EMBARGOED: FOR RELEASE THURSDAY, MAY 22, 10 AM

NOT FOR RELEASE UNTIL: May 22, 2014

Contact: Danielle Barrick**,** director of communications, (603) 271-7973, ext. 336**,** danielle.barrick@ins.nh.gov; Deb Stone, actuary and director of market regulation, ext. 258

Workers' Compensation Medical Costs in NH Significantly Higher

Concord, NH – In the world of workers' compensation, the fees charged by the health care community are significantly more expensive on average in New Hampshire than in other states, according to the New Hampshire Insurance Department.

"Medical costs in New Hampshire have grown to almost 75 percent of total workers' compensation dollars in New Hampshire, compared to about 60 percent countrywide," said Deb Stone, actuary and director of market regulation at the Insurance Department. "It's my belief, based on actuarial analysis, that the lack of limitation on what can be charged by medical providers and facilities is a major contributor to this trend."

New Hampshire went from being listed as the 14th most expensive state for workers' compensation coverage in the country in 2008 to the 9th most expensive in 2012, according to the Oregon Workers Compensation Rate Ranking Study.

Professional services

On average, workers compensation surgical procedures in New Hampshire are 83 percent more expensive than those in the surrounding region* and more than twice as expensive as they are countrywide, according to data from the National Council on Compensation Insurance. In total, the data included four categories of services performed by physicians and other medical professionals: surgery, radiology, physical and occupational therapy, and doctors' visits. Insurance Department actuaries found that medical costs in New Hampshire exceeded those in surrounding states and the nation by a substantial margin in all four categories. For radiology, costs were 35 percent more expensive than in the region and 66 percent more expensive than countrywide; for physical and occupational therapies, costs were 95 percent and 64 percent more expensive, respectively; and for doctors' visits, costs were 36 percent and 47 percent more expensive.

The data represent the most common procedures comprising at least 50 percent of the total dollars spent by workers compensation insurance companies on professional services.

"New Hampshire is more expensive, not only on average, but for every single individual professional services procedure reviewed, save one," said Insurance Commissioner Roger Sevigny. "We are among the most expensive states for workers' compensation, and it makes it more costly for businesses to operate here."

Facilities

On average, costs for surgical procedures at ambulatory surgical centers in New Hampshire are 37 percent more expensive than the surrounding region and 77 percent more expensive than countrywide. Also, on average, hospital outpatient surgical procedures cost 15 percent more in New Hampshire than in the region and 25 percent more than countrywide. Further, in cases where the same procedure may be performed either as a hospital outpatient procedure or in an ambulatory surgical center, the data show that the cost in the ambulatory surgical center is generally more – in some instances as much as twice as expensive, or even higher. For hospital outpatient non-surgery procedures, NH is 51 percent more expensive than both the surrounding region and countrywide on average.

Workers' compensation is a form of insurance that employers are required by state law to provide for their employees. This is to ensure, in part, that people who are injured or disabled on the job are not required to cover medical bills related to their on-the-job injury or illness. New Hampshire is one of just six states that do not have legal guidelines in place to cap the amount that health care providers can charge workers' compensation insurance companies for services. In addition, current state law (RSA 281-A:24 I) mandates that workers' compensation insurance companies "shall pay the full amount of the health care provider's bill."

The National Council on Compensation Insurance is an advisory organization that provides information to the insurance industry and to regulators. It provides services to the workers compensation industry in most states. In New Hampshire, it develops rates and advisory loss costs, administers the Residual Market, and provides data for analysis of issues such as the pricing of proposed state legislation and research. It provides similar services to all the New England states except Massachusetts.

