

National Summary Data Report on Eight Wave 1 Episode-Based Cost Measures:

- Elective Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with Intraocular Lens (IOL) Implantation
- Screening/Surveillance Colonoscopy
- Intracranial Hemorrhage or Cerebral Infarction
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infarction (STEMI) with PCI

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1.0 Introduction

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) introduced a new approach to clinician payment, which seeks to incentivize the delivery of high-quality patient care through incentive payments to clinicians participating in Advanced Alternative Payment Models (Advanced APMs) and through the establishment of the Merit-based Incentive Payment System (MIPS). These two programs are collectively called the Quality Payment Program. Under the MIPS program, clinicians will be measured through four performance categories – quality, improvement activities, promoting interoperability (formerly known as advancing care information), and cost. As CMS’ cost measure development contractor, Acumen developed eight episode based cost measures during Wave 1 for potential use in the cost performance category. These measures were developed with extensive input from Clinical Subcommittees, a Technical Expert Panel, and public comment. Acumen conducted field testing for these measures, through which clinicians and other stakeholders had an opportunity to provide feedback on the measure specifications and the field test report template. Field testing also served as an opportunity for clinicians to learn about episode-based cost measures and gain experience with the episode based cost measures reports before their potential use in the Quality Payment Program.

The measure development process used for these cost measures relies on clinician and stakeholder input to develop clinically valid and transparent measures that provide actionable information to clinicians. A “wave” approach is used and Clinical Subcommittees, groups that focused on a particular clinical area, were established to convene and provide structured clinical input on the components of episode-based cost measures. The first wave of development included seven Clinical Subcommittees with around 150 members affiliated with nearly 100 specialty societies. Acumen convened the first wave of Clinical Subcommittees in May 2017 – January 2018 to select the episode groups for cost measures development and to provide input on measure specifications. The seven Clinical Subcommittees contributed to the development of eight episode-based cost measures.

Episode-based cost measures represent the cost to Medicare for the items and services furnished to patients during an episode of care. These measures are developed to inform clinicians on the cost of care for an episode during which they manage the care for an acute medical condition or perform a procedure. These episode-based cost measures are designed to count only costs that are clinically related to the care provided by clinicians to whom the episodes are attributed, and to exclude costs for services that are clinically unrelated to that care. In conjunction with quality of care assessment, cost measures aim to incentivize high-value, patient centered care across a patient’s care trajectory.

During the MACRA Episode-based Cost Measures Field Testing period between October 16, 2017 and November 20, 2017, a version of this National Summary Data Report was posted on the CMS website to provide the results of empirical analyses for the eight episode-based cost measures under development. It presented national-level summary statistics that provided information on the cost measures that stakeholders may use to understand the performance of clinicians and clinician groups relative to the performance of others nationally. Specifically, the report provided summary statistics on beneficiary demographics and episode attribution as well as analyses illustrating variation across providers in cost measure scores and episode costs.

Following field testing, the Clinical Subcommittees considered the feedback received during field testing and made recommendations to refine the measure. We have now updated the

report to include additional information requested by stakeholders, and to update the summary statistics using the cost measures that incorporate Subcommittee refinements.

The final measure specifications, which include the Cost Measure Methodology document and a Measure Codes List file for each of the eight cost measures, can be found on this page: <https://qpp.cms.gov>.

Section 1.1 discusses field testing of the eight cost measures while Section 1.2 provides the methodology and data sources used in this report.

1.1 Summary of MACRA Episode-Based Cost Measures Field Testing

Between October and November 2017, the field testing of eight episode-based cost measures was conducted. In this testing period, clinicians and clinician groups were able to access Field Test Reports on the CMS Enterprise Portal if they were attributed at least 10 episodes from one or more of the eight episode-based cost measures during the period June 1, 2016 to May 31, 2017.

These reports contained information on performance scores based on these measures. Clinicians were identified by their Taxpayer Identification Number/National Provider identifier (TIN-NPI), while clinician groups were identified by their Taxpayer Identification Number (TIN). A total of 973 EIDM users logged into this portal, selected the Cost Measure Field Testing option, and completed the required attestation language. These 973 EIDM users are associated with a total of 1,364 clinician group (TIN) level reports and 10,628 clinician (TIN-NPI) level reports.

The following eight episode-based cost measures were calculated during the field test:

- Elective Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization For Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with IOL Implantation
- Screening/Surveillance Colonoscopy
- Intracranial Hemorrhage Or Cerebral Infarction
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

Feedback was collected on the Field Test Report and the supplemental materials that were publicly posted during the field testing period. The materials included: the Draft Cost Measure Methodology for each measure, the Draft Measure Codes List file for each measure, the Frequently Asked Questions document, a field testing Fact Sheet, and a mock Field Test Report.¹ CMS received over 200 submissions of stakeholder feedback through an online survey, including 53 comment letters. Acumen analyzed the episode group-specific field testing feedback and provided summary reports to the Clinical Subcommittees to inform post-field testing measure refinements. A field testing feedback summary report is also publicly available.²

¹ MACRA Episode-based Cost Measures Field Testing Materials, "<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Feedback.html>."

² The Field Testing Feedback Summary Report is available at <https://qpp.cms.gov>.

1.2 Methodology

All empirical analyses presented in this document were conducted based upon data from the following sources:

- Enrollment Database (EDB)
- Common Working File (CWF) Claims Data
 - Durable Medical Equipment (DME) Claims Data
 - Home Health (HH) Claims Data
 - Hospice (HS) Claims Data
 - Inpatient (IP) Claims Data
 - Outpatient (OP) Claims Data
 - Part B Physician/Supplier (PB) Claims Data
 - Skilled Nursing (SN) Claims Data
- Minimum Data Set (MDS)

Cost figures presented in this report are defined by allowed amounts on Medicare claims data which represent the Medicare-allowed charge for a given service and include both Medicare payments and beneficiary deductible and coinsurance. Additionally, cost figures are standardized to remove any Medicare payment differences due to adjustments for geographic differences in wage levels or policy-driven payment adjustments such as those for teaching hospitals. This standardization is intended to preserve cost differences that result solely from healthcare delivery choices, allowing for accurate resource use comparisons between providers. For more information on calculation of the standardized costs, please refer to Section 3 of the “Cost Measure Methodology” for each episode-based cost measure. This document is available at the link provided above in Section 1.

Episodes were constructed and the cost measure scores were calculated based on the methodology given in the “Cost Measure Methodology” document and the “Measure Codes List” file corresponding to each episode-based cost measure, available at the link in Section 1, above. All analyses were conducted on episodes ending between June 1, 2016 and May 31, 2017.

2.0 National Summary Statistics

This section provides national summary statistics and high-level trends for the eight cost measures. Section 2.1 presents summary statistics about beneficiary demographics facts. Next, Section 2.2 discusses the reliability results for each measure. Section 2.3 shows a breakdown of clinicians with certain episode counts for each cost measure. Section 2.4 presents provider cost measure scores by various provider characteristics. Finally, Section 2.5 shows episode costs by clinical themes, which are clinical categorizations of the services assigned to episode costs during the episode window.

2.1 Summary of Beneficiary Demographics

The table below provides a summary of the demographics (age and sex) of the beneficiaries for each of the eight cost measures. To be counted in the table, a beneficiary must have at minimum one episode in at least one of the eight cost measures during the measurement period and there is no restriction to providers with 10 or more cases. There are more episodes than beneficiaries because, in some cases, the same beneficiary triggers more than one episode in the period.

Table 1. Beneficiary Demographics for the Eight Episode Based Cost Measures

Type of Episode Group	Episode Group	# Episodes	# Beneficiaries	Average Age	Sex (% Female)
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	100,992	94,570	73.18	33.06%
Procedural	Knee Arthroplasty	249,301	239,709	72.52	63.56%
Procedural	Revascularization for Lower Extremity Chronic Critical Limb Ischemia	104,669	82,948	73.68	42.38%
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	583,356	513,803	73.83	62.32%
Procedural	Screening/Surveillance Colonoscopy	780,025	776,718	70.17	51.95%
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	136,423	129,701	77.16	54.84%
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	157,086	152,546	77.65	56.30%
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	22,702	22,680	72.54	37.56%

2.2 Reliability

Reliability is a number that shows the overall consistency of a measure, typically expressed as a number from 0 to 1. It refers to the extent to which a measure score reflects the true performance of a clinician or clinician group, as opposed to random variation. A measure with a reliability of one means that the same clinician, performing the same service, on the same set of

patients, would always receive the same score. Reliability for a given clinician can be defined as the ratio of the between-group variance³ over the sum of the between-group variance and within group-variance.⁴ CMS generally considers reliability levels between 0.4 and 0.7 as indicating “moderate” reliability and levels above 0.7 as indicating “high” reliability.

The table below presents the mean reliability of the cost measures and the percentage of TINs and TIN-NPIs meeting a 0.4 reliability threshold. Only episodes for clinicians and clinician groups who meet a 10 episode case minimum for procedural episode groups and 20 episode case minimum for acute inpatient medical condition episode groups are included in this table. Each row in this table provides the percentage of TINs and TIN/NPIs who had reliability of 0.4 or higher among all the TINs and TIN/NPIs who met the case minimum for that measure during the study period (6/1/2016 to 5/31/2017).

Table 2. Percentage of TINs and TIN-NPIs Meeting Reliability Threshold at the Case Minimums

Measure Name	% TINs meeting 0.4 reliability threshold	Mean Reliability for TINs	% TIN-NPIs meeting 0.4 reliability threshold	Mean Reliability for TIN-NPIs
Elective Outpatient Percutaneous Coronary Intervention (PCI)	100.0%	0.73	84.1%	0.53
Knee Arthroplasty	100.0%	0.87	100.0%	0.81
Revascularization for Lower Extremity Chronic Critical Limb Ischemia	100.0%	0.74	100.0%	0.64
Routine Cataract Removal with Intraocular Lens (IOL) Implantation	100.0%	0.95	100.0%	0.94
Screening/Surveillance Colonoscopy	100.0%	0.96	100.0%	0.93
Intracranial Hemorrhage Or Cerebral Infarction	100.0%	0.70	74.9%	0.48
Simple Pneumonia with Hospitalization	100.0%	0.64	31.8%	0.40
ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	100.0%	0.59	100.0%	0.59

2.3 Episode Attribution

Episodes are attributed to a principal (or managing) clinician based on the trigger event. The principal clinician is held responsible for the services that are assigned to the episode based on their clinical relevance to the clinician’s role in managing patient care. Information from claims is used to identify the clinician to whom an episode is attributed.

The rules for attributing episodes are determined by the type of episode group. For acute inpatient medical condition episode groups, an episode is attributed to a clinician group rendering at least 30% of inpatient evaluation and management (E&M) services during an inpatient hospitalization with an MS-DRG for the episode group, and to clinicians who bill at least one inpatient E&M claim line under a TIN that meets the 30% threshold. These clinicians are identified by a unique TIN-NPI informed by the “provider tax number” and “performing physician” fields on the Part B Physician/Supplier E&M claims. For procedural episode groups,

³ The between-group variance measures the variance of the measure due to systematic differences between clinicians for whom the measure is calculated.

⁴ The within-group variance measures the variance of the measure due to varying episode costs experienced by the original clinician.

episodes are attributed to clinician groups or clinicians rendering the trigger services as identified by HCPCS/CPT procedure codes.

Table 3 below presents a breakdown of clinicians and clinician groups with a particular number of episodes, to illustrate the number of different episode groups for which a provider is attributed episodes. Only TINs and TIN-NPIs who meet a 10 episode case minimum for procedural episode groups and 20 episode case minimum for acute inpatient medical condition episode groups are included in this table. Multispecialty practices are much more likely to have more than one or two episode groups of the different types reported, since small clinician groups from a single specialty will be unlikely to provide many patients services outside their specialty.

Table 3. Number of Distinct Episode Groups for TINs and TIN-NPIs

Number of Episode Groups with Episodes Attributed	Count of TINs	Count of TIN-NPIs
1	11,777	40,003
2	1,190	703
3	413	1
4	250	0
5	202	0
6	128	0
7	146	0
8	56	0

The following table presents a summary of the most attributed specialties for each of the measures, based on the number of episodes attributed to each specialty. This table uses the reported Health Care Finance Administration (HCFA) specialty designations from trigger claims data. Only those who meet a 10 episode case minimum for procedural episode groups and 20 episode case minimum for acute condition episode groups are included in this table.

Table 4. Most Attributed Specialties for each Cost Measure

Type of Episode Group	Episode Group	Most Attributed Specialty			Second Most Attributed Specialty			Third Most Attributed Specialty		
		Specialty	# of Episodes	# of TIN-NPIs Nationally	Specialty	# of Episodes	# of TIN-NPIs Nationally	Specialty	# of Episodes	# of TIN-NPIs Nationally
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	Cardiology	48,522	2,307	Interventional Cardiology	30,335	1,412	Internal Medicine	1,724	101
Procedural	Knee Arthroplasty	Orthopedic Surgery	227,608	6,845	Physician Assistant	119,375	3,353	Nurse Practitioner	10,184	313
Procedural	Revascularization for Lower Extremity Chronic Critical Limb Ischemia	Vascular Surgery	37,729	1,489	Cardiology	19,416	732	Interventional Cardiology	8,436	352
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	Ophthalmology	572,414	8,181	Otolaryngology	165	3	Internal Medicine	151	6
Procedural	Screening/Surveillance Colonoscopy	Gastroenterology	609,857	9,199	General Surgery	67,548	2,077	Internal Medicine	35,392	879
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	Neurology	41,291	1,445	Internal Medicine	7,286	321	Nurse Practitioner	3,605	119
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	Internal Medicine	10,552	484	Pulmonary Disease	3,018	150	Family Practice	2,808	115
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	Interventional Cardiology	89	8	Cardiology	61	3	Internal Medicine	40	2

The following tables provide a summary of the number of clinicians and clinician groups who were attributed a certain number of episodes for each episode group.

