

THE VALUE OF PROVIDER NETWORKS AND THE ROLE OF OUT-OF-NETWORK CHARGES IN RISING HEALTH CARE COSTS:

A SURVEY OF CHARGES BILLED BY OUT-OF-NETWORK PHYSICIANS

AUGUST 2009



The Value of Provider Networks and the Role of Out-of-Network Provider Charges in Rising Health Care Costs

Protecting consumers from runaway charges billed by some out-of-network physicians is an important policy issue at a time of major economic challenges and a national debate surrounding health care reforms. This report provides a snapshot, state-by-state, of exorbitant charges billed by out-of-network physicians in the 30 largest states by population. It is designed to illustrate the value of provider networks and a growing problem faced by consumers who want affordable, meaningful access to out-of-network providers.

One tool that health insurance plans use to improve quality and make health care more affordable for consumers is the establishment of provider networks. By selectively contracting with credentialed providers, health plans ensure consumers affordable access to a wide choice of high-quality doctors and hospitals. Nationally, it is estimated that close to 90 percent of providers participate in networks.

Consumers see measurable savings when they visit contracted providers because in-network physicians are generally prohibited from charging patients the difference between billed charges and a negotiated rate. Also, consumers who receive services from in-network providers typically have lower cost-sharing obligations. Over the decades, this has saved consumers billions of dollars in out-of-pocket costs and premiums.

Some out-of-network providers are charging exorbitant prices – several hundred or even over a thousand percent of the Medicare reimbursement for the same service in the same area. Recent examples: \$4,500 for an office visit when Medicare would have paid \$134; \$14,400 for removal of a gallbladder when Medicare would have paid \$656; and \$40,000 for a total hip replacement when Medicare would have paid \$1,558.

Consumers who are charged exorbitant fees by out-of-network providers incur additional costs because the protection against balance billing generally does not extend to services provided out-of-network. This detracts from the ability of health plans to offer affordable access to out-of-network providers for those consumers who want the advantages of a network, but also maintain the option to go out-of-network if they choose.

In May 20 (Dyckman highest 2 for certai physician operate i Tables we associate	of Survey Methodology: 009, America's Health Insurance n) to collect and analyze results 008 billed charges by non-partic n CPT (Current Procedural Term services. Surveys were returned n most surveyed states, and regelere provided to AHIP in a formated data with a specific plan. Dyck high charge outliers that may reserved.	of a survey of member plans in cipating physicians in the 30 moninology) codes representing value to Dyckman from ten plans: ional plans that operate in one that did not identify survey reman used a conservative appropriate in conservative appropriate in the conservative approximate approximate approximate approximate approximate approximate approximate approximate approximate ap	n order to identify the ost populous states arious categories of national plans that e or a few states.

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF:

Alabama	4
Arizona	4
California	5
Colorado	5
Connecticut	6
Florida	6
Georgia	7
Illinois	7
ndiana	8
lowa	8
Kentucky	9
Louisiana	9
Massachusetts	10
Maryland	10
Michigan	11
Minnesota	11
Missouri	12
New Jersey	12
New York	13
North Carolina	13
Ohio	14
Oklahoma	14
Oregon	15
Pennsylvania	15
South Carolina	16
Tennessee	16
Texas	17
Virginia	17
Washington	18
Wisconsin	18

