#### Expert Not Yet Engaged

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# Pro Bill Analysis

- Historical Analysis of Billed Charges -

Patient Name: Daenerys Targaryen

Prepared For: AccuMed Healthcare Research LLC

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Date: August 5, 2024

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## **O** Daenerys Targaryen

This report analyzes the patient's medical treatment from 08/17/2019 to 12/14/2020 and arrives at the reasonable value for the services in their area. In the development of this report, a total of 1,762,718 historical records of providers performing similar procedures were identified. For information on data sources and methodologies, please reference the appendices.



#### Bill Analysis Summary:

	Total Billed	Not	Analyzed	Reasonable
Denver, CO Providers	Charges	Analyzed <sup>1</sup>	Charges	Value
Anesthesiology Specialists: Ros Me, MD	\$ 6,500.00	\$ -	\$ 6,500.00	\$ 7,220
Associates of Radiology	86.00	-	86.00	95
Casterly Rock Pain Management: Jon Snow, DO	2,500.00	-	2,500.00	1,331
Casterly Rock Pain Management: Khal Drogo, MD	3,525.00	-	3,525.00	3,795
Diversified Radiology of Dragonstone	370.00	-	370.00	936
Dorne Imaging Center	2,680.00	-	2,680.00	3,327
Dragonstone Medical Center	35,901.46	1.26	35,900.20	31,002
Emergency Medicine Specialists: Ed Stark, MD	1,058.00	-	1,058.00	1,150
Emergency Medicine Specialists: Sansa Stark, MD	1,091.00	-	1,091.00	1,438
King's Landing Physical Therapy	7,654.00	-	7,654.00	10,872
Riverrun Medical Center	8,454.24	212.85	8,241.39	7,142
Stepstones Orthopedic: Marg Tyrell, MD	21,550.00	-	21,550.00	22,958
Stepstones Orthopedic: Nymeria Sand, PA-C	10,000.00	-	10,000.00	12,108
Stepstones Orthopedic: Radiology	252.00	-	252.00	238
Surgery Center at Sunspear	10,020.00	-	10,020.00	15,014
Valyria Back Pain Providers: El Sand, PT	2,256.00	-	2,256.00	1,532
Winterfell Hospital 1/2/20 - 1/14/20	276,058.76	-	276,058.76	313,693
	\$ 389,956.46	\$ 214.11	\$ 389,742.35	\$ 433,851

<sup>&</sup>lt;sup>1</sup> Not analyzed due to insufficient information



## **Itemized Bill Charges**

This section lists the bills that Daenerys Targaryen incurred for the treatment of her injuries. Each bill details the specific procedures and their reasonable value in the patient's area.

		Anesthesiology Specialists: Ros Me, MD 01/02/20 - 01/02/20								
Provider #1	<u>Date</u> 01/02/20	<u>Code</u> 00670	<u>Units</u> 1	Description  Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	Reasonable Value \$ 7,220					
				Total Bill	\$ 7,220					

	<b>Associate</b> 03/16/20 - 0		logy		
	<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value
Provider #2	03/16/20	73110	10	Radiologic examination, wrist; complete, minimum of 3 views	\$ 47
	03/16/20	73610	<b>5</b> <sup>1</sup>	Radiologic examination, ankle; complete, minimum of 3 views	48
		C)		Total Bill	\$ 95

	Casterly Rock Pain Management: Jon Snow, DO 07/14/20 - 07/14/20								
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value				
Provider #3	07/14/20	64483	1	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	\$ 1,331				
				Total Bill	\$ 1,331				

	Casterly I 08/19/19 -		/lanageme	ent: Khal Drogo, MD	
	<u>Date</u> 08/19/19	<u>Code</u> 99205	<u>Units</u> 1	Description  Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making	Reasonable Value \$ 763
Provider #4	09/16/19	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	275
	09/30/19	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	275
	10/31/19	99213	51	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	275

	Casterly F	Rock Pain M	anageme	ent: Khal Drogo, MD (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	12/04/19	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	275
	02/12/20	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276
Provider #4	03/31/20	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276
	05/15/20	99213	<b>S</b> <sup>1</sup>	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276
	06/23/20	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276

	Casterly I	Rock Pain	Manageme	ent: Khal Drogo, MD (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value
	07/21/20	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276
Provider #4	09/04/20	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276
	12/14/20	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	276
			5	Total Bill	\$ 3,795