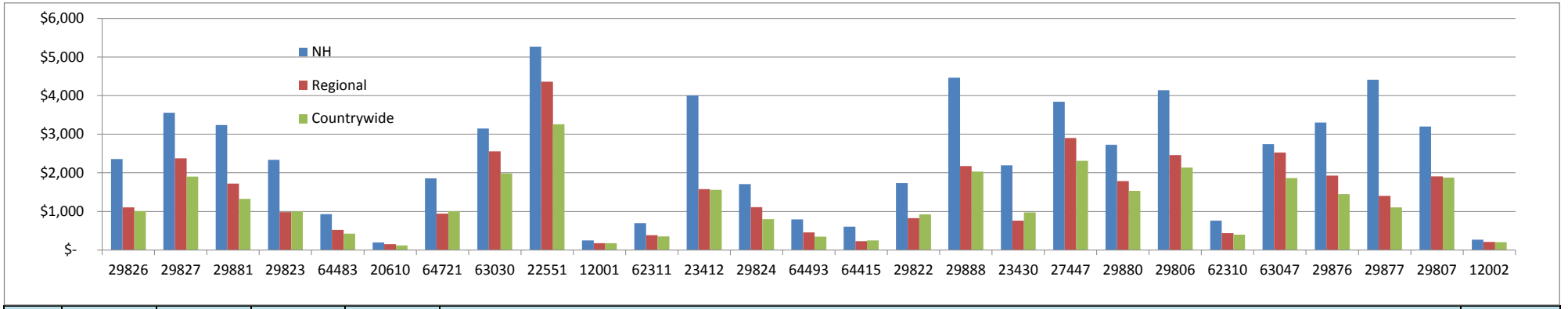
*The region is defined as Maine, Vermont, Connecticut and Rhode Island. Data from Massachusetts were not available: Massachusetts does not contract with NCCI. In the study, 35 states were used as the countrywide comparison.

The New Hampshire Insurance Department's mission is to promote and protect the public good by ensuring the existence of a safe and competitive insurance marketplace through the development and enforcement of the insurance laws of the State of New Hampshire. For more information, visit www.nh.gov/insurance.

###

Top 50% of Paid Dollars for Surgery Codes / Professional Services / by Paid Amount for New Hampshire

On average, Professional Costs for Surgical Procedures in NH are 83% more expensive than the surrounding region, and 108% more expensive than countrywide.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	29826	$ 2,355	$ 1,106	$ 1,006	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	6.1%
2	29827	$ 3,560	$ 2,378	$ 1,900	Arthroscopy, shoulder, surgical; with rotator cuff repair	5.5%
3	29881	$ 3,242	$ 1,722	$ 1,322	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	4.3%
4	29823	$ 2,335	$ 982	$ 1,000	Arthroscopy, shoulder, surgical; debridement, extensive	2.8%
5	64483	$ 930	$ 517	$ 420	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	2.4%
6	20610	$ 197	$ 147	$ 117	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	2.2%
7	64721	$ 1,860	$ 940	$ 1,006	Neuroplasty and/or transposition; median nerve at carpal tunnel	2.1%
8	63030	$ 3,151	$ 2,561	$ 1,985	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	1.9%
9	22551	$ 5,271	$ 4,361	$ 3,260	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	1.9%
10	12001	$ 250	$ 178	$ 178	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	1.8%
11	62311	$ 697	$ 382	$ 350	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	1.8%
12	23412	$ 4,004	$ 1,579	$ 1,559	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1.8%
13	29824	$ 1,710	$ 1,113	$ 798	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	1.7%
14	64493	$ 793	$ 452	$ 346	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	1.6%
15	64415	$ 602	$ 231	$ 249	Injection, anesthetic agent; brachial plexus, single	1.4%
16	29822	$ 1,732	$ 828	$ 923	Arthroscopy, shoulder, surgical; debridement, limited	1.3%
17	29888	$ 4,468	$ 2,174	$ 2,029	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.2%
18	23430	$ 2,194	$ 762	$ 976	Tenodesis of long tendon of biceps	1.2%
19	27447	$ 3,846	$ 2,901	$ 2,311	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	1.0%
20	29880	$ 2,727	$ 1,783	$ 1,533	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	1.0%
21	29806	$ 4,139	$ 2,463	$ 2,139	Arthroscopy, shoulder, surgical; capsulorrhaphy	0.9%
22	62310	$ 763	$ 436	$ 396	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	0.8%
23	63047	$ 2,744	$ 2,527	$ 1,862	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	0.8%
24	29876	$ 3,307	$ 1,931	$ 1,447	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	0.8%
25	29877	$ 4,417	$ 1,400	$ 1,104	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	0.8%
26	29807	$ 3,202	$ 1,909	$ 1,876	Arthroscopy, shoulder, surgical; repair of SLAP lesion	0.8%
27	12002	$ 270	$ 208	$ 205	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	0.8%
						50.7%