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF ALABAMA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
66984	Cataract surgery with insertion of artificial lens	\$ 6,791.00	\$ 580.87	1,169%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,382.80	\$ 292.21	1,158%
29881	Minimally invasive knee meniscus surgery	\$ 5,580.00	\$ 530.71	1,051%
22612	Lower back spinal fusion	\$ 7,584.00	\$ 1,321.77	574%
27130	Total hip replacement	\$ 6,308.00	\$ 1,213.25	520%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 5,817.00	\$ 1,135.91	512%
47562	Laparoscopic gallbladder removal	\$ 2,638.00	\$ 590.40	447%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 486.00	\$ 112.62	432%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 709.92	\$ 165.93	428%
33535	Triple coronary bypass	\$ 8,748.00	\$ 2,172.88	403%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF ARIZONA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 2,000.00	\$ 120.02	1,666%
66984	Cataract surgery with insertion of artificial lens	\$ 8,691.00	\$ 618.60	1,405%
36471	Chemical injection to kill leg veins	\$ 2,200.00	\$ 165.20	1,332%
27130	Total hip replacement	\$ 17,357.00	\$ 1,315.60	1,319%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,895.50	\$ 322.93	1,206%
29881	Minimally invasive knee meniscus surgery	\$ 6,577.08	\$ 578.18	1,138%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 12,600.00	\$ 1,247.16	1,010%
22612	Lower back spinal fusion	\$ 14,000.00	\$ 1,439.69	972%
47562	Laparoscopic gallbladder removal	\$ 4,500.00	\$ 632.56	711%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 1,190.00	\$ 176.83	673%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF CALIFORNIA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
29881	Minimally invasive knee meniscus surgery	\$ 20,120.00	\$ 584.98	3,439%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 4,500.00	\$ 133.72	3,365%
47562	Laparoscopic gallbladder removal	\$ 20,000.00	\$ 681.15	2,936%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 5,400.00	\$ 214.28	2,520%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 9,400.00	\$ 375.01	2,507%
66984	Cataract surgery with insertion of artificial lens	\$ 15,869.61	\$ 637.93	2,488%
22612	Lower back spinal fusion	\$ 36,000.00	\$ 1,680.24	2,143%
45380	Colonoscopy with biopsy	\$ 10,400.00	\$ 505.83	2,056%
19120	Benign breast lesion removal	\$ 6,825.00	\$ 408.22	1,672%
36471	Chemical injection to kill leg veins	\$ 2,900.00	\$ 196.54	1,476%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF COLORADO IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
47562	Laparoscopic gallbladder removal	\$ 26,100.00	\$ 625.94	4,170%
29881	Minimally invasive knee meniscus surgery	\$ 9,773.00	\$ 574.13	1,702%
66984	Cataract surgery with insertion of artificial lens	\$ 9,730.00	\$ 622.97	1,562%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,824.00	\$ 120.83	1,510%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,460.00	\$ 327.58	1,361%
45380	Colonoscopy with biopsy	\$ 4,460.00	\$ 444.10	1,004%
19120	Benign breast lesion removal	\$ 3,853.00	\$ 399.58	964%
36471	Chemical injection to kill leg veins	\$ 1,500.00	\$ 166.71	900%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 9,426.38	\$ 1,220.94	772%
22612	Lower back spinal fusion	\$ 9,999.99	\$ 1,416.82	706%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF CONNECTICUT IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
22612	Lower back spinal fusion	\$ 26,881.00	\$ 1,572.95	1,709%
29881	Minimally invasive knee meniscus surgery	\$ 10,060.00	\$ 639.88	1,572%
27130	Total hip replacement	\$ 19,288.00	\$ 1,440.30	1,339%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 18,000.00	\$ 1,361.37	1,322%
19120	Benign breast lesion removal	\$ 5,000.00	\$ 445.17	1,123%
47562	Laparoscopic gallbladder removal	\$ 6,500.00	\$ 687.13	946%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,200.00	\$ 133.05	902%
58150	Total abdominal hysterectomy	\$ 7,500.00	\$ 980.38	765%
26356	Tendon repair in hand	\$ 8,100.00	\$ 1,119.57	723%
15738	Lower extremity flap	\$ 9,500.00	\$ 1,466.35	648%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF FLORIDA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 4,150.00	\$ 119.75	3,466%
22612	Lower back spinal fusion	\$ 37,000.00	\$ 1,629.63	2,270%
47562	Laparoscopic gallbladder removal	\$ 14,400.00	\$ 655.89	2,195%
29881	Minimally invasive knee meniscus surgery	\$ 10,995.00	\$ 596.92	1,842%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 3,177.48	\$ 177.48	1,790%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 5,542.50	\$ 319.04	1,737%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 25,000.00	\$ 1,441.37	1,734%
