

Appendix H  
Estimated Impact of an  
Annual Per-Beneficiary Outpatient  
Physical Therapy Cap for CY 200

## Key to Appendix H:

The tables in Appendix H provide an estimate of the number and percent of beneficiaries that might have been impacted by the outpatient therapy limitation in CY 2002 had it been applied to physical therapy (PT) services as a separate cap.

Adjusting the \$1500 statutory cap per the Medicare Economic Index (MEI), the CY 2002 annual per-beneficiary limitation would have been \$1540 for incurred expenses (allowed amount)<sup>1</sup>. The Medicare paid amount represents the limitation after applicable deductible and coinsurance (20 percent) is applied. We estimate that in CY 2002, the average payment threshold before the cap limits were surpassed was \$1232<sup>2</sup>.

**The first column** in each table represents the demographic groups represented (e.g. age, gender, state of residence, principal claim diagnosis)<sup>3</sup>.

**The “Beneficiaries receiving PT services” column** represents the total number of beneficiaries within each subgroup that received outpatient PT services in CY 2002.

**The “Beneficiaries surpassing PT cap threshold” column** identifies the estimated number of beneficiaries that surpassed the PT financial limitation threshold in CY 2002.

**The “Percent of beneficiaries surpassing PT cap threshold” column** represents the estimated percentage of beneficiaries within all outpatient physical therapy patients in each subgroup that would have surpassed the financial limitations in CY 2002.

**The “Average paid above PT cap threshold” column** represents the estimated average Medicare payment above the PT cap threshold for all beneficiaries listed in the ‘Beneficiaries surpassing PT cap threshold’ column. For example, If Medicare paid \$2332, the payment above the cap threshold would be \$1000 (\$2332 paid - \$1232 cap threshold = \$1000).

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<sup>1</sup> Medicare Claims Processing Manual (Pub. 104), Chapter 5, Section 10.2 *The Financial Limitation*.

<sup>2</sup> Preliminary data analysis revealed that the average Medicare payment amount for outpatient therapy services was about 78-79 percent of the allowed fee schedule prices indicating that the deductible has negligible impact across all beneficiaries that received outpatient therapy services. This may be in part due to the referral requirement for outpatient therapy services. In most situations, the beneficiary's deductible is probably applied against the referring physician claim or other Part B claim that occurred earlier during the calendar year. The \$1232 threshold estimate is based upon the 20 percent coinsurance only ( $\$1540 * 80\% = \$1232$ ).

<sup>3</sup> Although beneficiaries may experience multiple episodes of one condition, or of separate conditions during a calendar year, this analysis classifies a beneficiary's diagnosis for the entire year based only upon the principal claim diagnosis first reported during the year for that therapy type.

**The “Total paid above PT cap” threshold column** represents the estimated total Medicare expenditures above a PT cap threshold in CY 2002 (“Total paid above PT cap” = “Beneficiaries surpassing PT cap threshold” \* “Average paid above PT cap threshold”).

**The “Beneficiaries that did not or could not access hospital outpatient PT” columns** represents the estimated likelihood of beneficiaries surpassing the cap threshold limits when they are unable to, or choose not to receive outpatient PT services from an outpatient hospital provider.

**Appendix H-Table 1 Physical Therapy Cap Impact by Beneficiary Age**

Age group	Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold	Beneficiaries that did not or could not access hospital outpatient PT	
						Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold
<b>Total</b>	<b>3,296,407</b>	<b>463,893</b>	<b>14.1%</b>	<b>\$1,188</b>	<b>\$550,984,272</b>	<b>435,280</b>	<b>93.8%</b>
<65	430,966	45,218	10.5%	\$1,324	\$59,864,110	41,885	92.6%
65-69	597,350	74,284	12.4%	\$1,116	\$82,926,943	69,147	93.1%
70-74	656,053	87,105	13.3%	\$1,154	\$100,532,236	80,941	92.9%
75-79	641,837	90,216	14.1%	\$1,182	\$106,647,942	84,264	93.4%
80-84	495,284	76,546	15.5%	\$1,205	\$92,218,028	72,187	94.3%
85-89	300,384	54,865	18.3%	\$1,215	\$66,661,524	52,425	95.6%
90+	174,533	35,659	20.4%	\$1,182	\$42,131,109	34,431	96.6%