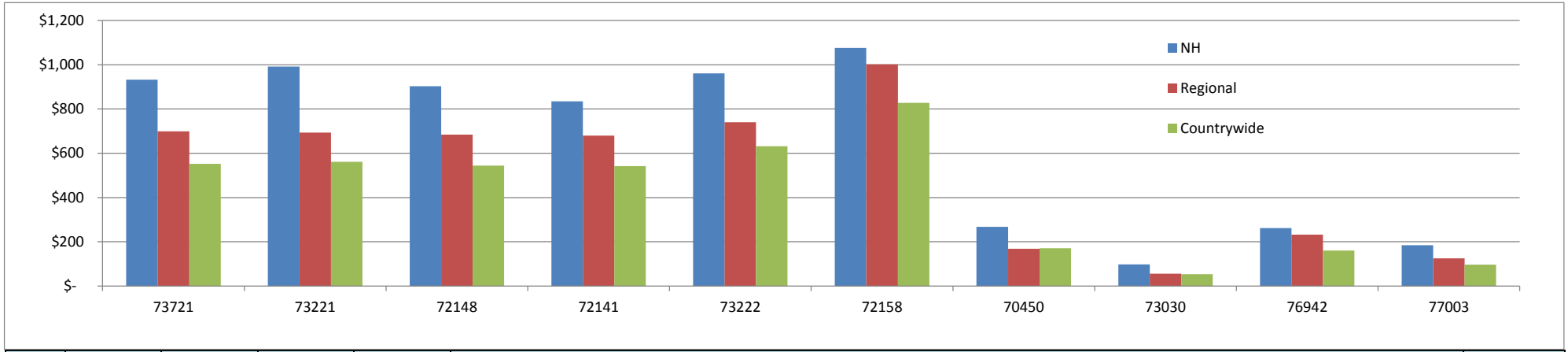
[1] *The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.*

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

Source: NCCI Medical Data Call, Service Year 2012.

Top 10 Radiology Codes / Professional Services / by Paid Amount for New Hampshire

On average, Professional Costs for Radiology Procedures in NH are 35% more expensive than the surrounding region, and 66% more expensive than countrywi



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	73721	$ 932	$ 699	$ 552	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	14.4%
2	73221	$ 992	$ 693	$ 561	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	14.2%
3	72148	$ 903	$ 684	$ 544	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	12.2%
4	72141	$ 835	$ 680	$ 542	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	5.5%
5	73222	$ 961	$ 740	$ 632	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	5.1%
6	72158	$ 1,076	$ 1,002	$ 828	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	2.8%
7	70450	$ 268	$ 168	$ 171	Computed tomography, head or brain; without contrast material	2.3%
8	73030	$ 98	$ 56	$ 53	Radiologic examination, shoulder; complete, minimum of 2 views	2.3%
9	76942	$ 262	$ 232	$ 161	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	2.3%
10	77003	$ 184	$ 125	$ 97	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid)	1.9%
						63.0%