66984	Cataract surgery with insertion of artificial lens	\$ 10,559.61	\$ 616.79	1,712%
27130	Total hip replacement	\$ 18,816.00	\$ 1,371.37	1,372%
44204	Laparoscopic partial removal of colon with surgical repair	\$ 15,750.00	\$ 1,394.26	1,130%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF GEORGIA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 2,551.00	\$ 124.50	2,049%
29881	Minimally invasive knee meniscus surgery	\$ 8,800.00	\$ 597.98	1,472%
22612	Lower back spinal fusion	\$ 21,432.00	\$ 1,478.94	1,449%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,214.50	\$ 300.77	1,401%
47562	Laparoscopic gallbladder removal	\$ 8,355.00	\$ 648.86	1,288%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 15,046.00	\$ 1,279.59	1,176%
66984	Cataract surgery with insertion of artificial lens	\$ 6,172.24	\$ 592.30	1,042%
45380	Colonoscopy with biopsy	\$ 4,135.00	\$ 461.76	895%
27130	Total hip replacement	\$ 11,792.00	\$ 1,353.49	871%
15738	Lower extremity flap	\$ 10,951.00	\$ 1,367.49	801%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF ILLINOIS IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
66984	Cataract surgery with insertion of artificial lens	\$ 12,711.60	\$ 675.47	1,882%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 3,549.00	\$ 191.22	1,856%
47562	Laparoscopic gallbladder removal	\$ 12,000.00	\$ 700.73	1,712%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 5,488.62	\$ 362.25	1,515%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,800.00	\$ 129.33	1,392%
27130	Total hip replacement	\$ 20,176.00	\$ 1,476.79	1,366%
22612	Lower back spinal fusion	\$ 19,065.00	\$ 1,434.08	1,329%
33535	Triple coronary bypass	\$ 30,228.00	\$ 2,301.51	1,313%
29881	Minimally invasive knee meniscus surgery	\$ 7,316.04	\$ 666.13	1,098%
11011	Removal of dead/infected skin or underlying muscle	\$ 5,000.00	\$ 542.60	921%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF INDIANA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
27130	Total hip replacement	\$ 22,468.00	\$ 1,229.09	1,828%
29881	Minimally invasive knee meniscus surgery	\$ 8,612.00	\$ 540.93	1,592%
22612	Lower back spinal fusion	\$ 19,568.00	\$ 1,335.78	1,465%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 15,329.00	\$ 1,145.03	1,339%
47562	Laparoscopic gallbladder removal	\$ 6,462.50	\$ 596.79	1,083%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,810.00	\$ 305.26	921%
66984	Cataract surgery with insertion of artificial lens	\$ 5,274.00	\$ 595.70	885%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 1,200.00	\$ 169.75	707%
45380	Colonoscopy with biopsy	\$ 2,810.00	\$ 415.21	677%
19120	Benign breast lesion removal	\$ 2,200.00	\$ 377.14	583%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF IOWA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
58150	Total abdominal hysterectomy	\$ 14,553.00	\$ 845.40	1,721%
22612	Lower back spinal fusion	\$ 12,114.00	\$ 1,312.54	923%
29881	Minimally invasive knee meniscus surgery	\$ 4,700.00	\$ 529.79	887%
66984	Cataract surgery with insertion of artificial lens	\$ 5,146.52	\$ 584.24	881%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 9,107.00	\$ 1,124.70	810%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,301.97	\$ 295.54	779%
47562	Laparoscopic gallbladder removal	\$ 4,542.00	\$ 587.94	773%
45380	Colonoscopy with biopsy	\$ 2,793.30	\$ 402.85	693%
27130	Total hip replacement	\$ 8,000.90	\$ 1,207.48	663%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 492.00	\$ 113.26	434%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF KENTUCKY IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,250.00	\$ 113.40	1,102%
47562	Laparoscopic gallbladder removal	\$ 6,500.00	\$ 599.38	1,084%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,676.00	\$ 294.93	907%
27130	Total hip replacement	\$ 11,125.00	\$ 1,234.91	901%
19120	Benign breast lesion removal	\$ 3,256.00	\$ 373.73	871%
66984	Cataract surgery with insertion of artificial lens	\$ 4,974.00	\$ 584.75	851%
45380	Colonoscopy with biopsy	\$ 3,107.14	\$ 402.74	772%
22612	Lower back spinal fusion	\$ 9,734.00	\$ 1,348.66	722%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 8,393.00	\$ 1,163.15	722%
29881	Minimally invasive knee meniscus surgery	\$ 3,600.00	\$ 539.45	667%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF LOUISIANA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
