended):	\$0.00		0.0%
Average Cut Above Ceiling (Recommended):	\$0.00		
Aggregate Cut Above Ceiling (Recommended):	\$0.00		
Unique FEINs Found Below Ceiling (Recommended):	92		
Unique FEINs Found Above Ceiling (Recommended):	0		

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	41	\$ 103.50	\$ 99.36
10	81	\$ 126.10	\$ 113.00
15	122	\$ 153.00	\$ 138.00
20	162	\$ 167.48	\$ 153.00
25	203	\$ 186.40	\$ 172.04
30	243	\$ 191.00	\$ 185.73
35	284	\$ 197.00	\$ 191.00
40	324	\$ 207.00	\$ 197.00
45	365	\$ 220.25	\$ 204.82
50	405	\$ 245.50	\$ 221.00
55	446	\$ 258.00	\$ 235.36
60	486	\$ 266.50	\$ 256.00
65	527	\$ 299.65	\$ 268.18
70	567	\$ 303.00	\$ 281.38
75	608	\$ 316.00	\$ 296.11
80	648	\$ 319.75	\$ 300.78
85	689	\$ 320.12	\$ 304.75
90	729	\$ 334.20	\$ 319.75
91	738	\$ 334.75	\$ 319.75
92	746	\$ 341.70	\$ 320.00
93	754	\$ 351.00	\$ 320.12
94	762	\$ 354.40	\$ 320.12
95	770	\$ 354.40	\$ 329.79
96	778	\$ 355.50	\$ 331.09
97	786	\$ 356.00	\$ 334.20
98	794	\$ 379.10	\$ 340.87
99	802	\$ 392.00	\$ 351.00
100	810	\$ 491.00	\$ 491.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	36	\$ 114.00	\$ 112.20
10	72	\$ 143.60	\$ 131.00
15	108	\$ 167.00	\$ 153.95
20	143	\$ 179.20	\$ 167.00
25	179	\$ 194.00	\$ 178.48
30	215	\$ 198.00	\$ 191.00
35	251	\$ 205.60	\$ 198.00
40	286	\$ 217.00	\$ 205.60
45	322	\$ 232.00	\$ 217.00
50	358	\$ 249.00	\$ 225.30
55	394	\$ 266.50	\$ 250.75
60	429	\$ 272.00	\$ 266.50
65	465	\$ 311.50	\$ 289.45
70	501	\$ 334.20	\$ 300.78
75	537	\$ 335.50	\$ 314.45
80	572	\$ 343.75	\$ 324.98
85	608	\$ 355.00	\$ 334.75
90	644	\$ 375.50	\$ 343.75
91	651	\$ 382.00	\$ 343.80
92	658	\$ 383.00	\$ 351.33
93	665	\$ 388.00	\$ 356.54
94	673	\$ 389.50	\$ 360.25
95	680	\$ 391.80	\$ 367.77
96	687	\$ 459.00	\$ 367.77
97	694	\$ 540.00	\$ 367.89
98	701	\$ 540.00	\$ 375.66
99	708	\$ 540.00	\$ 375.66
100	715	\$ 639.50	\$ 388.00



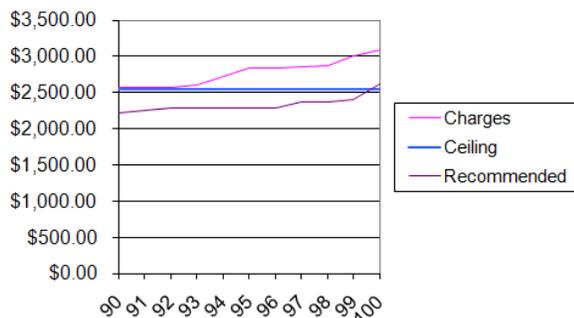
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

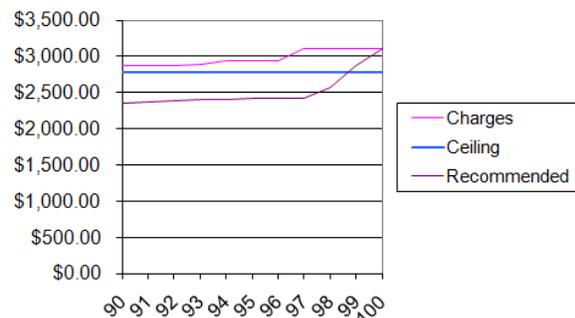
**Code: Hospital Radiology - 72141**

2006				2007			
Total Observations:			255	Total Observations:			186
Average (Charge):			\$1,982.59	Average (Charge):			\$2,202.24
Minimum (Charge):			\$1,238.50	Minimum (Charge):			\$1,424.10
Maximum (Charge):			\$3,097.25	Maximum (Charge):			\$3,112.14
Average (Recommended):			\$1,841.99	Average (Recommended):			\$2,032.38
Minimum (Recommended):			\$1,164.36	Minimum (Recommended):			\$1,221.86
Maximum (Recommended):			\$2,622.98	Maximum (Recommended):			\$3,112.14
Ceiling:			\$2,552.12	Ceiling:			\$2,787.07
Observations Below Ceiling (Charge):		225	88.2%	Observations Below Ceiling (Charge):		166	89.2%
Observations Above Ceiling (Charge):		30	11.8%	Observations Above Ceiling (Charge):		20	10.8%
Aggregate Dollars Below Ceiling (Charge):		\$423,309.17	83.7%	Aggregate Dollars Below Ceiling (Charge):		\$350,040.95	85.5%
Aggregate Dollars Above Ceiling (Charge):		\$82,251.07	16.3%	Aggregate Dollars Above Ceiling (Charge):		\$59,575.44	14.5%
Average Cut Above Ceiling (Charge):		\$189.58		Average Cut Above Ceiling (Charge):		\$191.71	
Aggregate Cut Above Ceiling (Charge):		\$5,687.34		Aggregate Cut Above Ceiling (Charge):		\$3,834.12	
Unique Provider FEINs Found Below Ceiling (Charge):		67		Unique Provider FEINs Found Below Ceiling (Charge):		52	
Unique Provider FEINs Found Above Ceiling (Charge):		8		Unique Provider FEINs Found Above Ceiling (Charge):		6	
Observations Below Ceiling (Recommended):		254	99.6%	Observations Below Ceiling (Recommended):		184	98.9%
Observations Above Ceiling (Recommended):		1	0.4%	Observations Above Ceiling (Recommended):		2	1.1%
Aggregate Dollars Below Ceiling (Recommended):		\$467,083.40	99.4%	Aggregate Dollars Below Ceiling (Recommended):		\$372,034.08	98.4%
Aggregate Dollars Above Ceiling (Recommended):		\$2,622.98	0.6%	Aggregate Dollars Above Ceiling (Recommended):		\$5,988.64	1.6%
Average Cut Above Ceiling (Recommended):		\$70.86		Average Cut Above Ceiling (Recommended):		\$207.25	
Aggregate Cut Above Ceiling (Recommended):		\$70.86		Aggregate Cut Above Ceiling (Recommended):		\$414.51	
Unique FEINs Found Below Ceiling (Recommended):		73		Unique FEINs Found Below Ceiling (Recommended):		56	
Unique FEINs Found Above Ceiling (Recommended):		1		Unique FEINs Found Above Ceiling (Recommended):		2	
Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	13	\$ 1,363.00	\$ 1,333.81	5	10	\$ 1,598.50	\$ 1,561.77
10	26	\$ 1,585.00	\$ 1,470.60	10	19	\$ 1,686.75	\$ 1,621.88
15	39	\$ 1,602.00	\$ 1,527.24	15	28	\$ 1,728.00	\$ 1,682.99
20	51	\$ 1,631.00	\$ 1,591.00	20	38	\$ 1,783.00	\$ 1,734.34
25	64	\$ 1,668.75	\$ 1,604.46	25	47	\$ 1,863.50	\$ 1,783.00
30	77	\$ 1,717.00	\$ 1,641.00	30	56	\$ 1,938.50	\$ 1,853.30
35	90	\$ 1,754.50	\$ 1,673.82	35	66	\$ 2,002.65	\$ 1,858.91
40	102	\$ 1,800.00	\$ 1,716.00	40	75	\$ 2,065.25	\$ 1,907.00
45	115	\$ 1,850.84	\$ 1,773.51	45	84	\$ 2,065.25	\$ 2,038.51
50	128	\$ 1,895.00	\$ 1,848.00	50	93	\$ 2,089.00	\$ 2,065.86
55	141	\$ 1,950.25	\$ 1,895.00	55	103	\$ 2,271.50	\$ 2,089.00
60	153	\$ 2,052.10	\$ 1,930.56	60	112	\$ 2,320.74	\$ 2,116.62
65	166	\$ 2,115.37	\$ 1,998.26	65	121	\$ 2,364.60	\$ 2,181.50
70	179	\$ 2,176.10	\$ 2,064.05	70	131	\$ 2,398.25	\$ 2,283.60
75	192	\$ 2,284.00	\$ 2,115.37	75	140	\$ 2,459.00	\$ 2,305.93
80	204	\$ 2,344.00	\$ 2,139.38	80	149	\$ 2,578.40	\$ 2,344.00
85	217	\$ 2,446.00	\$ 2,221.19	85	159	\$ 2,713.90	\$ 2,356.01
90	230	\$ 2,566.00	\$ 2,221.19	90	168	\$ 2,876.50	\$ 2,356.01
91	233	\$ 2,566.00	\$ 2,258.08	91	170	\$ 2,876.50	\$ 2,377.09
92	235	\$ 2,566.00	\$ 2,278.55	92	172	\$ 2,876.50	\$ 2,382.05
93	238	\$ 2,599.85	\$ 2,279.00	93	173	\$ 2,890.30	\$ 2,395.18
94	240	\$ 2,713.90	\$ 2,284.00	94	175	\$ 2,947.00	\$ 2,398.25
95	243	\$ 2,835.66	\$ 2,288.24	95	177	\$ 2,947.00	\$ 2,427.29
96	245	\$ 2,835.66	\$ 2,288.24	96	179	\$ 2,947.00	\$ 2,427.29
97	248	\$ 2,852.00	\$ 2,377.09	97	181	\$ 3,112.14	\$ 2,427.29
98	250	\$ 2,879.25	\$ 2,377.09	98	183	\$ 3,112.14	\$ 2,578.40
99	253	\$ 3,009.00	\$ 2,398.25	99	185	\$ 3,112.14	\$ 2,876.50
100	255	\$ 3,097.25	\$ 2,622.98	100	186	\$ 3,112.14	\$ 3,112.14

