

Appendix D
CY 2002 Outpatient Therapy Procedure
Code (HCPCS) Utilization by Setting:
“Non-timed” Codes–Expenditures per Claim
HCPCS Line and “Unit”

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Appendix D - Table 1: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – All Settings

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	20,539,412	27,846,384	\$835,511,283	\$647,291,265	\$40.68	\$31.51	\$30.00	\$23.25
29065	12,251	12,353	\$873,014	\$685,099	\$71.26	\$55.92	\$70.67	\$55.46
29075	61,213	61,280	\$4,052,274	\$3,185,807	\$66.20	\$52.04	\$66.13	\$51.99
29085	4,831	4,861	\$339,960	\$265,179	\$70.37	\$54.89	\$69.94	\$54.55
29105	14,685	14,801	\$909,225	\$712,897	\$61.92	\$48.55	\$61.43	\$48.17
29125	72,908	86,652	\$3,724,014	\$2,918,652	\$51.08	\$40.03	\$42.98	\$33.68
29126	4,475	5,131	\$347,019	\$271,429	\$77.55	\$60.65	\$67.63	\$52.90
29130	13,677	14,165	\$493,559	\$382,820	\$36.09	\$27.99	\$34.84	\$27.03
29131	1,573	1,670	\$74,736	\$58,214	\$47.51	\$37.01	\$44.75	\$34.86
29200	585	602	\$25,766	\$20,200	\$44.04	\$34.53	\$42.80	\$33.56
29220	1,922	1,972	\$109,583	\$85,488	\$57.01	\$44.48	\$55.57	\$43.35
29240	7,173	7,281	\$372,082	\$291,555	\$51.87	\$40.65	\$51.10	\$40.04
29260	4,975	5,046	\$211,926	\$165,675	\$42.60	\$33.30	\$42.00q	\$32.83
29280	4,283	4,470	\$192,542	\$151,078	\$44.95	\$35.27	\$43.07	\$33.80
29345	3,854	3,853	\$386,823	\$300,364	\$100.37	\$77.94	\$100.40	\$77.96
29365	1,441	1,441	\$130,609	\$102,159	\$90.64	\$70.89	\$90.64	\$70.89
29405	42,402	42,444	\$2,899,894	\$2,273,103	\$68.39	\$53.61	\$68.32	\$53.56
29445	8,801	8,820	\$1,066,090	\$820,096	\$121.13	\$93.18	\$120.87	\$92.98
29505	7,291	7,406	\$381,765	\$302,671	\$52.36	\$41.51	\$51.55	\$40.87
29515	33,950	34,186	\$1,661,319	\$1,302,622	\$48.93	\$38.37	\$48.60	\$38.10
29520	1,315	1,588	\$72,364	\$57,648	\$55.03	\$43.84	\$45.57	\$36.30
29530	9,186	9,540	\$416,867	\$325,859	\$45.38	\$35.47	\$43.70	\$34.16
29540	204,373	205,125	\$5,933,089	\$4,688,721	\$29.03	\$22.94	\$28.92	\$22.86
29550	76,086	76,293	\$2,105,147	\$1,667,427	\$27.67	\$21.92	\$27.59	\$21.86
29580	393,811	398,854	\$16,966,381	\$13,260,592	\$43.08	\$33.67	\$42.54	\$33.25
29590	6,138	6,246	\$249,081	\$195,029	\$40.58	\$31.77	\$39.88	\$31.22
64550	59,785	61,956	\$1,601,297	\$1,267,103	\$26.78	\$21.19	\$25.85	\$20.45
90901	22,740	24,617	\$1,064,973	\$822,952	\$46.83	\$36.19	\$43.26	\$33.43
90911	31,229	31,904	\$1,947,489	\$1,512,631	\$62.36	\$48.44	\$61.04	\$47.41
92506	126,630	185,875	\$13,247,403	\$10,170,424	\$104.62	\$80.32	\$71.27	\$54.72
92507	977,712	1,455,787	\$86,367,261	\$65,517,248	\$88.34	\$67.01	\$59.33	\$45.00
92508	29,277	35,386	\$2,166,407	\$1,719,676	\$74.00	\$58.74	\$61.22	\$48.60
92510	7,329	7,679	\$973,141	\$738,518	\$132.78	\$100.77	\$126.73	\$96.17
92525	27,963	31,628	\$3,589,573	\$2,472,832	\$128.37	\$88.43	\$113.49	\$78.18
92526	1,564,710	3,043,147	\$131,158,474	\$104,435,898	\$83.82	\$66.74	\$43.10	\$34.32
95831	39,590	42,811	\$1,064,255	\$841,246	\$26.88	\$21.25	\$24.86	\$19.65
95832	4,055	14,370	\$93,786	\$73,740	\$23.13	\$18.18	\$6.53	\$5.13
95833	2,237	2,227	\$75,673	\$60,034	\$33.83	\$26.84	\$33.98	\$26.96
95834	1,960	2,006	\$70,787	\$56,060	\$36.12	\$28.60	\$35.29	\$27.95
95851	78,924	85,137	\$1,805,871	\$1,422,719	\$22.88	\$18.03	\$21.21	\$16.71
95852	24,639	25,950	\$462,748	\$365,280	\$18.78	\$14.83	\$17.83	\$14.08
96110	306	404	\$13,380	\$10,447	\$43.73	\$34.14	\$33.12	\$25.86

Appendix D - Table 1: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – All Settings (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	3,229,693	5,330,461	\$230,835,141	\$177,665,612	\$71.47	\$55.01	\$43.30	\$33.33
97002	514,662	662,989	\$18,475,774	\$14,275,945	\$35.90	\$27.74	\$27.87	\$21.53
97003	756,156	1,702,897	\$58,375,234	\$45,086,638	\$77.20	\$59.63	\$34.28	\$26.48
97004	118,771	203,930	\$5,021,091	\$3,885,603	\$42.28	\$32.72	\$24.62	\$19.05
97010	794,374	851,569	\$85,057	\$63,530	\$0.11	\$0.08	\$0.10	\$0.07
97012	742,742	838,372	\$11,311,971	\$8,207,706	\$15.23	\$11.05	\$13.49	\$9.79
97014	6,979,544	7,417,747	\$104,084,310	\$80,927,721	\$14.91	\$11.59	\$14.03	\$10.91
97016	119,598	154,796	\$1,744,126	\$1,368,126	\$14.58	\$11.44	\$11.27	\$8.84
97018	292,997	298,672	\$2,182,690	\$1,723,892	\$7.45	\$5.88	\$7.31	\$5.77
97020	2,275	2,513	\$22,441	\$17,597	\$9.86	\$7.74	\$8.93	\$7.00
97022	717,016	846,546	\$12,111,827	\$9,468,315	\$16.89	\$13.21	\$14.31	\$11.18
97024	167,858	184,936	\$868,433	\$691,472	\$5.17	\$4.12	\$4.70	\$3.74
97026	92,236	102,404	\$446,037	\$355,400	\$4.84	\$3.85	\$4.36	\$3.47
97028	12,151	13,680	\$76,122	\$60,044	\$6.26	\$4.94	\$5.56	\$4.39
97039	125,454	198,169	\$2,044,632	\$1,608,323	\$16.30	\$12.82	\$10.32	\$8.12
97150	922,407	1,279,065	\$19,876,400	\$15,564,319	\$21.55	\$16.87	\$15.54	\$12.17
97601	615,788	797,158	\$32,972,717	\$25,942,848	\$53.55	\$42.13	\$41.36	\$32.54
G0193	3,478	3,722	\$572,835	\$438,557	\$164.70	\$126.09	\$153.91	\$117.83
G0194	1,132	1,161	\$123,532	\$94,190	\$109.13	\$83.21	\$106.40	\$81.13
G0195	240,110	780,918	\$32,387,574	\$25,228,965	\$134.89	\$105.07	\$41.47	\$32.31
G0196	80,826	87,089	\$10,314,644	\$7,178,100	\$127.62	\$88.81	\$118.44	\$82.42
G0197	2,623	3,295	\$372,261	\$288,028	\$141.92	\$109.81	\$112.98	\$87.41
G0198	6,617	7,875	\$608,585	\$485,156	\$91.97	\$73.32	\$77.28	\$61.61
G0199	442	475	\$49,391	\$38,735	\$111.74	\$87.64	\$103.98	\$81.55
G0200	2,743	2,854	\$369,628	\$277,049	\$134.75	\$101.00	\$129.51	\$97.07
G0201	5,434	6,127	\$481,185	\$372,203	\$88.55	\$68.50	\$78.54	\$60.75

