Oregon Hospital Payment Report
2014

Presented July 1, 2016

Oregon Health Authority
Office of Health Analytics

Oregon Health Authority

Executive Summary

Oregon Hospital Payment Report 2014

In the 2015 legislative session, the Oregon legislature passed Senate Bill 900, mandating the annual reporting of median payments from commercial insurers to hospitals for common inpatient and outpatient procedures. This report is the first in an annual series using data from Oregon's All Payer All Claims database to provide that information.

The intent of this report is to provide a source of transparency and public accountability for hospital prices. Future iterations may expand this report to include other health care providers.

Transparency and accountability gained through public reporting of prices paid for common procedures supports the Oregon Health Authority's health system transformation efforts by working towards controlling the growth of health care costs. This aligns with the Oregon Health Authority's triple aim goals of better health, better care, and lower costs.

Highlights of this report include:

- Most procedures show sizable variations in paid amounts. This is seen both within hospitals and between hospitals.
- For common outpatient procedures, gallbladder surgery is the most expensive with a median paid amount over $9,000.
- For common inpatient procedures, heart valve replacement surgeries were the most expensive with a median paid amount over $74,000.
- The most common procedure paid for by commercial insurance companies is mammograms, with over 86,000 paid claims in 2014.

When patients are making health care decisions, the most important considerations occur in conversations between the patient and their health care provider. Costs can be a factor in those conversations, but treatment options are often dependent on the patient's health insurance. Insurance coverage will often determine where a patient receives a procedure, the price that will be paid for a particular procedure, and how much the patient will pay out of pocket. This report provides additional information for those conversations, to assist the patient and provider to reach the best health care decisions after weighing all factors.

About This Report

In 2015, the Oregon Legislature passed Senate Bill 900, mandating an annual reporting of the median amounts paid by commercial insurance companies for common procedures performed by Oregon hospitals. The report provides a source of transparency and public accountability for hospital prices. Procedures that occurred in calendar year 2014 are included in this report.

The data source is Oregon's All Payer All Claims database (APAC) as mandated by ORS 442.466(b). APAC is a database of health care insurance claims submitted to the state by entities identified as mandatory reporters according to ORS 442.464. This report only includes payments to hospital inpatient and outpatient facilities. Payments to Free Standing Ambulatory Surgical Centers (ASCs) are not included. The OHA plans to build on this report in future years to incorporate other health care provider types.

The report uses the median paid amount. A median represents the point where half the observations are below and half the observations are above the paid amount. Averages are not used because a handful of very high priced cases, or outliers, have the ability to greatly affect an average. Median amounts are not as affected by outlier data and more accurately represent the typical paid amount.

Paid amounts represent what a commercial insurance company paid to the hospital performing the procedure. It does not include patient paid amounts, such as co-pays, deductibles or co-insurance amounts. In the case of outpatient procedures, the paid amount is inclusive of all elements related to the procedure with the exception of professional fees, which are billed separately. In the case of inpatient procedures, the paid amount is intended to represent the amount paid for the entire hospitalization event. However, depending on whether the attending physician or specialists were employed by the hospital, this paid amount may not be inclusive.

Variation in median paid amount from hospital to hospital can be attributed to a variety of factors. Geography often plays a role due to the variation in the cost of doing business. For example, there may be lower availability of healthcare professionals in one part of the state compared to another, resulting in higher labor costs. There may also be significant variation in overall patients' health status or severity of illness upon admission that may require higher intensity of care at one hospital compared to another. Likewise, the contracting and discount arrangements between insurers and hospitals – whether based on volume, on types of procedures performed, or specific savings targets – all play a role in the final paid amount. And finally, quality of care, patient satisfaction, and patient outcome are not collected in APAC, making it difficult to derive any linkage of these variables to the paid amount.

Paid amounts are presented for individual hospitals that have performed the procedure ten or more times during the reporting period. Procedures included in this report were determined based on statewide frequencies. Details about the reporting methodology are available in the next section of this report.

For questions or comments about his report please contact:

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Oregon's health system is in the midst of significant changes as it implements both state and federal reforms. Policies to expand insurance coverage, improve health, provide better care and reduce costs affect the lives of all Oregonians.

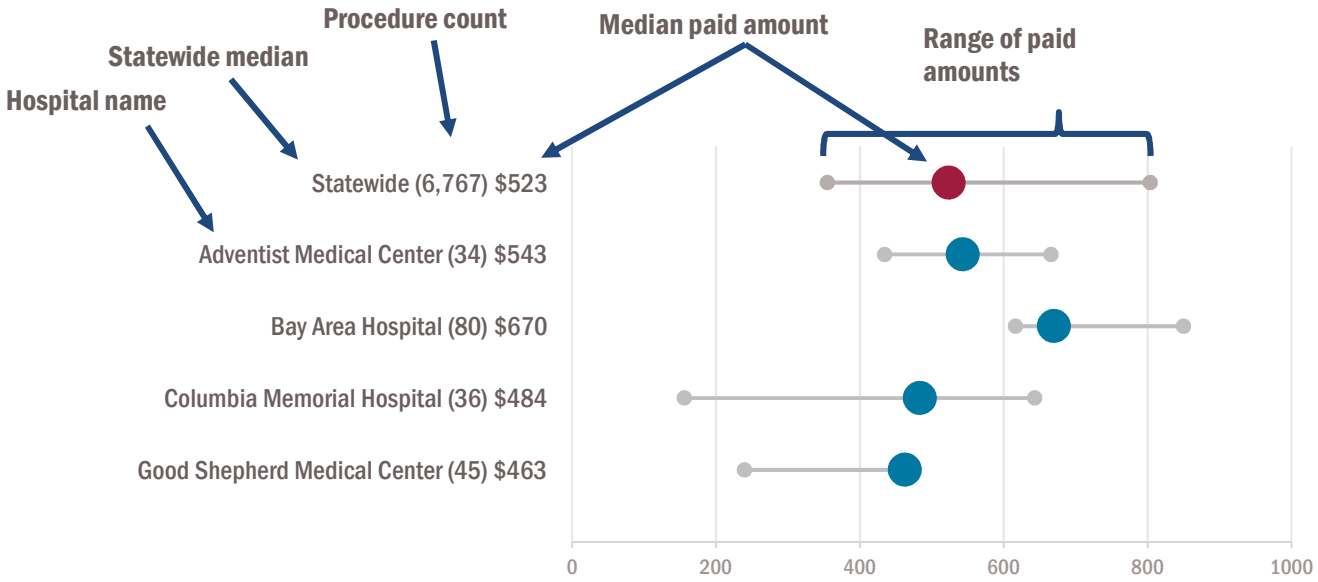
The Oregon Health Authority is committed to transforming the health care system in Oregon by:

- Improving the lifelong health of Oregonians
- Increasing the quality, reliability, and availability of care for all Oregonians
- Lowering or containing the cost of care so it's affordable to everyone

Oregon Health Authority

How To Use This Report

This report presents information on the amount paid for common inpatient and outpatient procedures at hospitals in Oregon. The data on these paid amounts come from reports made to APAC from commercial reporting entities. The range of typical paid amounts for each procedure is included at the statewide and hospital levels, and a median amount paid is also displayed. The median is the middle value in the range of typical paid amount. Inpatient and outpatient versions of the same procedure are reported separately because there are often large differences in the paid amount of the procedure by setting.



The graphs included in this report contain four main points of information: the hospital name, the number of procedures, the median paid amount, and the range of paid amounts. The **hospital name** is the name of the hospital facility that performed the procedure. Only procedures that were performed at one of Oregon's sixty acute care hospitals are included in this report. The **procedure count** is reported next to the hospital name in parentheses. This is the number of times the hospital was paid for the procedure. The **median paid amount** is reported next to the number of procedures in the label, and is also represented on the graph as the large dot. The statewide median paid amount is provided at the top of every graph. There are several ways to show the middle or average in a range of data. We chose to use the median because it represents the point that divides the paid amounts in two parts, half above and half below the median amount. This is also known the 50th percentile. The **range of paid amounts** is represented in the charts as the small grey dots and the grey line. This range excludes outliers in the data, and is also known as the interquartile range. It is the range between the lower 25th percentile and the upper 75th percentile. By removing the lower 25% of the data and the upper 25% of the data, we remove outliers that can skew the median values. This range represents the middle 50% of all paid amounts.

In many cases, the median amount (large dot in the charts) is not the center point of the interquartile range (grey line and dots) as one might expect. This is because paid amounts are not evenly distributed across the range. It is common to see paid amounts clustered around certain dollar amounts resulting in the median being pulled off center. The variance in the paid amounts within a hospital come from the different co-payment and deductible amounts paid by patients, as well as different levels of severity in the patient's condition. The differences in paid amount between hospitals include the above reasons, as well as each hospitals negotiated payment rate with commercial insurance companies.

Procedures

Procedures are grouped together into larger themed categories, such as diagnostic imaging, or surgical procedures. Inpatient and outpatient versions of the same procedure are reported separately due to differences in costs. Listed below are the procedures contained in the report, and the category they belong to. Click the procedure name to jump to its page.

Diagnostic Imaging

Arthrogram
Bone Scan
CT scan
DEXA
Echocardiograph
Liver scan
Mammogram
MRI scan
Ultrasound
X Ray

Diagnostic Procedures

Breast Biopsy
Electrocardiogram
Heart Stress Test
Mobile Heart Monitoring
Spinal Tap

Surgical Procedures

Appendectomy
Cataract
Central Line
Colonoscopy
Coronary Bypass
Upper Endoscopy
Gallbladder
Gastroenterostomy
Heart Catheterization
Heart Valve Repair
Hernia
Hip Replacement
Hysterectomy
Kidney Removal

Surgical Procedures

Knee Replacement
Knee Repair
Mastectomy
Fracture Repair
Percutaneous Drain
PTCA
Sigmoidectomy
Spinal Fusion
Spinal Reduction
Tonsillectomy

Medical Treatments

Chemotherapy
Blood Transfusion
Radiation Therapy
Spine Injection

Pregnancy

Ultrasound
Cesarean Section Delivery
Vaginal Delivery
Well Baby Care

Methods

The data source for this report is the Oregon All Payer All Claims (APAC) database. The Oregon Health Authority contracts with the actuary and consulting firm Milliman to help manage and maintain the database. Milliman has developed a method of identifying the different health care services called the Health Cost Guildlines (HCG) grouper. This report makes use of the HCG grouper to identify what claims were for hospital inpatient and outpatient services.

Claims for calendar year 2014 and for HCG groupers that identify as a hospital inpatient or outpatient service were extracted. From this dataset all non-commercial payers (Medicare, Medicaid, VA) were removed. Additionally, all non-Oregon facilities were removed and all non-hospital facilities including Free Standing Ambulatory Surgical Centers (ASC's) were removed. Finally, all claims that had a "denied" status were excluded.

Claims within APAC are identified by a unique claim ID. This unique claim ID is used to identify all itemized portions of the claim together as one. Using the unique claim ID, the total paid amount is summed to provide the total paid amount for the entire claim. Claims that had a zero total paid amount were excluded.

After procedures were summed to total amounts, we identified the primary, or principle procedure. The process for this is different for inpatient and outpatient settings. In the outpatient setting a single procedure can be billed as multiple individual components. For example, an arthrogram of the shoulder will generally have four billed items: a bill for the dye injection to the shoulder, a bill for the x-ray guidance used to place the dye, a bill for the CT or MRI imaging after the dye was placed, and sometimes a bill for additional anesthetics used. Milliman has developed a variable to identify unique services in the outpatient setting. OHA finds it performs well at identifying principle procedures. This unique services flag was used to identify the procedure performed in the outpatient setting.

Inpatient claims are required to identify the principle procedure performed in the hospitalization. Inpatient procedure coding makes use of the ICD-9-CM coding system, which is considerably less detailed and granular than the Common Procedure Terminology (CPT) coding outpatient facilities use.

After identification of the principle procedure, procedures were grouped into larger categories. This was done to present the data in a more accessible fashion. For example, this report identified and grouped 93 separate X-ray codes into one category "X-ray." This was done after evaluation of the data showed there was not significant variation in the costs of an X-ray across different body locations. It was not thought practical or helpful to report dozens of x-ray variations when the costs were similar. Overall, groupings were made on the following three major criteria: they were the same basic procedure (X-rays, CT scans, MRIs etc.),their median paid amounts were similar, and the individual procedure code was among the most frequently performed procedures in Oregon.

The data are reported as statewide rates and by hospital when possible. A hospital must have performed the procedure ten times to be included. Hospitals that reported paid amounts that varied significantly from the statewide median (greater than three standard deviations) were removed as well.

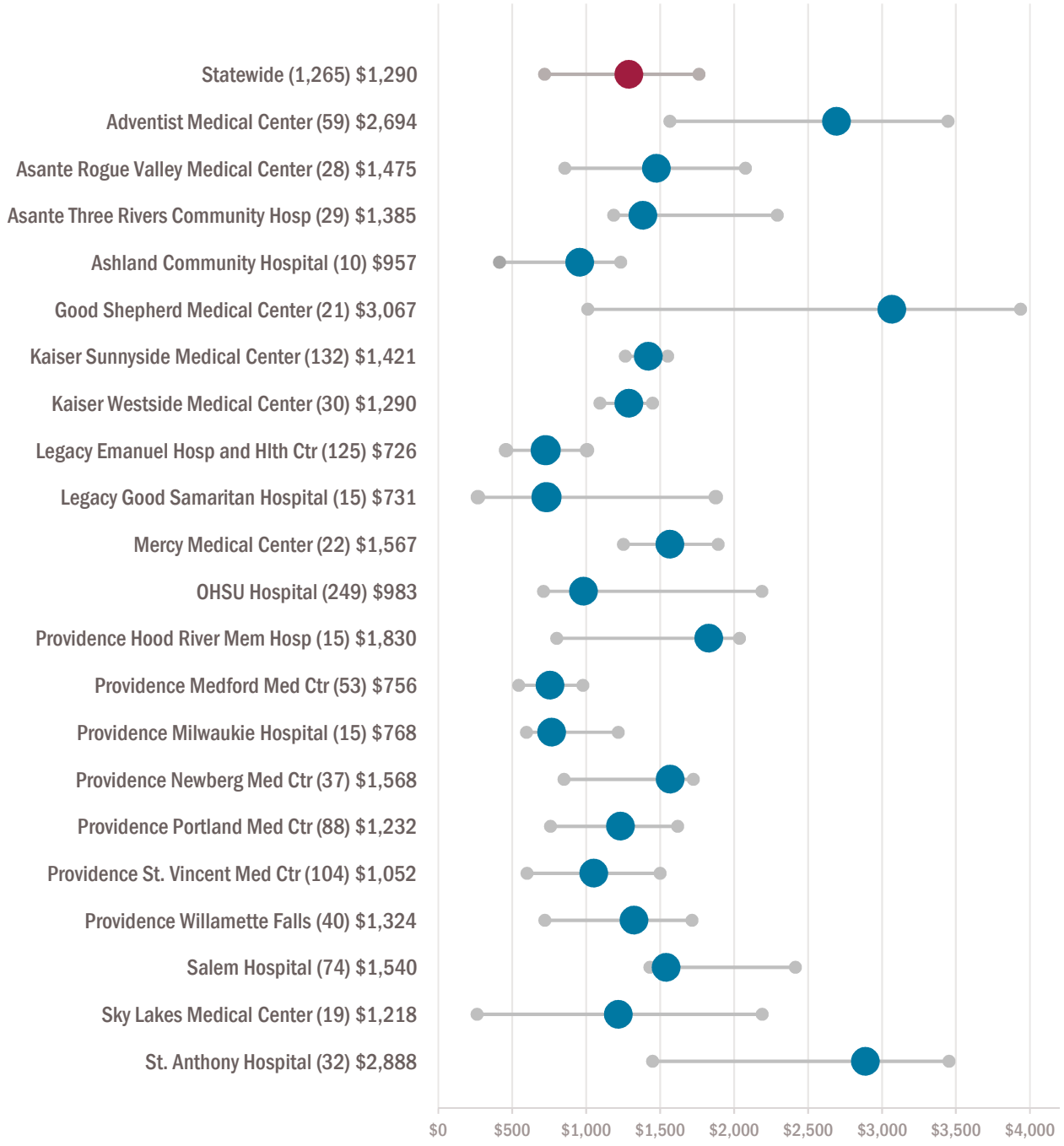
Included in this Report

A number of factors determined whether data were to be included in or excluded from this report. The summary table below details these decisions. A hospital facility that did not meet the inclusion criteria for a procedure is not listed for that particular procedure. This does not preclude the same facility from being reported under other procedures if it meets the inclusion criteria.

	Included	Excluded
Amounts	Median paid amounts to hospital facilities	• Patient paid amounts • Hospital billed amounts • Allowed amounts • Professional fee amounts
Facilities	Oregon acute care hospitals	• Non-Oregon facilities • Free Standing Ambulatory Surgical Centers (ASCs) • Specialized clinics not located within the hospital or that bill as a separate entity
Outpatient procedure codes	Codes for the 100 most common outpatient procedures	• Codes for procedures performed less than 500 times statewide • Codes for outpatient procedures not in the top 100
Inpatient procedure codes	Codes for the 50 most common inpatient procedures	• Codes for procedures performed less than 100 times at the statewide level • Codes for inpatient procedures not in the top 50
Insurance types	Commercial insurers	Public insurers (Medicare, Medicaid, VA, Workers Compensation)
Service volumes	Procedure was performed 10 or more times at a particular hospital	Procedure was performed less than 10 times at a particular hospital
Outliers		Individual paid amounts larger than three standard deviations from statewide median for a procedure.

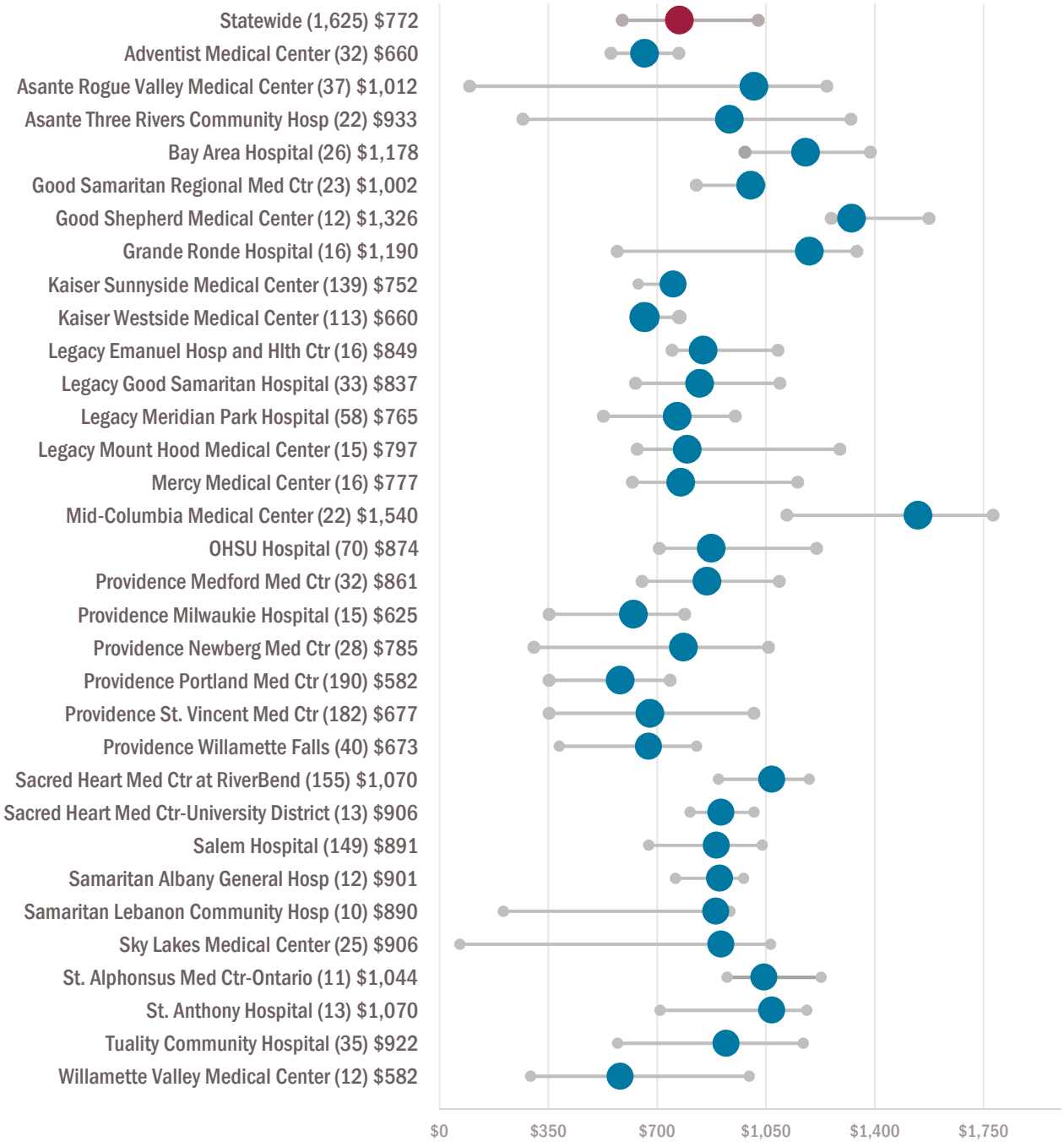
Arthrography - Outpatient

Arthrography is a method of imaging the inside of a body joint. A dye is injected into a joint, highlighting areas of soft tissue and fluid. This injection is usually performed with a local anesthetic and with additional imaging to guide the needle placement. It is most commonly performed on the shoulder to diagnose fine damage to the rotator cuff muscles and is also done on the hip, knee, ankle and elbow. After the injection, x-ray, MRI, or CT images are collected. Arthrography is separated from contrast CT scans and MRI scans in this report because of the complex dye injection procedure and because they relate specifically to imaging the inside of a body joint.



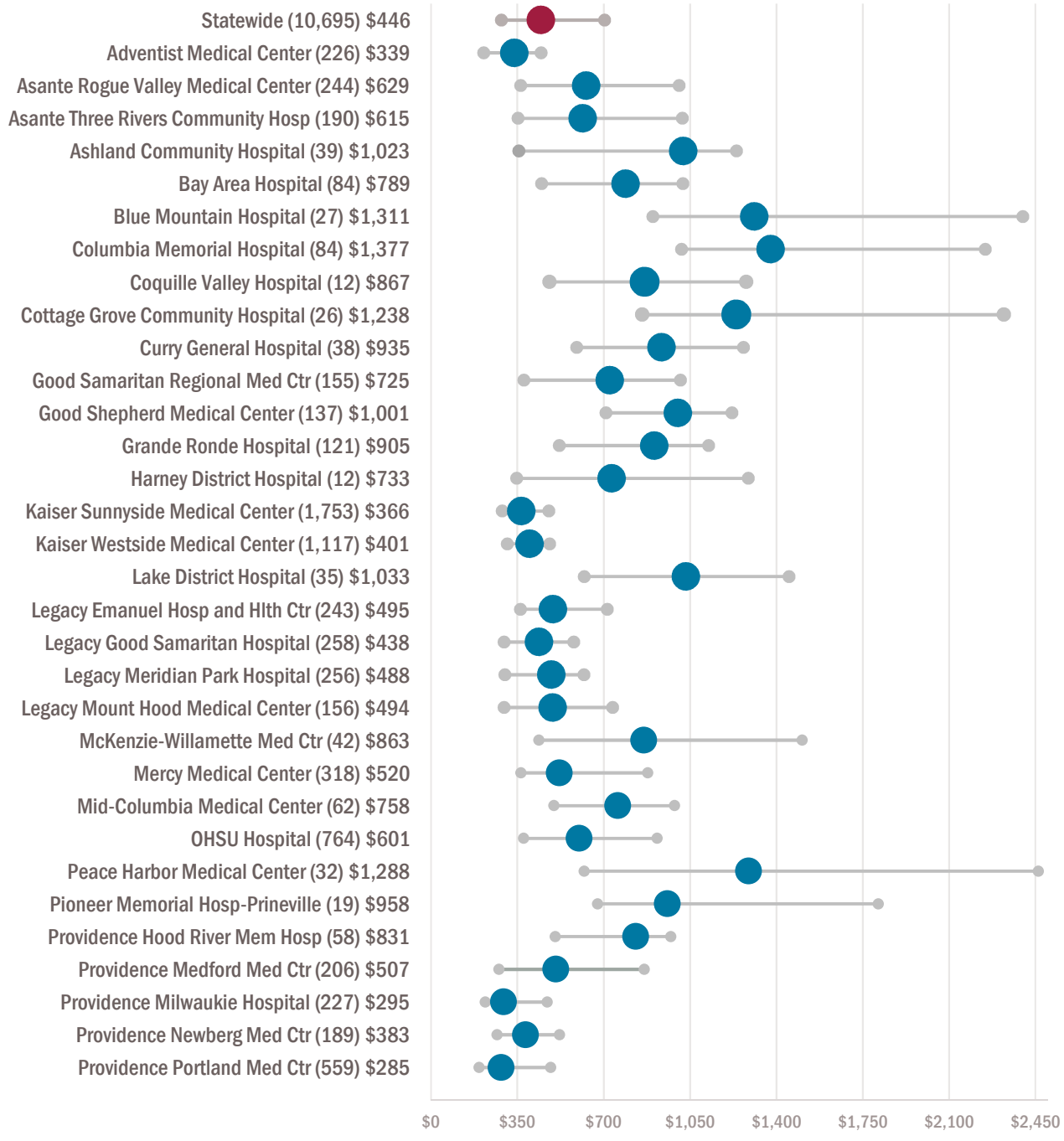
Bone Scan - Outpatient

A bone scan is a type of nuclear medicine examination performed by injecting a patient with a special substance that is absorbed by bones, highlighting them for the scanning machine. The substance that is injected is very mildly radioactive, it shows up very clearly on the specialized camera capable of detecting the radiation. Bone Scans are functional tests. A functional test in medicine is one that can measure the activity of an organ or body system. The camera, called a Gamma Camera, can measure the rate the radioactive substance is absorbed and then expelled from the bones. That information is used in making a diagnosis.



CT Scan without Contrast - Outpatient

A Computerized Tomography (CT) scan is a computerized X-ray scan of a body part without the use of a substance to provide contrast. The CT machine creates detailed pictures of areas inside of the body by using multiple X-ray images from many different angles, and rebuilding those individual pictures into a single image.



CT Scan without Contrast - Outpatient Cont.

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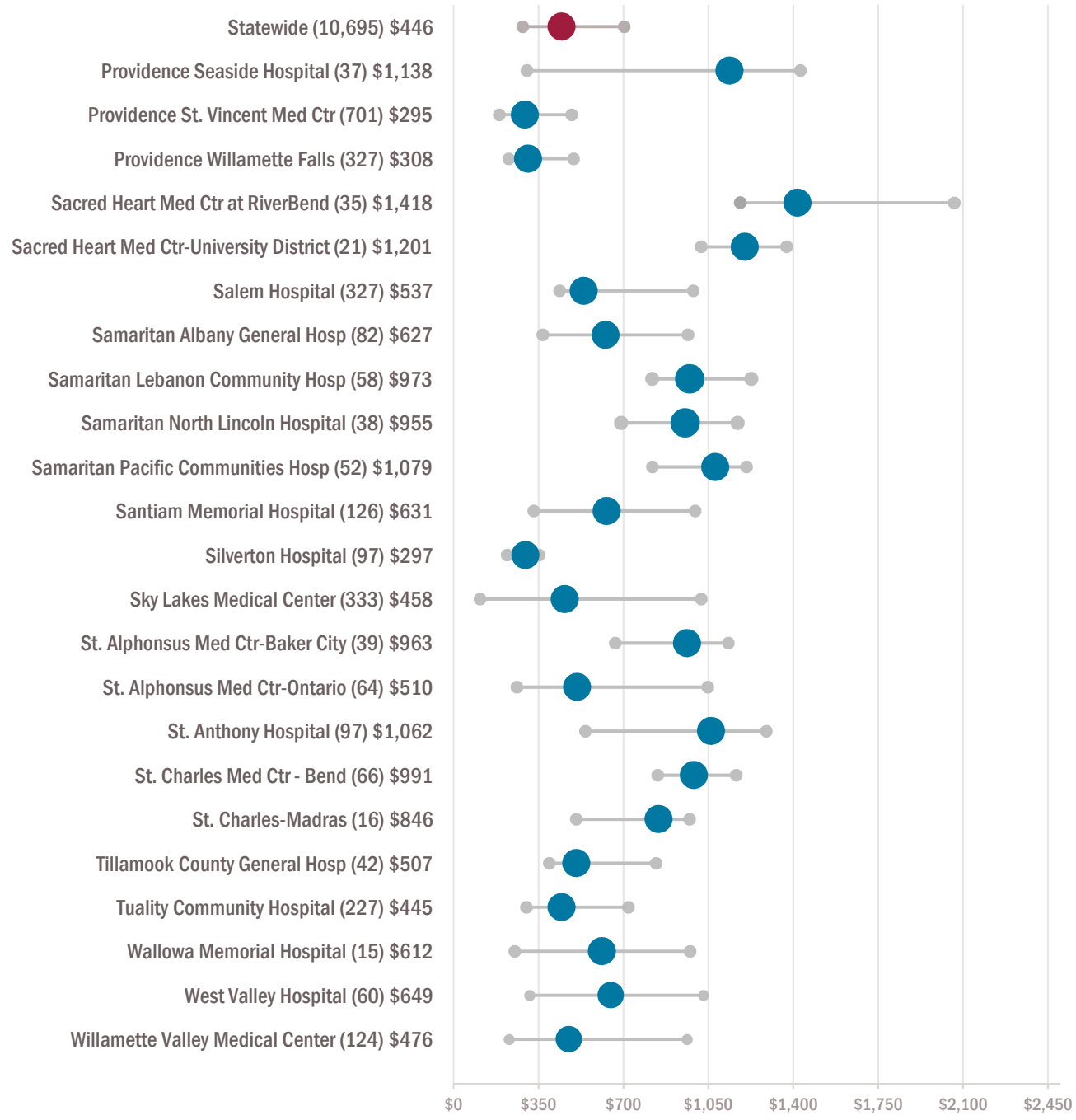
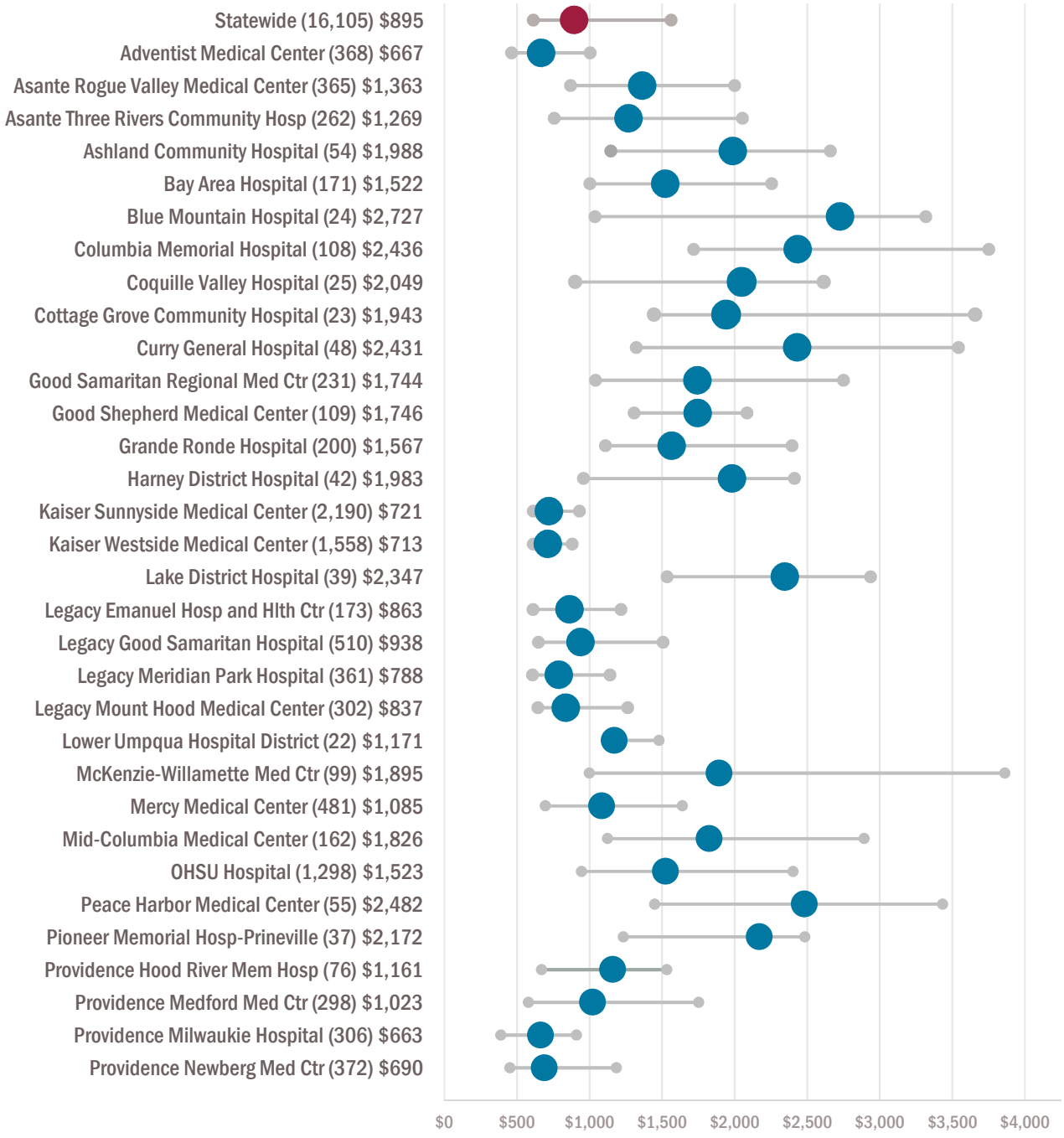


CT Scan with Contrast - Outpatient

Patients are injected with contrast material to assist in highlighting certain body structures. Contrast is commonly used to enhance the visibility of blood vessels, fluid cavities, and the small intestines. Iodine and Barium are the two most common CT scan contrast materials. The higher price of the CT scan with contrast is due to the added cost of the contrast material, and often before and after contrast images are taken.