Table 5. Number of TINs Meeting Episode Count Thresholds, by Episode Group

Type of Episode Group	Episode Group	Count of TINs							
		10-19 Episodes	20-39 Episodes	40-59 Episodes	60-79 Episodes	80-99 Episodes	100-199 Episodes	200-299 Episodes	300+ Episodes
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	458	437	224	147	109	186	49	24
Procedural	Knee Arthroplasty	758	761	392	232	189	425	141	164
Procedural	Revascularization for Lower Extremity Chronic Critical Limb Ischemia	587	541	280	176	92	181	40	18
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	644	907	638	466	335	823	336	456
Procedural	Screening/Surveillance Colonoscopy	811	829	462	321	235	588	273	673
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	1,040	764	338	201	119	281	78	44
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	1,560	962	427	230	122	241	48	34
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	489	249	74	13	9	2	0	0

Table 6. Number of TIN-NPIs Meeting Episode Count Threshold, by Episode Group

Type of Episode Group	Episode Group	Count of TIN-NPIs							
		10-19 Episodes	20-39 Episodes	40-59 Episodes	60-79 Episodes	80-99 Episodes	100-199 Episodes	200-299 Episodes	300+ Episodes
Procedural	Elective Outpatient Percutaneous Coronary Intervention (PCI)	1,980	1,159	253	78	27	28	1	1
Procedural	Knee Arthroplasty	4,072	3,626	1,486	682	366	405	38	6
Procedural	Revascularization for Lower Extremity Chronic Critical Limb Ischemia	1,684	1,020	285	102	40	58	12	1
Procedural	Routine Cataract Removal with Intraocular Lens (IOL) Implantation	1,428	2,022	1,419	949	666	1,289	282	134
Procedural	Screening/Surveillance Colonoscopy	2,956	3,371	2,080	1,323	918	1,830	306	64
Acute Inpatient Medical Condition	Intracranial Hemorrhage Or Cerebral Infarction	6,212	1,666	344	89	30	14	0	0
Acute Inpatient Medical Condition	Simple Pneumonia with Hospitalization	6,953	776	31	1	0	0	1	0
Acute Inpatient Medical Condition	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)	323	13	0	0	0	0	0	0

2.4 Cost Measure Scores by Provider Characteristics

A clinician or clinician group's cost measure score represents their average risk-adjusted cost to Medicare for that measure. Risk adjustment aims to facilitate a more accurate comparison of cost across clinicians by adjusting for clinical and other characteristics of patients seen by clinicians before the episode of care started. In addition to counting episode-related costs only, accounting for these factors is an additional way to ensure the validity of cost measures and to mitigate against potential unintended consequences of evaluating clinicians based on costs.

Predictors in the risk adjustment model include variables such as: the beneficiary's age, end stage renal disease (ESRD) status, an indicator of whether a beneficiary is institutionalized in a long term care facility, as well as Hierarchical Condition Categories (HCC) data and other clinical characteristics that were recommended by the Clinical Subcommittee for each measure. For full details of each measure's risk adjustment model, please refer to the "Cost Measure Methodology" and "Measure Codes List" for each measure as linked to in Section 1, above.

Provider characteristics that are explored in this section include geographic variables based on the provider's zip code as found on Medicare claims. These include the urban-rural classification, census region, and census division for each provider's zip code. The census region and census division classifications are used in subdividing the United States for the presentation of census data. There are nine census divisions and four census regions, each identified by a single-digit census code.⁵ The urban-rural classification was derived from the rural indicator on the Zip code to Carrier Locality file issued by CMS, where values of "rural" or "super rural" were used to identify zip codes as rural, and all other zip codes were classified as "urban."⁶ Any zip codes that were not found in the Zip code to Carrier Locality file were categorized as "unknown."

Providers' cost measure scores are also compared by risk score bracket ("risk bracket"), which provide a way of drawing a more informative comparison between providers, as members of the same risk bracket are likely to have a similar patient case-mix. A provider's average risk score indicates how costly their episodes are expected to be, as predicted through risk adjustment.⁷ The distribution of average risk scores for all providers is divided into deciles, with each decile corresponding to a risk bracket. Clinicians and clinician groups with the lowest cost measure scores, indicating better cost measure performance, will fall into the lowest decile (the 1st decile), while those with the highest cost measure scores will fall into the highest decile (the 10th decile). Several metrics were presented in the field test reports for both the attributed clinician/clinician group as well as their risk bracket to facilitate these types of comparisons. Note that in each table below, all providers with one or more episodes were equally divided into risk brackets, with any providers who did not meet the established episode case minimums then removed. As such, the number of providers is not equal across risk brackets.

Each table in this section presents the cost measure scores by provider characteristics described above, allowing a comparison of score distributions between providers with different characteristics. These are presented at the TIN-NPI level and the TIN level for the eight cost measures. The national cost measure scores presented in this table are not episode-weighted, unlike the national and provider-specific cost measure scores given in the MACRA Episode-Based Cost Measure Field Test Reports.

The average cost measure score for each sub-group, if applicable for a given measure, is also presented. It is important to note that the measure scores for each sub-group are calculated using the average of the observed costs over expected costs and multiplied by the national average observed costs for the sub-group, rather than the episode group overall.

Only clinicians and clinician groups who meet a 10 episode case minimum for procedural episode groups and 20 episode case minimum for acute inpatient medical condition episode groups are included in these tables.

⁵ United States Census Bureau, "Geographic Terms and Concepts – Census Divisions and Census Regions," https://www.census.gov/geo/reference/gtc/gtc_census_divreg.html

⁶ CMS, "Zip Code to Carrier Locality File – Revised 08/15/2017," <https://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/Downloads/Zip-Code-to-Carrier-Locality.zip>

⁷ Risk-adjusted costs for each episode are calculated using two types of risk adjustors: (i) standard risk adjustors used commonly in risk adjustment for all of the episode-based cost measures, such as factors included in the CMS Hierarchical Condition Category Risk Adjustment Model, and (ii) other risk adjustors as recommended by each of the Clinical Subcommittees to include in each cost measure's risk adjustment model. For more information on the risk adjustment methodology for each measure, please refer to the Cost Measure Methodology documents and Measure Codes List files.

Table 7-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Elective Outpatient Percutaneous Coronary Intervention (PCI)

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	3,527	\$10,851	\$7,087	\$9,456	\$10,228	\$10,903	\$11,593	\$12,267	\$13,640
Urban/Rural									
Urban	3,159	\$10,843	\$6,887	\$9,433	\$10,211	\$10,904	\$11,595	\$12,257	\$13,651
Rural	368	\$10,913	\$7,839	\$9,677	\$10,286	\$10,889	\$11,547	\$12,327	\$13,574
Census Region									
Northeast	503	\$10,833	\$7,095	\$9,342	\$10,137	\$10,889	\$11,620	\$12,283	\$13,548
Midwest	897	\$10,969	\$7,937	\$9,632	\$10,287	\$10,917	\$11,685	\$12,433	\$14,075
South	1,627	\$10,733	\$5,921	\$9,367	\$10,156	\$10,850	\$11,495	\$12,154	\$13,407
West	500	\$11,036	\$8,219	\$9,694	\$10,353	\$11,074	\$11,733	\$12,401	\$13,752
Census Division									
New England	123	\$11,005	\$8,425	\$9,567	\$10,384	\$11,019	\$11,663	\$12,283	\$13,596
Middle Atlantic	380	\$10,777	\$7,087	\$9,294	\$10,079	\$10,832	\$11,610	\$12,294	\$13,548
East North Central	588	\$10,935	\$7,802	\$9,513	\$10,283	\$10,860	\$11,649	\$12,433	\$14,280
West North Central	309	\$11,034	\$8,204	\$9,790	\$10,311	\$10,984	\$11,726	\$12,435	\$13,661
South Atlantic	762	\$10,589	\$4,039	\$9,182	\$10,011	\$10,818	\$11,503	\$12,063	\$13,129
East South Central	349	\$10,763	\$8,109	\$9,381	\$10,211	\$10,754	\$11,385	\$11,860	\$13,504
West South Central	516	\$10,927	\$7,562	\$9,516	\$10,316	\$10,970	\$11,588	\$12,264	\$13,835
Mountain	229	\$10,969	\$8,270	\$9,517	\$10,271	\$10,993	\$11,720	\$12,335	\$13,607
Pacific	271	\$11,093	\$7,665	\$9,783	\$10,434	\$11,140	\$11,762	\$12,461	\$13,854
Provider risk bracket									
1 st (lowest)	148	\$10,830	\$6,630	\$8,695	\$10,103	\$10,883	\$11,837	\$12,733	\$14,384
2nd	382	\$10,916	\$7,185	\$9,287	\$10,196	\$11,011	\$11,740	\$12,448	\$13,835
3rd	460	\$10,881	\$6,506	\$9,385	\$10,151	\$10,934	\$11,678	\$12,433	\$13,751
4th	439	\$10,817	\$5,180	\$9,482	\$10,325	\$10,929	\$11,588	\$12,207	\$13,574
5th	481	\$10,916	\$7,763	\$9,647	\$10,388	\$10,937	\$11,586	\$12,242	\$13,862
6th	477	\$10,818	\$7,171	\$9,485	\$10,249	\$10,917	\$11,510	\$12,180	\$13,500
7th	444	\$10,851	\$7,354	\$9,677	\$10,222	\$10,872	\$11,555	\$12,083	\$13,456
8th	374	\$10,898	\$6,883	\$9,584	\$10,258	\$10,958	\$11,624	\$12,261	\$14,073
9th	269	\$10,701	\$7,167	\$9,348	\$10,140	\$10,647	\$11,409	\$12,303	\$13,450
10 th (highest)	53	\$10,575	\$7,964	\$9,350	\$9,980	\$10,448	\$11,270	\$11,966	\$13,677
Number of episodes									
10-19 Episodes	1,980	\$10,727	\$6,883	\$9,253	\$10,074	\$10,734	\$11,486	\$12,259	\$13,841
20-39 Episodes	1,159	\$10,976	\$7,839	\$9,683	\$10,383	\$11,048	\$11,641	\$12,285	\$13,468
40-59 Episodes	253	\$11,099	\$8,449	\$10,102	\$10,613	\$11,120	\$11,686	\$12,280	\$13,418
60-79 Episodes	78	\$10,991	\$3,217	\$9,921	\$10,686	\$11,108	\$11,619	\$12,329	\$12,887
80-99 Episodes	27	\$11,024	\$4,937	\$10,234	\$10,622	\$11,111	\$11,789	\$12,497	\$13,072
100-199 Episodes	28	\$11,545	\$9,983	\$10,441	\$11,127	\$11,448	\$12,040	\$12,493	\$13,640
200-299 Episodes	1	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352	\$11,352
300+ Episodes	1	\$11,453	\$11,453	\$11,453	\$11,453	\$11,453	\$11,453	\$11,453	\$11,453

Table 7-B. TIN Level Cost Measure Scores by Provider Characteristic, Elective Outpatient Percutaneous Coronary Intervention (PCI)

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	1,634	\$10,653	\$6,318	\$9,462	\$10,181	\$10,763	\$11,300	\$11,797	\$13,010
Urban/Rural									
Urban	1,427	\$10,647	\$6,161	\$9,428	\$10,181	\$10,773	\$11,296	\$11,797	\$13,021
Rural	207	\$10,696	\$7,839	\$9,513	\$10,168	\$10,752	\$11,356	\$11,854	\$12,672
Census Region									
Northeast	249	\$10,683	\$6,866	\$9,261	\$10,070	\$10,785	\$11,346	\$12,038	\$13,076
Midwest	374	\$10,738	\$7,650	\$9,513	\$10,249	\$10,837	\$11,370	\$11,865	\$12,717
South	723	\$10,506	\$5,301	\$9,286	\$10,073	\$10,714	\$11,198	\$11,625	\$12,667
West	288	\$10,888	\$8,189	\$9,771	\$10,332	\$10,909	\$11,419	\$12,049	\$13,933

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Census Division									
New England	57	\$10,725	\$3,731	\$9,611	\$10,137	\$10,946	\$11,425	\$12,038	\$13,076
Middle Atlantic	192	\$10,670	\$6,866	\$9,252	\$10,065	\$10,732	\$11,326	\$11,987	\$13,142
East North Central	247	\$10,644	\$7,281	\$9,324	\$10,231	\$10,763	\$11,206	\$11,785	\$12,672
West North Central	127	\$10,921	\$8,204	\$9,738	\$10,298	\$10,996	\$11,582	\$12,069	\$12,833
South Atlantic	353	\$10,367	\$4,410	\$9,018	\$10,020	\$10,633	\$11,147	\$11,626	\$12,690
East South Central	135	\$10,610	\$8,533	\$9,512	\$10,080	\$10,705	\$11,150	\$11,494	\$12,313
West South Central	235	\$10,654	\$7,124	\$9,315	\$10,217	\$10,821	\$11,296	\$11,697	\$12,667
Mountain	120	\$10,960	\$9,121	\$9,903	\$10,328	\$10,906	\$11,445	\$12,149	\$13,607
Pacific	168	\$10,836	\$7,354	\$9,482	\$10,360	\$10,909	\$11,417	\$11,891	\$13,975
Provider risk bracket									
1 st (lowest)	75	\$10,347	\$5,193	\$7,817	\$9,511	\$10,633	\$11,219	\$12,103	\$14,235
2nd	164	\$10,520	\$5,898	\$8,904	\$9,915	\$10,539	\$11,356	\$12,313	\$13,097
3rd	186	\$10,652	\$7,359	\$9,234	\$10,020	\$10,767	\$11,317	\$12,032	\$13,142
4th	194	\$10,698	\$6,475	\$9,557	\$10,249	\$10,814	\$11,311	\$11,768	\$12,833
5th	197	\$10,704	\$5,895	\$9,510	\$10,327	\$10,865	\$11,282	\$11,766	\$12,840
6th	215	\$10,631	\$5,430	\$9,559	\$10,242	\$10,821	\$11,316	\$11,738	\$12,536
7th	204	\$10,783	\$8,189	\$9,611	\$10,318	\$10,861	\$11,291	\$11,690	\$12,588
8th	199	\$10,726	\$6,318	\$9,720	\$10,233	\$10,760	\$11,267	\$11,764	\$13,933
9th	158	\$10,659	\$4,753	\$9,514	\$10,102	\$10,741	\$11,296	\$11,958	\$12,845
10 th (highest)	42	\$10,389	\$3,731	\$9,551	\$9,843	\$10,453	\$11,162	\$11,620	\$12,655
Number of episodes									
10-19 Episodes	458	\$10,403	\$5,898	\$8,693	\$9,691	\$10,559	\$11,219	\$12,025	\$13,500
20-39 Episodes	437	\$10,560	\$6,475	\$9,315	\$10,004	\$10,587	\$11,283	\$11,797	\$13,054
40-59 Episodes	224	\$10,738	\$6,016	\$9,700	\$10,361	\$10,814	\$11,256	\$11,817	\$12,917
60-79 Episodes	147	\$10,752	\$7,781	\$9,965	\$10,389	\$10,807	\$11,275	\$11,618	\$12,511
80-99 Episodes	109	\$10,893	\$8,790	\$9,989	\$10,458	\$10,938	\$11,416	\$11,704	\$12,671
100-199 Episodes	186	\$10,956	\$5,775	\$10,362	\$10,684	\$11,033	\$11,351	\$11,680	\$12,536
200-299 Episodes	49	\$11,169	\$10,240	\$10,445	\$10,862	\$11,054	\$11,442	\$11,932	\$12,840
300+ Episodes	24	\$11,242	\$10,272	\$10,737	\$11,040	\$11,213	\$11,452	\$11,891	\$11,999