Appendix D - Table 2: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Institutional Settings

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	13,266,597	20,408,516	\$640,857,683	\$493,379,708	\$48.31	\$37.19	\$31.40	\$24.18
29065	228	327	\$25,174	\$19,697	\$110.41	\$86.39	\$76.98	\$60.24
29075	250	278	\$17,083	\$13,040	\$68.33	\$52.16	\$61.45	\$46.91
29085	152	181	\$12,280	\$9,462	\$80.79	\$62.25	\$67.85	\$52.28
29105	1,238	1,352	\$97,108	\$75,814	\$78.44	\$61.24	\$71.83	\$56.08
29125	23,130	36,785	\$1,564,911	\$1,219,990	\$67.66	\$52.74	\$42.54	\$33.17
29126	3,133	3,788	\$267,078	\$208,142	\$85.25	\$66.44	\$70.51	\$54.95
29130	3,854	4,305	\$219,321	\$166,064	\$56.91	\$43.09	\$50.95	\$38.57
29131	803	899	\$50,007	\$38,588	\$62.28	\$48.05	\$55.63	\$42.92
29200	129	134	\$7,643	\$6,014	\$59.25	\$46.62	\$57.04	\$44.88
29220	422	459	\$35,376	\$26,673	\$83.83	\$63.21	\$77.07	\$58.11
29240	2,222	2,300	\$140,170	\$107,678	\$63.08	\$48.46	\$60.94	\$46.82
29260	1,078	1,139	\$67,738	\$51,795	\$62.84	\$48.05	\$59.47	\$45.47
29280	1,358	1,538	\$86,060	\$66,340	\$63.37	\$48.85	\$55.96	\$43.13
29345	37	36	\$3,125	\$2,389	\$84.47	\$64.58	\$86.82	\$66.37
29365	19	19	\$1,790	\$1,423	\$94.19	\$74.91	\$94.19	\$74.91
29405	239	262	\$16,738	\$12,492	\$70.04	\$52.27	\$63.89	\$47.68
29445	795	811	\$83,256	\$61,110	\$104.72	\$76.87	\$102.66	\$75.35
29505	1,445	1,558	\$113,930	\$90,835	\$78.84	\$62.86	\$73.13	\$58.30
29515	1,877	2,019	\$131,456	\$102,610	\$70.04	\$54.67	\$65.11	\$50.82
29520	423	689	\$40,032	\$31,833	\$94.64	\$75.26	\$58.10	\$46.20
29530	2,476	2,766	\$153,566	\$117,588	\$62.02	\$47.49	\$55.52	\$42.51
29540	2,486	2,652	\$123,706	\$93,855	\$49.76	\$37.75	\$46.65	\$35.39
29550	307	329	\$14,723	\$11,061	\$47.96	\$36.03	\$44.75	\$33.62
29580	27,945	31,028	\$1,992,671	\$1,427,348	\$71.31	\$51.08	\$64.22	\$46.00
29590	186	231	\$10,823	\$8,495	\$58.19	\$45.67	\$46.85	\$36.77
64550	41,349	42,320	\$1,152,915	\$910,160	\$27.88	\$22.01	\$27.24	\$21.51
90901	8,883	10,249	\$401,870	\$296,168	\$45.24	\$33.34	\$39.21	\$28.90
90911	5,490	5,879	\$293,355	\$203,393	\$53.43	\$37.05	\$49.90	\$34.60
92506	113,978	173,175	\$12,133,369	\$9,290,804	\$106.45	\$81.51	\$70.06	\$53.65
92507	962,652	1,440,612	\$85,262,850	\$64,642,780	\$88.57	\$67.15	\$59.19	\$44.87
92508	27,987	34,091	\$2,080,339	\$1,651,149	\$74.33	\$59.00	\$61.02	\$48.43
92510	1,567	1,772	\$234,103	\$179,753	\$149.40	\$114.71	\$132.11	\$101.44
92525	27,961	31,626	\$3,589,572	\$2,472,832	\$128.38	\$88.44	\$113.50	\$78.19
92526	1,554,982	3,033,344	\$130,413,981	\$103,841,957	\$83.87	\$66.78	\$42.99	\$34.23
95831	23,640	24,401	\$560,075	\$439,928	\$23.69	\$18.61	\$22.95	\$18.03
95832	2,174	12,277	\$43,697	\$33,878	\$20.10	\$15.58	\$3.56	\$2.76
95833	992	977	\$28,263	\$22,496	\$28.49	\$22.68	\$28.93	\$23.03
95834	998	1,009	\$30,694	\$24,467	\$30.76	\$24.52	\$30.42	\$24.25
95851	50,939	52,620	\$1,010,543	\$789,774	\$19.84	\$15.50	\$19.20	\$15.01
95852	14,158	15,436	\$269,423	\$210,847	\$19.03	\$14.89	\$17.45	\$13.66
96110	248	346	\$10,975	\$8,645	\$44.25	\$34.86	\$31.72	\$24.99

Appendix D - Table 2: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Institutional Settings (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	2,326,341	4,419,158	\$170,494,554	\$130,299,868	\$73.29	\$56.01	\$38.58	\$29.49
97002	348,570	496,105	\$12,612,946	\$9,634,118	\$36.18	\$27.64	\$25.42	\$19.42
97003	705,242	1,650,899	\$54,837,636	\$42,298,868	\$77.76	\$59.98	\$33.22	\$25.62
97004	69,056	153,849	\$3,191,531	\$2,425,562	\$46.22	\$35.12	\$20.74	\$15.77
97010	794,364	851,490	\$84,894	\$63,402	\$0.11	\$0.08	\$0.10	\$0.07
97012	378,809	469,238	\$6,392,414	\$4,291,245	\$16.88	\$11.33	\$13.62	\$9.15
97014	3,039,346	3,439,038	\$47,002,778	\$35,423,379	\$15.46	\$11.65	\$13.67	\$10.30
97016	64,714	84,837	\$962,995	\$745,730	\$14.88	\$11.52	\$11.35	\$8.79
97018	216,756	221,378	\$1,651,321	\$1,299,524	\$7.62	\$6.00	\$7.46	\$5.87
97020	1,892	2,101	\$20,824	\$16,308	\$11.01	\$8.62	\$9.91	\$7.76
97022	484,587	611,512	\$8,272,330	\$6,412,518	\$17.07	\$13.23	\$13.53	\$10.49
97024	83,410	97,977	\$477,482	\$379,255	\$5.72	\$4.55	\$4.87	\$3.87
97026	36,749	43,569	\$182,824	\$145,209	\$4.97	\$3.95	\$4.20	\$3.33
97028	10,625	12,154	\$67,641	\$53,277	\$6.37	\$5.01	\$5.57	\$4.38
97039	89,822	120,299	\$1,278,314	\$997,121	\$14.23	\$11.10	\$10.63	\$8.29
97150	834,745	1,166,534	\$17,906,452	\$13,993,971	\$21.45	\$16.76	\$15.35	\$12.00
97601	541,029	715,943	\$29,376,393	\$23,101,237	\$54.30	\$42.70	\$41.03	\$32.27
G0193	1,753	1,997	\$292,624	\$216,053	\$166.93	\$123.25	\$146.53	\$108.19
G0194	388	417	\$44,607	\$31,165	\$114.97	\$80.32	\$106.97	\$74.74
G0195	236,108	776,912	\$31,894,758	\$24,837,939	\$135.09	\$105.20	\$41.05	\$31.97
G0196	72,488	78,751	\$9,360,072	\$6,430,617	\$129.13	\$88.71	\$118.86	\$81.66
G0197	2,577	3,249	\$367,050	\$283,998	\$142.43	\$110.20	\$112.97	\$87.41
G0198	6,576	7,834	\$605,333	\$482,554	\$92.05	\$73.38	\$77.27	\$61.60
G0199	361	394	\$41,144	\$32,667	\$113.97	\$90.49	\$104.43	\$82.91
G0200	1,770	1,881	\$251,215	\$188,858	\$141.93	\$106.70	\$133.55	\$100.40
G0201	4,289	4,981	\$395,760	\$305,899	\$92.27	\$71.32	\$79.45	\$61.41
Total	13,266,597	20,408,516	\$640,857,683	\$493,379,708	\$48.31	\$37.19	\$31.40	\$24.18