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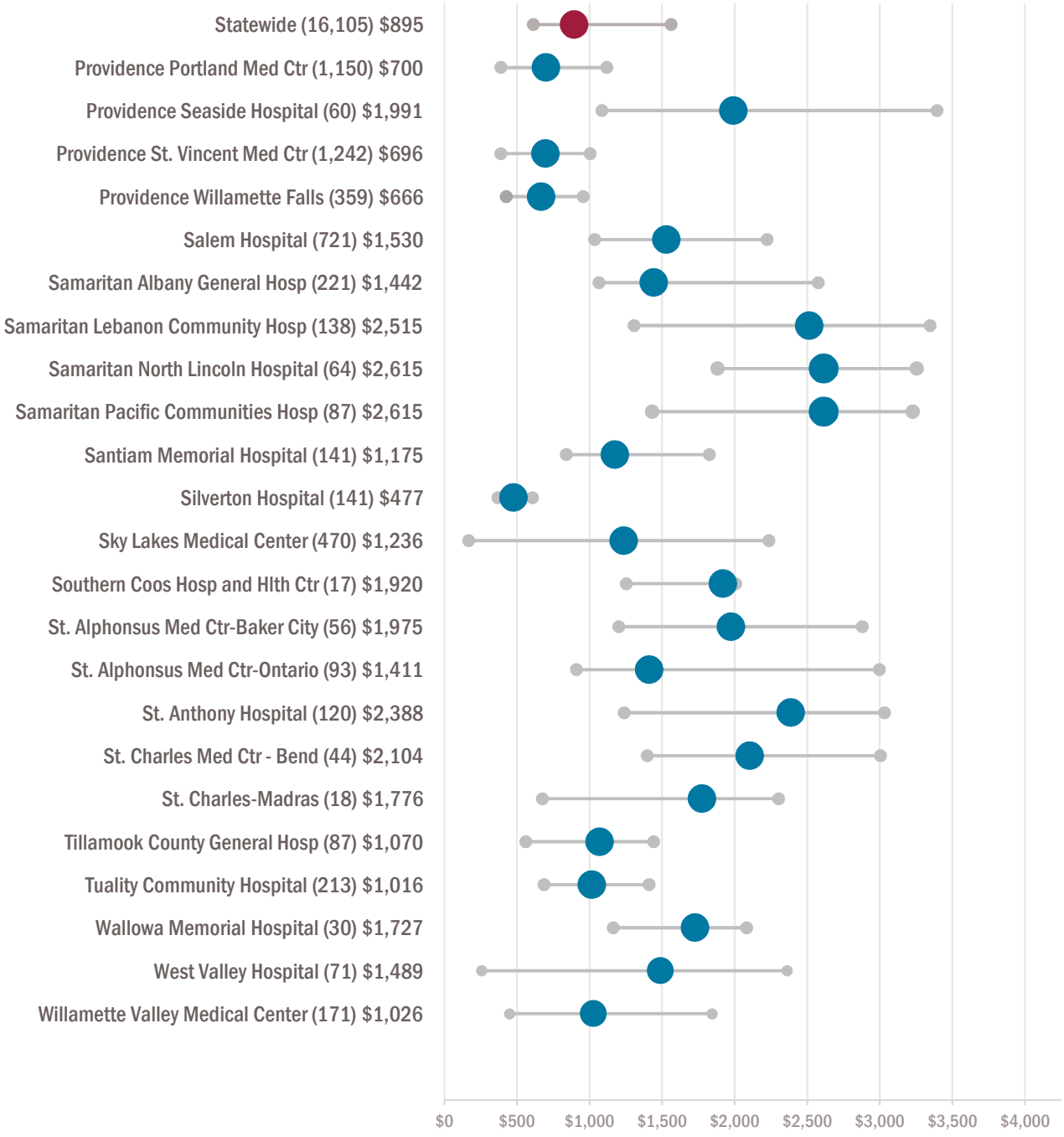
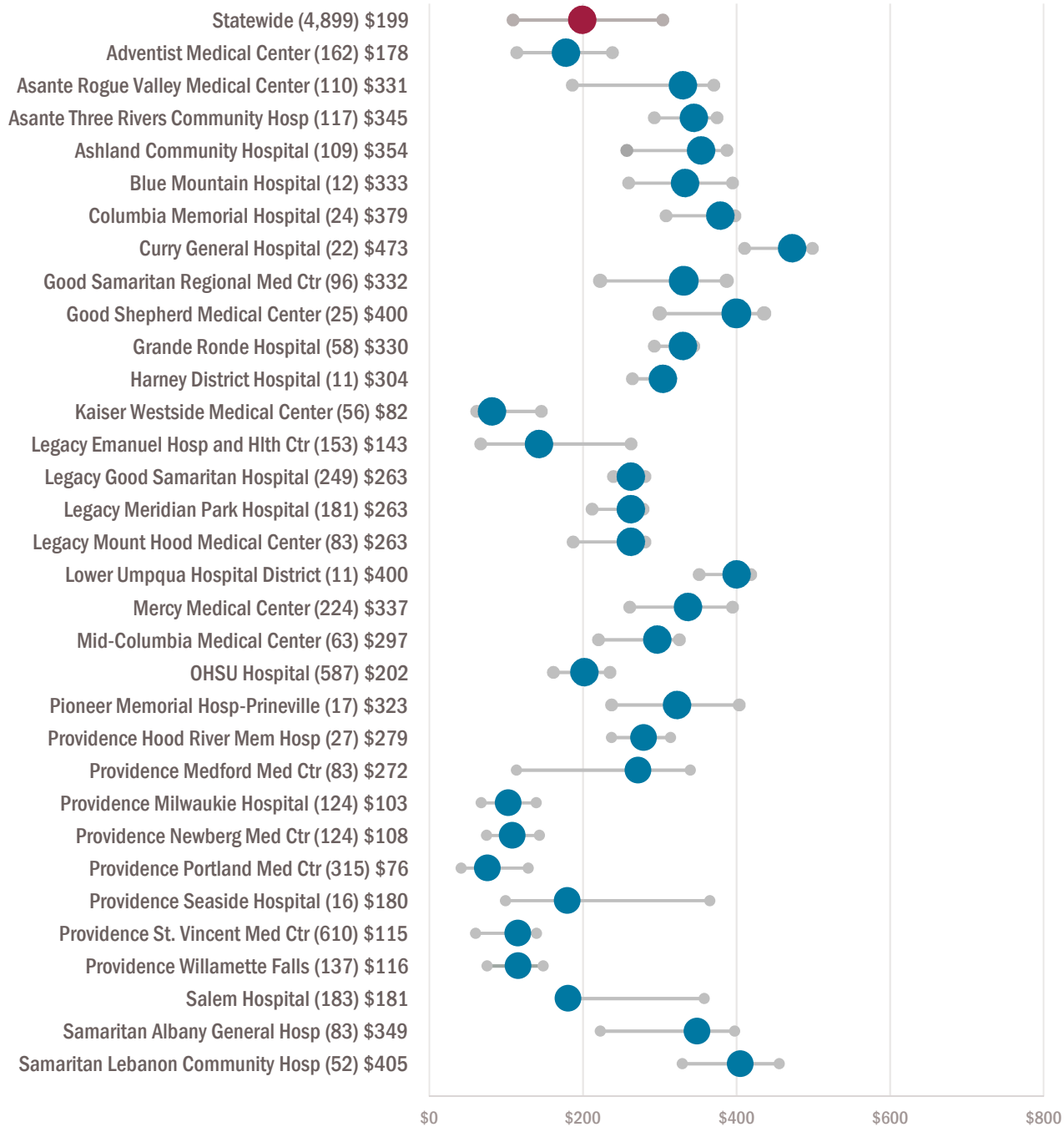


DEXA Scan - Outpatient

Dual Energy X-ray Absorptiometry (DEXA) is a specialized X-ray used to determine the density of bones. This is commonly called a bone densitometry scan. The machine measures the rate of X-ray absorption into the bone and then performs calculations to estimate the density of the bone. This is most commonly used in osteoporosis diagnosis.



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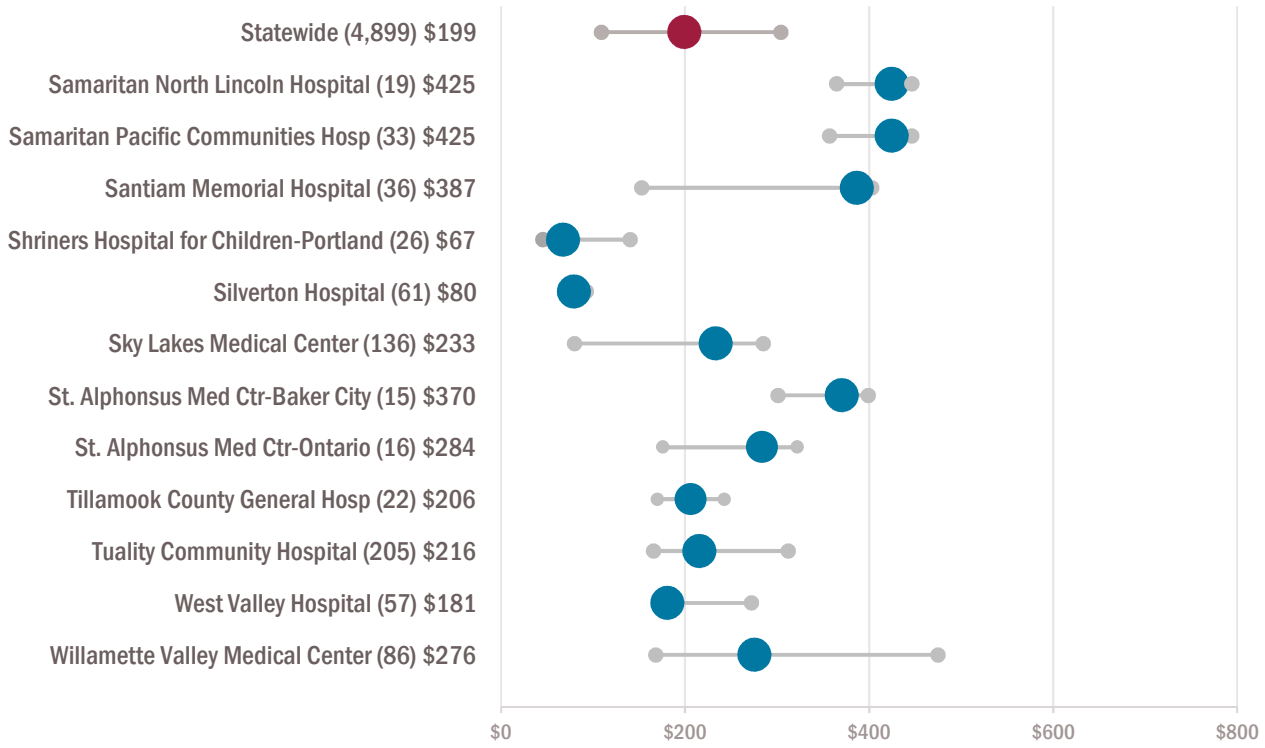
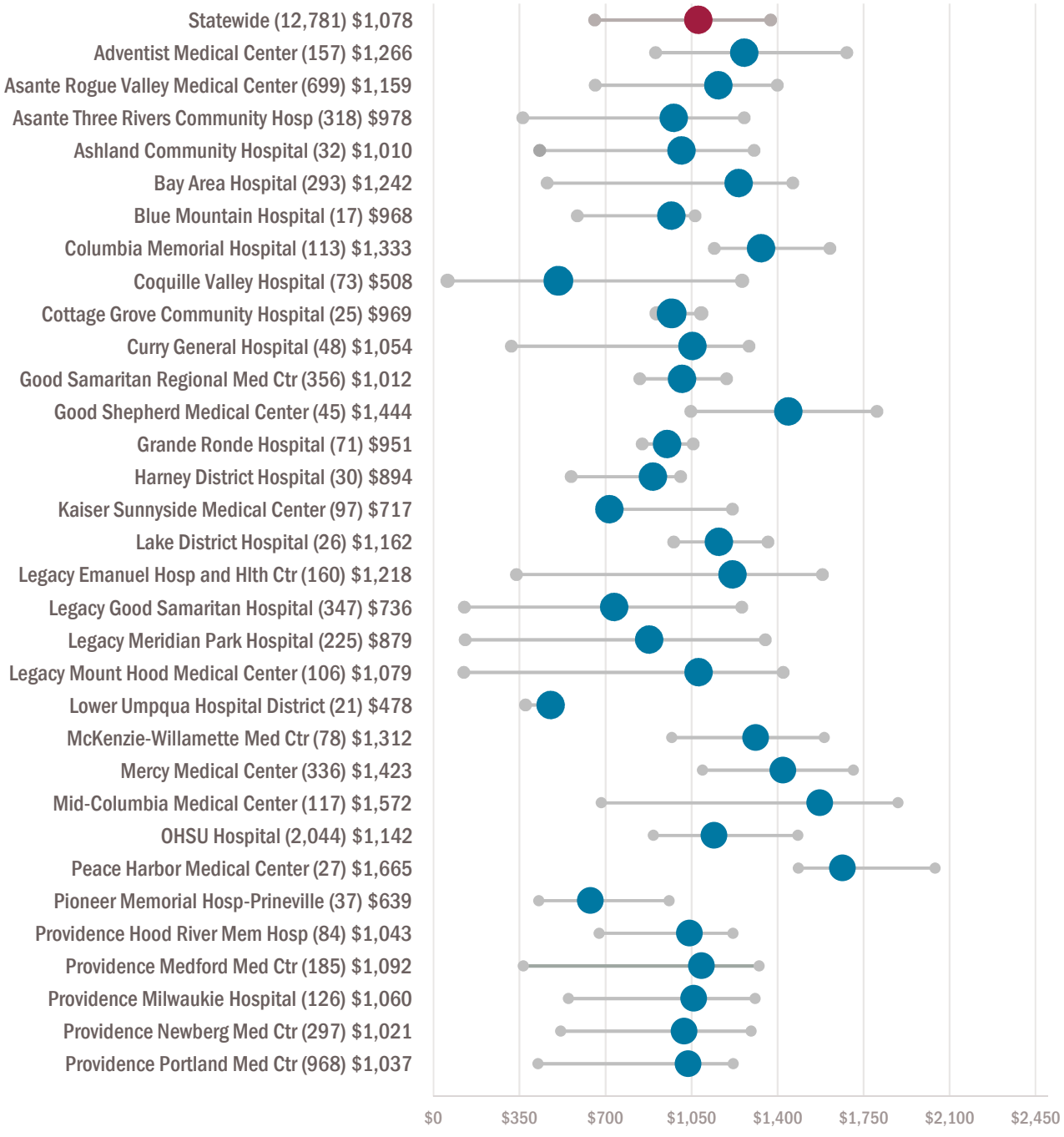


Echocardiograph - Outpatient

An echocardiograph (Echo) is a specialized imaging of the heart similar to an ultrasound used to evaluate how well the heart is working. An Echo has the additional capability of being able to determine the speed at which the blood moves through the heart and blood vessels. This data can be used to help diagnose heart and blood vessel disorders.



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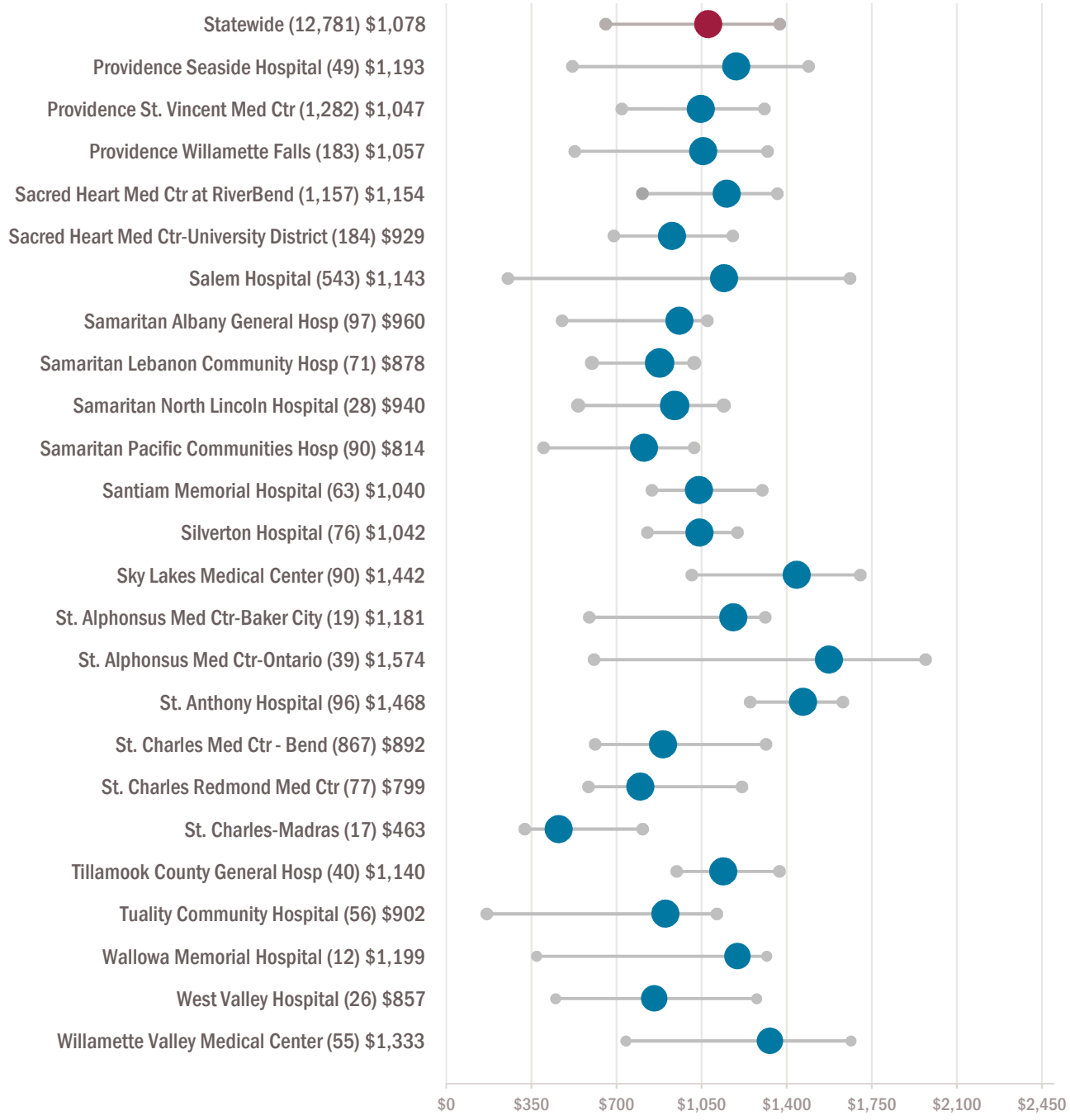
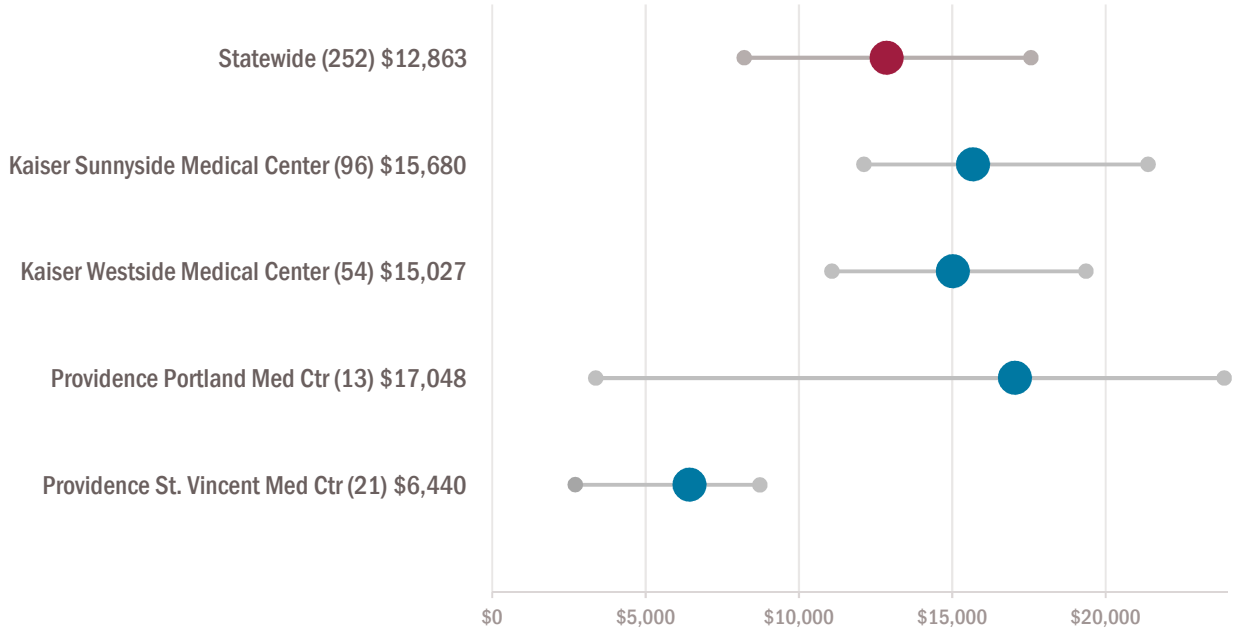


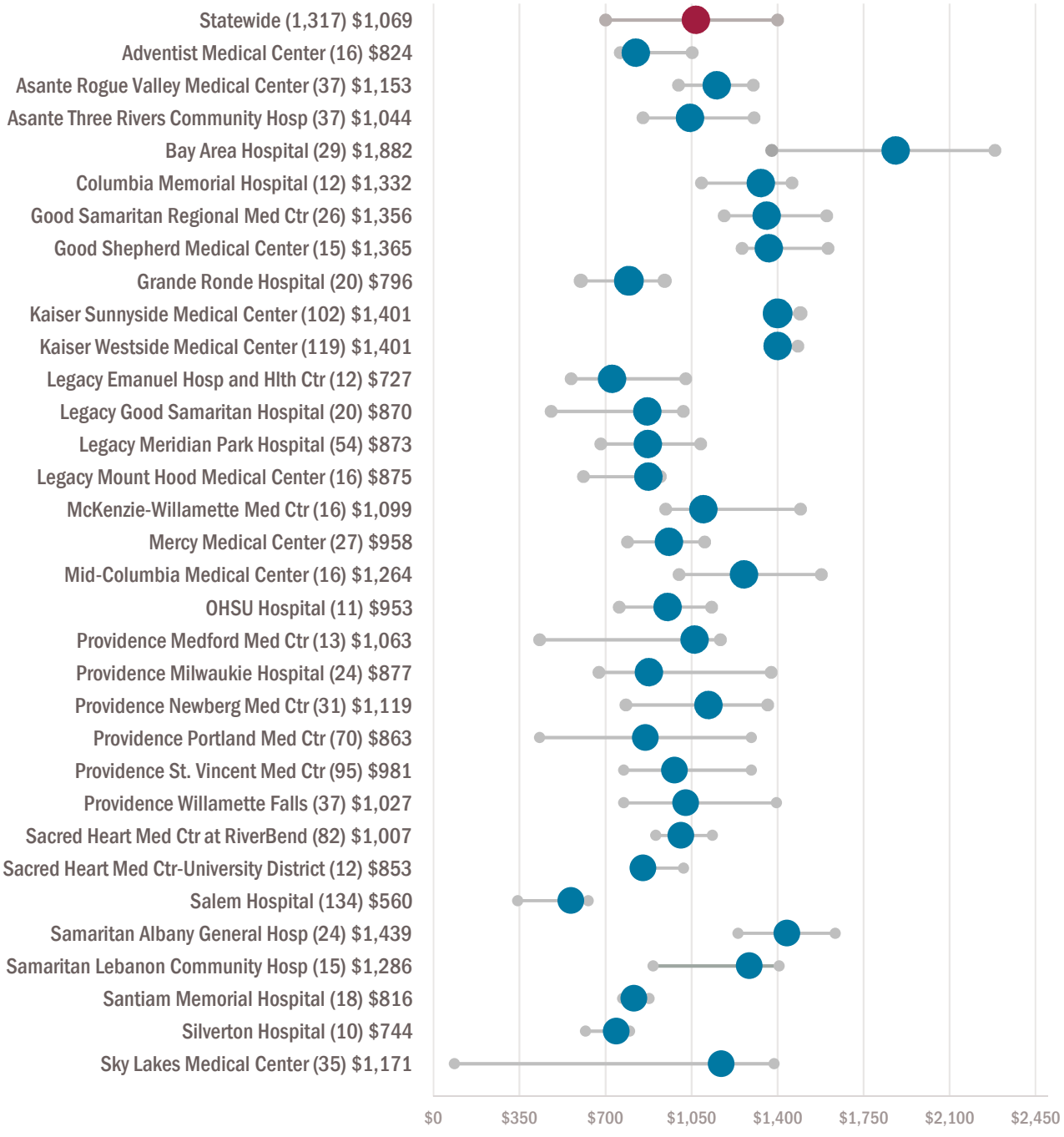
Echocardiograph - Inpatient

An echocardiograph is performed in the inpatient setting when the patient's condition requires inpatient care. This typically occurs when a patient is hospitalized due to a cardiac condition and an echocardiograph was used to diagnose the condition. The higher costs are the result of room and board charges for the hospital stay, and the more patient's more serious condition.



Liver Scan - Outpatient

A liver scan is a nuclear medicine examination of the liver. The procedure is performed by injecting a special substance that attaches to liver bile allowing the scanning equipment to track its flow. The substance is slightly radioactive, which aids in its detection by the scanning equipment.



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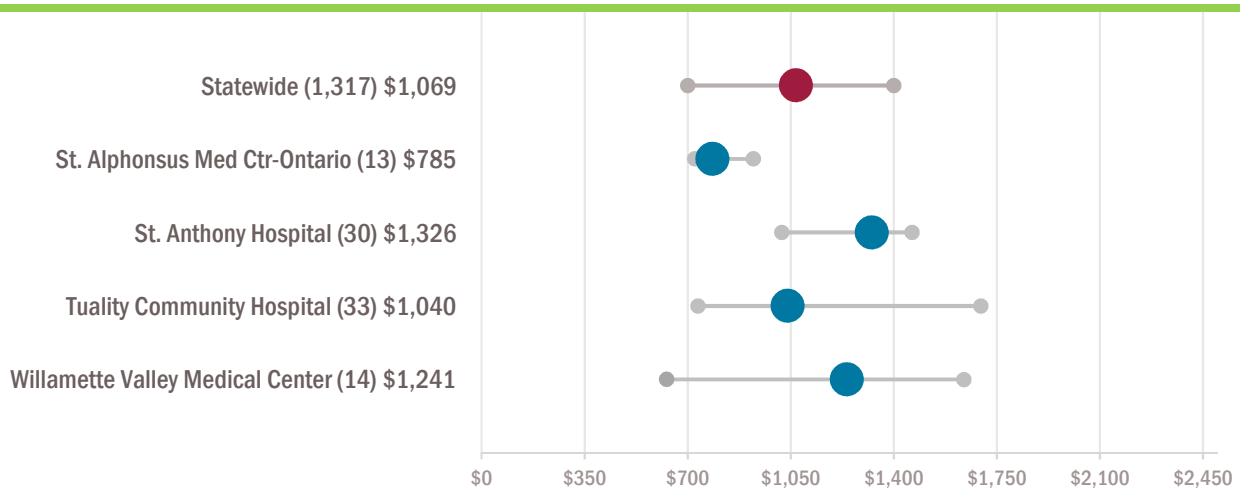
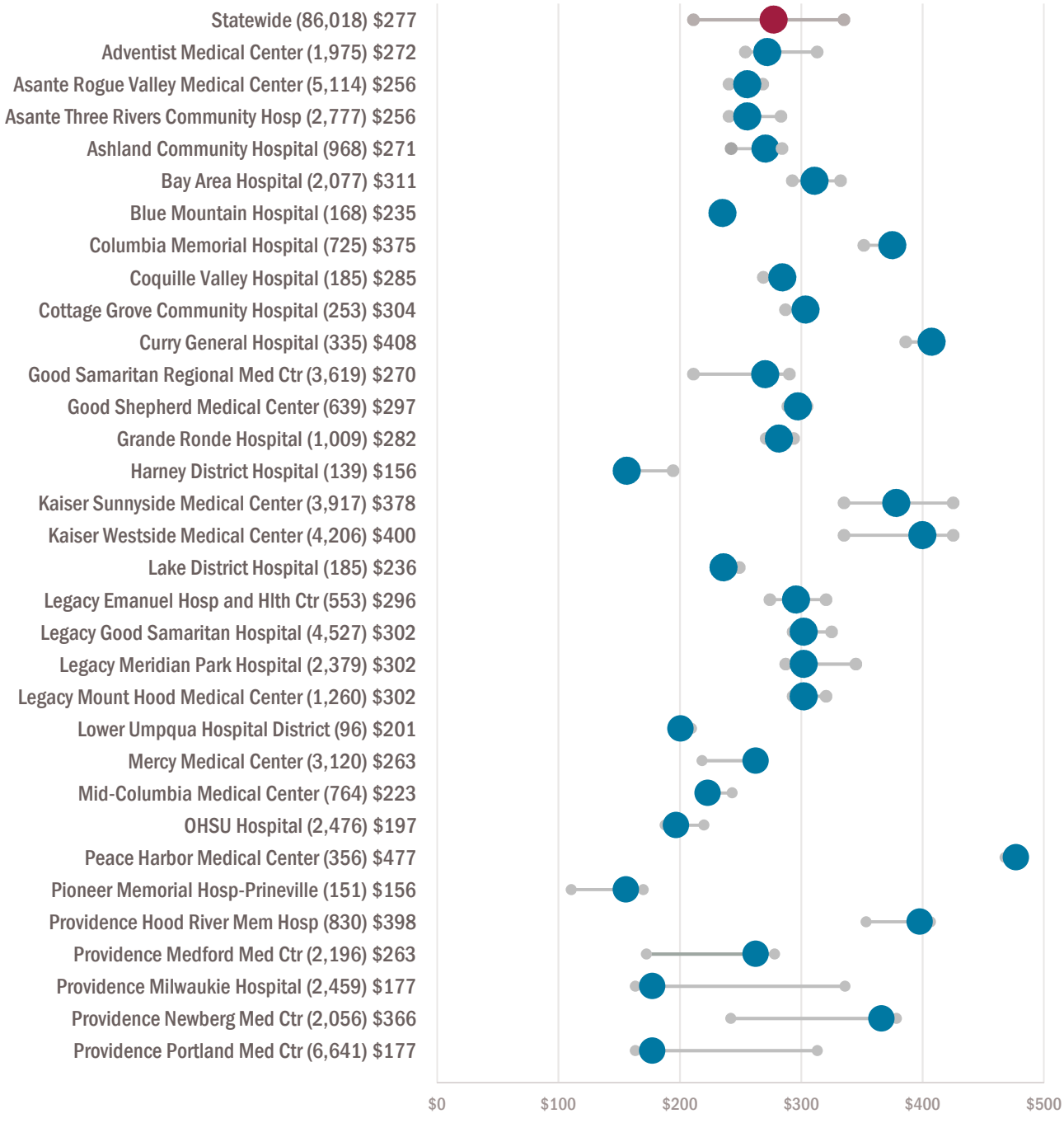


Mammogram - Outpatient

A mammogram is a special X-ray imaging machine used specifically to examine the breast. A mammogram is most commonly used for cancer screening, and also used in detecting mineral deposits and blockages of the mammary ducts.



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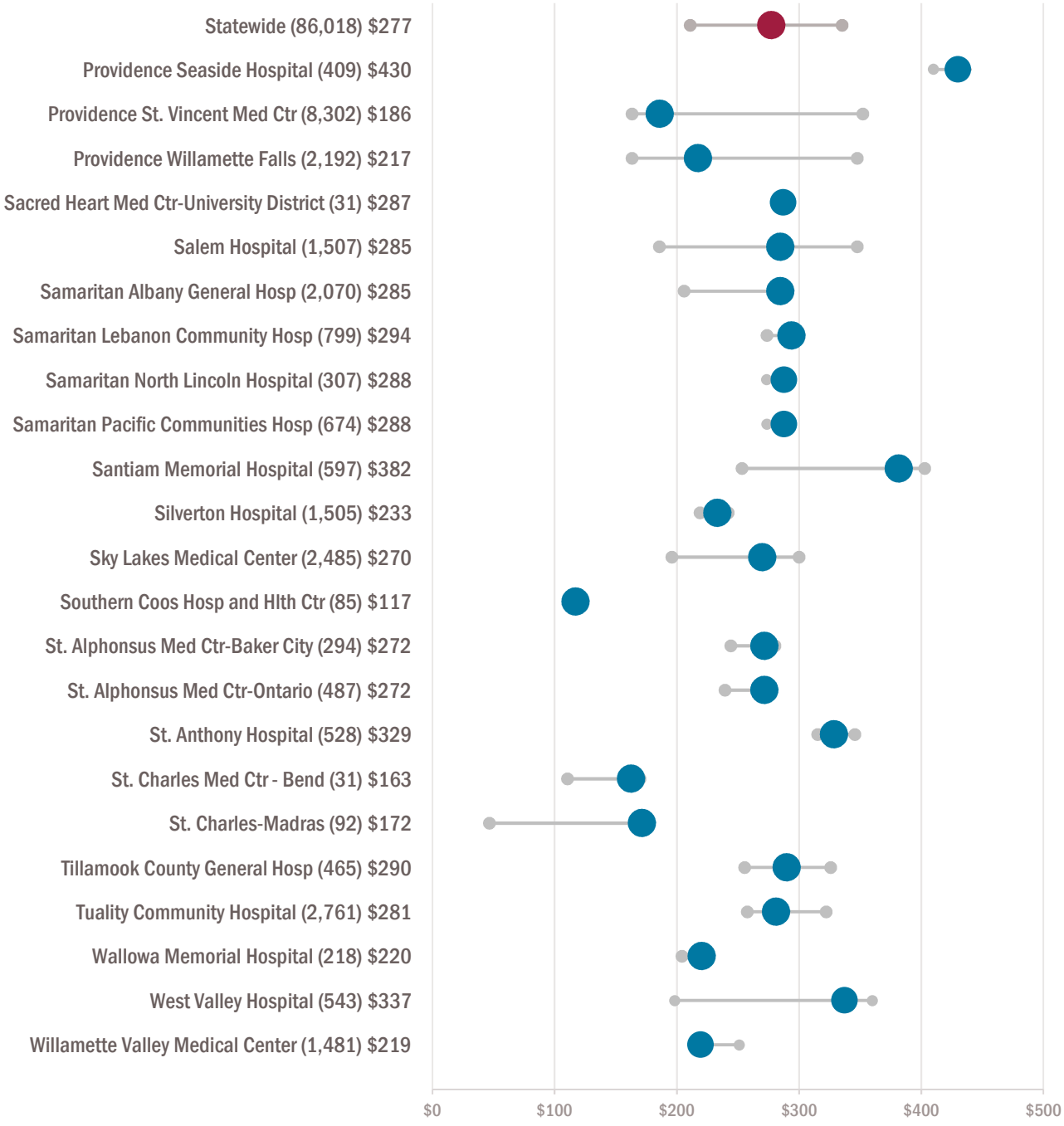
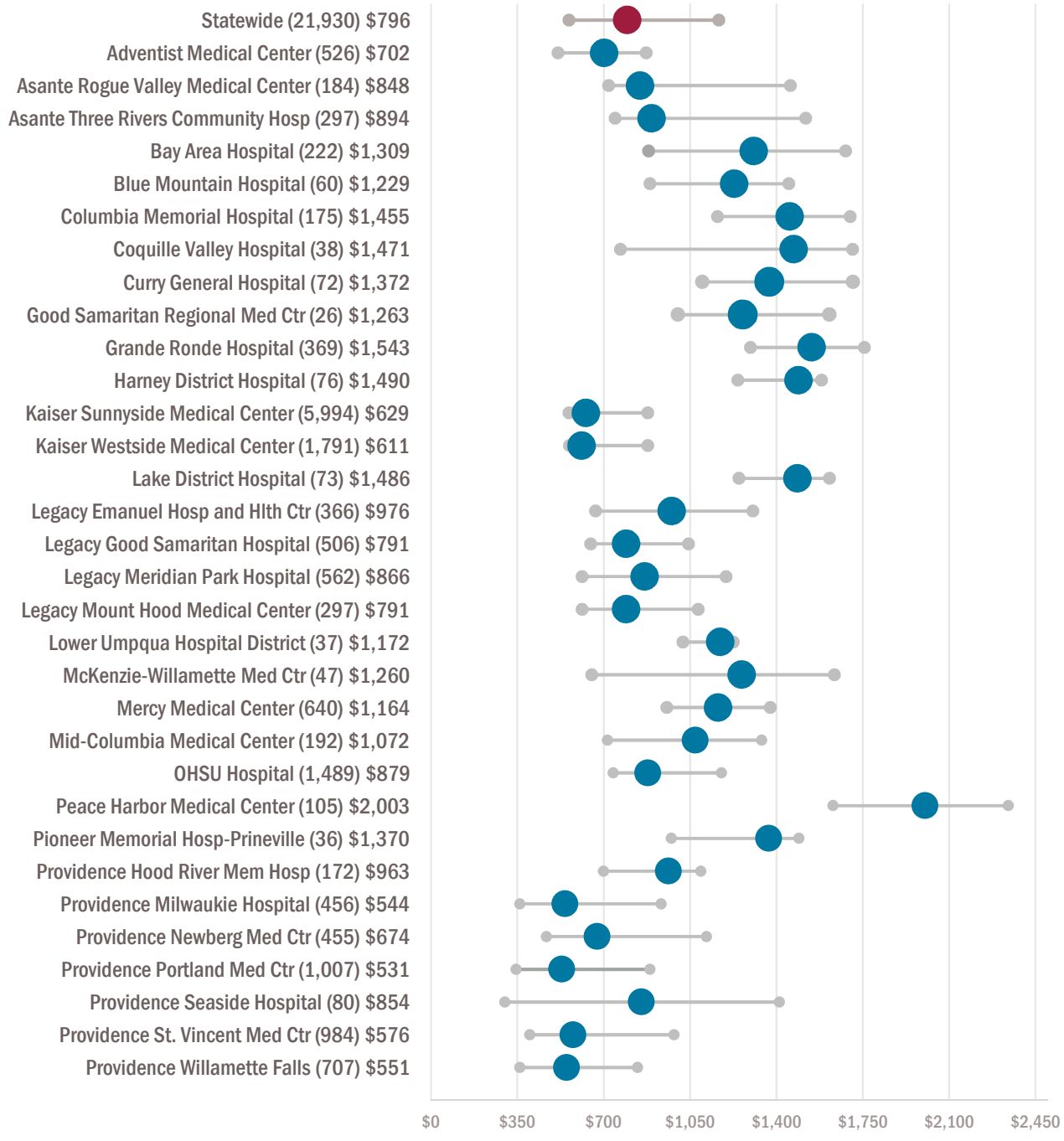


MRI Scan without Contrast - Outpatient

Magnetic Resonance Imaging (MRI) is a computerized scan of a body part using radio waves, without the use of a dye injection for contrast. Similar to a CT or CAT scan, an MRI scan is used to create detailed images of inside the body.