**Appendix H-Table 2 Physical Therapy Cap Impact by Beneficiary Gender**

Gender group	Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold	Beneficiaries that did not or could not access hospital outpatient PT	
						Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold
<b>Total</b>	<b>3,296,407</b>	<b>463,893</b>	<b>14.1%</b>	<b>\$1,188</b>	<b>\$550,984,272</b>	<b>435,280</b>	<b>93.8%</b>
Female	2,183,319	312,048	14.3%	\$1,172	\$365,682,810	292,906	93.9%
Male	1,113,084	151,844	13.6%	\$1,220	\$185,298,270	142,373	93.8%

**Appendix H-Table 3 Physical Therapy Cap Impact by Beneficiary State**

State group	Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold	Beneficiaries that did not or could not access hospital outpatient PT	
						Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold
<b>Total</b>	<b>3,296,407</b>	<b>463,893</b>	<b>14.1%</b>	<b>\$1,188</b>	<b>\$550,984,272</b>	<b>435,280</b>	<b>93.8%</b>
AK – Alaska	4,026	506	12.6%	\$1,402	\$709,503	457	90.3%
AL - Alabama	48,834	4,414	9.0%	\$1,053	\$4,647,412	4,073	92.3%
AR - Arkansas	31,276	2,877	9.2%	\$1,025	\$2,948,551	2,709	94.2%
AZ - Arizona	45,394	5,890	13.0%	\$1,020	\$6,008,684	5,476	93.0%
CA - California	272,771	56,013	20.5%	\$1,518	\$85,040,057	52,747	94.2%
CO - Colorado	37,219	4,357	11.7%	\$1,186	\$5,165,703	4,015	92.2%
CT - Connecticut	54,733	8,902	16.3%	\$977	\$8,700,459	8,482	95.3%
DC - District of Columbia	5,739	786	13.7%	\$1,323	\$1,039,957	727	92.5%
DE - Delaware	11,763	2,371	20.2%	\$964	\$2,286,355	2,294	96.8%
FL – Florida	291,844	60,162	20.6%	\$1,212	\$72,895,889	56,819	94.4%
GA - Georgia	71,129	6,912	9.7%	\$1,161	\$8,027,320	6,410	92.7%
HI – Hawaii	7,386	1,261	17.1%	\$1,143	\$1,441,083	1,172	92.9%
IA – Iowa	50,008	2,224	4.4%	\$836	\$1,860,131	2,013	90.5%
ID – Idaho	16,866	1,976	11.7%	\$1,024	\$2,023,661	1,832	92.7%
IL – Illinois	139,642	16,143	11.6%	\$1,098	\$17,729,857	14,818	91.8%
IN – Indiana	81,733	9,480	11.6%	\$1,160	\$10,994,714	8,931	94.2%
KS - Kansas	35,958	2,672	7.4%	\$979	\$2,615,380	2,461	92.1%
KY - Kentucky	47,186	5,322	11.3%	\$1,174	\$6,249,731	5,044	94.8%
LA - Louisiana	44,452	8,191	18.4%	\$1,263	\$10,345,069	7,789	95.1%
MA - Massachusetts	71,522	7,473	10.4%	\$1,126	\$8,411,833	6,868	91.9%
MD - Maryland	61,894	12,190	19.7%	\$1,026	\$12,505,843	11,776	96.6%
ME – Maine	20,098	1,072	5.3%	\$941	\$1,008,838	964	89.9%
MI - Michigan	137,161	21,225	15.5%	\$1,232	\$26,154,082	19,869	93.6%
MN - Minnesota	61,352	2,908	4.7%	\$772	\$2,245,383	2,657	91.4%
MO - Missouri	67,371	7,937	11.8%	\$1,162	\$9,220,572	7,437	93.7%
MS - Mississippi	34,758	5,288	15.2%	\$2,111	\$11,163,497	4,998	94.5%