**90th - 100th Percentiles With Area of Fee Cuts**



**90th - 100th Percentiles With Area of Fee Cuts**



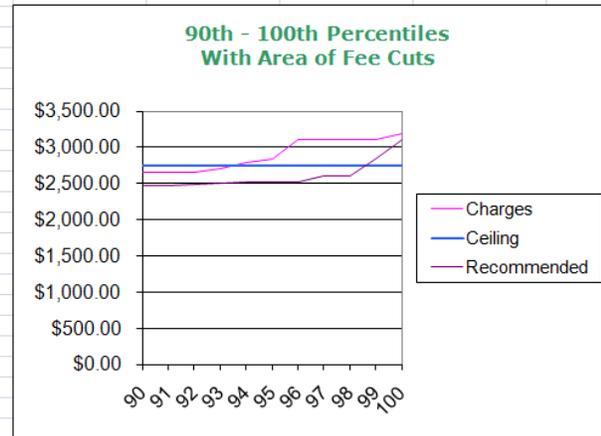
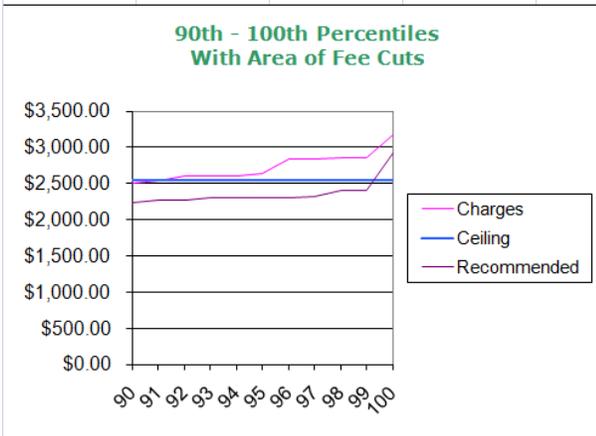
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: Hospital Radiology - 72148**

2006				2007			
Total Observations:		548		Total Observations:		443	
Average (Charge):		\$2,037.69		Average (Charge):		\$2,213.92	
Minimum (Charge):		\$1,252.00		Minimum (Charge):		\$1,349.00	
Maximum (Charge):		\$3,170.00		Maximum (Charge):		\$3,189.50	
Average (Recommended):		\$1,858.31		Average (Recommended):		\$2,040.31	
Minimum (Recommended):		\$473.85		Minimum (Recommended):		\$1,205.28	
Maximum (Recommended):		\$2,916.40		Maximum (Recommended):		\$3,112.83	
Ceiling:		\$2,545.13		Ceiling:		\$2,744.99	
Observations Below Ceiling (Charge):	504		92.0%	Observations Below Ceiling (Charge):	415		93.7%
Observations Above Ceiling (Charge):	44		8.0%	Observations Above Ceiling (Charge):	28		6.3%
Aggregate Dollars Below Ceiling (Charge):	\$995,413.49		89.1%	Aggregate Dollars Below Ceiling (Charge):	\$895,805.68		91.3%
Aggregate Dollars Above Ceiling (Charge):	\$121,241.07		10.9%	Aggregate Dollars Above Ceiling (Charge):	\$84,959.28		8.7%
Average Cut Above Ceiling (Charge):	\$210.35			Average Cut Above Ceiling (Charge):	\$289.27		
Aggregate Cut Above Ceiling (Charge):	\$9,255.54			Aggregate Cut Above Ceiling (Charge):	\$8,099.49		
Unique Provider FEINs Found Below Ceiling (Charge):	90			Unique Provider FEINs Found Below Ceiling (Charge):	82		
Unique Provider FEINs Found Above Ceiling (Charge):	9			Unique Provider FEINs Found Above Ceiling (Charge):	5		
Observations Below Ceiling (Recommended):	545		99.5%	Observations Below Ceiling (Recommended):	438		98.9%
Observations Above Ceiling (Recommended):	3		0.5%	Observations Above Ceiling (Recommended):	5		1.1%
Aggregate Dollars Below Ceiling (Recommended):	\$1,010,303.48		99.2%	Aggregate Dollars Below Ceiling (Recommended):	\$888,802.80		98.3%
Aggregate Dollars Above Ceiling (Recommended):	\$8,050.00		0.8%	Aggregate Dollars Above Ceiling (Recommended):	\$15,054.91		1.7%
Average Cut Above Ceiling (Recommended):	\$138.21			Average Cut Above Ceiling (Recommended):	\$265.99		
Aggregate Cut Above Ceiling (Recommended):	\$414.62			Aggregate Cut Above Ceiling (Recommended):	\$1,329.95		
Unique FEINs Found Below Ceiling (Recommended):	93			Unique FEINs Found Below Ceiling (Recommended):	84		
Unique FEINs Found Above Ceiling (Recommended):	2			Unique FEINs Found Above Ceiling (Recommended):	3		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	28	\$ 1,450.00	\$ 1,378.00	5	23	\$ 1,671.00	\$ 1,522.30
10	55	\$ 1,591.00	\$ 1,515.45	10	45	\$ 1,728.00	\$ 1,641.60
15	83	\$ 1,727.00	\$ 1,591.22	15	67	\$ 1,823.00	\$ 1,730.66
20	110	\$ 1,729.25	\$ 1,632.54	20	89	\$ 1,905.50	\$ 1,783.00
25	137	\$ 1,755.00	\$ 1,709.00	25	111	\$ 1,942.00	\$ 1,790.25
30	165	\$ 1,783.00	\$ 1,747.66	30	133	\$ 1,968.50	\$ 1,882.00
35	192	\$ 1,823.00	\$ 1,765.00	35	156	\$ 2,009.50	\$ 1,942.00
40	220	\$ 1,881.15	\$ 1,789.31	40	178	\$ 2,075.80	\$ 1,976.10
45	247	\$ 2,000.00	\$ 1,812.04	45	200	\$ 2,165.98	\$ 2,034.19
50	274	\$ 2,029.50	\$ 1,856.48	50	222	\$ 2,182.50	\$ 2,055.73
55	302	\$ 2,086.00	\$ 1,914.66	55	244	\$ 2,224.00	\$ 2,065.00
60	329	\$ 2,143.25	\$ 1,963.72	60	266	\$ 2,292.50	\$ 2,097.48
65	357	\$ 2,166.00	\$ 1,985.71	65	288	\$ 2,374.25	\$ 2,152.03
70	384	\$ 2,232.00	\$ 1,992.96	70	311	\$ 2,427.25	\$ 2,182.73
75	411	\$ 2,270.75	\$ 2,034.81	75	333	\$ 2,490.26	\$ 2,224.00
80	439	\$ 2,313.85	\$ 2,115.37	80	355	\$ 2,547.15	\$ 2,296.40
85	466	\$ 2,427.00	\$ 2,135.98	85	377	\$ 2,608.00	\$ 2,378.26
90	494	\$ 2,504.00	\$ 2,231.50	90	399	\$ 2,648.75	\$ 2,464.38
91	499	\$ 2,536.35	\$ 2,269.03	91	404	\$ 2,648.75	\$ 2,472.72
92	505	\$ 2,600.00	\$ 2,270.75	92	408	\$ 2,661.00	\$ 2,494.05
93	510	\$ 2,605.50	\$ 2,298.54	93	412	\$ 2,699.50	\$ 2,496.60
94	516	\$ 2,608.00	\$ 2,298.54	94	417	\$ 2,795.00	\$ 2,519.07
95	521	\$ 2,638.85	\$ 2,298.54	95	421	\$ 2,837.05	\$ 2,519.07
96	527	\$ 2,836.29	\$ 2,298.54	96	426	\$ 3,112.14	\$ 2,519.07
97	532	\$ 2,836.29	\$ 2,318.90	97	430	\$ 3,112.83	\$ 2,602.86
98	538	\$ 2,852.00	\$ 2,397.13	98	435	\$ 3,112.83	\$ 2,602.86
99	543	\$ 2,852.00	\$ 2,397.13	99	439	\$ 3,112.83	\$ 2,837.05
100	548	\$ 3,170.00	\$ 2,916.40	100	443	\$ 3,189.50	\$ 3,112.83