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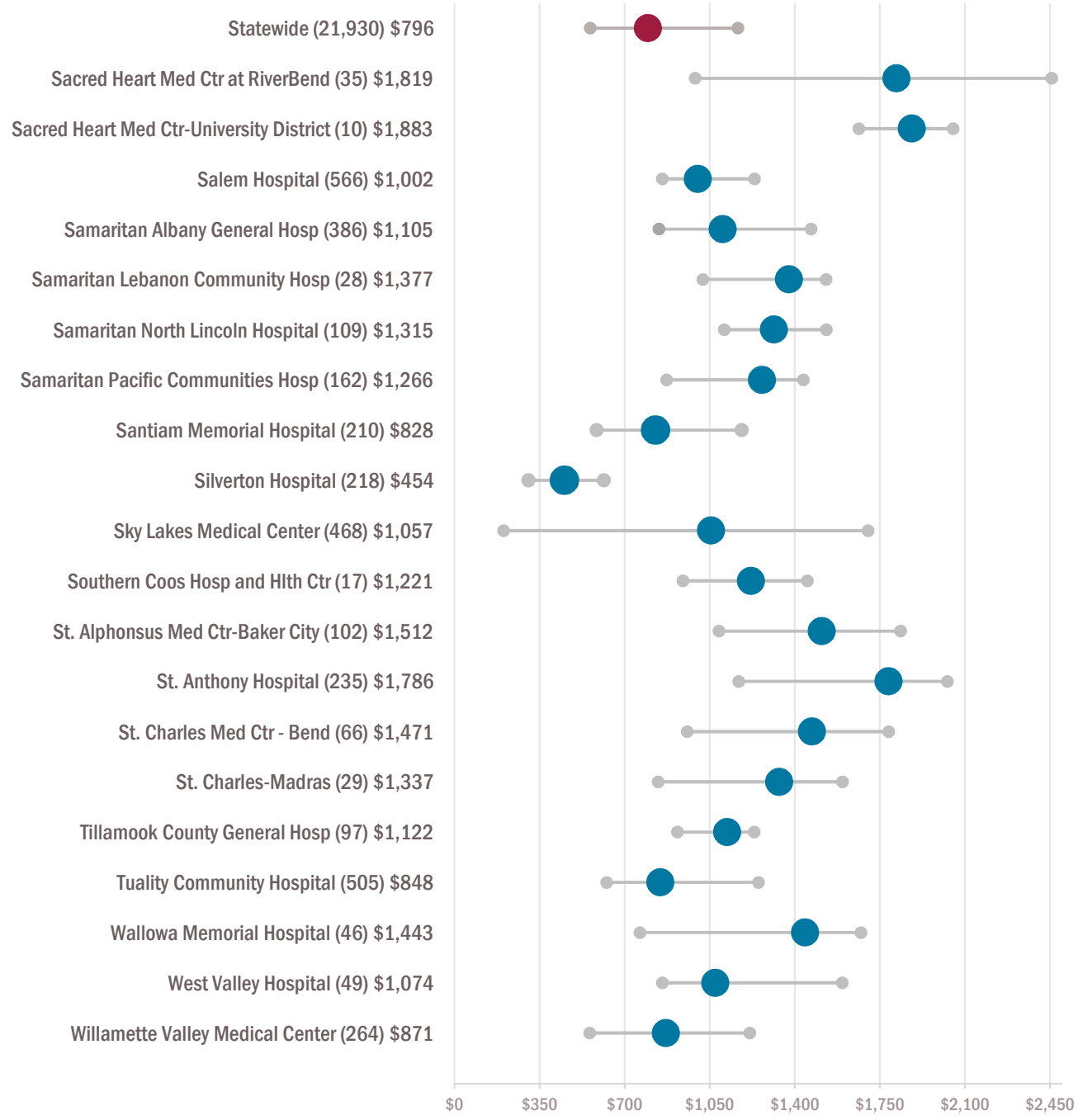
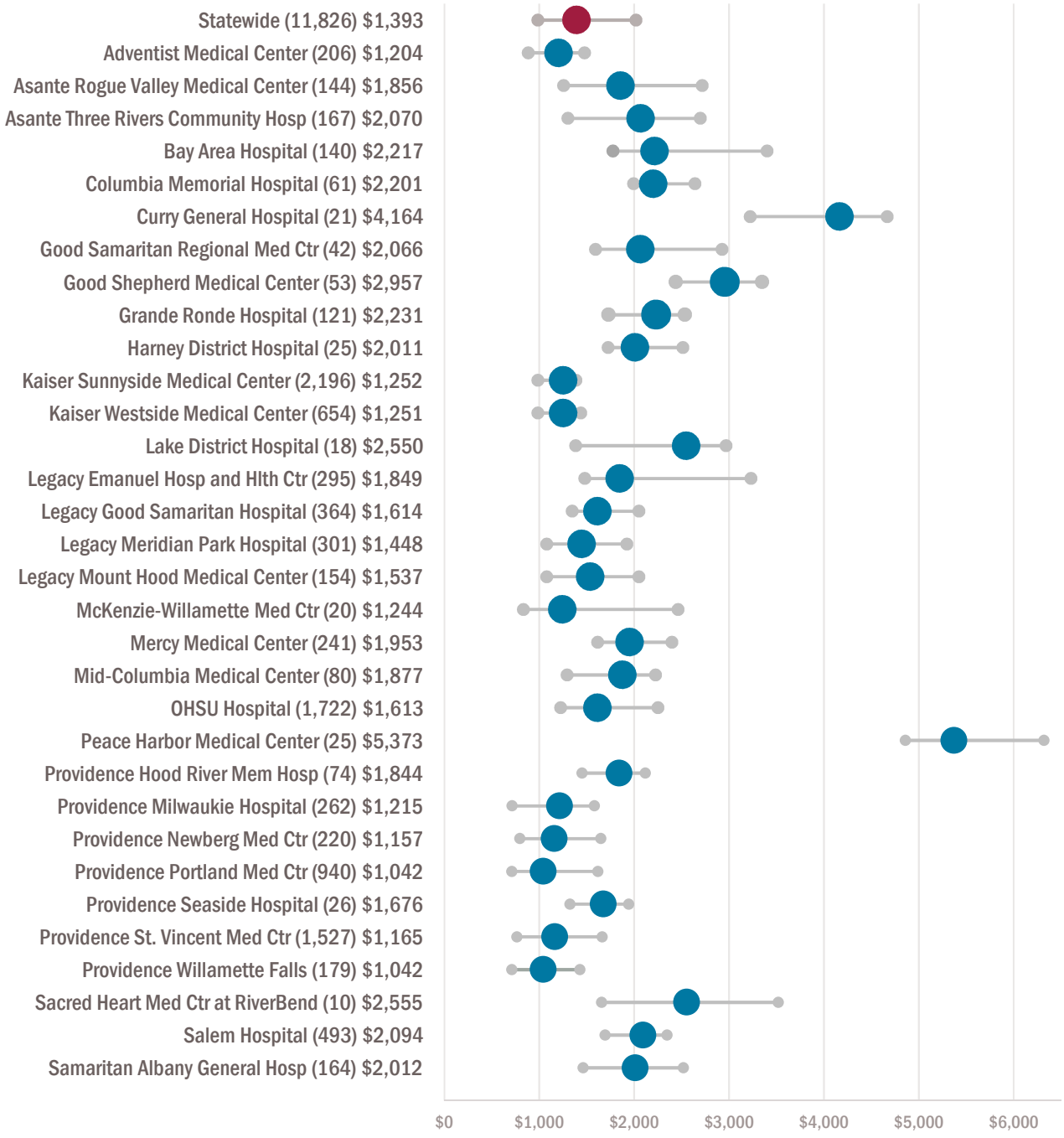


MRI Scan with Contrast - Outpatient

A contrast material is used to improve visibility of the scan, especially when imaging fluid-filled areas of the body. Gadolinium is the most common material used for MRI scans. Like CT scans with contrast, contrast material is used to enhance the image, mostly in fluid filled areas of the body, or areas that are mostly soft tissue. The added costs are due to the use of the contrast material, and because often additional images are taken.



MRI Scan with Contrast - Outpatient Cont.

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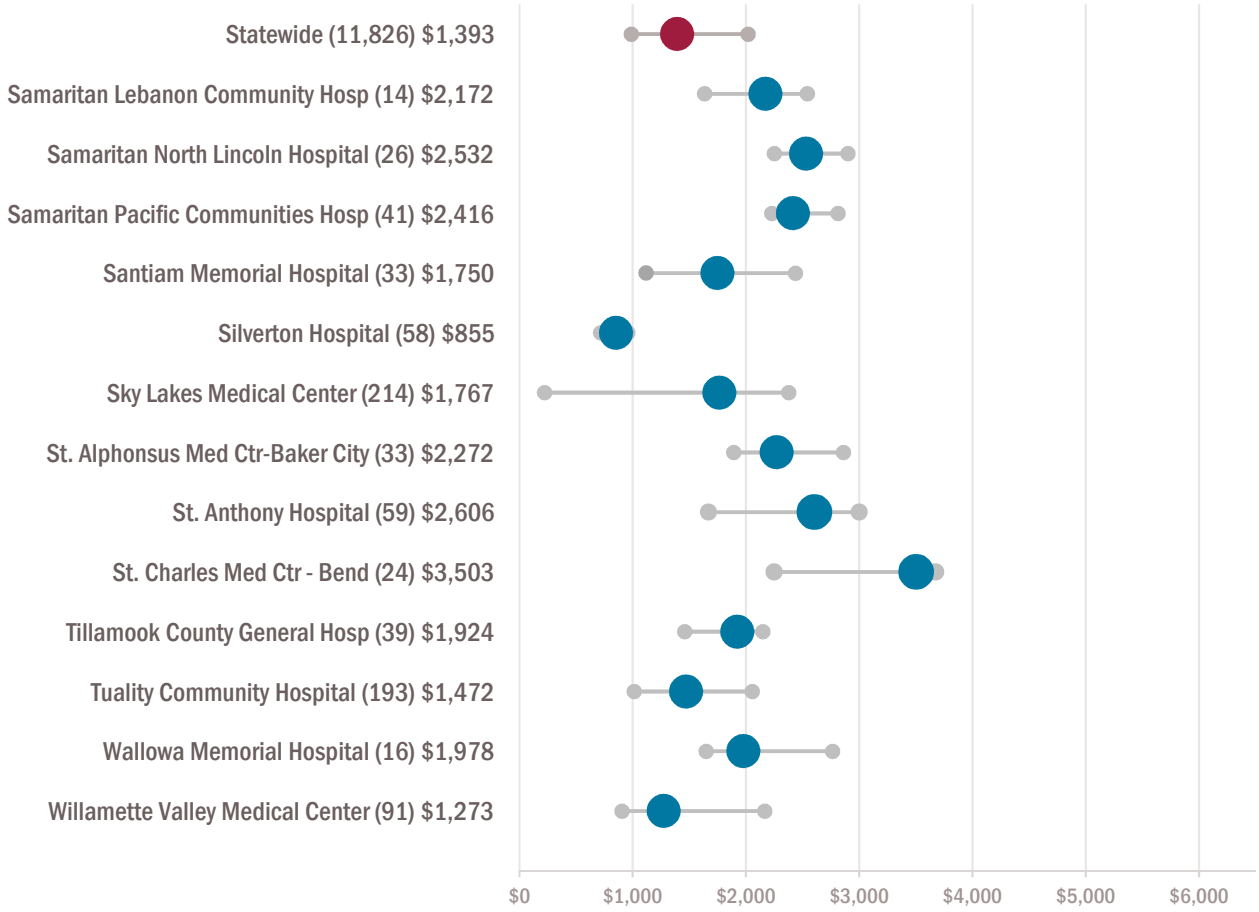
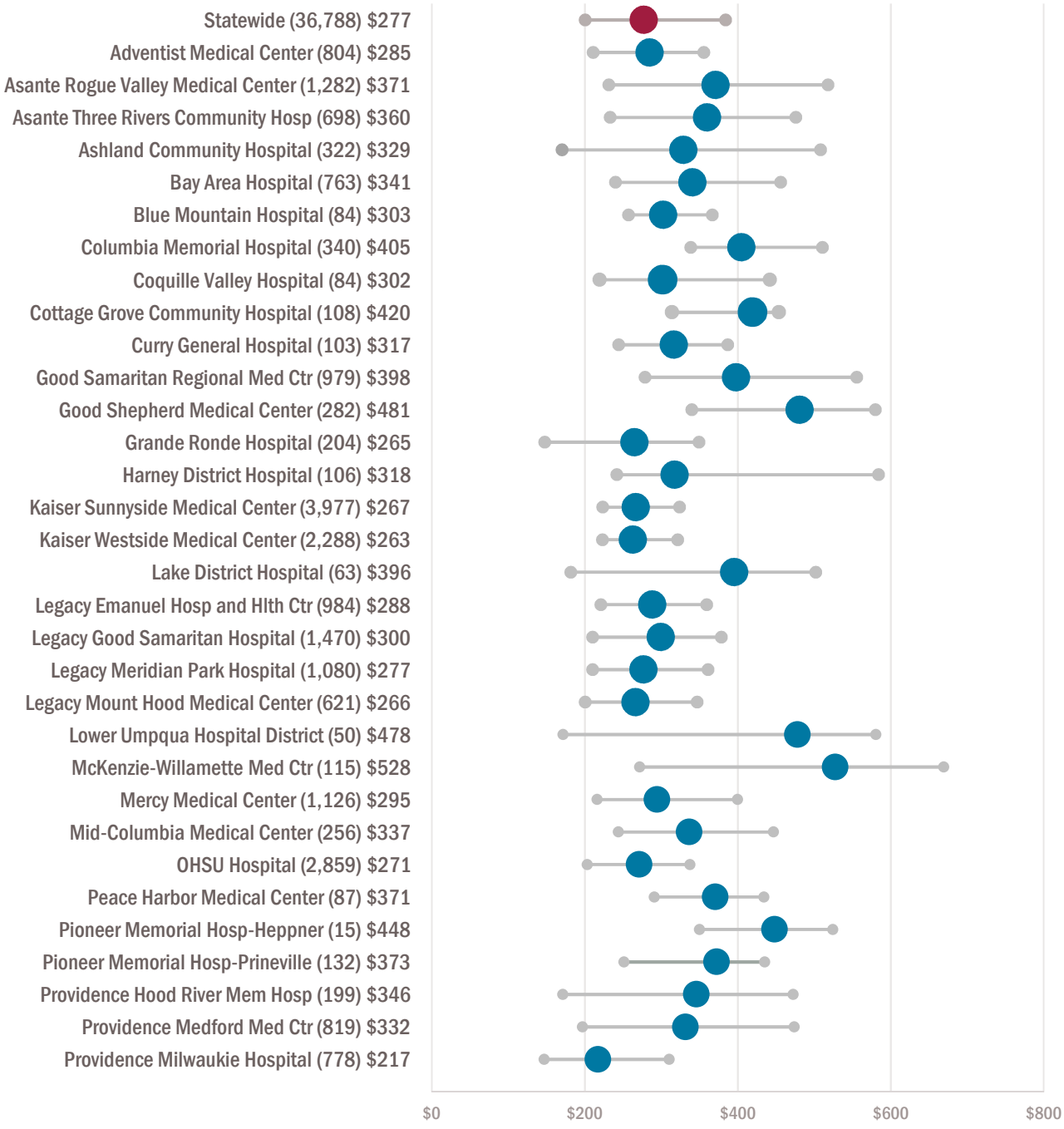


Ultrasound - Outpatient

An ultrasound is a type of medical imaging that uses sound waves to create an image of a body part or organ. Ultrasounds in this section are for conditions not related to pregnancy. Prenatal ultrasounds are reported later in this report.



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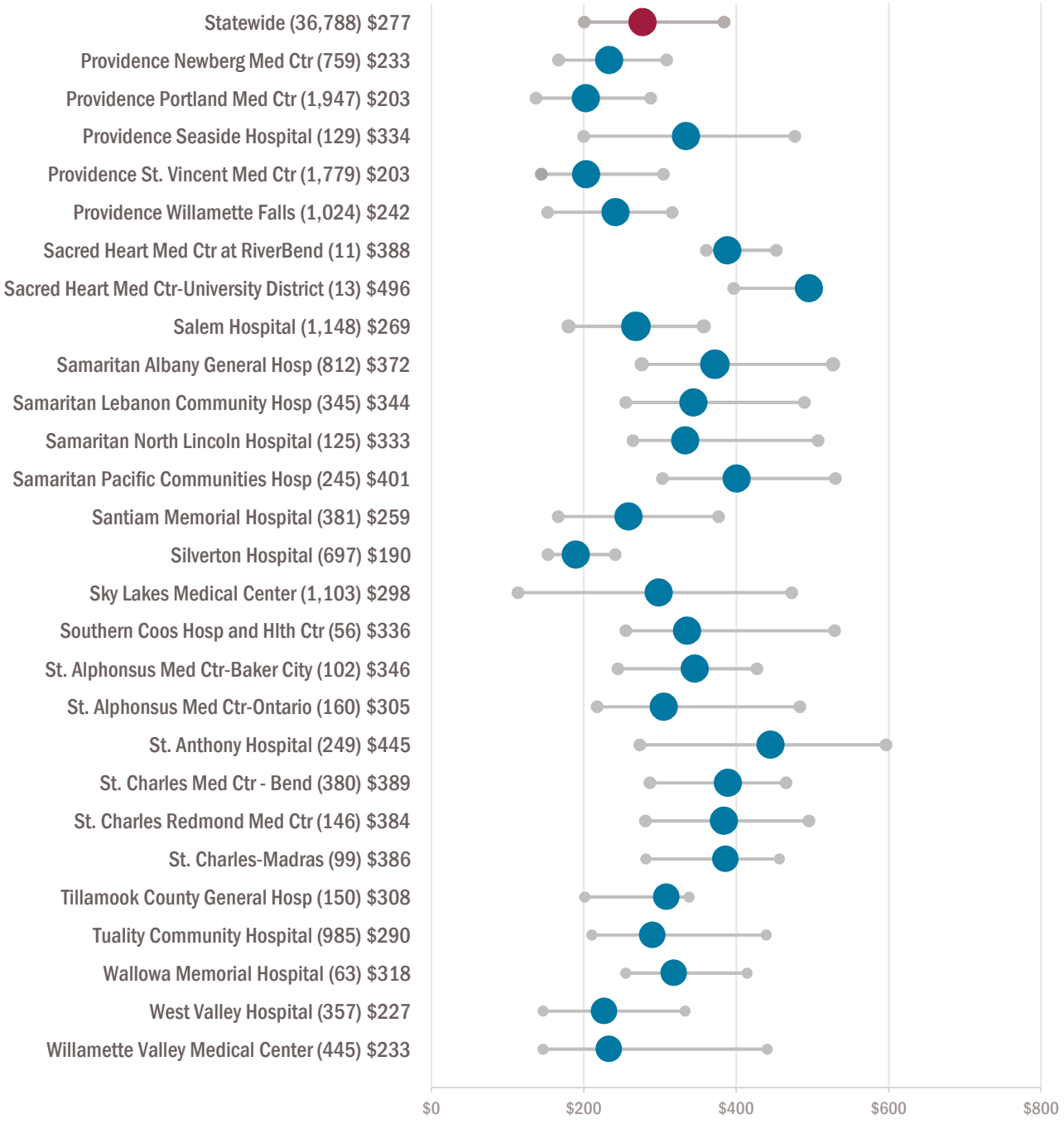
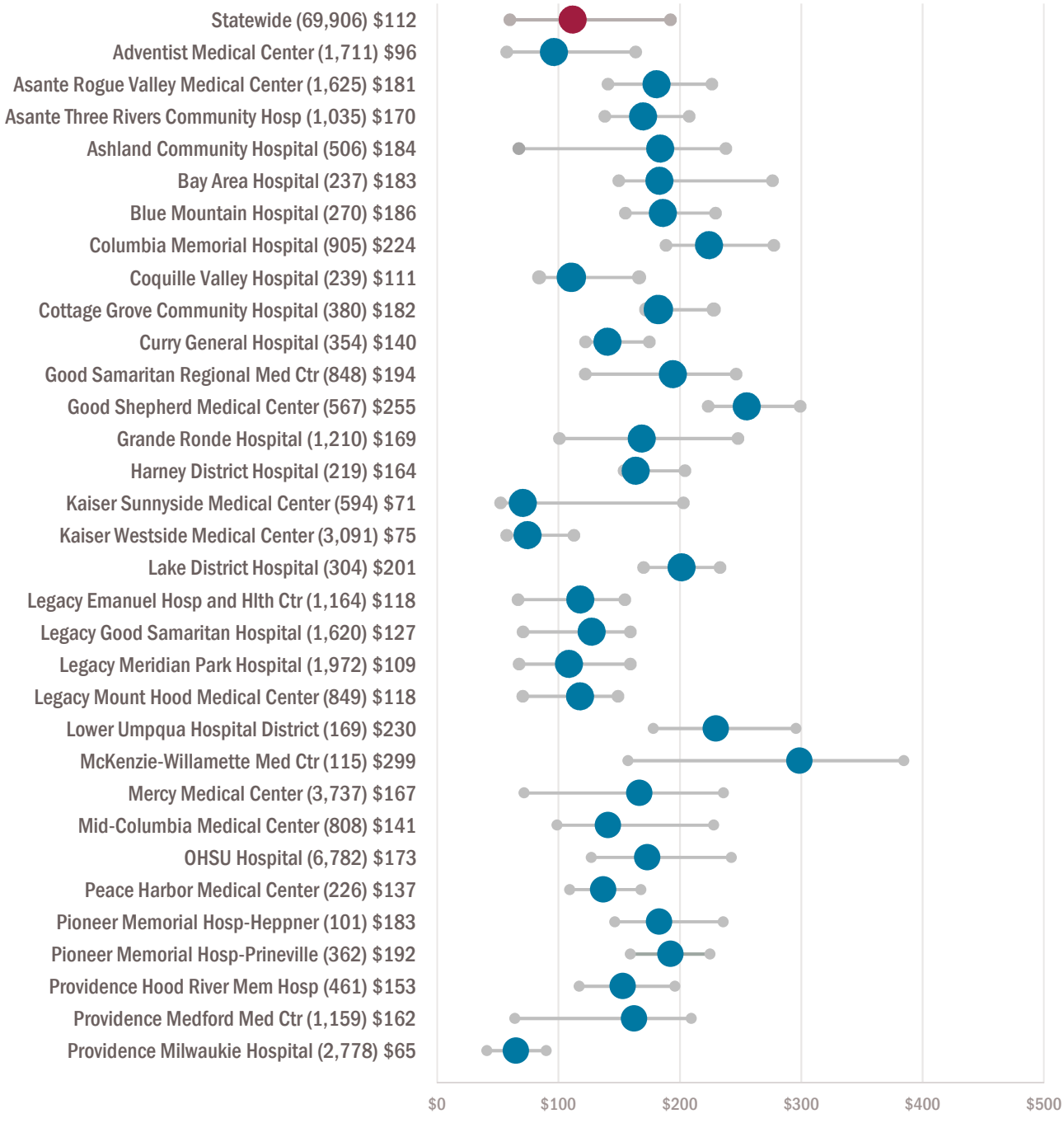


X-Ray - Outpatient

An X-ray is a type of medical imaging that uses low doses of radiation to create a picture of the inside of the body. X-rays work best when capturing more dense body features and are most often used to image bones.



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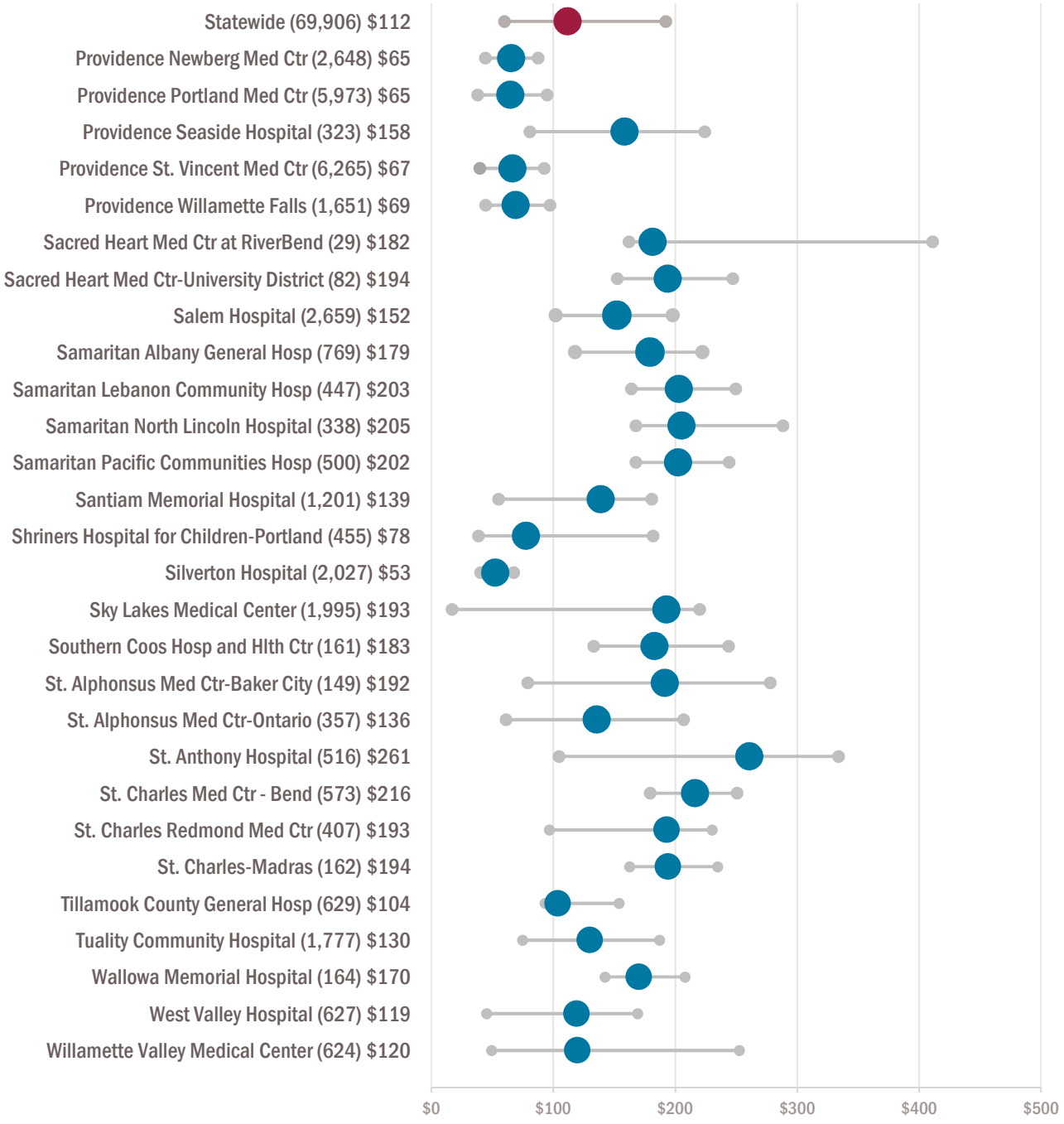
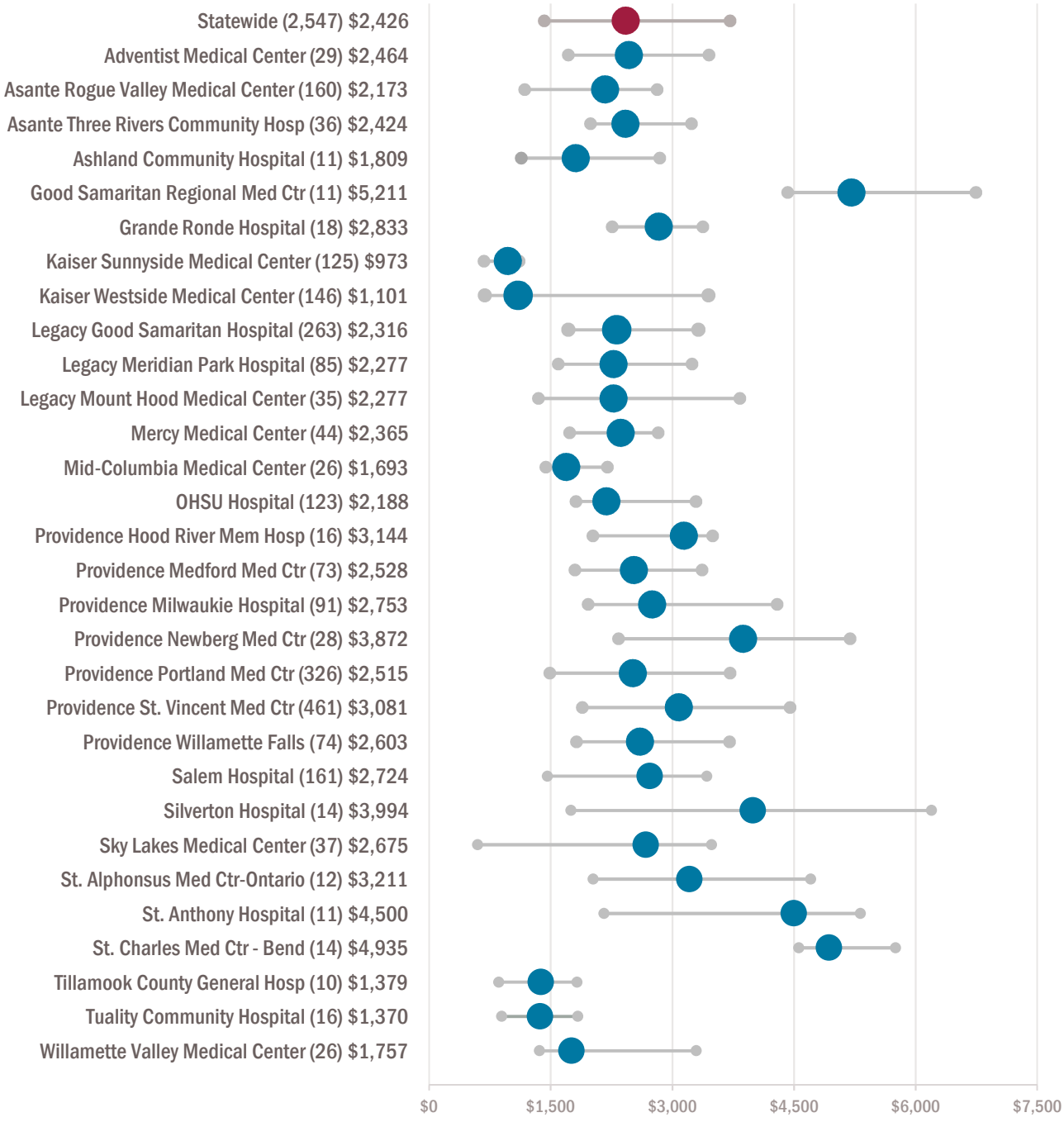


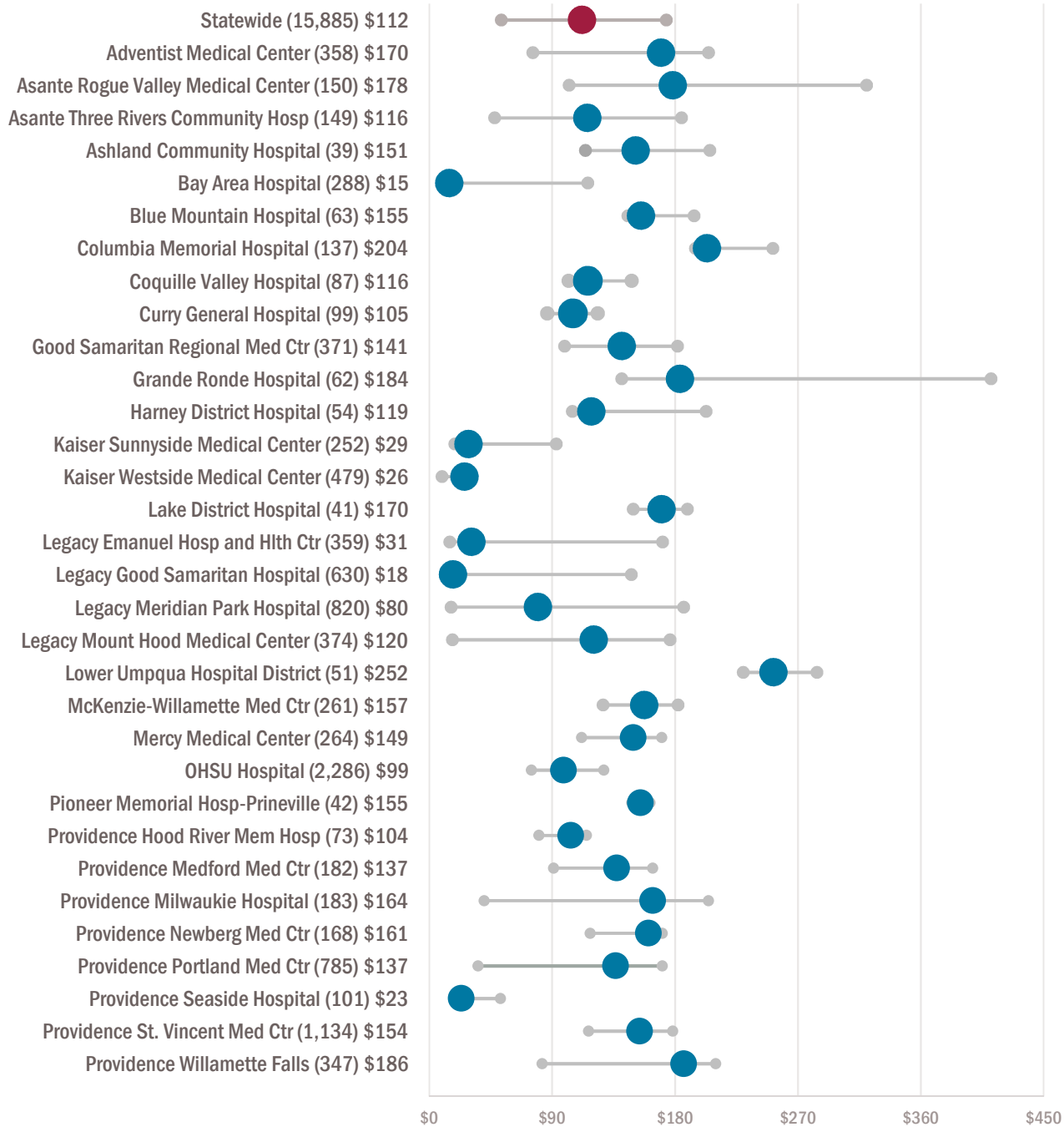
Breast Biopsy - Outpatient

A breast biopsy is the removal of a small sample of tissue from an area in the breast for the purpose of laboratory examination. This is most commonly performed to diagnose or rule out potential breast cancer.



Electrocardiograph - Outpatient

An electrocardiogram (EKG or ECG) is a method of monitoring the heartbeat by using electric sensors placed on the patient's chest. A machine records the pattern of heartbeat, and can graph the electrical signals produced by the heart. An EKG is a very common method of assessing healthy heart function.



Electrocardiograph - Outpatient Cont.