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

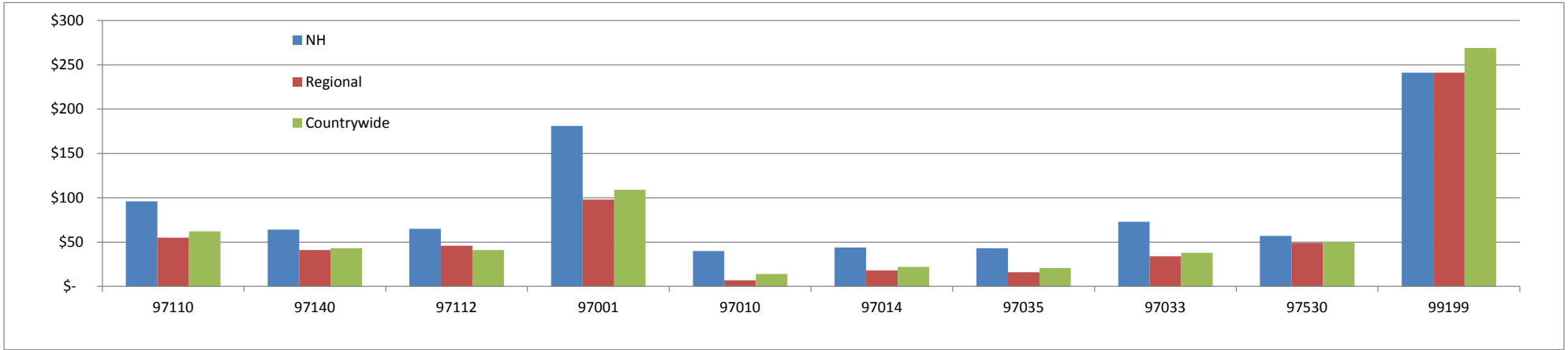
[2] *Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.*

Source: NCCI Medical Data Call, Service Year 2012.

Exhibit 3

Top 10 Medicine Services Codes / Professional Services / by Paid Amount for New Hampshire

On average, Professional Costs for Therapeutic Services in NH are 96% more expensive than the surrounding region, and 64% more expensive than countrywid



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	97110	$ 96	$ 55	$ 62	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	34.8%
2	97140	$ 64	$ 41	$ 43	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	15.8%
3	97112	$ 65	$ 46	$ 41	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	5.6%
4	97001	$ 181	$ 98	$ 109	Physical therapy evaluation	4.6%
5	97010	$ 40	$ 7	$ 14	Application of a modality to 1 or more areas; hot or cold packs	4.3%
6	97014	$ 44	$ 18	$ 22	Application of a modality to 1 or more areas; electrical stimulation (unattended)	4.0%
7	97035	$ 43	$ 16	$ 21	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	3.1%
8	97033	$ 73	$ 34	$ 38	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	2.2%
9	97530	$ 57	$ 49	$ 50	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	2.0%
10	99199	$ 241	$ 241	$ 269	Unlisted special service, procedure or report	2.0%
						78.4%

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

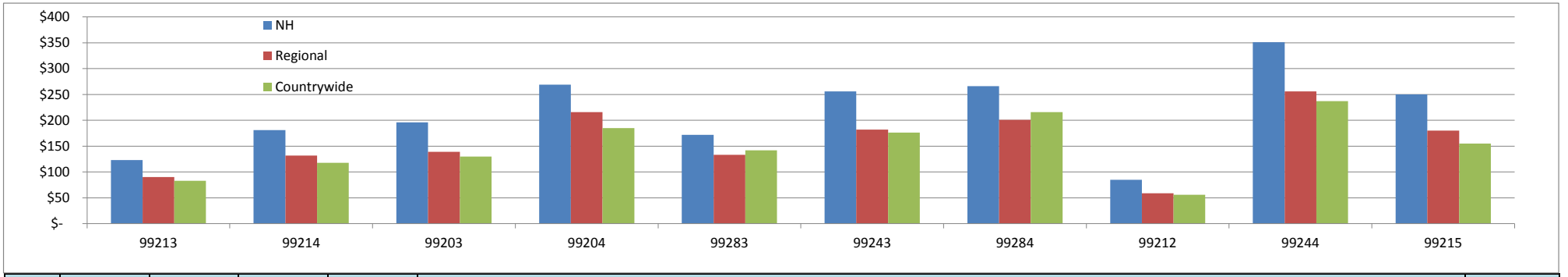
[2] *Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.*

Source: NCCI Medical Data Call, Service Year 2012.