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: Hospital Radiology - 73721**

**2006**

Total Observations:	467
Average (Charge):	\$1,838.80
Minimum (Charge):	\$256.30
Maximum (Charge):	\$3,570.80
Average (Recommended):	\$1,687.27
Minimum (Recommended):	\$230.67
Maximum (Recommended):	\$3,338.00
Ceiling:	\$2,428.97
Observations Below Ceiling (Charge):	437 93.6%
Observations Above Ceiling (Charge):	30 6.4%
Aggregate Dollars Below Ceiling (Charge):	\$777,359.52 90.5%
Aggregate Dollars Above Ceiling (Charge):	\$81,360.39 9.5%
Average Cut Above Ceiling (Charge):	\$283.04
Aggregate Cut Above Ceiling (Charge):	\$8,491.31
Unique Provider FEINs Found Below Ceiling (Charge):	78
Unique Provider FEINs Found Above Ceiling (Charge):	13
Observations Below Ceiling (Recommended):	466 99.8%
Observations Above Ceiling (Recommended):	1 0.2%
Aggregate Dollars Below Ceiling (Recommended):	\$784,615.49 99.6%
Aggregate Dollars Above Ceiling (Recommended):	\$3,338.00 0.4%
Average Cut Above Ceiling (Recommended):	\$909.03
Aggregate Cut Above Ceiling (Recommended):	\$909.03
Unique FEINs Found Below Ceiling (Recommended):	85
Unique FEINs Found Above Ceiling (Recommended):	1

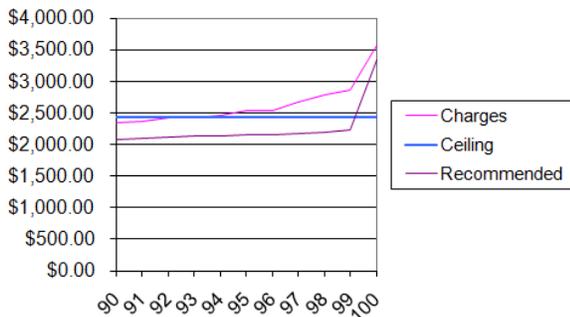
**2007**

Total Observations:	290
Average (Charge):	\$1,986.43
Minimum (Charge):	\$934.00
Maximum (Charge):	\$3,050.97
Average (Recommended):	\$1,822.31
Minimum (Recommended):	\$934.00
Maximum (Recommended):	\$2,468.40
Ceiling:	\$2,548.51
Observations Below Ceiling (Charge):	269 92.8%
Observations Above Ceiling (Charge):	21 7.2%
Aggregate Dollars Below Ceiling (Charge):	\$518,934.34 90.1%
Aggregate Dollars Above Ceiling (Charge):	\$57,129.82 9.9%
Average Cut Above Ceiling (Charge):	\$171.96
Aggregate Cut Above Ceiling (Charge):	\$3,611.16
Unique Provider FEINs Found Below Ceiling (Charge):	59
Unique Provider FEINs Found Above Ceiling (Charge):	11
Observations Below Ceiling (Recommended):	290 100.0%
Observations Above Ceiling (Recommended):	0 0.0%
Aggregate Dollars Below Ceiling (Recommended):	\$528,469.71 100.0%
Aggregate Dollars Above Ceiling (Recommended):	\$0.00 0.0%
Average Cut Above Ceiling (Recommended):	\$0.00
Aggregate Cut Above Ceiling (Recommended):	\$0.00
Unique FEINs Found Below Ceiling (Recommended):	65
Unique FEINs Found Above Ceiling (Recommended):	0

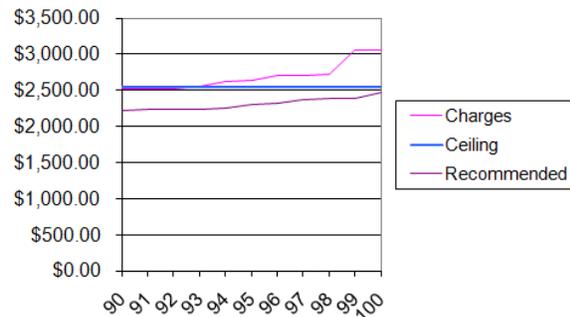
Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	24	\$ 1,238.25	\$ 1,150.56
10	47	\$ 1,300.25	\$ 1,266.54
15	71	\$ 1,520.50	\$ 1,398.00
20	94	\$ 1,567.00	\$ 1,463.87
25	117	\$ 1,615.82	\$ 1,530.00
30	141	\$ 1,669.00	\$ 1,589.00
35	164	\$ 1,732.50	\$ 1,614.22
40	187	\$ 1,736.00	\$ 1,669.00
45	211	\$ 1,785.40	\$ 1,711.25
50	234	\$ 1,818.50	\$ 1,733.00
55	257	\$ 1,869.00	\$ 1,739.80
60	281	\$ 1,917.25	\$ 1,785.00
65	304	\$ 1,971.50	\$ 1,803.52
70	327	\$ 1,987.00	\$ 1,852.45
75	351	\$ 2,091.75	\$ 1,876.87
80	374	\$ 2,153.50	\$ 1,915.05
85	397	\$ 2,234.86	\$ 1,987.00
90	421	\$ 2,341.75	\$ 2,083.00
91	425	\$ 2,355.54	\$ 2,090.48
92	430	\$ 2,423.00	\$ 2,114.00
93	435	\$ 2,423.00	\$ 2,132.24
94	439	\$ 2,457.00	\$ 2,132.24
95	444	\$ 2,526.75	\$ 2,161.41
96	449	\$ 2,536.35	\$ 2,161.41
97	453	\$ 2,678.25	\$ 2,181.75
98	458	\$ 2,780.00	\$ 2,182.00
99	463	\$ 2,852.00	\$ 2,230.75
100	467	\$ 3,570.80	\$ 3,338.00

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	15	\$ 1,290.00	\$ 1,173.90
10	29	\$ 1,398.00	\$ 1,300.25
15	44	\$ 1,538.00	\$ 1,443.05
20	58	\$ 1,684.50	\$ 1,558.39
25	73	\$ 1,767.38	\$ 1,680.66
30	87	\$ 1,850.00	\$ 1,733.49
35	102	\$ 1,910.00	\$ 1,757.20
40	116	\$ 1,926.55	\$ 1,780.24
45	131	\$ 1,983.00	\$ 1,823.36
50	145	\$ 2,003.00	\$ 1,827.23
55	160	\$ 2,028.00	\$ 1,869.38
60	174	\$ 2,035.00	\$ 1,919.25
65	189	\$ 2,073.50	\$ 1,951.96
70	203	\$ 2,140.70	\$ 1,999.36
75	218	\$ 2,240.50	\$ 2,028.00
80	232	\$ 2,379.59	\$ 2,097.89
85	247	\$ 2,425.25	\$ 2,197.04
90	261	\$ 2,520.25	\$ 2,224.86
91	264	\$ 2,520.25	\$ 2,230.75
92	267	\$ 2,525.16	\$ 2,236.74
93	270	\$ 2,549.39	\$ 2,236.81
94	273	\$ 2,625.00	\$ 2,246.90
95	276	\$ 2,633.75	\$ 2,308.80
96	279	\$ 2,699.50	\$ 2,317.70
97	282	\$ 2,699.50	\$ 2,371.03
98	285	\$ 2,713.90	\$ 2,383.64
99	288	\$ 3,050.97	\$ 2,385.31
100	290	\$ 3,050.97	\$ 2,468.40