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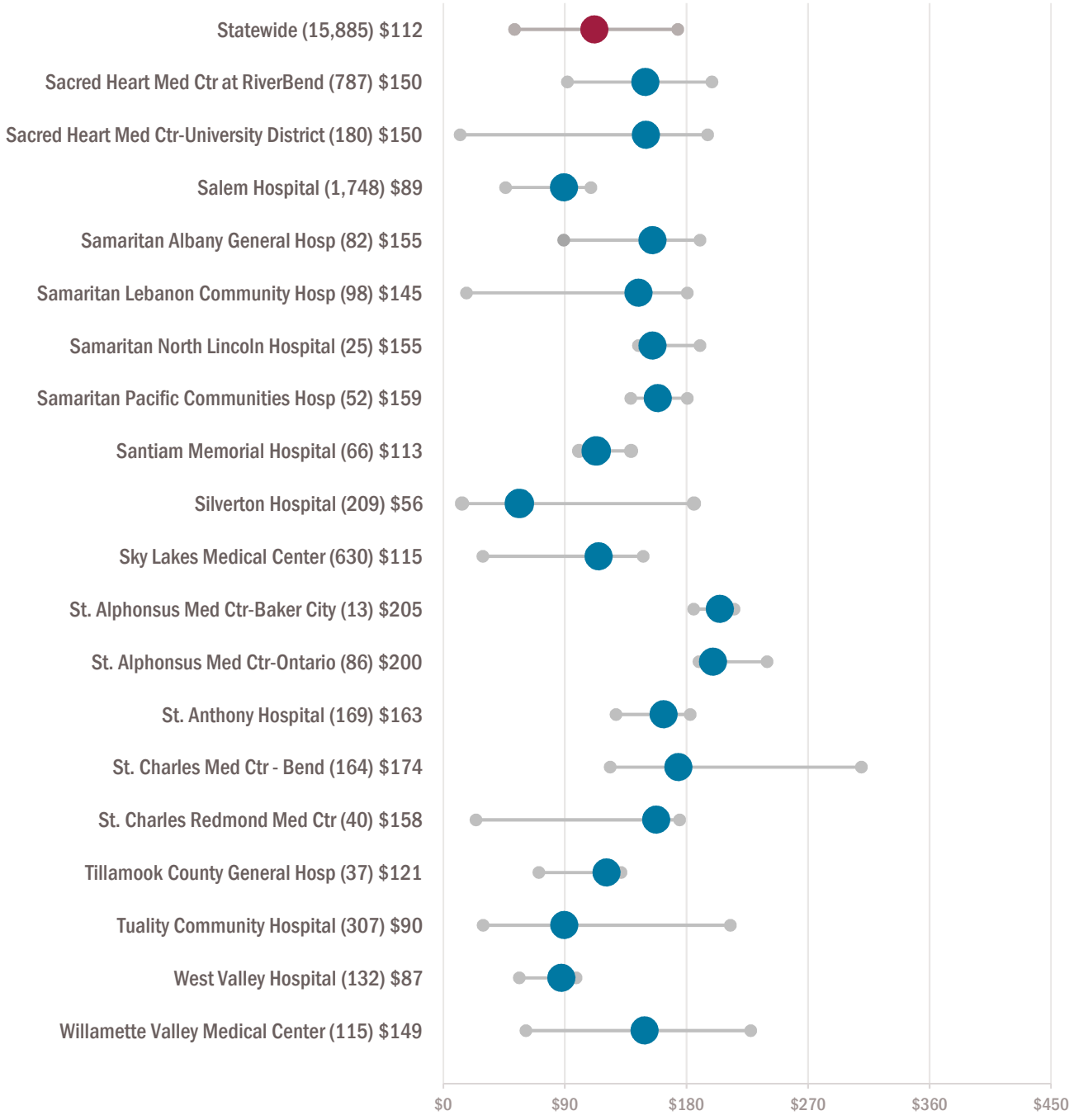
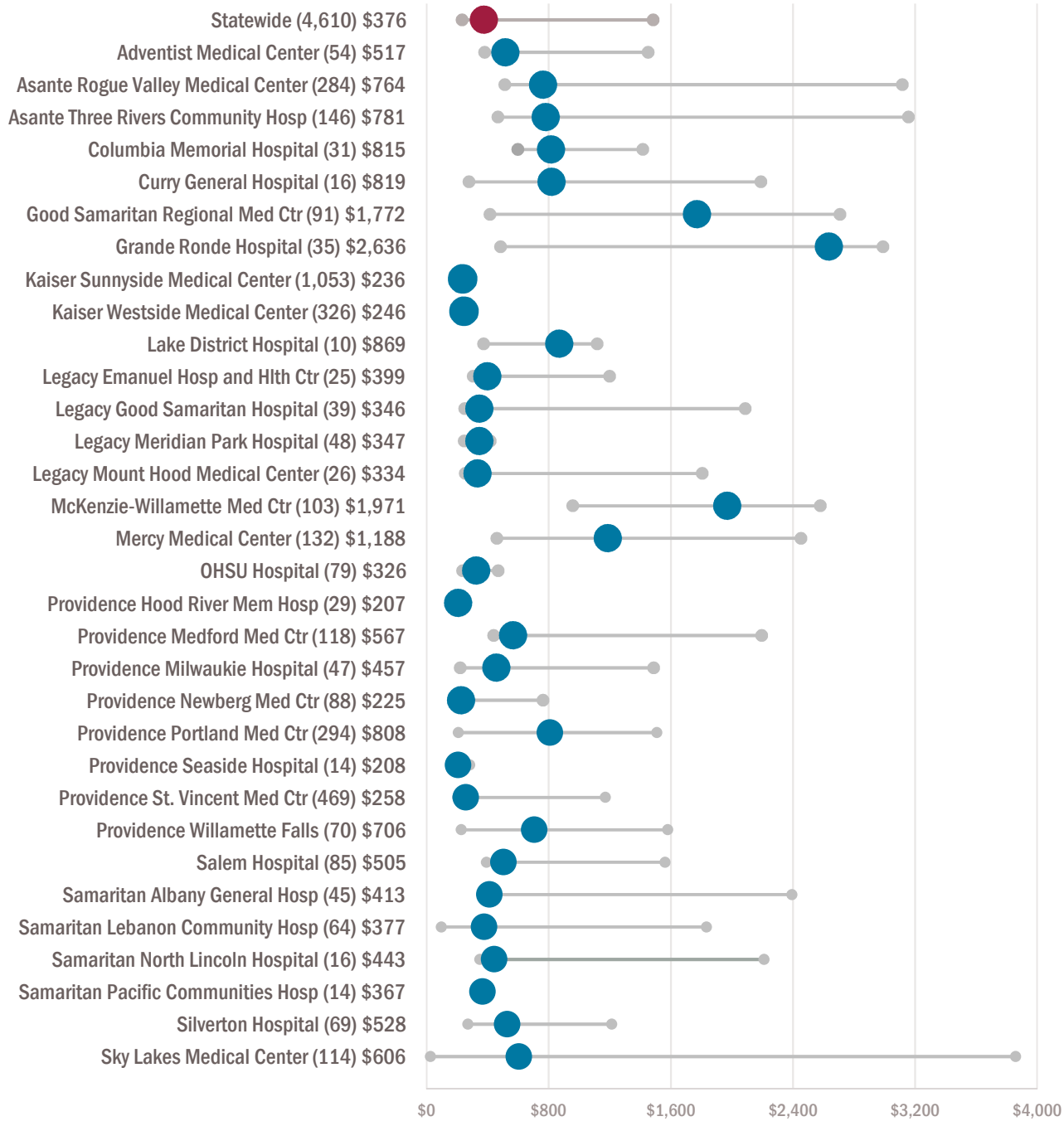


Heart Stress Test - Outpatient

A heart stress test is a combination of an EKG and ultrasound examination to the heart when it is stressed by exercise or injection of special drugs. The patient is monitored as their heart rate increases, to see how blood pressure responds, and how well the blood continues to flow through the heart.



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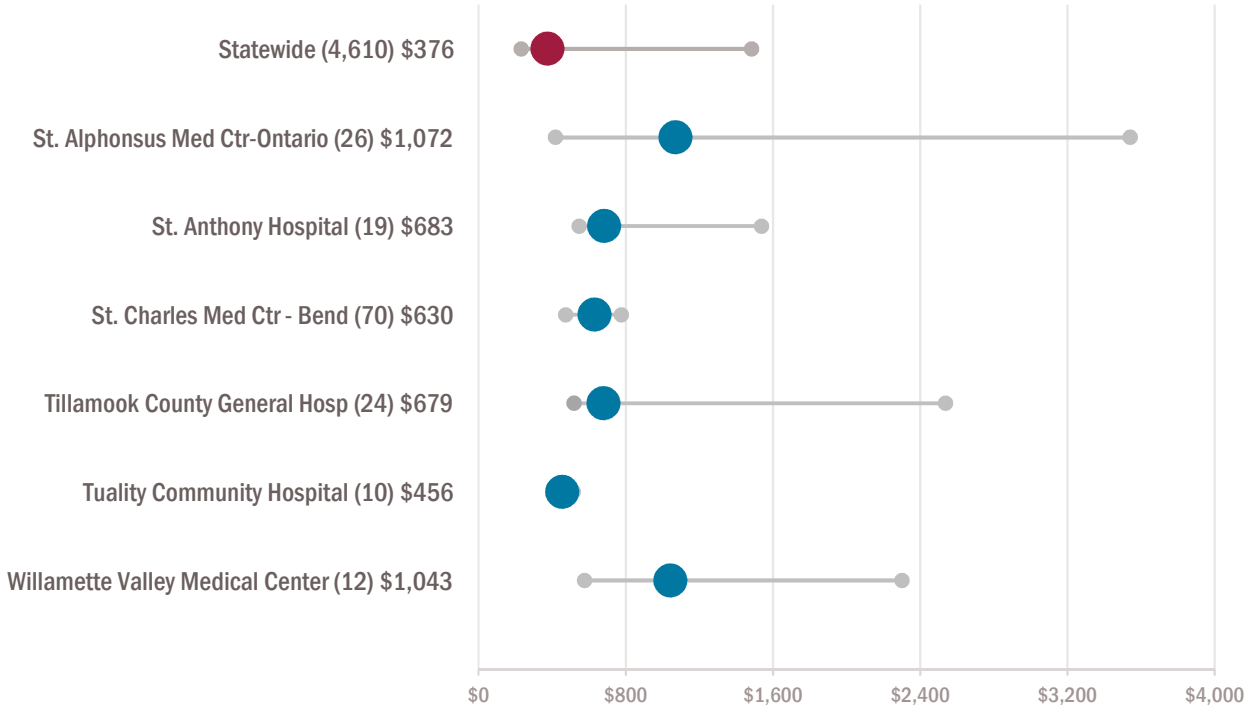
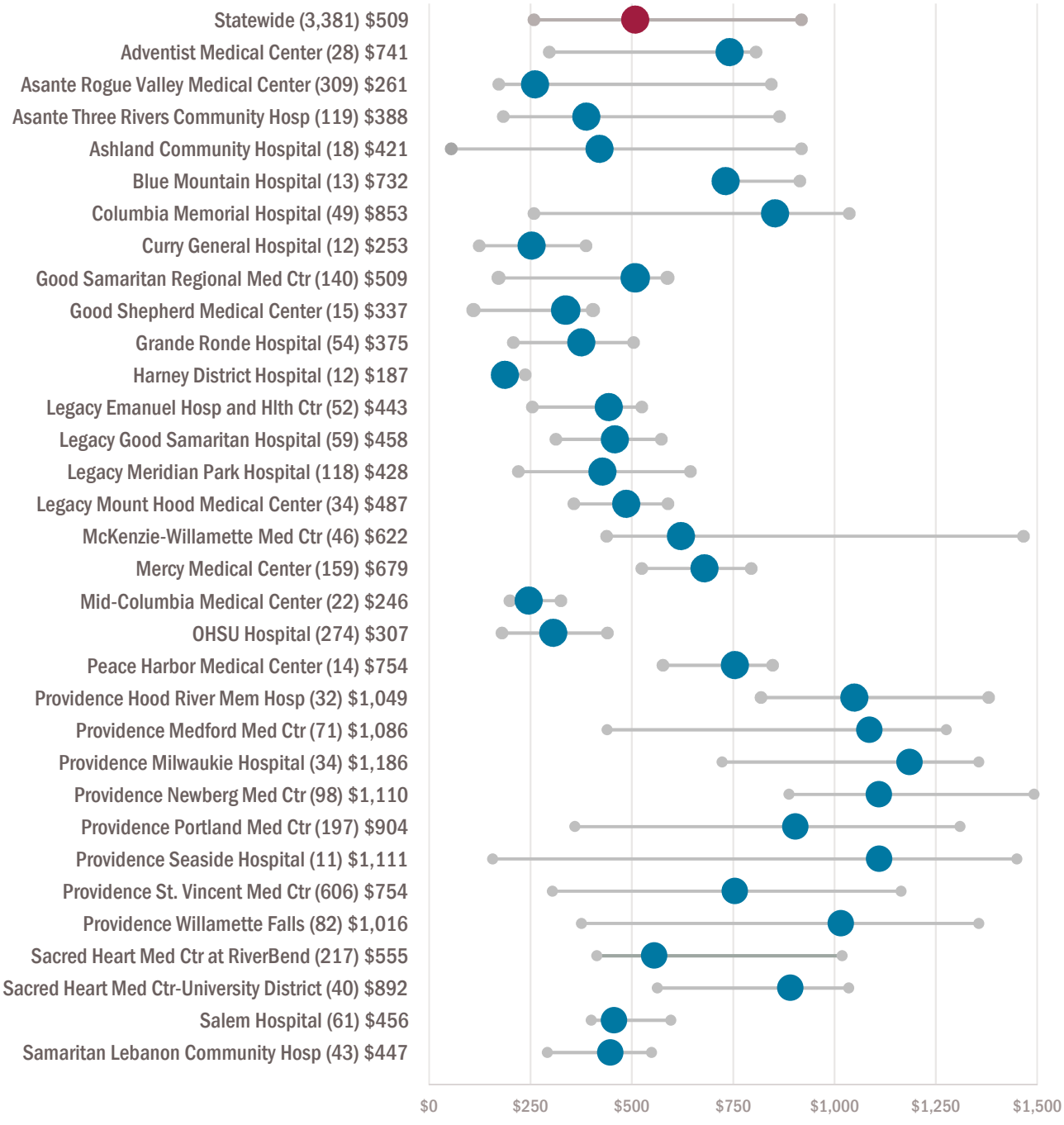


Mobile Heart Monitoring - Outpatient

A mobile heart monitoring test is performed by attaching a wearable device to the patient to monitor heart functions for up to 48 hours. The device continuously records and stores EKG data. These data are then interpreted by a doctor after completion of the test.



Mobile Heart Monitoring - Outpatient Cont.

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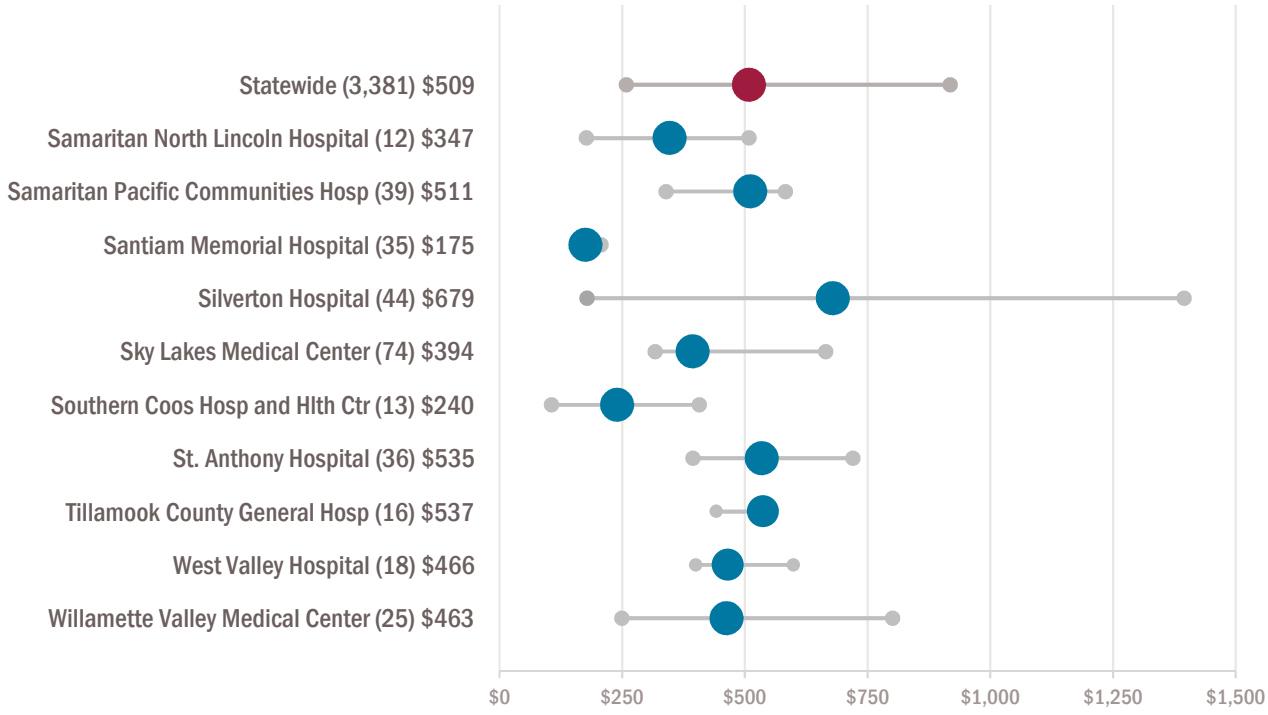

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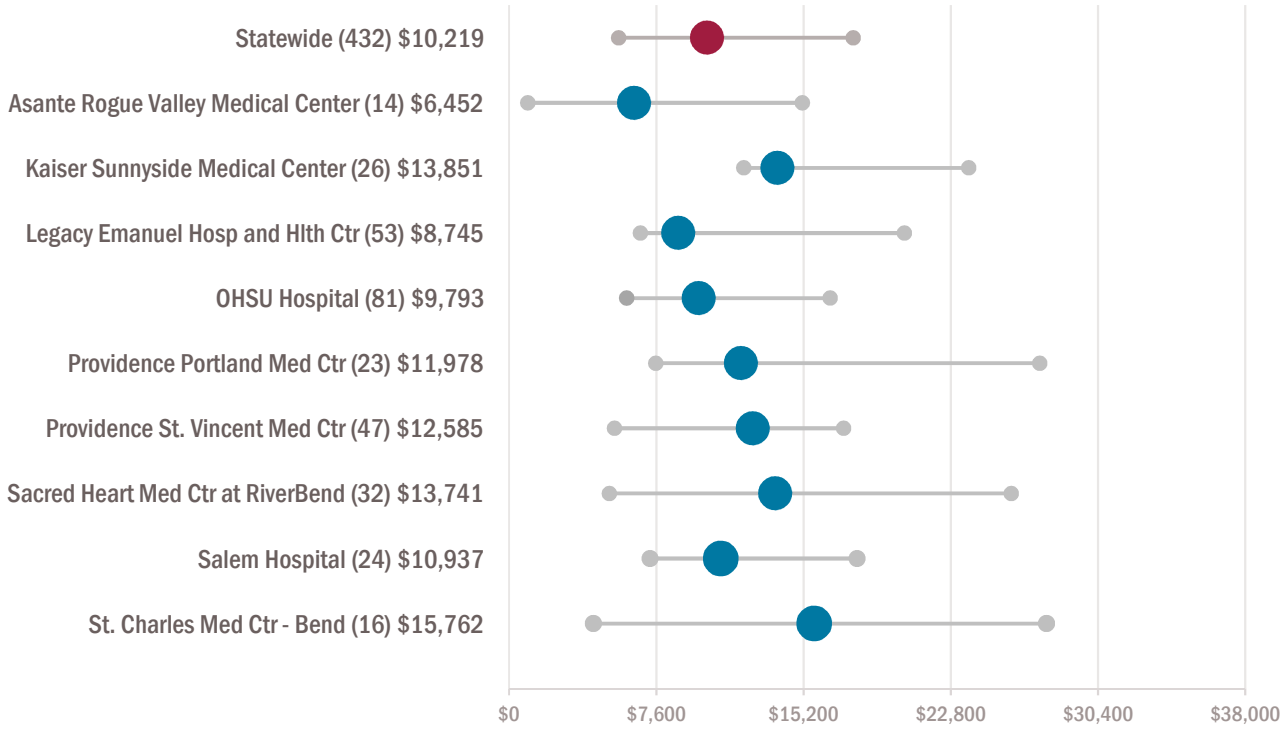
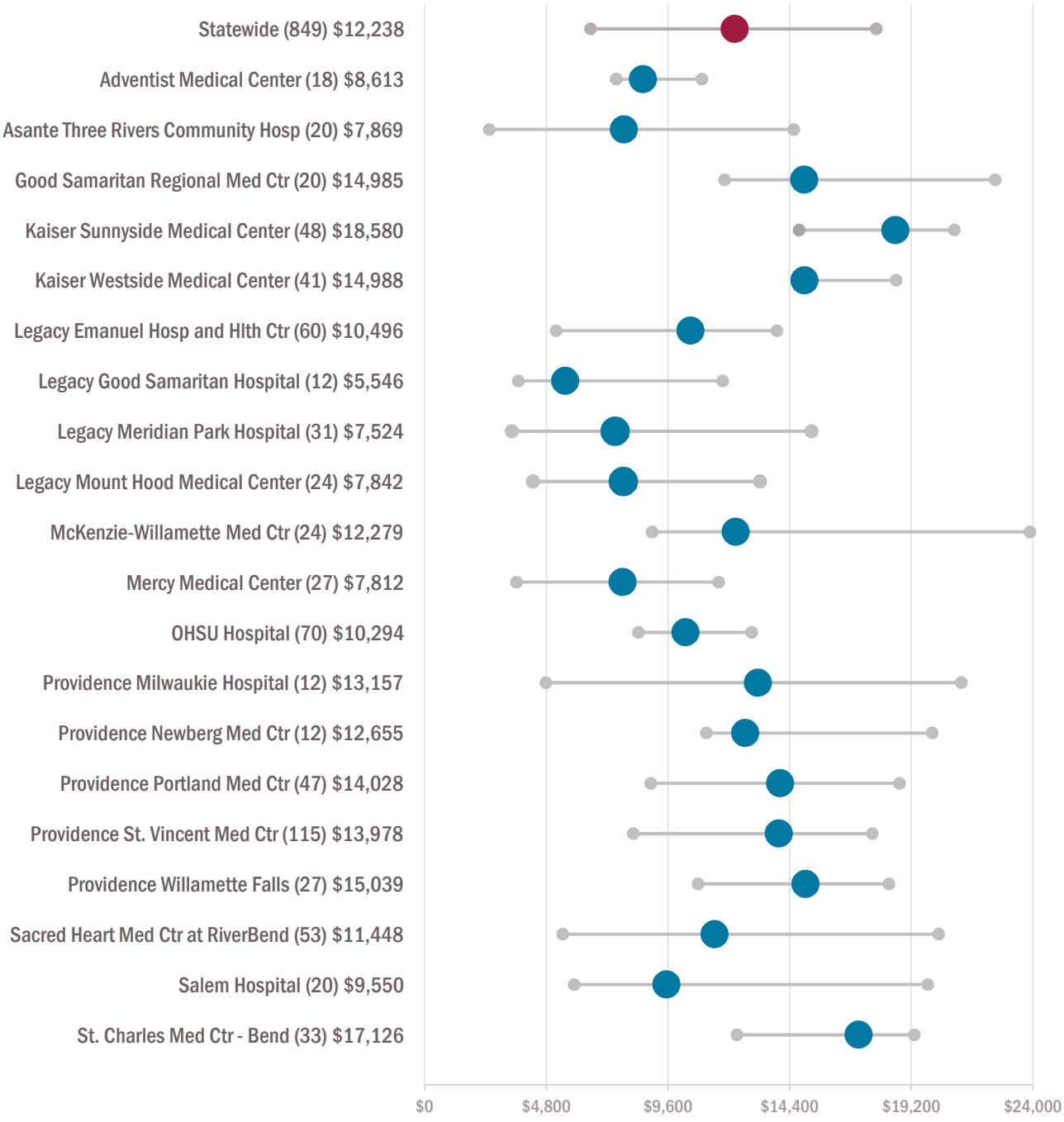
Spinal Tap - Inpatient

A spinal tap is a procedure to drain spinal fluid out of the spinal cord for use in diagnosis. Fluid collected is sent to a laboratory for tests to help diagnose a large number of potential diseases or disorders such as cancer, meningitis, encephalitis, or bleeding in the brain or spinal cord area.



Appendectomy - Inpatient

An appendectomy is the surgical removal of the appendix, a small organ located on the lower portion of the small intestine on a person's right side. This is most commonly a laparoscopic surgery. A laparoscopic surgery is a method of surgery that uses instruments inserted through small incisions. These types of surgeries are considered minimally invasive, because they do not require a large open incision. This results in less overall damage to the body, decreased healing times, reduced pain and a lower risk of infection.

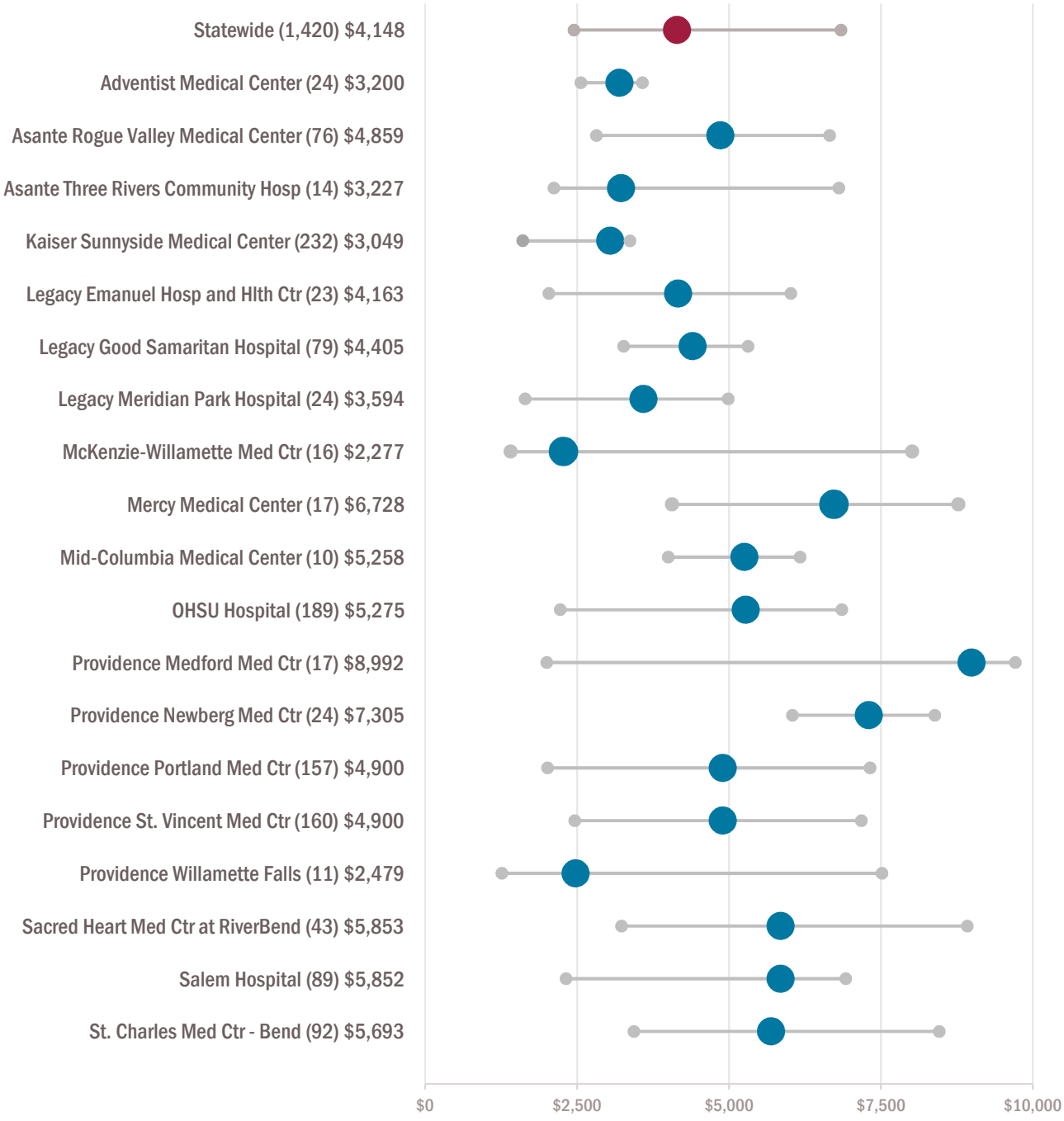


Cataract Surgery - Outpatient

Cataract surgery is a procedure to remove the lens of an eye and replace it with an artificial one. This is performed when the lens in the eye becomes cloudy, a state known as cataract. A highly specialized machine is used to extract the damaged lens through a very small incision cut into the eye, and replace it with an artificial one.

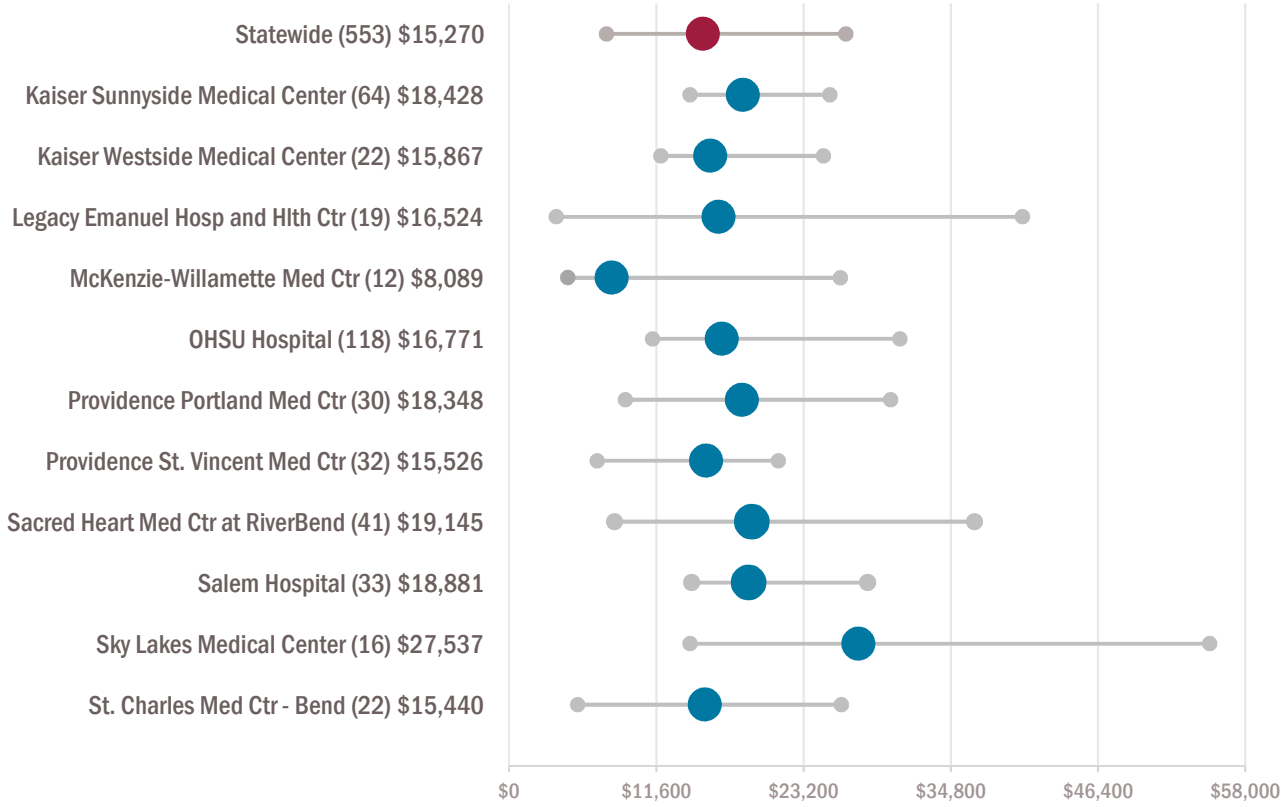
Central Venous Catheter - Outpatient

A central venous catheter or central line is a procedure to place a catheter, or thin hollow tube, into a large vein in the body for use in long term therapy such as chemotherapy or dialysis. This is typically done in the chest, neck or upper thigh. In the outpatient setting, central lines are placed in anticipation of a long term treatment plan.



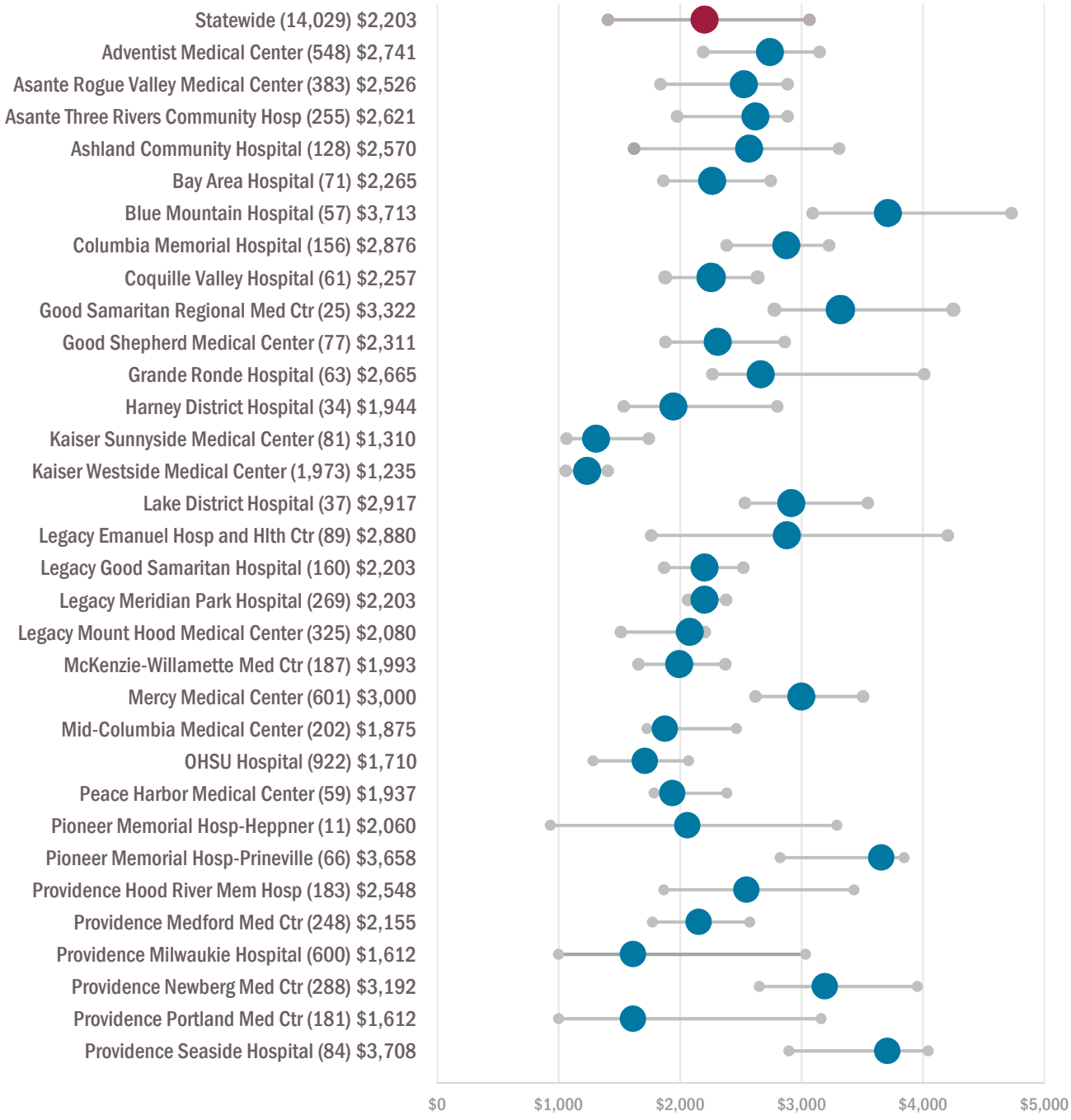
Central Venous Catheter - Inpatient

A central line is placed in the inpatient setting for the same reasons as in the outpatient setting, except the patient's condition requires inpatient hospital care. Central lines are placed to treat the cause of hospitalization and in many cases, left in place to facilitate the continuation of treatment in the outpatient setting. Examples would be chemotherapy, dialysis or long term pain management.



Colonoscopy - Outpatient

A colonoscopy is an examination of the large intestine using an endoscope. An endoscope is a slender device that is inserted into the body and used to examine internal organs by capturing video and displaying it on a monitor for the doctor. It is most commonly performed to screen for cancer.



Colonoscopy - Outpatient Cont.