		Diversified Radiology of Dragonstone 08/17/19 - 08/17/19								
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value					
	08/17/19	70450	1	Computed tomography, head or brain; without contrast material	\$ 196					
Provider #5	08/17/19	72125	1	Computed tomography, cervical spine; without contrast material	264					
	08/17/19	72128	1	Computed tomography, thoracic spine; without contrast material	238					
	08/17/19	72131	1	Computed tomography, lumbar spine; without contrast material	238					
				Total Bill	\$ 936					

		Dorne Imaging Center 09/24/19 - 09/24/19							
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value				
Provider #6	09/24/19	72148	1	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$ 1,585				
	09/24/19	73721	1	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	1,742				
				Total Bill	\$ 3,327				

	<b>Dragonsto</b> 08/17/19 - 0	one Medica 08/17/19	l Center		
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	08/17/19	70450	1	Computed tomography, head or brain; without contrast material	\$ 4,525
	08/17/19	72125	70	Computed tomography, cervical spine; without contrast material	6,088
Provider #7	08/17/19	72128	<b>5</b> <sup>1</sup>	Computed tomography, thoracic spine; without contrast material	6,887
#1	08/17/19	72131	1	Computed tomography, lumbar spine; without contrast material	6,575
	08/17/19	99284	1	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate	6,927
				level of medical decision making  Total Bill	\$ 31,002

	Emergeno 03/16/20 - 0	•	e Specialis	sts: Ed Stark, MD	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value
	03/16/20	29515	1	Application of short leg splint (calf to foot)	\$ 166
Provider #8	03/16/20	99284	1	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	984
				Total Bill	\$ 1,150

	_	Emergency Medicine Specialists: Sansa Stark, MD 08/17/19 - 08/17/19					
Provider	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value		
#9	08/17/19	99285	1	Emergency department visit, problem with significant threat to life or function	\$ 1,438		
			70	Total Bill	\$ 1,438		

		King's Landing Physical Therapy 01/17/20 - 09/28/20					
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value		
	01/17/20	97112	2	Therapeutic procedure, 1 or more areas,	\$ 140		
Provider #10		O		each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities			
	01/20/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286		

	King's La	nding Physica	al Thera	apy (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value
	01/25/20	97112	3	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	210
	01/28/20	97112	4	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	280
Provider #10	01/30/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
#10	02/10/20	97110	470	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
	02/15/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
	02/23/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
	03/01/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286

	King's La	nding Physica	al Thera	apy (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	03/07/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
	03/13/20	97112	4	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	280
	03/21/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
Provider #10	03/28/20	97112	3	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	210
	03/30/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
	04/05/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
	04/12/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143

	King's La	nding Physic	al Thera	apy (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	04/25/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
	04/29/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
	05/02/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
Provider #10	05/09/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
	05/14/20	97110	37	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	215
	05/21/20	97112	4	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	280
	05/29/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143

	King's La	nding Physic	al Thera	apy (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	05/29/20	97112	2	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	140
	06/02/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
Provider #10	06/07/20	97112	3	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	210
	06/08/20	97110	27	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
	06/10/20	97112	1	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	70
	06/16/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286

	King's La	nding Physic	al Thera	apy (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	06/19/20	97112	4	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	280
	06/21/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
Provider #10	06/24/20	97112	3	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	210
	06/27/20	97110	2 7	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
	06/30/20	97112	3	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	210
	07/06/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286

King's La	nding Physic	al Thera	apy (Cont.)	
<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value
07/07/20	97112	4	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	280
07/13/20	97110	4	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
07/14/20	97112	4	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	280
07/23/20	97110	30	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	215
07/24/20	97112	3	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	210
07/27/20	97110	3	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	215
08/04/20	97110	3	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	215
	Date 07/07/20 07/13/20 07/14/20 07/23/20 07/24/20	Date       Code         07/07/20       97112         07/13/20       97110         07/23/20       97110         07/24/20       97112         07/27/20       97110	Date       Code       Units         07/07/20       97112       4         07/13/20       97110       4         07/14/20       97112       4         07/23/20       97110       3         07/24/20       97112       3         07/27/20       97110       3	07/07/20       97112       4       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         07/13/20       97110       4       Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility         07/14/20       97112       4       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         07/23/20       97110       3       Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility         07/24/20       97112       3       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         07/27/20       97110       3       Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility         08/04/20       97110       3       Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

Date Code Units Description Reason 08/10/20 97110 3 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility  08/17/20 97110 4 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	215 286
each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility  08/17/20 97110 4 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of	
each 15 minutes; therapeutic exercises to develop strength and endurance, range of	286
08/27/20 97110 2 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
Provider #10  3 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	215
09/14/20 97110 2 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	143
09/22/20 97110 4 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
09/28/20 97110 4 Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	286
Total Bill	\$ 10,872