*Appendix H – Estimated Impact of PT Cap*

*Utilization Analysis – High Expenditures Use of Therapy Services CY 2002 Beneficiary Characteristics*

*Outpatient Rehabilitation Services Payment System Evaluation Contract*

*Task Order # 500-99-0009/0009*

*Deliverable #7 Analysis of Costliest Top 5% Report – Final*

State group	Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold	Beneficiaries that did not or could not access hospital outpatient PT	
						Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold
MT - Montana	13,984	988	7.1%	\$930	\$919,117	902	91.3%
NC - North Carolina	89,067	12,032	13.5%	\$1,314	\$15,804,634	11,368	94.5%
ND - North Dakota	9,497	243	2.6%	\$792	\$192,410	208	85.6%
NE - Nebraska	23,899	1,969	8.2%	\$887	\$1,747,291	1,755	89.1%
NH - New Hampshire	19,299	1,492	7.7%	\$919	\$1,370,566	1,319	88.4%
NJ - New Jersey	101,331	19,802	19.5%	\$1,184	\$23,444,380	18,653	94.2%
NM - New Mexico	17,027	1,878	11.0%	\$877	\$1,646,330	1,762	93.8%
NV - Nevada	14,678	2,636	18.0%	\$1,171	\$3,087,257	2,507	95.1%
NY - New York	245,521	48,400	19.7%	\$1,212	\$58,656,928	45,068	93.1%
OH - Ohio	149,961	17,128	11.4%	\$1,032	\$17,671,643	16,043	93.7%
OK - Oklahoma	34,516	4,448	12.9%	\$1,279	\$5,689,437	4,298	96.6%
OR - Oregon	32,440	2,109	6.5%	\$775	\$1,634,011	1,935	91.7%
PA - Pennsylvania	158,531	22,612	14.3%	\$1,106	\$25,016,560	21,259	94.0%
PR - Puerto Rico	28,453	1,338	4.7%	\$653	\$873,513	1,313	98.1%
RI - Rhode Island	10,764	1,116	10.4%	\$998	\$1,114,103	1,018	91.2%
SC - South Carolina	44,654	5,751	12.9%	\$1,176	\$6,761,163	5,435	94.5%
SD - South Dakota	10,688	511	4.8%	\$889	\$454,223	463	90.6%
TN - Tennessee	62,543	7,817	12.5%	\$1,179	\$9,214,680	7,411	94.8%
TX - Texas	188,336	23,717	12.6%	\$1,034	\$24,515,789	22,391	94.4%
UT - Utah	20,971	2,710	12.9%	\$943	\$2,554,473	2,557	94.4%
VA - Virginia	79,898	11,310	14.2%	\$1,121	\$12,678,849	10,669	94.3%
VT - Vermont	10,140	772	7.6%	\$891	\$687,968	677	87.7%
WA - Washington	64,898	6,503	10.0%	\$876	\$5,694,027	5,970	91.8%
WI - Wisconsin	79,886	4,487	5.6%	\$973	\$4,366,704	4,116	91.7%
WV - West Virginia	23,893	2,430	10.2%	\$1,050	\$2,552,618	2,283	94.0%
WY - Wyoming	7,473	889	11.9%	\$1,054	\$937,193	818	92.0%
Other	1,944	253	13.0%	\$1,017	\$257,426	244	96.4%