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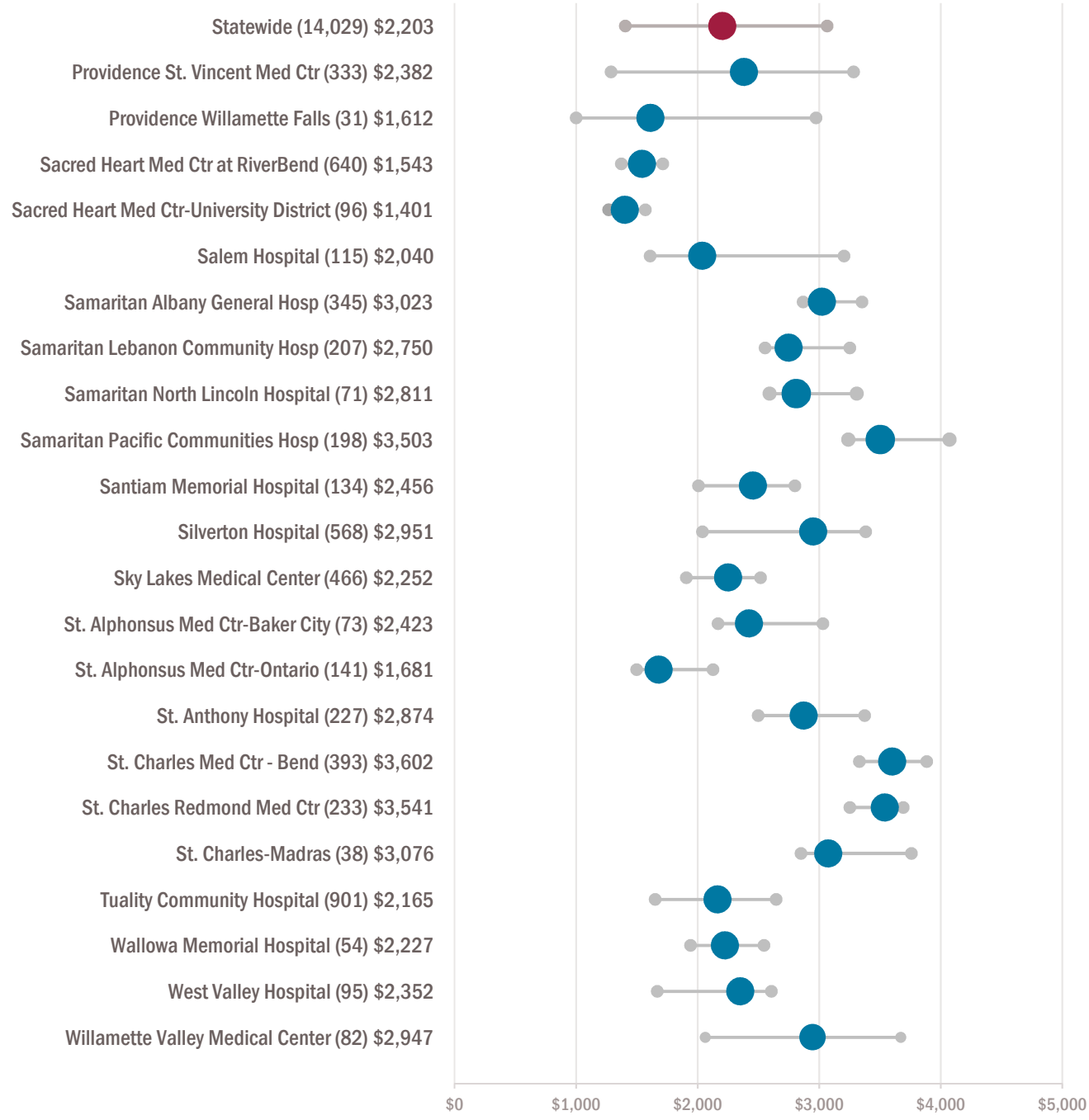
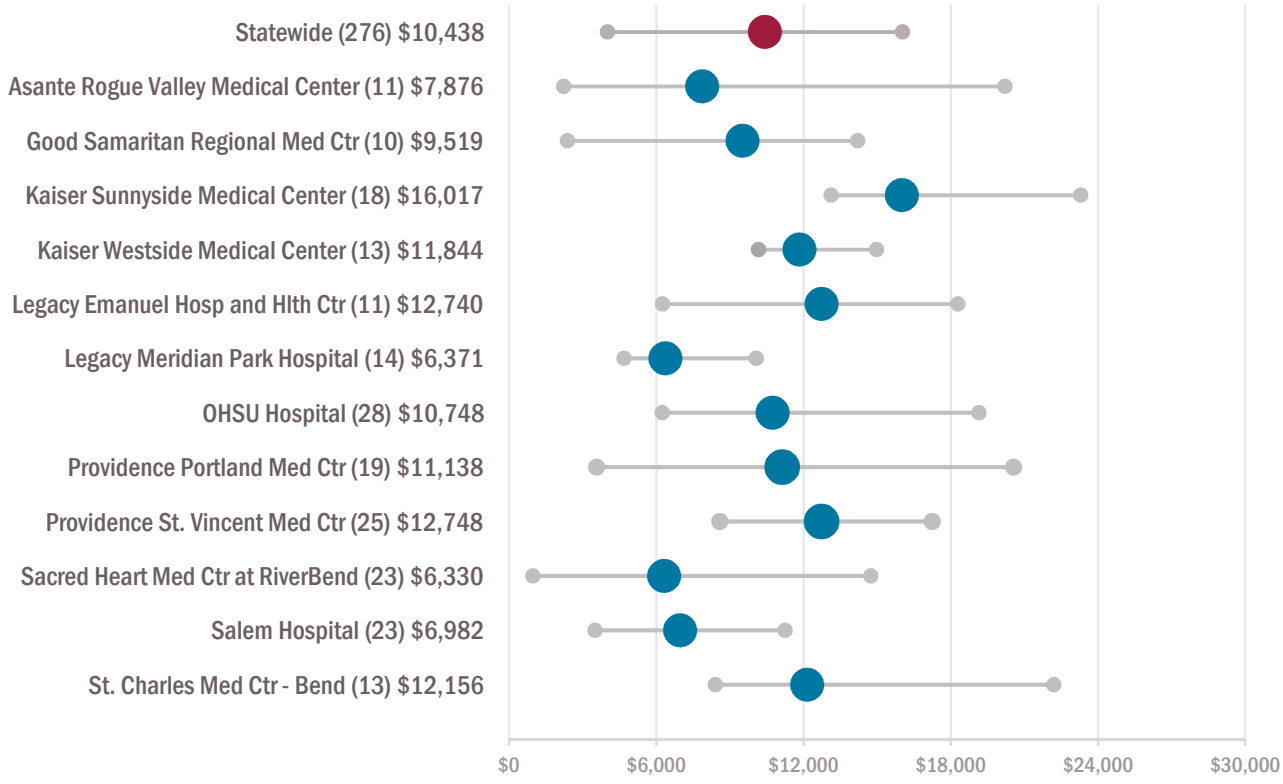


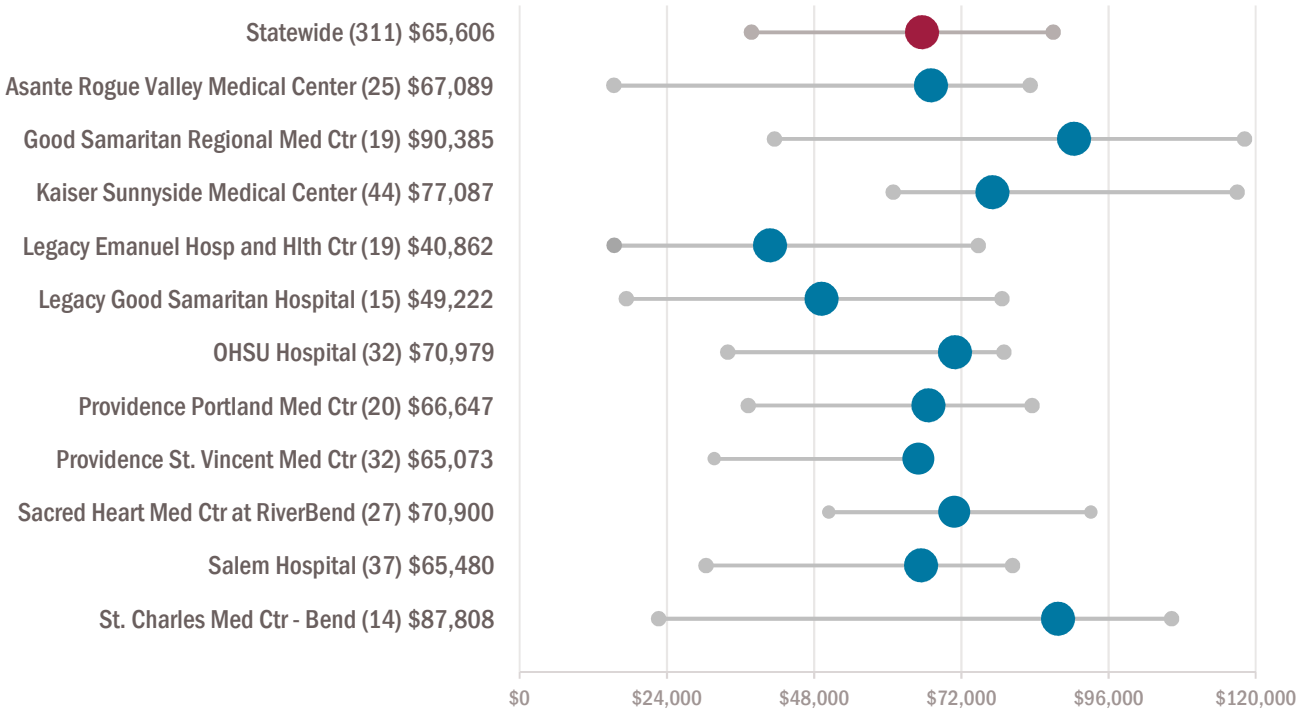
Colonoscopy - Inpatient

A colonoscopy is performed in the inpatient setting when the patient's condition requires inpatient care. This may be because the patient's condition is more severe or might need to be monitored for a more extended period of time after the colonoscopy is performed.



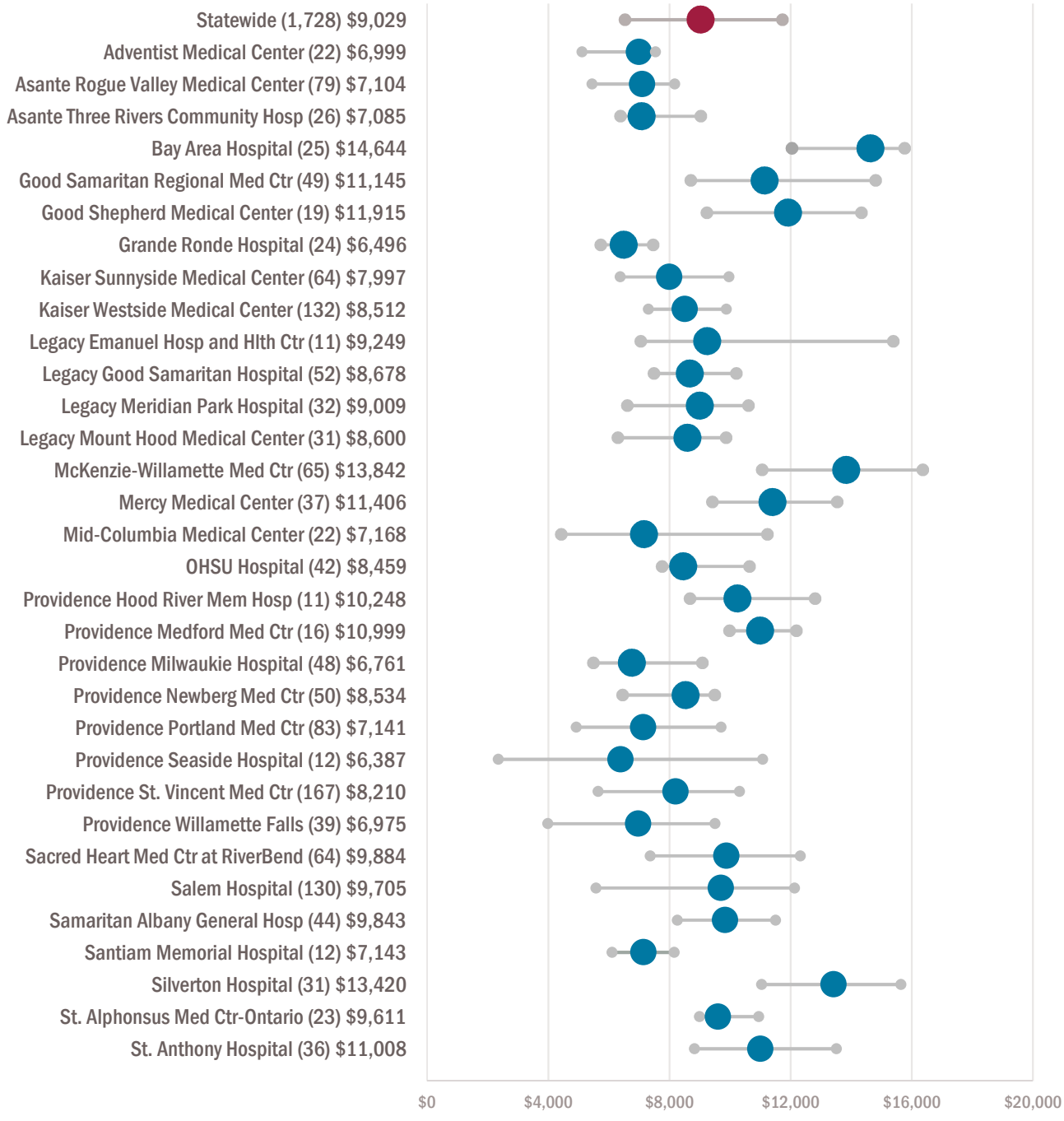
Coronary Bypass - Inpatient

Coronary artery bypass surgery is used to perform a bypass of one or many coronary arteries of the heart that are blocked. This is performed by either diverting the existing artery, or by harvesting a vein out of the patient's leg and attaching it to the blocked artery to create a bypass. This is most often an open-heart surgery requiring a stay of four to five days in the hospital.



Gallbladder Removal - Outpatient

Gallbladder surgery is the surgical removal of the gallbladder. This is most commonly due to the presence of hard mineral deposits in the gallbladder known as gall stones. Like appendectomies, gallbladder surgery is most often performed as a laparoscopic surgery.



Gallbladder Removal - Outpatient Cont.

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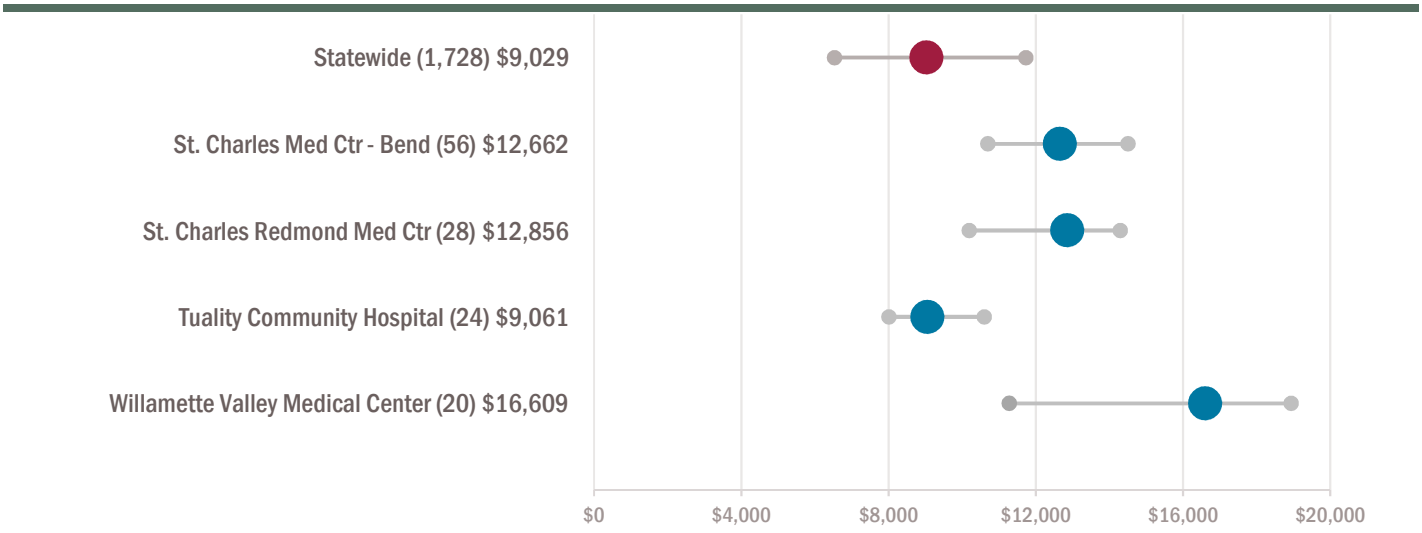
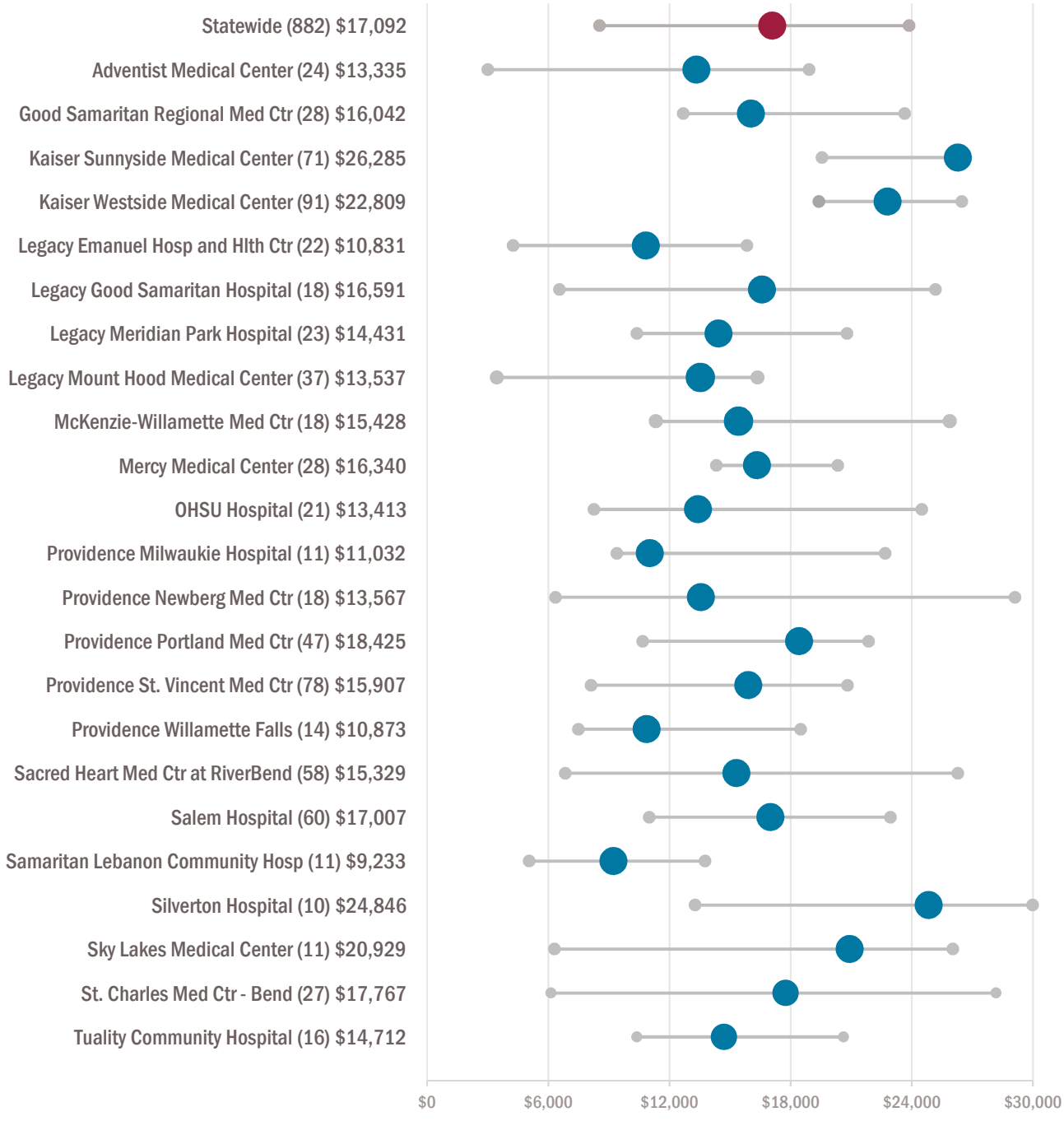


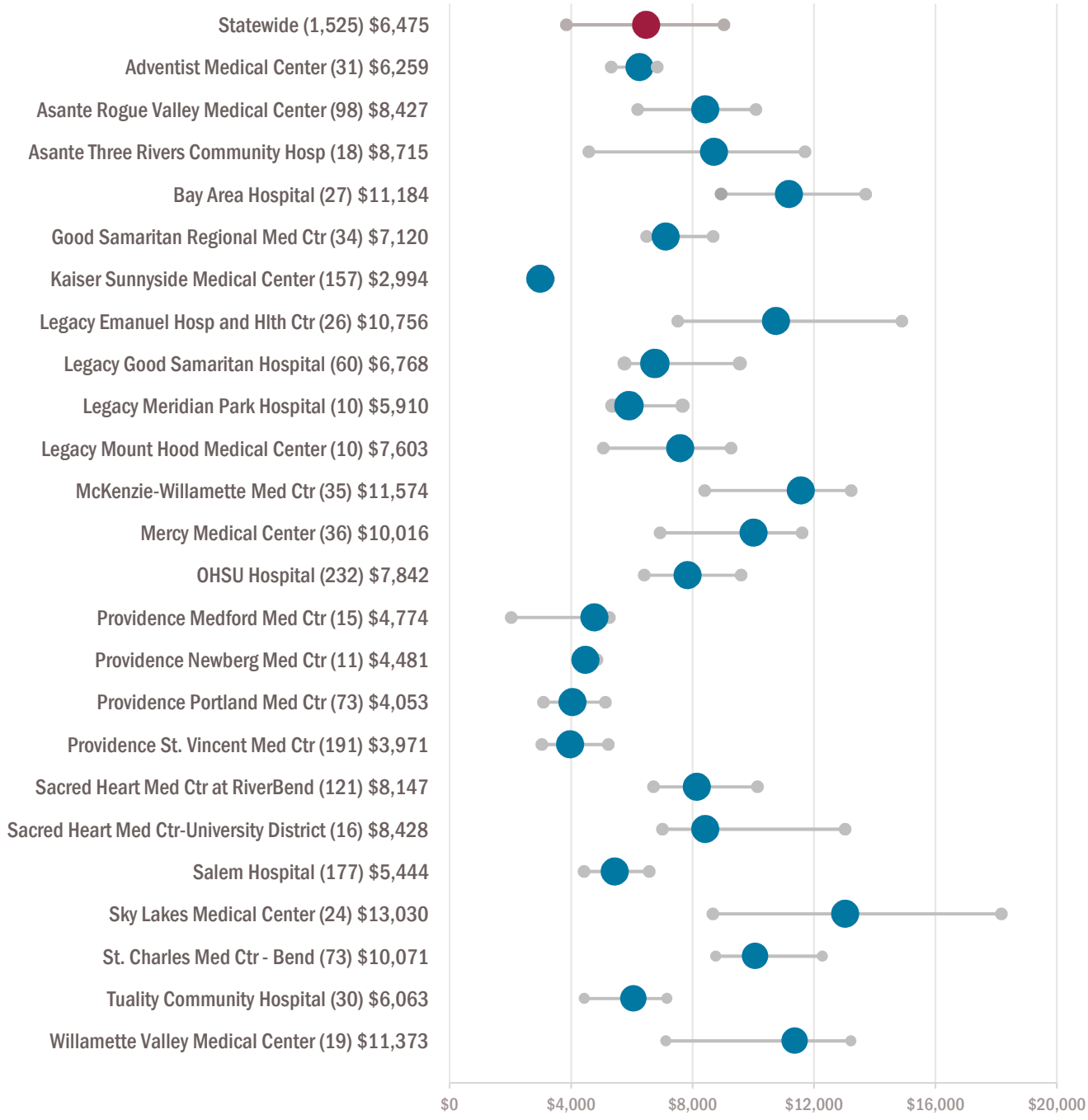
Gallbladder Removal - Inpatient

Patients receive a gallbladder surgery in the inpatient setting when their condition requires inpatient care. This can be due to the patient's condition being more severe than usual or because the patient requires extended monitoring after the surgery.



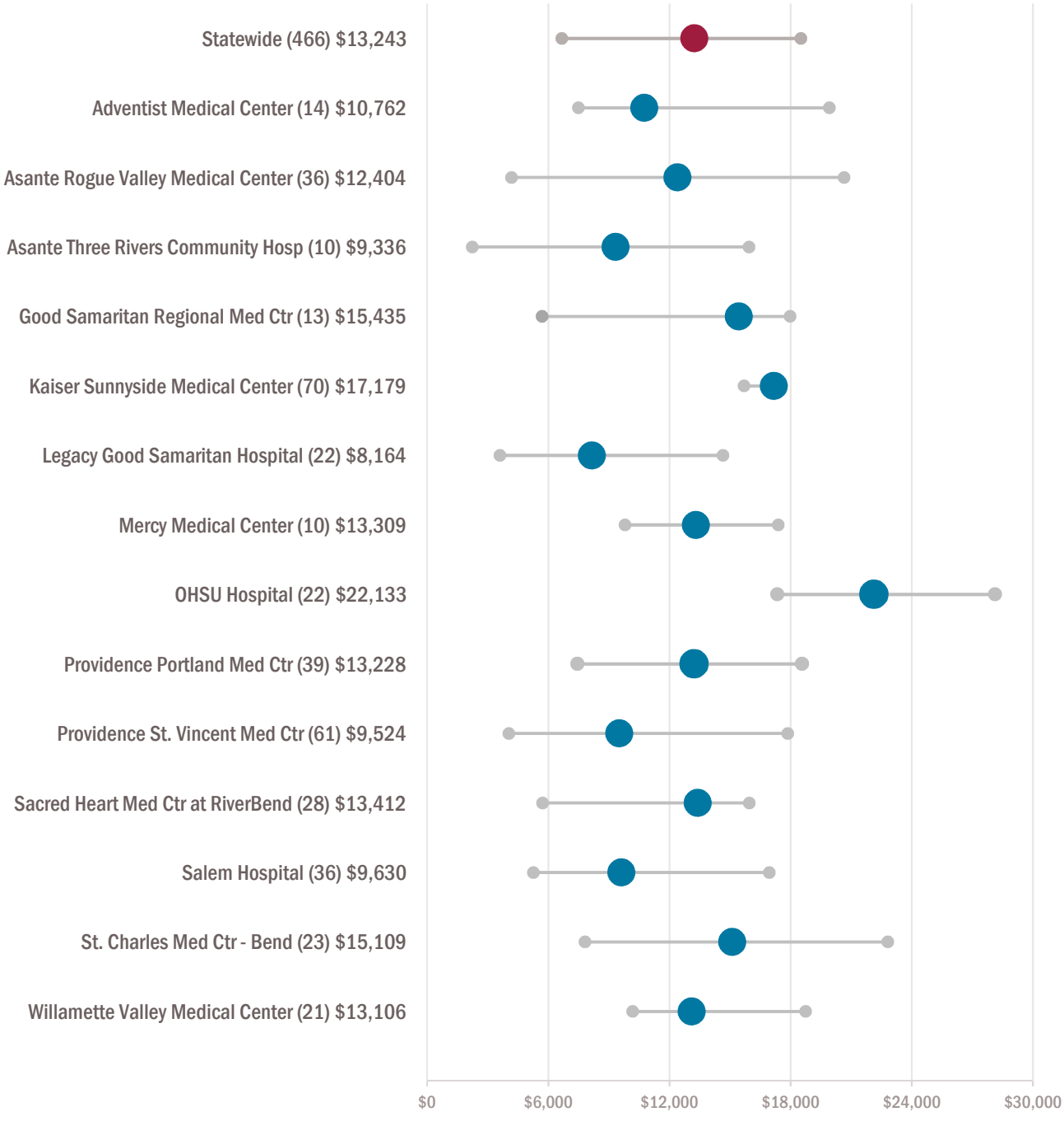
Heart Catheterization - Outpatient

Heart catheterization is the use of thin hollow tubes, or catheters, to examine the inside of the heart and blood vessels around the heart. These catheters may also be used to inject dye for use in imaging, or to collect samples of heart muscle. The heart catheter is inserted in the large veins in the leg, arm or neck and threaded through the blood vessels towards the heart. Doctors observe the advancement of the catheter using a special X-ray camera called a fluoroscope.



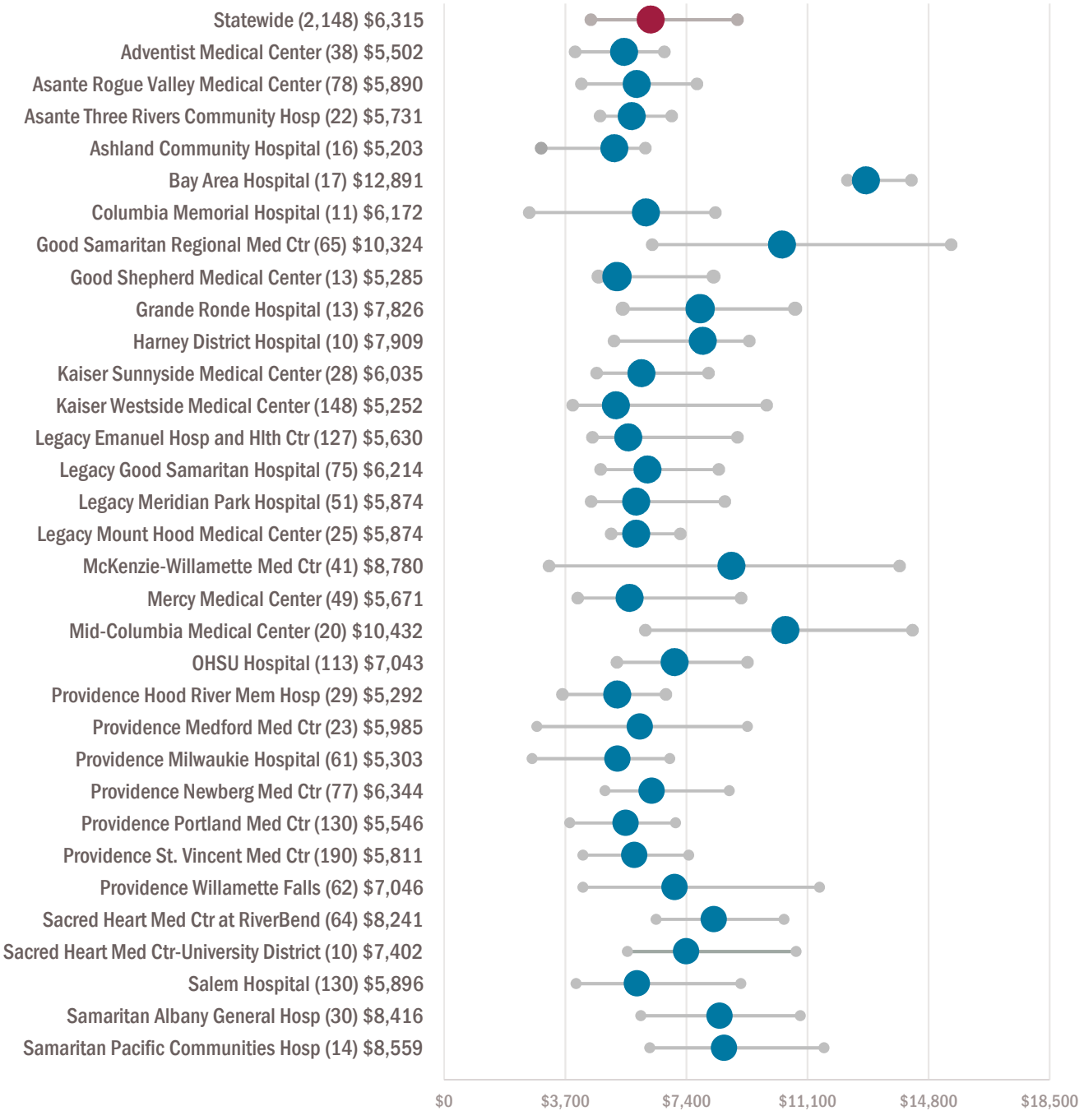
Heart Catheterization - Inpatient

Heart catheterization is performed in the inpatient setting when the patient's condition requires inpatient care. This may be because the patient's condition is more severe , or that they require extended monitoring after the procedure, or as a method of treatment for the hospitalization cause.



Hernia Repair - Outpatient

Hernia surgery is a procedure to repair a hernia in the body. A hernia is created when an organ pushes through the wall of the body cavity that normally holds it in place. Hernias most commonly occur in the abdomen, with portions of the bowel pushing through the muscle wall.



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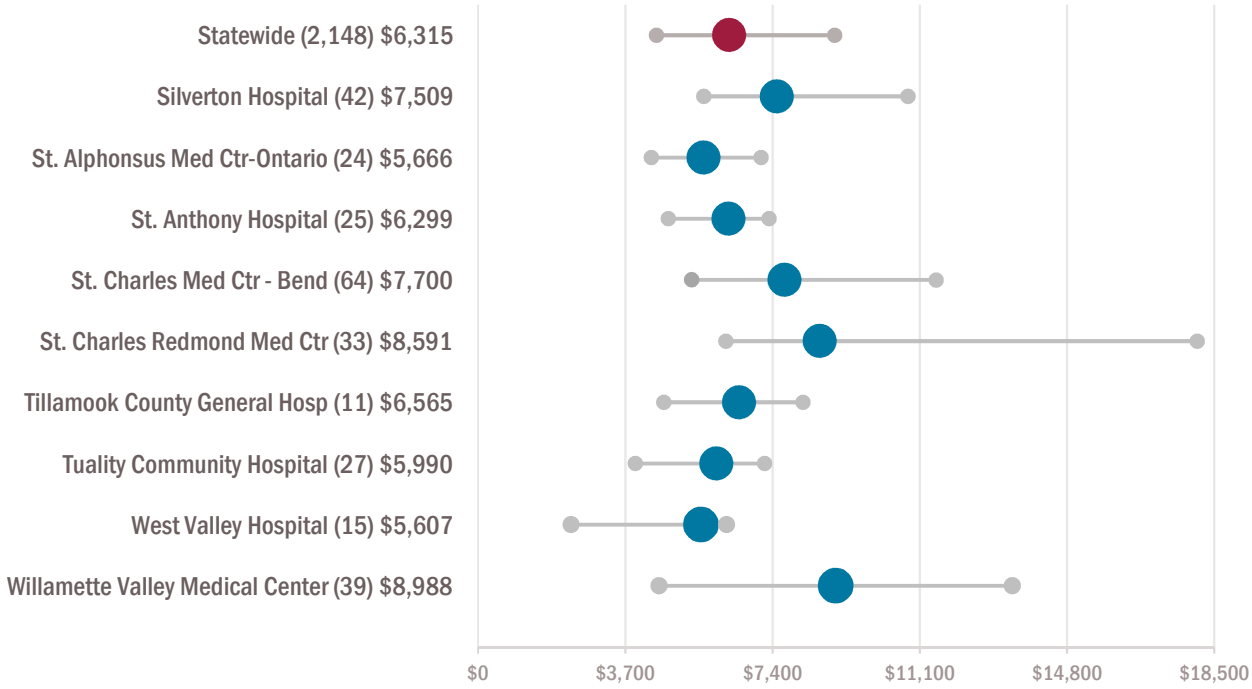
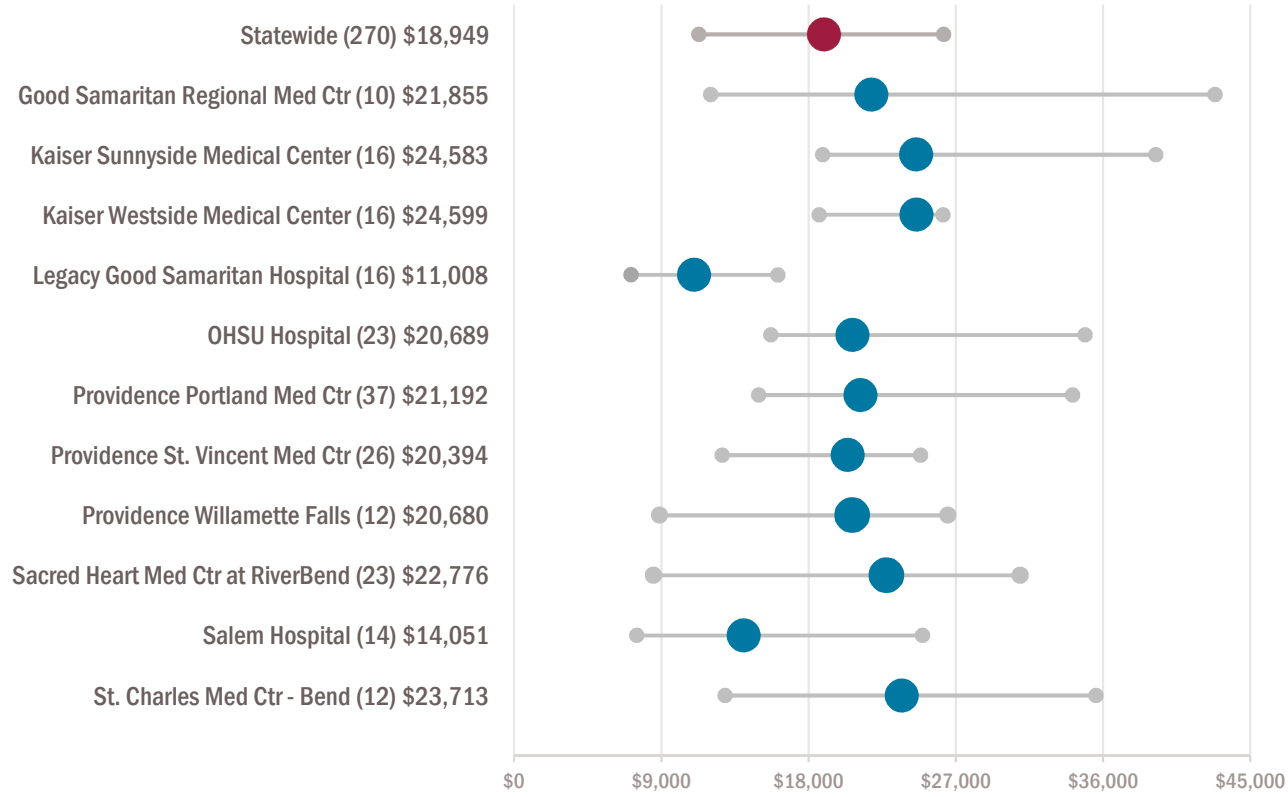


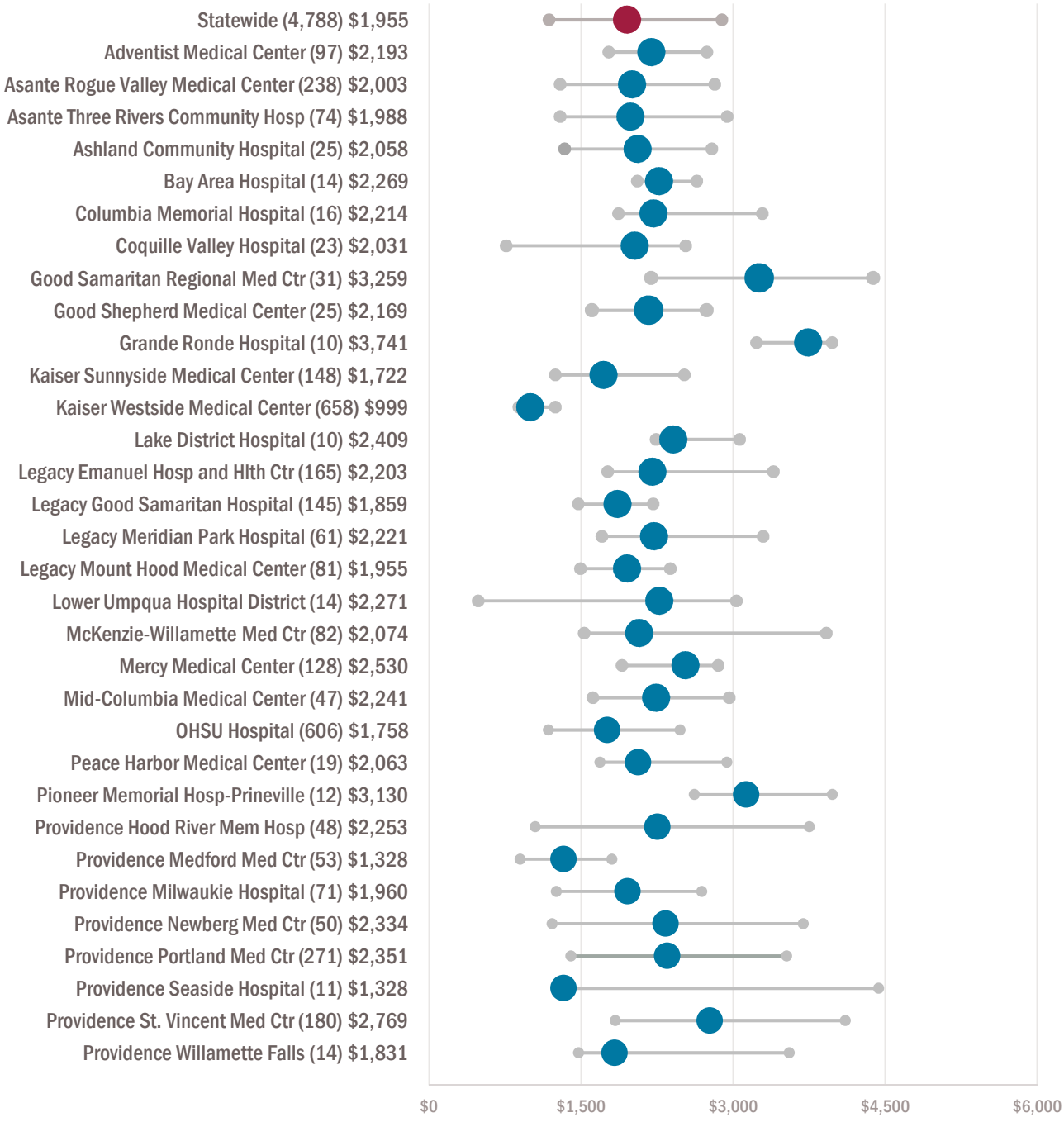
Hernia Repair - Inpatient

Hernia surgeries performed in the inpatient setting are due to a patient's condition requiring inpatient care. This is most often because the hernia is more severe, such as a hernia of the diaphragm area in which the colon, spleen or pancreas has entered the chest cavity.