**90th - 100th Percentiles With Area of Fee Cuts**



**90th - 100th Percentiles With Area of Fee Cuts**



Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

## APPENDIX XIII

### **75<sup>th</sup>, 80<sup>th</sup>, & 85<sup>th</sup> Percentile Data Sheets for 97110 and 99213**

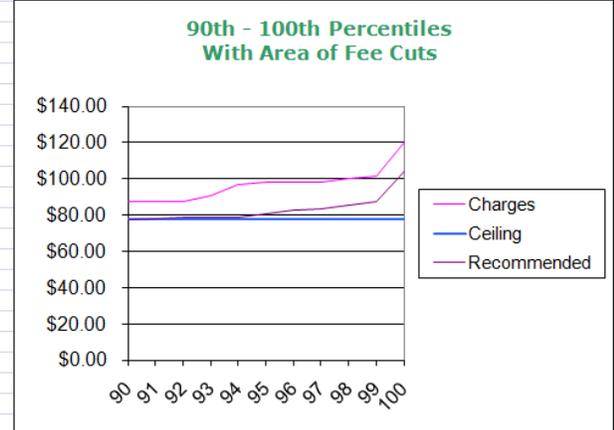
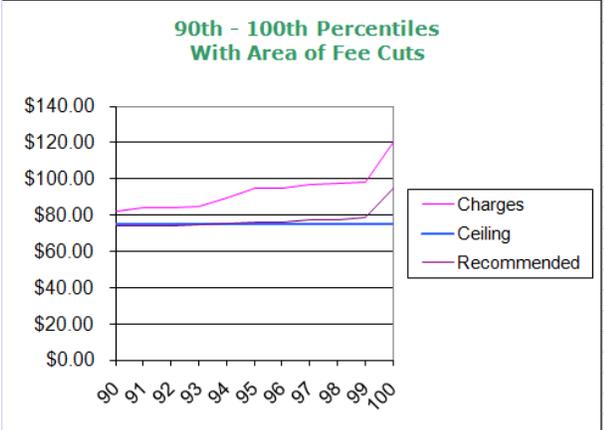
**WIA Data Call**

**Code: 97110 - Per Unit - Ceiling at 75th Percentile**

2006				2007			
Total Observations:		86,800		Total Observations:		69,887	
Average (Charge):		\$63.55		Average (Charge):		\$67.52	
Minimum (Charge):		\$24.00		Minimum (Charge):		\$23.50	
Maximum (Charge):		\$120.00		Maximum (Charge):		\$120.00	
Average (Recommended):		\$54.14		Average (Recommended):		\$58.21	
Minimum (Recommended):		\$14.00		Minimum (Recommended):		\$12.28	
Maximum (Recommended):		\$94.50		Maximum (Recommended):		\$104.00	
Ceiling:		\$75.00		Ceiling:		\$77.79	
Observations Below Ceiling (Charge):	67,802		78.1%	Observations Below Ceiling (Charge):	52,425		75.0%
Observations Above Ceiling (Charge):	18,998		21.9%	Observations Above Ceiling (Charge):	17,462		25.0%
Aggregate Dollars Below Ceiling (Charge):	\$3,912,166.59		70.9%	Aggregate Dollars Below Ceiling (Charge):	\$3,187,804.31		67.6%
Aggregate Dollars Above Ceiling (Charge):	\$1,604,100.27		29.1%	Aggregate Dollars Above Ceiling (Charge):	\$1,531,262.51		32.4%
Average Cut Above Ceiling (Charge):	\$9.44			Average Cut Above Ceiling (Charge):	\$9.90		
Aggregate Cut Above Ceiling (Charge):	\$179,250.27			Aggregate Cut Above Ceiling (Charge):	\$172,893.53		
Unique Provider FEINs Found Below Ceiling (Charge):	1,033			Unique Provider FEINs Found Below Ceiling (Charge):	892		
Unique Provider FEINs Found Above Ceiling (Charge):	181			Unique Provider FEINs Found Above Ceiling (Charge):	152		
Observations Below Ceiling (Recommended):	81,433		93.8%	Observations Below Ceiling (Recommended):	63,230		90.5%
Observations Above Ceiling (Recommended):	5,367		6.2%	Observations Above Ceiling (Recommended):	6,657		9.5%
Aggregate Dollars Below Ceiling (Recommended):	\$4,282,177.07		91.1%	Aggregate Dollars Below Ceiling (Recommended):	\$3,522,277.02		86.6%
Aggregate Dollars Above Ceiling (Recommended):	\$416,916.29		8.9%	Aggregate Dollars Above Ceiling (Recommended):	\$545,729.15		13.4%
Average Cut Above Ceiling (Recommended):	\$2.68			Average Cut Above Ceiling (Recommended):	\$4.19		
Aggregate Cut Above Ceiling (Recommended):	\$14,391.29			Aggregate Cut Above Ceiling (Recommended):	\$27,881.12		
Unique FEINs Found Below Ceiling (Recommended):	1,085			Unique FEINs Found Below Ceiling (Recommended):	952		
Unique FEINs Found Above Ceiling (Recommended):	74			Unique FEINs Found Above Ceiling (Recommended):	57		

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	4340	\$ 38.00	\$ 31.20
10	8680	\$ 42.00	\$ 33.24
15	13020	\$ 45.00	\$ 34.50
20	17360	\$ 49.00	\$ 38.00
25	21700	\$ 52.00	\$ 42.00
30	26040	\$ 55.00	\$ 45.00
35	30380	\$ 58.00	\$ 48.00
40	34720	\$ 60.00	\$ 51.00
45	39060	\$ 63.60	\$ 54.00
50	43400	\$ 65.00	\$ 55.25
55	47741	\$ 65.00	\$ 57.00
60	52080	\$ 66.00	\$ 60.71
65	56420	\$ 70.00	\$ 63.00
70	60760	\$ 72.25	\$ 63.91
75	65100	\$ 75.00	\$ 66.00
80	69440	\$ 77.70	\$ 66.69
85	73780	\$ 78.00	\$ 71.00
90	78120	\$ 82.00	\$ 73.73
91	78988	\$ 84.00	\$ 73.82
92	79856	\$ 84.26	\$ 74.00
93	80724	\$ 85.00	\$ 74.79
94	81592	\$ 89.36	\$ 75.07
95	82460	\$ 95.00	\$ 76.00
96	83328	\$ 95.00	\$ 76.15
97	84196	\$ 97.00	\$ 77.62
98	85064	\$ 97.13	\$ 77.70
99	85932	\$ 98.00	\$ 78.97
100	86800	\$ 120.00	\$ 94.50

Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	3495	\$ 41.00	\$ 32.99
10	6989	\$ 44.00	\$ 33.62
15	10484	\$ 48.00	\$ 36.12
20	13978	\$ 53.00	\$ 41.00
25	17472	\$ 58.00	\$ 45.00
30	20967	\$ 60.00	\$ 49.02
35	24461	\$ 63.60	\$ 52.00
40	27955	\$ 65.00	\$ 55.25
45	31450	\$ 65.00	\$ 58.83
50	34944	\$ 65.50	\$ 60.68
55	38438	\$ 70.00	\$ 63.60
60	41933	\$ 72.00	\$ 65.00
65	45427	\$ 75.00	\$ 67.50
70	48921	\$ 77.10	\$ 69.44
75	52416	\$ 77.79	\$ 71.20
80	55910	\$ 81.00	\$ 73.25
85	59404	\$ 85.00	\$ 76.00
90	62899	\$ 87.18	\$ 77.70
91	63598	\$ 87.18	\$ 78.00
92	64297	\$ 87.18	\$ 78.46
93	64995	\$ 91.00	\$ 78.96
94	65694	\$ 96.75	\$ 78.96
95	66393	\$ 98.00	\$ 80.85
96	67092	\$ 98.00	\$ 82.82
97	67791	\$ 98.00	\$ 83.45
98	68490	\$ 100.00	\$ 85.44
99	69189	\$ 101.25	\$ 87.18
100	69887	\$ 120.00	\$ 104.00



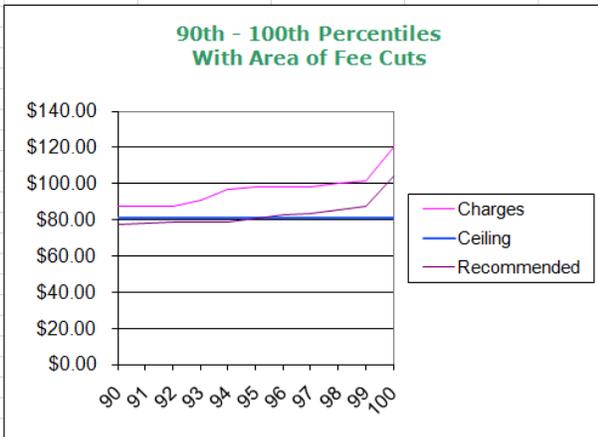
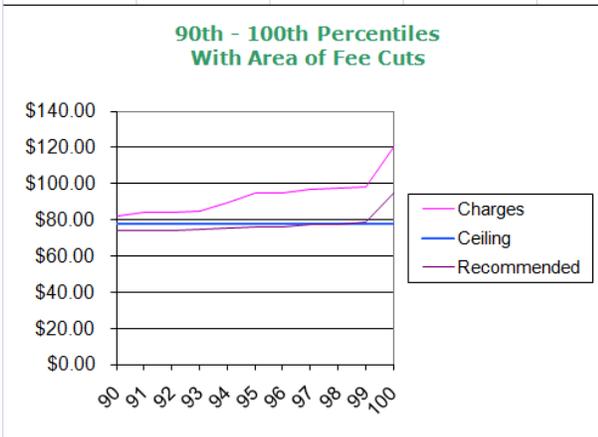
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 97110 - Per Unit - Ceiling at 80th Percentile**