Table 8-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Knee Arthroplasty

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	10,681	\$19,337	\$15,279	\$16,683	\$17,769	\$19,198	\$20,694	\$22,111	\$25,372
Subgroup									
Partial Knee / Unilateral	3,817	\$13,998	\$6,012	\$11,652	\$12,653	\$13,833	\$15,295	\$16,762	\$21,198
Total Knee / Bilateral	3,829	\$32,115	\$21,830	\$25,467	\$27,931	\$30,892	\$35,468	\$40,147	\$49,921
Total Knee / Unilateral	10,673	\$19,223	\$15,127	\$16,506	\$17,613	\$19,089	\$20,608	\$22,050	\$25,482
Urban/Rural									
Urban	9,162	\$19,356	\$15,272	\$16,679	\$17,781	\$19,225	\$20,705	\$22,154	\$25,376
Rural	1,511	\$19,220	\$15,337	\$16,695	\$17,722	\$19,006	\$20,645	\$21,805	\$25,316
Unknown	8	\$19,698	\$17,472	\$17,472	\$17,733	\$18,665	\$21,412	\$24,493	\$24,493
Census Region									
Northeast	1,787	\$20,008	\$15,954	\$17,494	\$18,721	\$20,009	\$21,239	\$22,271	\$25,420
Midwest	2,814	\$19,065	\$15,372	\$16,607	\$17,583	\$18,886	\$20,250	\$21,728	\$24,952
South	4,005	\$19,481	\$15,259	\$16,727	\$17,889	\$19,328	\$20,886	\$22,316	\$25,787
West	2,061	\$18,849	\$15,102	\$16,305	\$17,286	\$18,646	\$20,106	\$21,706	\$25,185
Unknown	14	\$19,011	\$15,511	\$17,467	\$17,472	\$17,929	\$20,554	\$22,155	\$24,493
Census Division									
New England	619	\$20,587	\$17,071	\$18,644	\$19,556	\$20,561	\$21,574	\$22,407	\$25,113
Middle Atlantic	1,168	\$19,701	\$15,804	\$17,180	\$18,263	\$19,607	\$20,966	\$22,201	\$25,500
East North Central	1,869	\$19,346	\$15,464	\$16,797	\$17,856	\$19,166	\$20,556	\$22,149	\$25,530
West North Central	945	\$18,511	\$15,180	\$16,338	\$17,244	\$18,321	\$19,672	\$20,907	\$23,702
South Atlantic	2,198	\$19,327	\$14,912	\$16,609	\$17,733	\$19,225	\$20,777	\$22,178	\$25,266
East South Central	716	\$19,490	\$15,486	\$16,688	\$17,890	\$19,257	\$20,851	\$22,318	\$25,712
West South Central	1,091	\$19,786	\$15,521	\$17,013	\$18,136	\$19,560	\$21,074	\$22,743	\$26,477
Mountain	844	\$18,971	\$15,475	\$16,482	\$17,378	\$18,675	\$20,290	\$21,992	\$25,177
Pacific	1,217	\$18,764	\$14,984	\$16,114	\$17,193	\$18,610	\$20,018	\$21,518	\$25,682
Unknown	14	\$19,011	\$15,511	\$17,467	\$17,472	\$17,929	\$20,554	\$22,155	\$24,493
Provider risk bracket									
1 st (lowest)	539	\$18,920	\$13,903	\$16,464	\$17,544	\$18,904	\$20,168	\$21,404	\$23,855
2nd	842	\$18,945	\$15,203	\$16,475	\$17,373	\$18,740	\$20,292	\$21,747	\$24,647
3rd	1,056	\$19,058	\$15,132	\$16,383	\$17,433	\$18,900	\$20,382	\$21,960	\$24,796
4th	1,264	\$19,027	\$15,107	\$16,429	\$17,541	\$18,810	\$20,287	\$21,875	\$24,774
5th	1,276	\$19,268	\$15,542	\$16,684	\$17,681	\$19,166	\$20,568	\$21,901	\$25,728
6th	1,356	\$19,236	\$15,206	\$16,600	\$17,749	\$19,108	\$20,489	\$21,890	\$25,185
7th	1,327	\$19,562	\$15,449	\$16,777	\$17,998	\$19,441	\$20,953	\$22,294	\$25,711
8th	1,225	\$19,585	\$15,464	\$16,859	\$18,049	\$19,448	\$20,924	\$22,346	\$25,904
9th	1,062	\$19,693	\$15,560	\$17,015	\$18,047	\$19,532	\$21,109	\$22,609	\$25,611
10 th (highest)	734	\$20,003	\$15,941	\$17,181	\$18,569	\$19,913	\$21,429	\$22,722	\$25,316
Number of episodes									
10-19 Episodes	4,072	\$19,663	\$15,087	\$16,750	\$17,974	\$19,451	\$21,115	\$22,737	\$26,314
20-39 Episodes	3,626	\$19,336	\$15,458	\$16,720	\$17,800	\$19,281	\$20,680	\$22,003	\$24,965
40-59 Episodes	1,486	\$19,047	\$15,363	\$16,689	\$17,709	\$18,994	\$20,261	\$21,407	\$24,030
60-79 Episodes	682	\$18,807	\$15,466	\$16,460	\$17,376	\$18,701	\$20,057	\$21,251	\$23,315
80-99 Episodes	366	\$18,596	\$15,267	\$16,510	\$17,326	\$18,334	\$19,746	\$21,065	\$23,020
100-199 Episodes	405	\$18,769	\$15,583	\$16,516	\$17,427	\$18,573	\$19,949	\$21,313	\$23,227
200-299 Episodes	38	\$18,818	\$15,501	\$16,358	\$16,851	\$18,648	\$20,393	\$21,647	\$24,745
300+ Episodes	6	\$17,631	\$16,050	\$16,050	\$16,136	\$17,385	\$18,569	\$20,258	\$20,258

Table 8-B. TIN Level Cost Measure Scores by Provider Characteristic, Knee Arthroplasty

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	3,062	\$19,979	\$15,495	\$17,334	\$18,402	\$19,850	\$21,229	\$22,717	\$26,606
Subgroup									
Partial Knee / Unilateral	1,481	\$14,132	\$7,700	\$11,942	\$12,862	\$13,976	\$15,316	\$16,600	\$21,726

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Total Knee / Bilateral	1,443	\$32,837	\$22,569	\$26,550	\$28,932	\$31,783	\$36,161	\$40,359	\$52,135
Total Knee / Unilateral	3,059	\$19,885	\$15,374	\$17,154	\$18,287	\$19,750	\$21,144	\$22,677	\$26,519
Urban/Rural									
Urban	2,469	\$20,068	\$15,564	\$17,379	\$18,513	\$19,952	\$21,362	\$22,824	\$27,012
Rural	591	\$19,612	\$15,436	\$17,104	\$18,083	\$19,375	\$20,887	\$22,186	\$26,352
Unknown	2	\$18,789	\$18,096	\$18,096	\$18,096	\$18,789	\$19,481	\$19,481	\$19,481
Census Region									
Northeast	550	\$20,694	\$16,749	\$18,482	\$19,512	\$20,592	\$21,665	\$22,997	\$25,850
Midwest	691	\$19,576	\$15,760	\$17,137	\$18,134	\$19,338	\$20,813	\$22,062	\$25,815
South	1,143	\$20,192	\$15,495	\$17,616	\$18,646	\$20,005	\$21,463	\$23,028	\$26,733
West	670	\$19,465	\$15,209	\$16,835	\$17,805	\$19,142	\$20,720	\$22,459	\$27,639
Unknown	8	\$18,274	\$15,595	\$15,595	\$17,470	\$17,829	\$19,667	\$20,665	\$20,665
Census Division									
New England	185	\$21,063	\$17,364	\$19,262	\$19,948	\$20,872	\$21,906	\$23,028	\$25,774
Middle Atlantic	365	\$20,507	\$16,228	\$17,980	\$19,130	\$20,426	\$21,560	\$22,947	\$26,606
East North Central	481	\$19,814	\$15,687	\$17,244	\$18,290	\$19,617	\$21,031	\$22,364	\$26,388
West North Central	210	\$19,032	\$15,969	\$16,986	\$17,777	\$18,902	\$20,176	\$21,098	\$23,933
South Atlantic	554	\$20,078	\$15,436	\$17,616	\$18,506	\$19,931	\$21,401	\$22,927	\$26,350
East South Central	196	\$20,283	\$16,311	\$17,553	\$18,655	\$20,077	\$21,678	\$22,920	\$28,403
West South Central	393	\$20,308	\$15,457	\$17,782	\$18,762	\$20,085	\$21,383	\$23,387	\$28,379
Mountain	242	\$19,345	\$15,900	\$16,899	\$17,836	\$19,164	\$20,753	\$21,936	\$24,122
Pacific	428	\$19,533	\$15,174	\$16,822	\$17,741	\$19,132	\$20,707	\$22,685	\$27,995
Unknown	8	\$18,274	\$15,595	\$15,595	\$17,470	\$17,829	\$19,667	\$20,665	\$20,665
Provider risk bracket									
1st (lowest)	160	\$19,404	\$14,059	\$17,053	\$17,953	\$19,252	\$20,693	\$22,305	\$24,886
2nd	246	\$19,765	\$15,580	\$16,827	\$18,093	\$19,734	\$20,975	\$22,715	\$25,946
3rd	327	\$19,652	\$15,526	\$17,208	\$17,973	\$19,327	\$21,064	\$22,284	\$27,607
4th	349	\$19,682	\$15,547	\$17,435	\$18,290	\$19,495	\$20,847	\$22,088	\$25,452
5th	362	\$19,828	\$15,345	\$17,115	\$18,365	\$19,926	\$20,836	\$22,357	\$28,379
6th	381	\$19,881	\$15,288	\$17,275	\$18,432	\$19,842	\$20,971	\$22,116	\$27,269
7th	362	\$20,119	\$16,050	\$17,790	\$18,716	\$19,849	\$21,295	\$22,717	\$27,012
8th	344	\$20,319	\$16,046	\$17,416	\$18,703	\$20,162	\$21,566	\$23,436	\$27,126
9th	318	\$20,473	\$15,712	\$17,749	\$18,871	\$20,374	\$21,798	\$23,550	\$26,350
10 th (highest)	213	\$20,558	\$16,311	\$17,466	\$18,945	\$20,572	\$22,232	\$23,351	\$24,913
Number of episodes									
10-19 Episodes	758	\$20,718	\$15,288	\$17,368	\$18,838	\$20,580	\$22,284	\$24,146	\$28,812
20-39 Episodes	761	\$20,254	\$15,455	\$17,409	\$18,711	\$20,203	\$21,574	\$23,050	\$27,012
40-59 Episodes	392	\$19,955	\$15,821	\$17,563	\$18,673	\$19,893	\$21,084	\$22,320	\$24,884
60-79 Episodes	232	\$19,630	\$16,251	\$17,388	\$18,295	\$19,651	\$20,724	\$21,989	\$23,664
80-99 Episodes	189	\$19,323	\$15,238	\$17,154	\$18,109	\$19,290	\$20,507	\$21,644	\$23,387
100-199 Episodes	425	\$19,411	\$15,719	\$17,275	\$18,258	\$19,453	\$20,538	\$21,562	\$22,715
200-299 Episodes	141	\$19,046	\$15,760	\$17,079	\$17,971	\$19,007	\$20,151	\$21,014	\$22,613
300+ Episodes	164	\$18,870	\$16,156	\$17,038	\$17,761	\$18,728	\$19,948	\$21,005	\$23,681

Table 9-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Revascularization for Lower Extremity Chronic Critical Limb Ischemia

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs Subgroup	3,202	\$21,541	\$13,412	\$16,627	\$18,660	\$21,045	\$23,740	\$26,968	\$35,025
Endovascular / Above Knee	3,100	\$17,949	\$8,387	\$12,282	\$14,437	\$17,384	\$20,536	\$24,324	\$34,316
Endovascular / Above and Below Knee	1,458	\$25,100	\$8,828	\$15,217	\$18,767	\$23,807	\$29,094	\$36,037	\$57,482
Endovascular / Below Knee	2,770	\$23,161	\$8,939	\$14,533	\$17,995	\$22,252	\$26,946	\$32,314	\$49,640
Open / Above Knee	1,635	\$26,084	\$14,232	\$18,631	\$21,009	\$24,543	\$29,304	\$35,220	\$54,000
Open / Below Knee	1,238	\$35,209	\$17,468	\$21,557	\$25,938	\$32,878	\$41,516	\$51,038	\$77,979

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Urban/Rural									
Urban	2,893	\$21,585	\$13,283	\$16,601	\$18,675	\$21,070	\$23,790	\$27,111	\$35,053
Rural	306	\$21,143	\$13,846	\$17,029	\$18,433	\$20,776	\$23,275	\$25,833	\$31,664
Unknown	3	\$19,634	\$16,454	\$16,454	\$16,454	\$20,796	\$21,653	\$21,653	\$21,653
Census Region									
Northeast	550	\$21,453	\$14,124	\$16,885	\$18,610	\$21,019	\$23,637	\$26,797	\$33,642
Midwest	716	\$20,847	\$13,103	\$16,007	\$18,004	\$20,330	\$23,121	\$26,150	\$34,412
South	1,469	\$21,840	\$13,703	\$17,017	\$19,030	\$21,415	\$24,020	\$27,284	\$34,802
West	460	\$21,806	\$13,283	\$16,512	\$18,701	\$20,996	\$24,286	\$27,543	\$38,837
Unknown	7	\$19,408	\$13,623	\$13,623	\$16,454	\$19,421	\$21,653	\$26,478	\$26,478
Census Division									
New England	150	\$20,818	\$14,531	\$16,967	\$18,164	\$20,488	\$23,101	\$25,549	\$29,853
Middle Atlantic	400	\$21,691	\$13,656	\$16,843	\$18,679	\$21,207	\$23,927	\$27,308	\$35,039
East North Central	501	\$20,751	\$13,846	\$16,007	\$18,020	\$20,345	\$23,085	\$25,519	\$33,327
West North Central	215	\$21,070	\$12,900	\$16,068	\$17,972	\$20,299	\$23,121	\$27,174	\$36,647
South Atlantic	755	\$21,809	\$12,550	\$16,632	\$18,920	\$21,415	\$24,029	\$27,586	\$37,885
East South Central	270	\$21,140	\$15,020	\$17,282	\$18,695	\$20,751	\$22,923	\$25,749	\$31,782
West South Central	444	\$22,317	\$14,122	\$17,430	\$19,408	\$21,956	\$24,972	\$27,531	\$33,645
Mountain	132	\$21,475	\$12,501	\$16,660	\$19,371	\$21,054	\$23,468	\$25,888	\$31,406
Pacific	328	\$21,939	\$13,619	\$16,449	\$18,527	\$20,963	\$24,786	\$28,274	\$39,735
Unknown	7	\$19,408	\$13,623	\$13,623	\$16,454	\$19,421	\$21,653	\$26,478	\$26,478
Provider risk bracket									
1 st (lowest)	18	\$24,239	\$13,977	\$14,124	\$19,244	\$21,099	\$30,792	\$38,544	\$39,364
2nd	172	\$23,301	\$11,444	\$15,988	\$19,149	\$22,764	\$26,899	\$31,300	\$41,004
3rd	391	\$22,461	\$11,986	\$16,253	\$18,955	\$21,567	\$25,456	\$29,158	\$40,755
4th	464	\$21,554	\$12,740	\$16,101	\$18,488	\$20,862	\$24,354	\$27,335	\$34,974
5th	510	\$21,361	\$14,092	\$16,578	\$18,659	\$21,033	\$23,403	\$26,357	\$33,216
6th	483	\$21,136	\$13,275	\$16,617	\$18,388	\$20,882	\$23,524	\$25,519	\$32,528
7th	465	\$20,982	\$14,250	\$16,837	\$18,337	\$20,935	\$23,201	\$25,047	\$30,664
8th	372	\$20,958	\$14,550	\$17,047	\$18,668	\$20,591	\$23,026	\$25,423	\$30,455
9th	247	\$21,486	\$14,917	\$17,093	\$18,797	\$21,046	\$23,336	\$26,420	\$30,987
10 th (highest)	80	\$22,299	\$17,392	\$18,969	\$20,121	\$22,016	\$23,716	\$26,355	\$33,327
Number of episodes									
10-19 Episodes	1,684	\$20,751	\$12,700	\$15,944	\$17,913	\$20,361	\$23,086	\$26,029	\$32,495
20-39 Episodes	1,020	\$21,641	\$14,851	\$17,237	\$18,999	\$21,104	\$23,656	\$26,350	\$34,440
40-59 Episodes	285	\$23,112	\$14,242	\$18,024	\$20,064	\$22,767	\$25,146	\$29,056	\$37,859
60-79 Episodes	102	\$24,431	\$16,103	\$19,247	\$21,066	\$23,477	\$26,971	\$30,688	\$40,938
80-99 Episodes	40	\$24,282	\$17,723	\$19,310	\$21,238	\$23,209	\$26,669	\$30,525	\$38,837
100-199 Episodes	58	\$25,973	\$20,129	\$21,034	\$22,718	\$24,865	\$27,174	\$34,706	\$45,510
200-299 Episodes	12	\$31,180	\$20,795	\$24,453	\$26,483	\$31,277	\$34,308	\$38,964	\$43,158
300+ Episodes	1	\$26,392	\$26,392	\$26,392	\$26,392	\$26,392	\$26,392	\$26,392	\$26,392