	<b>Riverrun I</b> 03/16/20 -	<b>Medical Ce</b> 03/16/20	nter		
	<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value
	03/16/20	29515	1	Application of short leg splint (calf to foot)	\$ 546
	03/16/20	73110	1	Radiologic examination, wrist; complete, minimum of 3 views	1,032
Provider	03/16/20	73610	1	Radiologic examination, ankle; complete, minimum of 3 views	1,124
#11	03/16/20	99283	1	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	4,355
	03/16/20	J1885	1	Injection, ketorolac tromethamine, per 15 mg	85
				Total Bill	\$ 7,142

	Stepstones Orthopedic: Marg Tyrell, MD 11/10/19 - 01/02/20						
Provider #12	<u>Date</u> 11/10/19	<u>Code</u> <u>Units</u> 99213 1	Description  Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Reasonable Value \$ 204			
	12/16/19	99213 1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	204			

	Stepstone	s Orthoped	lic: Marg	Tyrell, MD (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	12/29/19	99213	1	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	204
	01/02/20	20937	1	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	1,288
	01/02/20	22630	1	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	7,964
Provider #12	01/02/20	22632	2	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace	4,745
	01/02/20	22842	1	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	4,528
	01/02/20	22853	3	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	3,821
				Total Bill	\$ 22,958

	Stepstone 01/02/20 -	•	lic: Nyme	eria Sand, PA-C	
	<u>Date</u> 01/02/20	<u>Code</u> 22630	<u>Units</u> 1	Description  Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Reasonable Value \$ 4,817
	01/02/20	22632	2	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace	2,180
Provider #13	01/02/20	22842	1	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	2,334
	01/02/20	22853	3	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	2,777
		<b>1</b>		Total Bill	\$ 12,108

	<b>Stepstone</b> 11/24/19 -	es Orthope 11/24/19	dic: Radio	ology	
Provider #14	<u>Date</u> 11/24/19	<u>Code</u> 72114	<u>Units</u> 1	Description Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Reasonable Value \$ 238
				Total Bill	\$ 238

	Surgery 0 07/14/20 -	<b>Center at Su</b> <i>07/14/20</i>	ınspear	Political	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
Provider #15	07/14/20	64483	1	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	\$ 7,507
	07/14/20	64483	1	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	7,507
			13	Total Bill	\$ 15,014

	-	Valyria Back Pain Providers: El Sand, PT 06/17/20 - 08/05/20							
	<u>Date</u>	<u>Code</u>	<u>Units</u>	Description	Reasonable Value				
Provider	06/17/20	97140	1	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	\$ 70				
#16	06/17/20	97163	1	Physical therapy evaluation: high complexity	150				
	06/21/20	97110	1	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	72				

	Valyria Ba	ick Pain Prov	iders: E	El Sand, PT (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	06/21/20	97140	2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	140
	06/28/20	97110	1	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	72
	06/28/20	97140	2	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	140
Provider #16	07/08/20	97140	3	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	210
	07/12/20	97140	37	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	210
	07/20/20	97110	1	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	72
	07/20/20	97140	1	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	70
	07/20/20	97164	1	Re-evaluation of physical therapy established plan of care	113

	Valyria Ba	nck Pain Pr	oviders: E	El Sand, PT (Cont.)	
	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
	08/05/20	97110	2	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to	143
Provider #16				develop strength and endurance, range of motion and flexibility	
	08/05/20	97140	1	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	70
				Total Bill	\$ 1,532

	<b>Winterfell</b> 01/02/20 - 0	•	1/2/20 - 1/14	4/20	
Provider	<u>Date</u>	<u>Code</u>	<u>Units</u>	<u>Description</u>	Reasonable Value
#17	01/14/20	460	1	Spinal fusion except cervical w/o mcc	\$ 313,693
	Pro	cedure Codes:	0SG10AJ		
				Total Bill	\$ 313,693

The following procedures were excluded from the report due to insufficient data:

Bill Title	<u>Code</u>	<u>Units</u>	<u>Description</u>	
Dragonstone Medical Center	R0637	1	Self-Administrable Drug	
Riverrun Medical Center	R0250	3	Pharmacy	

#### Appendix A – References & Data Sources

#### Current Procedural Terminology (CPT)

"CPT" is a registered trademark of the American Medical Association. CPT codes and descriptions are copyrighted by the American Medical Association and used herein for explanatory purposes only.