**Appendix H-Table 4 Physical Therapy Cap Impact by Beneficiary Claim Diagnosis**

Claim diagnosis group		Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold
ICD-9 Code	Diagnosis Description					
<b>Total</b>	<b>All reported Diagnoses</b>	<b>3,296,407</b>	<b>463,893</b>	<b>14.1%</b>	<b>\$1,188</b>	<b>\$550,984,272</b>
V57.1	Other physical therapy	338,509	4,162	1.2%	\$987	\$4,107,478
724.2	Lumbago	219,618	29,018	13.2%	\$1,202	\$34,877,315
781.2	Abnormality of gait	116,623	24,814	21.3%	\$1,200	\$29,770,348
719.41	Pain in joint, shoulder region	87,489	12,191	13.9%	\$1,094	\$13,337,564
723.1	Cervicalgia	80,870	9,085	11.2%	\$1,162	\$10,556,588
719.46	Pain in joint, lower leg	77,819	12,263	15.8%	\$1,169	\$14,337,286
436	Acute, but ill-defined cerebrovascular disease	47,710	11,060	23.2%	\$1,555	\$17,199,295
715.96	Osteoarthritis, unspecified whether generalized or localized, lower leg	45,399	7,260	16.0%	\$1,123	\$8,156,174
729.5	Pain in limb	43,637	5,271	12.1%	\$1,377	\$7,256,111
726.10	Disorders of bursa and tendons in shoulder region, not elsewhere classified	43,569	6,476	14.9%	\$1,037	\$6,716,130
840.4	Sprains and strains, rotator cuff (capsule)	42,061	8,331	19.8%	\$986	\$8,216,949
724.02	Spinal stenosis, other than cervical, lumbar region	41,355	6,199	15.0%	\$988	\$6,127,402
719.45	Pain in joint, pelvic region and thigh	40,848	4,776	11.7%	\$1,065	\$5,087,013
724.5	Backache, unspecified	40,774	3,935	9.7%	\$1,247	\$4,908,676
715.16	Osteoarthritis, localized, primary, lower leg	37,809	7,794	20.6%	\$1,002	\$7,811,459
722.52	Degeneration of lumbar or lumbosacral intervertebral disc	34,820	4,322	12.4%	\$940	\$4,064,020
724.4	Thoracic or lumbosacral neuritis or radiculitis, unspecified	33,267	5,846	17.6%	\$1,145	\$6,696,008
719.70	Difficulty in walking, site unspecified	33,263	8,657	26.0%	\$1,110	\$9,606,413
847.2	Sprains and strains, lumbar	33,158	5,478	16.5%	\$1,273	\$6,970,974
728.2	Muscular wasting and disuse atrophy, not elsewhere classified	30,297	8,013	26.4%	\$1,339	\$10,727,564
847.0	Sprains and strains, neck	30,238	4,162	13.8%	\$1,125	\$4,683,291
724.3	Sciatica	28,901	3,125	10.8%	\$1,000	\$3,126,375
715.90	Osteoarthritis, unspecified whether generalized or localized, site unspecified	27,731	5,276	19.0%	\$1,447	\$7,631,998
726.0	Adhesive capsulitis of shoulder	27,227	4,414	16.2%	\$1,005	\$4,435,187
728.9	Unspecified disorder of muscle, ligament, and fascia	25,424	5,583	22.0%	\$1,217	\$6,795,739