Appendix D - Table 2.1: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Hospital

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	5,458,792	6,051,451	\$248,714,899	\$183,838,687	\$45.56	\$33.68	\$41.10	\$30.38
29065	37	37	\$3,798	\$2,789	\$102.66	\$75.37	\$102.66	\$75.37
29075	104	105	\$6,386	\$4,557	\$61.41	\$43.82	\$60.82	\$43.40
29085	30	35	\$2,239	\$1,644	\$74.62	\$54.78	\$63.96	\$46.96
29105	372	394	\$29,129	\$21,833	\$78.30	\$58.69	\$73.93	\$55.41
29125	3,790	4,203	\$324,512	\$237,147	\$85.62	\$62.57	\$77.21	\$56.42
29126	673	814	\$56,176	\$41,841	\$83.47	\$62.17	\$69.01	\$51.40
29130	1,507	1,655	\$120,675	\$88,433	\$80.08	\$58.68	\$72.92	\$53.43
29131	241	268	\$20,542	\$15,395	\$85.24	\$63.88	\$76.65	\$57.44
29200	61	65	\$4,261	\$3,317	\$69.86	\$54.38	\$65.56	\$51.04
29220	233	252	\$25,677	\$18,948	\$110.20	\$81.32	\$101.89	\$75.19
29240	1,360	1,407	\$96,672	\$72,989	\$71.08	\$53.67	\$68.71	\$51.88
29260	598	620	\$41,913	\$31,267	\$70.09	\$52.29	\$67.60	\$50.43
29280	471	487	\$34,831	\$25,953	\$73.95	\$55.10	\$71.52	\$53.29
29345	17	16	\$1,652	\$1,211	\$97.20	\$71.23	\$103.28	\$75.69
29365	5	5	\$481	\$376	\$96.10	\$75.19	\$96.10	\$75.19
29405	182	194	\$12,159	\$8,801	\$66.81	\$48.36	\$62.68	\$45.37
29445	772	775	\$78,807	\$57,616	\$102.08	\$74.63	\$101.69	\$74.34
29505	88	91	\$8,797	\$6,650	\$99.96	\$75.57	\$96.67	\$73.07
29515	254	274	\$26,412	\$18,861	\$103.98	\$74.25	\$96.39	\$68.83
29520	135	135	\$7,604	\$5,646	\$56.33	\$41.82	\$56.33	\$41.82
29530	1,191	1,276	\$81,070	\$60,559	\$68.07	\$50.85	\$63.53	\$47.46
29540	1,469	1,594	\$89,592	\$66,609	\$60.99	\$45.34	\$56.21	\$41.79
29550	167	175	\$9,812	\$7,124	\$58.75	\$42.66	\$56.07	\$40.71
29580	24,151	26,831	\$1,806,318	\$1,278,698	\$74.79	\$52.95	\$67.32	\$47.66
29590	22	23	\$1,492	\$1,090	\$67.83	\$49.52	\$64.88	\$47.37
64550	16,453	16,854	\$473,628	\$370,362	\$28.79	\$22.51	\$28.10	\$21.97
90901	4,114	4,881	\$189,217	\$127,187	\$45.99	\$30.92	\$38.77	\$26.06
90911	3,290	3,573	\$154,218	\$93,042	\$46.87	\$28.28	\$43.16	\$26.04
92506	56,339	65,194	\$6,313,052	\$4,697,583	\$112.05	\$83.38	\$96.83	\$72.06
92507	419,389	557,985	\$40,607,774	\$29,042,866	\$96.83	\$69.25	\$72.78	\$52.05
92508	14,223	19,004	\$1,087,525	\$858,851	\$76.46	\$60.38	\$57.23	\$45.19
92510	763	881	\$122,521	\$91,353	\$160.58	\$119.73	\$139.07	\$103.69
92525	23,567	26,392	\$3,097,041	\$2,083,332	\$131.41	\$88.40	\$117.35	\$78.94
92526	77,225	121,362	\$6,488,433	\$5,042,679	\$84.02	\$65.30	\$53.46	\$41.55
95831	5,791	5,864	\$2,660	\$1,961	\$0.46	\$0.34	\$0.45	\$0.33
95832	774	798	\$0	\$0	\$0.00	\$0.00	\$0.00	\$0.00
95833	229	206	\$110	\$88	\$0.48	\$0.38	\$0.53	\$0.43
95834	331	331	\$0	\$0	\$0.00	\$0.00	\$0.00	\$0.00
95851	14,589	15,138	\$34,493	\$26,985	\$2.36	\$1.85	\$2.28	\$1.78
95852	3,393	3,972	\$11,541	\$9,068	\$3.40	\$2.67	\$2.91	\$2.28
96110	17	27	\$1,937	\$1,428	\$113.94	\$84.01	\$71.74	\$52.90

Appendix D - Table 2.1: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Hospital (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	1,208,460	1,263,435	\$90,186,866	\$67,602,791	\$74.63	\$55.94	\$71.38	\$53.51
97002	186,450	196,342	\$6,535,444	\$4,942,465	\$35.05	\$26.51	\$33.29	\$25.17
97003	215,699	231,602	\$17,664,342	\$12,988,044	\$81.89	\$60.21	\$76.27	\$56.08
97004	36,557	37,704	\$1,622,573	\$1,183,154	\$44.38	\$32.36	\$43.03	\$31.38
97010	295,989	282,697	\$62,663	\$46,512	\$0.21	\$0.16	\$0.22	\$0.16
97012	220,677	225,480	\$3,838,339	\$2,562,327	\$17.39	\$11.61	\$17.02	\$11.36
97014	1,216,528	1,257,752	\$20,250,195	\$14,433,579	\$16.65	\$11.86	\$16.10	\$11.48
97016	39,699	44,751	\$625,297	\$478,445	\$15.75	\$12.05	\$13.97	\$10.69
97018	104,343	106,486	\$815,414	\$637,553	\$7.81	\$6.11	\$7.66	\$5.99
97020	300	327	\$13,242	\$10,230	\$44.14	\$34.10	\$40.50	\$31.29
97022	334,396	363,494	\$5,638,351	\$4,363,933	\$16.86	\$13.05	\$15.51	\$12.01
97024	17,170	26,741	\$134,734	\$106,295	\$7.85	\$6.19	\$5.04	\$3.97
97026	2,476	3,256	\$14,593	\$10,977	\$5.89	\$4.43	\$4.48	\$3.37
97028	8,514	8,598	\$48,415	\$38,084	\$5.69	\$4.47	\$5.63	\$4.43
97039	57,040	70,354	\$834,764	\$645,886	\$14.63	\$11.32	\$11.87	\$9.18
97150	450,018	628,422	\$10,442,691	\$8,069,797	\$23.21	\$17.93	\$16.62	\$12.84
97601	281,035	305,249	\$14,736,805	\$11,550,561	\$52.44	\$41.10	\$48.28	\$37.84
G0193	1,066	1,125	\$173,135	\$122,343	\$162.42	\$114.77	\$153.90	\$108.75
G0194	288	310	\$31,289	\$20,604	\$108.64	\$71.54	\$100.93	\$66.46
G0195	25,921	28,335	\$3,679,778	\$2,672,423	\$141.96	\$103.10	\$129.87	\$94.32
G0196	69,392	75,300	\$8,980,196	\$6,128,543	\$129.41	\$88.32	\$119.26	\$81.39
G0197	1,019	1,204	\$155,063	\$116,749	\$152.17	\$114.57	\$128.79	\$96.97
G0198	2,109	2,539	\$195,634	\$155,961	\$92.76	\$73.95	\$77.05	\$61.43
G0199	164	176	\$18,969	\$15,004	\$115.67	\$91.49	\$107.78	\$85.25
G0200	1,643	1,734	\$232,518	\$174,080	\$141.52	\$105.95	\$134.09	\$100.39
G0201	3,422	3,845	\$308,437	\$236,209	\$90.13	\$69.03	\$80.22	\$61.43