Exhibit 4

Top 10 Evaluation and Management Services Codes / Professional Services / by Paid Amount for New Hampshire

On average, Professional Costs for Evaluation and Management in NH are 36% more expensive than the surrounding region, and 47% more expensive than countrywide.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	99213	$ 123	$ 90	$ 83	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	31.6%
2	99214	$ 181	$ 132	$ 118	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	21.0%
3	99203	$ 196	$ 139	$ 130	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	8.9%
4	99204	$ 269	$ 216	$ 185	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	7.9%
5	99283	$ 172	$ 133	$ 142	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	5.2%
6	99243	$ 256	$ 182	$ 176	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	3.5%
7	99284	$ 266	$ 201	$ 216	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	3.3%
8	99212	$ 85	$ 59	$ 56	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	3.3%
9	99244	$ 351	$ 256	$ 237	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	2.6%
10	99215	$ 250	$ 180	$ 155	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	2.0%
						89.3%

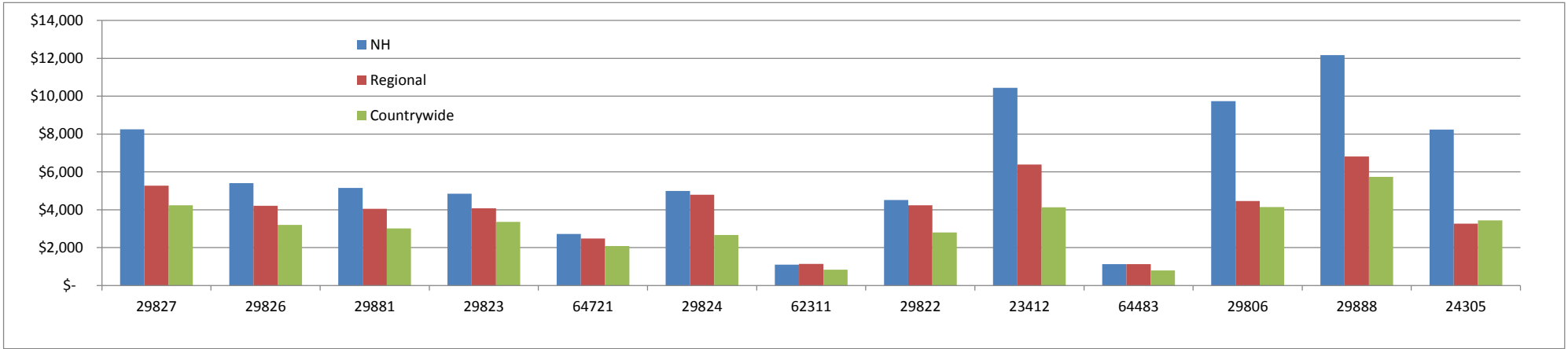
[1] *The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.*

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

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

Top 50% Ambulatory Surgical Center Surgery Codes / Facility Costs / by Paid Amount for New Hampshire