29881	Minimally invasive knee meniscus surgery	\$ 7,347.00	\$ 589.80	1,246%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,400.01	\$ 114.35	1,224%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 2,000.00	\$ 179.05	1,117%
27130	Total hip replacement	\$ 12,947.00	\$ 1,265.98	1,023%
47562	Laparoscopic gallbladder removal	\$ 5,874.00	\$ 612.29	959%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,744.00	\$ 298.04	921%
66984	Cataract surgery with insertion of artificial lens	\$ 4,600.00	\$ 589.47	780%
22612	Lower back spinal fusion	\$ 9,357.00	\$ 1,387.63	674%
45380	Colonoscopy with biopsy	\$ 2,475.00	\$ 407.26	608%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 6,600.00	\$ 1,203.00	549%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF MASSACHUSETTS IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
29881	Minimally invasive knee meniscus surgery	\$ 10,000.00	\$ 662.72	1,509%
27130	Total hip replacement	\$ 17,500.00	\$ 1,477.17	1,185%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,000.00	\$ 351.74	1,137%
66984	Cataract surgery with insertion of artificial lens	\$ 6,080.00	\$ 653.40	931%
47562	Laparoscopic gallbladder removal	\$ 6,500.00	\$ 701.24	927%
45380	Colonoscopy with biopsy	\$ 4,000.00	\$ 475.16	842%
36471	Chemical injection to kill leg veins	\$ 1,500.00	\$ 201.76	743%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 10,000.00	\$ 1,387.63	721%
19120	Benign breast lesion removal	\$ 3,250.00	\$ 463.50	701%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 950.00	\$ 138.78	685%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF MARYLAND IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 2,175.00	\$ 125.88	1,728%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 20,000.00	\$ 1,227.93	1,629%
27130	Total hip replacement	\$ 15,295.00	\$ 1,478.65	1,034%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,000.00	\$ 345.79	868%
66984	Cataract surgery with insertion of artificial lens	\$ 6,080.20	\$ 704.09	864%
47562	Laparoscopic gallbladder removal	\$ 6,000.00	\$ 703.69	853%
29881	Minimally invasive knee meniscus surgery	\$ 4,982.56	\$ 658.38	757%
58150	Total abdominal hysterectomy	\$ 7,000.00	\$ 941.31	744%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 1,123.00	\$ 176.50	636%
45380	Colonoscopy with biopsy	\$ 3,115.00	\$ 520.32	599%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF MICHIGAN IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
47562	Laparoscopic gallbladder removal	\$ 11,567.00	\$ 736.71	1,570%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,143.47	\$ 313.98	1,320%
66984	Cataract surgery with insertion of artificial lens	\$ 8,240.00	\$ 670.63	1,229%
29881	Minimally invasive knee meniscus surgery	\$ 6,073.00	\$ 582.87	1,042%
27130	Total hip replacement	\$ 11,721.00	\$ 1,337.21	877%
45380	Colonoscopy with biopsy	\$ 2,789.00	\$ 428.36	651%
22612	Lower back spinal fusion	\$ 10,996.00	\$ 1,737.28	633%
58150	Total abdominal hysterectomy	\$ 5,365.00	\$ 914.60	587%
19120	Benign breast lesion removal	\$ 2,279.00	\$ 400.46	569%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 8,594.00	\$ 1,543.32	557%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF MINNESOTA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
66984	Cataract surgery with insertion of artificial lens	\$ 7,269.54	\$ 614.53	1,183%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,009.59	\$ 322.06	934%
27130	Total hip replacement	\$ 10,846.00	\$ 1,242.85	873%
29881	Minimally invasive knee meniscus surgery	\$ 3,807.00	\$ 551.68	690%
33535	Triple coronary bypass	\$ 13,272.00	\$ 2,211.19	600%
15738	Lower extremity flap	\$ 7,266.00	\$ 1,268.55	573%
58150	Total abdominal hysterectomy	\$ 4,414.00	\$ 865.99	510%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 585.00	\$ 119.13	491%
47562	Laparoscopic gallbladder removal	\$ 2,932.00	\$ 602.24	487%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 5,566.00	\$ 1,147.59	485%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF MISSOURI IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
47562	Laparoscopic gallbladder removal	\$ 12,900.00	\$ 629.92	2,048%
27130	Total hip replacement	\$ 25,330.00	\$ 1,309.00	1,935%
66984	Cataract surgery with insertion of artificial lens	\$ 9,255.00	\$ 611.12	1,514%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,535.00	\$ 316.29	1,434%
29881	Minimally invasive knee meniscus surgery	\$ 6,610.00	\$ 573.51	1,153%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,295.00	\$ 118.57	1,092%
45380	Colonoscopy with biopsy	\$ 4,200.00	\$ 430.54	976%