Upper Endoscopy - Outpatient

An upper endoscopy is a surgical examination of the stomach or small intestines using an endoscope inserted through the mouth and down the throat. An endoscope is a slender device that is inserted into the body and used to examine internal organs by capturing video and displaying it on a monitor for the doctor.



Upper Endoscopy - Outpatient Cont.

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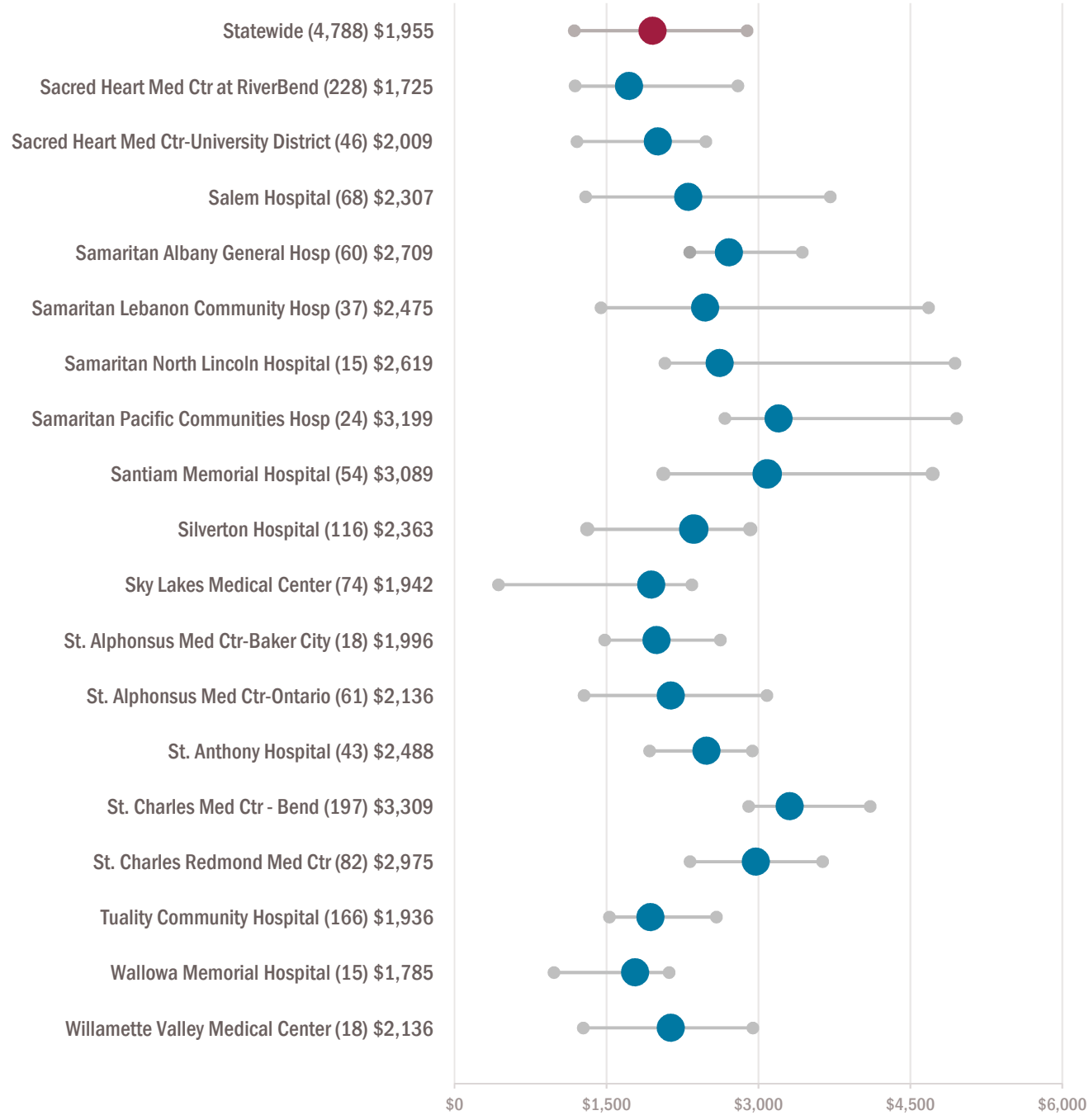
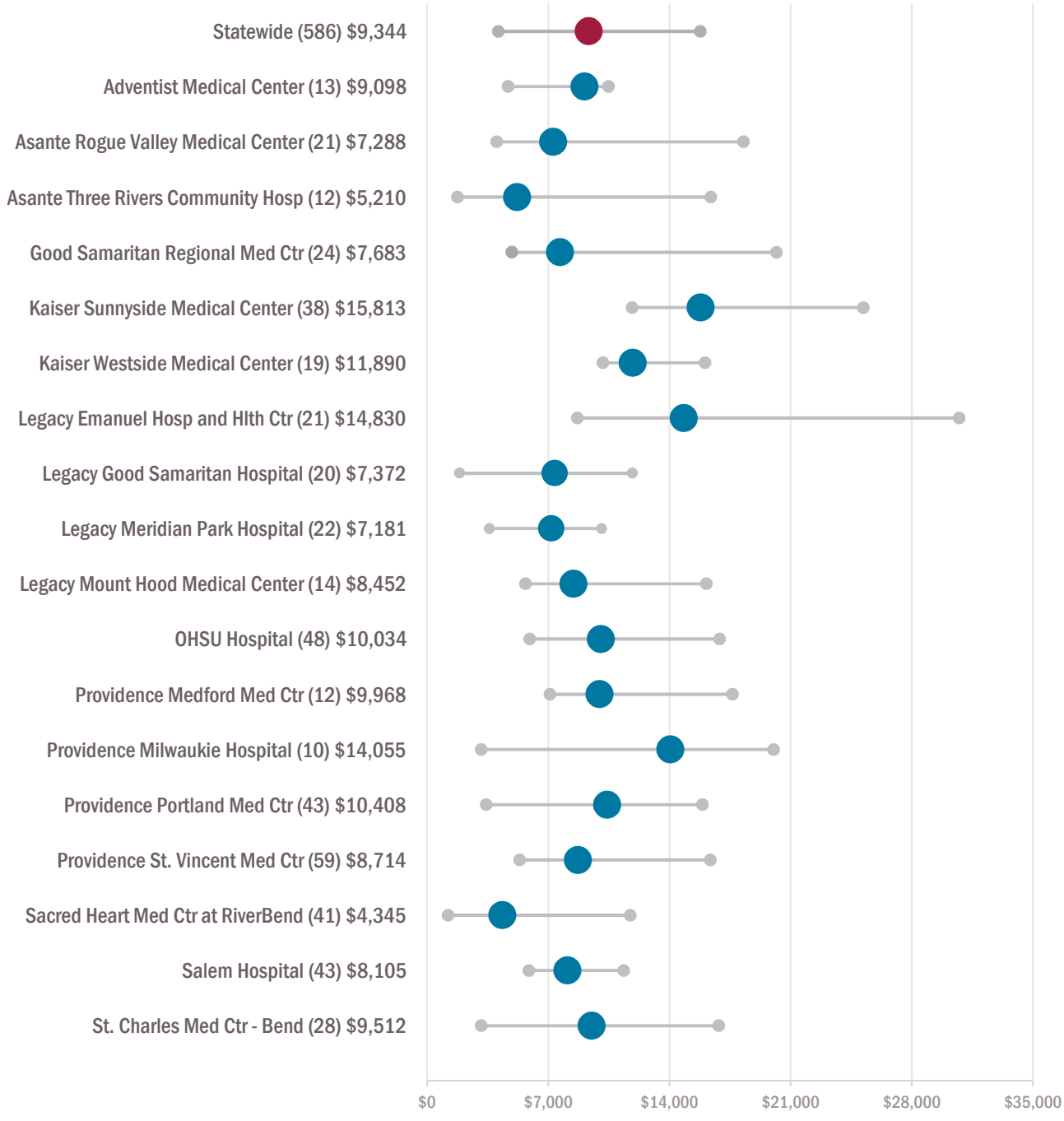


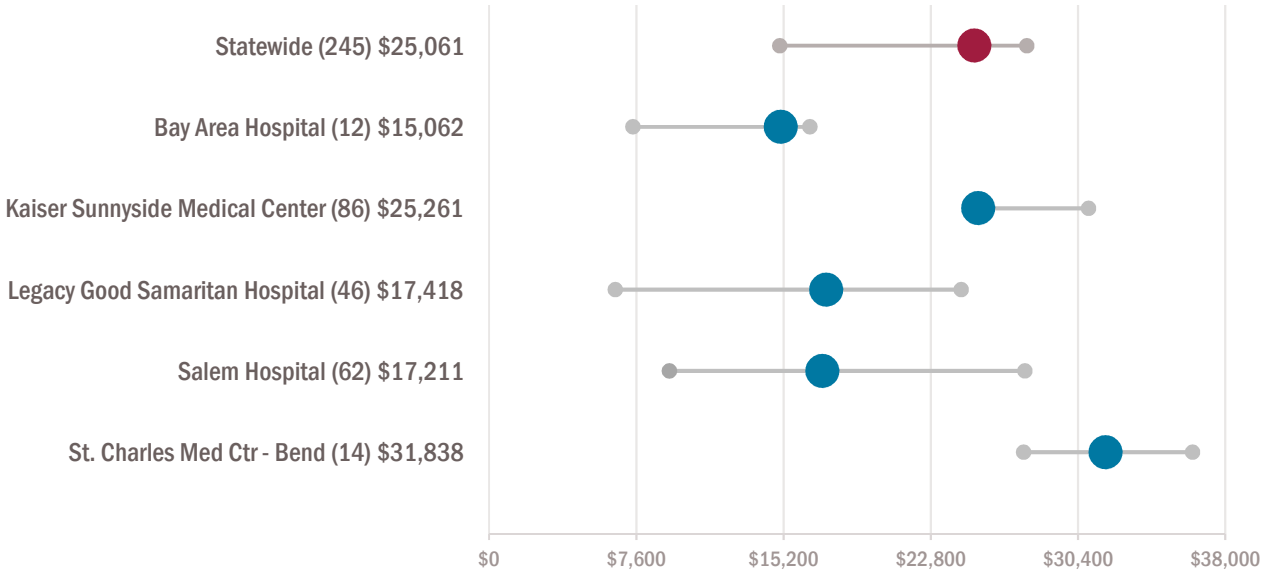
Upper Endoscopy - Inpatient

An upper endoscopy is performed in the inpatient setting when a patient's condition requires inpatient care. This could be due to severe issues with stomach bleeding or ulcers.



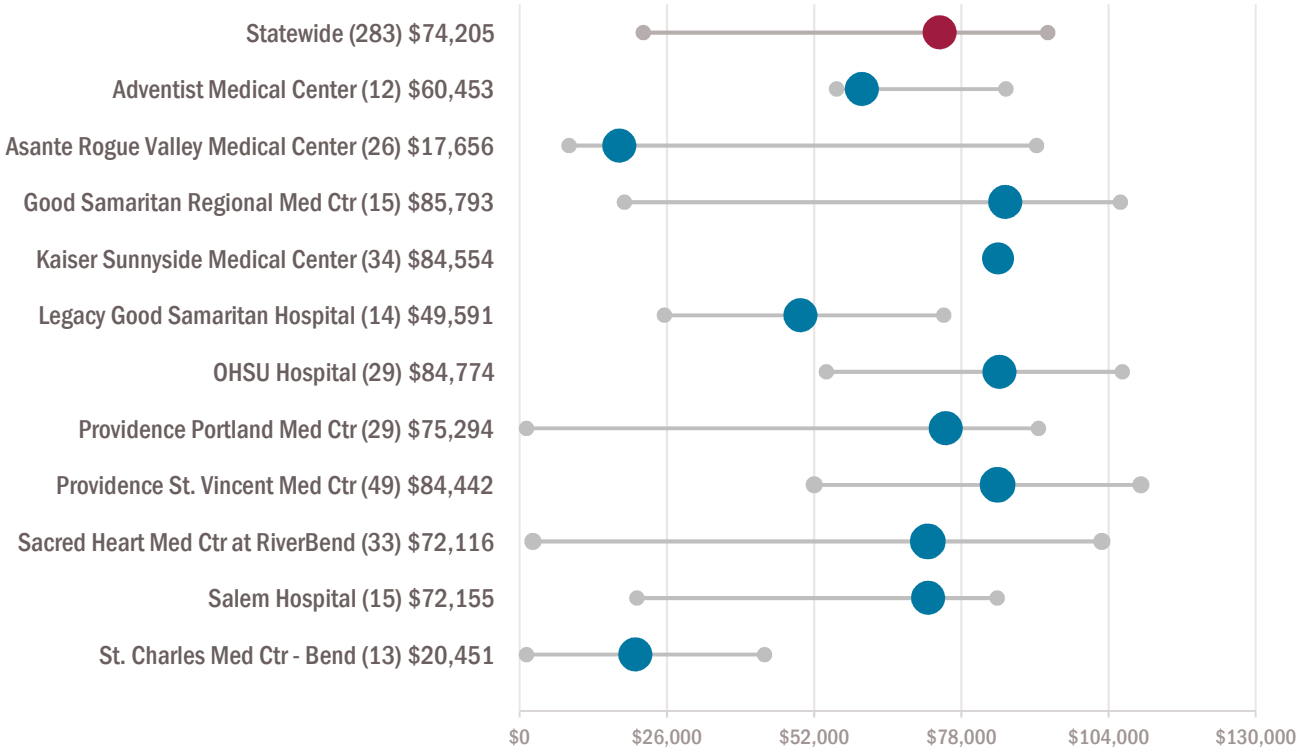
Gastroenterostomy - Inpatient

A gastroenterostomy is a surgery to create a bypass from the stomach to the small intestine. This is usually done to remove a damaged portion of the small intestine called the duodenum. The most common reason is to treat severe peptic ulcer damage. These surgeries are not the same as gastric bypass surgeries used as a manner of weight control.



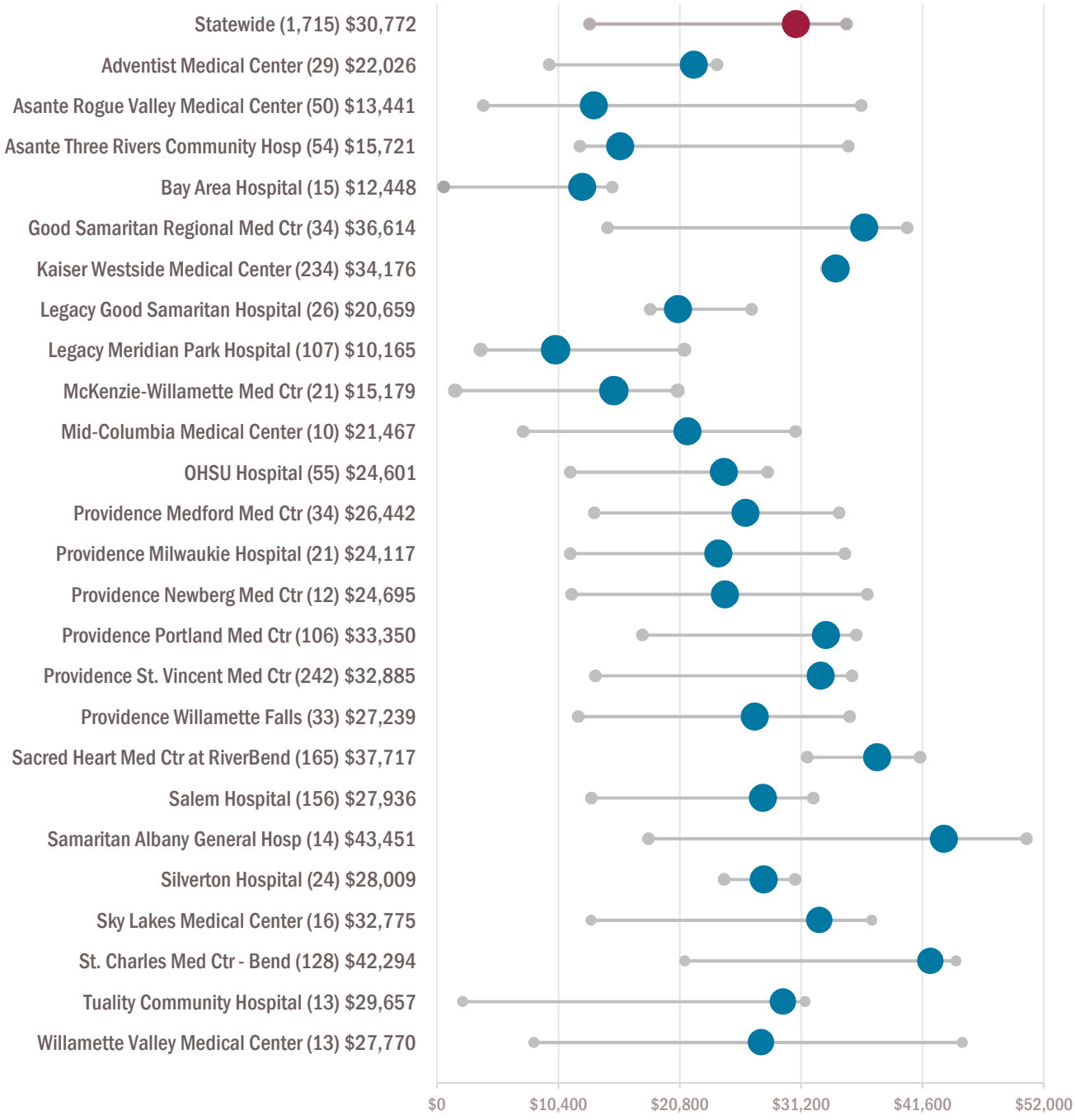
Heart Valve Surgery - Inpatient

Heart valve replacement surgery is a procedure to replace or repair one of the four valves in the heart that control the flow of blood. Heart valve surgery is most often an open-heart procedure that requires an extended hospital stay. The patient is attached to a heart-lung machine, which continues to cycle blood and oxygen though the patient. The heart is stopped with a process called cardioplegia, and the repair is performed.



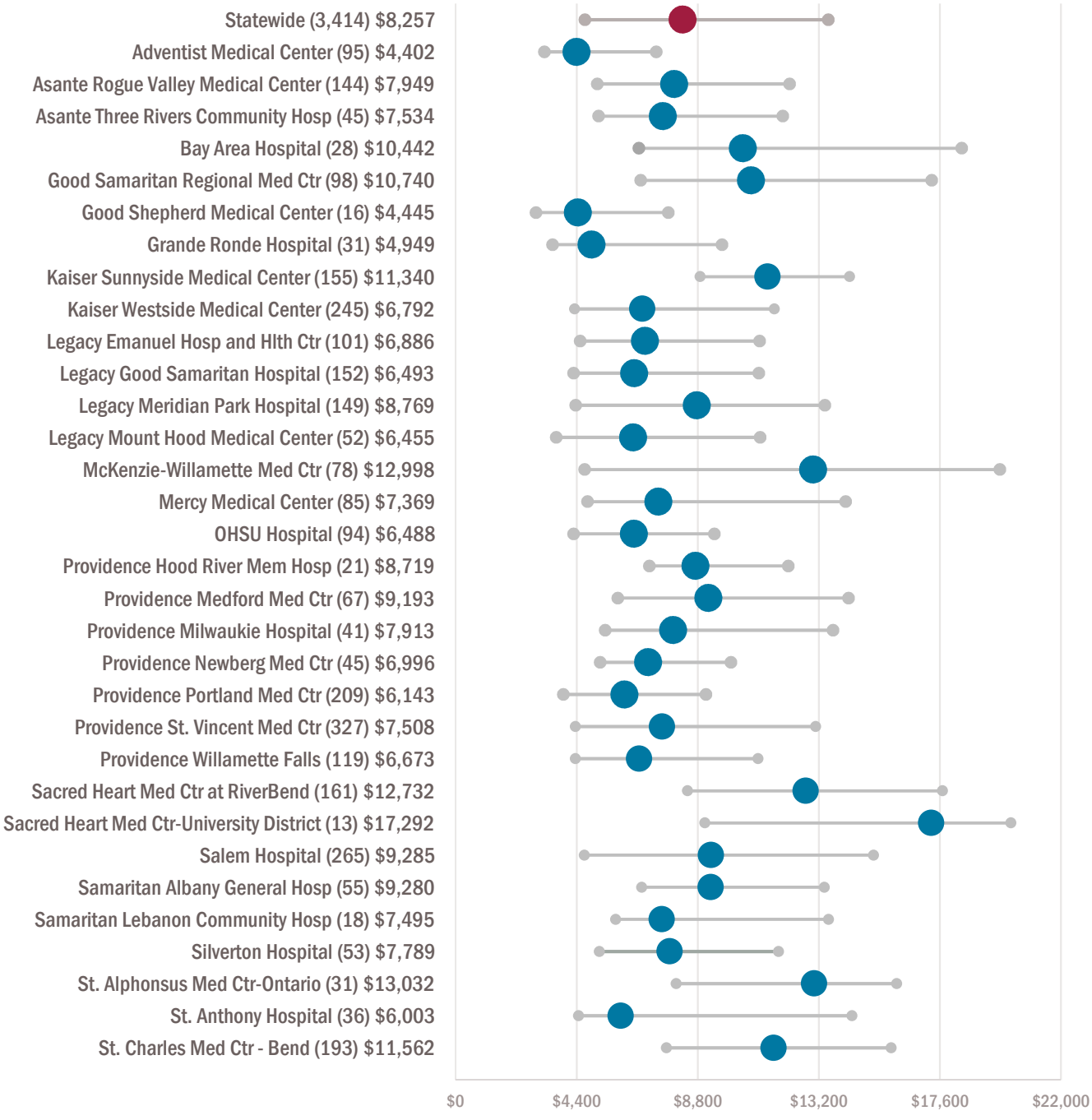
Hip Replacement - Inpatient

Hip replacement surgery is a procedure in which the hip joint is replaced with an artificial implant. Most commonly the head of the femur is removed and replaced with an artificial one, usually made from titanium. The hip socket is also replaced with an artificial cup, generally made of special plastics. These surgeries are complicated and lengthy and typically require a two to three day hospital stay.



Hysterectomy - Outpatient

A hysterectomy is the surgical removal of the uterus, and in some cases, the ovaries as well. Hysterectomies are most commonly performed to treat uterine fibroids, noncancerous tumors that grow in the muscles of the uterus.



Hysterectomy - Outpatient Cont.

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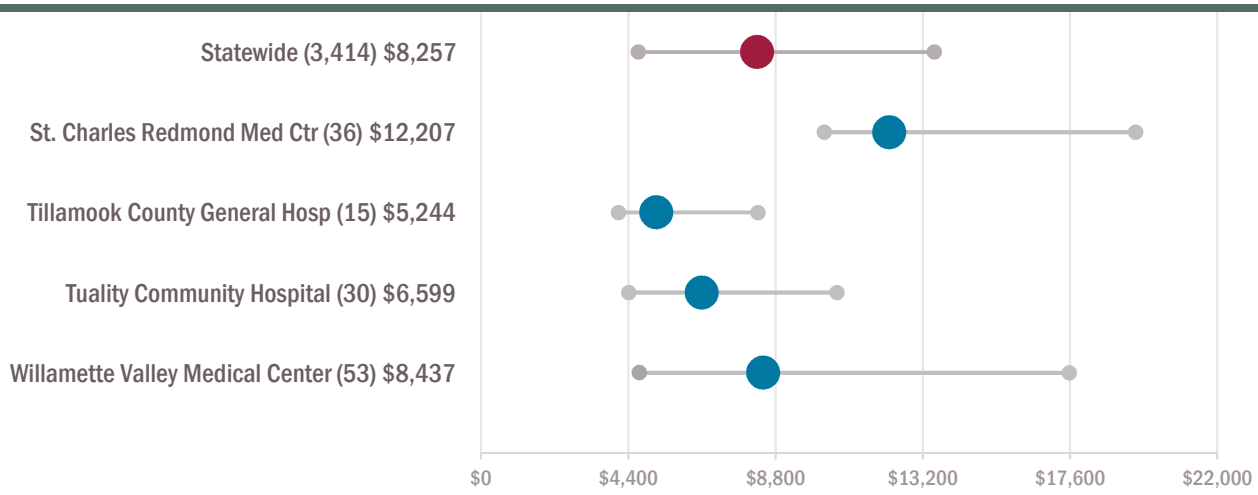
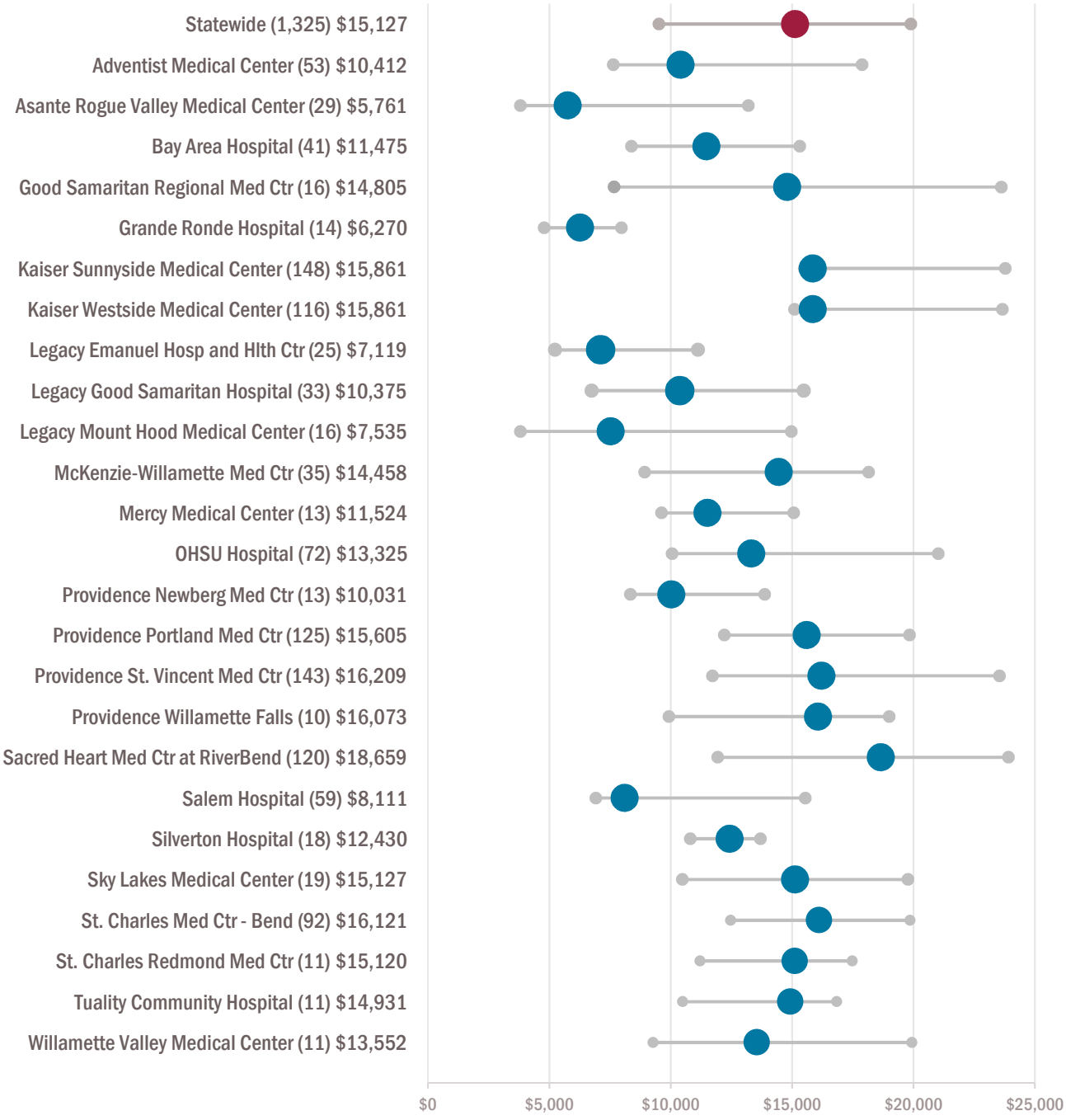


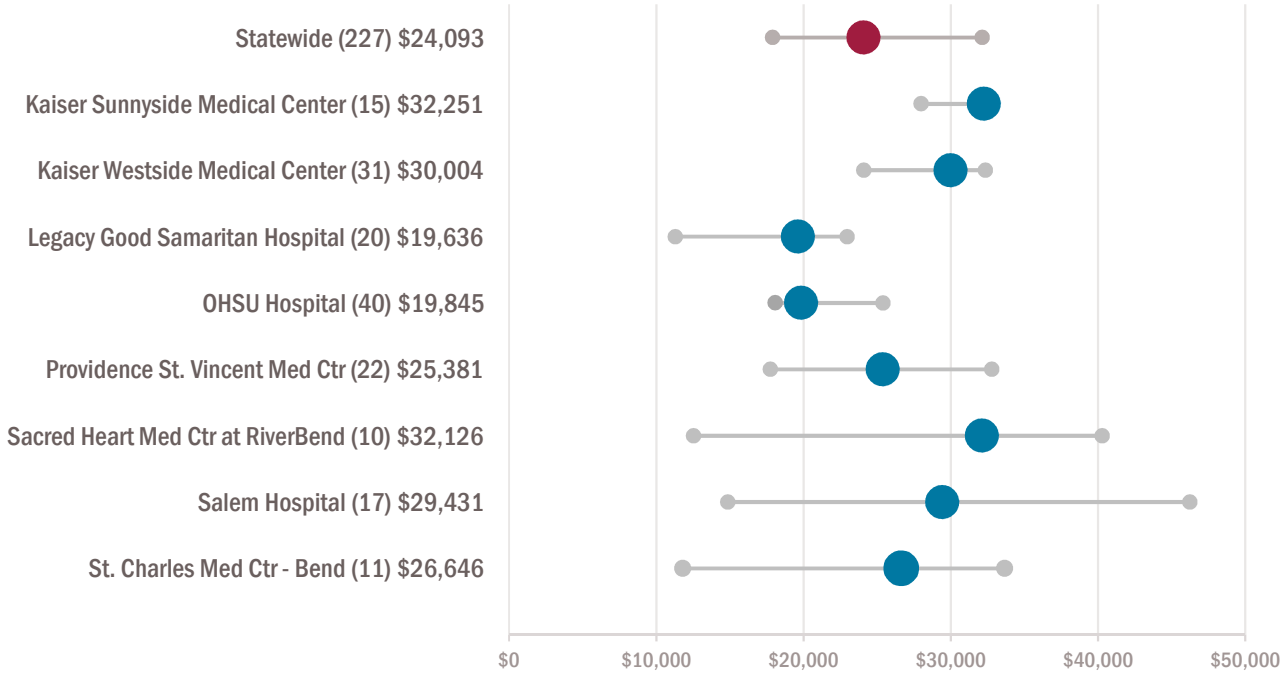
Hysterectomy - Inpatient

Hysterectomies are performed in the inpatient setting when the patient's condition requires inpatient care. This is most likely due to a severe stage of disease being the reason for the hysterectomy. Older patients, or patients that require more extended monitoring would also be admitted as an inpatient for the hysterectomy procedure.



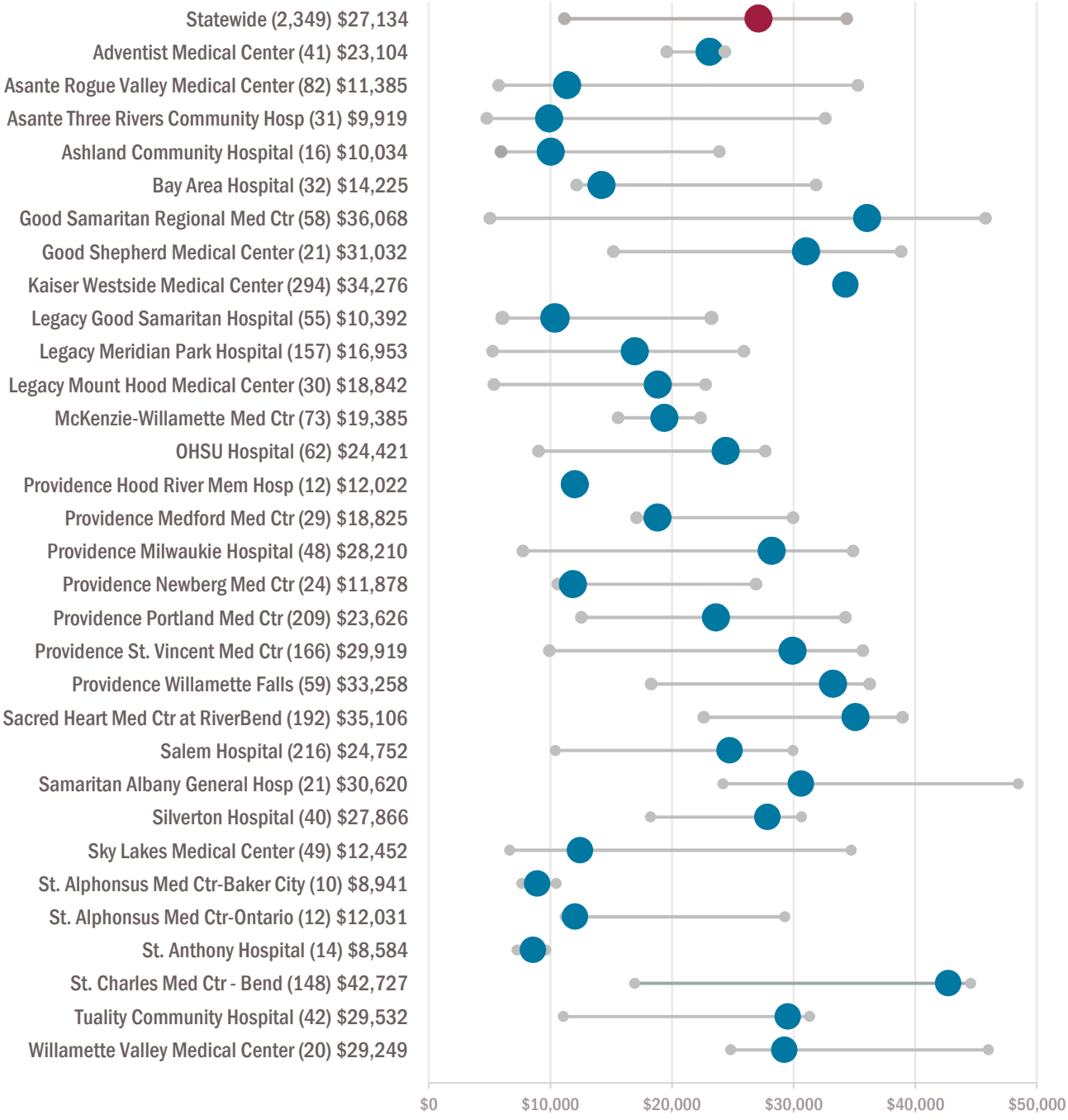
Kidney Removal - Inpatient

Kidney removal surgery is a procedure to remove a kidney. A kidney is removed when it becomes diseased and no longer functions as needed. This is most commonly due to cancer, or chronic kidney disease.



