

Addendum #5

1. In response to Question 1 from Addendum #4 – No new information can be provided at this time.
2. In response to Question 2 from Addendum #4 – No new information can be provided at this time. However, a new Top Rx report is being included by Paid Amount. See Attachment 1 – Addendum 5.
3. In response to Question 7 from Addendum #4 – A new High Cost Claims report is being provided by Claimant. However, we were unable to include data from 02/01/2013. The period will start from 03/01/2013. Also, not included are Prognosis and whether the Claim is ongoing or closed. See Attachment 2 – Addendum 5.

Top Drugs by Paid

Company: HARDEE COUNTY DISTRICT SCHOOLS
Group: 66946
Current Paid Period: From 01/2016 to 01/2017
Prior Paid Period: From 01/2015 to 01/2016
Rank: 25
Rx Sort By: PAID

Total
Drug Name, Rank (Current, Prior), Paid Amt (Current, Prior, Chg %), Member Paid Amt (Current, Prior, Chg %), Total Paid Amt (Current, Prior, Chg %), Copay Amt (Current, Prior), Deductible Amt (Current, Prior), Co-Insurance Amt (Current, Prior), Ingredient Cost (Current, Prior), Dispense Fee (Current, Prior)

Average
Drug Name, Rank (Current, Prior), Plan Avg Paid Amt (Current, Prior, Chg %), Member Avg Paid Amt (Current, Prior, Chg %), Total Avg Paid Amt (Current, Prior, Chg %), Copay Avg Amt (Current, Prior), Deductible Avg Amt (Current, Prior), Co-Insurance Avg Amt (Current, Prior), Ingredient Avg Cost (Current, Prior), Dispense Avg Fee (Current, Prior)

LANTUS	23	9	\$1,054.42	\$709.37	48.66%	\$47.22	\$36.36	27.78%	\$1,101.64	\$745.73	47.65%	\$47.22	\$36.36	\$0.00	\$0.00	\$0.00	\$0.00	\$1,101.55	\$745.26	\$0.09	\$0.47
ADVAIR DISKUS	24	27	\$307.99	\$311.50	-0.96%	\$43.24	\$41.58	2.44%	\$351.24	\$353.09	-0.28%	\$34.16	\$34.28	\$9.08	\$7.30	\$0.00	\$0.00	\$350.65	\$352.44	\$0.59	\$0.64
KOMBIGLYZE XR	25	22	\$461.67	\$317.44	45.43%	\$35.52	\$29.60	17.24%	\$497.20	\$347.05	43.23%	\$35.52	\$29.60	\$0.00	\$0.00	\$0.00	\$0.00	\$496.45	\$346.07	\$0.74	\$0.98
ALL OTHER			\$35.72	\$59.23	-38.98%	\$10.07	\$10.82	0.00%	\$45.79	\$70.06	-34.29%	\$8.81	\$8.99	\$1.26	\$0.91	\$0.00	\$0.91	\$45.15	\$69.49	\$0.72	\$0.76
Total			\$71.36	\$90.04	-20.00%	\$12.11	\$12.51	0.00%	\$83.48	\$102.56	-18.63%	\$10.05	\$10.52	\$1.41	\$1.13	\$0.65	\$0.86	\$82.83	\$101.98	\$0.72	\$0.76

Utilization																				
Drug Name	Rank		Number of Rx			Rx Users			Rx Per User		Avg Quantity		Avg Days Supply		Plan Paid PMPM Amt			Util/1000		
	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %	Current	Prior	Current	Prior	Current	Prior	Current	Prior	Chg %	Current	Prior	Chg %
HIZENTRA	1	2	28	28	0.00%	1	1	0.00%	28.00	28.00	130.00	130.00	28.00	28.00	\$6.99	\$6.79	2.95%	24.98	25.06	-0.31%
HUMIRA PEN	2	4	18	18	0.00%	2	2	0.00%	9.00	9.00	2.55	2.55	28.00	28.00	\$6.59	\$5.49	20.04%	16.06	16.11	-0.31%
HUMIRA	3	5	13	22	-40.91%	1	2	-50.00%	13.00	11.00	2.00	2.00	28.00	28.00	\$3.74	\$5.06	-26.09%	11.60	19.69	-41.09%
VICTOZA	4	7	69	70	-1.43%	15	15	0.00%	4.60	4.67	8.52	8.10	36.00	34.00	\$3.17	\$2.86	10.84%	61.55	62.64	-1.74%
JANUVIA	5	12	79	50	58.00%	16	8	100.00%	4.94	6.25	37.59	39.60	37.00	39.00	\$2.44	\$1.50	62.67%	70.47	44.74	57.51%
INVOKANA	6	16	64	52	23.08%	10	8	25.00%	6.40	6.50	38.43	30.00	38.00	30.00	\$2.16	\$1.22	77.05%	57.09	46.53	22.69%
CRESTOR	7	6	80	158	-49.37%	24	28	-14.29%	3.33	5.64	41.25	42.72	41.00	42.00	\$1.85	\$3.14	-41.08%	71.36	141.39	-49.53%
NOVOLOG FLEXPEN	8	18	35	31	12.90%	8	8	0.00%	4.38	3.88	20.57	17.90	34.00	30.00	\$1.63	\$1.10	48.18%	31.22	27.74	12.55%
ONGLYZA	9	14	55	57	-3.51%	6	6	0.00%	9.17	9.50	31.09	30.00	31.00	30.00	\$1.45	\$1.31	10.69%	49.06	51.01	-3.81%
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	10	13	23	26	-11.54%	3	3	0.00%	7.67	8.67	27.39	26.07	33.00	32.00	\$1.40	\$1.35	3.70%	20.52	23.27	-11.81%
SEROQUEL XR	11	15	13	15	-13.33%	1	2	-50.00%	13.00	7.50	60.00	64.00	30.00	38.00	\$1.22	\$1.28	-4.69%	11.60	13.42	-13.60%
LEVEMIR FLEXTOUCH	12	10	31	55	-43.64%	6	9	-33.33%	5.17	6.11	19.35	16.36	36.00	31.00	\$1.12	\$1.61	-30.43%	27.65	49.22	-43.81%
ZETIA	13	20	36	41	-12.20%	7	8	-12.50%	5.14	5.13	45.00	46.09	45.00	46.00	\$0.99	\$0.96	3.13%	32.11	36.69	-12.47%
TRESIBA FLEXTOUCH	14	106	18	2	800.00%	2	1	100.00%	9.00	2.00	16.50	18.00	33.00	30.00	\$0.94	\$0.15	526.67%	16.06	1.79	797.19%
VYVANSE	15	19	53	60	-11.67%	8	8	0.00%	6.63	7.50	34.81	36.25	29.00	29.00	\$0.94	\$1.00	-6.00%	47.28	53.69	-11.94%
DIHYDROERGOTAMINE MESYLATE	16	0	4	0	0.00%	1	0	0.00%	4.00	0.00	8.00	0.00	30.00	0.00	\$0.89	\$0.00	0.00%	3.57	0.00	0.00%
PRISTIQ	17	25	46	50	-8.00%	4	5	-20.00%	11.50	10.00	30.00	33.60	30.00	33.00	\$0.89	\$0.82	8.54%	41.03	44.74	-8.29%
LYRICA	18	11	27	56	-51.79%	5	9	-44.44%	5.40	6.22	85.55	83.03	36.00	38.00	\$0.88	\$1.52	-42.11%	24.09	50.11	-51.94%
HUMULIN R U-500 KWIKPEN	19	0	5	0	0.00%	1	0	0.00%	5.00	0.00	25.20	0.00	30.00	0.00	\$0.80	\$0.00	0.00%	4.46	0.00	0.00%
TOUJEO SOLOSTAR	20	100	33	8	312.50%	5	5	0.00%	6.60	1.60	4.40	4.12	29.00	32.00	\$0.75	\$0.16	368.75%	29.44	7.16	311.21%
CIMZIA STARTER KIT	21	0	1	0	0.00%	1	0	0.00%	1.00	0.00	3.00	0.00	30.00	0.00	\$0.73	\$0.00	0.00%	0.89	0.00	0.00%
SIMPONI	22	0	5	0	0.00%	1	0	0.00%	5.00	0.00	0.50	0.00	28.00	0.00	\$0.73	\$0.00	0.00%	4.46	0.00	0.00%
LANTUS	23	9	9	33	-72.73%	3	7	-57.14%	3.00	4.71	45.55	30.30	47.00	40.00	\$0.70	\$1.74	-59.77%	8.03	29.53	-72.81%
ADVAIR DISKUS	24	27	30	35	-14.29%	9	11	-18.18%	3.33	3.18	72.00	73.71	42.00	42.00	\$0.68	\$0.81	-16.05%	26.76	31.32	-14.55%
KOMBIGLYZE XR	25	22	19	38	-50.00%	3	5	-40.00%	6.33	7.60	64.73	46.57	42.00	34.00	\$0.65	\$0.89	-26.97%	16.95	34.00	-50.16%
ALL OTHER			14,384	14,637	-1.73%	886	879	0.80%	16.23	16.65	58.34	55.60	33.00	33.00	\$38.19	\$64.66	-40.94%	12,831.40	13,097.99	-2.04%
Total			15,151	15,516	-2.35%	888	881	0.79%	17.06	17.61	57.25	54.68	33.00	33.00	\$80.37	\$104.18	-22.85%	13,515.61	13,884.56	-2.66%

Notes:

- * = Drug not found in prior period.
- TOTAL represents the summation of all Prescriptions for analysis period (including claims not ranked).
- ALL OTHER represents the difference between all prescriptions and prescriptions ranked for analysis period.
- Brand/Generic = (G) Generic, (MS) Multi-Source Brand, (SS) Single Source Brand.
- Plan Paid Amount does not include sales tax.

High Cost Claims Summary_FEB 2016-JAN 2017

Company: HARDEE COUNTY DISTRICT SCHOOLS

Group: 66946

High Cost Claims Threshold: 25000

Current Paid Period: From 02/2016 to 01/2017

Prior Paid Period: From 02/2015 to 01/2016

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SUBSCRIBER	THORACOABDOMINAL ANEURYSM WITHOUT MENTION OF RUPTURE; CELLULITIS AND ABSCESS OF UNSPECIFIED SITE; OPEN WOUND OF CHEST (WALL), WITHOUT MENTION OF COMPLICATION	11	2	\$191,467.55	6	\$5,802.16	118	\$21,829.44	57	\$878.01	\$219,977.16	\$717,629.89
2	001	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INTERMEDIATE CORONARY SYNDROME; CARDIAC COMPLICATIONS	20	3	\$148,455.88	1	\$105.36	112	\$14,957.24	74	\$864.92	\$164,383.40	\$633,161.58
3	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-INNER QUADRANT OF FEMALE BREAST; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST	0	0	\$0.00	1	\$2,086.51	204	\$148,164.77	45	\$4,898.51	\$155,149.79	\$248,505.87
4	R01	SUBSCRIBER	MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ACUTE PANCREATITIS	18	3	\$33,219.99	6	\$10,824.32	313	\$95,146.09	81	\$4,437.56	\$143,627.96	\$551,915.58
5	001	SUBSCRIBER	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE; MALIGNANT NEOPLASM OF TRANSVERSE COLON; SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN	6	1	\$22,641.71	12	\$15,769.54	280	\$71,451.36	47	\$888.23	\$110,750.84	\$251,646.53
6	001	SPOUSE	OTHER GENERAL SYMPTOMS; UNSPECIFIED SEPTICEMIA; MISSING OR UNKNOWN DIAGNOSIS CODE	16	4	\$62,204.18	7	\$9,576.46	150	\$15,181.98	103	\$16,656.97	\$103,619.59	\$378,559.08
7	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; COMMON VARIABLE IMMUNODEFICIENCY; UNSPECIFIED INTERNAL DERANGEMENT OF KNEE	0	0	\$0.00	0	\$0.00	32	\$12,132.11	44	\$87,740.11	\$99,872.22	\$281,401.16
8	001	DEPENDENT	BLOOD IN STOOL; DEHYDRATION; TETRALOGY OF FALLOT	8	2	\$53,617.98	5	\$2,093.58	180	\$28,483.04	7	\$53.20	\$84,247.80	\$841,282.46
9	001	SUBSCRIBER	DISLOCATION OF PROSTHETIC JOINT; SECONDARY LOCALIZED OSTEOARTHRISIS, PELVIC REGION AND THIGH; CLOSED DISLOCATION OF HIP, UNSPECIFIED SITE	5	2	\$52,181.85	14	\$10,759.47	55	\$11,217.19	74	\$1,072.58	\$75,231.09	\$330,326.29
10	002	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL, INITIAL EPISODE OF CARE; INTERMEDIATE CORONARY SYNDROME; CHRONIC CHOLECYSTITIS	2	1	\$27,986.00	7	\$30,109.21	78	\$12,422.41	22	\$372.68	\$70,890.30	\$359,608.74