2006				2007			
Total Observations:		86,800		Total Observations:		69,887	
Average (Charge):		\$63.55		Average (Charge):		\$67.52	
Minimum (Charge):		\$24.00		Minimum (Charge):		\$23.50	
Maximum (Charge):		\$120.00		Maximum (Charge):		\$120.00	
Average (Recommended):		\$54.14		Average (Recommended):		\$58.21	
Minimum (Recommended):		\$14.00		Minimum (Recommended):		\$12.28	
Maximum (Recommended):		\$94.50		Maximum (Recommended):		\$104.00	
Ceiling:		\$77.70		Ceiling:		\$81.00	
Observations Below Ceiling (Charge):	73,471		84.6%	Observations Below Ceiling (Charge):	58,026		83.0%
Observations Above Ceiling (Charge):	13,329		15.4%	Observations Above Ceiling (Charge):	11,861		17.0%
Aggregate Dollars Below Ceiling (Charge):	\$4,351,286.80		78.9%	Aggregate Dollars Below Ceiling (Charge):	\$3,635,527.05		77.0%
Aggregate Dollars Above Ceiling (Charge):	\$1,164,980.06		21.1%	Aggregate Dollars Above Ceiling (Charge):	\$1,083,539.77		23.0%
Average Cut Above Ceiling (Charge):	\$9.70			Average Cut Above Ceiling (Charge):	\$10.35		
Aggregate Cut Above Ceiling (Charge):	\$129,316.76			Aggregate Cut Above Ceiling (Charge):	\$122,798.77		
Unique Provider FEINs Found Below Ceiling (Charge):	1,038			Unique Provider FEINs Found Below Ceiling (Charge):	921		
Unique Provider FEINs Found Above Ceiling (Charge):	165			Unique Provider FEINs Found Above Ceiling (Charge):	112		
Observations Below Ceiling (Recommended):	85,425		98.4%	Observations Below Ceiling (Recommended):	66,466		95.1%
Observations Above Ceiling (Recommended):	1,375		1.6%	Observations Above Ceiling (Recommended):	3,421		4.9%
Aggregate Dollars Below Ceiling (Recommended):	\$4,588,050.94		97.6%	Aggregate Dollars Below Ceiling (Recommended):	\$3,777,431.43		92.9%
Aggregate Dollars Above Ceiling (Recommended):	\$111,042.42		2.4%	Aggregate Dollars Above Ceiling (Recommended):	\$290,574.74		7.1%
Average Cut Above Ceiling (Recommended):	\$3.06			Average Cut Above Ceiling (Recommended):	\$3.94		
Aggregate Cut Above Ceiling (Recommended):	\$4,204.92			Aggregate Cut Above Ceiling (Recommended):	\$13,473.74		
Unique FEINs Found Below Ceiling (Recommended):	1,087			Unique FEINs Found Below Ceiling (Recommended):	958		
Unique FEINs Found Above Ceiling (Recommended):	58			Unique FEINs Found Above Ceiling (Recommended):	33		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	4340	\$ 38.00	\$ 31.20	5	3495	\$ 41.00	\$ 32.99
10	8680	\$ 42.00	\$ 33.24	10	6989	\$ 44.00	\$ 33.62
15	13020	\$ 45.00	\$ 34.50	15	10484	\$ 48.00	\$ 36.12
20	17360	\$ 49.00	\$ 38.00	20	13978	\$ 53.00	\$ 41.00
25	21700	\$ 52.00	\$ 42.00	25	17472	\$ 58.00	\$ 45.00
30	26040	\$ 55.00	\$ 45.00	30	20967	\$ 60.00	\$ 49.02
35	30380	\$ 58.00	\$ 48.00	35	24461	\$ 63.60	\$ 52.00
40	34720	\$ 60.00	\$ 51.00	40	27955	\$ 65.00	\$ 55.25
45	39060	\$ 63.60	\$ 54.00	45	31450	\$ 65.00	\$ 58.83
50	43400	\$ 65.00	\$ 55.25	50	34944	\$ 65.50	\$ 60.68
55	47741	\$ 65.00	\$ 57.00	55	38438	\$ 70.00	\$ 63.60
60	52080	\$ 66.00	\$ 60.71	60	41933	\$ 72.00	\$ 65.00
65	56420	\$ 70.00	\$ 63.00	65	45427	\$ 75.00	\$ 67.50
70	60760	\$ 72.25	\$ 63.91	70	48921	\$ 77.10	\$ 69.44
75	65100	\$ 75.00	\$ 66.00	75	52416	\$ 77.79	\$ 71.20
80	69440	\$ 77.70	\$ 66.69	80	55910	\$ 81.00	\$ 73.25
85	73780	\$ 78.00	\$ 71.00	85	59404	\$ 85.00	\$ 76.00
90	78120	\$ 82.00	\$ 73.73	90	62899	\$ 87.18	\$ 77.70
91	78988	\$ 84.00	\$ 73.82	91	63598	\$ 87.18	\$ 78.00
92	79856	\$ 84.26	\$ 74.00	92	64297	\$ 87.18	\$ 78.46
93	80724	\$ 85.00	\$ 74.79	93	64995	\$ 91.00	\$ 78.96
94	81592	\$ 89.36	\$ 75.07	94	65694	\$ 96.75	\$ 78.96
95	82460	\$ 95.00	\$ 76.00	95	66393	\$ 98.00	\$ 80.85
96	83328	\$ 95.00	\$ 76.15	96	67092	\$ 98.00	\$ 82.82
97	84196	\$ 97.00	\$ 77.62	97	67791	\$ 98.00	\$ 83.45
98	85064	\$ 97.13	\$ 77.70	98	68490	\$ 100.00	\$ 85.44
99	85932	\$ 98.00	\$ 78.97	99	69189	\$ 101.25	\$ 87.18
100	86800	\$ 120.00	\$ 94.50	100	69887	\$ 120.00	\$ 104.00



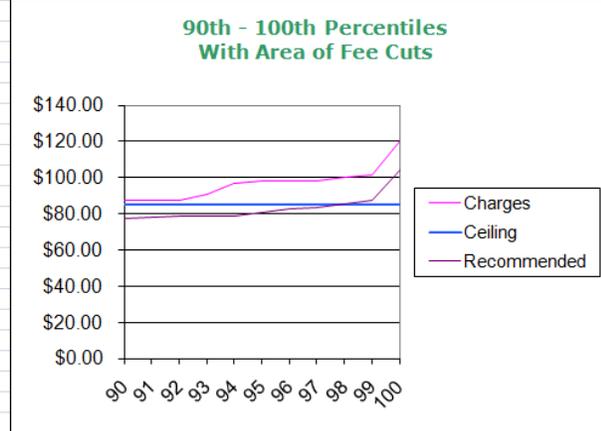
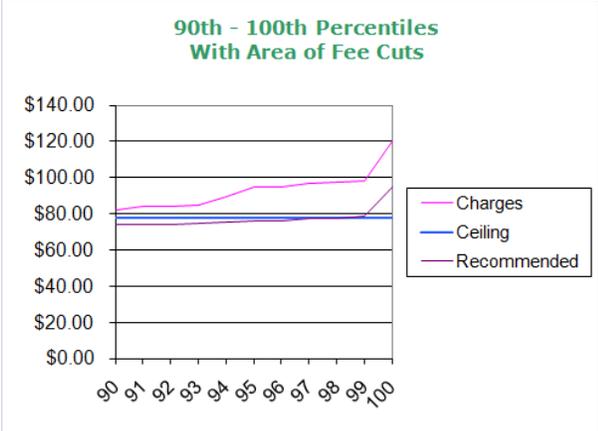
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 97110 - Per Unit - Ceiling at 85th Percentile**