22612	Lower back spinal fusion	\$ 11,501.00	\$ 1,434.47	802%
19120	Benign breast lesion removal	\$ 2,633.00	\$ 370.60	710%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 8,682.00	\$ 1,244.54	698%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF NEW JERSEY IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
22612	Lower back spinal fusion	\$ 72,000.00	\$ 1,628.96	4,420%
27130	Total hip replacement	\$ 45,601.00	\$ 1,430.84	3,187%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 39,000.00	\$ 1,412.35	2,761%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 9,225.00	\$ 361.25	2,554%
47562	Laparoscopic gallbladder removal	\$ 18,000.00	\$ 709.31	2,538%
45380	Colonoscopy with biopsy	\$ 9,995.00	\$ 488.83	2,045%
29881	Minimally invasive knee meniscus surgery	\$ 12,584.90	\$ 662.12	1,901%
15738	Lower extremity flap	\$ 20,596.80	\$ 1,446.16	1,424%
44204	Laparoscopic partial removal of colon with surgical repair	\$ 20,000.00	\$ 1,494.43	1,338%
66984	Cataract surgery with insertion of artificial lens	\$ 8,852.62	\$ 674.03	1,313%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF NEW YORK IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 29,998.00	\$ 388.64	7,719%
47562	Laparoscopic gallbladder removal	\$ 39,551.00	\$ 744.19	5,315%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 4,375.00	\$ 141.90	3,083%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 46,000.00	\$ 1,515.50	3,035%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 6,000.00	\$ 208.38	2,879%
29881	Minimally invasive knee meniscus surgery	\$ 15,000.00	\$ 544.20	2,756%
22612	Lower back spinal fusion	\$ 46,250.00	\$ 1,732.76	2,669%
27130	Total hip replacement	\$ 40,000.00	\$ 1,557.77	2,568%
44204	Laparoscopic partial removal of colon with surgical repair	\$ 40,000.00	\$ 1,564.92	2,556%
58150	Total abdominal hysterectomy	\$ 24,000.00	\$ 1,049.25	2,287%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF NORTH CAROLINA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 2,186.81	\$ 116.42	1,878%
27130	Total hip replacement	\$ 17,268.00	\$ 1,250.12	1,381%
29881	Minimally invasive knee meniscus surgery	\$ 7,020.00	\$ 549.69	1,277%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 12,628.50	\$ 1,170.67	1,079%
22612	Lower back spinal fusion	\$ 13,957.00	\$ 1,361.47	1,025%
45380	Colonoscopy with biopsy	\$ 3,724.00	\$ 419.92	887%
47562	Laparoscopic gallbladder removal	\$ 5,152.00	\$ 605.50	851%
19120	Benign breast lesion removal	\$ 3,204.60	\$ 382.43	838%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,547.15	\$ 308.71	825%
66984	Cataract surgery with insertion of artificial lens	\$ 4,563.00	\$ 600.36	760%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF OHIO IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 4,223.00	\$ 118.19	3,573%
29881	Minimally invasive knee meniscus surgery	\$ 10,307.09	\$ 575.17	1,792%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 19,000.00	\$ 1,255.75	1,513%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,625.00	\$ 314.18	1,472%
66984	Cataract surgery with insertion of artificial lens	\$ 8,649.60	\$ 609.12	1,420%
27130	Total hip replacement	\$ 17,553.00	\$ 1,315.63	1,334%
45380	Colonoscopy with biopsy	\$ 4,388.00	\$ 428.11	1,025%
33535	Triple coronary bypass	\$ 22,707.00	\$ 2,317.31	980%
15738	Lower extremity flap	\$ 12,525.00	\$ 1,308.15	957%
44204	Laparoscopic partial removal of colon with surgical repair	\$ 12,045.00	\$ 1,345.32	895%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF OKLAHOMA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
47562	Laparoscopic gallbladder removal	\$ 9,672.30	\$ 584.65	1,654%
29881	Minimally invasive knee meniscus surgery	\$ 5,920.00	\$ 525.65	1,126%
66984	Cataract surgery with insertion of artificial lens	\$ 5,990.00	\$ 579.97	1,033%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,928.00	\$ 291.93	1,003%
27130	Total hip replacement	\$ 10,193.00	\$ 1,199.44	850%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 5,939.10	\$ 1,117.13	532%
22612	Lower back spinal fusion	\$ 6,847.00	\$ 1,303.89	525%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 562.00	\$ 112.42	500%
45380	Colonoscopy with biopsy	\$ 1,600.00	\$ 398.26	402%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 663.00	\$ 165.45	401%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF OREGON IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
66984	Cataract surgery with insertion of artificial lens	\$ 6,600.00	\$ 598.49	1,103%
29881	Minimally invasive knee meniscus surgery	\$ 5,960.00	\$ 569.57	1,046%