11	001	DEPENDENT	OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; PAROXYSMAL SUPRAVENTRICULAR TACHYCARDIA; OTHER MALAISE AND FATIGUE	0	0	\$0.00	2	\$57,024.36	17	\$9,309.01	0	\$0.00	\$66,333.37	\$159,188.89
12	001	SUBSCRIBER	MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG)	0	0	\$0.00	8	\$52,675.09	88	\$12,868.44	56	\$366.42	\$65,909.95	\$213,523.80
13	001	SUBSCRIBER	COMPRESSION OF BRAIN; ALLERGY, UNSPECIFIED NOT ELSEWHERE CLASSIFIED; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON	3	1	\$48,661.20	2	\$6,216.94	48	\$10,210.43	8	\$258.31	\$65,346.88	\$101,788.22
14	001	SUBSCRIBER	INTERMEDIATE CORONARY SYNDROME; DEHYDRATION; UNSPECIFIED ADVERSE EFFECT OF OTHER DRUG, MEDICINAL AND BIOLOGICAL SUBSTANCE	0	0	\$0.00	4	\$49,127.46	71	\$6,213.07	115	\$4,268.57	\$59,609.10	\$135,192.37
15	001	DEPENDENT	CHOLECYSTITIS, UNSPECIFIED; DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE I [JUVENILE TYPE], UNCONTROLLED; DIABETES WITH NEUROLOGICAL MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	14	3	\$36,163.79	1	\$7,621.51	152	\$9,355.92	20	\$5,490.55	\$58,631.77	\$184,426.21
16	R01	SUBSCRIBER	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF INTRA-ABDOMINAL LYMPH NODES; MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED; MALIGNANT CARCINOID TUMOR OF THE SMALL INTESTINE, UNSPECIFIED PORTION	4	1	\$40,438.58	5	\$8,223.18	59	\$9,755.99	13	\$191.84	\$58,609.59	\$158,471.60
17	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CONTUSION OF CHEST WALL; RHEUMATOID ARTHRITIS	0	0	\$0.00	1	\$6,196.93	46	\$1,676.47	70	\$50,706.29	\$58,579.69	\$129,377.08
18	001	SUBSCRIBER	*****; PRE-PROCEDURAL LABORATORY EXAMINATION; MISSING OR UNKNOWN DIAGNOSIS CODE	9	2	\$28,367.99	15	\$16,375.39	71	\$7,295.95	33	\$4,662.30	\$56,701.63	\$192,400.02
19	001	SUBSCRIBER	UNSPECIFIED ANEMIA; UNSPECIFIED SEPTICEMIA; OTHER MALIGNANT LYMPHOMAS, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES	2	1	\$15,076.83	2	\$2,957.39	112	\$37,766.95	23	\$102.39	\$55,903.56	\$91,634.92
20	R01	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ABDOMINAL PAIN, UNSPECIFIED SITE; OTHER AND COMBINED FORMS OF SENILE CATARACT	0	0	\$0.00	10	\$37,814.78	133	\$15,179.50	63	\$1,600.82	\$54,595.10	\$131,157.87
21	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	339	\$54,439.43	30	\$104.33	\$54,543.76	\$185,078.80

22	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF CERVIX	0	0	\$0.00	0	\$0.00	34	\$2,318.27	45	\$48,538.79	\$50,857.06	\$109,061.20
23	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG; KNEE JOINT REPLACEMENT BY OTHER MEANS; MISSING OR UNKNOWN DIAGNOSIS CODE	2	1	\$40,633.69	11	\$3,635.64	47	\$4,218.37	33	\$1,222.42	\$49,710.12	\$95,966.57
24	001	SUBSCRIBER	ABNORMAL MATERNAL GLUCOSE TOLERANCE, WITH DELIVERY; ABNORMAL MATERNAL GLUCOSE TOLERANCE, ANTEPARTUM; OTHER DYSPNEA AND RESPIRATORY ABNORMALITIES	5	2	\$14,626.13	23	\$18,855.25	81	\$14,552.24	28	\$838.88	\$48,872.50	\$111,620.70
25	001	SUBSCRIBER	****; OTHER GENERAL SYMPTOMS; MALIGNANT NEOPLASM OF FALLOPIAN TUBE	3	2	\$43,434.68	0	\$0.00	10	\$1,794.22	7	\$42.32	\$45,271.22	\$66,482.73
26	001	SUBSCRIBER	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF FEMALE BREAST; MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST	0	0	\$0.00	11	\$33,642.57	105	\$10,150.16	31	\$330.85	\$44,123.58	\$317,529.16
27	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SCREENING MAMMOGRAM; PSORIATIC ARTHROPATHY	0	0	\$0.00	0	\$0.00	6	\$259.18	9	\$39,013.68	\$39,272.86	\$84,237.58
28	001	SUBSCRIBER	RECTAL PROLAPSE; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SPECIFIED DISORDER OF INTESTINES	4	1	\$26,047.51	0	\$0.00	42	\$4,841.73	103	\$7,265.08	\$38,154.32	\$130,006.11
29	001	SUBSCRIBER	CHEST PAIN, UNSPECIFIED; CHEST PAIN, OTHER; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	7	\$34,671.14	36	\$2,701.11	9	\$28.18	\$37,400.43	\$85,342.85
30	001	SUBSCRIBER	RHEUMATOID ARTHRITIS; OTHER CHRONIC ALLERGIC CONJUNCTIVITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	52	\$34,854.92	34	\$734.05	\$35,588.97	\$116,403.03
31	003	SUBSCRIBER	BENIGN NEOPLASM OF OVARY; HEADACHE; ABDOMINAL PAIN, UNSPECIFIED SITE	0	0	\$0.00	6	\$27,872.97	71	\$5,119.64	14	\$34.53	\$33,027.14	\$151,775.77
32	001	SUBSCRIBER	UNSPECIFIED VENTRAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SCREENING MAMMOGRAM	3	1	\$29,091.43	3	\$235.20	25	\$3,225.25	44	\$339.30	\$32,891.18	\$63,233.92
33	002	SUBSCRIBER	SEVERE PRE-ECLAMPSIA, ANTEPARTUM; UNSPECIFIED SINUSITIS (CHRONIC); CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS	4	1	\$21,125.33	1	\$4,396.08	51	\$6,359.49	7	\$24.55	\$31,905.45	\$65,206.25
34	001	DEPENDENT	OTHER PULMONARY EMBOLISM AND INFARCTION; ACUTE VENOUS EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VESSELS OF LOWER EXTREMITY; HEMORRHAGE OF GASTROINTESTINAL TRACT, UNSPECIFIED	8	1	\$27,260.35	0	\$0.00	65	\$3,656.81	12	\$60.89	\$30,978.05	\$84,649.70

35	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; AFTERCARE FOLLOWING JOINT REPLACEMENT; KNEE JOINT REPLACEMENT BY OTHER MEANS	1	1	\$23,372.34	14	\$3,508.14	40	\$3,501.66	13	\$97.03	\$30,479.17	\$108,119.73
36	001	DEPENDENT	*****; MISSING OR UNKNOWN DIAGNOSIS CODE; INJURY, OTHER AND UNSPECIFIED, UNSPECIFIED SITE	13	2	\$17,961.80	3	\$4,356.67	40	\$3,761.56	41	\$4,190.93	\$30,270.96	\$82,356.53
37	001	SUBSCRIBER	MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES OF LARGE INTESTINE; MALIGNANT NEOPLASM OF ASCENDING COLON; MISSING OR UNKNOWN DIAGNOSIS CODE	5	1	\$21,390.33	1	\$27.04	56	\$6,557.68	11	\$1,964.70	\$29,939.75	\$137,316.32
38	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED BACKACHE; AFTERCARE FOLLOWING JOINT REPLACEMENT	0	0	\$0.00	(2)	\$6,673.66	47	\$2,696.36	39	\$19,955.77	\$29,325.79	\$59,115.24
39	001	SUBSCRIBER	MALIGNANT NEOPLASM OF THYROID GLAND; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SPECIFIED NONINFLAMMATORY DISORDER OF VAGINA	0	0	\$0.00	2	\$15,454.42	35	\$12,475.69	18	\$746.44	\$28,676.55	\$50,836.57
40	001	SPOUSE	MALIGNANT NEOPLASM OF PROSTATE; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; CHEST PAIN, UNSPECIFIED	0	0	\$0.00	11	\$13,947.39	78	\$14,357.37	26	\$196.24	\$28,501.00	\$290,856.37
41	001	SUBSCRIBER	ACUTE APPENDICITIS WITH PERITONEAL ABSCESS; POLYP OF CORPUS UTERI; ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	4	1	\$19,136.53	0	\$0.00	46	\$8,998.55	17	\$216.62	\$28,351.70	\$63,762.59
42	R01	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, FOREARM; CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY; DEGENERATION OF CERVICAL INTERVERTEBRAL DISC	0	0	\$0.00	14	\$17,591.63	101	\$10,125.50	41	\$310.09	\$28,027.22	\$110,193.81
43	001	SUBSCRIBER	MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; OTHER SPECIFIED PRE-OPERATIVE EXAMINATION; MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	1	1	\$3,826.22	12	\$17,959.34	38	\$5,764.59	43	\$293.63	\$27,843.78	\$117,254.76
44	R01	SUBSCRIBER	INGUINAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, BILATERAL, (NOT SPECIFIED AS RECURRENT); MALIGNANT NEOPLASM OF PROSTATE; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	3	\$20,192.96	31	\$6,182.16	30	\$1,450.48	\$27,825.60	\$77,384.10
45	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AFTER-CATARACT, NOT OBSCURING VISION; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	2	\$0.00	22	\$1,215.27	94	\$26,592.06	\$27,807.33	\$45,058.86
46	001	SUBSCRIBER	PAROXYSMAL VENTRICULAR TACHYCARDIA; OTHER SPECIFIED CARDIAC DYSRHYTHMIAS; UNSPECIFIED ESOPHAGITIS	2	1	\$17,985.70	2	\$3,548.47	31	\$6,054.94	14	\$60.89	\$27,650.00	\$153,175.27
47	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND UNSPECIFIED ANGINA PECTORIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	5	\$21,234.28	43	\$4,655.34	17	\$1,737.86	\$27,627.48	\$72,052.04