Appendix D - Table 2.2: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Skilled Nursing Facility (SNF)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	3,867,241	8,398,055	\$279,699,212	\$222,161,165	\$72.33	\$57.45	\$33.31	\$26.45
29065	168	267	\$19,017	\$15,137	\$113.20	\$90.10	\$71.23	\$56.69
29075	93	118	\$7,725	\$6,165	\$83.06	\$66.29	\$65.46	\$52.25
29085	76	98	\$6,564	\$5,250	\$86.37	\$69.08	\$66.98	\$53.57
29105	681	751	\$55,830	\$44,439	\$81.98	\$65.26	\$74.34	\$59.17
29125	17,069	29,703	\$1,114,985	\$883,863	\$65.32	\$51.78	\$37.54	\$29.76
29126	2,273	2,778	\$196,625	\$156,260	\$86.50	\$68.75	\$70.78	\$56.25
29130	1,739	1,993	\$76,206	\$59,908	\$43.82	\$34.45	\$38.24	\$30.06
29131	470	536	\$24,923	\$19,725	\$53.03	\$41.97	\$46.50	\$36.80
29200	4	4	\$220	\$167	\$54.92	\$41.75	\$54.92	\$41.75
29220	61	79	\$4,140	\$3,312	\$67.87	\$54.29	\$52.40	\$41.92
29240	179	206	\$11,403	\$9,130	\$63.70	\$51.00	\$55.35	\$44.32
29260	138	165	\$8,441	\$6,727	\$61.17	\$48.75	\$51.16	\$40.77
29280	544	637	\$31,428	\$25,084	\$57.77	\$46.11	\$49.34	\$39.38
29345	15	15	\$955	\$764	\$63.65	\$50.92	\$63.65	\$50.92
29365	11	11	\$1,036	\$829	\$94.16	\$75.33	\$94.16	\$75.33
29405	54	65	\$4,445	\$3,584	\$82.31	\$66.37	\$68.38	\$55.14
29445	14	27	\$3,357	\$2,620	\$239.76	\$187.13	\$124.32	\$97.03
29505	1,343	1,449	\$104,123	\$83,378	\$77.53	\$62.08	\$71.86	\$57.54
29515	1,602	1,717	\$103,569	\$82,586	\$64.65	\$51.55	\$60.32	\$48.10
29520	225	491	\$29,802	\$24,086	\$132.45	\$107.05	\$60.70	\$49.05
29530	445	611	\$31,790	\$25,375	\$71.44	\$57.02	\$52.03	\$41.53
29540	220	263	\$8,898	\$7,093	\$40.45	\$32.24	\$33.83	\$26.97
29550	59	73	\$2,536	\$2,038	\$42.99	\$34.54	\$34.74	\$27.91
29580	2,908	3,289	\$146,667	\$116,926	\$50.44	\$40.21	\$44.59	\$35.55
29590	158	202	\$9,163	\$7,271	\$57.99	\$46.02	\$45.36	\$36.00
64550	3,870	4,182	\$115,096	\$91,789	\$29.74	\$23.72	\$27.52	\$21.95
90901	268	332	\$14,187	\$11,365	\$52.94	\$42.41	\$42.73	\$34.23
90911	112	121	\$7,448	\$5,954	\$66.50	\$53.16	\$61.55	\$49.20
92506	46,622	95,020	\$4,728,406	\$3,733,273	\$101.42	\$80.08	\$49.76	\$39.29
92507	426,591	701,554	\$34,843,813	\$27,809,769	\$81.68	\$65.19	\$49.67	\$39.64
92508	12,178	13,305	\$872,898	\$696,430	\$71.68	\$57.19	\$65.61	\$52.34
92510	640	704	\$90,095	\$71,846	\$140.77	\$112.26	\$127.98	\$102.05
92525	3,926	4,633	\$441,485	\$348,726	\$112.45	\$88.82	\$95.29	\$75.27
92526	1,390,996	2,806,896	\$117,117,661	\$93,374,212	\$84.20	\$67.13	\$41.72	\$33.27
95831	2,273	2,327	\$66,320	\$52,598	\$29.18	\$23.14	\$28.50	\$22.60
95832	310	370	\$10,987	\$8,736	\$35.44	\$28.18	\$29.70	\$23.61
95833	371	389	\$14,206	\$11,262	\$38.29	\$30.36	\$36.52	\$28.95
95834	358	372	\$17,570	\$13,968	\$49.08	\$39.02	\$47.23	\$37.55
95851	8,345	8,911	\$226,616	\$179,589	\$27.16	\$21.52	\$25.43	\$20.15
95852	6,206	6,830	\$155,493	\$123,172	\$25.06	\$19.85	\$22.77	\$18.03
96110	227	314	\$8,828	\$7,049	\$38.89	\$31.05	\$28.11	\$22.45

Appendix D - Table 2.2: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Skilled Nursing Facility (SNF) (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	528,024	1,903,435	\$38,704,304	\$30,568,985	\$73.30	\$57.89	\$20.33	\$16.06
97002	30,460	125,761	\$1,186,851	\$944,603	\$38.96	\$31.01	\$9.44	\$7.51
97003	385,571	744,068	\$29,580,265	\$23,341,870	\$76.72	\$60.54	\$39.75	\$31.37
97004	14,722	67,625	\$727,019	\$575,309	\$49.38	\$39.08	\$10.75	\$8.51
97010	20,996	42,823	\$6,964	\$5,310	\$0.33	\$0.25	\$0.16	\$0.12
97012	3,043	3,461	\$49,436	\$39,182	\$16.25	\$12.88	\$14.28	\$11.32
97014	190,502	232,069	\$3,151,746	\$2,508,712	\$16.54	\$13.17	\$13.58	\$10.81
97016	4,350	6,201	\$73,568	\$58,668	\$16.91	\$13.49	\$11.86	\$9.46
97018	21,813	22,848	\$168,475	\$133,358	\$7.72	\$6.11	\$7.37	\$5.84
97020	945	1,117	\$4,984	\$4,040	\$5.27	\$4.28	\$4.46	\$3.62
97022	52,901	122,010	\$995,342	\$794,295	\$18.82	\$15.01	\$8.16	\$6.51
97024	53,648	58,437	\$285,793	\$227,851	\$5.33	\$4.25	\$4.89	\$3.90
97026	26,425	28,642	\$118,262	\$94,503	\$4.48	\$3.58	\$4.13	\$3.30
97028	2,046	3,478	\$18,810	\$14,869	\$9.19	\$7.27	\$5.41	\$4.28
97039	11,665	17,924	\$200,257	\$160,407	\$17.17	\$13.75	\$11.17	\$8.95
97150	150,266	208,571	\$3,061,809	\$2,447,262	\$20.38	\$16.29	\$14.68	\$11.73
97601	228,565	372,136	\$12,909,643	\$10,323,786	\$56.48	\$45.17	\$34.69	\$27.74
G0193	665	849	\$115,314	\$90,440	\$173.41	\$136.00	\$135.82	\$106.53
G0194	100	107	\$13,319	\$10,561	\$133.19	\$105.61	\$124.47	\$98.70
G0195	198,722	735,423	\$26,752,235	\$21,017,462	\$134.62	\$105.76	\$36.38	\$28.58
G0196	1,902	2,137	\$234,437	\$186,079	\$123.26	\$97.83	\$109.70	\$87.07
G0197	1,361	1,565	\$158,730	\$125,554	\$116.63	\$92.25	\$101.42	\$80.23
G0198	3,715	4,322	\$338,008	\$269,881	\$90.98	\$72.65	\$78.21	\$62.44
G0199	157	166	\$17,821	\$14,271	\$113.51	\$90.90	\$107.36	\$85.97
G0200	90	109	\$14,099	\$11,193	\$156.66	\$124.37	\$129.35	\$102.69
G0201	745	963	\$76,766	\$61,261	\$103.04	\$82.23	\$79.72	\$63.61