On average, ASC Facility Costs for Surgical Procedures in NH are 37% more expensive than the surrounding region, and 77% more expensive than countrywide.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	29827	$ 8,245	$ 5,278	$ 4,244	Arthroscopy, shoulder, surgical; with rotator cuff repair	10.7%
2	29826	$ 5,411	$ 4,206	$ 3,203	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	9.4%
3	29881	$ 5,159	$ 4,054	$ 3,022	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	6.3%
4	29823	$ 4,849	$ 4,077	$ 3,364	Arthroscopy, shoulder, surgical; debridement, extensive	4.4%
5	64721	$ 2,729	$ 2,485	$ 2,087	Neuroplasty and/or transposition; median nerve at carpal tunnel	3.7%
6	29824	$ 4,997	$ 4,792	$ 2,666	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	2.9%
7	62311	$ 1,109	$ 1,136	$ 834	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	2.2%
8	29822	$ 4,512	$ 4,233	$ 2,802	Arthroscopy, shoulder, surgical; debridement, limited	2.0%
9	23412	$ 10,442	$ 6,384	$ 4,126	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	1.9%
10	64483	$ 1,136	$ 1,132	$ 801	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	1.9%
11	29806	$ 9,740	$ 4,460	$ 4,145	Arthroscopy, shoulder, surgical; capsulorrhaphy	1.8%
12	29888	$ 12,166	$ 6,813	$ 5,739	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.8%
13	24305	$ 8,231	$ 3,267	$ 3,445	Tendon lengthening, upper arm or elbow, each tendon	1.5%
						50.4%

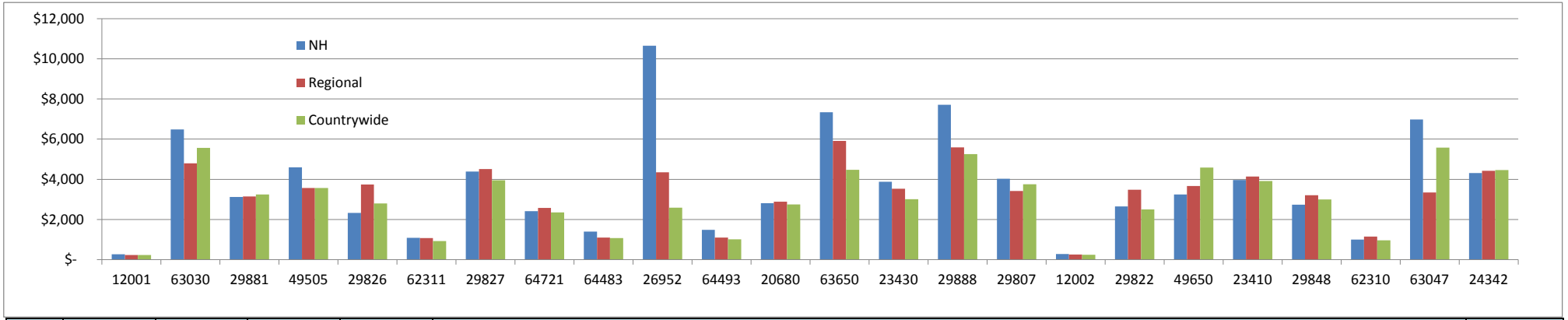
[1] *The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.*

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

Source: NCCI Medical Data Call, Service Year 2012.

Top 50% Outpatient Surgery Codes / Facility Costs / by Paid Amount for New Hampshire