Table 9-B. TIN Level Cost Measure Scores by Provider Characteristic, Revascularization for Lower Extremity Chronic Critical Limb Ischemia

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	1,915	\$21,417	\$13,858	\$17,086	\$18,793	\$20,820	\$23,267	\$26,330	\$34,317
Subgroup									
Endovascular / Above Knee	1,883	\$18,067	\$9,583	\$13,020	\$15,024	\$17,380	\$20,193	\$23,758	\$33,601
Endovascular / Above and Below Knee	998	\$25,410	\$9,176	\$16,325	\$20,029	\$24,202	\$28,733	\$35,582	\$57,487
Endovascular / Below Knee	1,755	\$23,276	\$10,401	\$15,435	\$18,967	\$22,718	\$26,521	\$31,073	\$44,846
Open / Above Knee	1,046	\$26,289	\$15,145	\$19,651	\$22,122	\$25,514	\$29,034	\$34,301	\$48,976
Open / Below Knee	824	\$36,001	\$18,034	\$23,276	\$28,166	\$34,245	\$41,849	\$49,064	\$74,791
Urban/Rural									
Urban	1,701	\$21,474	\$13,858	\$17,097	\$18,857	\$20,834	\$23,281	\$26,558	\$34,317

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Rural	212	\$20,951	\$14,092	\$16,918	\$18,309	\$20,618	\$22,922	\$25,589	\$31,404
Unknown	2	\$22,721	\$21,330	\$21,330	\$21,330	\$22,721	\$24,113	\$24,113	\$24,113
Census Region									
Northeast	306	\$21,330	\$14,281	\$17,303	\$18,728	\$20,822	\$23,203	\$26,753	\$32,147
Midwest	408	\$20,761	\$13,118	\$16,836	\$18,439	\$20,294	\$22,397	\$25,164	\$33,820
South	886	\$21,731	\$13,829	\$17,222	\$19,106	\$21,249	\$23,625	\$26,704	\$32,855
West	309	\$21,494	\$14,171	\$16,561	\$18,728	\$20,710	\$23,276	\$26,814	\$35,357
Unknown	6	\$20,294	\$13,511	\$13,511	\$17,291	\$20,296	\$24,113	\$26,260	\$26,260
Census Division									
New England	69	\$20,485	\$13,858	\$17,260	\$18,911	\$20,592	\$22,005	\$24,000	\$27,381
Middle Atlantic	237	\$21,576	\$14,281	\$17,336	\$18,718	\$21,021	\$23,496	\$27,434	\$32,414
East North Central	283	\$20,744	\$14,648	\$17,046	\$18,521	\$20,263	\$22,261	\$24,675	\$33,053
West North Central	125	\$20,798	\$12,552	\$16,498	\$18,136	\$20,356	\$22,714	\$26,075	\$34,526
South Atlantic	432	\$21,948	\$14,650	\$17,272	\$19,172	\$21,282	\$23,828	\$27,206	\$38,644
East South Central	162	\$20,759	\$13,829	\$17,222	\$18,663	\$20,286	\$22,534	\$25,149	\$31,520
West South Central	292	\$21,949	\$11,965	\$17,238	\$19,456	\$21,817	\$24,157	\$26,758	\$31,943
Mountain	105	\$21,178	\$14,904	\$16,987	\$18,793	\$20,824	\$22,929	\$25,136	\$31,147
Pacific	204	\$21,657	\$14,171	\$16,432	\$18,677	\$20,431	\$23,810	\$27,516	\$39,408
Unknown	6	\$20,294	\$13,511	\$13,511	\$17,291	\$20,296	\$24,113	\$26,260	\$26,260
Provider risk bracket									
1 st (lowest)	29	\$22,540	\$10,722	\$13,657	\$16,583	\$21,101	\$26,704	\$32,821	\$39,041
2nd	140	\$22,523	\$11,711	\$15,456	\$18,788	\$22,248	\$25,832	\$30,684	\$40,666
3rd	216	\$22,256	\$12,240	\$16,709	\$18,720	\$21,431	\$24,883	\$29,355	\$35,331
4th	246	\$21,742	\$14,794	\$16,997	\$19,206	\$20,741	\$23,516	\$27,207	\$38,644
5th	263	\$21,035	\$14,171	\$16,990	\$18,482	\$20,687	\$22,771	\$25,346	\$34,317
6th	273	\$20,853	\$13,829	\$16,913	\$18,517	\$20,513	\$22,888	\$24,935	\$30,473
7th	262	\$20,976	\$14,825	\$17,283	\$18,671	\$20,547	\$22,801	\$25,088	\$31,597
8th	231	\$20,842	\$15,411	\$17,789	\$18,841	\$20,300	\$22,474	\$24,638	\$30,285
9th	185	\$21,449	\$15,723	\$18,151	\$19,384	\$21,139	\$22,903	\$25,153	\$30,874
10 th (highest)	70	\$22,117	\$14,621	\$18,264	\$19,926	\$21,963	\$23,606	\$26,168	\$33,053
Number of episodes									
10-19 Episodes	587	\$20,750	\$11,781	\$15,577	\$17,957	\$20,368	\$23,113	\$26,260	\$31,918
20-39 Episodes	541	\$21,250	\$15,156	\$17,152	\$18,777	\$20,728	\$23,145	\$25,807	\$31,355
40-59 Episodes	280	\$21,635	\$15,035	\$17,439	\$18,779	\$20,912	\$23,185	\$26,574	\$36,514
60-79 Episodes	176	\$21,734	\$15,262	\$18,027	\$19,356	\$21,019	\$23,360	\$25,088	\$40,666
80-99 Episodes	92	\$21,309	\$16,062	\$17,985	\$19,131	\$20,699	\$23,003	\$25,250	\$31,217
100-199 Episodes	181	\$22,824	\$17,127	\$18,682	\$20,121	\$21,790	\$24,106	\$27,735	\$36,102
200-299 Episodes	40	\$23,129	\$17,283	\$18,518	\$19,585	\$21,075	\$23,710	\$31,463	\$42,803
300+ Episodes	18	\$24,317	\$19,024	\$19,756	\$22,461	\$22,981	\$26,073	\$31,945	\$32,185

Table 10-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Routine Cataract Removal with IOL Implantation

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	8,189	\$2,888	\$2,115	\$2,668	\$2,756	\$2,849	\$2,984	\$3,181	\$3,871
Subgroup									
ASC / Bilateral	5,275	\$3,842	\$3,435	\$3,634	\$3,690	\$3,752	\$3,838	\$4,126	\$5,258
ASC / Unilateral	5,910	\$2,076	\$1,779	\$1,905	\$1,948	\$2,006	\$2,119	\$2,381	\$2,816
HOPD / Bilateral	3,079	\$4,973	\$3,523	\$3,845	\$4,915	\$5,186	\$5,298	\$5,404	\$5,914
HOPD / Unilateral	3,977	\$2,633	\$1,643	\$2,073	\$2,557	\$2,695	\$2,787	\$2,920	\$3,498
Urban/Rural									
Urban	7,123	\$2,880	\$2,115	\$2,662	\$2,752	\$2,841	\$2,975	\$3,166	\$3,859
Rural	1,061	\$2,937	\$2,115	\$2,705	\$2,787	\$2,912	\$3,025	\$3,283	\$3,918
Unknown	5	\$2,931	\$2,594	\$2,594	\$2,798	\$2,963	\$2,982	\$3,319	\$3,319
Census Region									
Northeast	1,675	\$2,900	\$2,113	\$2,670	\$2,764	\$2,865	\$2,995	\$3,215	\$3,888

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Midwest	1,798	\$2,897	\$2,127	\$2,667	\$2,767	\$2,873	\$3,001	\$3,155	\$3,854
South	2,927	\$2,873	\$2,107	\$2,673	\$2,752	\$2,830	\$2,961	\$3,141	\$3,873
West	1,739	\$2,889	\$2,119	\$2,652	\$2,747	\$2,837	\$2,982	\$3,241	\$3,849
Unknown	50	\$2,945	\$1,763	\$2,586	\$2,736	\$2,970	\$3,090	\$3,388	\$3,944
Census Division									
New England	508	\$2,862	\$2,131	\$2,677	\$2,762	\$2,857	\$2,957	\$3,067	\$3,637
Middle Atlantic	1,167	\$2,917	\$2,103	\$2,667	\$2,766	\$2,871	\$3,016	\$3,288	\$3,895
East North Central	1,262	\$2,898	\$2,134	\$2,653	\$2,762	\$2,869	\$3,000	\$3,154	\$3,854
West North Central	536	\$2,895	\$2,105	\$2,690	\$2,777	\$2,881	\$3,005	\$3,155	\$3,825
South Atlantic	1,594	\$2,898	\$2,126	\$2,686	\$2,762	\$2,844	\$2,971	\$3,209	\$3,882
East South Central	466	\$2,853	\$2,077	\$2,606	\$2,741	\$2,814	\$2,948	\$3,167	\$3,849
West South Central	867	\$2,838	\$2,103	\$2,658	\$2,741	\$2,815	\$2,953	\$3,072	\$3,642
Mountain	534	\$2,863	\$2,147	\$2,673	\$2,733	\$2,803	\$2,909	\$3,160	\$3,899
Pacific	1,205	\$2,900	\$2,117	\$2,641	\$2,753	\$2,859	\$3,010	\$3,266	\$3,834
Unknown	50	\$2,945	\$1,763	\$2,586	\$2,736	\$2,970	\$3,090	\$3,388	\$3,944
Provider risk score decile									
1 st (lowest)	502	\$3,009	\$2,475	\$2,656	\$2,723	\$2,849	\$3,295	\$3,699	\$3,991
2nd	837	\$2,926	\$2,512	\$2,671	\$2,725	\$2,796	\$2,965	\$3,500	\$3,941
3rd	887	\$2,886	\$2,542	\$2,686	\$2,733	\$2,805	\$2,944	\$3,202	\$3,878
4th	617	\$2,863	\$2,119	\$2,668	\$2,749	\$2,831	\$2,958	\$3,125	\$3,849
5th	728	\$2,892	\$2,045	\$2,637	\$2,759	\$2,858	\$3,013	\$3,252	\$3,887
6th	898	\$2,865	\$2,121	\$2,666	\$2,755	\$2,847	\$2,958	\$3,120	\$3,686
7th	945	\$2,858	\$2,121	\$2,679	\$2,756	\$2,831	\$2,951	\$3,108	\$3,719
8th	995	\$2,887	\$2,153	\$2,719	\$2,784	\$2,853	\$2,963	\$3,122	\$3,810
9th	938	\$2,866	\$2,098	\$2,645	\$2,779	\$2,864	\$2,972	\$3,083	\$3,697
10 th (highest)	842	\$2,875	\$2,085	\$2,278	\$2,846	\$2,962	\$3,028	\$3,084	\$3,443
Number of episodes									
10-19 Episodes	1,428	\$2,903	\$2,107	\$2,616	\$2,748	\$2,872	\$3,031	\$3,268	\$3,871
20-39 Episodes	2,022	\$2,896	\$2,096	\$2,651	\$2,760	\$2,869	\$2,999	\$3,189	\$3,899
40-59 Episodes	1,419	\$2,892	\$2,117	\$2,670	\$2,764	\$2,860	\$2,982	\$3,141	\$3,879
60-79 Episodes	949	\$2,874	\$2,145	\$2,666	\$2,754	\$2,838	\$2,967	\$3,129	\$3,834
80-99 Episodes	666	\$2,885	\$2,139	\$2,703	\$2,768	\$2,846	\$2,960	\$3,135	\$3,874
100-199 Episodes	1,289	\$2,875	\$2,171	\$2,697	\$2,751	\$2,821	\$2,956	\$3,163	\$3,744
200-299 Episodes	282	\$2,849	\$2,107	\$2,677	\$2,738	\$2,795	\$2,924	\$3,106	\$3,802
300+ Episodes	134	\$2,869	\$2,205	\$2,670	\$2,742	\$2,807	\$2,945	\$3,126	\$3,798

Table 10-B. TIN Level Cost Measure Scores by Provider Characteristic, Routine Cataract Removal with IOL Implantation