Appendix D - Table 2.3: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Comprehensive Outpatient Rehabilitation Facility (CORF)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	627,465	673,951	\$18,673,355	\$14,753,481	\$29.76	\$23.51	\$27.71	\$21.89
29065	1	1	\$68	\$54	\$67.88	\$54.30	\$67.88	\$54.30
29075	15	17	\$938	\$751	\$62.56	\$50.05	\$55.20	\$44.16
29085	26	28	\$1,889	\$1,434	\$72.67	\$55.16	\$67.48	\$51.22
29105	36	37	\$2,577	\$1,979	\$71.57	\$54.97	\$69.64	\$53.49
29125	332	377	\$20,512	\$16,168	\$61.78	\$48.70	\$54.41	\$42.89
29126	28	30	\$2,190	\$1,751	\$78.20	\$62.52	\$72.99	\$58.35
29130	74	94	\$3,299	\$2,605	\$44.58	\$35.20	\$35.10	\$27.71
29131	7	9	\$567	\$453	\$80.98	\$64.78	\$62.98	\$50.39
29200	1	1	\$55	\$44	\$54.92	\$43.94	\$54.92	\$43.94
29220	8	8	\$400	\$320	\$50.00	\$40.00	\$50.00	\$40.00
29240	45	46	\$2,762	\$2,209	\$61.37	\$49.10	\$60.04	\$48.03
29260	26	27	\$965	\$772	\$37.13	\$29.70	\$35.76	\$28.60
29280	17	18	\$889	\$711	\$52.28	\$41.82	\$49.38	\$39.50
29345	2	2	\$208	\$166	\$103.99	\$83.19	\$103.99	\$83.19
29365	3	3	\$273	\$219	\$91.11	\$72.89	\$91.11	\$72.89
29405	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29445	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29505	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29515	2	3	\$162	\$129	\$80.92	\$64.74	\$53.95	\$43.16
29520	1	1	\$63	\$51	\$63.41	\$50.73	\$63.41	\$50.73
29530	152	161	\$6,579	\$5,129	\$43.28	\$33.74	\$40.86	\$31.86
29540	90	90	\$2,862	\$2,284	\$31.80	\$25.38	\$31.80	\$25.38
29550	1	1	\$30	\$24	\$30.00	\$24.00	\$30.00	\$24.00
29580	254	262	\$11,590	\$9,125	\$45.63	\$35.92	\$44.24	\$34.83
29590	0	0	\$0	\$0	N/A	N/A	N/A	N/A
64550	7,032	7,095	\$199,614	\$159,125	\$28.39	\$22.63	\$28.13	\$22.43
90901	177	180	\$8,329	\$6,660	\$47.06	\$37.63	\$46.27	\$37.00
90911	147	169	\$10,234	\$8,142	\$69.62	\$55.39	\$60.55	\$48.18
92506	2,479	2,799	\$254,369	\$198,440	\$102.61	\$80.05	\$90.88	\$70.90
92507	30,207	37,465	\$2,526,442	\$2,000,064	\$83.64	\$66.21	\$67.43	\$53.38
92508	407	508	\$27,090	\$21,524	\$66.56	\$52.88	\$53.33	\$42.37
92510	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92525	109	128	\$10,360	\$8,265	\$95.04	\$75.82	\$80.94	\$64.57
92526	15,921	16,878	\$1,254,564	\$997,925	\$78.80	\$62.68	\$74.33	\$59.13
95831	1,532	1,580	\$47,979	\$38,163	\$31.32	\$24.91	\$30.37	\$24.15
95832	388	390	\$11,216	\$8,970	\$28.91	\$23.12	\$28.76	\$23.00
95833	33	33	\$1,436	\$1,149	\$43.50	\$34.80	\$43.50	\$34.80
95834	35	33	\$1,428	\$1,144	\$40.81	\$32.69	\$43.28	\$34.67
95851	1,427	1,482	\$42,015	\$31,069	\$29.44	\$21.77	\$28.35	\$20.96
95852	298	302	\$6,217	\$4,968	\$20.86	\$16.67	\$20.59	\$16.45
96110	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 2.3: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Comprehensive Outpatient Rehabilitation Facility (CORF) (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	76,307	89,672	\$5,482,238	\$4,315,174	\$71.84	\$56.55	\$61.14	\$48.12
97002	7,830	7,986	\$303,571	\$222,834	\$38.77	\$28.46	\$38.01	\$27.90
97003	26,755	28,987	\$2,004,881	\$1,582,432	\$74.93	\$59.15	\$69.16	\$54.59
97004	1,237	1,267	\$55,429	\$43,887	\$44.81	\$35.48	\$43.75	\$34.64
97010	29,915	37,005	\$15	\$12	\$0.00	\$0.00	\$0.00	\$0.00
97012	9,841	10,082	\$142,981	\$111,856	\$14.53	\$11.37	\$14.18	\$11.09
97014	357,693	369,257	\$5,142,946	\$4,088,551	\$14.38	\$11.43	\$13.93	\$11.07
97016	2,418	2,625	\$30,812	\$24,333	\$12.74	\$10.06	\$11.74	\$9.27
97018	22,856	22,855	\$170,180	\$135,632	\$7.45	\$5.93	\$7.45	\$5.93
97020	1	1	\$4	\$3	\$3.96	\$3.17	\$3.96	\$3.17
97022	9,219	9,396	\$147,557	\$116,842	\$16.01	\$12.67	\$15.70	\$12.44
97024	705	706	\$2,983	\$2,384	\$4.23	\$3.38	\$4.23	\$3.38
97026	1,125	1,151	\$5,061	\$4,042	\$4.50	\$3.59	\$4.40	\$3.51
97028	9	9	\$55	\$44	\$6.14	\$4.90	\$6.14	\$4.90
97039	1,267	1,310	\$15,569	\$12,321	\$12.29	\$9.72	\$11.88	\$9.41
97150	12,310	14,495	\$249,729	\$197,993	\$20.29	\$16.08	\$17.23	\$13.66
97601	4,843	5,019	\$230,860	\$182,501	\$47.67	\$37.68	\$46.00	\$36.36
G0193	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0194	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0195	1,529	1,564	\$194,718	\$153,896	\$127.35	\$100.65	\$124.50	\$98.40
G0196	195	196	\$23,282	\$18,543	\$119.39	\$95.09	\$118.79	\$94.61
G0197	43	52	\$6,306	\$5,018	\$146.65	\$116.69	\$121.27	\$96.50
G0198	43	47	\$2,959	\$2,368	\$68.82	\$55.06	\$62.97	\$50.38
G0199	4	4	\$407	\$315	\$101.70	\$78.81	\$101.70	\$78.81
G0200	2	2	\$258	\$207	\$129.15	\$103.32	\$129.15	\$103.32
G0201	5	5	\$382	\$306	\$76.42	\$61.14	\$76.42	\$61.14