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



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	12001	$ 268	$ 234	$ 232	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	4.1%
2	63030	$ 6,478	$ 4,799	$ 5,562	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	3.8%
3	29881	$ 3,125	$ 3,149	$ 3,241	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	3.7%
4	49505	$ 4,601	$ 3,567	$ 3,563	Repair initial inguinal hernia, age 5 years or older; reducible	3.6%
5	29826	$ 2,330	$ 3,739	$ 2,798	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	3.3%
6	62311	$ 1,089	$ 1,071	$ 929	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	3.2%
7	29827	$ 4,389	$ 4,511	$ 3,946	Arthroscopy, shoulder, surgical; with rotator cuff repair	3.0%
8	64721	$ 2,413	$ 2,578	$ 2,349	Neuroplasty and/or transposition; median nerve at carpal tunnel	2.7%
9	64483	$ 1,394	$ 1,097	$ 1,069	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	2.6%
10	26952	$ 10,648	$ 4,348	$ 2,586	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	2.0%
11	64493	$ 1,479	$ 1,101	$ 1,016	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	1.9%
12	20680	$ 2,808	$ 2,888	$ 2,753	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	1.7%
13	63650	$ 7,333	$ 5,918	$ 4,471	Percutaneous implantation of neurostimulator electrode array, epidural	1.6%
14	23430	$ 3,872	$ 3,527	$ 3,005	Tenodesis of long tendon of biceps	1.4%
15	29888	$ 7,714	$ 5,587	$ 5,250	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	1.4%
16	29807	$ 4,032	$ 3,418	$ 3,749	Arthroscopy, shoulder, surgical; repair of SLAP lesion	1.3%
17	12002	$ 280	$ 255	$ 247	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	1.2%
18	29822	$ 2,643	$ 3,483	$ 2,496	Arthroscopy, shoulder, surgical; debridement, limited	1.2%
19	49650	$ 3,248	$ 3,660	$ 4,584	Laparoscopy, surgical; repair initial inguinal hernia	1.2%
20	23410	$ 3,963	$ 4,142	$ 3,918	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	1.1%
21	29848	$ 2,739	$ 3,211	$ 3,000	Endoscopy, wrist, surgical, with release of transverse carpal ligament	1.1%
22	62310	$ 1,001	$ 1,153	$ 958	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	1.1%
23	63047	$ 6,983	$ 3,345	$ 5,578	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	1.1%
24	24342	$ 4,311	$ 4,424	$ 4,464	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	0.9%
						50.4%

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

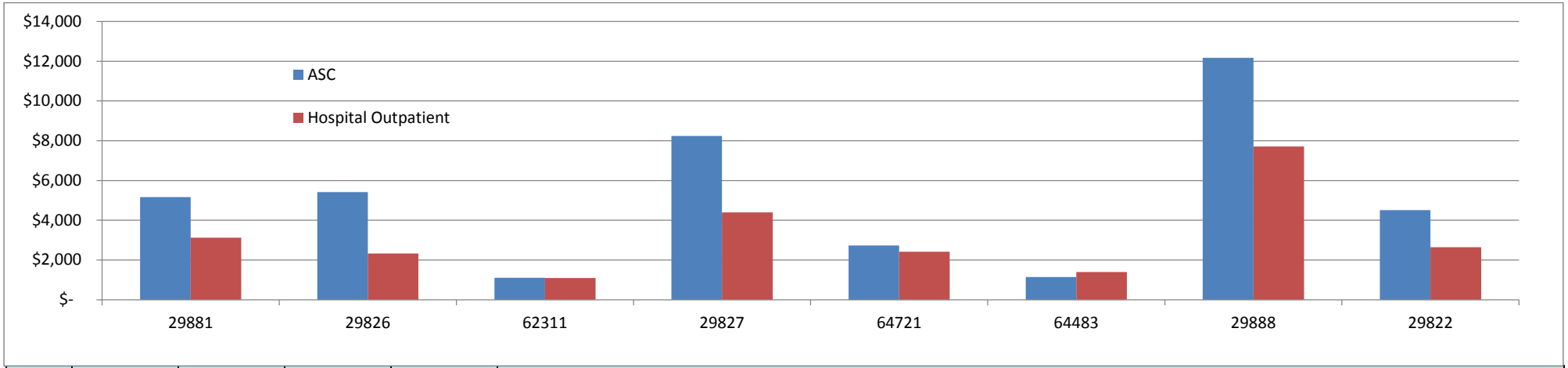
[2] *Countrywide includes AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.*

Source: NCCI Medical Data Call, Service Year 2012.