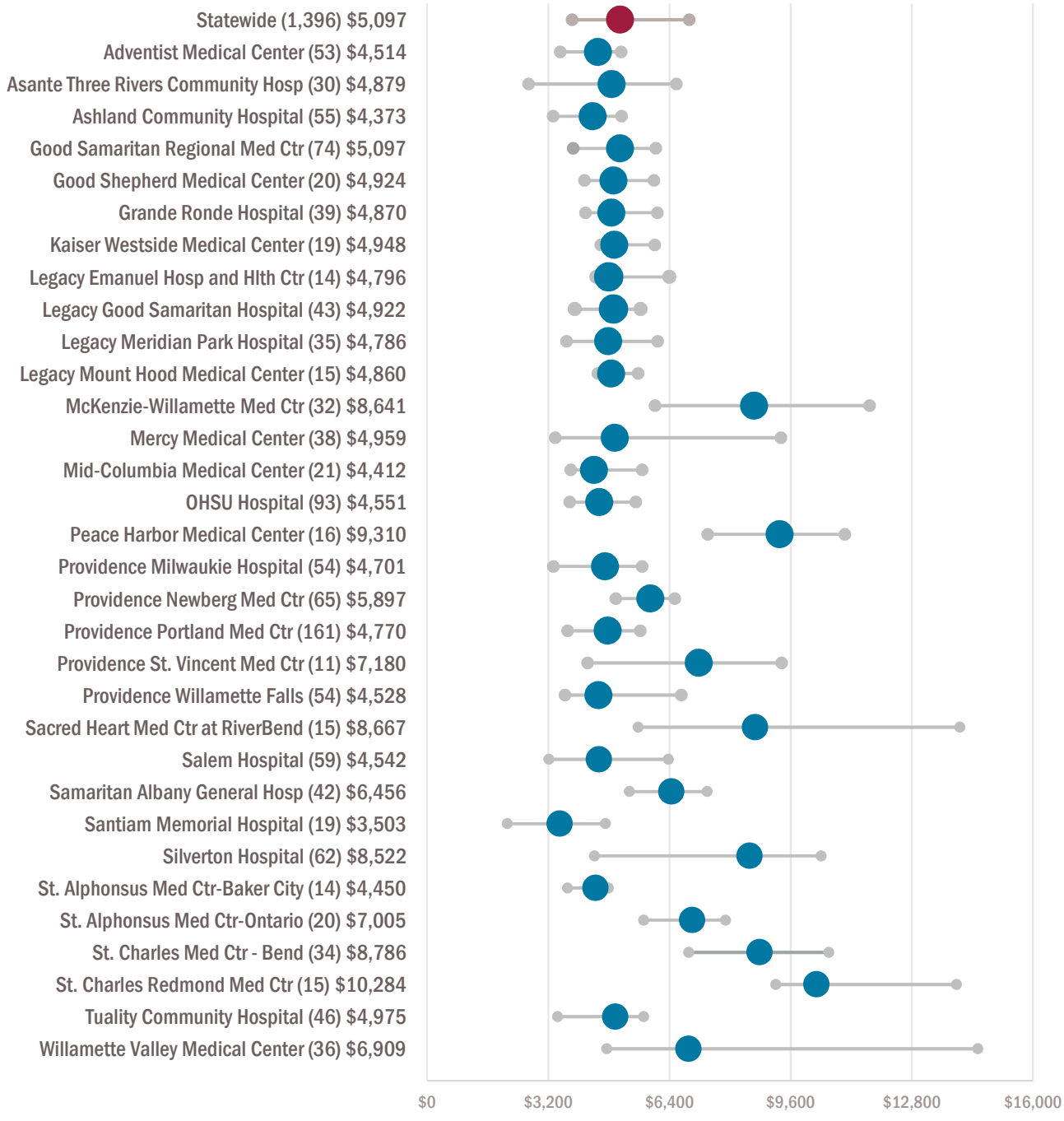
Knee Replacement Surgery - Inpatient

Knee replacement surgery is a procedure to replace knee joints with artificial implants. Most commonly, the bottom portion of the femur and the top portion of the tibia are replaced with metal implants. These surgeries require large incisions and are complicated and lengthy, typically requiring a 2-3 day hospital stay.



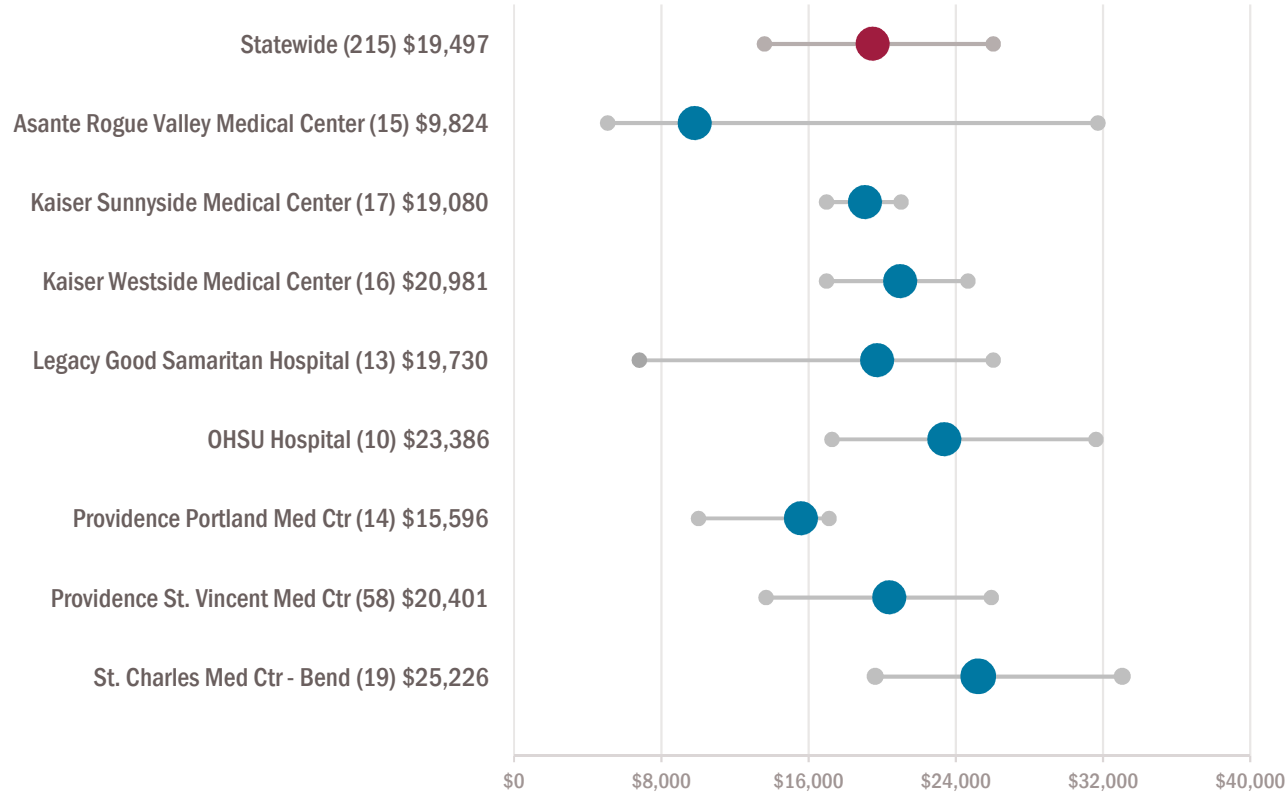
Knee Repair Surgery - Outpatient

Knee repair surgery is a procedure to repair ligament or cartilage damage to the knee. This excludes ACL, PCL or knee replacement surgeries and includes meniscus repairs and collateral ligament repairs. These surgeries are typically arthroscopic and minimally invasive.



Mastectomy - Inpatient

A mastectomy is the surgical removal of one or both breasts due to disease. The most common reason is breast cancer.

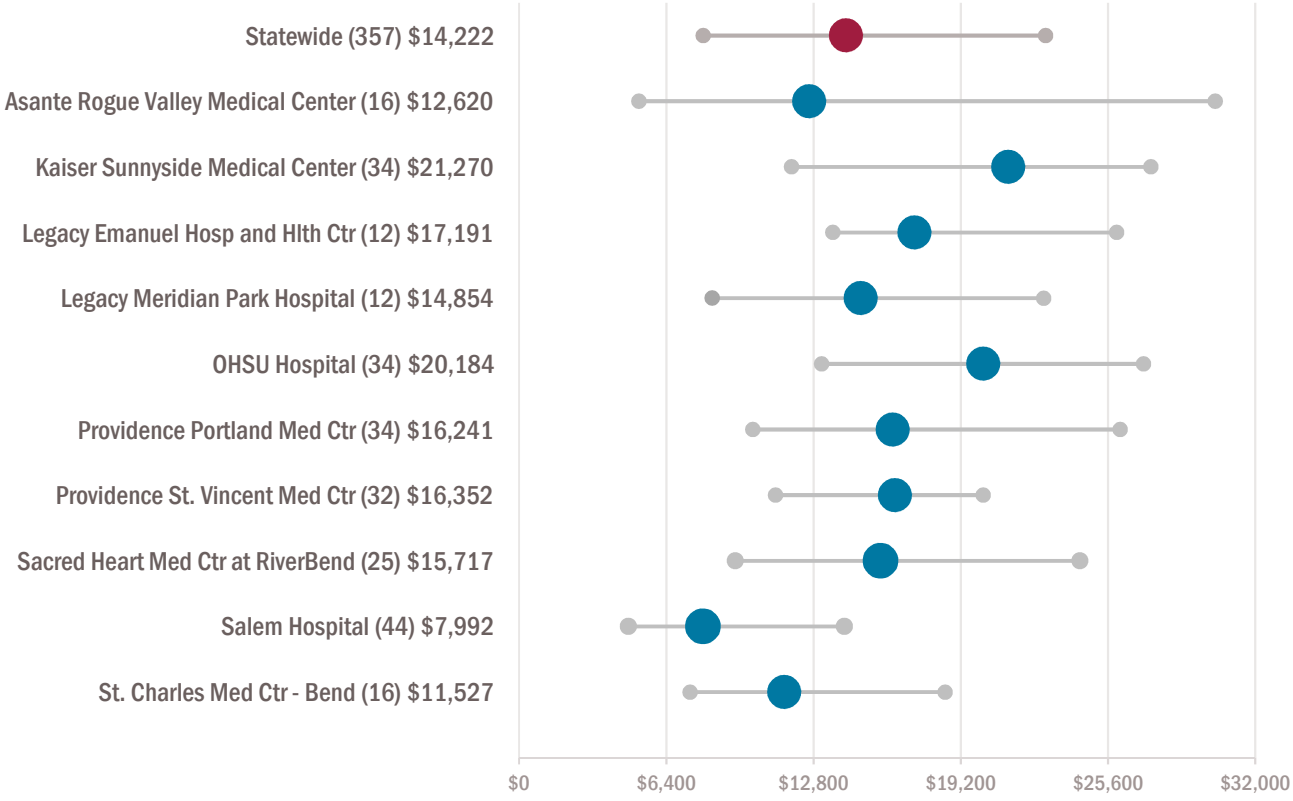


Fracture Repair Surgery - Inpatient

Open Reduction and Internal Fixation surgery (ORIF) is an open surgery to repair a bone fracture using plates and screws to secure the fracture while it is heals. These repairs are generally associated with trauma events such as car or bicycle accidents, slips, trips and falls.

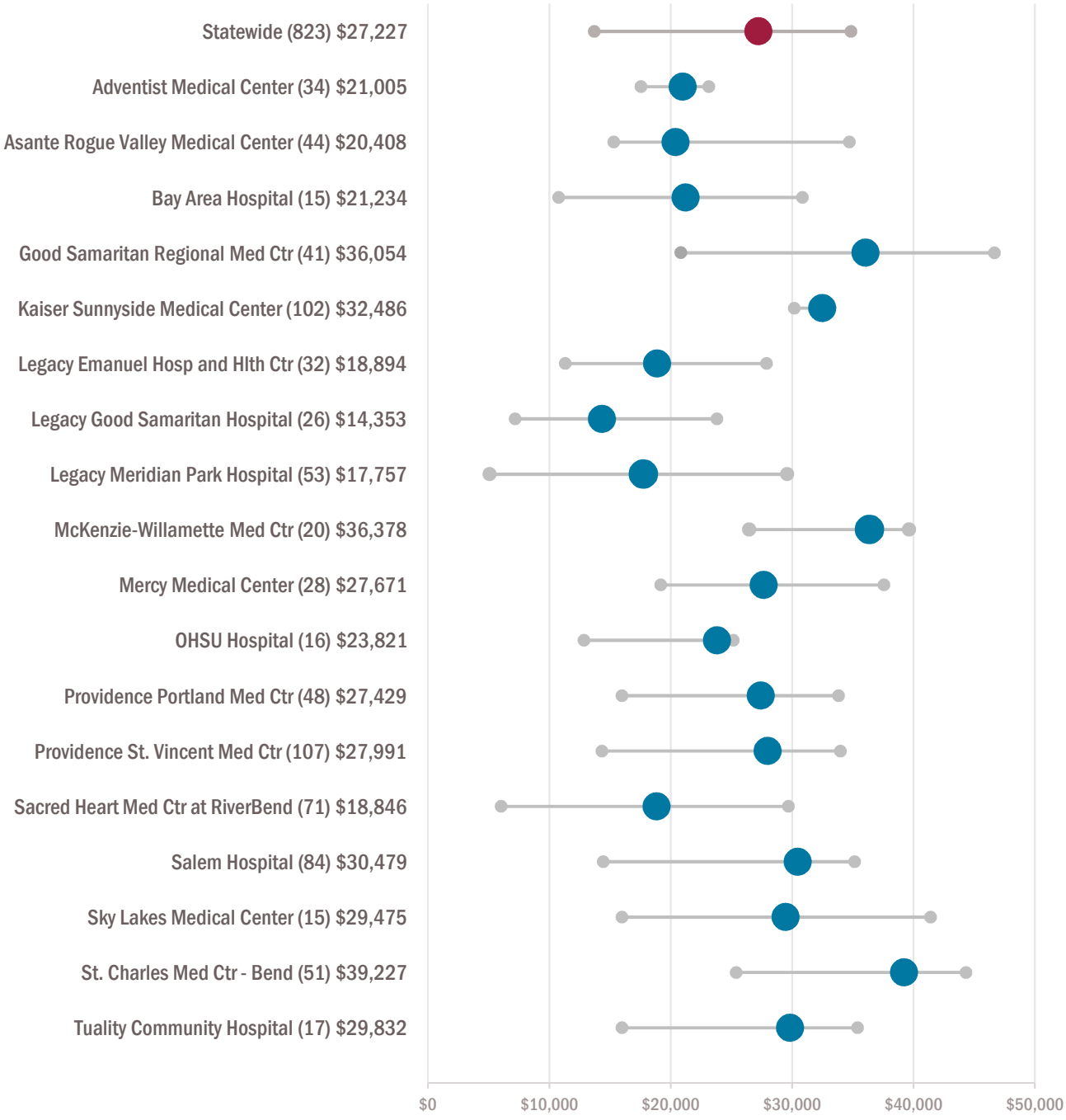
Abdominal Drainage - Inpatient

Percutaneous abdominal drainage is the placement of a small plastic tube to be used as a drain in the abdominal cavity. This is most commonly used to treat abscesses or fluid buildup in the abdomen as a result of disease or infection. Use in the inpatient setting is often due to a large infection that resulted in the hospitalization. Percutaneous abdominal drains are also used to treat blockages in the urinary system.



PTCA - Inpatient

Percutaneous Transluminal Coronary Angioplasty (PTCA) is a procedure to open up narrowed coronary arteries by inflating a small balloon inside the artery. This is a specific type of heart catheterization performed in the inpatient setting. The act of opening the blocked artery often results in some damage to the vessel and requires the patient to be monitored for a day or two. PTCA is utilized as an alternative to coronary bypass surgery.



Sigmoidectomy - Inpatient

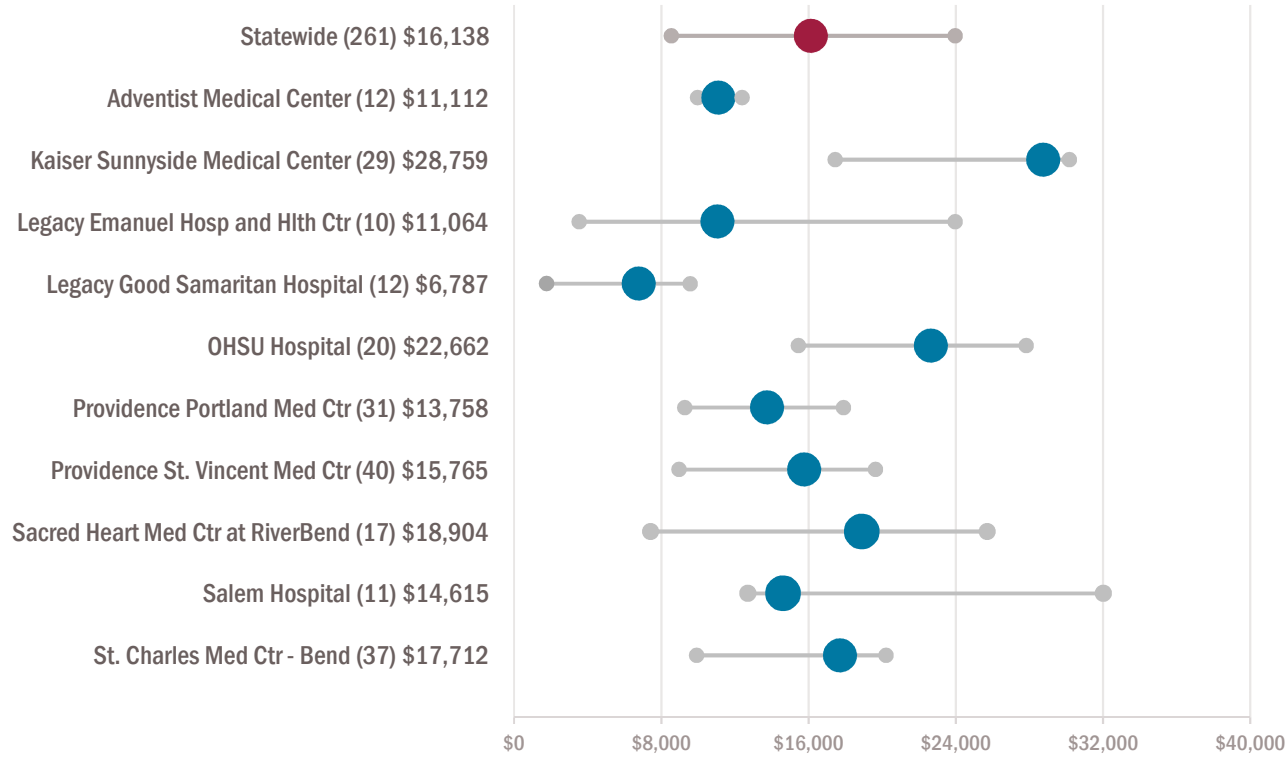
A sigmoidectomy is a surgery to remove a portion of a diseased colon. This is most commonly done to treat a condition called diverticulitis, the formation of inflamed pouches in the bowel wall. This surgery is a laparoscopic procedure.

Spinal Fusion Surgery - Inpatient

A spinal fusion is surgery to fuse two or more bones in the spine together using implants or bone grafts. This may be in any location in the cervical, thoracic or lumbar regions of the spine. Spinal fusion surgery is most commonly performed when the disc between vertebrae are damaged or worn and placing pressure on the spinal cord.

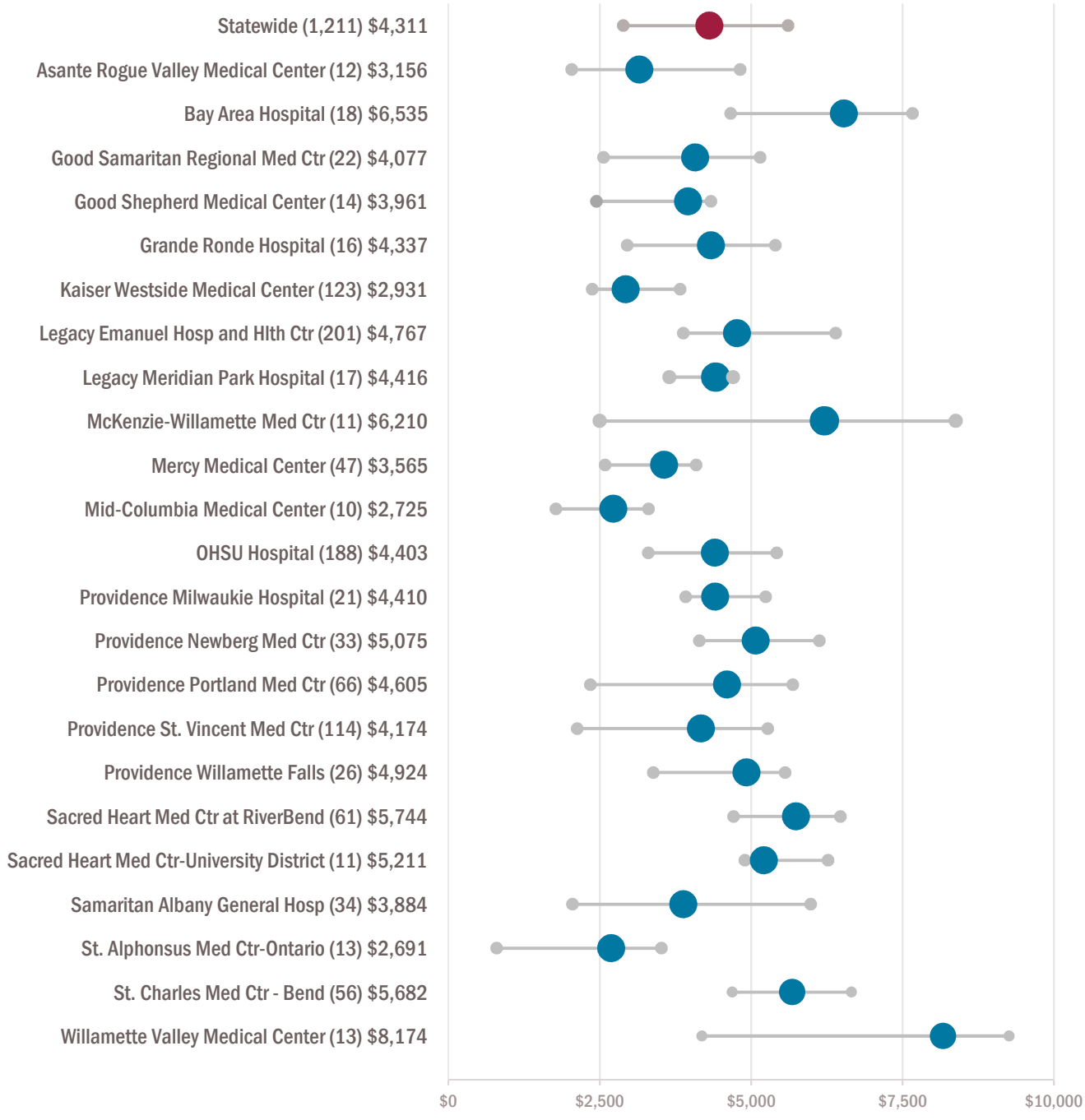
Spine Reduction and Exploration - Inpatient

Spinal Reduction and Exploration is the name for a surgical procedure used to treat damaged cartilage, repair herniated discs, or remove foreign bodies in the spine or between vertebrae. These surgeries do not result in vertebrae being fused.



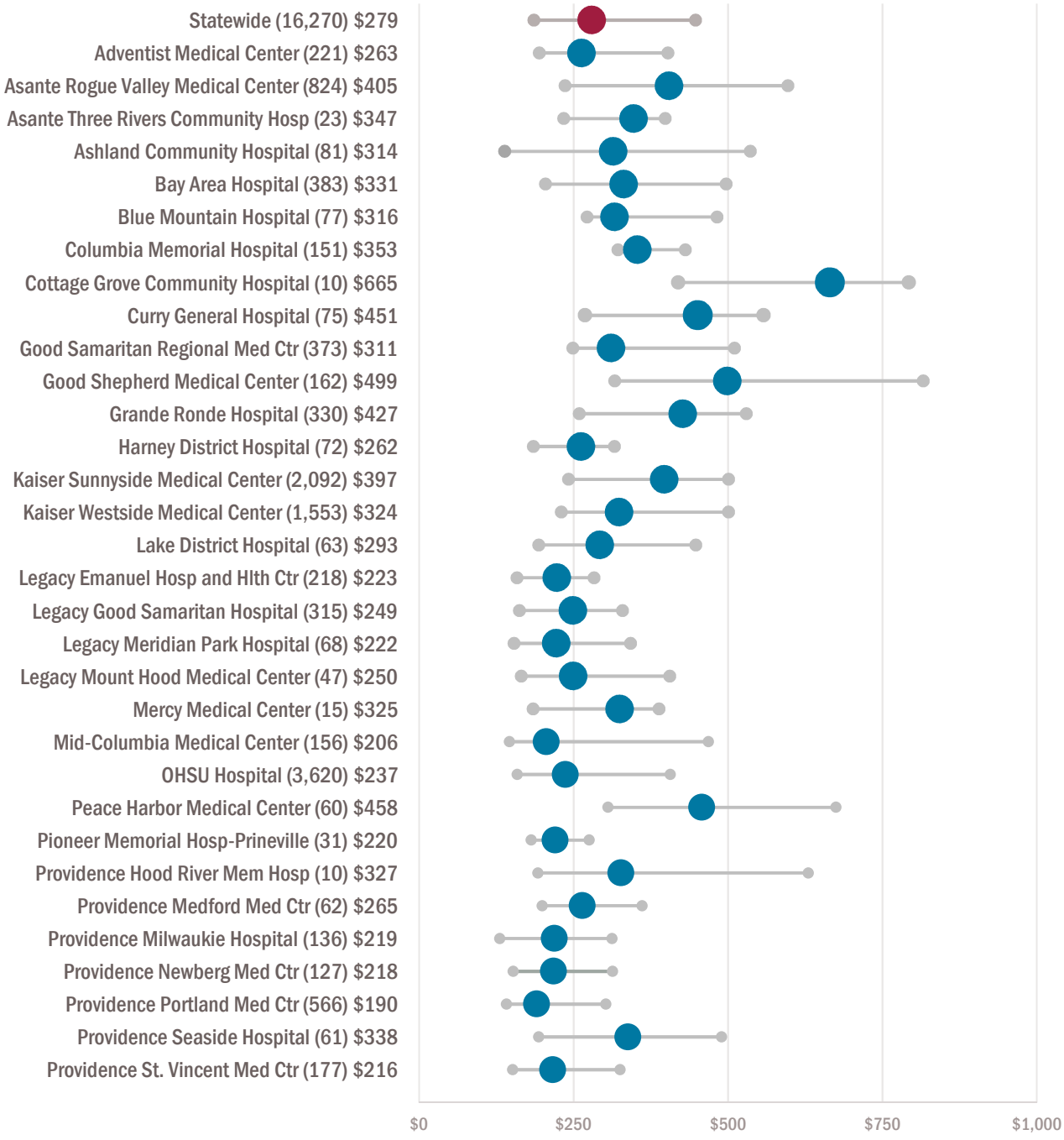
Tonsillectomy - Outpatient

A tonsillectomy is a surgery to remove the tonsils. The tonsils are a pair of soft tissues masses at the back of the throat. They are part of the body's immune system and produce specialized immune cells that help keep the body free from disease. The most common reason to remove the tonsils is to treat sleep apnea due to enlarged tonsils.



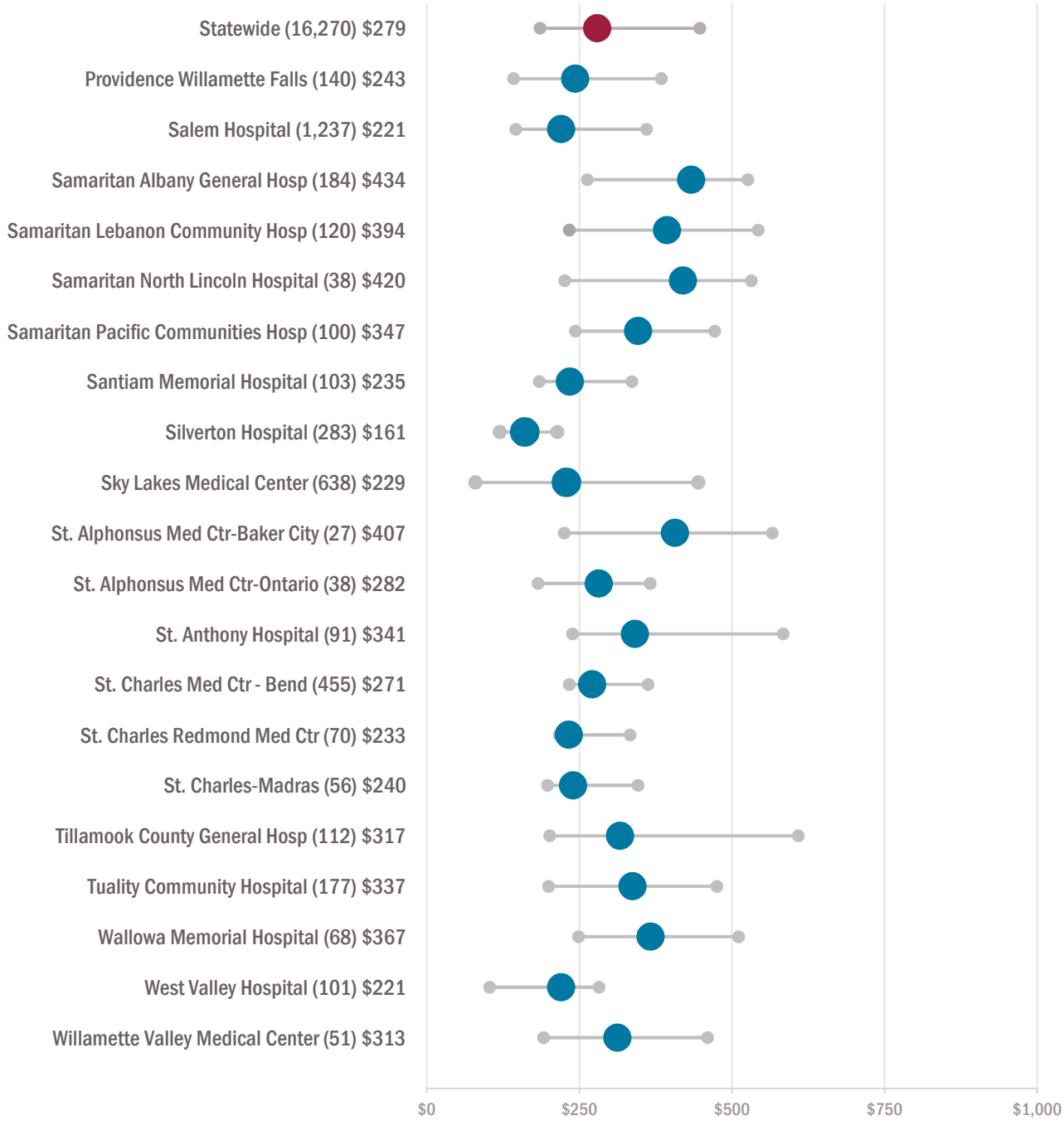
Prenatal Ultrasound - Outpatient

A pregnancy related ultrasound uses sound waves to create an image of a fetus inside the womb, examine the uterus, placenta or other structures related to pregnancy. Prenatal ultrasounds are separated from other ultrasounds due to their high volume.



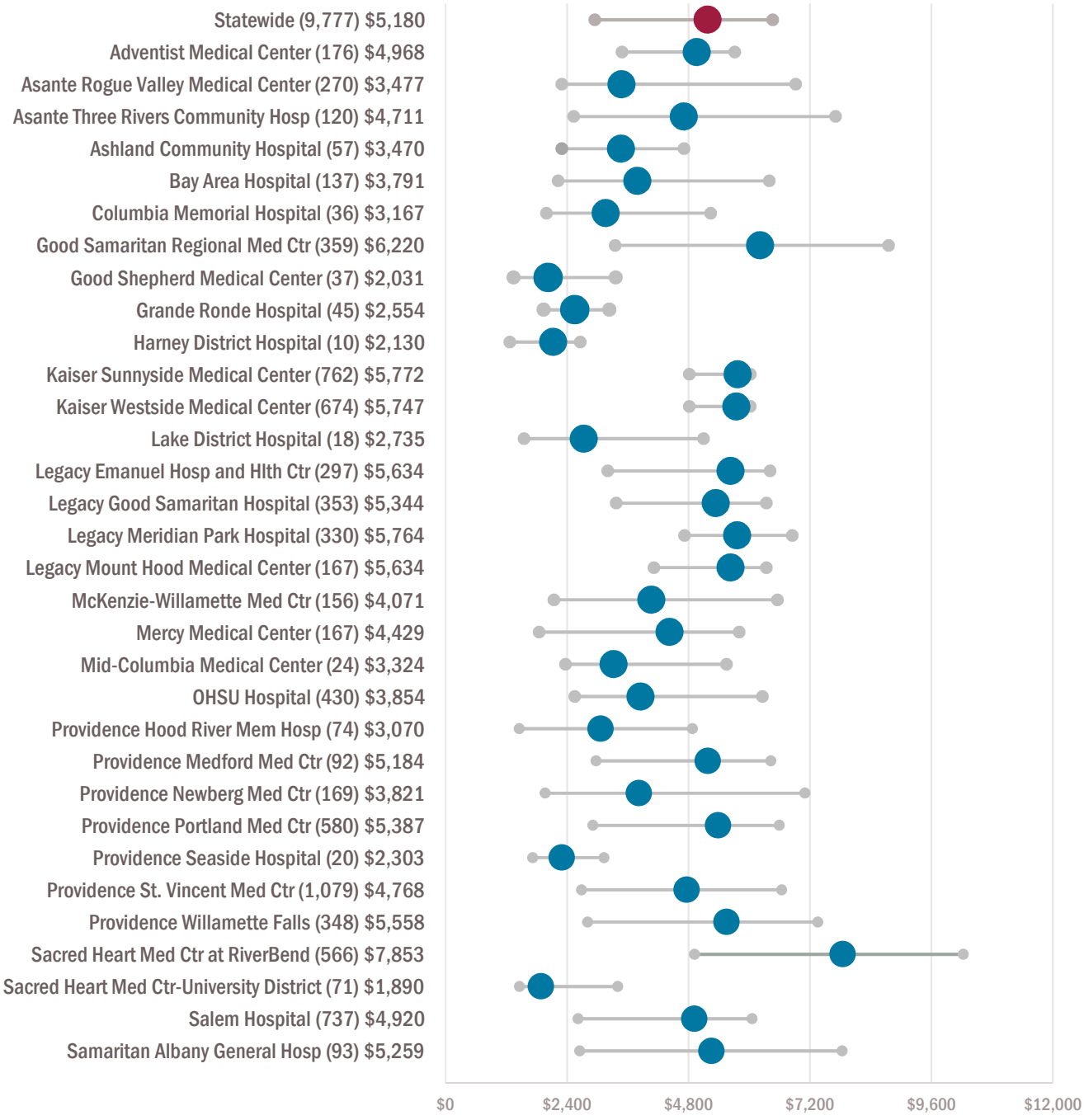
Prenatal Ultrasound - Outpatient Cont.

A pregnancy related ultrasound uses sound waves to create an image of a fetus inside the womb, examine the uterus, placenta or other structures related to pregnancy. Prenatal ultrasounds are separated from other ultrasounds due to their high volume.



Vaginal Delivery - Inpatient

Vaginal delivery of a baby without complications is a term to describe a traditional delivery of a baby. Without complications means that no medical or surgical intervention was needed to deliver the child. The charges incurred include the cost to deliver the child and the care of the mother after delivery. Charges to care for the delivered baby are often billed separately. This is because when a child is born in a hospital, they are often admitted as a patient once they are delivered.



Vaginal Delivery - Inpatient Cont.