48	001	SPOUSE	PATHOLOGIC FRACTURE OF TIBIA AND FIBULA; ATRIAL FIBRILLATION; PAIN IN JOINT, LOWER LEG	1	1	\$8,115.17	2	\$15,945.15	26	\$3,438.82	9	\$120.35	\$27,619.49	\$70,186.82
49	003	DEPENDENT	UNSPECIFIED OPEN WOUND OF EYEBALL; OCULAR LACERATION WITHOUT PROLAPSE OF INTRAOCULAR TISSUE; UNSPECIFIED OCULAR PENETRATION	3	1	\$9,660.70	2	\$15,496.30	12	\$2,121.54	6	\$0.00	\$27,278.54	\$104,129.84
50	001	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; INTERMEDIATE CORONARY SYNDROME; OTHER SPECIFIED CARDIAC DYSRHYTHMIAS	2	1	\$21,455.87	1	\$2,596.57	13	\$1,031.25	6	\$319.75	\$25,403.44	\$95,638.95
51	002	SUBSCRIBER	NORMAL DELIVERY; OTHER SPECIFIED COMPLICATION OF PREGNANCY, UNSPECIFIED AS TO EPISODE OF CARE; SPOTTING COMPLICATING PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION	2	1	\$10,545.24	10	\$5,789.12	39	\$8,963.73	2	\$0.00	\$25,298.09	\$51,709.20
Total				181	46	\$1,116,152.55	253	\$618,989.63	3,981	\$801,010.19	1,788	\$342,340.95	\$2,878,493.32	\$9,446,939.53

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	DEPENDENT	RESPIRATORY DISTRESS SYNDROME IN NEWBORN; CHRONIC RESPIRATORY DISEASE ARISING IN THE PERINATAL PERIOD; PRIMARY ATELECTASIS OF NEWBORN	124	4	\$416,482.21	3	\$7,697.68	320	\$205,581.97	16	\$3,263.31	\$633,025.17	\$2,432,579.76
2	R01	SUBSCRIBER	UNSPECIFIED DISORDER OF INTESTINE; UNSPECIFIED INTESTINAL OBSTRUCTION; INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)	23	3	\$129,049.69	16	\$54,510.69	158	\$20,574.59	47	\$1,738.94	\$205,873.91	\$347,204.82
3	001	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SEBORRHEIC KERATOSIS; CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA	0	0	\$0.00	0	\$0.00	19	\$1,170.46	11	\$189,421.93	\$190,592.39	\$231,519.23
4	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE (H. INFLUENZAE); MACROGLOBULINEMIA	9	3	\$44,099.39	18	\$25,468.68	181	\$25,434.07	37	\$81,598.19	\$176,600.33	\$294,882.28
5	001	SPOUSE	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL, INITIAL EPISODE OF CARE; ESSENTIAL HYPERTENSION, MALIGNANT; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	6	2	\$155,981.64	1	\$4,486.07	46	\$6,039.71	52	\$4,463.42	\$170,970.84	\$388,895.48
6	001	SUBSCRIBER	OTHER ACQUIRED DEFORMITY OF ANKLE AND FOOT; LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; RHEUMATOID ARTHRITIS	17	2	\$41,317.98	49	\$55,294.42	128	\$27,861.10	48	(\$1,108.91)	\$123,364.59	\$281,990.86

7	001	SUBSCRIBER	OTHER MALIGNANT LYMPHOMAS OF LYMPH NODES OF MULTIPLE SITES; UNSPECIFIED ANEMIA; OTHER MALIGNANT LYMPHOMAS, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES	2	1	\$17,949.94	7	\$8,639.21	224	\$85,309.96	30	\$158.03	\$112,057.14	\$218,655.42
8	001	SUBSCRIBER	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF LIVER; FEVER, UNSPECIFIED	4	1	\$20,760.36	20	\$27,402.65	282	\$58,696.25	38	\$1,358.52	\$108,217.78	\$321,488.53
9	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; CALCULUS OF URETER	6	1	\$24,254.63	11	\$61,713.63	53	\$12,320.26	50	\$93.33	\$98,381.85	\$462,466.08
10	R01	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST	0	0	\$0.00	2	\$6,146.58	193	\$83,454.56	115	\$8,507.88	\$98,109.02	\$215,653.08
11	R01	SUBSCRIBER	FISTULA OF INTESTINE, EXCLUDING RECTUM AND ANUS; OTHER AND UNSPECIFIED OVARIAN CYST; DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	8	2	\$71,200.37	16	\$7,687.65	63	\$12,935.74	39	\$3,777.74	\$95,601.50	\$175,723.60
12	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DYSFUNCTION OF EUSTACHIAN TUBE; OTHER CHRONIC SINUSITIS	0	0	\$0.00	0	\$0.00	37	\$2,971.08	57	\$85,858.00	\$88,829.08	\$237,132.87
13	001	DEPENDENT	SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED WITHOUT MENTION OF CESAREAN DELIVERY; NEONATAL JAUNDICE ASSOCIATED WITH PRETERM DELIVERY; OTHER OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER	25	1	\$66,139.29	2	\$2,701.07	71	\$15,996.53	0	\$0.00	\$84,836.89	\$153,585.93
14	R01	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND UNSPECIFIED ANGINA PECTORIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	3	\$78,054.18	25	\$2,699.85	40	\$2,504.67	\$83,258.70	\$160,241.58
15	001	DEPENDENT	SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED BY CESAREAN DELIVERY; OTHER PRETERM INFANTS, 2,500 OR MORE GRAMS; ROUTINE INFANT OR CHILD HEALTH CHECK	15	1	\$52,538.55	0	\$0.00	56	\$23,053.78	1	\$0.00	\$75,592.33	\$244,779.34
16	001	SPOUSE	HYPERTENSIVE HEART & CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE & WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED; ACUTE SYSTOLIC HEART FAILURE; SYNCOPE AND COLLAPSE	16	4	\$38,447.67	4	\$13,464.07	151	\$12,727.43	94	\$4,274.73	\$68,913.90	\$141,667.39
17	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CHEST PAIN, UNSPECIFIED; MISSING OR UNKNOWN DIAGNOSIS CODE	2	1	\$55,575.94	1	\$2,376.25	43	\$5,041.05	94	\$1,883.15	\$64,876.39	\$123,410.86

18	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	6	\$3,236.85	87	\$47,090.05	54	\$7,957.48	\$58,284.38	\$132,285.45
19	002	SUBSCRIBER	GIANT CELL ARTERITIS; UNSPECIFIED ESSENTIAL HYPERTENSION; DEHYDRATION	4	2	\$32,098.08	9	\$5,640.80	159	\$8,797.63	35	\$364.32	\$46,900.83	\$180,046.81
20	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	1	\$0.00	20	\$1,031.77	43	\$43,788.52	\$44,820.29	\$95,182.58
21	001	SUBSCRIBER	UNSPECIFIED VENTRAL HERNIA WITH OBSTRUCTION; UNSPECIFIED DISORDER OF KIDNEY AND URETER; NEOPLASM OF UNSPECIFIED NATURE OF OTHER GENITOURINARY ORGANS	5	1	\$27,530.24	1	\$762.66	53	\$16,122.31	15	\$74.75	\$44,489.96	\$130,538.19
22	001	SUBSCRIBER	RHEUMATOID ARTHRITIS; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	7	\$3,378.64	90	\$39,741.57	34	\$1,359.65	\$44,479.86	\$134,696.21
23	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY; NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	0	0	\$0.00	9	\$35,797.88	42	\$3,329.36	33	\$1,673.35	\$40,800.59	\$163,298.52
24	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	0	\$0.00	0	\$0.00	27	\$925.48	60	\$38,832.37	\$39,757.85	\$86,356.07
25	002	SUBSCRIBER	OTHER SPECIFIED REHABILITATION PROCEDURE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; HYPOPOTASSEMIA	19	2	\$24,889.20	4	\$7,099.80	47	\$3,436.61	42	\$1,823.80	\$37,249.41	\$75,363.21
26	001	SUBSCRIBER	MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	2	1	\$5,540.20	2	\$17,304.92	68	\$10,970.03	49	\$3,269.62	\$37,084.77	\$105,634.10
27	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED SINUSITIS (CHRONIC); UNSPECIFIED ARTHROPATHY, SITE UNSPECIFIED	0	0	\$0.00	0	\$0.00	42	\$1,640.50	55	\$34,092.26	\$35,732.76	\$77,765.49
28	001	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; EMBOLISM AND THROMBOSIS OF ARTERIES OF LOWER EXTREMITY; CELLULITIS AND ABSCESS OF FOOT, EXCEPT TOES	2	1	\$18,921.46	3	\$13,422.03	24	\$1,789.69	5	\$520.59	\$34,653.77	\$110,410.59
29		SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT	0	0	\$0.00	1	\$23,904.58	25	\$2,636.42	39	\$7,200.37	\$33,741.37	\$94,781.62

30	001	SUBSCRIBER	INTERMEDIATE CORONARY SYNDROME; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	4	\$26,248.22	31	\$4,737.36	67	\$2,560.24	\$33,545.82	\$131,034.44
31	001	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; END STAGE RENAL DISEASE; CONTUSION OF FACE, SCALP, AND NECK EXCEPT EYE(S)	12	2	\$2,520.00	14	\$8,761.69	149	\$4,969.84	50	\$17,065.34	\$33,316.87	\$1,195,731.45
32	R01	SUBSCRIBER	LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, SHOULDER REGION; PRIMARY LOCALIZED OSTEOARTHRITIS, SHOULDER REGION; SHOULDER JOINT REPLACEMENT BY OTHER MEANS	0	0	\$0.00	4	\$21,683.16	136	\$10,422.36	24	\$924.46	\$33,029.98	\$100,247.05
33	001	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, UNSPECIFIED SITE; OTHER AND UNSPECIFIED OVARIAN CYST	0	0	\$0.00	5	\$23,275.14	88	\$8,865.07	18	\$421.88	\$32,562.09	\$159,379.48
34	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER PSORIASIS; UNSPECIFIED DIFFUSE CONNECTIVE TISSUE DISEASE	0	0	\$0.00	0	\$0.00	3	\$109.28	5	\$32,201.07	\$32,310.35	\$68,481.26
35	001	SUBSCRIBER	MALIGNANT NEOPLASM OF SIGMOID COLON; MALIGNANT NEOPLASM OF RECTUM; OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT	0	0	\$0.00	1	\$4,721.94	219	\$27,554.83	0	\$0.00	\$32,276.77	\$109,168.27
36	001	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG); OTHER SYMPTOMS REFERABLE TO BACK	0	0	\$0.00	6	\$24,661.56	46	\$6,505.70	36	\$39.00	\$31,206.26	\$82,036.90
37	001	SUBSCRIBER	ALTERED MENTAL STATUS; MISSING OR UNKNOWN DIAGNOSIS CODE; DISPLACEMENT OF THORACIC INTERVERTEBRAL DISC WITHOUT MYELOPATHY	2	1	\$21,503.64	6	\$2,899.89	32	\$3,691.46	25	\$1,844.89	\$29,939.88	\$110,472.05
38	001	SUBSCRIBER	UNSPECIFIED ESSENTIAL HYPERTENSION; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	2	\$19,595.21	36	\$7,164.19	83	\$1,439.29	\$28,198.69	\$74,760.17
39	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; SECONDARY MALIGNANT NEOPLASM OF BREAST	0	0	\$0.00	2	\$3,923.93	211	\$23,271.69	33	\$66.73	\$27,262.35	\$126,358.11
Total				303	36	\$1,266,800.48	240	\$601,961.73	3,685	\$836,671.59	1,574	\$585,312.91	\$3,290,746.71	\$9,975,905.13