Exhibit 7

Comparison of Outpatient Surgical Costs at Ambulatory Surgical Centers versus Hospitals

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



Rank	Procedure Code	ASC	Hospital Outpatient	ASC Cost Differential	Description
1	29881	$ 5,159	$ 3,125	65%	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
2	29826	$ 5,411	$ 2,330	132%	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
3	62311	$ 1,109	$ 1,089	2%	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
4	29827	$ 8,245	$ 4,389	88%	Arthroscopy, shoulder, surgical; with rotator cuff repair
5	64721	$ 2,729	$ 2,413	13%	Neuroplasty and/or transposition; median nerve at carpal tunnel
6	64483	$ 1,136	$ 1,394	-19%	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
7	29888	$ 12,166	$ 7,714	58%	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
8	29822	$ 4,512	$ 2,643	71%	Arthroscopy, shoulder, surgical; debridement, limited

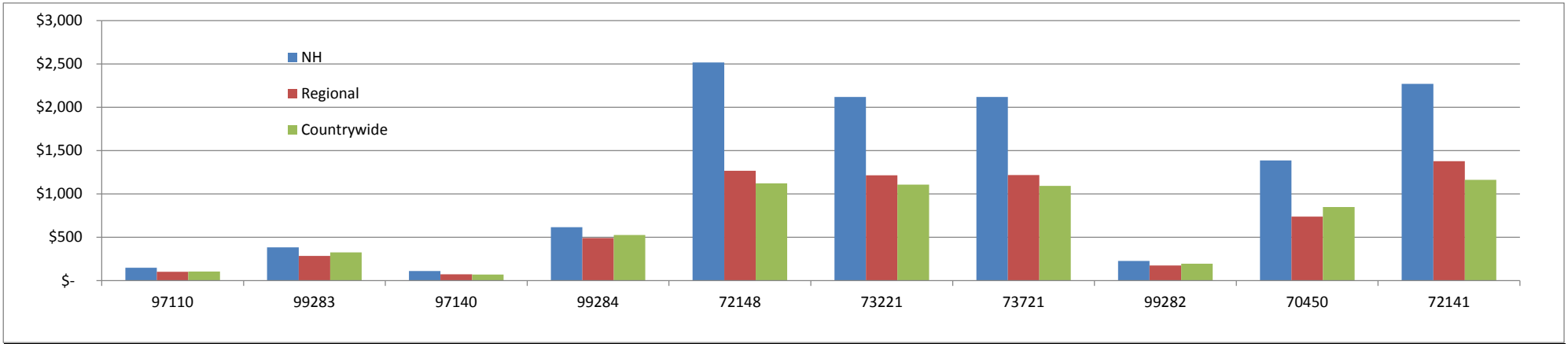
[1] *The surrounding region includes CT, ME, RI, VT. NCCI does not collect data for the state of Massachusetts.*

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

Source: NCCI Medical Data Call, Service Year 2012.

Top 10 Outpatient Non-Surgery Codes / Facility Costs / by Paid Amount for New Hampshire

On average, Facility Costs for Outpatient Non-Surgical Procedures in NH are 51% more expensive than both the surrounding region and countrywide.



Rank	Procedure Code	NH	Regional	Countrywide	Description	% of Paid Dollars
1	97110	$ 148	$ 103	$ 107	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15.4%
2	99283	$ 384	$ 286	$ 326	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	8.3%
3	97140	$ 112	$ 75	$ 70	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	6.1%
4	99284	$ 617	$ 493	$ 525	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.	3.8%
5	72148	$ 2,516	$ 1,267	$ 1,122	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	3.5%
6	73221	$ 2,119	$ 1,214	$ 1,109	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	3.2%
7	73721	$ 2,119	$ 1,219	$ 1,092	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	3.1%
8	99282	$ 228	$ 174	$ 195	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	2.9%
9	70450	$ 1,387	$ 740	$ 850	Computed tomography, head or brain; without contrast material	2.7%
10	72141	$ 2,270	$ 1,378	$ 1,163	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	2.1%
						51.2%

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

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

Source: NCCI Medical Data Call, Service Year 2012.