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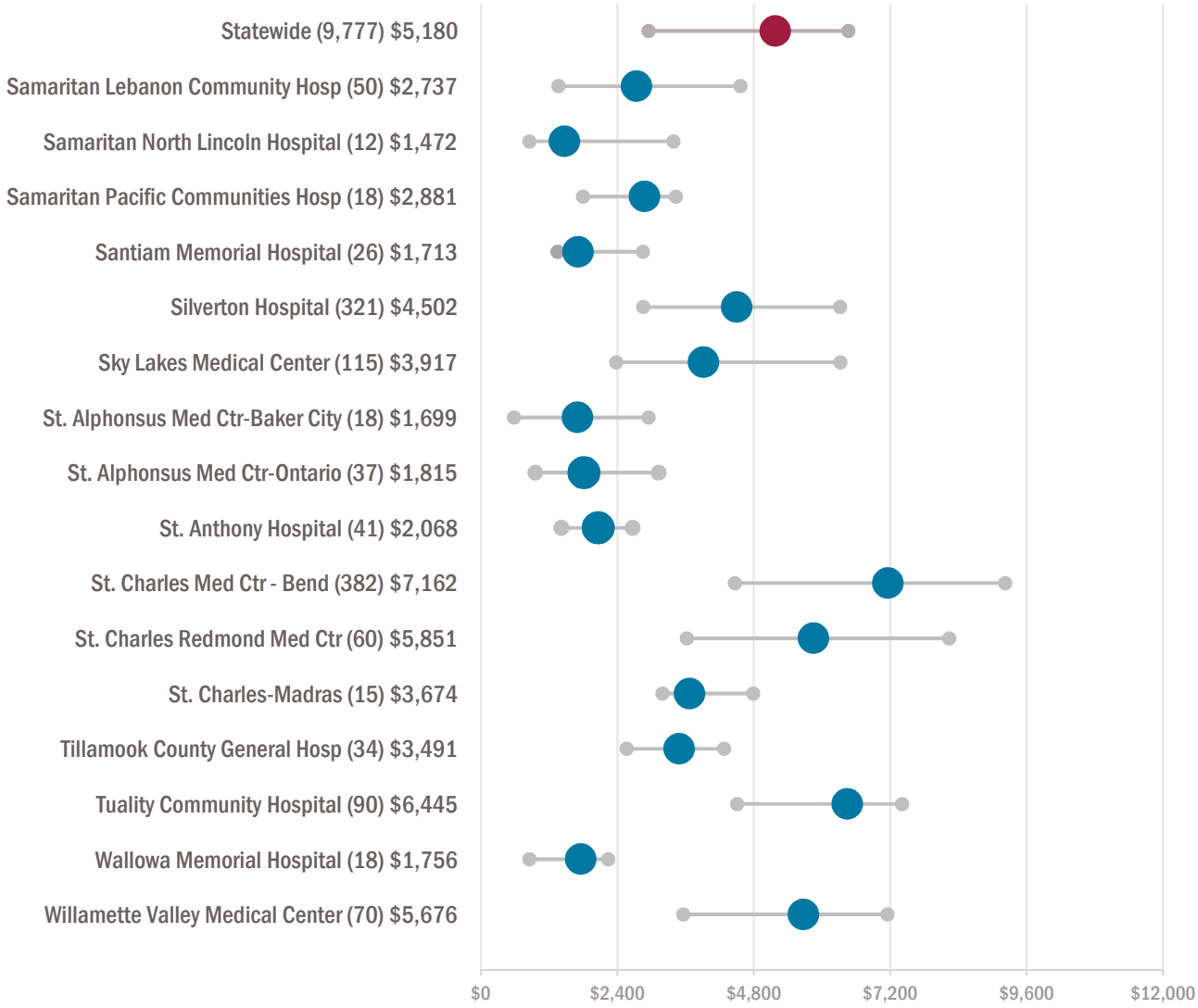
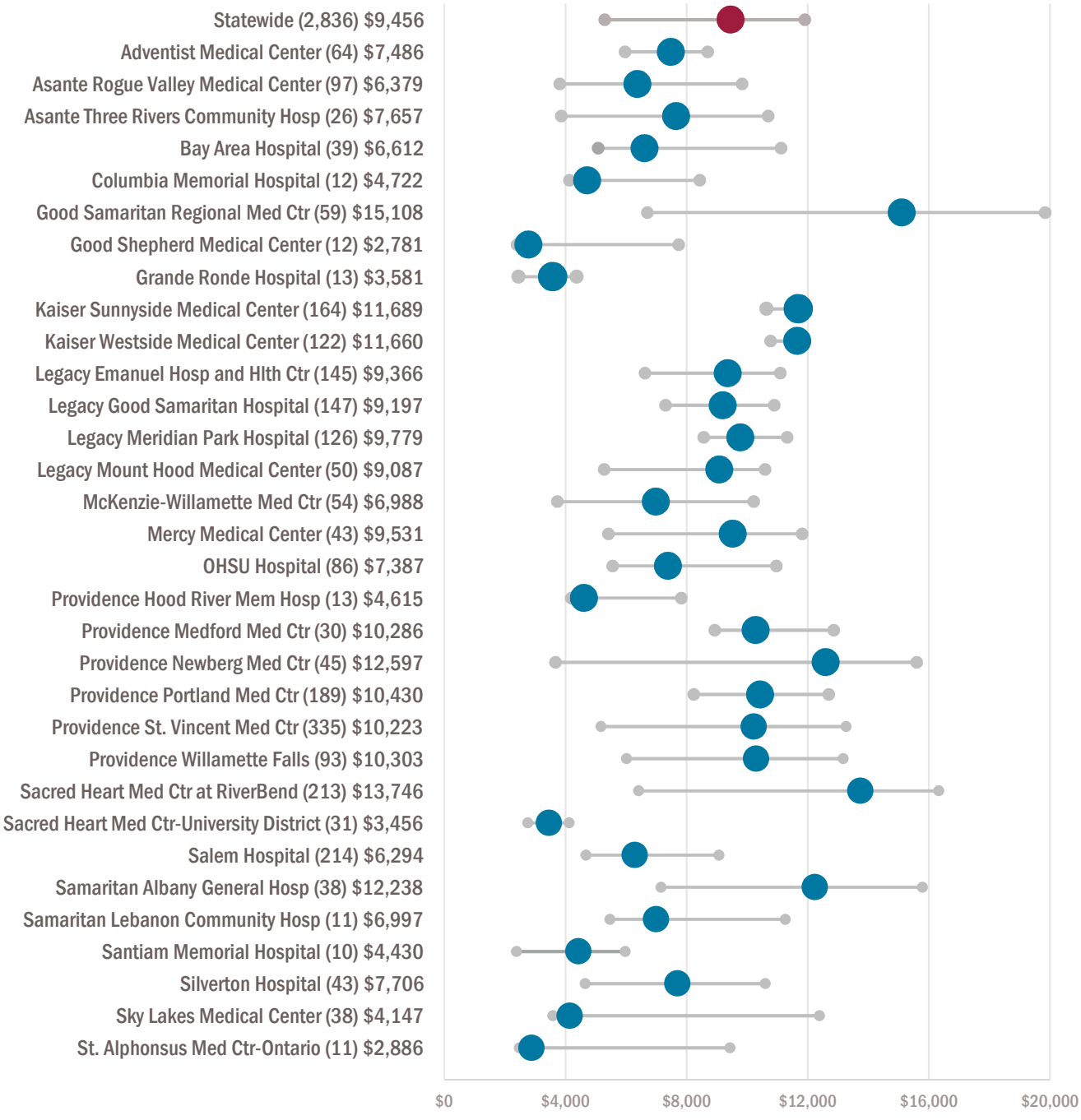


Cesarean Section Delivery - Inpatient

Cesarean Section (C-section) is a surgical method of delivering a baby. An incision is made in the lower abdomen, through the uterus, from which the baby is delivered. The reasons for C-section delivery are varied, but are usually due to fetal distress or poor orientation of the fetus, which causes traditional delivery to be too risky to the mother or child.



Cesarean Section Delivery - Inpatient Cont.

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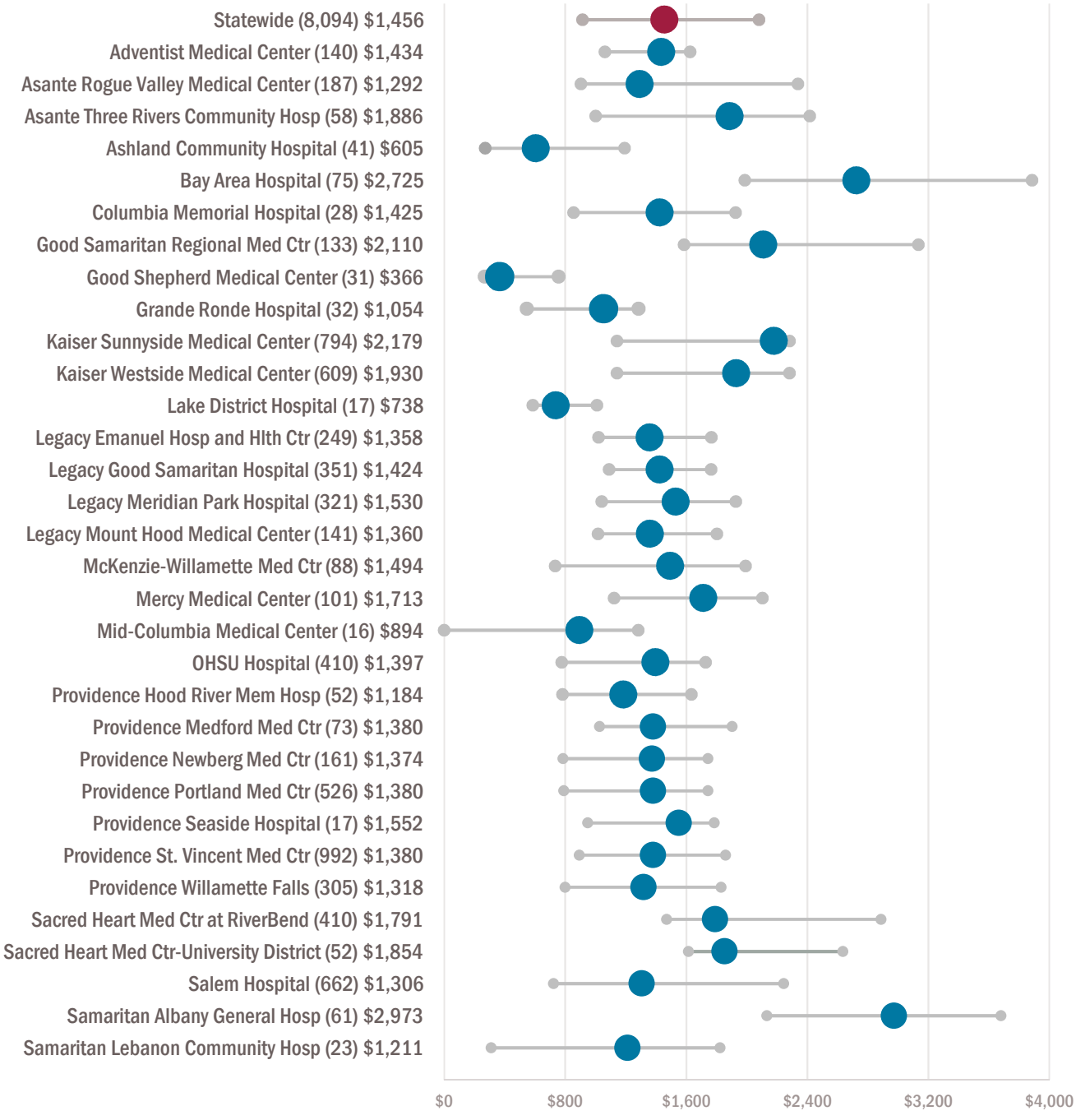
Well Baby Care - Inpatient

Well baby care is a term for the traditional care a hospital provides to a newborn baby. This includes a range of initial procedures such as hearing tests, reflex tests, vitamin K injections, and a variety of other medical screenings. A normal healthy baby is usually held in the hospital for 24 hours.



Well Baby Care - Inpatient Cont.

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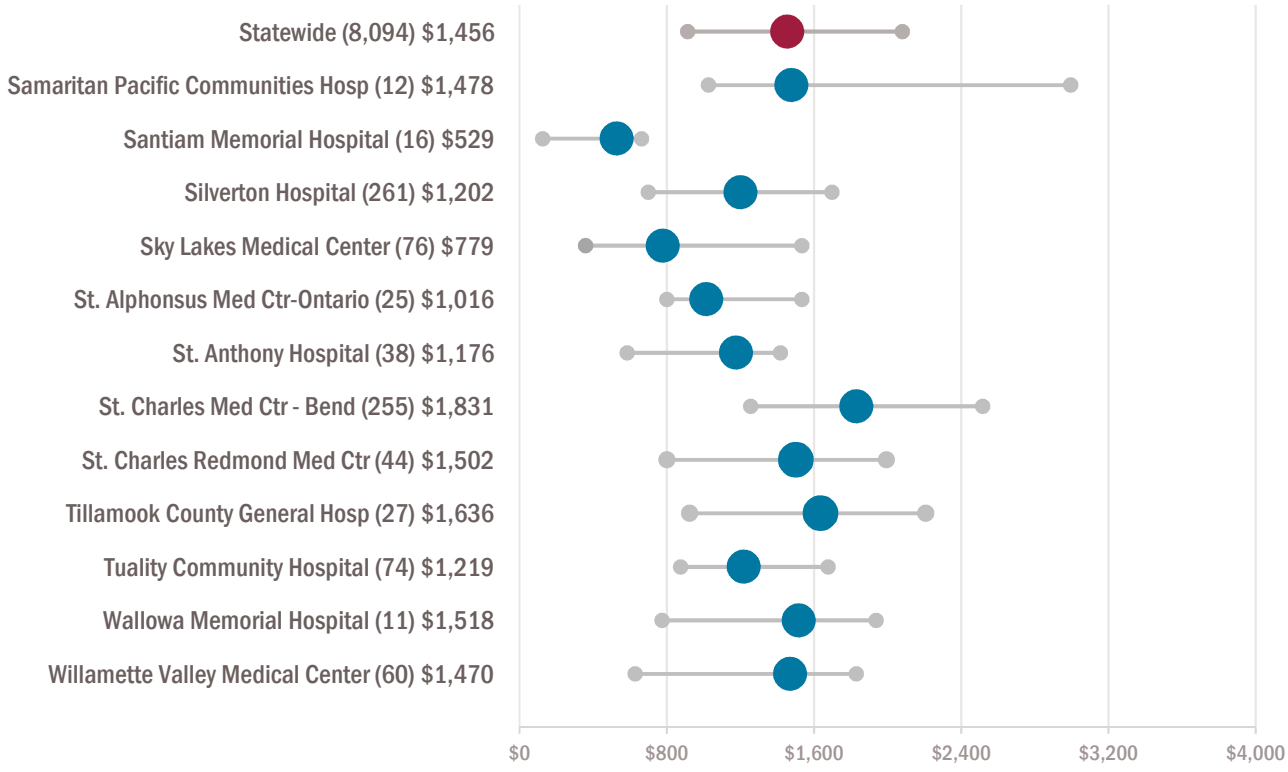
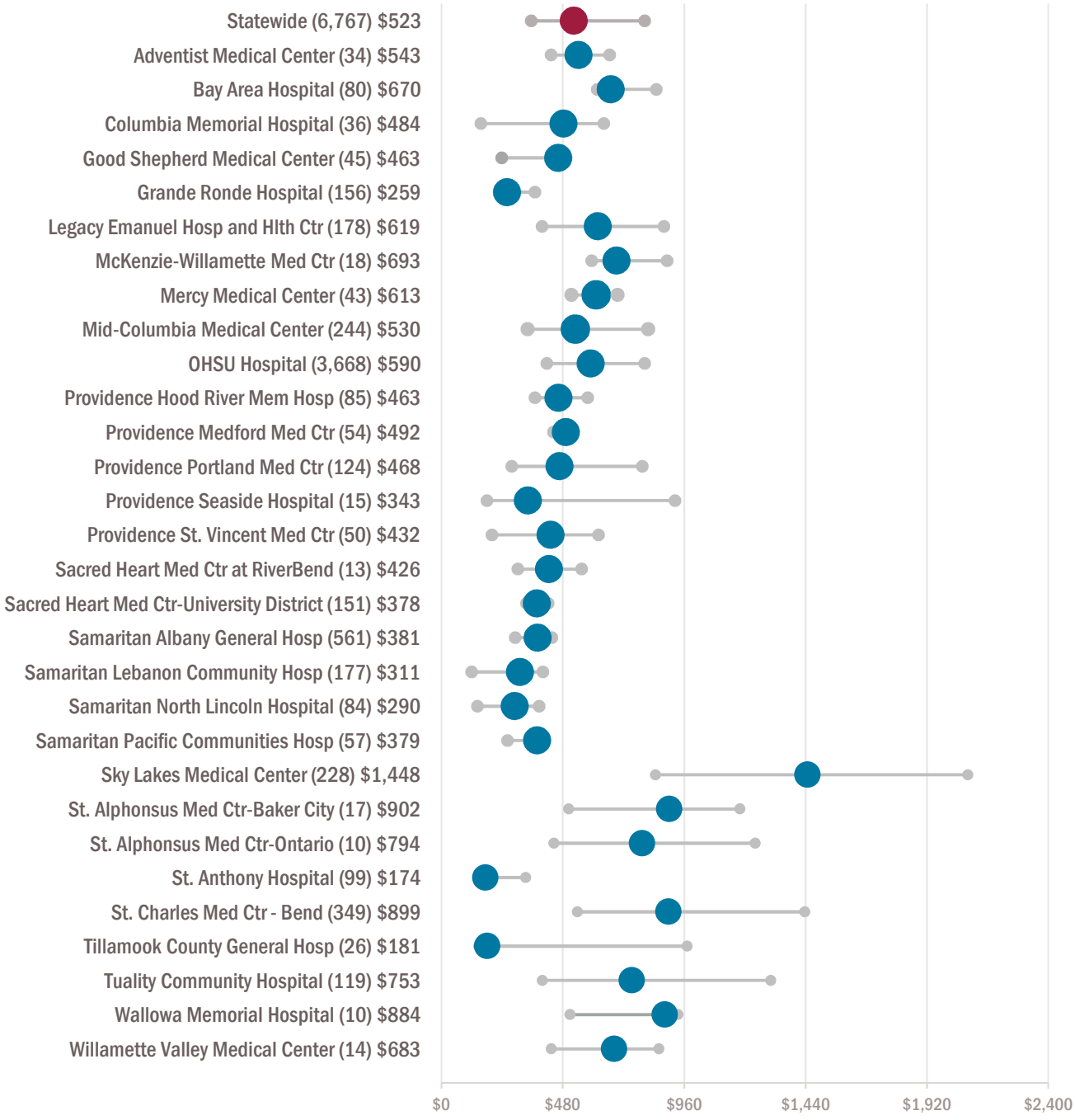


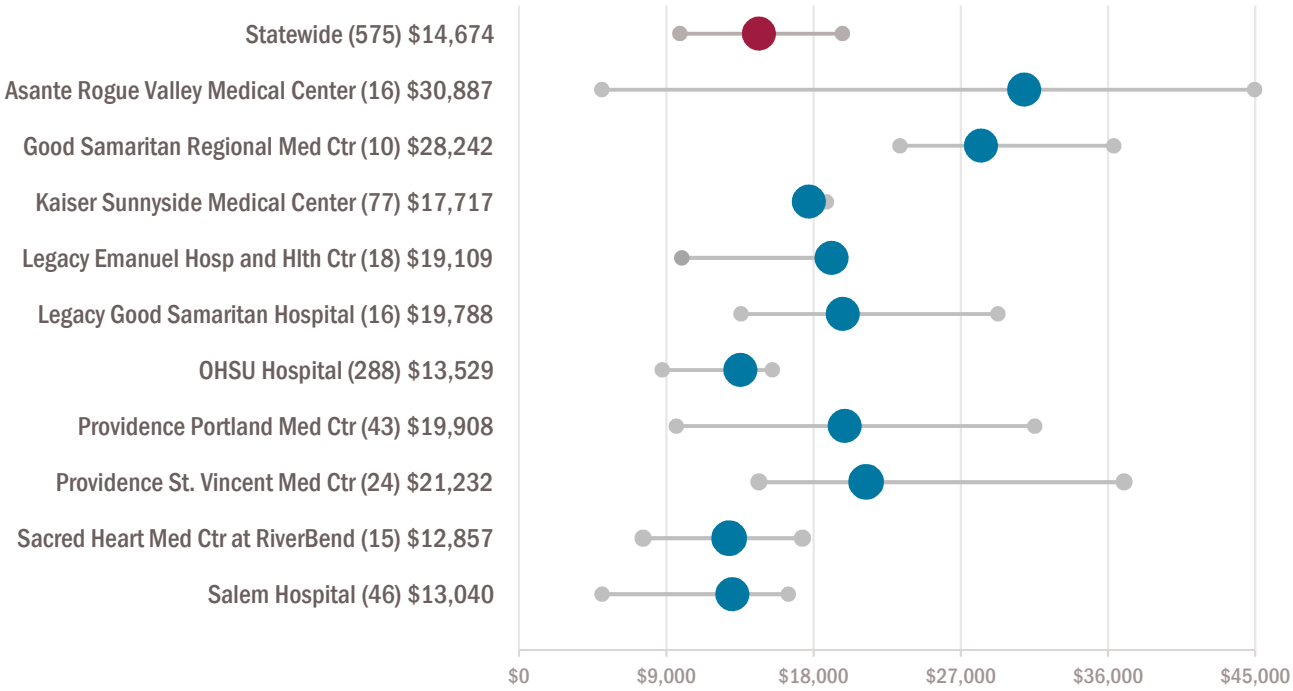
Chemotherapy - Outpatient

Chemotherapy is a type of cancer treatment using drugs delivered intravenously. Chemotherapy is a body system-wide approach to cancer treatment, wherein the anti-cancer drugs are injected into the blood stream and are then able to address cancer at any location in the body. Amounts paid are per chemotherapy session.



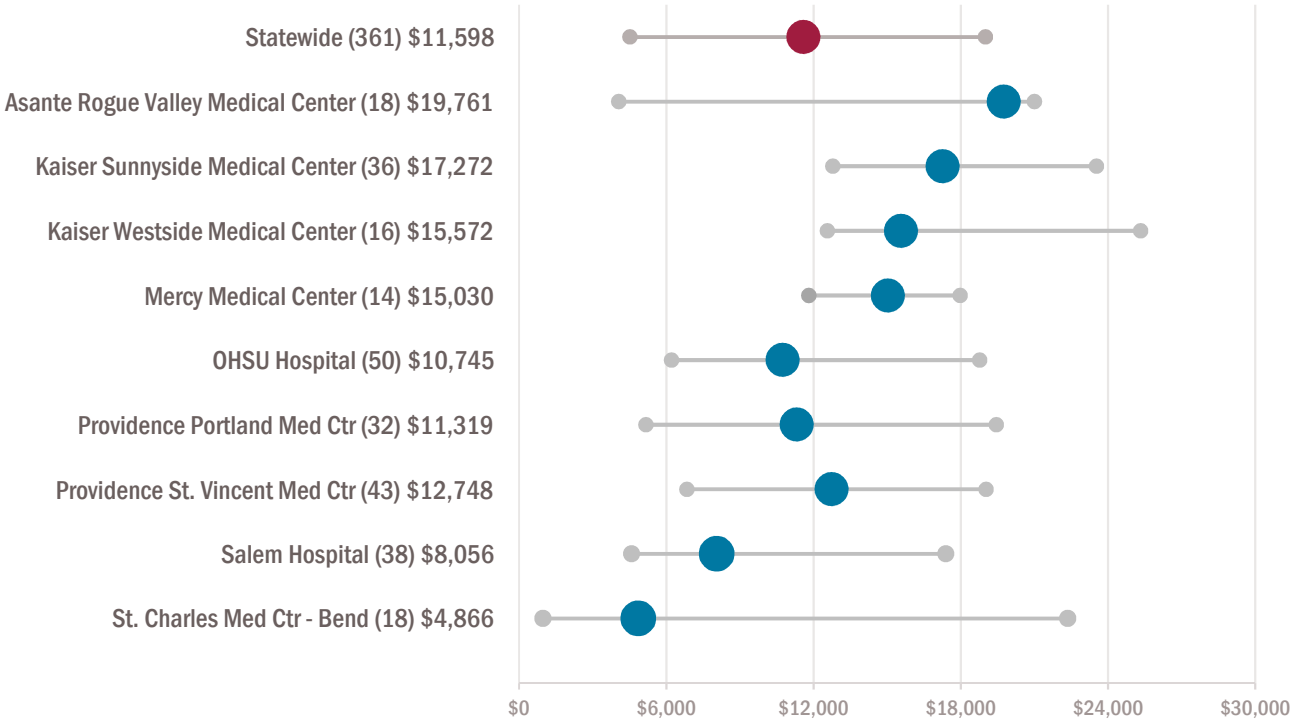
Chemotherapy - Inpatient

Chemotherapy is performed in the inpatient setting when the patient is too sick to return home after the treatment session, or the side effects of the chemotherapy are so severe they require at least an overnight hospital stay.



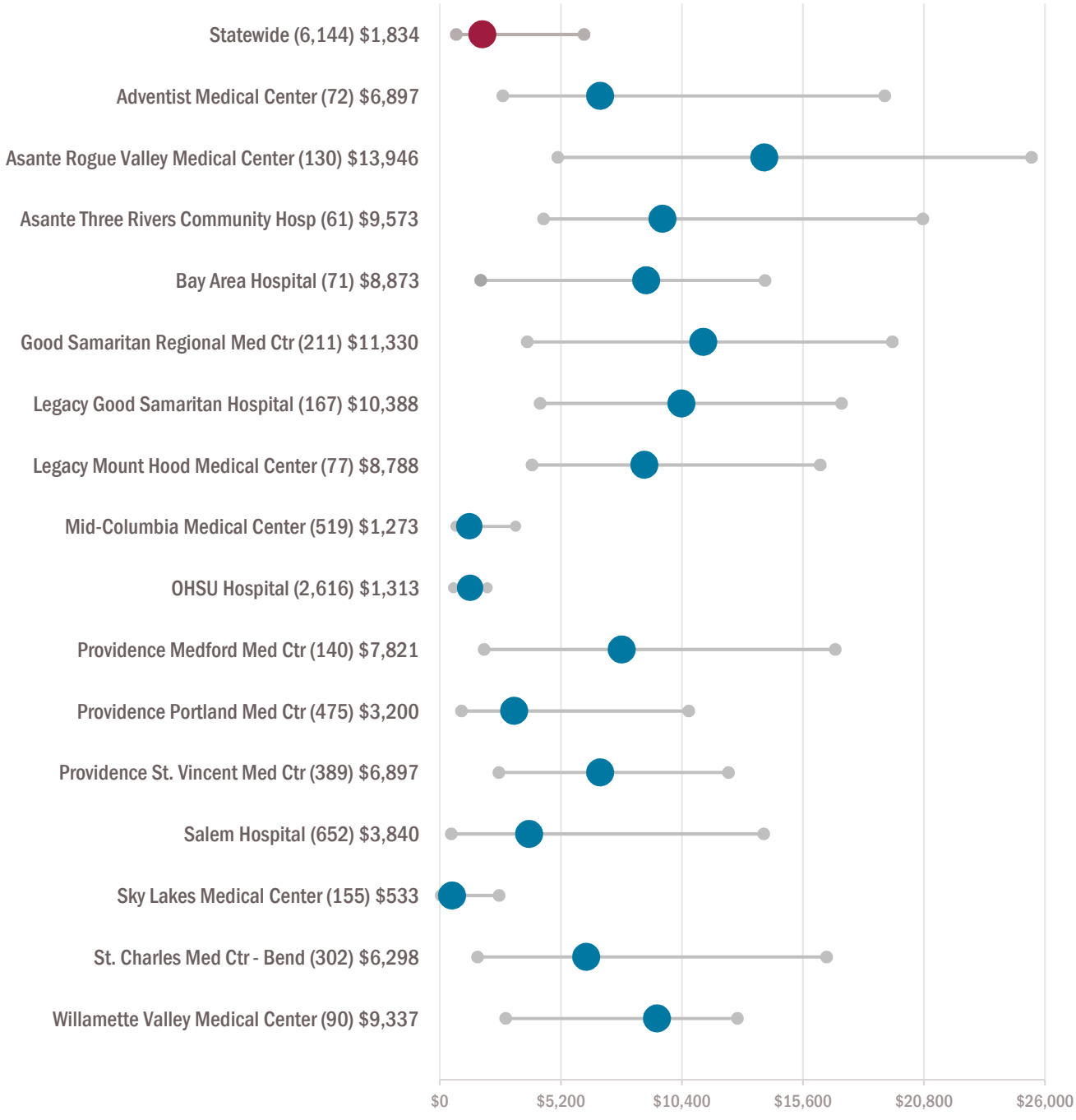
Blood Transfusion - Inpatient

A Packed Cell Transfusion is the procedure used to provide a red blood cell transfusion to a patient for the treatment of blood diseases, most typically anemia. Blood cell transfusions are also used to treat sickle cell disease, parasitic infections, and restoring blood in the event of hemorrhage.



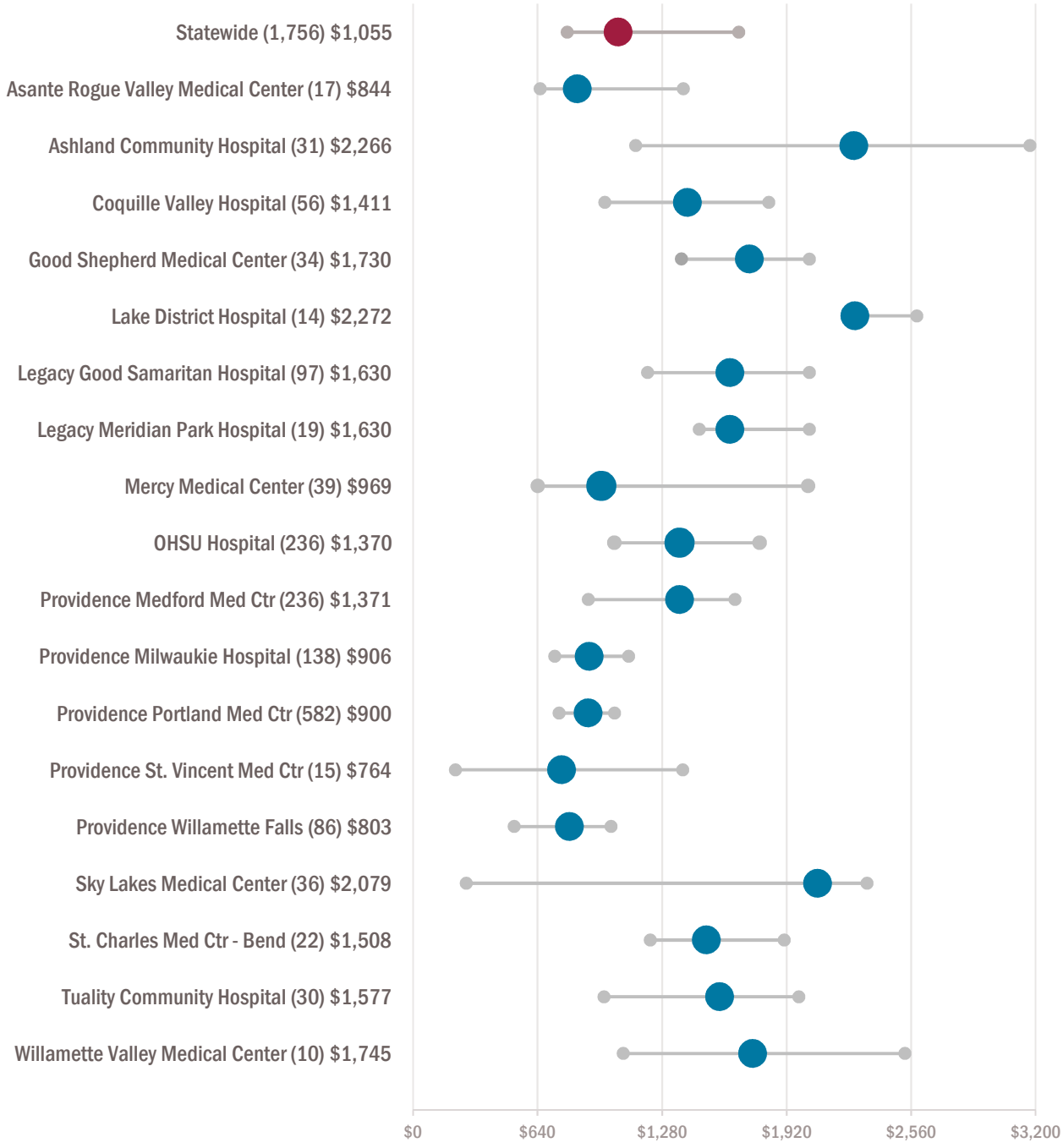
Radiation Therapy - Outpatient

Radiation therapy is a method of treating cancer by exposing the cancerous tumor site to radiation. Radiation treatment is complex and costs may be highly variable. Treatment courses must often be custom designed based on the patient's condition and the tumor location. Paid amounts are per session, however sessions vary greatly in terms of complexity and treatments delivered.



Spine Injection - Outpatient

A spine injection is a procedure to inject drugs into the spine or a joint in the spine in order to treat disease or injury. Also called Epidural Steroid Injections (ESIs), the most commonly injected drug is a cortisone steroid.



Procedure Codes

Listed below is the crosswalk of Current Procedural Terminology (CPT) or International Classification of Disease (ICD) codes that were grouped together to create the reported procedures. CPT codes are used in the outpatient setting and ICD codes are used in the inpatient setting.

Procedure Group	CPT codes	ICD codes
Appendectomy	N/A	'4709','4701'
Arthrogram	'23350','51600','62284','27093'	N/A
Bone Scan	'78306','78305','78315','78320'	N/A
Breast Biopsy	'19081','19083','19085','19100','19101', '19100','19120','19125'	N/A
Cataract Surgery	'66982','66983','66984'	N/A
Central Line	'36590','36589','36569','36561','36558', '36556'	'3897','3895','3893'
Chemotherapy	'96401','96402','96409','96411','96413', '96415','96416','96417','96420','96450', '96446'	'9925'
Colonoscopy	'45378','45380','45381','45383','45384', '45385','G0105', 'G0121'	'4525','4524','4523'
Coronary Bypass	N/A	'3614','3613','3612','3611'
CT Scan	'74176','74150','72192','72131','72125', '70486','71250','70450','73700','70480', '73200','72128','70490','74261', '76380'	N/A
CT Scan w/Contrast	'71260','74160','74170','74174','74175', '74177','74178','72193','70491','70496', '70498','70470','71275','70487','70481', '73701','73132','71270','70492','73706', '75574', '75572','75635','70460','73701'	N/A
DEXA Scan	'77072','77073','77077','77075','77080'	N/A
Echocardiograph	'93303','93304','93306','93308','93350', '93351','93325','93312','93307','93320', 'G0389'	'8872'
EGD	'43235','43239','43242','43244','43245', '43246','43247','43248','43249','43250', '43251','43253','43254','43255', '43259'	'4513','4516'
EKG	'93000','93005','93010'	N/A
Gallbladder Surgery	'47562','47563'	'5124','5123','5122'
Gastroenterostomy	N/A	'4438'
Heart Catheterization	'93451','93452','93453','93454','93455', '93456','93457','93458','93459','93460', '93461','93503','93505','93530','93531'	'3723','3722','3721'
Heart Stress Test	'93015','93016','93017','93018'	N/A
Heart Valve Replacement	N/A	'3525','3524','3523','3522', '3521','3512'

Procedure Codes Cont.

Procedure Group	CPT codes	ICD codes
Hernia Surgery	'49500','49507','49505','49520','49560', '49561','49585', '49587','49650','49653'	'5371','5369','5363','5362', '5361','5359','5351'
Hip Replacement	N/A	'8152','8151'
Hysterectomy	'58542','58552','58558','58561','58563', '58571','58661','58662','58262','58260', '58554','58292','58291','58553','58290', '58263','58270','58550'	'6871','6869','6859','6851', '6849','6841','6839','6831', '6829','6825','6561','6549', '6541','6539','6531'
Kidney Removal	N/A	'5551','554'
Knee Replacement	N/A	'8154'
Knee Surgery	'29870','29871','29873','29874','29875', '29876','29877', '29879','29880','29881', '29882','29883','29884','29886', '29887'	N/A
Liver Scan	'78226','78227'	N/A
Mammogram	'77055','77056','77057','G0202','G0204', 'G0206'	N/A
Mastectomy	N/A	'8532','8533','8534','8535', '8536','8541','8542','8543', '8544'
Mobile Heart Monitoring	'93224','93226','93225','93270','93271', '0295T','0296T', '0297T'	N/A
MRI	'72141','72146','72148','73718','73721', '70551','73221','70543','70544','72195', '74181','73218','71550','75557','71555'	N/A
MRI w/Contrast	'72156','72157','72158','70553','74183', '77059','72197','73720','73723','73223', '73222','73220','71552','70552','70549', '70548','70546','75561','73722'	N/A
ORIF	N/A	'7937','7936','7935','7934', '7933','7932','7931'
Percutaneous Abdominal Drainage	N/A	'5491'
Pregnancy Ultrasound	'76801','76805','76811','76815','76816', '76817','76819','76830','76885','76818', '76820','76825','76827','76821'	N/A
PTCA	N/A	'0066'
Radiation Therapy	'77401','77402','77403','77406','77407', '77412','77413','77414','77416','77421', '77295','77300','77301','77306','77315', '77316','77317','77318','77321','77331', '77332','77333','77334','77338','77417', '77418','77290','77014','77336','77373', '77280','77263','77285','77470'	N/A

Procedure Codes Cont.

Procedure Group	CPT codes	ICD codes
Sigmoidectomy	N/A	'4576','4575','4574','4573', '4562','1736','1733'
Spinal Fusion	N/A	'8102','8103','8104','8105', '8106','8107','8108'
Spinal Reduction	N/A	'0309'
Spinal Tap	N/A	'0331'
Spine Injection	'62310','62311','64479','64483','64483', '64493','64494','64495','27096','G0260'	N/A
Tonsillectomy	'42820','42821','42825','42826','42830', '42831','42835','42836'	N/A
Transfusion	N/A	'9904'
Ultrasound	'76856','76857','76700','76705','76770', '76775','76776','76881','76882','76645', '76536','76870','76604','76800','76512', '76510','76506','93925','93880','93970', '76831','76872','76886','76513','76519'	N/A
X-Ray	'71010','71020','71100','71101','72020', '72040','72050','72052','72069','72070', '72080','72114','72090','72072','72100', '72110','72114','72202','73520','72170', '73550','72220','73000','73030','73060', '73070','73080','73120','73130','73140', '73100','73110','73560','73562','73564', '73565','73600','73610','73620','73630', '73650','73660','74010','74020','74022', '74000','73510','73590','73090','74246', '74240','74220','74250','73050','70160', '70220','70030','72010','73500','72190', '73020','72200','72120','70360','70355', '70210','70150','73010','70110','72074', '70250','70260','70100','74241','71120', '71111','71110','77076','70190','73540', '73592','73592','71130','70330','70328', '70200','71035','71030','71023','71021', '71022','70140','73092'	N/A