High Cost Claims Summary High Cost Claims Summary_FEB 2015-JAN 2016

Company: HARDEE COUNTY DISTRICT SCHOOLS

Group: 66946

High Cost Claims Threshold: 25000

Current Paid Period: From 02/2015 to 01/2016

Prior Paid Period: From 02/2014 to 01/2015

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	003	DEPENDENT	RESPIRATORY DISTRESS SYNDROME IN NEWBORN; CHRONIC RESPIRATORY DISEASE ARISING IN THE PERINATAL PERIOD; PRIMARY ATELECTASIS OF NEWBORN	124	4	\$416,482.21	3	\$7,697.68	320	\$205,581.97	16	\$3,263.31	\$633,025.17	\$2,432,579.76
2	R01	SUBSCRIBER	UNSPECIFIED DISORDER OF INTESTINE; UNSPECIFIED INTESTINAL OBSTRUCTION; INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)	23	3	\$129,049.69	16	\$54,510.69	158	\$20,574.59	47	\$1,738.94	\$205,873.91	\$347,204.82
3	001	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER SEBORRHEIC KERATOSIS; CHRONIC HEPATITIS C WITHOUT MENTION OF HEPATIC COMA	0	0	\$0.00	0	\$0.00	19	\$1,170.46	11	\$189,421.93	\$190,592.39	\$231,519.23
4	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE (H. INFLUENZAE); MACROGLOBULINEMIA	9	3	\$44,099.39	18	\$25,468.68	181	\$25,434.07	37	\$81,598.19	\$176,600.33	\$294,882.28
5	001	SPOUSE	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL, INITIAL EPISODE OF CARE; ESSENTIAL HYPERTENSION, MALIGNANT; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	6	2	\$155,981.64	1	\$4,486.07	46	\$6,039.71	52	\$4,463.42	\$170,970.84	\$388,895.48
6	001	SUBSCRIBER	OTHER ACQUIRED DEFORMITY OF ANKLE AND FOOT; LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; RHEUMATOID ARTHRITIS	17	2	\$41,317.98	49	\$55,294.42	128	\$27,861.10	48	(\$1,108.91)	\$123,364.59	\$281,990.86
7	001	SUBSCRIBER	OTHER MALIGNANT LYMPHOMAS OF LYMPH NODES OF MULTIPLE SITES; UNSPECIFIED ANEMIA; OTHER MALIGNANT LYMPHOMAS, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES	2	1	\$17,949.94	7	\$8,639.21	224	\$85,309.96	30	\$158.03	\$112,057.14	\$218,655.42
8	001	SUBSCRIBER	MALIGNANT NEOPLASM OF COLON, UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF LIVER; FEVER, UNSPECIFIED	4	1	\$20,760.36	20	\$27,402.65	282	\$58,696.25	38	\$1,358.52	\$108,217.78	\$321,488.53
9	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MALIGNANT NEOPLASM OF KIDNEY, EXCEPT PELVIS; CALCULUS OF URETER	6	1	\$24,254.63	11	\$61,713.63	53	\$12,320.26	50	\$93.33	\$98,381.85	\$462,466.08

10	R01	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; MALIGNANT NEOPLASM OF LOWER-INNER QUADRANT OF FEMALE BREAST	0	0	\$0.00	2	\$6,146.58	193	\$83,454.56	115	\$8,507.88	\$98,109.02	\$215,653.08
11	R01	SUBSCRIBER	FISTULA OF INTESTINE, EXCLUDING RECTUM AND ANUS; OTHER AND UNSPECIFIED OVARIAN CYST; DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	8	2	\$71,200.37	16	\$7,687.65	63	\$12,935.74	39	\$3,777.74	\$95,601.50	\$175,723.60
12	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DYSFUNCTION OF EUSTACHIAN TUBE; OTHER CHRONIC SINUSITIS	0	0	\$0.00	0	\$0.00	37	\$2,971.08	57	\$85,858.00	\$88,829.08	\$237,132.87
13	001	DEPENDENT	SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED WITHOUT MENTION OF CESAREAN DELIVERY; NEONATAL JAUNDICE ASSOCIATED WITH PRETERM DELIVERY; OTHER OBSTRUCTIVE DEFECT OF RENAL PELVIS AND URETER	25	1	\$66,139.29	2	\$2,701.07	71	\$15,996.53	0	\$0.00	\$84,836.89	\$153,585.93
14	R01	SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND UNSPECIFIED ANGINA PECTORIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	3	\$78,054.18	25	\$2,699.85	40	\$2,504.67	\$83,258.70	\$160,241.58
15	001	DEPENDENT	SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED BY CESAREAN DELIVERY; OTHER PRETERM INFANTS, 2,500 OR MORE GRAMS; ROUTINE INFANT OR CHILD HEALTH CHECK	15	1	\$52,538.55	0	\$0.00	56	\$23,053.78	1	\$0.00	\$75,592.33	\$244,779.34
16	001	SPOUSE	HYPERTENSIVE HEART & CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE & WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED; ACUTE SYSTOLIC HEART FAILURE; SYNCOPE AND COLLAPSE	16	4	\$38,447.67	4	\$13,464.07	151	\$12,727.43	94	\$4,274.73	\$68,913.90	\$141,667.39
17	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; CHEST PAIN, UNSPECIFIED; MISSING OR UNKNOWN DIAGNOSIS CODE	2	1	\$55,575.94	1	\$2,376.25	43	\$5,041.05	94	\$1,883.15	\$64,876.39	\$123,410.86
18	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	6	\$3,236.85	87	\$47,090.05	54	\$7,957.48	\$58,284.38	\$132,285.45
19	002	SUBSCRIBER	GIANT CELL ARTERITIS; UNSPECIFIED ESSENTIAL HYPERTENSION; DEHYDRATION	4	2	\$32,098.08	9	\$5,640.80	159	\$8,797.63	35	\$364.32	\$46,900.83	\$180,046.81
20	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	1	\$0.00	20	\$1,031.77	43	\$43,788.52	\$44,820.29	\$95,182.58
21	001	SUBSCRIBER	UNSPECIFIED VENTRAL HERNIA WITH OBSTRUCTION; UNSPECIFIED DISORDER OF KIDNEY AND URETER; NEOPLASM OF UNSPECIFIED NATURE OF OTHER GENITOURINARY ORGANS	5	1	\$27,530.24	1	\$762.66	53	\$16,122.31	15	\$74.75	\$44,489.96	\$130,538.19

22	001	SUBSCRIBER	RHEUMATOID ARTHRITIS; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	7	\$3,378.64	90	\$39,741.57	34	\$1,359.65	\$44,479.86	\$134,696.21
23	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY; NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	0	0	\$0.00	9	\$35,797.88	42	\$3,329.36	33	\$1,673.35	\$40,800.59	\$163,298.52
24	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	0	0	\$0.00	0	\$0.00	27	\$925.48	60	\$38,832.37	\$39,757.85	\$86,356.07
25	002	SUBSCRIBER	OTHER SPECIFIED REHABILITATION PROCEDURE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; HYPOPOTASSEMIA	19	2	\$24,889.20	4	\$7,099.80	47	\$3,436.61	42	\$1,823.80	\$37,249.41	\$75,363.21
26	001	SUBSCRIBER	MALIGNANT NEOPLASM OF CORPUS UTERI, EXCEPT ISTHMUS; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED	2	1	\$5,540.20	2	\$17,304.92	68	\$10,970.03	49	\$3,269.62	\$37,084.77	\$105,634.10
27	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED SINUSITIS (CHRONIC); UNSPECIFIED ARTHROPATHY, SITE UNSPECIFIED	0	0	\$0.00	0	\$0.00	42	\$1,640.50	55	\$34,092.26	\$35,732.76	\$77,765.49
28	001	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; EMBOLISM AND THROMBOSIS OF ARTERIES OF LOWER EXTREMITY; CELLULITIS AND ABSCESS OF FOOT, EXCEPT TOES	2	1	\$18,921.46	3	\$13,422.03	24	\$1,789.69	5	\$520.59	\$34,653.77	\$110,410.59
29		SPOUSE	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF BYPASS GRAFT	0	0	\$0.00	1	\$23,904.58	25	\$2,636.42	39	\$7,200.37	\$33,741.37	\$94,781.62
30	001	SUBSCRIBER	INTERMEDIATE CORONARY SYNDROME; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	4	\$26,248.22	31	\$4,737.36	67	\$2,560.24	\$33,545.82	\$131,034.44
31	001	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; END STAGE RENAL DISEASE; CONTUSION OF FACE, SCALP, AND NECK EXCEPT EYE(S)	12	2	\$2,520.00	14	\$8,761.69	149	\$4,969.84	50	\$17,065.34	\$33,316.87	\$1,195,731.45
32	R01	SUBSCRIBER	LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, SHOULDER REGION; PRIMARY LOCALIZED OSTEOARTHRITIS, SHOULDER REGION; SHOULDER JOINT REPLACEMENT BY OTHER MEANS	0	0	\$0.00	4	\$21,683.16	136	\$10,422.36	24	\$924.46	\$33,029.98	\$100,247.05

33	001	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, UNSPECIFIED SITE; OTHER AND UNSPECIFIED OVARIAN CYST	0	0	\$0.00	5	\$23,275.14	88	\$8,865.07	18	\$421.88	\$32,562.09	\$159,379.48
34	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER PSORIASIS; UNSPECIFIED DIFFUSE CONNECTIVE TISSUE DISEASE	0	0	\$0.00	0	\$0.00	3	\$109.28	5	\$32,201.07	\$32,310.35	\$68,481.26
35	001	SUBSCRIBER	MALIGNANT NEOPLASM OF SIGMOID COLON; MALIGNANT NEOPLASM OF RECTUM; OTHER COMPLICATIONS DUE TO OTHER VASCULAR DEVICE, IMPLANT, AND GRAFT	0	0	\$0.00	1	\$4,721.94	219	\$27,554.83	0	\$0.00	\$32,276.77	\$109,168.27
36	001	SUBSCRIBER	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS, UNSPECIFIED; NONSPECIFIC ABNORMAL ELECTROCARDIOGRAM (ECG) (EKG); OTHER SYMPTOMS REFERABLE TO BACK	0	0	\$0.00	6	\$24,661.56	46	\$6,505.70	36	\$39.00	\$31,206.26	\$82,036.90
37	001	SUBSCRIBER	ALTERED MENTAL STATUS; MISSING OR UNKNOWN DIAGNOSIS CODE; DISPLACEMENT OF THORACIC INTERVERTEBRAL DISC WITHOUT MYELOPATHY	2	1	\$21,503.64	6	\$2,899.89	32	\$3,691.46	25	\$1,844.89	\$29,939.88	\$110,472.05
38	001	SUBSCRIBER	UNSPECIFIED ESSENTIAL HYPERTENSION; CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	2	\$19,595.21	36	\$7,164.19	83	\$1,439.29	\$28,198.69	\$74,760.17
39	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; SECONDARY MALIGNANT NEOPLASM OF BREAST	0	0	\$0.00	2	\$3,923.93	211	\$23,271.69	33	\$66.73	\$27,262.35	\$126,358.11
Total				303	36	\$1,266,800.48	240	\$601,961.73	3,685	\$836,671.59	1,574	\$585,312.91	\$3,290,746.71	\$9,975,905.13