#### Professional, Device and Center Data

The data contained in this report related to professional providers, durable medical equipment, ambulatory surgery centers, and diagnostic testing facilities is based on providers' fee schedules; representing the full billed charges for specific services.

The report also leverages the American Medical Association's CPT® codebook, Optum360's National Fee Analyzer, the American Society of Anesthesiologists ("ASA") Crosswalk book, EncoderPro, and www.findacode.com.

#### **Hospital & Emergency Department Data**

The data contained in this report related to hospitals is sourced from the Nationwide Inpatient Sample of the Healthcare Cost and Utilization Project (the "HCUP NIS") and the Nationwide Emergency Department Sample (the "HCUP NEDS"), which are sponsored by the Agency for Healthcare Research and Quality (an Agency in the US Department of Health and Human Services), bills already reviewed, or the American Hospital Directory.

HCUP databases contain information from a sample of approximately 20% of all inpatient discharges from HCUP-participating hospitals. The information contained in the database includes, among other data elements, primary and secondary diagnosis codes, procedural ("PCS") codes, Diagnosis Related Group ("DRG") codes, and total hospital charges for each patient.

Additional information on HCUP's data and methodologies can be found here: https://www.hcup-us.ahrq.gov/nisoverview.jsp, https://www.hcup-us.ahrq.gov/nedsoverview.jsp

Information on HCUP's data partners that contributed to the database can be found here: http://www.hcup-us.ahrq.gov/db/hcupdatapartners.jsp

Information on the American Hospital Directory can be found here: www.ahd.com

#### **Inflation Data**

When necessary, the billed charges in the databases are inflated to represent present day costs or, for historical analyses, the year the service occured. These inflation rates are sourced from the Bureau of Labor Statistics' ("BLS") monthly CPI Reports for Medical Care.

Professional providers' billed charges are inflated according to BLS' Medical Care: Professional Services rates. Facilities' billed charges are inflated according Medical Care: Hospital and Related Services rates.

The following table summarizes these rates:

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	2020	<u>2021</u>	<u>2022</u>	<u>2023</u>
Facility	3.90%				5.10%						
Professional	2.10%	1.70%	1.90%	3.10%	-1.80%	0.60%	1.40%	1.70%	4.30%	1.70%	-0.60%

Information on BLS' monthly reports can be found here: https://www.bls.gov/cpi/tables/supplemental-files/home.htm

#### Appendix B - Methodologies

#### Overview

This report is built with the mission of providing transparency into the billed charges of treatment for a patient receiving care in a specific geographic region and at a specific point in time. This mission guides all decisions in assembling each report.

There are no independent assumptions or opinions on a patient's current state of health, diagnosis, or prognosis. This relies on notes provided by the patients' doctors and the codes on their medical bills for these assessments. There is no review of patients' financial or other resources available to obtain medical care. Reports only analyze billed charge amounts, representing the total charges of the procedures before any third-party contracted rates would apply.

#### **Analysis**

The reasonable value is set at the 80th percentile; a broadly accepted metric for determining usual, customary, and reasonable ("UCR") in the healthcare industry. Percentiles of billed charges for professional providers, durable medical equipment, ambulatory surgery centers, and diagnostic testing facilities are determined by searching historical databases for each occurrence of a HCPCS code billed by the same or similar provider the patient received treatment from (e.g. physical therapy from a physical therapist). The data is then filtered to include only providers within a preset radius around a designated location. If there are no occurrences of that code in the selected radius, the radius is enlarged for that code and noted in the report. In circumstances where a national sample is pulled, a geographic adjustment factor is applied to make the values geographically relevant. Percentiles are calculated using the resulting relevant data. Determining the value of hospital charges is done in a similar manner except the hospital database is filtered based on DRG codes and PCS codes instead of HCPCS codes.

### Appendix C – Supporting Code Detail

Bill#	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
1	00670	Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)	Physician and Other Supplier, PUF 2020	30	710	\$ 7,220
2	73110	Radiologic examination, wrist; complete, minimum of 3 views	Physician and Other Supplier, PUF 2020	30	3,136	\$ 47
2	73610	Radiologic examination, ankle; complete, minimum of 3 views	Physician and Other Supplier, PUF 2020	30	3,282	\$ 48
3	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Physician and Other Supplier, PUF 2020	30	3,624	\$ 1,331
4	99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making	Physician and Other Supplier, PUF 2019	30	632	\$ 763
4	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2019	30	5,128	\$ 275
4	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2020	30	4,581	\$ 276
5	70450	Computed tomography, head or brain; without contrast material	Physician and Other Supplier, PUF 2019	30	45,964	\$ 196
5	72125	Computed tomography, cervical spine; without contrast material	Physician and Other Supplier, PUF 2019	30	12,724	\$ 264