22612	Lower back spinal fusion	\$ 14,350.00	\$ 1,390.57	1,032%
47562	Laparoscopic gallbladder removal	\$ 6,213.00	\$ 618.60	1,004%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,078.83	\$ 307.89	1,000%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 925.00	\$ 116.03	797%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 7,436.00	\$ 1,190.56	625%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 1,060.00	\$ 178.53	594%
36471	Chemical injection to kill leg veins	\$ 870.00	\$ 156.44	556%
27130	Total hip replacement	\$ 6,245.00	\$ 1,227.62	509%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF PENNSYLVANIA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
66984	Cataract surgery with insertion of artificial lens	\$ 13,082.28	\$ 665.94	1,964%
27130	Total hip replacement	\$ 24,400.00	\$ 1,286.73	1,896%
47562	Laparoscopic gallbladder removal	\$ 12,715.58	\$ 694.53	1,831%
15738	Lower extremity flap	\$ 23,390.00	\$ 1,282.37	1,824%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,850.00	\$ 129.31	1,431%
22612	Lower back spinal fusion	\$ 20,000.00	\$ 1,408.99	1,419%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,840.00	\$ 309.26	1,242%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 14,312.00	\$ 1,220.67	1,172%
29881	Minimally invasive knee meniscus surgery	\$ 5,200.00	\$ 563.06	924%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 1,472.80	\$ 172.47	854%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF SOUTH CAROLINA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
19120	Benign breast lesion removal	\$ 5,633.27	\$ 372.06	1,514%
27130	Total hip replacement	\$ 15,714.00	\$ 1,209.91	1,299%
66984	Cataract surgery with insertion of artificial lens	\$ 7,277.82	\$ 590.83	1,232%
29881	Minimally invasive knee meniscus surgery	\$ 5,760.00	\$ 532.73	1,081%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 3,214.63	\$ 301.53	1,066%
47562	Laparoscopic gallbladder removal	\$ 5,280.00	\$ 588.85	897%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 1,385.00	\$ 168.22	823%
45380	Colonoscopy with biopsy	\$ 3,059.65	\$ 410.21	746%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 800.00	\$ 114.53	699%
22612	Lower back spinal fusion	\$ 7,376.00	\$ 1,312.65	562%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF TENNESSEE IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 4,900.18	\$ 299.82	1,634%
29881	Minimally invasive knee meniscus surgery	\$ 8,000.00	\$ 539.09	1,484%
66984	Cataract surgery with insertion of artificial lens	\$ 6,520.00	\$ 589.81	1,105%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 10,500.00	\$ 1,150.52	913%
27130	Total hip replacement	\$ 10,688.00	\$ 1,229.22	869%
45380	Colonoscopy with biopsy	\$ 3,430.52	\$ 408.58	840%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 824.00	\$ 114.36	721%
22612	Lower back spinal fusion	\$ 8,500.00	\$ 1,338.73	635%
47562	Laparoscopic gallbladder removal	\$ 3,522.00	\$ 596.93	590%
19120	Benign breast lesion removal	\$ 2,199.00	\$ 374.81	587%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF TEXAS IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 12,000.00	\$ 337.99	3,550%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 3,000.00	\$ 123.57	2,428%
29881	Minimally invasive knee meniscus surgery	\$ 12,290.00	\$ 602.43	2,040%
19120	Benign breast lesion removal	\$ 7,800.00	\$ 385.88	2,021%
27130	Total hip replacement	\$ 23,047.00	\$ 1,287.26	1,790%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 23,000.00	\$ 1,335.00	1,723%
47562	Laparoscopic gallbladder removal	\$ 11,195.60	\$ 664.68	1,684%
66984	Cataract surgery with insertion of artificial lens	\$ 8,606.00	\$ 595.93	1,444%
45380	Colonoscopy with biopsy	\$ 6,183.40	\$ 453.55	1,363%
22612	Lower back spinal fusion	\$ 20,376.00	\$ 1,529.14	1,333%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF VIRGINIA IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 6,486.05	\$ 312.60	2,075%
29881	Minimally invasive knee meniscus surgery	\$ 7,598.00	\$ 553.26	1,373%
47562	Laparoscopic gallbladder removal	\$ 8,500.00	\$ 703.69	1,208%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 12,628.50	\$ 1,175.42	1,074%
58150	Total abdominal hysterectomy	\$ 9,000.00	\$ 872.26	1,032%
22612	Lower back spinal fusion	\$ 13,957.00	\$ 1,367.56	1,021%
66984	Cataract surgery with insertion of artificial lens	\$ 6,037.00	\$ 604.84	998%
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 1,125.00	\$ 117.29	959%
27130	Total hip replacement	\$ 11,170.00	\$ 1,256.31	889%
15738	Lower extremity flap	\$ 11,743.00	\$ 1,509.78	778%

VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF WASHINGTON IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
99215	Outpatient office visits of moderate to high severity requiring 2 out of 3: comprehensive history, comprehensive exam and high complexity medical decision-making	\$ 6,200.00	\$ 119.50	5,188%
47562	Laparoscopic gallbladder removal	\$ 9,000.00	\$ 654.14	1,376%
29881	Minimally invasive knee meniscus surgery	\$ 6,384.00	\$ 568.83	1,122%
66984	Cataract surgery with insertion of artificial lens	\$ 4,523.00	\$ 616.07	734%
27130	Total hip replacement	\$ 9,600.00	\$ 1,365.55	703%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 8,285.00	\$ 1,214.44	682%
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 2,000.00	\$ 321.58	622%
22612	Lower back spinal fusion	\$ 8,114.00	\$ 1,488.03	545%
19120	Benign breast lesion removal	\$ 2,100.00	\$ 395.37	531%
99244	Outpatient office consults of moderate to high severity requiring a comprehensive history, comprehensive exam and moderate complexity medical decision-making	\$ 855.00	\$ 175.75	486%

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VARIOUS OUT-OF-NETWORK PHYSICIAN CLAIMS FILED IN THE STATE OF WISCONSIN IN 2008

CPT Code	Service Description	Amount Billed	Medicare Fee	Amount Billed as % of Medicare Fee
43239	Upper GI endoscopic visual diagnostic exam with biopsy	\$ 5,806.59	\$ 307.71	1,887%
29881	Minimally invasive knee meniscus surgery	\$ 7,280.00	\$ 546.90	1,331%
27130	Total hip replacement	\$ 16,000.00	\$ 1,243.34	1,287%
47562	Laparoscopic gallbladder removal	\$ 7,606.00	\$ 602.69	1,262%
66984	Cataract surgery with insertion of artificial lens	\$ 6,530.00	\$ 598.97	1,090%
63075	Surgical removal of all/or part of the intervertebral disc inc. spiny growths	\$ 12,100.00	\$ 1,162.30	1,041%
22612	Lower back spinal fusion	\$ 13,500.00	\$ 1,353.13	998%
19120	Benign breast lesion removal	\$ 3,328.00	\$ 380.77	874%
33535	Triple coronary bypass	\$ 17,761.00	\$ 2,214.00	802%
45380	Colonoscopy with biopsy	\$ 3,354.36	\$ 418.53	801%



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