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	4,605	\$2,886	\$2,108	\$2,635	\$2,759	\$2,855	\$2,990	\$3,213	\$3,873
Subgroup									
ASC / Bilateral	2,834	\$3,856	\$3,434	\$3,639	\$3,695	\$3,758	\$3,850	\$4,184	\$5,257
ASC / Unilateral	3,206	\$2,086	\$1,778	\$1,908	\$1,954	\$2,012	\$2,128	\$2,417	\$2,835
HOPD / Bilateral	1,996	\$4,931	\$3,506	\$3,801	\$4,820	\$5,170	\$5,292	\$5,403	\$5,857
HOPD / Unilateral	2,547	\$2,619	\$1,735	\$2,049	\$2,535	\$2,691	\$2,783	\$2,907	\$3,498
Urban/Rural									
Urban	3,951	\$2,877	\$2,108	\$2,626	\$2,753	\$2,845	\$2,979	\$3,193	\$3,868
Rural	651	\$2,942	\$2,098	\$2,706	\$2,796	\$2,930	\$3,030	\$3,282	\$3,912
Unknown	3	\$2,819	\$2,594	\$2,594	\$2,594	\$2,798	\$3,065	\$3,065	\$3,065
Census Region									
Northeast	1,027	\$2,888	\$2,112	\$2,652	\$2,762	\$2,858	\$2,983	\$3,172	\$3,888
Midwest	906	\$2,900	\$2,127	\$2,639	\$2,773	\$2,888	\$3,001	\$3,159	\$3,843
South	1,588	\$2,877	\$2,107	\$2,662	\$2,759	\$2,841	\$2,972	\$3,182	\$3,869
West	1,040	\$2,886	\$2,096	\$2,584	\$2,739	\$2,843	\$3,010	\$3,296	\$3,869
Unknown	44	\$2,950	\$1,763	\$2,594	\$2,750	\$2,966	\$3,109	\$3,456	\$3,944

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
Census Division									
New England	255	\$2,863	\$2,127	\$2,670	\$2,773	\$2,863	\$2,963	\$3,070	\$3,739
Middle Atlantic	772	\$2,896	\$2,105	\$2,642	\$2,754	\$2,857	\$2,987	\$3,265	\$3,912
East North Central	641	\$2,892	\$2,127	\$2,617	\$2,764	\$2,885	\$2,994	\$3,129	\$3,828
West North Central	265	\$2,919	\$2,108	\$2,694	\$2,789	\$2,900	\$3,009	\$3,212	\$3,936
South Atlantic	836	\$2,899	\$2,126	\$2,669	\$2,773	\$2,859	\$2,979	\$3,242	\$3,887
East South Central	259	\$2,863	\$2,096	\$2,616	\$2,749	\$2,833	\$2,947	\$3,167	\$3,988
West South Central	493	\$2,846	\$2,103	\$2,624	\$2,749	\$2,825	\$2,969	\$3,097	\$3,759
Mountain	290	\$2,856	\$2,093	\$2,634	\$2,729	\$2,808	\$2,926	\$3,211	\$3,880
Pacific	750	\$2,897	\$2,096	\$2,545	\$2,744	\$2,870	\$3,035	\$3,324	\$3,869
Unknown	44	\$2,950	\$1,763	\$2,594	\$2,750	\$2,966	\$3,109	\$3,456	\$3,944
Provider risk bracket									
1 st (lowest)	309	\$3,020	\$2,468	\$2,647	\$2,722	\$2,869	\$3,296	\$3,704	\$3,966
2 nd	475	\$2,933	\$2,500	\$2,673	\$2,728	\$2,808	\$2,991	\$3,472	\$3,952
3 rd	474	\$2,893	\$2,501	\$2,701	\$2,754	\$2,821	\$2,946	\$3,161	\$3,880
4 th	382	\$2,875	\$1,968	\$2,604	\$2,756	\$2,844	\$2,981	\$3,241	\$3,883
5 th	433	\$2,915	\$2,096	\$2,653	\$2,772	\$2,874	\$3,035	\$3,259	\$3,887
6 th	512	\$2,849	\$2,112	\$2,594	\$2,754	\$2,856	\$2,963	\$3,083	\$3,693
7 th	506	\$2,846	\$2,117	\$2,593	\$2,757	\$2,837	\$2,958	\$3,108	\$3,779
8 th	519	\$2,881	\$2,143	\$2,633	\$2,779	\$2,850	\$2,963	\$3,176	\$3,843
9 th	509	\$2,853	\$2,107	\$2,598	\$2,776	\$2,868	\$2,974	\$3,061	\$3,684
10 th (highest)	486	\$2,855	\$2,084	\$2,247	\$2,829	\$2,957	\$3,022	\$3,079	\$3,443
Number of episodes									
10-19 Episodes	644	\$2,882	\$2,098	\$2,513	\$2,725	\$2,865	\$3,034	\$3,296	\$3,871
20-39 Episodes	907	\$2,880	\$2,095	\$2,547	\$2,751	\$2,865	\$3,000	\$3,213	\$3,937
40-59 Episodes	638	\$2,913	\$2,077	\$2,611	\$2,762	\$2,891	\$3,028	\$3,313	\$3,936
60-79 Episodes	466	\$2,899	\$2,127	\$2,675	\$2,763	\$2,866	\$2,989	\$3,176	\$3,888
80-99 Episodes	335	\$2,900	\$2,107	\$2,669	\$2,776	\$2,876	\$2,991	\$3,254	\$3,869
100-199 Episodes	823	\$2,878	\$2,147	\$2,687	\$2,761	\$2,848	\$2,972	\$3,135	\$3,814
200-299 Episodes	336	\$2,874	\$2,165	\$2,695	\$2,761	\$2,833	\$2,941	\$3,144	\$3,880
300+ Episodes	456	\$2,869	\$2,183	\$2,705	\$2,763	\$2,817	\$2,928	\$3,079	\$3,693

Table 11-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Screening/Surveillance Colonoscopy

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs Subgroup	12,848	\$958	\$691	\$824	\$886	\$956	\$1,026	\$1,097	\$1,244
Place of Service (ASC)	7,190	\$844	\$594	\$711	\$765	\$839	\$909	\$983	\$1,154
Place of Service (HOPD)	10,770	\$1,133	\$772	\$976	\$1,048	\$1,125	\$1,211	\$1,299	\$1,561
Place of Service (Office)	1,311	\$839	\$304	\$465	\$554	\$789	\$1,133	\$1,299	\$1,493
Urban/Rural									
Urban	10,690	\$962	\$688	\$826	\$889	\$961	\$1,031	\$1,100	\$1,237
Rural	2,154	\$942	\$703	\$813	\$874	\$934	\$999	\$1,069	\$1,285
Unknown	4	\$869	\$815	\$815	\$845	\$883	\$893	\$895	\$895
Census Region									
Northeast	2,530	\$968	\$735	\$831	\$893	\$964	\$1,037	\$1,107	\$1,255
Midwest	3,394	\$955	\$731	\$828	\$883	\$950	\$1,021	\$1,092	\$1,249
South	4,655	\$974	\$729	\$845	\$908	\$973	\$1,037	\$1,105	\$1,250
West	2,256	\$919	\$663	\$774	\$843	\$918	\$994	\$1,065	\$1,210
Unknown	13	\$803	\$425	\$487	\$698	\$874	\$895	\$976	\$1,275
Census Division									
New England	868	\$957	\$734	\$833	\$885	\$949	\$1,023	\$1,097	\$1,240
Middle Atlantic	1,662	\$974	\$740	\$831	\$899	\$974	\$1,043	\$1,113	\$1,279
East North Central	2,238	\$954	\$733	\$830	\$883	\$947	\$1,016	\$1,084	\$1,236
West North Central	1,156	\$959	\$724	\$818	\$883	\$955	\$1,026	\$1,100	\$1,266
South Atlantic	2,537	\$982	\$765	\$857	\$918	\$981	\$1,043	\$1,112	\$1,243

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
East South Central	877	\$964	\$670	\$835	\$898	\$962	\$1,026	\$1,090	\$1,269
West South Central	1,241	\$965	\$716	\$832	\$895	\$959	\$1,031	\$1,102	\$1,252
Mountain	854	\$932	\$665	\$803	\$862	\$930	\$1,000	\$1,058	\$1,211
Pacific	1,402	\$912	\$621	\$759	\$833	\$910	\$990	\$1,068	\$1,206
Unknown	13	\$803	\$425	\$487	\$698	\$874	\$895	\$976	\$1,275
Provider risk bracket									
1 st (lowest)	901	\$919	\$565	\$751	\$831	\$918	\$1,006	\$1,102	\$1,303
2nd	1,683	\$959	\$685	\$815	\$879	\$957	\$1,030	\$1,104	\$1,269
3rd	1,724	\$963	\$698	\$820	\$884	\$961	\$1,035	\$1,105	\$1,238
4th	1,654	\$974	\$718	\$831	\$894	\$973	\$1,045	\$1,118	\$1,279
5th	1,504	\$976	\$718	\$842	\$905	\$977	\$1,044	\$1,105	\$1,244
6th	660	\$949	\$706	\$830	\$887	\$943	\$1,013	\$1,067	\$1,225
7th	1,245	\$949	\$731	\$829	\$885	\$941	\$1,009	\$1,082	\$1,211
8th	1,477	\$954	\$751	\$838	\$889	\$949	\$1,011	\$1,074	\$1,216
9th	1,335	\$956	\$735	\$839	\$894	\$956	\$1,017	\$1,072	\$1,217
10 th (highest)	665	\$959	\$729	\$842	\$892	\$954	\$1,026	\$1,084	\$1,245
Number of episodes									
10-19 Episodes	2,956	\$943	\$648	\$800	\$863	\$934	\$1,020	\$1,096	\$1,274
20-39 Episodes	3,371	\$961	\$678	\$827	\$888	\$956	\$1,030	\$1,105	\$1,251
40-59 Episodes	2,080	\$964	\$695	\$831	\$893	\$961	\$1,032	\$1,105	\$1,237
60-79 Episodes	1,323	\$962	\$708	\$838	\$896	\$961	\$1,027	\$1,092	\$1,208
80-99 Episodes	918	\$967	\$730	\$847	\$907	\$969	\$1,022	\$1,091	\$1,222
100-199 Episodes	1,830	\$964	\$738	\$835	\$896	\$967	\$1,027	\$1,085	\$1,214
200-299 Episodes	306	\$958	\$755	\$826	\$885	\$966	\$1,022	\$1,074	\$1,176
300+ Episodes	64	\$952	\$763	\$859	\$918	\$953	\$1,000	\$1,029	\$1,252

Table 11-B. TIN Level Cost Measure Scores by Provider Characteristic, Screening/Surveillance Colonoscopy

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	4,192	\$929	\$644	\$797	\$860	\$931	\$998	\$1,056	\$1,240
Subgroup									
Place of Service (ASC)	2,119	\$816	\$578	\$681	\$736	\$810	\$882	\$962	\$1,152
Place of Service (HOPD)	3,651	\$1,095	\$746	\$945	\$1,028	\$1,096	\$1,169	\$1,233	\$1,409
Place of Service (Office)	801	\$885	\$275	\$449	\$571	\$937	\$1,163	\$1,309	\$1,456
Urban/Rural									
Urban	3,030	\$926	\$622	\$789	\$856	\$931	\$1,002	\$1,058	\$1,218
Rural	1,160	\$934	\$678	\$811	\$873	\$928	\$986	\$1,049	\$1,281
Unknown	2	\$859	\$824	\$824	\$824	\$859	\$895	\$895	\$895
Census Region									
Northeast	793	\$947	\$713	\$816	\$869	\$944	\$1,012	\$1,073	\$1,240
Midwest	1,030	\$939	\$696	\$807	\$879	\$936	\$995	\$1,055	\$1,261
South	1,548	\$939	\$656	\$819	\$875	\$942	\$1,004	\$1,059	\$1,221
West	812	\$879	\$547	\$721	\$801	\$888	\$955	\$1,018	\$1,208
Unknown	9	\$819	\$425	\$425	\$696	\$858	\$898	\$1,275	\$1,275
Census Division									
New England	225	\$949	\$720	\$810	\$878	\$946	\$1,012	\$1,082	\$1,196
Middle Atlantic	568	\$946	\$693	\$817	\$864	\$944	\$1,012	\$1,073	\$1,241
East North Central	672	\$939	\$709	\$819	\$880	\$937	\$991	\$1,049	\$1,249
West North Central	358	\$939	\$663	\$801	\$878	\$935	\$1,000	\$1,061	\$1,282
South Atlantic	779	\$946	\$690	\$826	\$879	\$953	\$1,011	\$1,063	\$1,203
East South Central	330	\$934	\$700	\$815	\$876	\$934	\$993	\$1,045	\$1,180
West South Central	439	\$931	\$644	\$799	\$868	\$929	\$994	\$1,057	\$1,255
Mountain	299	\$906	\$649	\$744	\$837	\$915	\$973	\$1,041	\$1,211
Pacific	513	\$863	\$531	\$713	\$778	\$860	\$942	\$1,008	\$1,176
Unknown	9	\$819	\$425	\$425	\$696	\$858	\$898	\$1,275	\$1,275
Provider risk bracket									

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
1 st (lowest)	274	\$859	\$6	\$666	\$778	\$859	\$954	\$1,062	\$1,294
2nd	499	\$935	\$676	\$795	\$842	\$930	\$1,008	\$1,097	\$1,327
3rd	508	\$937	\$678	\$802	\$856	\$942	\$1,012	\$1,068	\$1,236
4th	496	\$935	\$690	\$788	\$853	\$939	\$1,009	\$1,083	\$1,249
5th	469	\$947	\$648	\$828	\$882	\$947	\$1,013	\$1,061	\$1,231
6th	256	\$919	\$502	\$802	\$871	\$926	\$981	\$1,032	\$1,153
7th	440	\$924	\$663	\$803	\$873	\$920	\$983	\$1,035	\$1,166
8th	498	\$932	\$663	\$812	\$882	\$928	\$988	\$1,039	\$1,246
9th	493	\$935	\$614	\$818	\$879	\$939	\$992	\$1,045	\$1,204
10 th (highest)	259	\$927	\$700	\$807	\$874	\$926	\$986	\$1,037	\$1,158
Number of episodes									
10-19 Episodes	811	\$896	\$552	\$764	\$825	\$890	\$963	\$1,042	\$1,282
20-39 Episodes	829	\$908	\$622	\$774	\$838	\$906	\$970	\$1,043	\$1,265
40-59 Episodes	462	\$927	\$612	\$797	\$856	\$922	\$999	\$1,069	\$1,240
60-79 Episodes	321	\$923	\$658	\$782	\$851	\$921	\$991	\$1,047	\$1,269
80-99 Episodes	235	\$943	\$695	\$802	\$879	\$943	\$1,008	\$1,090	\$1,261
100-199 Episodes	588	\$938	\$674	\$819	\$874	\$944	\$1,002	\$1,052	\$1,212
200-299 Episodes	273	\$958	\$745	\$847	\$900	\$958	\$1,006	\$1,066	\$1,302
300+ Episodes	673	\$971	\$781	\$869	\$920	\$978	\$1,021	\$1,063	\$1,150

Table 12-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Intracranial Hemorrhage or Cerebral Infarction