PRIOR	Div	Relationship	Diagnosis Description	Days	Inpatient		Outpatient		Professional		Pharmacy		Total Paid Amt	Total Billed Amt
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SPOUSE	PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS; CLOSED FRACTURE OF INTERTROCHANTERIC SECTION OF FEMUR; OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION	22	4	\$138,763.32	21	\$20,216.11	159	\$18,959.75	79	\$5,051.80	\$182,990.98	\$313,176.37
2	001	SUBSCRIBER	INTRACEREBRAL HEMORRHAGE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; MISSING OR UNKNOWN DIAGNOSIS CODE	12	1	\$99,671.74	17	\$17,860.57	52	\$6,823.78	18	\$1,870.12	\$126,226.21	\$279,127.90

3	001	SPOUSE	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	7	1	\$31,553.37	61	\$78,259.81	82	\$9,606.03	28	\$2,113.09	\$121,532.30	\$404,575.13
4	R01	SUBSCRIBER	MACROGLOBULINEMIA; OTHER MALIGNANT LYMPHOMAS, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES; UNSPECIFIED SEPTICEMIA	16	2	\$37,148.89	16	\$36,014.11	230	\$26,883.44	28	\$13,731.80	\$113,778.24	\$265,693.14
5	001	SPOUSE	DISSECTING AORTIC ANEURYSM (ANY PART), THORACIC; DISSECTING AORTIC ANEURYSM (ANY PART), THORACOABDOMINAL; THORACIC ANEURYSM WITHOUT MENTION OF RUPTURE	6	1	\$99,330.63	5	\$154.71	50	\$10,496.86	60	\$496.19	\$110,478.39	\$383,149.01
6	001	SPOUSE	CONGESTIVE HEART FAILURE, UNSPECIFIED; ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE; ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	20	5	\$47,852.86	10	\$30,903.03	143	\$13,871.52	99	\$1,079.82	\$93,707.23	\$325,623.29
7	001	SUBSCRIBER	MALIGNANT NEOPLASM OF SIGMOID COLON; MALIGNANT NEOPLASM OF RECTUM; PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	5	1	\$48,830.00	8	\$10,906.85	100	\$20,254.88	3	\$2.51	\$79,994.24	\$178,010.02
8	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CERVICOCRANIAL SYNDROME; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	0	\$0.00	32	\$1,311.70	48	\$75,933.46	\$77,245.16	\$124,160.69
9	001	SUBSCRIBER	NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; OTHER FOLLOW-UP EXAMINATION; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	0	0	\$0.00	15	\$63,209.12	50	\$2,890.18	39	\$4,826.48	\$70,925.78	\$357,506.20
10	001	DEPENDENT	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED; URINARY TRACT INFECTION, SITE NOT SPECIFIED; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED	22	6	\$37,525.72	5	\$17,902.06	141	\$9,931.80	19	\$3,526.57	\$68,886.15	\$223,953.53
11	R01	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED ANGINA PECTORIS	3	1	\$58,635.93	0	\$0.00	24	\$4,036.85	73	\$3,518.21	\$66,190.99	\$117,495.38
12	001	SUBSCRIBER	MALIGNANT NEOPLASM OF PROSTATE; MALIGNANT NEOPLASM OF BLADDER, PART UNSPECIFIED; ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1	1	\$9,953.69	0	\$0.00	183	\$52,098.14	31	\$463.06	\$62,514.89	\$161,895.89

13	001	SUBSCRIBER	LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; SECONDARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	6	2	\$33,711.03	12	\$6,743.22	116	\$12,446.10	86	\$3,714.18	\$56,614.53	\$196,927.07
14	007	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED SITE, EPISODE OF CARE UNSPECIFIED; MISSING OR UNKNOWN DIAGNOSIS CODE	2	1	\$44,418.22	4	\$1,764.87	32	\$6,584.75	37	\$2,642.19	\$55,410.03	\$103,220.62
15	001	DEPENDENT	ORBITAL FLOOR (BLOW-OUT), CLOSED FRACTURE; DEHYDRATION; INJURY, OTHER AND UNSPECIFIED, KNEE, LEG, ANKLE, AND FOOT	4	1	\$51,106.16	1	\$1,611.56	10	\$720.16	9	\$15.01	\$53,452.89	\$156,599.84
16	002	SUBSCRIBER	CALCULUS OF GALLBLADDER AND BILE DUCT WITH ACUTE CHOLECYSTITIS, WITH OBSTRUCTION; CALCULUS OF BILE DUCT WITHOUT MENTION OF CHOLECYSTITIS OR OBSTRUCTION; CALCULUS OF GALLBLADDER WITHOUT MENTION OF CHOLECYSTITIS OR OBSTRUCTION	4	1	\$33,839.00	3	\$14,768.06	41	\$4,653.95	4	\$0.00	\$53,261.01	\$94,384.06
17	R01	SUBSCRIBER	SYNCOPE AND COLLAPSE; HEMORRHAGE OF GASTROINTESTINAL TRACT, UNSPECIFIED; CHEST PAIN, UNSPECIFIED	5	1	\$9,107.84	11	\$26,918.92	107	\$11,144.41	48	\$1,779.60	\$48,950.77	\$349,544.37
18	001	SUBSCRIBER	RHEUMATOID ARTHRITIS; MISSING OR UNKNOWN DIAGNOSIS CODE; PAINFUL RESPIRATION	0	0	\$0.00	6	\$7,421.74	76	\$28,943.80	90	\$7,993.34	\$44,358.88	\$128,240.97
19	001	SUBSCRIBER	BENIGN NEOPLASM OF RECTUM AND ANAL CANAL; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; OTHER SPECIFIED DISORDER OF INTESTINES	5	1	\$31,944.46	2	\$788.86	41	\$8,761.56	4	\$22.94	\$41,517.82	\$132,859.95
20	001	SPOUSE	DISTURBANCE OF SKIN SENSATION; OTHER MUSCULOSKELETAL SYMPTOMS REFERABLE TO LIMBS; OTHER CAUSES OF MYELITIS	1	1	\$5,118.59	1	\$1,481.53	59	\$33,483.97	17	\$940.55	\$41,024.64	\$109,908.59
21	001	SUBSCRIBER	SWELLING, MASS, OR LUMP IN CHEST; CHRONIC LYMPHADENITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	\$12,220.50	2	\$12,431.75	119	\$11,729.64	69	\$3,134.55	\$39,516.44	\$113,355.39
22	001	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; MISSING OR UNKNOWN DIAGNOSIS CODE; NON-HEALING SURGICAL WOUND	5	1	\$27,947.77	8	\$4,228.53	29	\$2,054.68	43	\$4,459.07	\$38,690.05	\$71,695.12
23	002	SUBSCRIBER	ACUTE PANCREATITIS; CALCULUS OF BILE DUCT WITH OTHER CHOLECYSTITIS, WITHOUT MENTION OF OBSTRUCTION; CALCULUS OF BILE DUCT WITHOUT MENTION OF CHOLECYSTITIS OR OBSTRUCTION	6	2	\$22,142.11	2	\$9,384.42	53	\$6,486.64	13	\$654.34	\$38,667.51	\$114,718.52
24	001	SUBSCRIBER	CALCULUS OF KIDNEY; OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	4	\$23,940.09	87	\$8,753.02	70	\$5,339.53	\$38,032.64	\$70,876.03

25	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION	0	0	\$0.00	0	\$0.00	47	\$1,668.38	63	\$36,221.25	\$37,889.63	\$54,149.10
26	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHROSIS, LOWER LEG; OTHER PHYSICAL THERAPY; OSTEOARTHROSIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG	4	1	\$22,820.25	38	\$9,593.01	27	\$3,267.09	9	\$233.54	\$35,913.89	\$189,546.74
27	001	SPOUSE	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$6,437.96	1	\$23,524.65	19	\$1,784.56	24	\$3,722.80	\$35,469.97	\$103,630.70
28	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; NONALLOPATHIC LESION OF SACRAL REGION, NOT ELSEWHERE CLASSIFIED; RHEUMATOID ARTHRITIS	0	0	\$0.00	0	\$0.00	43	\$1,900.11	38	\$32,689.91	\$34,590.02	\$58,404.09
29	R01	SUBSCRIBER	LOCALIZED OSTEOARTHROSIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, PELVIC REGION AND THIGH; OTHER SPECIFIED REHABILITATION PROCEDURE; PRIMARY LOCALIZED OSTEOARTHROSIS, PELVIC REGION AND THIGH	3	1	\$14,551.54	8	\$13,573.26	37	\$4,863.22	30	\$30.32	\$33,018.34	\$85,552.90
30	001	SUBSCRIBER	MALIGNANT NEOPLASM OF ASCENDING COLON; ACQUIRED CYST OF KIDNEY; MALIGNANT NEOPLASM OF CECUM	6	1	\$20,478.35	3	\$4,439.67	39	\$5,871.70	62	\$1,268.24	\$32,057.96	\$82,949.42
31	001	SUBSCRIBER	*****; PROLIFERATIVE DIABETIC RETINOPATHY; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	0	0	\$0.00	4	\$25,874.42	20	\$4,502.25	4	\$1.61	\$30,378.28	\$88,857.91
32	001	DEPENDENT	DRUG INDUCED NEUTROPENIA; INTESTINAL INFECTION DUE TO OTHER ORGANISM, NEC; ABDOMINAL PAIN, OTHER SPECIFIED SITE	14	1	\$11,623.37	3	\$9,053.67	91	\$8,067.36	14	\$117.43	\$28,861.83	\$151,765.48
33	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE; CHEST PAIN, UNSPECIFIED	2	1	\$20,749.90	0	\$0.00	30	\$3,308.89	31	\$3,551.18	\$27,609.97	\$82,237.31
34	001	DEPENDENT	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS; UNSPECIFIED SEPTICEMIA; VOMITING ALONE	4	2	\$22,639.06	2	\$669.85	22	\$3,886.16	13	\$151.57	\$27,346.64	\$53,030.41
35	001	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; END STAGE RENAL DISEASE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	17	3	\$3,648.00	22	\$10,332.33	82	\$2,659.87	42	\$9,746.86	\$26,387.06	\$1,216,830.68
36	001	SUBSCRIBER	CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE; CHEST PAIN, UNSPECIFIED	0	0	\$0.00	2	\$14,466.60	47	\$2,257.16	45	\$8,744.27	\$25,468.03	\$43,660.19
Total				206	46	\$1,003,770.26	297	\$498,437.38	2,520	\$356,964.36	1,390	\$239,787.39	\$2,098,959.39	\$6,987,312.01