2006				2007			
Total Observations:			86,800	Total Observations:			69,887
Average (Charge):			\$63.55	Average (Charge):			\$67.52
Minimum (Charge):			\$24.00	Minimum (Charge):			\$23.50
Maximum (Charge):			\$120.00	Maximum (Charge):			\$120.00
Average (Recommended):			\$54.14	Average (Recommended):			\$58.21
Minimum (Recommended):			\$14.00	Minimum (Recommended):			\$12.28
Maximum (Recommended):			\$94.50	Maximum (Recommended):			\$104.00
Ceiling:			\$78.00	Ceiling:			\$85.00
Observations Below Ceiling (Charge):			76,111	Observations Below Ceiling (Charge):			59,478
Observations Above Ceiling (Charge):			10,689	Observations Above Ceiling (Charge):			10,409
Aggregate Dollars Below Ceiling (Charge):			\$4,557,148.59	Aggregate Dollars Below Ceiling (Charge):			\$3,755,325.76
Aggregate Dollars Above Ceiling (Charge):			\$959,118.28	Aggregate Dollars Above Ceiling (Charge):			\$963,741.06
Average Cut Above Ceiling (Charge):			\$11.73	Average Cut Above Ceiling (Charge):			\$7.59
Aggregate Cut Above Ceiling (Charge):			\$125,376.28	Aggregate Cut Above Ceiling (Charge):			\$78,976.06
Unique Provider FEINs Found Below Ceiling (Charge):			1,042	Unique Provider FEINs Found Below Ceiling (Charge):			933
Unique Provider FEINs Found Above Ceiling (Charge):			151	Unique Provider FEINs Found Above Ceiling (Charge):			97
Observations Below Ceiling (Recommended):			85,578	Observations Below Ceiling (Recommended):			68,415
Observations Above Ceiling (Recommended):			1,222	Observations Above Ceiling (Recommended):			1,472
Aggregate Dollars Below Ceiling (Recommended):			\$4,599,967.56	Aggregate Dollars Below Ceiling (Recommended):			\$3,939,226.78
Aggregate Dollars Above Ceiling (Recommended):			\$99,125.80	Aggregate Dollars Above Ceiling (Recommended):			\$128,779.39
Average Cut Above Ceiling (Recommended):			\$3.12	Average Cut Above Ceiling (Recommended):			\$2.49
Aggregate Cut Above Ceiling (Recommended):			\$3,809.80	Aggregate Cut Above Ceiling (Recommended):			\$3,659.39
Unique FEINs Found Below Ceiling (Recommended):			1,089	Unique FEINs Found Below Ceiling (Recommended):			964
Unique FEINs Found Above Ceiling (Recommended):			53	Unique FEINs Found Above Ceiling (Recommended):			25

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	4340	\$ 38.00	\$ 31.20	5	3495	\$ 41.00	\$ 32.99
10	8680	\$ 42.00	\$ 33.24	10	6989	\$ 44.00	\$ 33.62
15	13020	\$ 45.00	\$ 34.50	15	10484	\$ 48.00	\$ 36.12
20	17360	\$ 49.00	\$ 38.00	20	13978	\$ 53.00	\$ 41.00
25	21700	\$ 52.00	\$ 42.00	25	17472	\$ 58.00	\$ 45.00
30	26040	\$ 55.00	\$ 45.00	30	20967	\$ 60.00	\$ 49.02
35	30380	\$ 58.00	\$ 48.00	35	24461	\$ 63.60	\$ 52.00
40	34720	\$ 60.00	\$ 51.00	40	27955	\$ 65.00	\$ 55.25
45	39060	\$ 63.60	\$ 54.00	45	31450	\$ 65.00	\$ 58.83
50	43400	\$ 65.00	\$ 55.25	50	34944	\$ 65.50	\$ 60.68
55	47741	\$ 65.00	\$ 57.00	55	38438	\$ 70.00	\$ 63.60
60	52080	\$ 66.00	\$ 60.71	60	41933	\$ 72.00	\$ 65.00
65	56420	\$ 70.00	\$ 63.00	65	45427	\$ 75.00	\$ 67.50
70	60760	\$ 72.25	\$ 63.91	70	48921	\$ 77.10	\$ 69.44
75	65100	\$ 75.00	\$ 66.00	75	52416	\$ 77.79	\$ 71.20
80	69440	\$ 77.70	\$ 66.69	80	55910	\$ 81.00	\$ 73.25
85	73780	\$ 78.00	\$ 71.00	85	59404	\$ 85.00	\$ 76.00
90	78120	\$ 82.00	\$ 73.73	90	62899	\$ 87.18	\$ 77.70
91	78988	\$ 84.00	\$ 73.82	91	63598	\$ 87.18	\$ 78.00
92	79856	\$ 84.26	\$ 74.00	92	64297	\$ 87.18	\$ 78.46
93	80724	\$ 85.00	\$ 74.79	93	64995	\$ 91.00	\$ 78.96
94	81592	\$ 89.36	\$ 75.07	94	65694	\$ 96.75	\$ 78.96
95	82460	\$ 95.00	\$ 76.00	95	66393	\$ 98.00	\$ 80.85
96	83328	\$ 95.00	\$ 76.15	96	67092	\$ 98.00	\$ 82.82
97	84196	\$ 97.00	\$ 77.62	97	67791	\$ 98.00	\$ 83.45
98	85064	\$ 97.13	\$ 77.70	98	68490	\$ 100.00	\$ 85.44
99	85932	\$ 98.00	\$ 78.97	99	69189	\$ 101.25	\$ 87.18
100	86800	\$ 120.00	\$ 94.50	100	69887	\$ 120.00	\$ 104.00



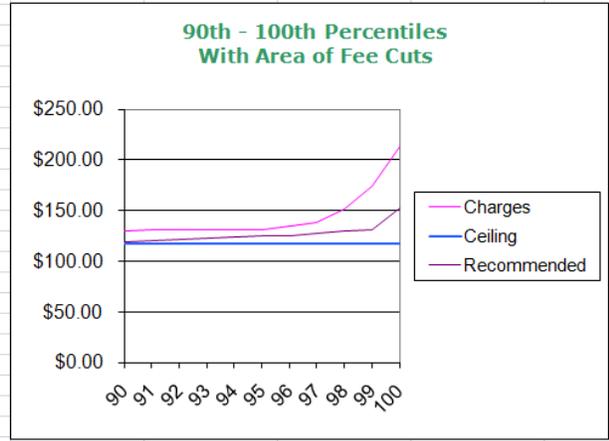
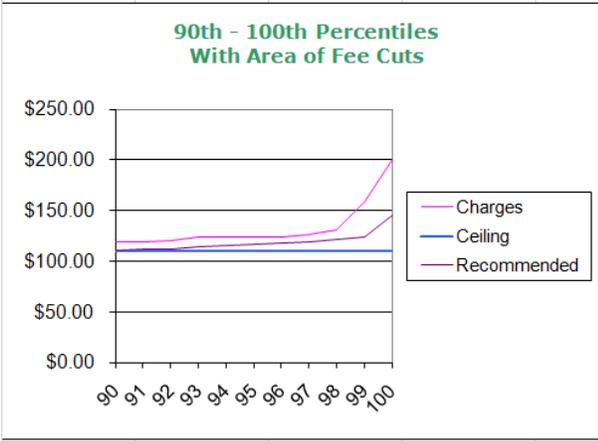
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 99213 - Ceiling at 75th Percentile**

2006				2007			
Total Observations:		54,952		Total Observations:		43,177	
Average (Charge):		\$102.26		Average (Charge):		\$110.41	
Minimum (Charge):		\$48.00		Minimum (Charge):		\$54.50	
Maximum (Charge):		\$200.00		Maximum (Charge):		\$213.00	
Average (Recommended):		\$93.04		Average (Recommended):		\$100.04	
Minimum (Recommended):		\$39.00		Minimum (Recommended):		\$45.00	
Maximum (Recommended):		\$145.00		Maximum (Recommended):		\$152.55	
Ceiling:		\$110.00		Ceiling:		\$117.00	
Observations Below Ceiling (Charge):		41,617	75.7%	Observations Below Ceiling (Charge):		32,430	75.1%
Observations Above Ceiling (Charge):		13,335	24.3%	Observations Above Ceiling (Charge):		10,747	24.9%
Aggregate Dollars Below Ceiling (Charge):		\$4,007,511.12	71.3%	Aggregate Dollars Below Ceiling (Charge):		\$3,374,044.61	70.8%
Aggregate Dollars Above Ceiling (Charge):		\$1,612,136.79	28.7%	Aggregate Dollars Above Ceiling (Charge):		\$1,392,920.68	29.2%
Average Cut Above Ceiling (Charge):		\$10.90		Average Cut Above Ceiling (Charge):		\$12.61	
Aggregate Cut Above Ceiling (Charge):		\$145,286.79		Aggregate Cut Above Ceiling (Charge):		\$135,521.68	
Unique Provider FEINs Found Below Ceiling (Charge):		1,525		Unique Provider FEINs Found Below Ceiling (Charge):		1,316	
Unique Provider FEINs Found Above Ceiling (Charge):		277		Unique Provider FEINs Found Above Ceiling (Charge):		262	
Observations Below Ceiling (Recommended):		49,102	89.4%	Observations Below Ceiling (Recommended):		38,149	88.4%
Observations Above Ceiling (Recommended):		5,850	10.6%	Observations Above Ceiling (Recommended):		5,028	11.6%
Aggregate Dollars Below Ceiling (Recommended):		\$4,429,331.99	86.6%	Aggregate Dollars Below Ceiling (Recommended):		\$3,697,001.41	85.6%
Aggregate Dollars Above Ceiling (Recommended):		\$683,361.62	13.4%	Aggregate Dollars Above Ceiling (Recommended):		\$622,315.85	14.4%
Average Cut Above Ceiling (Recommended):		\$6.81		Average Cut Above Ceiling (Recommended):		\$6.77	
Aggregate Cut Above Ceiling (Recommended):		\$39,861.62		Aggregate Cut Above Ceiling (Recommended):		\$34,039.85	
Unique FEINs Found Below Ceiling (Recommended):		1,675		Unique FEINs Found Below Ceiling (Recommended):		1,460	
Unique FEINs Found Above Ceiling (Recommended):		138		Unique FEINs Found Above Ceiling (Recommended):		120	