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Claim diagnosis group		Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold
ICD-9 Code	Diagnosis Description					
728.71	Plantar fascial fibromatosis	24,055	1,291	5.4%	\$809	\$1,044,342
726.2	Other affections of shoulder region, not elsewhere classified	23,944	3,279	13.7%	\$920	\$3,015,991
787.2	Dysphagia	23,916	3,912	16.4%	\$1,099	\$4,298,388
799.3	Debility, unspecified	22,507	5,148	22.9%	\$1,264	\$6,504,755
726.5	Enthesopathy of hip region	21,619	2,186	10.1%	\$962	\$2,102,757
V43.65	Joint replacement, knee	21,150	4,400	20.8%	\$1,005	\$4,423,496
332.0	Paralysis agitans (Parkinson's Disease)	20,668	5,055	24.5%	\$1,359	\$6,867,268
780.79	Other malaise and fatigue	20,531	3,645	17.8%	\$1,258	\$4,585,519
729.1	Myalgia and myositis, unspecified	20,406	2,265	11.1%	\$1,202	\$2,721,737
721.3	Lumbosacral spondylosis without myelopathy	19,137	2,668	13.9%	\$1,186	\$3,163,741
722.10	Displacement of lumbar intervertebral disc without myelopathy	18,586	2,633	14.2%	\$1,098	\$2,890,007
728.85	Spasm of muscle	18,316	2,095	11.4%	\$1,202	\$2,517,499
V57.89	Other specified rehabilitation procedure, other	17,947	591	3.3%	\$1,094	\$646,660
780.9	Other general symptoms	17,854	5,025	28.1%	\$1,279	\$6,427,628
721.0	Cervical spondylosis without myelopathy	17,790	2,144	12.1%	\$1,071	\$2,296,331
719.47	Pain in joint, ankle and foot	16,576	1,694	10.2%	\$1,025	\$1,736,502
723.4	Brachia neuritis or radiculotis NOS	16,512	2,836	17.2%	\$1,164	\$3,301,104
836.0	Tear of medial cartilage or meniscus of knee, current	15,755	1,872	11.9%	\$835	\$1,562,802
820.8	Fracture of neck of femur, unspecified part, closed	15,603	4,032	25.8%	\$1,310	\$5,281,033
428.0	Congestive Heart Failure, unspecified	15,154	3,532	23.3%	\$1,230	\$4,345,843
722.4	Degeneration of cervical intervertebral disc	14,779	1,728	11.7%	\$906	\$1,566,121
496	Chronic airway obstruction, not elsewhere classified	13,589	2,185	16.1%	\$1,221	\$2,668,322
781.3	Lack of coordination	12,830	2,558	19.9%	\$1,275	\$3,261,322

Claim diagnosis group		Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold
ICD-9 Code	Diagnosis Description					
715.95	Osteoarthritis, unspecified whether generalized or localized, pelvic region and thigh	12,381	1,564	12.6%	\$1,023	\$1,599,988
715.36	Osteoarthritis, localized, not specified whether primary or secondary, lower leg	12,358	1,615	13.1%	\$1,072	\$1,730,489
780.4	Dizziness and giddiness	12,256	770	6.3%	\$965	\$742,981
727.61	Complete rupture of rotator cuff, non-traumatic	12,194	3,287	27.0%	\$1,024	\$3,364,869
846.0	Sprains and strains, lumbosacral (joint) (ligament)	12,078	1,661	13.8%	\$1,080	\$1,794,362
354.0	Carpal Tunnel Syndrome	11,659	1,059	9.1%	\$955	\$1,011,652
715.09	Osteoarthritis, generalized, multiple sites	11,276	3,305	29.3%	\$1,641	\$5,422,447
331.0	Alzheimer's Disease	10,989	2,060	18.7%	\$995	\$2,049,453
724.00	Spinal stenosis, other than cervical, unspecified region	10,654	1,189	11.2%	\$1,076	\$1,279,495
840.9	Sprains and strains, unspecified part of shoulder and upper arm	10,265	1,792	17.5%	\$1,399	\$2,506,560
721.90	Spondylosis of unspecified site, without mention of myelopathy	10,174	1,587	15.6%	\$1,102	\$1,748,414
724.1	Pain in thoracic spine	10,062	1,069	10.6%	\$1,100	\$1,176,146
715.15	Osteoarthritis, localized, primary, pelvic region and thigh	9,413	1,550	16.5%	\$1,103	\$1,709,449
457.1	Other lymphadema	9,175	918	10.0%	\$1,197	\$1,099,222
812.00	Fracture of humerus, upper end, unspecified part	9,060	1,929	21.3%	\$1,035	\$1,996,959
719.79	Difficulty in walking, multiple sites	9,031	2,549	28.2%	\$1,129	\$2,876,980
726.90	Enthesopathy of unspecified site, capsulitis, peri arthritis, tendonitis	8,856	700	7.9%	\$1,048	\$733,600
714.0	Rheumatoid arthritis	8,607	1,224	14.2%	\$1,341	\$1,641,274
844.9	Sprains and strains, knee and leg, unspecified site	8,580	1,844	21.5%	\$1,636	\$3,017,503
715.00	Osteoarthritis, generalized, site unspecified	8,509	2,308	27.1%	\$1,467	\$3,386,459
401.9	Essential hypertension, unspecified	8,360	2,319	27.7%	\$1,281	\$2,971,636
250.00	Type II Diabetes Mellitus, without mention of complication, not stated as uncontrolled	8,316	2,002	24.1%	\$1,322	\$2,646,164
726.11	Calcifying tendonitis of shoulder	8,159	1,508	18.5%	\$1,066	\$1,608,176
V57.21	Occupational therapy encounter	8,115	266	3.3%	\$1,026	\$272,823
486	Pneumonia, organism unspecified	7,983	1,687	21.1%	\$1,248	\$2,105,528