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	2,143	\$29,255	\$18,552	\$23,467	\$25,882	\$28,993	\$32,229	\$35,421	\$42,107
Subgroup									
Cerebral Infarction	2,143	\$28,359	\$17,817	\$22,332	\$24,885	\$28,047	\$31,309	\$35,018	\$42,996
Intracerebral or Subdural Hemorrhage	1,829	\$34,521	\$9,752	\$17,655	\$26,212	\$34,192	\$41,770	\$49,725	\$78,576
Urban/Rural									
Urban	2,008	\$29,298	\$18,903	\$23,502	\$25,965	\$29,047	\$32,234	\$35,422	\$42,107
Rural	135	\$28,620	\$17,612	\$22,682	\$24,814	\$28,427	\$32,040	\$34,336	\$41,922
Unknown	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Census Region									
Northeast	405	\$30,544	\$20,261	\$24,482	\$27,063	\$30,728	\$33,718	\$36,229	\$41,323
Midwest	509	\$29,008	\$17,641	\$23,344	\$25,951	\$28,787	\$31,709	\$34,937	\$40,749
South	1,008	\$28,975	\$18,989	\$23,416	\$25,672	\$28,670	\$31,786	\$35,293	\$42,235
West	220	\$28,766	\$17,362	\$23,204	\$25,328	\$28,667	\$31,909	\$34,006	\$43,780
Unknown	1	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563
Census Division									
New England	130	\$29,836	\$18,131	\$24,666	\$27,058	\$29,808	\$32,150	\$34,647	\$51,261
Middle Atlantic	275	\$30,879	\$20,261	\$24,416	\$27,063	\$31,382	\$34,241	\$36,727	\$41,003
East North Central	353	\$29,080	\$18,157	\$23,489	\$26,099	\$28,796	\$31,800	\$34,925	\$41,701
West North Central	156	\$28,846	\$17,295	\$23,155	\$25,369	\$28,740	\$31,511	\$35,170	\$39,905
South Atlantic	540	\$27,907	\$18,151	\$22,732	\$24,932	\$27,352	\$30,450	\$33,564	\$42,235
East South Central	247	\$30,052	\$19,354	\$24,020	\$26,889	\$30,141	\$32,893	\$36,798	\$44,288
West South Central	221	\$30,381	\$22,677	\$24,468	\$27,758	\$30,129	\$32,421	\$36,621	\$42,107
Mountain	77	\$29,862	\$17,324	\$23,556	\$26,696	\$29,131	\$32,694	\$35,720	\$50,333
Pacific	143	\$28,176	\$17,362	\$22,984	\$25,140	\$28,291	\$31,344	\$33,225	\$38,837
Unknown	1	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563	\$22,563
Provider risk bracket									
1 st (lowest)	2	\$27,122	\$20,230	\$20,230	\$20,230	\$27,122	\$34,014	\$34,014	\$34,014
2nd	119	\$27,561	\$15,740	\$20,981	\$23,433	\$27,353	\$31,228	\$35,421	\$42,363
3rd	268	\$28,305	\$17,459	\$22,946	\$24,752	\$27,955	\$31,406	\$34,117	\$40,240
4th	420	\$28,517	\$18,925	\$22,863	\$25,166	\$27,908	\$31,518	\$34,820	\$41,922
5th	468	\$29,198	\$19,191	\$23,489	\$26,134	\$29,022	\$31,665	\$35,028	\$41,133

6th	402	\$29,604	\$19,751	\$23,987	\$26,460	\$29,331	\$32,325	\$35,793	\$41,179
7th	273	\$30,366	\$21,618	\$25,205	\$26,901	\$29,860	\$33,106	\$36,351	\$45,329
8th	147	\$31,035	\$22,031	\$24,722	\$27,545	\$30,981	\$34,444	\$37,268	\$42,235
9th	39	\$31,642	\$17,362	\$23,344	\$30,393	\$31,962	\$34,429	\$37,285	\$41,652
10 th (highest)	5	\$29,063	\$24,812	\$24,812	\$27,927	\$29,854	\$29,933	\$32,791	\$32,791
Number of episodes									
20-39 Episodes	1,666	\$29,283	\$18,151	\$23,344	\$25,702	\$28,988	\$32,455	\$35,910	\$42,641
40-59 Episodes	344	\$29,200	\$21,011	\$23,889	\$26,639	\$28,993	\$31,879	\$34,241	\$40,767
60-79 Episodes	89	\$28,692	\$18,552	\$24,459	\$26,482	\$28,730	\$31,175	\$32,503	\$37,292
80-99 Episodes	30	\$30,363	\$23,919	\$25,590	\$27,353	\$30,527	\$32,232	\$35,231	\$37,983
100-199 Episodes	14	\$28,461	\$22,566	\$25,442	\$26,642	\$28,915	\$30,150	\$31,728	\$31,934
200-299 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 12-B. TIN Level Cost Measure Scores by Provider Characteristic, Intracranial Hemorrhage or Cerebral Infarction

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	1,825	\$25,949	\$17,386	\$21,549	\$23,664	\$25,763	\$28,220	\$30,589	\$36,118
Subgroup									
Cerebral Infarction	1,824	\$25,263	\$16,203	\$20,804	\$22,832	\$25,114	\$27,483	\$30,036	\$35,151
Intracerebral or Subdural Hemorrhage	1,560	\$29,815	\$9,289	\$15,764	\$23,142	\$29,710	\$35,312	\$41,165	\$66,130
Urban/Rural									
Urban	1,595	\$25,973	\$17,299	\$21,592	\$23,701	\$25,774	\$28,283	\$30,578	\$35,361
Rural	230	\$25,786	\$17,588	\$21,011	\$23,515	\$25,626	\$27,921	\$30,811	\$36,332
Unknown	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Census Region									
Northeast	353	\$27,036	\$17,484	\$22,322	\$24,304	\$26,653	\$29,684	\$32,179	\$38,668
Midwest	422	\$25,322	\$17,789	\$21,128	\$23,268	\$25,200	\$27,171	\$29,383	\$33,125
South	753	\$26,088	\$17,386	\$21,690	\$23,808	\$26,017	\$28,277	\$30,591	\$36,421
West	294	\$25,195	\$16,866	\$20,719	\$22,932	\$25,264	\$27,377	\$29,747	\$34,621
Unknown	3	\$25,621	\$21,612	\$21,612	\$21,612	\$22,979	\$32,272	\$32,272	\$32,272
Census Division									
New England	105	\$26,072	\$19,800	\$22,235	\$24,304	\$25,936	\$27,695	\$29,726	\$36,990
Middle Atlantic	248	\$27,444	\$17,484	\$22,496	\$24,345	\$27,308	\$30,402	\$33,124	\$38,668
East North Central	294	\$25,313	\$18,176	\$21,267	\$23,352	\$25,187	\$27,072	\$28,987	\$32,921
West North Central	128	\$25,342	\$17,188	\$20,452	\$22,747	\$25,205	\$27,475	\$30,231	\$34,533
South Atlantic	410	\$25,200	\$17,299	\$20,964	\$22,989	\$25,163	\$27,012	\$29,242	\$34,920
East South Central	151	\$26,648	\$17,511	\$22,570	\$24,378	\$26,505	\$28,568	\$30,765	\$37,304
West South Central	192	\$27,544	\$16,945	\$23,659	\$25,461	\$27,841	\$29,556	\$31,391	\$36,921
Mountain	102	\$25,177	\$16,866	\$19,576	\$23,100	\$25,354	\$27,216	\$29,219	\$32,671
Pacific	192	\$25,205	\$17,615	\$20,961	\$22,853	\$24,903	\$27,452	\$29,751	\$34,621
Unknown	3	\$25,621	\$21,612	\$21,612	\$21,612	\$22,979	\$32,272	\$32,272	\$32,272
Provider risk bracket									
1 st (lowest)	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2nd	55	\$25,349	\$18,191	\$20,111	\$21,975	\$24,941	\$28,283	\$31,687	\$33,130
3rd	206	\$24,964	\$15,873	\$19,992	\$21,722	\$24,497	\$27,775	\$31,066	\$34,786
4th	327	\$25,840	\$16,946	\$21,432	\$23,444	\$25,487	\$28,334	\$30,364	\$34,559
5th	387	\$25,672	\$17,588	\$21,725	\$23,402	\$25,606	\$27,636	\$29,596	\$36,990
6th	430	\$26,203	\$18,419	\$22,164	\$24,334	\$25,926	\$28,007	\$30,514	\$34,749
7th	265	\$26,543	\$17,511	\$22,299	\$24,480	\$26,131	\$28,756	\$30,857	\$36,421
8th	112	\$26,742	\$18,211	\$22,130	\$23,908	\$26,454	\$29,164	\$32,363	\$36,319
9th	39	\$26,547	\$19,347	\$22,032	\$24,536	\$26,990	\$28,822	\$30,685	\$34,733
10 th (highest)	4	\$26,165	\$17,627	\$17,627	\$22,091	\$27,534	\$30,240	\$31,965	\$31,965
Number of episodes									
20-39 Episodes	764	\$25,707	\$16,108	\$20,242	\$22,505	\$25,460	\$28,654	\$31,536	\$36,490
40-59 Episodes	338	\$26,317	\$18,081	\$21,834	\$23,799	\$25,967	\$28,530	\$31,306	\$36,701
60-79 Episodes	201	\$26,140	\$19,097	\$22,287	\$23,960	\$26,380	\$28,076	\$30,177	\$33,967

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
80-99 Episodes	119	\$25,923	\$19,234	\$22,780	\$24,134	\$25,640	\$27,830	\$29,469	\$31,926
100-199 Episodes	281	\$25,997	\$20,933	\$23,261	\$24,552	\$25,755	\$27,561	\$28,824	\$31,995
200-299 Episodes	78	\$25,869	\$21,331	\$23,145	\$24,379	\$25,961	\$27,250	\$28,719	\$30,666
300+ Episodes	44	\$26,380	\$21,938	\$24,298	\$24,687	\$26,178	\$27,934	\$29,773	\$31,139

Table 13-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, Simple Pneumonia with Hospitalization

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs Subgroup	809	\$11,814	\$9,256	\$10,270	\$10,921	\$11,760	\$12,589	\$13,379	\$15,035
Simple Pneumonia with Hospitalization with MCC	808	\$14,114	\$9,851	\$11,780	\$12,695	\$13,937	\$15,326	\$16,881	\$20,120
Simple Pneumonia with Hospitalization with CC	807	\$10,049	\$7,050	\$8,057	\$8,905	\$9,871	\$10,976	\$12,196	\$14,316
Simple Pneumonia with Hospitalization without CC or MCC	741	\$7,500	\$4,364	\$5,274	\$5,909	\$6,907	\$8,317	\$10,574	\$17,868
Urban/Rural									
Urban	543	\$11,930	\$9,131	\$10,442	\$11,009	\$11,893	\$12,681	\$13,582	\$15,069
Rural	264	\$11,569	\$9,485	\$10,160	\$10,792	\$11,568	\$12,181	\$13,092	\$14,888
Unknown	2	\$12,706	\$12,584	\$12,584	\$12,584	\$12,706	\$12,829	\$12,829	\$12,829
Census Region									
Northeast	161	\$12,235	\$9,265	\$10,651	\$11,179	\$12,259	\$13,044	\$14,030	\$15,502
Midwest	166	\$11,694	\$9,217	\$10,365	\$11,001	\$11,695	\$12,392	\$13,011	\$14,497
South	419	\$11,748	\$9,340	\$10,204	\$10,883	\$11,695	\$12,469	\$13,346	\$15,026
West	61	\$11,454	\$9,077	\$10,006	\$10,536	\$11,274	\$12,241	\$13,171	\$15,069
Unknown	2	\$12,706	\$12,584	\$12,584	\$12,584	\$12,706	\$12,829	\$12,829	\$12,829
Census Division									
New England	65	\$12,075	\$9,653	\$10,710	\$11,112	\$11,900	\$12,765	\$13,538	\$16,289
Middle Atlantic	96	\$12,344	\$9,109	\$10,539	\$11,214	\$12,471	\$13,240	\$14,075	\$15,502
East North Central	100	\$11,869	\$9,384	\$10,531	\$11,145	\$11,837	\$12,675	\$13,185	\$14,536
West North Central	66	\$11,430	\$9,131	\$10,199	\$10,901	\$11,332	\$12,101	\$12,775	\$14,155
South Atlantic	191	\$11,887	\$9,404	\$10,204	\$10,907	\$11,814	\$12,654	\$13,544	\$15,344
East South Central	120	\$11,762	\$9,524	\$10,517	\$11,063	\$11,776	\$12,289	\$13,141	\$15,026
West South Central	108	\$11,484	\$8,898	\$9,925	\$10,745	\$11,551	\$12,076	\$12,874	\$14,428
Mountain	29	\$11,370	\$9,396	\$10,095	\$10,770	\$11,115	\$12,172	\$12,653	\$15,069
Pacific	32	\$11,531	\$9,077	\$9,813	\$10,421	\$11,434	\$12,452	\$13,828	\$14,389
Unknown	2	\$12,706	\$12,584	\$12,584	\$12,584	\$12,706	\$12,829	\$12,829	\$12,829
Provider risk bracket									
1 st (lowest)	2	\$11,820	\$11,809	\$11,809	\$11,809	\$11,820	\$11,831	\$11,831	\$11,831
2nd	41	\$11,588	\$9,396	\$10,095	\$10,743	\$11,350	\$12,114	\$13,153	\$14,428
3rd	121	\$11,745	\$9,109	\$10,011	\$10,851	\$11,687	\$12,496	\$13,569	\$15,653
4th	142	\$11,819	\$9,282	\$10,249	\$11,083	\$11,839	\$12,502	\$13,160	\$14,779
5th	172	\$11,920	\$9,256	\$10,259	\$10,906	\$11,764	\$12,844	\$13,749	\$15,344
6th	143	\$11,781	\$9,217	\$10,325	\$10,974	\$11,815	\$12,662	\$13,099	\$14,559
7th	96	\$11,885	\$8,502	\$10,536	\$11,121	\$11,873	\$12,553	\$13,214	\$16,289
8th	77	\$11,639	\$9,690	\$10,453	\$10,844	\$11,526	\$12,353	\$13,003	\$15,016
9th	14	\$12,453	\$10,651	\$10,720	\$11,097	\$12,425	\$13,913	\$14,352	\$14,508
10 th (highest)	1	\$13,044	\$13,044	\$13,044	\$13,044	\$13,044	\$13,044	\$13,044	\$13,044
Number of episodes									
20-39 Episodes	776	\$11,812	\$9,256	\$10,259	\$10,910	\$11,759	\$12,595	\$13,379	\$15,069
40-59 Episodes	31	\$11,868	\$9,131	\$10,844	\$11,112	\$11,843	\$12,489	\$13,136	\$14,888
60-79 Episodes	1	\$12,236	\$12,236	\$12,236	\$12,236	\$12,236	\$12,236	\$12,236	\$12,236
80-99 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100-199 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

200-299 Episodes	1	\$11,344	\$11,344	\$11,344	\$11,344	\$11,344	\$11,344	\$11,344	\$11,344
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 13-B. TIN Level Cost Measure Scores by Provider Characteristic, Simple Pneumonia with Hospitalization