Appendix D - Table 2.4: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Outpatient Rehabilitation Facility (ORF)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	3,291,089	5,122,999	\$92,376,300	\$71,517,146	\$28.07	\$21.73	\$18.03	\$13.96
29065	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29075	18	18	\$885	\$701	\$49.17	\$38.95	\$49.17	\$38.95
29085	20	20	\$1,588	\$1,134	\$79.39	\$56.72	\$79.39	\$56.72
29105	149	170	\$9,573	\$7,563	\$64.25	\$50.76	\$56.31	\$44.49
29125	1,919	2,473	\$103,123	\$81,442	\$53.74	\$42.44	\$41.70	\$32.93
29126	134	141	\$10,864	\$7,354	\$81.07	\$54.88	\$77.05	\$52.15
29130	531	560	\$18,999	\$15,012	\$35.78	\$28.27	\$33.93	\$26.81
29131	85	86	\$3,975	\$3,014	\$46.76	\$35.46	\$46.22	\$35.05
29200	62	63	\$3,053	\$2,442	\$49.24	\$39.39	\$48.46	\$38.77
29220	120	120	\$5,160	\$4,094	\$43.00	\$34.11	\$43.00	\$34.11
29240	638	641	\$29,334	\$23,350	\$45.98	\$36.60	\$45.76	\$36.43
29260	298	300	\$15,425	\$12,233	\$51.76	\$41.05	\$51.42	\$40.78
29280	301	333	\$16,478	\$12,645	\$54.74	\$42.01	\$49.48	\$37.97
29345	3	3	\$310	\$248	\$103.43	\$82.74	\$103.43	\$82.74
29365	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29405	3	3	\$134	\$108	\$44.82	\$35.85	\$44.82	\$35.85
29445	9	9	\$1,093	\$874	\$121.45	\$97.15	\$121.45	\$97.15
29505	14	18	\$1,010	\$807	\$72.17	\$57.64	\$56.13	\$44.83
29515	13	19	\$866	\$694	\$66.61	\$53.40	\$45.58	\$36.54
29520	62	62	\$2,563	\$2,051	\$41.33	\$33.08	\$41.33	\$33.08
29530	688	718	\$34,128	\$26,525	\$49.61	\$38.55	\$47.53	\$36.94
29540	707	705	\$22,353	\$17,869	\$31.62	\$25.27	\$31.71	\$25.35
29550	80	80	\$2,345	\$1,876	\$29.32	\$23.45	\$29.32	\$23.45
29580	630	644	\$28,014	\$22,534	\$44.47	\$35.77	\$43.50	\$34.99
29590	6	6	\$167	\$134	\$27.91	\$22.33	\$27.91	\$22.33
64550	10,028	10,190	\$283,427	\$224,331	\$28.26	\$22.37	\$27.81	\$22.01
90901	4,323	4,855	\$190,112	\$150,936	\$43.98	\$34.91	\$39.16	\$31.09
90911	1,941	2,016	\$121,455	\$96,255	\$62.57	\$49.59	\$60.25	\$47.75
92506	8,020	9,186	\$785,041	\$619,530	\$97.89	\$77.25	\$85.46	\$67.44
92507	82,276	115,672	\$6,901,710	\$5,484,974	\$83.88	\$66.67	\$59.67	\$47.42
92508	1,178	1,272	\$92,769	\$74,298	\$78.75	\$63.07	\$72.93	\$58.41
92510	147	149	\$19,434	\$14,911	\$132.20	\$101.44	\$130.43	\$100.07
92525	292	372	\$33,495	\$26,757	\$114.71	\$91.63	\$90.04	\$71.93
92526	68,179	84,985	\$5,379,038	\$4,288,149	\$78.90	\$62.90	\$63.29	\$50.46
95831	13,900	14,480	\$439,547	\$344,368	\$31.62	\$24.77	\$30.36	\$23.78
95832	692	10,708	\$21,210	\$15,946	\$30.65	\$23.04	\$1.98	\$1.49
95833	340	330	\$12,120	\$9,685	\$35.65	\$28.48	\$36.73	\$29.35
95834	265	263	\$11,315	\$9,050	\$42.70	\$34.15	\$43.02	\$34.41
95851	26,297	26,780	\$700,611	\$546,696	\$26.64	\$20.79	\$26.16	\$20.41
95852	4,205	4,271	\$94,935	\$72,651	\$22.58	\$17.28	\$22.23	\$17.01
96110	4	5	\$210	\$168	\$52.50	\$42.00	\$42.00	\$33.60

Appendix D - Table 2.4: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Outpatient Rehabilitation Facility (ORF) (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	508,277	1,074,288	\$35,721,271	\$27,494,594	\$70.28	\$54.09	\$33.25	\$25.59
97002	122,465	154,344	\$4,528,840	\$3,478,285	\$36.98	\$28.40	\$29.34	\$22.54
97003	75,566	643,303	\$5,450,322	\$4,276,730	\$72.13	\$56.60	\$8.47	\$6.65
97004	16,217	26,715	\$765,812	\$606,872	\$47.22	\$37.42	\$28.67	\$22.72
97010	447,425	488,914	\$15,113	\$11,458	\$0.03	\$0.03	\$0.03	\$0.02
97012	145,187	230,154	\$2,360,788	\$1,577,189	\$16.26	\$10.86	\$10.26	\$6.85
97014	1,274,422	1,579,734	\$18,454,793	\$14,390,060	\$14.48	\$11.29	\$11.68	\$9.11
97016	18,247	31,260	\$233,318	\$184,283	\$12.79	\$10.10	\$7.46	\$5.90
97018	67,538	68,978	\$496,133	\$392,092	\$7.35	\$5.81	\$7.19	\$5.68
97020	636	636	\$2,528	\$1,982	\$3.98	\$3.12	\$3.98	\$3.12
97022	88,008	116,529	\$1,489,916	\$1,136,533	\$16.93	\$12.91	\$12.79	\$9.75
97024	11,868	12,068	\$53,869	\$42,643	\$4.54	\$3.59	\$4.46	\$3.53
97026	6,714	10,510	\$44,874	\$35,660	\$6.68	\$5.31	\$4.27	\$3.39
97028	56	69	\$360	\$280	\$6.43	\$4.99	\$5.22	\$4.05
97039	19,707	30,549	\$226,213	\$177,299	\$11.48	\$9.00	\$7.40	\$5.80
97150	222,145	315,039	\$4,152,107	\$3,278,826	\$18.69	\$14.76	\$13.18	\$10.41
97601	26,309	33,201	\$1,485,966	\$1,033,977	\$56.48	\$39.30	\$44.76	\$31.14
G0193	22	23	\$4,175	\$3,270	\$189.79	\$148.61	\$181.54	\$142.15
G0194	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0195	9,671	11,260	\$1,237,328	\$969,928	\$127.94	\$100.29	\$109.89	\$86.14
G0196	997	1,116	\$121,888	\$97,237	\$122.26	\$97.53	\$109.22	\$87.13
G0197	154	428	\$46,951	\$36,677	\$304.88	\$238.16	\$109.70	\$85.69
G0198	698	915	\$67,882	\$53,665	\$97.25	\$76.88	\$74.19	\$58.65
G0199	34	39	\$3,696	\$2,877	\$108.72	\$84.62	\$94.78	\$73.77
G0200	35	36	\$4,339	\$3,378	\$123.98	\$96.51	\$120.54	\$93.83
G0201	114	165	\$9,947	\$7,940	\$87.25	\$69.65	\$60.28	\$48.12

Appendix D - Table 2.5: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Home Health Agency (HHA)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	22,010	162,060	\$1,393,917	\$1,109,229	\$63.33	\$50.40	\$8.60	\$6.84
29065	22	22	\$2,290	\$1,717	\$104.10	\$78.06	\$104.10	\$78.06
29075	20	20	\$1,148	\$866	\$57.41	\$43.30	\$57.41	\$43.30
29085	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29105	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29125	20	29	\$1,780	\$1,371	\$89.00	\$68.53	\$61.38	\$47.26
29126	25	25	\$1,224	\$936	\$48.97	\$37.43	\$48.97	\$37.43
29130	3	3	\$142	\$106	\$47.23	\$35.41	\$47.23	\$35.41
29131	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29200	1	1	\$54	\$43	\$53.87	\$43.10	\$53.87	\$43.10
29220	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29240	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29260	18	27	\$995	\$796	\$55.25	\$44.20	\$36.83	\$29.47
29280	25	63	\$2,435	\$1,948	\$97.38	\$77.90	\$38.64	\$30.91
29345	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29365	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29405	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29445	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29505	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29515	6	6	\$448	\$339	\$74.63	\$56.54	\$74.63	\$56.54
29520	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29530	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29540	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29550	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29580	2	2	\$83	\$64	\$41.50	\$32.13	\$41.50	\$32.13
29590	0	0	\$0	\$0	N/A	N/A	N/A	N/A
64550	3,966	3,999	\$81,150	\$64,552	\$20.46	\$16.28	\$20.29	\$16.14
90901	1	1	\$25	\$20	\$25.20	\$20.16	\$25.20	\$20.16
90911	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92506	518	976	\$52,501	\$41,978	\$101.35	\$81.04	\$53.79	\$43.01
92507	4,189	27,936	\$383,111	\$305,106	\$91.46	\$72.84	\$13.71	\$10.92
92508	1	2	\$58	\$46	\$57.52	\$46.00	\$28.76	\$23.00
92510	17	38	\$2,054	\$1,643	\$120.80	\$96.64	\$54.04	\$43.23
92525	67	101	\$7,191	\$5,753	\$107.33	\$85.86	\$71.20	\$56.96
92526	2,661	3,223	\$174,285	\$138,991	\$65.50	\$52.23	\$54.08	\$43.12
95831	144	150	\$3,569	\$2,838	\$24.78	\$19.71	\$23.79	\$18.92
95832	10	11	\$284	\$226	\$28.41	\$22.62	\$25.83	\$20.57
95833	19	19	\$391	\$313	\$20.58	\$16.46	\$20.58	\$16.46
95834	9	10	\$380	\$304	\$42.25	\$33.80	\$38.03	\$30.42
95851	281	309	\$6,808	\$5,435	\$24.23	\$19.34	\$22.03	\$17.59
95852	56	61	\$1,238	\$988	\$22.10	\$17.65	\$20.29	\$16.20
96110	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 2.5: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Home Health Agency (HHA) (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	5,273	88,328	\$399,876	\$318,323	\$75.83	\$60.37	\$4.53	\$3.60
97002	1,365	11,672	\$58,240	\$45,931	\$42.67	\$33.65	\$4.99	\$3.94
97003	1,651	2,939	\$137,826	\$109,791	\$83.48	\$66.50	\$46.90	\$37.36
97004	323	20,538	\$20,699	\$16,340	\$64.08	\$50.59	\$1.01	\$0.80
97010	39	51	\$139	\$111	\$3.56	\$2.84	\$2.72	\$2.17
97012	61	61	\$870	\$693	\$14.27	\$11.35	\$14.27	\$11.35
97014	201	226	\$3,098	\$2,477	\$15.41	\$12.32	\$13.71	\$10.96
97016	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97018	206	211	\$1,119	\$887	\$5.43	\$4.31	\$5.30	\$4.21
97020	10	20	\$66	\$53	\$6.60	\$5.28	\$3.30	\$2.64
97022	63	83	\$1,165	\$916	\$18.49	\$14.53	\$14.03	\$11.03
97024	19	25	\$103	\$83	\$5.43	\$4.35	\$4.13	\$3.30
97026	9	10	\$34	\$27	\$3.80	\$3.04	\$3.42	\$2.74
97028	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97039	143	162	\$1,511	\$1,208	\$10.57	\$8.45	\$9.33	\$7.46
97150	6	7	\$116	\$93	\$19.29	\$15.44	\$16.54	\$13.23
97601	277	338	\$13,118	\$10,412	\$47.36	\$37.59	\$38.81	\$30.80
G0193	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0194	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0195	265	330	\$30,699	\$24,229	\$115.85	\$91.43	\$93.03	\$73.42
G0196	2	2	\$269	\$215	\$134.38	\$107.50	\$134.38	\$107.50
G0197	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0198	11	11	\$849	\$679	\$77.15	\$61.72	\$77.15	\$61.72
G0199	2	9	\$250	\$200	\$125.00	\$100.00	\$27.78	\$22.22
G0200	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0201	3	3	\$228	\$183	\$76.16	\$60.93	\$76.16	\$60.93