Bill #	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
5	72128	Computed tomography, thoracic spine; without contrast material	Physician and Other Supplier, PUF 2019	30	1,163	\$ 238
5	72131	Computed tomography, lumbar spine; without contrast material	Physician and Other Supplier, PUF 2019	30	3,328	\$ 238
6	72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Physician and Other Supplier, PUF 2019	30	8,073	\$ 1,585
6	73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Physician and Other Supplier, PUF 2019	30	5,563	\$ 1,742
7	70450	Computed tomography, head or brain; without contrast material	American Hospital Directory - National Outpatient CPT Data 2019	30	13,315	\$ 4,525
7	72125	Computed tomography, cervical spine; without contrast material	American Hospital Directory - National Outpatient CPT Data 2019	30	5,224	\$ 6,088
7	72128	Computed tomography, thoracic spine; without contrast material	American Hospital Directory - National Outpatient CPT Data 2019	30	441	\$ 6,887
7	72131	Computed tomography, lumbar spine; without contrast material	American Hospital Directory - National Outpatient CPT Data 2019	30	1,126	\$ 6,575
7	99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	American Hospital Directory - National Outpatient CPT Data 2019	30	31,474	\$ 6,927
8	29515	Application of short leg splint (calf to foot)	Physician and Other Supplier, PUF 2017	National w/ GAF	148	\$ 166

Bill#	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
8	99284	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making	Physician and Other Supplier, PUF 2020	30	17,942	\$ 984
9	99285	Emergency department visit, problem with significant threat to life or function	Physician and Other Supplier, PUF 2019	30	69,468	\$ 1,438
10	97112	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	Physician and Other Supplier, PUF 2020	30	15,853	\$ 70
10	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Physician and Other Supplier, PUF 2020	30	24,171	\$ 72
11	29515	Application of short leg splint (calf to foot)	American Hospital Directory - National Outpatient CPT Data 2020	100	160	\$ 546
11	73110	Radiologic examination, wrist; complete, minimum of 3 views	American Hospital Directory - National Outpatient CPT Data 2020	30	1,819	\$ 1,032
11	73610	Radiologic examination, ankle; complete, minimum of 3 views	American Hospital Directory - National Outpatient CPT Data 2020	30	1,873	\$ 1,124
11	99283	Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making	American Hospital Directory - National Outpatient CPT Data 2020	30	13,683	\$ 4,355

Bill #	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
11	J1885	Injection, ketorolac tromethamine, per 15 mg	American Hospital Directory - National Outpatient CPT Data 2020	30	6,736	\$ 85
12	99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making.	Physician and Other Supplier, PUF 2019	30	38,546	\$ 204
12	20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2020	National w/ GAF	4,313	\$ 1,288
12	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Physician and Other Supplier, PUF 2020	National w/ GAF	2,199	\$ 7,964
12	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace	Physician and Other Supplier, PUF 2020	National w/ GAF	324	\$ 2,372
12	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2020	30	592	\$ 4,528
12	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2020	30	1,118	\$ 1,274

Bill#	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
13	22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Physician and Other Supplier, PUF 2020	National w/ GAF	979	\$ 4,817
13	22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace	Physician and Other Supplier, PUF 2017	National w/ GAF	141	\$ 1,090
13	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2020	30	359	\$ 2,334
13	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Physician and Other Supplier, PUF 2020	30	659	\$ 926
14	72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Physician and Other Supplier, PUF 2019	30	340	\$ 238
15	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Physician and Other Supplier, PUF 2020	30	2,640	\$ 7,507
15	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Physician and Other Supplier, PUF 2020	30	2,640	\$ 7,507
16	97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Physician and Other Supplier, PUF 2020	30	23,440	\$ 70

Bill#	Code	Description	Data Source	Radius (miles)	Total Patients	Value / Unit
16	97163	Physical therapy evaluation: high complexity	Physician and Other Supplier, PUF 2020	30	1,267	\$ 150
16	97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Physician and Other Supplier, PUF 2020	30	24,171	\$ 72
16	97164	Re-evaluation of physical therapy established plan of care	Physician and Other Supplier, PUF 2020	30	2,356	\$ 113
17	460	Spinal fusion except cervical w/o mcc	National (Nationwide) Inpatient Sample (NIS) 2016	National w/ GAF	2,593	\$ 313,693

Procedure Codes: 0SG10AJ (v10) Fusion 2-4 L Jt w Intbd Fus Dev, Post Appr A Col, Open