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	2,064	\$11,087	\$8,978	\$9,888	\$10,420	\$11,003	\$11,650	\$12,348	\$14,039
Subgroup									
Simple Pneumonia with Hospitalization with MCC	2,060	\$13,349	\$9,763	\$11,584	\$12,414	\$13,237	\$14,176	\$15,211	\$17,997
Simple Pneumonia with Hospitalization with CC	2,062	\$9,554	\$6,971	\$8,053	\$8,728	\$9,410	\$10,215	\$11,216	\$13,643
Simple Pneumonia with Hospitalization without CC or MCC	1,983	\$7,120	\$4,494	\$5,407	\$6,032	\$6,833	\$7,842	\$9,166	\$13,084
Urban/Rural									
Urban	1,570	\$11,135	\$9,063	\$9,982	\$10,476	\$11,037	\$11,682	\$12,369	\$14,251
Rural	494	\$10,934	\$8,855	\$9,675	\$10,201	\$10,876	\$11,501	\$12,275	\$13,899
Census Region									
Northeast	360	\$11,370	\$9,287	\$10,203	\$10,706	\$11,324	\$11,916	\$12,551	\$15,039
Midwest	513	\$11,119	\$8,988	\$9,981	\$10,457	\$11,046	\$11,697	\$12,381	\$13,796
South	903	\$11,082	\$9,149	\$9,887	\$10,419	\$10,983	\$11,650	\$12,345	\$13,963
West	287	\$10,692	\$8,786	\$9,573	\$10,101	\$10,639	\$11,186	\$11,965	\$13,592
Unknown	1	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124
Census Division									
New England	101	\$11,347	\$9,643	\$10,399	\$10,736	\$11,258	\$11,724	\$12,360	\$13,418
Middle Atlantic	259	\$11,380	\$9,199	\$10,112	\$10,694	\$11,344	\$11,962	\$12,647	\$15,039
East North Central	344	\$11,242	\$9,325	\$10,074	\$10,595	\$11,145	\$11,782	\$12,623	\$14,206
West North Central	169	\$10,868	\$8,473	\$9,849	\$10,280	\$10,820	\$11,348	\$12,084	\$13,335
South Atlantic	429	\$11,162	\$9,063	\$9,923	\$10,546	\$11,026	\$11,678	\$12,436	\$14,039
East South Central	224	\$11,099	\$9,385	\$10,036	\$10,426	\$11,076	\$11,678	\$12,105	\$13,792
West South Central	250	\$10,927	\$8,903	\$9,755	\$10,237	\$10,840	\$11,517	\$12,209	\$13,400
Mountain	108	\$10,540	\$8,938	\$9,486	\$9,998	\$10,512	\$10,998	\$11,717	\$12,541
Pacific	179	\$10,784	\$8,750	\$9,588	\$10,130	\$10,723	\$11,274	\$12,021	\$14,387
Unknown	1	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124	\$10,124
Provider risk score decile									
1 st (lowest)	4	\$10,617	\$8,855	\$8,855	\$9,385	\$10,547	\$11,849	\$12,518	\$12,518
2nd	41	\$10,892	\$9,018	\$9,408	\$10,095	\$10,690	\$11,851	\$12,768	\$13,751
3rd	166	\$11,066	\$8,655	\$9,653	\$10,306	\$11,177	\$11,858	\$12,294	\$13,204
4th	322	\$11,117	\$9,085	\$10,006	\$10,419	\$10,996	\$11,651	\$12,393	\$13,923
5th	439	\$11,090	\$8,967	\$9,849	\$10,382	\$11,026	\$11,622	\$12,387	\$14,241
6th	484	\$11,065	\$9,262	\$10,016	\$10,457	\$10,971	\$11,555	\$12,246	\$13,796
7th	340	\$11,066	\$9,063	\$9,903	\$10,429	\$10,976	\$11,612	\$12,256	\$14,391
8th	222	\$11,127	\$8,873	\$9,823	\$10,539	\$11,068	\$11,816	\$12,414	\$13,335
9th	43	\$11,268	\$9,356	\$9,802	\$10,277	\$11,235	\$11,972	\$13,040	\$13,592
10 th (highest)	3	\$11,965	\$10,828	\$10,828	\$10,828	\$12,373	\$12,693	\$12,693	\$12,693
Number of episodes									
20-39 Episodes	962	\$11,116	\$8,753	\$9,703	\$10,257	\$11,002	\$11,858	\$12,583	\$14,622
40-59 Episodes	427	\$11,084	\$9,018	\$9,924	\$10,419	\$11,026	\$11,717	\$12,334	\$13,399
60-79 Episodes	230	\$11,058	\$9,459	\$10,018	\$10,434	\$10,983	\$11,549	\$12,238	\$13,297
80-99 Episodes	122	\$11,064	\$9,479	\$10,112	\$10,502	\$11,028	\$11,558	\$12,008	\$13,016
100-199 Episodes	241	\$10,985	\$9,577	\$10,328	\$10,653	\$10,910	\$11,342	\$11,767	\$12,399
200-299 Episodes	48	\$11,198	\$9,850	\$10,639	\$10,885	\$11,114	\$11,496	\$12,037	\$12,417
300+ Episodes	34	\$11,129	\$10,380	\$10,679	\$10,838	\$11,129	\$11,444	\$11,644	\$11,805

Table 14-A. TIN-NPI Level Cost Measure Scores by Provider Characteristic, ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

Provider Characteristic	# of TIN-NPIs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TIN-NPIs	13	\$21,774	\$20,416	\$20,478	\$20,772	\$21,573	\$22,534	\$23,404	\$24,107
Urban/Rural									
Urban	12	\$21,638	\$20,416	\$20,478	\$20,717	\$21,560	\$22,320	\$22,571	\$24,107
Rural	1	\$23,404	\$23,404	\$23,404	\$23,404	\$23,404	\$23,404	\$23,404	\$23,404
Census Region									
Northeast	3	\$21,479	\$20,663	\$20,663	\$20,663	\$21,203	\$22,571	\$22,571	\$22,571
Midwest	3	\$21,706	\$20,478	\$20,478	\$20,478	\$22,107	\$22,534	\$22,534	\$22,534
South	7	\$21,929	\$20,416	\$20,416	\$20,772	\$21,573	\$23,404	\$24,107	\$24,107
West	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Census Division									
New England	1	\$20,663	\$20,663	\$20,663	\$20,663	\$20,663	\$20,663	\$20,663	\$20,663
Middle Atlantic	2	\$21,887	\$21,203	\$21,203	\$21,203	\$21,887	\$22,571	\$22,571	\$22,571
East North Central	3	\$21,706	\$20,478	\$20,478	\$20,478	\$22,107	\$22,534	\$22,534	\$22,534
West North Central	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
South Atlantic	7	\$21,929	\$20,416	\$20,416	\$20,772	\$21,573	\$23,404	\$24,107	\$24,107
East South Central	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
West South Central	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Mountain	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pacific	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Provider risk score decile									
1 st (lowest)	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2nd	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3rd	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4th	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5th	3	\$21,706	\$20,478	\$20,478	\$20,478	\$22,107	\$22,534	\$22,534	\$22,534
6th	4	\$21,274	\$20,772	\$20,772	\$20,987	\$21,375	\$21,560	\$21,573	\$21,573
7th	6	\$22,141	\$20,416	\$20,416	\$20,663	\$22,127	\$23,404	\$24,107	\$24,107
8th	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9th	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10 th (highest)	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Number of episodes									
20-39 Episodes	13	\$21,774	\$20,416	\$20,478	\$20,772	\$21,573	\$22,534	\$23,404	\$24,107
40-59 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
60-79 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
80-99 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100-199 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
200-299 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Table 14-B. TIN Level Cost Measure Scores by Provider Characteristic, ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

Provider Characteristic	# of TINs	Mean Score	Score Percentile						
			1st	10th	25th	50th	75th	90th	99th
All TINs	347	\$21,184	\$18,533	\$19,434	\$20,154	\$21,017	\$22,115	\$23,020	\$25,068
Urban/Rural									
Urban	317	\$21,190	\$18,544	\$19,457	\$20,218	\$21,023	\$22,101	\$22,973	\$24,964
Rural	30	\$21,123	\$18,284	\$18,832	\$20,085	\$20,893	\$22,115	\$23,738	\$25,068
Census Region									
Northeast	61	\$21,159	\$18,765	\$19,676	\$20,107	\$20,931	\$21,789	\$23,063	\$26,833
Midwest	87	\$21,318	\$18,623	\$19,610	\$20,464	\$21,172	\$22,051	\$22,970	\$24,964
South	139	\$20,991	\$18,284	\$19,170	\$19,932	\$20,731	\$22,133	\$22,885	\$24,412
West	60	\$21,465	\$18,580	\$19,984	\$20,361	\$21,290	\$22,587	\$23,279	\$25,068
Census Division									
New England	23	\$21,375	\$19,121	\$19,829	\$20,160	\$20,931	\$21,994	\$22,910	\$26,833
Middle Atlantic	38	\$21,028	\$18,765	\$19,287	\$20,096	\$20,893	\$21,568	\$23,354	\$24,310
East North Central	60	\$21,182	\$18,623	\$19,364	\$20,226	\$21,058	\$21,844	\$22,877	\$24,964
West North Central	27	\$21,619	\$19,733	\$20,386	\$20,780	\$21,303	\$22,494	\$23,574	\$24,227
South Atlantic	73	\$20,682	\$18,176	\$18,980	\$19,597	\$20,459	\$21,616	\$22,487	\$26,558
East South Central	32	\$21,292	\$18,533	\$19,329	\$20,333	\$21,551	\$22,203	\$22,816	\$23,946
West South Central	34	\$21,371	\$18,284	\$19,652	\$20,138	\$21,339	\$22,306	\$23,675	\$24,179
Mountain	33	\$21,848	\$18,692	\$20,228	\$20,955	\$21,998	\$22,902	\$23,419	\$25,068
Pacific	27	\$20,996	\$18,580	\$19,580	\$20,218	\$20,774	\$21,774	\$22,916	\$23,294
Provider risk score decile									
1 st (lowest)	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2nd	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3rd	1	\$21,289	\$21,289	\$21,289	\$21,289	\$21,289	\$21,289	\$21,289	\$21,289
4th	14	\$21,098	\$18,692	\$19,140	\$20,256	\$21,298	\$22,147	\$22,240	\$24,058
5th	66	\$21,197	\$18,176	\$19,937	\$20,342	\$20,926	\$21,839	\$22,920	\$25,068
6th	130	\$21,209	\$18,580	\$19,308	\$20,179	\$20,920	\$22,115	\$23,163	\$25,068
7th	106	\$21,168	\$18,533	\$19,292	\$20,043	\$21,140	\$22,242	\$23,036	\$24,227
8th	29	\$21,176	\$19,226	\$19,462	\$20,026	\$21,252	\$22,225	\$22,664	\$23,864
9th	1	\$20,154	\$20,154	\$20,154	\$20,154	\$20,154	\$20,154	\$20,154	\$20,154
10 th (highest)	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Number of episodes									
20-39 Episodes	249	\$21,173	\$18,533	\$19,323	\$20,138	\$20,931	\$22,157	\$23,134	\$24,964
40-59 Episodes	74	\$21,135	\$18,284	\$19,283	\$20,087	\$21,157	\$21,952	\$22,641	\$26,833
60-79 Episodes	13	\$21,422	\$19,941	\$20,142	\$20,613	\$21,205	\$21,997	\$22,862	\$23,864
80-99 Episodes	9	\$21,390	\$20,179	\$20,179	\$20,740	\$21,547	\$21,709	\$22,780	\$22,780
100-199 Episodes	2	\$21,973	\$21,616	\$21,616	\$21,616	\$21,973	\$22,330	\$22,330	\$22,330
200-299 Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
300+ Episodes	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

2.5 Episode Costs by Clinical Theme

The following tables present the summary of episode costs by clinical theme for each cost measure score quintile. Clinical themes are clinical categorizations of the services assigned to episode costs during the episode window that were created for the purpose of illustrating clinically important sources of episode costs in clinician's field test reports. Information on cost and utilization for services represented by a clinical theme may assist clinicians and clinician groups in understanding potential sources of cost variation in their episodes. For specific information on the services assigned to each clinical theme, please refer to the tabs with the prefix "SA_" in their titles within the Measure Codes List file for the relevant measure.

The tables illustrate the breakdown of episode costs by clinical theme for providers in each quintile of the distribution of cost measure scores. The purpose of these tables is to show how utilization and costs of services within each clinical theme differ across providers with varying levels of performance on the cost measure. Clinicians and clinician groups with the lowest cost measure scores, indicating better cost measure performance, will fall into the lowest quintile (the 1st quintile), while those with the highest cost measure scores will fall into the highest quintile (the 5th quintile). For each quintile, the tables present the share of episodes with any cost from services within a given clinical theme, as well as the average cost of those services. The average cost of services is a conditional mean, in that it is only computed for episodes with any cost in the clinical theme. Episodes that have no cost in the clinical theme do not contribute towards this average.

Only episodes for clinicians and clinician groups who meet a 10 episode case minimum for procedural episode groups and 20 episode case minimum for acute inpatient medical condition episode groups are included in these tables.

Table 15. Costs by Clinical Theme for Each Cost Measure Score Quintile, Elective Outpatient PCI

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Non-Invasive Cardiac Testing (post-trigger)		Myocardial Infarction or Coronary Revascularization (post-trigger)		Services Related to Bleeding		Complications ⁸		Other Cardiovascular Admissions / ER Visits	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	75.63%	\$43.35	8.42%	\$8,234.31	2.36%	\$1,357.02	2.44%	\$1,263.84	1.33%	\$2,202.23
TIN	2	75.79%	\$42.54	5.99%	\$8,602.65	1.65%	\$1,595.72	2.27%	\$900.00	1.58%	\$2,069.19
TIN	3	75.94%	\$40.67	5.75%	\$9,099.12	2.08%	\$1,701.68	2.23%	\$927.49	1.53%	\$1,978.18
TIN	4	72.46%	\$43.10	6.43%	\$9,074.08	2.13%	\$1,796.39	2.22%	\$1,220.41	1.77%	\$2,026.94
TIN	5	73.84%	\$42.87	7.96%	\$9,420.98	2.17%	\$2,065.45	1.97%	\$1,381.19	1.83%	\$2,148.77
TIN-NPI	1	76.59%	\$43.16	7.03%	\$7,870.21	2.02%	\$1,279.77	2.36%	\$849.26	1.42%	\$2,224.67
TIN-NPI	2	74.45%	\$42.18	5.01%	\$8,251.21	1.88%	\$1,423.61	1.93%	\$806.40	1.37%	\$1,903.50
TIN-NPI	3	74.33%	\$42.02	5.18%	\$8,868.25	1.88%	\$1,793.84	2.20%	\$1,033.01	1.64%	\$1,877.98
TIN-NPI	4	72.29%	\$42.24	6.70%	\$9,080.91	2.15%	\$1,866.67	2.16%	\$1,218.03	1.74%	\$2,064.26
TIN-NPI	5	74.50%	\$42.75	9.11%	\$9,952.11	2.29%	\$2,133.11	2.16%	\$1,580.68	1.95%	\$2,163.05

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

⁸ The “Complications” clinical theme include neuro, renal, vascular, and infectious complications.