Appendix D - Table 3: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Non-Institutional Settings

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	7,272,815	7,437,868	\$194,653,600	\$153,911,556	\$26.76	\$21.16	\$26.17	\$20.69
29065	12,023	12,026	\$847,840	\$665,402	\$70.52	\$55.34	\$70.50	\$55.33
29075	60,963	61,002	\$4,035,192	\$3,172,767	\$66.19	\$52.04	\$66.15	\$52.01
29085	4,679	4,680	\$327,680	\$255,716	\$70.03	\$54.65	\$70.02	\$54.64
29105	13,447	13,449	\$812,117	\$637,082	\$60.39	\$47.38	\$60.38	\$47.37
29125	49,778	49,867	\$2,159,103	\$1,698,662	\$43.37	\$34.12	\$43.30	\$34.06
29126	1,342	1,343	\$79,941	\$63,288	\$59.57	\$47.16	\$59.52	\$47.12
29130	9,823	9,860	\$274,238	\$216,756	\$27.92	\$22.07	\$27.81	\$21.98
29131	770	771	\$24,729	\$19,626	\$32.12	\$25.49	\$32.07	\$25.45
29200	456	468	\$18,123	\$14,187	\$39.74	\$31.11	\$38.72	\$30.31
29220	1,500	1,513	\$74,206	\$58,815	\$49.47	\$39.21	\$49.05	\$38.87
29240	4,951	4,981	\$231,912	\$183,877	\$46.84	\$37.14	\$46.56	\$36.92
29260	3,897	3,907	\$144,188	\$113,881	\$37.00	\$29.22	\$36.90	\$29.15
29280	2,925	2,932	\$106,481	\$84,738	\$36.40	\$28.97	\$36.32	\$28.90
29345	3,817	3,817	\$383,698	\$297,975	\$100.52	\$78.07	\$100.52	\$78.07
29365	1,422	1,422	\$128,819	\$100,735	\$90.59	\$70.84	\$90.59	\$70.84
29405	42,163	42,182	\$2,883,155	\$2,260,611	\$68.38	\$53.62	\$68.35	\$53.59
29445	8,006	8,009	\$982,833	\$758,986	\$122.76	\$94.80	\$122.72	\$94.77
29505	5,846	5,848	\$267,835	\$211,836	\$45.82	\$36.24	\$45.80	\$36.22
29515	32,073	32,167	\$1,529,863	\$1,200,012	\$47.70	\$37.42	\$47.56	\$37.31
29520	892	899	\$32,332	\$25,815	\$36.25	\$28.94	\$35.96	\$28.72
29530	6,710	6,774	\$263,300	\$208,272	\$39.24	\$31.04	\$38.87	\$30.75
29540	201,887	202,473	\$5,809,384	\$4,594,866	\$28.78	\$22.76	\$28.69	\$22.69
29550	75,779	75,964	\$2,090,424	\$1,656,365	\$27.59	\$21.86	\$27.52	\$21.80
29580	365,866	367,826	\$14,973,709	\$11,833,244	\$40.93	\$32.34	\$40.71	\$32.17
29590	5,952	6,015	\$238,258	\$186,534	\$40.03	\$31.34	\$39.61	\$31.01
64550	18,436	19,636	\$448,383	\$356,943	\$24.32	\$19.36	\$22.83	\$18.18
90901	13,857	14,368	\$663,103	\$526,784	\$47.85	\$38.02	\$46.15	\$36.66
90911	25,739	26,025	\$1,654,134	\$1,309,238	\$64.27	\$50.87	\$63.56	\$50.31
92506	12,652	12,700	\$1,114,034	\$879,620	\$88.05	\$69.52	\$87.72	\$69.26
92507	15,060	15,175	\$1,104,411	\$874,468	\$73.33	\$58.07	\$72.78	\$57.63
92508	1,290	1,295	\$86,068	\$68,527	\$66.72	\$53.12	\$66.46	\$52.92
92510	5,762	5,907	\$739,038	\$558,765	\$128.26	\$96.97	\$125.11	\$94.59
92525	2	2	\$1	\$1	\$0.51	\$0.41	\$0.51	\$0.41
92526	9,728	9,803	\$744,493	\$593,941	\$76.53	\$61.05	\$75.95	\$60.59
95831	15,950	18,410	\$504,180	\$401,319	\$31.61	\$25.16	\$27.39	\$21.80
95832	1,881	2,093	\$50,089	\$39,861	\$26.63	\$21.19	\$23.93	\$19.05
95833	1,245	1,250	\$47,410	\$37,538	\$38.08	\$30.15	\$37.93	\$30.03
95834	962	997	\$40,093	\$31,594	\$41.68	\$32.84	\$40.21	\$31.69
95851	27,985	32,517	\$795,328	\$632,945	\$28.42	\$22.62	\$24.46	\$19.47
95852	10,481	10,514	\$193,325	\$154,433	\$18.45	\$14.73	\$18.39	\$14.69
96110	58	58	\$2,405	\$1,801	\$41.47	\$31.06	\$41.47	\$31.06