Claim diagnosis group		Beneficiaries receiving PT services	Beneficiaries surpassing PT cap threshold	Percent of beneficiaries surpassing PT cap threshold	Average paid above PT cap threshold	Total paid above PT cap threshold
ICD-9 Code	Diagnosis Description					
733.00	Osteoporosis, unspecified	7,854	1,343	17.1%	\$1,031	\$1,384,230
V43.64	Joint replacement, hip	7,835	1,465	18.7%	\$1,127	\$1,651,275
726.71	Achilles bursitis and tendonitis	7,822	714	9.1%	\$869	\$620,302
845.00	Sprains and strains, ankle, unspecified site	7,465	800	10.7%	\$957	\$765,680
340	Multiple sclerosis	7,310	1,289	17.6%	\$1,546	\$1,993,206
812.20	Fracture of humerus, unspecified part	6,556	1,496	22.8%	\$1,092	\$1,633,288
847.1	Sprains and strains, thoracic	6,511	903	13.9%	\$1,517	\$1,370,158
438.20	Late effects cerebrovascular disease, hemiplegia affecting unspecified side	6,430	1,066	16.6%	\$1,465	\$1,561,743
722.6	Degeneration of intervertebral disc, site unspecified	6,424	946	14.7%	\$1,385	\$1,310,134
715.91	Osteoarthritis, unspecified whether generalized or localized, shoulder region	6,399	1,134	17.7%	\$1,173	\$1,329,955
782.3	Edema	6,317	599	9.5%	\$1,206	\$722,442
719.76	Difficulty in walking, lower leg	6,305	1,447	23.0%	\$1,122	\$1,623,433
719.75	Difficulty in walking, pelvic region and thigh	6,171	1,554	25.2%	\$1,051	\$1,633,689
707.0	Decubitus ulcer	6,038	1,454	24.1%	\$2,322	\$3,376,450
729.89	Other musculoskeletal symptoms referable to limbs, other	6,025	798	13.2%	\$1,086	\$866,644
V72.83	Other specified preoperative examination	5,957	202	3.4%	\$805	\$162,586
824.8	Fracture of ankle, unspecified, closed	5,856	856	14.6%	\$1,021	\$874,190
726.73	Calcaneal spur	5,693	311	5.5%	\$782	\$243,140
438.0	Late effects cerebrovascular disease, cognitive deficits	5,604	1,755	31.3%	\$1,360	\$2,387,028
716.90	Arthropathy, unspecified, site unspecified	5,558	1,021	18.4%	\$1,344	\$1,372,050
290.0	Senile dementia, uncomplicated	5,454	1,178	21.6%	\$1,002	\$1,179,849
715.11	Osteoarthritis, localized, primary, shoulder region	5,426	1,186	21.9%	\$1,104	\$1,309,463
726.79	Peroneal tendonitis	5,206	243	4.7%	\$750	\$182,308
386.11	Benign paroxysmal positional vertigo	5,195	96	1.8%	\$670	\$64,320
813.42	Other fracture of distal end of radius (alone)	5,142	669	13.0%	\$913	\$610,636