



## ALASKA WORKERS COMPENSATION DATA REQUEST

In response to a request by the Alaska Division of Workers' Compensation, NCCI is providing the observed average payment per transaction in Alaska's workers compensation medical data for the requested service categories.

The source of information for this response is NCCI's Medical Data Call, representing medical transactions for Service Year 2012 (medical services delivered from January 1, 2012, to December 31, 2012). For Alaska, the reported number of medical transactions was 301,427 from insurers representing 94% of the 2012 Alaska workers compensation premium written.

The following table displays a summary of the requested average payments per transaction for Service Year 2012 for Alaska, Regional (Oregon, Idaho, and Montana), and Countrywide<sup>1</sup>.

Average Payment per Transaction			
Service Category	Alaska	Regional	Countrywide
Physician: Surgery	\$1,594	\$604	\$544
Physician: Radiology	\$404	\$140	\$141
Physician: Physical Medicine	\$94	\$63	\$50
Physician: Evaluation and Management	\$218	\$158	\$119
Hospital Inpatient	\$2,772	\$1,534	\$1,686
Hospital Outpatient	\$452	\$236	\$301

The data extracted for the surgery, radiology, physical medicine, and evaluation and medical categories represent services provided by physicians where the procedures are identified by CPT code (Current Procedural Terminology published by the American Medical Association).

The average payment per transaction is calculated simply by aggregating all the payments observed in each category and dividing by the number of transactions. Additional information may be needed before drawing conclusions from the data

<sup>1</sup> Countrywide includes data for the following states: AK, AL, AR, AZ, CO, CT, DC, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MD, ME, MO, MS, MT, NC, NE, NH, NM, NV, OK, OR, RI, SC, SD, TN, UT, VA, VT, and WV.



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provided in the chart. For example, billing practices may vary by providers which may impact the average payment per transaction shown in the table above. Also, there are no controls for mix of diagnosis and procedures or severity of claims.