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2748	\$ 75.00	\$ 65.00	5	2159	\$ 84.00	\$ 70.10
10	5496	\$ 81.00	\$ 70.10	10	4318	\$ 90.00	\$ 77.00
15	8243	\$ 87.50	\$ 75.68	15	6477	\$ 95.00	\$ 83.00
20	10991	\$ 90.00	\$ 80.00	20	8636	\$ 97.00	\$ 88.66
25	13738	\$ 94.00	\$ 84.55	25	10795	\$ 99.90	\$ 92.00
30	16486	\$ 97.00	\$ 88.00	30	12954	\$ 103.00	\$ 95.00
35	19234	\$ 99.00	\$ 90.00	35	15112	\$ 106.00	\$ 96.40
40	21981	\$ 101.14	\$ 93.00	40	17271	\$ 110.00	\$ 98.56
45	24729	\$ 104.80	\$ 93.28	45	19430	\$ 112.00	\$ 99.00
50	27476	\$ 105.00	\$ 94.50	50	21589	\$ 112.00	\$ 100.80
55	30224	\$ 106.00	\$ 95.40	55	23748	\$ 113.00	\$ 101.96
60	32972	\$ 106.00	\$ 98.00	60	25907	\$ 114.00	\$ 104.53
65	35719	\$ 106.00	\$ 99.56	65	28066	\$ 115.00	\$ 107.10
70	38467	\$ 106.00	\$ 102.00	70	30224	\$ 116.00	\$ 109.64
75	41214	\$ 110.00	\$ 104.31	75	32383	\$ 117.00	\$ 111.05
80	43962	\$ 113.00	\$ 105.71	80	34542	\$ 119.00	\$ 113.05
85	46710	\$ 115.00	\$ 108.24	85	36701	\$ 123.00	\$ 115.90
90	49457	\$ 119.00	\$ 111.00	90	38860	\$ 130.00	\$ 119.00
91	50007	\$ 119.00	\$ 111.45	91	39292	\$ 131.00	\$ 120.00
92	50556	\$ 120.00	\$ 112.00	92	39723	\$ 131.00	\$ 121.00
93	51106	\$ 124.00	\$ 113.97	93	40155	\$ 131.00	\$ 122.06
94	51655	\$ 124.00	\$ 115.00	94	40587	\$ 131.00	\$ 123.39
95	52205	\$ 124.00	\$ 117.00	95	41019	\$ 131.00	\$ 124.45
96	52754	\$ 124.00	\$ 117.80	96	41450	\$ 135.00	\$ 124.45
97	53304	\$ 126.00	\$ 119.00	97	41882	\$ 138.00	\$ 127.16
98	53853	\$ 131.00	\$ 122.00	98	42314	\$ 151.00	\$ 129.75
99	54403	\$ 159.00	\$ 124.00	99	42746	\$ 174.00	\$ 131.00
100	54952	\$ 200.00	\$ 145.00	100	43177	\$ 213.00	\$ 152.55



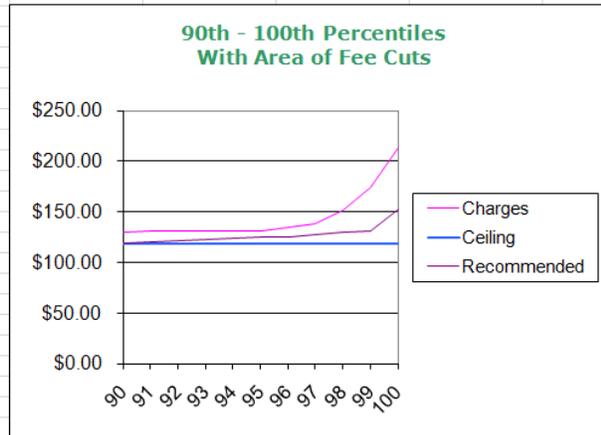
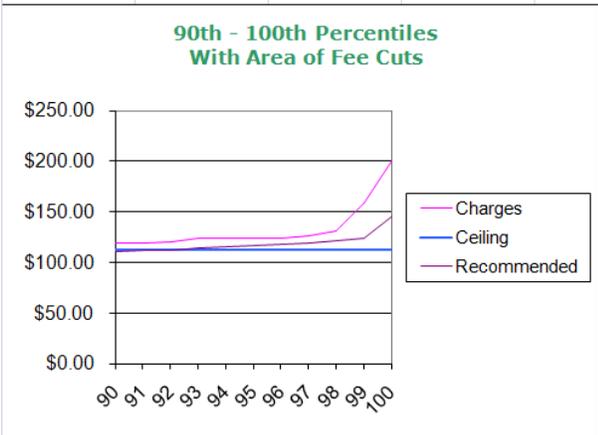
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call  
Code:**