High Cost Claims Summary_FEB 2014-JAN 2015

Company: HARDEE COUNTY DISTRICT SCHOOLS

Group: 66946

High Cost Claims Threshold: 25000

Current Paid Period: From 02/2014 to 01/2015

Prior Paid Period: From 03/2013 to 01/2014

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SPOUSE	PNEUMONITIS DUE TO INHALATION OF FOOD OR VOMITUS; CLOSED FRACTURE OF INTERTROCHANTERIC SECTION OF FEMUR; OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION	22	4	\$138,763.32	21	\$20,216.11	159	\$18,959.75	79	\$5,051.80	\$182,990.98	\$313,176.37
2	001	SUBSCRIBER	INTRACEREBRAL HEMORRHAGE; UNSPECIFIED CEREBRAL ARTERY OCCLUSION WITH CEREBRAL INFARCTION; MISSING OR UNKNOWN DIAGNOSIS CODE	12	1	\$99,671.74	17	\$17,860.57	52	\$6,823.78	18	\$1,870.12	\$126,226.21	\$279,127.90
3	001	SPOUSE	DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH PERIPHERAL CIRCULATORY DISORDERS, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED; DIABETES WITH OTHER SPECIFIED MANIFESTATIONS, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED	7	1	\$31,553.37	61	\$78,259.81	82	\$9,606.03	28	\$2,113.09	\$121,532.30	\$404,575.13
4	R01	SUBSCRIBER	MACROGLOBULINEMIA; OTHER MALIGNANT LYMPHOMAS, UNSPECIFIED SITE, EXTRANODAL AND SOLID ORGAN SITES; UNSPECIFIED SEPTICEMIA	16	2	\$37,148.89	16	\$36,014.11	230	\$26,883.44	28	\$13,731.80	\$113,778.24	\$265,693.14
5	001	SPOUSE	DISSECTING AORTIC ANEURYSM (ANY PART), THORACIC; DISSECTING AORTIC ANEURYSM (ANY PART), THORACOABDOMINAL; THORACIC ANEURYSM WITHOUT MENTION OF RUPTURE	6	1	\$99,330.63	5	\$154.71	50	\$10,496.86	60	\$496.19	\$110,478.39	\$383,149.01
6	001	SPOUSE	CONGESTIVE HEART FAILURE, UNSPECIFIED; ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE; ACUTE ON CHRONIC SYSTOLIC HEART FAILURE	20	5	\$47,852.86	10	\$30,903.03	143	\$13,871.52	99	\$1,079.82	\$93,707.23	\$325,623.29
7	001	SUBSCRIBER	MALIGNANT NEOPLASM OF SIGMOID COLON; MALIGNANT NEOPLASM OF RECTUM; PERSONAL HISTORY OF MALIGNANT NEOPLASM OF LARGE INTESTINE	5	1	\$48,830.00	8	\$10,906.85	100	\$20,254.88	3	\$2.51	\$79,994.24	\$178,010.02
8	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; CERVICOCRANIAL SYNDROME; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	0	\$0.00	32	\$1,311.70	48	\$75,933.46	\$77,245.16	\$124,160.69

9	001	SUBSCRIBER	NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; OTHER FOLLOW-UP EXAMINATION; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	0	0	\$0.00	15	\$63,209.12	50	\$2,890.18	39	\$4,826.48	\$70,925.78	\$357,506.20
10	001	DEPENDENT	DIABETES WITH KETOACIDOSIS, TYPE I [JUVENILE TYPE], UNCONTROLLED; URINARY TRACT INFECTION, SITE NOT SPECIFIED; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE I [JUVENILE TYPE], UNCONTROLLED	22	6	\$37,525.72	5	\$17,902.06	141	\$9,931.80	19	\$3,526.57	\$68,886.15	\$223,953.53
11	R01	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED ANGINA PECTORIS	3	1	\$58,635.93	0	\$0.00	24	\$4,036.85	73	\$3,518.21	\$66,190.99	\$117,495.38
12	001	SUBSCRIBER	MALIGNANT NEOPLASM OF PROSTATE; MALIGNANT NEOPLASM OF BLADDER, PART UNSPECIFIED; ELEVATED PROSTATE SPECIFIC ANTIGEN (PSA)	1	1	\$9,953.69	0	\$0.00	183	\$52,098.14	31	\$463.06	\$62,514.89	\$161,895.89
13	001	SUBSCRIBER	LOCALIZED OSTEOARTHRISIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, LOWER LEG; SECONDARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY	6	2	\$33,711.03	12	\$6,743.22	116	\$12,446.10	86	\$3,714.18	\$56,614.53	\$196,927.07
14	007	SUBSCRIBER	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; ACUTE MYOCARDIAL INFARCTION, UNSPECIFIED SITE, EPISODE OF CARE UNSPECIFIED; MISSING OR UNKNOWN DIAGNOSIS CODE	2	1	\$44,418.22	4	\$1,764.87	32	\$6,584.75	37	\$2,642.19	\$55,410.03	\$103,220.62
15	001	DEPENDENT	ORBITAL FLOOR (BLOW-OUT), CLOSED FRACTURE; DEHYDRATION; INJURY, OTHER AND UNSPECIFIED, KNEE, LEG, ANKLE, AND FOOT	4	1	\$51,106.16	1	\$1,611.56	10	\$720.16	9	\$15.01	\$53,452.89	\$156,599.84
16	002	SUBSCRIBER	CALCULUS OF GALLBLADDER AND BILE DUCT WITH ACUTE CHOLECYSTITIS, WITH OBSTRUCTION; CALCULUS OF BILE DUCT WITHOUT MENTION OF CHOLECYSTITIS OR OBSTRUCTION; CALCULUS OF GALLBLADDER WITHOUT MENTION OF CHOLECYSTITIS OR OBSTRUCTION	4	1	\$33,839.00	3	\$14,768.06	41	\$4,653.95	4	\$0.00	\$53,261.01	\$94,384.06
17	R01	SUBSCRIBER	SYNCOPE AND COLLAPSE; HEMORRHAGE OF GASTROINTESTINAL TRACT, UNSPECIFIED; CHEST PAIN, UNSPECIFIED	5	1	\$9,107.84	11	\$26,918.92	107	\$11,144.41	48	\$1,779.60	\$48,950.77	\$349,544.37
18	001	SUBSCRIBER	RHEUMATOID ARTHRITIS; MISSING OR UNKNOWN DIAGNOSIS CODE; PAINFUL RESPIRATION	0	0	\$0.00	6	\$7,421.74	76	\$28,943.80	90	\$7,993.34	\$44,358.88	\$128,240.97
19	001	SUBSCRIBER	BENIGN NEOPLASM OF RECTUM AND ANAL CANAL; SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, COLON; OTHER SPECIFIED DISORDER OF INTESTINES	5	1	\$31,944.46	2	\$788.86	41	\$8,761.56	4	\$22.94	\$41,517.82	\$132,859.95

20	001	SPOUSE	DISTURBANCE OF SKIN SENSATION; OTHER MUSCULOSKELETAL SYMPTOMS REFERABLE TO LIMBS; OTHER CAUSES OF MYELITIS	1	1	\$5,118.59	1	\$1,481.53	59	\$33,483.97	17	\$940.55	\$41,024.64	\$109,908.59
21	001	SUBSCRIBER	SWELLING, MASS, OR LUMP IN CHEST; CHRONIC LYMPHADENITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	3	1	\$12,220.50	2	\$12,431.75	119	\$11,729.64	69	\$3,134.55	\$39,516.44	\$113,355.39
22	001	SUBSCRIBER	UNSPECIFIED SEPTICEMIA; MISSING OR UNKNOWN DIAGNOSIS CODE; NON-HEALING SURGICAL WOUND	5	1	\$27,947.77	8	\$4,228.53	29	\$2,054.68	43	\$4,459.07	\$38,690.05	\$71,695.12
23	002	SUBSCRIBER	ACUTE PANCREATITIS; CALCULUS OF BILE DUCT WITH OTHER CHOLECYSTITIS, WITHOUT MENTION OF OBSTRUCTION; CALCULUS OF BILE DUCT WITHOUT MENTION OF CHOLECYSTITIS OR OBSTRUCTION	6	2	\$22,142.11	2	\$9,384.42	53	\$6,486.64	13	\$654.34	\$38,667.51	\$114,718.52
24	001	SUBSCRIBER	CALCULUS OF KIDNEY; OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	4	\$23,940.09	87	\$8,753.02	70	\$5,339.53	\$38,032.64	\$70,876.03
25	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; UNSPECIFIED DISORDERS OF BURSAE AND TENDONS IN SHOULDER REGION	0	0	\$0.00	0	\$0.00	47	\$1,668.38	63	\$36,221.25	\$37,889.63	\$54,149.10
26	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRITIS, LOWER LEG; OTHER PHYSICAL THERAPY; OSTEOARTHRITIS, UNSPECIFIED WHETHER GENERALIZED OR LOCALIZED, LOWER LEG	4	1	\$22,820.25	38	\$9,593.01	27	\$3,267.09	9	\$233.54	\$35,913.89	\$189,546.74
27	001	SPOUSE	CORONARY ATHEROSCLEROSIS OF AUTOLOGOUS VEIN BYPASS GRAFT; CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE	1	1	\$6,437.96	1	\$23,524.65	19	\$1,784.56	24	\$3,722.80	\$35,469.97	\$103,630.70
28	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; NONALLOPATHIC LESION OF SACRAL REGION, NOT ELSEWHERE CLASSIFIED; RHEUMATOID ARTHRITIS	0	0	\$0.00	0	\$0.00	43	\$1,900.11	38	\$32,689.91	\$34,590.02	\$58,404.09
29	R01	SUBSCRIBER	LOCALIZED OSTEOARTHRITIS NOT SPECIFIED WHETHER PRIMARY OR SECONDARY, PELVIC REGION AND THIGH; OTHER SPECIFIED REHABILITATION PROCEDURE; PRIMARY LOCALIZED OSTEOARTHRITIS, PELVIC REGION AND THIGH	3	1	\$14,551.54	8	\$13,573.26	37	\$4,863.22	30	\$30.32	\$33,018.34	\$85,552.90
30	001	SUBSCRIBER	MALIGNANT NEOPLASM OF ASCENDING COLON; ACQUIRED CYST OF KIDNEY; MALIGNANT NEOPLASM OF CECUM	6	1	\$20,478.35	3	\$4,439.67	39	\$5,871.70	62	\$1,268.24	\$32,057.96	\$82,949.42
31	001	SUBSCRIBER	*****; PROLIFERATIVE DIABETIC RETINOPATHY; DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED	0	0	\$0.00	4	\$25,874.42	20	\$4,502.25	4	\$1.61	\$30,378.28	\$88,857.91
32	001	DEPENDENT	DRUG INDUCED NEUTROPENIA; INTESTINAL INFECTION DUE TO OTHER ORGANISM, NEC; ABDOMINAL PAIN, OTHER SPECIFIED SITE	14	1	\$11,623.37	3	\$9,053.67	91	\$8,067.36	14	\$117.43	\$28,861.83	\$151,765.48

33	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; MISSING OR UNKNOWN DIAGNOSIS CODE; CHEST PAIN, UNSPECIFIED	2	1	\$20,749.90	0	\$0.00	30	\$3,308.89	31	\$3,551.18	\$27,609.97	\$82,237.31
34	001	DEPENDENT	ACUTE APPENDICITIS WITH GENERALIZED PERITONITIS; UNSPECIFIED SEPTICEMIA; VOMITING ALONE	4	2	\$22,639.06	2	\$669.85	22	\$3,886.16	13	\$151.57	\$27,346.64	\$53,030.41
35	001	SPOUSE	MISSING OR UNKNOWN DIAGNOSIS CODE; END STAGE RENAL DISEASE; CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	17	3	\$3,648.00	22	\$10,332.33	82	\$2,659.87	42	\$9,746.86	\$26,387.06	\$1,216,830.68
36	001	SUBSCRIBER	CHEST PAIN, OTHER; MISSING OR UNKNOWN DIAGNOSIS CODE; CHEST PAIN, UNSPECIFIED	0	0	\$0.00	2	\$14,466.60	47	\$2,257.16	45	\$8,744.27	\$25,468.03	\$43,660.19
Total				206	46	\$1,003,770.26	297	\$498,437.38	2,520	\$356,964.36	1,390	\$239,787.39	\$2,098,959.39	\$6,987,312.01