Table 16. Costs by Clinical Theme for Each Cost Measure Score Quintile, Knee Arthroplasty

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Pre-Operative Evaluation		Post-Procedural Joint Bleeding		Post-Trigger Joint Procedures		Deep Venous Thrombosis / Pulmonary Embolism		Wound Care and Infections	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	90.66%	\$99.62	1.01%	\$574.28	7.55%	\$2,406.70	1.23%	\$470.76	1.98%	\$3,330.50
TIN	2	91.39%	\$100.20	1.27%	\$710.82	9.90%	\$2,173.29	1.28%	\$481.68	2.17%	\$3,694.12
TIN	3	91.58%	\$108.35	1.46%	\$594.02	9.30%	\$2,437.90	1.63%	\$385.06	2.15%	\$3,659.97
TIN	4	91.92%	\$105.97	2.23%	\$483.11	8.28%	\$2,720.99	1.54%	\$345.69	2.64%	\$3,566.86
TIN	5	91.47%	\$108.76	2.13%	\$511.92	6.81%	\$4,019.47	1.86%	\$236.00	3.35%	\$4,445.82
TIN-NPI	1	90.81%	\$99.36	0.92%	\$512.66	6.98%	\$1,973.04	1.18%	\$442.40	1.82%	\$2,848.56
TIN-NPI	2	91.35%	\$101.43	1.26%	\$654.54	9.23%	\$2,158.36	1.24%	\$509.33	2.01%	\$3,651.63
TIN-NPI	3	91.54%	\$105.55	1.30%	\$534.54	8.57%	\$2,249.75	1.49%	\$378.75	2.11%	\$3,440.56
TIN-NPI	4	92.28%	\$107.56	1.93%	\$561.20	8.96%	\$2,633.33	1.52%	\$406.09	2.38%	\$3,691.09
TIN-NPI	5	91.43%	\$108.42	2.01%	\$559.59	7.76%	\$3,618.87	1.63%	\$314.15	3.03%	\$4,039.32

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

Table 17. Costs by Clinical Theme for Each Cost Measure Score Quintile, Revascularization for Lower Extremity Chronic Critical Limb Ischemia

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Pre-Operative Testing		Amputation-Related Services		Complications ⁹		Repeat Revascularizations		Wound Care Services	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	84.76%	\$1,880.88	6.70%	\$7,840.39	7.97%	\$3,133.55	1.88%	\$14,900.45	20.57%	\$2,022.48
TIN	2	86.88%	\$1,890.14	9.68%	\$10,583.60	10.55%	\$3,664.75	2.83%	\$16,561.14	24.16%	\$2,278.54
TIN	3	87.74%	\$2,235.22	10.49%	\$11,506.01	11.23%	\$3,757.96	3.39%	\$16,550.32	26.19%	\$2,604.35
TIN	4	88.64%	\$3,058.07	10.17%	\$12,087.76	11.34%	\$3,714.61	3.25%	\$17,044.74	25.92%	\$3,098.07
TIN	5	91.02%	\$6,360.28	8.60%	\$12,762.28	9.65%	\$3,796.99	2.17%	\$17,527.14	22.49%	\$2,941.29
TIN-NPI	1	86.00%	\$1,512.06	7.21%	\$7,216.68	8.64%	\$2,870.71	1.39%	\$13,852.90	20.59%	\$1,694.78
TIN-NPI	2	87.08%	\$1,750.58	8.95%	\$9,869.45	9.76%	\$3,146.20	2.20%	\$16,573.39	24.15%	\$2,165.83
TIN-NPI	3	87.85%	\$2,196.97	9.71%	\$11,176.31	10.87%	\$3,452.89	3.09%	\$16,107.76	24.89%	\$2,561.53
TIN-NPI	4	89.19%	\$3,030.88	10.73%	\$12,084.27	11.50%	\$3,844.44	3.45%	\$17,051.90	27.01%	\$2,925.98
TIN-NPI	5	90.82%	\$6,214.61	9.08%	\$12,728.40	9.99%	\$3,839.58	2.49%	\$17,310.01	23.15%	\$3,079.39

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

⁹ The “Complications” clinical theme include neuro, renal, vascular, and infectious complications.

Table 18. Costs by Clinical Theme for Each Cost Measure Score Quintile, Routine Cataract Removal with IOL Implantation

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Office-Based Diagnostic Testing		Cataract Surgery-Related Office Visits		Complications / Return to Operating Room		Office-Based Procedures		Other Ancillary Care ¹⁰	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	84.81%	\$96.22	74.68%	\$168.61	0.55%	\$1,247.87	1.71%	\$350.00	81.38%	\$183.81
TIN	2	89.56%	\$100.80	79.52%	\$171.41	0.52%	\$1,206.21	1.57%	\$361.87	96.21%	\$187.02
TIN	3	89.52%	\$103.90	83.05%	\$186.97	0.65%	\$1,228.77	2.14%	\$353.69	96.13%	\$208.41
TIN	4	89.77%	\$103.69	83.54%	\$186.85	0.70%	\$1,288.51	2.35%	\$381.57	97.04%	\$224.57
TIN	5	89.01%	\$106.43	81.63%	\$191.64	0.69%	\$1,162.67	2.48%	\$364.11	94.85%	\$314.88
TIN-NPI	1	84.13%	\$94.63	73.46%	\$166.88	0.48%	\$1,260.31	1.55%	\$348.43	84.17%	\$180.93
TIN-NPI	2	90.03%	\$101.24	80.21%	\$171.74	0.51%	\$1,182.97	1.44%	\$355.44	95.66%	\$187.17
TIN-NPI	3	90.28%	\$105.34	84.15%	\$187.22	0.66%	\$1,199.28	2.28%	\$361.20	95.94%	\$204.00
TIN-NPI	4	90.16%	\$103.06	82.96%	\$186.16	0.69%	\$1,308.48	2.44%	\$384.90	97.49%	\$218.81
TIN-NPI	5	89.30%	\$106.70	82.23%	\$193.28	0.75%	\$1,203.14	2.50%	\$357.70	94.95%	\$320.44

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

¹⁰ The "Other Ancillary Care" clinical theme includes anesthesia, medications, and injections.

Table 19. Costs by Clinical Theme for Each Cost Measure Score Quintile, Screening/Surveillance Colonoscopy

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Cardiopulmonary Complications		Lower GI Hemorrhage		Pathology		Perforation or Peritonitis		Repeat Colonoscopy or Flexible Sigmoidoscopy	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	0.32%	\$147.61	0.17%	\$182.81	26.14%	\$88.33	0.01%	\$330.32	0.50%	\$588.21
TIN	2	0.32%	\$148.75	0.16%	\$203.22	35.77%	\$92.02	0.02%	\$408.30	0.40%	\$583.97
TIN	3	0.39%	\$136.69	0.17%	\$226.09	45.69%	\$89.47	0.01%	\$452.14	0.48%	\$558.47
TIN	4	0.39%	\$143.42	0.17%	\$219.81	50.27%	\$92.98	0.01%	\$391.17	0.43%	\$553.26
TIN	5	0.38%	\$138.17	0.19%	\$195.12	61.04%	\$105.99	0.02%	\$398.03	0.45%	\$534.76
TIN-NPI	1	0.32%	\$139.20	0.17%	\$182.87	28.35%	\$88.32	0.01%	\$341.61	0.35%	\$560.12
TIN-NPI	2	0.35%	\$139.09	0.16%	\$211.68	38.05%	\$85.15	0.01%	\$433.61	0.42%	\$574.50
TIN-NPI	3	0.37%	\$147.77	0.17%	\$211.92	45.35%	\$88.80	0.01%	\$346.83	0.40%	\$558.85
TIN-NPI	4	0.40%	\$136.47	0.17%	\$230.06	56.10%	\$95.19	0.01%	\$351.44	0.46%	\$534.65
TIN-NPI	5	0.37%	\$145.21	0.20%	\$192.35	68.66%	\$113.35	0.02%	\$500.79	0.53%	\$554.22

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

Table 20. Costs by Clinical Theme for Each Cost Measure Score Quintile, Intracranial Hemorrhage or Cerebral Infarction

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Services for Dysphagia		Pneumonia		Physical Therapy, Occupational Therapy, Speech-Language Pathology		Subsequent Cerebral Infarction		Subsequent Intracranial Hemorrhage	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00
TIN	2	2.39%	\$371.27	3.96%	\$2,300.97	37.25%	\$2,243.27	8.58%	\$4,955.48	4.94%	\$6,348.24
TIN	3	3.41%	\$415.81	4.75%	\$2,336.06	39.71%	\$2,364.81	10.87%	\$4,489.46	5.85%	\$6,073.31
TIN	4	4.30%	\$412.86	5.35%	\$2,585.04	40.99%	\$2,452.91	11.84%	\$4,608.20	6.59%	\$6,154.92
TIN	5	5.06%	\$441.37	7.30%	\$1,939.92	44.12%	\$2,533.09	10.21%	\$6,096.39	6.95%	\$6,980.97
TIN-NPI	1	0.00%	\$0.00	4.35%	\$621.48	56.52%	\$1,683.96	8.70%	\$3,416.51	4.35%	\$6,131.39
TIN-NPI	2	2.91%	\$398.25	3.92%	\$2,087.32	37.15%	\$2,335.48	10.27%	\$4,337.00	5.33%	\$6,141.93
TIN-NPI	3	4.00%	\$406.41	4.74%	\$2,470.00	40.87%	\$2,397.33	13.64%	\$3,732.36	6.50%	\$5,606.72
TIN-NPI	4	4.94%	\$402.31	5.69%	\$2,450.55	43.23%	\$2,490.10	14.98%	\$3,820.31	8.18%	\$5,160.75
TIN-NPI	5	5.65%	\$279.94	6.47%	\$827.19	51.17%	\$2,723.30	14.39%	\$3,933.21	7.92%	\$5,299.78

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

Table 21. Costs by Clinical Theme for Each Cost Measure Score Quintile, Simple Pneumonia with Hospitalization

Attributed TIN or TIN/NPI	Cost Measure Score Quintile*	Pneumonia-Specific Complications ¹¹		Comorbidity Complications ¹²		Antibiotic-Related Complications ¹³		Non-Pulmonary Complications ¹⁴		Post-Acute Care ¹⁵	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	36.69%	\$309.40	0.59%	\$21.67	1.18%	\$421.10	4.73%	\$72.40	13.61%	\$701.86
TIN	2	39.04%	\$659.53	1.31%	\$1,512.04	1.20%	\$1,567.92	4.59%	\$589.49	19.73%	\$1,049.99
TIN	3	41.37%	\$806.25	1.29%	\$2,106.73	1.34%	\$1,722.48	4.50%	\$902.26	23.70%	\$1,087.14
TIN	4	42.75%	\$895.95	1.34%	\$2,398.66	1.54%	\$1,752.87	4.70%	\$933.29	26.94%	\$1,090.22
TIN	5	46.46%	\$948.40	1.41%	\$1,126.81	1.35%	\$1,663.80	4.81%	\$1,422.89	30.37%	\$944.99
TIN-NPI	1	27.91%	\$396.52	0.00%	\$0.00	2.33%	\$6.27	6.98%	\$72.39	11.63%	\$1,491.41
TIN-NPI	2	40.47%	\$557.59	1.38%	\$482.39	1.01%	\$1,271.52	2.96%	\$463.64	24.92%	\$1,076.70
TIN-NPI	3	42.42%	\$819.65	1.31%	\$1,561.80	1.07%	\$1,828.21	4.28%	\$974.61	27.57%	\$1,095.36
TIN-NPI	4	44.85%	\$986.66	1.37%	\$2,615.83	1.46%	\$1,931.07	4.59%	\$981.84	30.52%	\$1,069.65
TIN-NPI	5	49.08%	\$976.16	1.29%	\$800.79	2.27%	\$2,647.23	4.31%	\$1,944.96	35.60%	\$941.58

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

¹¹ The “Pneumonia-Specific Complications” include repeat pneumonia, empyema, pleural effusion, respiratory failure, etc.

¹² The “Comorbidity Complications” clinical theme include hyper/hypoglycemia, CHF, and hypo/hypervolemia.

¹³ The “Antibiotic-related Complications” clinical theme include clostridium difficile, AKI, and hematologic complications.

¹⁴ The “Non-Pulmonary Complications” clinical theme include thrombosis, arrhythmias, and neurologic.

¹⁵ The “Post-Acute Care” clinical theme include oxygen, rehabilitation, speech/swallow, and supplies/other DME.

Table 22. Costs by Clinical Theme for Each Cost Measure Score Quintile, ST-Elevation Myocardial Infarction (STEMI) with PCI

Attributed TIN or TIN-NPI	Cost Measure Score Quintile*	Complications ¹⁶		Repeat Myocardial Infarction or Coronary Revascularization ¹⁷		Non-Invasive Cardiac Testing		Other Cardiovascular Admissions / ER Visits		Services Related to Bleeding	
		% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services	% of Episodes with Cost of The Clinical Theme	Average Cost among Administered Services
TIN	1	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00
TIN	2	2.27%	\$2,841.97	11.36%	\$2,185.12	50.25%	\$80.41	1.77%	\$1,381.15	1.26%	\$2,322.44
TIN	3	2.43%	\$3,153.22	19.58%	\$3,058.79	55.12%	\$100.22	3.51%	\$2,389.93	2.02%	\$3,351.99
TIN	4	2.76%	\$4,598.40	31.39%	\$2,982.52	53.52%	\$97.23	4.80%	\$2,291.17	1.71%	\$3,636.19
TIN	5	2.37%	\$4,719.47	46.06%	\$2,422.99	55.66%	\$97.86	6.80%	\$1,796.91	1.19%	\$3,105.64
TIN-NPI	1	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00
TIN-NPI	2	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00
TIN-NPI	3	1.28%	\$16,334.85	26.92%	\$1,129.24	53.21%	\$138.12	5.13%	\$1,111.55	0.64%	\$61.39
TIN-NPI	4	2.38%	\$10,686.83	40.48%	\$1,669.54	54.76%	\$74.45	7.14%	\$1,330.80	2.38%	\$3,586.12
TIN-NPI	5	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%	\$0.00

* The cost measure score quintile is determined by first examining the average cost measure score for each provider. The distribution of average cost measure scores is then divide into quintiles, by which providers are grouped into by episode group. Those with the lowest cost measure score (i.e., better performance) fall into the 1st quintile, while those with the highest cost measure score fall into the 5th quintile.

¹⁶ The "Complications" clinical theme includes neuro, renal, and infectious complications.

¹⁷ The name of this clinical theme has been updated since the initial posting of the National Summary Data Report during field testing, where it was referred to as "Myocardial Infarction or Coronary Revascularization."