**99213 - Ceiling at 80th Percentile**

2006				2007			
Total Observations:		54,952		Total Observations:		43,177	
Average (Charge):		\$102.26		Average (Charge):		\$110.41	
Minimum (Charge):		\$48.00		Minimum (Charge):		\$54.50	
Maximum (Charge):		\$200.00		Maximum (Charge):		\$213.00	
Average (Recommended):		\$93.04		Average (Recommended):		\$100.04	
Minimum (Recommended):		\$39.00		Minimum (Recommended):		\$45.00	
Maximum (Recommended):		\$145.00		Maximum (Recommended):		\$152.55	
Ceiling:		\$113.00		Ceiling:		\$119.00	
Observations Below Ceiling (Charge):	44,988		81.9%	Observations Below Ceiling (Charge):	35,828		83.0%
Observations Above Ceiling (Charge):	9,964		18.1%	Observations Above Ceiling (Charge):	7,349		17.0%
Aggregate Dollars Below Ceiling (Charge):	\$4,385,478.40		78.0%	Aggregate Dollars Below Ceiling (Charge):	\$3,776,716.34		79.2%
Aggregate Dollars Above Ceiling (Charge):	\$1,234,169.51		22.0%	Aggregate Dollars Above Ceiling (Charge):	\$990,248.95		20.8%
Average Cut Above Ceiling (Charge):	\$10.86			Average Cut Above Ceiling (Charge):	\$15.75		
Aggregate Cut Above Ceiling (Charge):	\$108,237.51			Aggregate Cut Above Ceiling (Charge):	\$115,717.95		
Unique Provider FEINs Found Below Ceiling (Charge):	1,542			Unique Provider FEINs Found Below Ceiling (Charge):	1,331		
Unique Provider FEINs Found Above Ceiling (Charge):	244			Unique Provider FEINs Found Above Ceiling (Charge):	247		
Observations Below Ceiling (Recommended):	50,761		92.4%	Observations Below Ceiling (Recommended):	39,217		90.8%
Observations Above Ceiling (Recommended):	4,191		7.6%	Observations Above Ceiling (Recommended):	3,960		9.2%
Aggregate Dollars Below Ceiling (Recommended):	\$4,614,090.42		90.2%	Aggregate Dollars Below Ceiling (Recommended):	\$3,823,031.76		88.5%
Aggregate Dollars Above Ceiling (Recommended):	\$498,603.19		9.8%	Aggregate Dollars Above Ceiling (Recommended):	\$496,285.50		11.5%
Average Cut Above Ceiling (Recommended):	\$5.97			Average Cut Above Ceiling (Recommended):	\$6.32		
Aggregate Cut Above Ceiling (Recommended):	\$25,020.19			Aggregate Cut Above Ceiling (Recommended):	\$25,045.50		
Unique FEINs Found Below Ceiling (Recommended):	1,681			Unique FEINs Found Below Ceiling (Recommended):	1,464		
Unique FEINs Found Above Ceiling (Recommended):	106			Unique FEINs Found Above Ceiling (Recommended):	107		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2748	\$ 75.00	\$ 65.00	5	2159	\$ 84.00	\$ 70.10
10	5496	\$ 81.00	\$ 70.10	10	4318	\$ 90.00	\$ 77.00
15	8243	\$ 87.50	\$ 75.68	15	6477	\$ 95.00	\$ 83.00
20	10991	\$ 90.00	\$ 80.00	20	8636	\$ 97.00	\$ 88.66
25	13738	\$ 94.00	\$ 84.55	25	10795	\$ 99.90	\$ 92.00
30	16486	\$ 97.00	\$ 88.00	30	12954	\$ 103.00	\$ 95.00
35	19234	\$ 99.00	\$ 90.00	35	15112	\$ 106.00	\$ 96.40
40	21981	\$ 101.14	\$ 93.00	40	17271	\$ 110.00	\$ 98.56
45	24729	\$ 104.80	\$ 93.28	45	19430	\$ 112.00	\$ 99.00
50	27476	\$ 105.00	\$ 94.50	50	21589	\$ 112.00	\$ 100.80
55	30224	\$ 106.00	\$ 95.40	55	23748	\$ 113.00	\$ 101.96
60	32972	\$ 106.00	\$ 98.00	60	25907	\$ 114.00	\$ 104.53
65	35719	\$ 106.00	\$ 99.56	65	28066	\$ 115.00	\$ 107.10
70	38467	\$ 106.00	\$ 102.00	70	30224	\$ 116.00	\$ 109.64
75	41214	\$ 110.00	\$ 104.31	75	32383	\$ 117.00	\$ 111.05
80	43962	\$ 113.00	\$ 105.71	80	34542	\$ 119.00	\$ 113.05
85	46710	\$ 115.00	\$ 108.24	85	36701	\$ 123.00	\$ 115.90
90	49457	\$ 119.00	\$ 111.00	90	38860	\$ 130.00	\$ 119.00
91	50007	\$ 119.00	\$ 111.45	91	39292	\$ 131.00	\$ 120.00
92	50556	\$ 120.00	\$ 112.00	92	39723	\$ 131.00	\$ 121.00
93	51106	\$ 124.00	\$ 113.97	93	40155	\$ 131.00	\$ 122.06
94	51655	\$ 124.00	\$ 115.00	94	40587	\$ 131.00	\$ 123.39
95	52205	\$ 124.00	\$ 117.00	95	41019	\$ 131.00	\$ 124.45
96	52754	\$ 124.00	\$ 117.80	96	41450	\$ 135.00	\$ 124.45
97	53304	\$ 126.00	\$ 119.00	97	41882	\$ 138.00	\$ 127.16
98	53853	\$ 131.00	\$ 122.00	98	42314	\$ 151.00	\$ 129.75
99	54403	\$ 159.00	\$ 124.00	99	42746	\$ 174.00	\$ 131.00
100	54952	\$ 200.00	\$ 145.00	100	43177	\$ 213.00	\$ 152.55



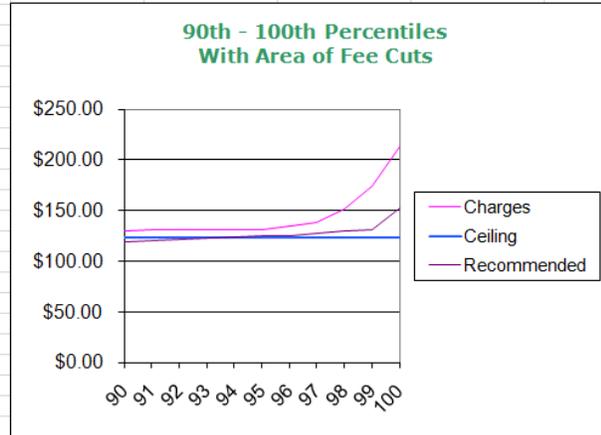
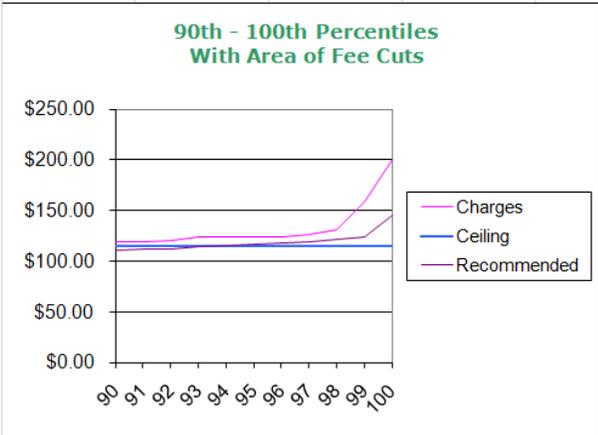
Notes: Data excludes extreme outliers.  
 Ceiling is defined as 1.4 standard deviations from the mean.  
 Recommended means the payment recommended by medical bill reviewer, which may consider negotiated discounts.

**WIA Data Call**

**Code: 99213 - Ceiling at 85th Percentile**

2006				2007			
Total Observations:		54,952		Total Observations:		43,177	
Average (Charge):		\$102.26		Average (Charge):		\$110.41	
Minimum (Charge):		\$48.00		Minimum (Charge):		\$54.50	
Maximum (Charge):		\$200.00		Maximum (Charge):		\$213.00	
Average (Recommended):		\$93.04		Average (Recommended):		\$100.04	
Minimum (Recommended):		\$39.00		Minimum (Recommended):		\$45.00	
Maximum (Recommended):		\$145.00		Maximum (Recommended):		\$152.55	
Ceiling:		\$115.00		Ceiling:		\$123.00	
Observations Below Ceiling (Charge):	47,458		86.4%	Observations Below Ceiling (Charge):	36,814		85.3%
Observations Above Ceiling (Charge):	7,494		13.6%	Observations Above Ceiling (Charge):	6,363		14.7%
Aggregate Dollars Below Ceiling (Charge):	\$4,667,864.03		83.1%	Aggregate Dollars Below Ceiling (Charge):	\$3,896,372.23		81.7%
Aggregate Dollars Above Ceiling (Charge):	\$951,783.88		16.9%	Aggregate Dollars Above Ceiling (Charge):	\$870,593.06		18.3%
Average Cut Above Ceiling (Charge):	\$12.01			Average Cut Above Ceiling (Charge):	\$13.82		
Aggregate Cut Above Ceiling (Charge):	\$89,973.88			Aggregate Cut Above Ceiling (Charge):	\$87,944.06		
Unique Provider FEINs Found Below Ceiling (Charge):	1,563			Unique Provider FEINs Found Below Ceiling (Charge):	1,355		
Unique Provider FEINs Found Above Ceiling (Charge):	221			Unique Provider FEINs Found Above Ceiling (Charge):	205		
Observations Below Ceiling (Recommended):	51,687		94.1%	Observations Below Ceiling (Recommended):	40,329		93.4%
Observations Above Ceiling (Recommended):	3,265		5.9%	Observations Above Ceiling (Recommended):	2,848		6.6%
Aggregate Dollars Below Ceiling (Recommended):	\$4,719,816.64		92.3%	Aggregate Dollars Below Ceiling (Recommended):	\$3,957,676.79		91.6%
Aggregate Dollars Above Ceiling (Recommended):	\$392,876.97		7.7%	Aggregate Dollars Above Ceiling (Recommended):	\$361,640.47		8.4%
Average Cut Above Ceiling (Recommended):	\$5.33			Average Cut Above Ceiling (Recommended):	\$3.98		
Aggregate Cut Above Ceiling (Recommended):	\$17,401.97			Aggregate Cut Above Ceiling (Recommended):	\$11,336.47		
Unique FEINs Found Below Ceiling (Recommended):	1,684			Unique FEINs Found Below Ceiling (Recommended):	1,475		
Unique FEINs Found Above Ceiling (Recommended):	81			Unique FEINs Found Above Ceiling (Recommended):	67		

Percentile Groups:	Observations in Group:	Charge:	Recommended:	Percentile Groups:	Observations in Group:	Charge:	Recommended:
5	2748	\$ 75.00	\$ 65.00	5	2159	\$ 84.00	\$ 70.10
10	5496	\$ 81.00	\$ 70.10	10	4318	\$ 90.00	\$ 77.00
15	8243	\$ 87.50	\$ 75.68	15	6477	\$ 95.00	\$ 83.00
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40	21981	\$ 101.14	\$ 93.00	40	17271	\$ 110.00	\$ 98.56
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100	54952	\$ 200.00	\$ 145.00	100	43177	\$ 213.00	\$ 152.55



Notes: Data excludes extreme outliers.  
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