PRIOR					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SPOUSE	CHRONIC SYSTOLIC HEART FAILURE; OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE; CARDIOMYOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE	21	3	\$274,601.60	29	\$25,611.67	391	\$46,398.07	90	\$7,714.65	\$354,325.99	\$851,608.09
2	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF RECTUM; ATTENTION TO ILEOSTOMY	9	2	\$20,830.24	32	\$99,294.34	54	\$10,071.37	24	\$154.65	\$130,350.60	\$321,787.29
3	R01	SUBSCRIBER	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA OF INTRATHORACIC LYMPH NODES; MACROGLOBULINEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	4	1	\$11,655.46	13	\$36,733.10	199	\$54,878.93	17	\$284.41	\$103,551.90	\$182,298.20
4	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INGUINAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); *****	9	1	\$73,468.65	3	\$7,207.33	9	\$1,024.92	0	\$0.00	\$81,700.90	\$17,131.56
5	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED ANGINA PECTORIS; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	0	\$0.00	69	\$3,040.87	48	\$64,138.53	\$67,179.40	\$73,903.81
6	R01	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	12	\$31,648.62	53	\$17,829.46	15	\$11,015.25	\$60,493.33	\$137,566.51
7	001	SPOUSE	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; MISSING OR UNKNOWN DIAGNOSIS CODE; ESSENTIAL HYPERTENSION, MALIGNANT	3	2	\$54,009.23	0	\$0.00	18	\$3,689.39	32	\$2,540.28	\$60,238.90	\$95,238.12

8	001	SUBSCRIBER	NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	10	\$48,047.66	37	\$2,047.79	36	\$2,966.12	\$53,061.57	\$91,121.24
9	001	SUBSCRIBER	SADDLE EMBOLUS OF PULMONARY ARTERY; CHEST PAIN, OTHER; CHEST PAIN, UNSPECIFIED	6	2	\$41,463.64	1	\$4,964.54	45	\$5,368.90	28	\$208.11	\$52,005.19	\$106,807.03
10	001	SUBSCRIBER	LUMBAGO; ESOPHAGEAL VARICES WITH BLEEDING; OTHER SPECIFIED DISORDERS OF LIVER	4	1	\$9,765.06	14	\$25,728.88	116	\$11,887.94	49	\$362.36	\$47,744.24	\$171,947.29
11	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND COMBINED FORMS OF SENILE CATARACT; OTHER AND UNSPECIFIED ANGINA PECTORIS	5	1	\$28,091.72	3	\$2,553.46	53	\$12,392.92	57	\$2,893.31	\$45,931.41	\$351,037.67
12	001	SUBSCRIBER	OTHER POSTOPERATIVE INFECTION; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICE, IMPLANT, AND GRAFT; OTHER CYST OF BONE	10	3	\$20,295.02	11	\$6,478.13	156	\$16,713.15	50	\$1,353.24	\$44,839.54	\$158,693.03
13	001	SUBSCRIBER	DISSECTING AORTIC ANEURYSM (ANY PART), ABDOMINAL; DISSECTING AORTIC ANEURYSM (ANY PART), UNSPECIFIED SITE; UNSPECIFIED ESSENTIAL HYPERTENSION	17	2	\$34,167.98	5	\$1,994.07	68	\$7,919.41	55	\$288.02	\$44,369.48	\$222,011.25
14	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ESSENTIAL HYPERTENSION, MALIGNANT; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	3	\$35,012.94	34	\$8,167.54	55	\$278.23	\$43,458.71	\$171,107.72
15	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; OTHER LEFT BUNDLE BRANCH BLOCK; UNSPECIFIED CHRONIC ISCHEMIC HEART DISEASE	3	1	\$20,935.99	6	\$12,426.43	83	\$8,359.08	45	\$242.68	\$41,964.18	\$98,239.48
16	001	SUBSCRIBER	ACUTE APPENDICITIS WITH PERITONEAL ABSCESS; ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS; ABDOMINAL PAIN, UNSPECIFIED SITE	6	2	\$28,143.48	2	\$6,482.54	42	\$5,418.39	22	\$80.78	\$40,125.19	\$102,900.54
17	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED VENOUS (PERIPHERAL) INSUFFICIENCY; PAIN IN SOFT TISSUES OF LIMB	0	0	\$0.00	0	\$0.00	12	\$2,830.26	8	\$35,942.82	\$38,773.08	\$45,253.82
18	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ACUTE KIDNEY FAILURE, UNSPECIFIED; MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED SITE	0	0	\$6,201.11	13	\$29,658.86	9	\$1,068.63	11	\$110.02	\$37,038.62	\$51,196.56
19	001	SPOUSE	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION; MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED	3	1	\$26,673.31	0	\$0.00	51	\$4,511.06	100	\$5,424.41	\$36,608.78	\$94,111.76

20	001	SUBSCRIBER	STREPTOCOCCAL SEPTICEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	6	1	\$11,078.20	4	\$20,998.28	26	\$3,290.25	1	\$0.00	\$35,366.73	\$212,804.54
21	R01	SUBSCRIBER	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	3	1	\$22,038.49	1	\$954.19	153	\$10,403.86	10	\$288.75	\$33,685.29	\$182,599.00
22	001	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, OTHER SPECIFIED SITE; UNSPECIFIED PYELONEPHRITIS	3	1	\$6,385.95	2	\$20,195.31	43	\$3,959.02	31	\$1,270.53	\$31,810.81	\$67,373.16
23	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DYSFUNCTION OF EUSTACHIAN TUBE; RHEUMATOID ARTHRITIS	0	0	\$0.00	1	\$0.00	63	\$2,317.92	73	\$28,753.33	\$31,071.25	\$39,649.98
24	001	SUBSCRIBER	CALCULUS OF KIDNEY; MISSING OR UNKNOWN DIAGNOSIS CODE; HYDRONEPHROSIS	0	0	\$0.00	3	\$15,820.85	72	\$4,837.10	115	\$9,409.34	\$30,067.29	\$117,755.98
25	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; LUMP OR MASS IN BREAST	0	0	\$0.00	0	\$0.00	10	\$760.55	33	\$27,442.80	\$28,203.35	\$38,792.71
26	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	52	\$26,149.54	35	\$208.10	\$26,357.64	\$73,954.35
27	R01	SUBSCRIBER	OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM; HYDRONEPHROSIS; ABDOMINAL PAIN, UNSPECIFIED SITE	5	1	\$15,800.31	3	\$5,758.45	34	\$3,513.77	12	\$155.47	\$25,228.00	\$50,602.25
Total				117	26	\$705,605.44	171	\$437,569.65	1,952	\$278,850.09	1,052	\$203,526.19	\$1,625,551.37	\$4,127,492.94

High Cost Claims Summary_March 13-JAN 2014

Company: HARDEE COUNTY DISTRICT SCHOOLS

Group: 66946

High Cost Claims Threshold: 25000

Current Paid Period: From 03/2013 to 01/2014

Prior Paid Period: From 03/2013 to 01/2014

CURRENT					Inpatient		Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SPOUSE	CHRONIC SYSTOLIC HEART FAILURE; OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE; CARDIOMYOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE	21	3	\$274,601.60	29	\$25,611.67	391	\$46,398.07	90	\$7,714.65	\$354,325.99	\$851,608.09
2	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF RECTUM; ATTENTION TO ILEOSTOMY	9	2	\$20,830.24	32	\$99,294.34	54	\$10,071.37	24	\$154.65	\$130,350.60	\$321,787.29
3	R01	SUBSCRIBER	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA OF INTRATHORACIC LYMPH NODES; MACROGLOBULINEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	4	1	\$11,655.46	13	\$36,733.10	199	\$54,878.93	17	\$284.41	\$103,551.90	\$182,298.20
4	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INGUINAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); *****	9	1	\$73,468.65	3	\$7,207.33	9	\$1,024.92	0	\$0.00	\$81,700.90	\$17,131.56
5	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED ANGINA PECTORIS; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	0	\$0.00	69	\$3,040.87	48	\$64,138.53	\$67,179.40	\$73,903.81
6	R01	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	12	\$31,648.62	53	\$17,829.46	15	\$11,015.25	\$60,493.33	\$137,566.51
7	001	SPOUSE	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; MISSING OR UNKNOWN DIAGNOSIS CODE; ESSENTIAL HYPERTENSION, MALIGNANT	3	2	\$54,009.23	0	\$0.00	18	\$3,689.39	32	\$2,540.28	\$60,238.90	\$95,238.12
8	001	SUBSCRIBER	NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	10	\$48,047.66	37	\$2,047.79	36	\$2,966.12	\$53,061.57	\$91,121.24
9	001	SUBSCRIBER	SADDLE EMBOLUS OF PULMONARY ARTERY; CHEST PAIN, OTHER; CHEST PAIN, UNSPECIFIED	6	2	\$41,463.64	1	\$4,964.54	45	\$5,368.90	28	\$208.11	\$52,005.19	\$106,807.03
10	001	SUBSCRIBER	LUMBAGO; ESOPHAGEAL VARICES WITH BLEEDING; OTHER SPECIFIED DISORDERS OF LIVER	4	1	\$9,765.06	14	\$25,728.88	116	\$11,887.94	49	\$362.36	\$47,744.24	\$171,947.29

11	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND COMBINED FORMS OF SENILE CATARACT; OTHER AND UNSPECIFIED ANGINA PECTORIS	5	1	\$28,091.72	3	\$2,553.46	53	\$12,392.92	57	\$2,893.31	\$45,931.41	\$351,037.67
12	001	SUBSCRIBER	OTHER POSTOPERATIVE INFECTION; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICE, IMPLANT, AND GRAFT; OTHER CYST OF BONE	10	3	\$20,295.02	11	\$6,478.13	156	\$16,713.15	50	\$1,353.24	\$44,839.54	\$158,693.03
13	001	SUBSCRIBER	DISSECTING AORTIC ANEURYSM (ANY PART), ABDOMINAL; DISSECTING AORTIC ANEURYSM (ANY PART), UNSPECIFIED SITE; UNSPECIFIED ESSENTIAL HYPERTENSION	17	2	\$34,167.98	5	\$1,994.07	68	\$7,919.41	55	\$288.02	\$44,369.48	\$222,011.25
14	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ESSENTIAL HYPERTENSION, MALIGNANT; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	3	\$35,012.94	34	\$8,167.54	55	\$278.23	\$43,458.71	\$171,107.72
15	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; OTHER LEFT BUNDLE BRANCH BLOCK; UNSPECIFIED CHRONIC ISCHEMIC HEART DISEASE	3	1	\$20,935.99	6	\$12,426.43	83	\$8,359.08	45	\$242.68	\$41,964.18	\$98,239.48
16	001	SUBSCRIBER	ACUTE APPENDICITIS WITH PERITONEAL ABSCESS; ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS; ABDOMINAL PAIN, UNSPECIFIED SITE	6	2	\$28,143.48	2	\$6,482.54	42	\$5,418.39	22	\$80.78	\$40,125.19	\$102,900.54
17	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED VENOUS (PERIPHERAL) INSUFFICIENCY; PAIN IN SOFT TISSUES OF LIMB	0	0	\$0.00	0	\$0.00	12	\$2,830.26	8	\$35,942.82	\$38,773.08	\$45,253.82
18	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ACUTE KIDNEY FAILURE, UNSPECIFIED; MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED SITE	0	0	\$6,201.11	13	\$29,658.86	9	\$1,068.63	11	\$110.02	\$37,038.62	\$51,196.56
19	001	SPOUSE	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION; MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED	3	1	\$26,673.31	0	\$0.00	51	\$4,511.06	100	\$5,424.41	\$36,608.78	\$94,111.76
20	001	SUBSCRIBER	STREPTOCOCCAL SEPTICEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	6	1	\$11,078.20	4	\$20,998.28	26	\$3,290.25	1	\$0.00	\$35,366.73	\$212,804.54
21	R01	SUBSCRIBER	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	3	1	\$22,038.49	1	\$954.19	153	\$10,403.86	10	\$288.75	\$33,685.29	\$182,599.00
22	001	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, OTHER SPECIFIED SITE; UNSPECIFIED PYELONEPHRITIS	3	1	\$6,385.95	2	\$20,195.31	43	\$3,959.02	31	\$1,270.53	\$31,810.81	\$67,373.16

23	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DYSFUNCTION OF EUSTACHIAN TUBE; RHEUMATOID ARTHRITIS	0	0	\$0.00	1	\$0.00	63	\$2,317.92	73	\$28,753.33	\$31,071.25	\$39,649.98
24	001	SUBSCRIBER	CALCULUS OF KIDNEY; MISSING OR UNKNOWN DIAGNOSIS CODE; HYDRONEPHROSIS	0	0	\$0.00	3	\$15,820.85	72	\$4,837.10	115	\$9,409.34	\$30,067.29	\$117,755.98
25	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; LUMP OR MASS IN BREAST	0	0	\$0.00	0	\$0.00	10	\$760.55	33	\$27,442.80	\$28,203.35	\$38,792.71
26	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	52	\$26,149.54	35	\$208.10	\$26,357.64	\$73,954.35
27	R01	SUBSCRIBER	OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM; HYDRONEPHROSIS; ABDOMINAL PAIN, UNSPECIFIED SITE	5	1	\$15,800.31	3	\$5,758.45	34	\$3,513.77	12	\$155.47	\$25,228.00	\$50,602.25
Total				117	26	\$705,605.44	171	\$437,569.65	1,952	\$278,850.09	1,052	\$203,526.19	\$1,625,551.37	\$4,127,492.94

PRIOR				Inpatient			Outpatient		Professional		Pharmacy			
Rank	Div	Relationship	Diagnosis Description	Days	Admits	Paid Amt	Visits	Paid Amt	Services	Paid Amt	# of Rx	Paid Amt	Total Paid Amt	Total Billed Amt
1	001	SPOUSE	CHRONIC SYSTOLIC HEART FAILURE; OTHER SPECIFIED FORMS OF CHRONIC ISCHEMIC HEART DISEASE; CARDIOMYOPATHY IN OTHER DISEASES CLASSIFIED ELSEWHERE	21	3	\$274,601.60	29	\$25,611.67	391	\$46,398.07	90	\$7,714.65	\$354,325.99	\$851,608.09
2	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MALIGNANT NEOPLASM OF RECTUM; ATTENTION TO ILEOSTOMY	9	2	\$20,830.24	32	\$99,294.34	54	\$10,071.37	24	\$154.65	\$130,350.60	\$321,787.29
3	R01	SUBSCRIBER	OTHER NAMED VARIANTS OF LYMPHOSARCOMA AND RETICULOSARCOMA OF INTRATHORACIC LYMPH NODES; MACROGLOBULINEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	4	1	\$11,655.46	13	\$36,733.10	199	\$54,878.93	17	\$284.41	\$103,551.90	\$182,298.20
4	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; INGUINAL HERNIA WITHOUT MENTION OF OBSTRUCTION OR GANGRENE, UNILATERAL OR UNSPECIFIED, (NOT SPECIFIED AS RECURRENT); *****	9	1	\$73,468.65	3	\$7,207.33	9	\$1,024.92	0	\$0.00	\$81,700.90	\$17,131.56
5	R01	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; OTHER AND UNSPECIFIED ANGINA PECTORIS; OTHER SCREENING MAMMOGRAM	0	0	\$0.00	0	\$0.00	69	\$3,040.87	48	\$64,138.53	\$67,179.40	\$73,903.81
6	R01	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; MALIGNANT NEOPLASM OF UPPER-OUTER QUADRANT OF FEMALE BREAST; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	12	\$31,648.62	53	\$17,829.46	15	\$11,015.25	\$60,493.33	\$137,566.51

7	001	SPOUSE	ACUTE MYOCARDIAL INFARCTION, SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE; MISSING OR UNKNOWN DIAGNOSIS CODE; ESSENTIAL HYPERTENSION, MALIGNANT	3	2	\$54,009.23	0	\$0.00	18	\$3,689.39	32	\$2,540.28	\$60,238.90	\$95,238.12
8	001	SUBSCRIBER	NODULAR LYMPHOMA OF LYMPH NODES OF MULTIPLE SITES; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	10	\$48,047.66	37	\$2,047.79	36	\$2,966.12	\$53,061.57	\$91,121.24
9	001	SUBSCRIBER	SADDLE EMBOLUS OF PULMONARY ARTERY; CHEST PAIN, OTHER; CHEST PAIN, UNSPECIFIED	6	2	\$41,463.64	1	\$4,964.54	45	\$5,368.90	28	\$208.11	\$52,005.19	\$106,807.03
10	001	SUBSCRIBER	LUMBAGO; ESOPHAGEAL VARICES WITH BLEEDING; OTHER SPECIFIED DISORDERS OF LIVER	4	1	\$9,765.06	14	\$25,728.88	116	\$11,887.94	49	\$362.36	\$47,744.24	\$171,947.29
11	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; OTHER AND COMBINED FORMS OF SENILE CATARACT; OTHER AND UNSPECIFIED ANGINA PECTORIS	5	1	\$28,091.72	3	\$2,553.46	53	\$12,392.92	57	\$2,893.31	\$45,931.41	\$351,037.67
12	001	SUBSCRIBER	OTHER POSTOPERATIVE INFECTION; INFECTION AND INFLAMMATORY REACTION DUE TO OTHER INTERNAL PROSTHETIC DEVICE, IMPLANT, AND GRAFT; OTHER CYST OF BONE	10	3	\$20,295.02	11	\$6,478.13	156	\$16,713.15	50	\$1,353.24	\$44,839.54	\$158,693.03
13	001	SUBSCRIBER	DISSECTING AORTIC ANEURYSM (ANY PART), ABDOMINAL; DISSECTING AORTIC ANEURYSM (ANY PART), UNSPECIFIED SITE; UNSPECIFIED ESSENTIAL HYPERTENSION	17	2	\$34,167.98	5	\$1,994.07	68	\$7,919.41	55	\$288.02	\$44,369.48	\$222,011.25
14	001	SUBSCRIBER	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY; ESSENTIAL HYPERTENSION, MALIGNANT; OTHER AND UNSPECIFIED ANGINA PECTORIS	0	0	\$0.00	3	\$35,012.94	34	\$8,167.54	55	\$278.23	\$43,458.71	\$171,107.72
15	001	SUBSCRIBER	PRIMARY LOCALIZED OSTEOARTHRISIS, LOWER LEG; OTHER LEFT BUNDLE BRANCH BLOCK; UNSPECIFIED CHRONIC ISCHEMIC HEART DISEASE	3	1	\$20,935.99	6	\$12,426.43	83	\$8,359.08	45	\$242.68	\$41,964.18	\$98,239.48
16	001	SUBSCRIBER	ACUTE APPENDICITIS WITH PERITONEAL ABSCESS; ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS; ABDOMINAL PAIN, UNSPECIFIED SITE	6	2	\$28,143.48	2	\$6,482.54	42	\$5,418.39	22	\$80.78	\$40,125.19	\$102,900.54
17	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; UNSPECIFIED VENOUS (PERIPHERAL) INSUFFICIENCY; PAIN IN SOFT TISSUES OF LIMB	0	0	\$0.00	0	\$0.00	12	\$2,830.26	8	\$35,942.82	\$38,773.08	\$45,253.82
18	001	SUBSCRIBER	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ACUTE KIDNEY FAILURE, UNSPECIFIED; MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED SITE	0	0	\$6,201.11	13	\$29,658.86	9	\$1,068.63	11	\$110.02	\$37,038.62	\$51,196.56

19	001	SPOUSE	OBSTRUCTIVE CHRONIC BRONCHITIS, WITH (ACUTE) EXACERBATION; MISSING OR UNKNOWN DIAGNOSIS CODE; CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED	3	1	\$26,673.31	0	\$0.00	51	\$4,511.06	100	\$5,424.41	\$36,608.78	\$94,111.76
20	001	SUBSCRIBER	STREPTOCOCCAL SEPTICEMIA; ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY; ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY	6	1	\$11,078.20	4	\$20,998.28	26	\$3,290.25	1	\$0.00	\$35,366.73	\$212,804.54
21	R01	SUBSCRIBER	LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY; ACQUIRED SPONDYLOLISTHESIS; SPINAL STENOSIS OF LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION	3	1	\$22,038.49	1	\$954.19	153	\$10,403.86	10	\$288.75	\$33,685.29	\$182,599.00
22	001	SUBSCRIBER	CALCULUS OF KIDNEY; ABDOMINAL PAIN, OTHER SPECIFIED SITE; UNSPECIFIED PYELONEPHRITIS	3	1	\$6,385.95	2	\$20,195.31	43	\$3,959.02	31	\$1,270.53	\$31,810.81	\$67,373.16
23	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; DYSFUNCTION OF EUSTACHIAN TUBE; RHEUMATOID ARTHRITIS	0	0	\$0.00	1	\$0.00	63	\$2,317.92	73	\$28,753.33	\$31,071.25	\$39,649.98
24	001	SUBSCRIBER	CALCULUS OF KIDNEY; MISSING OR UNKNOWN DIAGNOSIS CODE; HYDRONEPHROSIS	0	0	\$0.00	3	\$15,820.85	72	\$4,837.10	115	\$9,409.34	\$30,067.29	\$117,755.98
25	001	SUBSCRIBER	MISSING OR UNKNOWN DIAGNOSIS CODE; RHEUMATOID ARTHRITIS; LUMP OR MASS IN BREAST	0	0	\$0.00	0	\$0.00	10	\$760.55	33	\$27,442.80	\$28,203.35	\$38,792.71
26	001	SUBSCRIBER	MALIGNANT NEOPLASM OF BREAST (FEMALE), UNSPECIFIED SITE; SECONDARY MALIGNANT NEOPLASM OF BONE AND BONE MARROW; MISSING OR UNKNOWN DIAGNOSIS CODE	0	0	\$0.00	0	\$0.00	52	\$26,149.54	35	\$208.10	\$26,357.64	\$73,954.35
27	R01	SUBSCRIBER	OTHER SEPTICEMIA DUE TO GRAM-NEGATIVE ORGANISM; HYDRONEPHROSIS; ABDOMINAL PAIN, UNSPECIFIED SITE	5	1	\$15,800.31	3	\$5,758.45	34	\$3,513.77	12	\$155.47	\$25,228.00	\$50,602.25
Total				117	26	\$705,605.44	171	\$437,569.65	1,952	\$278,850.09	1,052	\$203,526.19	\$1,625,551.37	\$4,127,492.94