Appendix D - Table 3: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Non-Institutional Settings (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	903,352	911,303	\$60,340,587	\$47,365,744	\$66.80	\$52.43	\$66.21	\$51.98
97002	166,092	166,884	\$5,862,828	\$4,641,826	\$35.30	\$27.95	\$35.13	\$27.81
97003	50,914	51,998	\$3,537,599	\$2,787,771	\$69.48	\$54.75	\$68.03	\$53.61
97004	49,715	50,081	\$1,829,561	\$1,460,041	\$36.80	\$29.37	\$36.53	\$29.15
97010	10	79	\$163	\$128	\$16.27	\$12.76	\$2.06	\$1.61
97012	363,933	369,134	\$4,919,557	\$3,916,460	\$13.52	\$10.76	\$13.33	\$10.61
97014	3,940,198	3,978,709	\$57,081,531	\$45,504,341	\$14.49	\$11.55	\$14.35	\$11.44
97016	54,884	69,959	\$781,132	\$622,396	\$14.23	\$11.34	\$11.17	\$8.90
97018	76,241	77,294	\$531,369	\$424,369	\$6.97	\$5.57	\$6.87	\$5.49
97020	383	412	\$1,617	\$1,289	\$4.22	\$3.37	\$3.92	\$3.13
97022	232,429	235,034	\$3,839,497	\$3,055,797	\$16.52	\$13.15	\$16.34	\$13.00
97024	84,448	86,959	\$390,951	\$312,217	\$4.63	\$3.70	\$4.50	\$3.59
97026	55,487	58,835	\$263,213	\$210,191	\$4.74	\$3.79	\$4.47	\$3.57
97028	1,526	1,526	\$8,481	\$6,767	\$5.56	\$4.43	\$5.56	\$4.43
97039	35,632	77,870	\$766,319	\$611,202	\$21.51	\$17.15	\$9.84	\$7.85
97150	87,662	112,531	\$1,969,948	\$1,570,349	\$22.47	\$17.91	\$17.51	\$13.95
97601	74,759	81,215	\$3,596,324	\$2,841,611	\$48.11	\$38.01	\$44.28	\$34.99
G0193	1,725	1,725	\$280,210	\$222,504	\$162.44	\$128.99	\$162.44	\$128.99
G0194	744	744	\$78,925	\$63,025	\$106.08	\$84.71	\$106.08	\$84.71
G0195	4,002	4,006	\$492,816	\$391,026	\$123.14	\$97.71	\$123.02	\$97.61
G0196	8,338	8,338	\$954,572	\$747,482	\$114.48	\$89.65	\$114.48	\$89.65
G0197	46	46	\$5,211	\$4,030	\$113.28	\$87.60	\$113.28	\$87.60
G0198	41	41	\$3,253	\$2,602	\$79.33	\$63.47	\$79.33	\$63.47
G0199	81	81	\$8,247	\$6,067	\$101.82	\$74.91	\$101.82	\$74.91
G0200	973	973	\$118,414	\$88,192	\$121.70	\$90.64	\$121.70	\$90.64
G0201	1,145	1,146	\$85,425	\$66,305	\$74.61	\$57.91	\$74.54	\$57.86

Appendix D - Table 3.1: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Physical Therapist in Private Practice (PTPP)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	3,456,824	3,510,625	\$88,131,165	\$69,658,600	\$25.49	\$20.15	\$25.10	\$19.84
29065	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29075	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29085	1	1	\$40	\$32	\$40.00	\$32.00	\$40.00	\$32.00
29105	1	1	\$64	\$52	\$64.43	\$51.54	\$64.43	\$51.54
29125	19	19	\$954	\$723	\$50.21	\$38.03	\$50.21	\$38.03
29126	1	1	\$76	\$61	\$76.46	\$61.17	\$76.46	\$61.17
29130	4	4	\$138	\$110	\$34.49	\$27.59	\$34.49	\$27.59
29131	1	1	\$43	\$35	\$43.25	\$34.60	\$43.25	\$34.60
29200	10	10	\$405	\$324	\$40.54	\$32.43	\$40.54	\$32.43
29220	25	25	\$1,138	\$906	\$45.52	\$36.24	\$45.52	\$36.24
29240	130	130	\$5,482	\$4,364	\$42.17	\$33.57	\$42.17	\$33.57
29260	46	46	\$1,367	\$1,093	\$29.71	\$23.77	\$29.71	\$23.77
29280	17	17	\$432	\$345	\$25.38	\$20.31	\$25.38	\$20.31
29345	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29365	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29405	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29445	19	19	\$2,301	\$1,821	\$121.13	\$95.85	\$121.13	\$95.85
29505	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29515	2	2	\$78	\$63	\$39.24	\$31.39	\$39.24	\$31.39
29520	11	11	\$288	\$230	\$26.18	\$20.94	\$26.18	\$20.94
29530	138	138	\$4,338	\$3,456	\$31.43	\$25.05	\$31.43	\$25.05
29540	279	280	\$7,911	\$6,264	\$28.36	\$22.45	\$28.25	\$22.37
29550	204	204	\$4,090	\$3,245	\$20.05	\$15.91	\$20.05	\$15.91
29580	1,542	1,559	\$63,838	\$50,829	\$41.40	\$32.96	\$40.95	\$32.60
29590	19	19	\$214	\$171	\$11.26	\$9.01	\$11.26	\$9.01
64550	2,887	3,137	\$61,386	\$49,018	\$21.26	\$16.98	\$19.57	\$15.63
90901	1,607	1,625	\$69,267	\$55,330	\$43.10	\$34.43	\$42.63	\$34.05
90911	856	939	\$57,441	\$45,531	\$67.10	\$53.19	\$61.17	\$48.49
92506	27	29	\$2,475	\$1,847	\$91.66	\$68.42	\$85.34	\$63.70
92507	629	642	\$41,585	\$33,104	\$66.11	\$52.63	\$64.77	\$51.56
92508	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92510	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92525	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92526	309	312	\$19,701	\$15,703	\$63.76	\$50.82	\$63.14	\$50.33
95831	2,865	2,959	\$81,488	\$64,835	\$28.44	\$22.63	\$27.54	\$21.91
95832	161	170	\$4,527	\$3,601	\$28.12	\$22.37	\$26.63	\$21.18
95833	113	116	\$4,374	\$3,461	\$38.71	\$30.63	\$37.70	\$29.84
95834	23	23	\$848	\$668	\$36.86	\$29.03	\$36.86	\$29.03
95851	7,338	7,466	\$187,106	\$148,875	\$25.50	\$20.29	\$25.06	\$19.94
95852	253	253	\$4,594	\$3,624	\$18.16	\$14.32	\$18.16	\$14.32
96110	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 3.1: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Physical Therapist in Private Practice (PTPP) (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	671,790	678,807	\$44,664,148	\$35,053,314	\$66.49	\$52.18	\$65.80	\$51.64
97002	130,849	131,451	\$4,588,720	\$3,630,820	\$35.07	\$27.75	\$34.91	\$27.62
97003	2,040	2,147	\$138,796	\$109,780	\$68.04	\$53.81	\$64.65	\$51.13
97004	376	380	\$17,421	\$13,901	\$46.33	\$36.97	\$45.85	\$36.58
97010	8	77	\$126	\$93	\$15.70	\$11.68	\$1.63	\$1.21
97012	182,241	184,582	\$2,435,303	\$1,938,180	\$13.36	\$10.64	\$13.19	\$10.50
97014	2,218,078	2,240,397	\$31,541,944	\$25,133,308	\$14.22	\$11.33	\$14.08	\$11.22
97016	13,663	14,400	\$168,174	\$133,779	\$12.31	\$9.79	\$11.68	\$9.29
97018	19,023	19,335	\$130,370	\$104,164	\$6.85	\$5.48	\$6.74	\$5.39
97020	9	9	\$37	\$30	\$4.13	\$3.30	\$4.13	\$3.30
97022	81,316	82,524	\$1,330,179	\$1,058,799	\$16.36	\$13.02	\$16.12	\$12.83
97024	16,732	16,903	\$71,833	\$57,368	\$4.29	\$3.43	\$4.25	\$3.39
97026	12,369	12,768	\$55,068	\$43,993	\$4.45	\$3.56	\$4.31	\$3.45
97028	306	306	\$1,634	\$1,305	\$5.34	\$4.26	\$5.34	\$4.26
97039	9,001	9,874	\$99,057	\$79,003	\$11.01	\$8.78	\$10.03	\$8.00
97150	61,171	72,756	\$1,274,125	\$1,015,762	\$20.83	\$16.61	\$17.51	\$13.96
97601	18,314	23,748	\$986,121	\$785,184	\$53.85	\$42.87	\$41.52	\$33.06
G0193	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0194	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0195	1	3	\$120	\$96	\$120.00	\$96.00	\$40.00	\$32.00
G0196	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0197	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0198	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0199	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0200	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0201	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 3.2: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Occupational Therapist in Private Practice (OTPP)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	138,378	141,728	\$4,359,820	\$3,456,280	\$31.51	\$24.98	\$30.76	\$24.39
29065	1	1	\$67	\$53	\$66.85	\$53.48	\$66.85	\$53.48
29075	2	2	\$120	\$76	\$60.21	\$37.97	\$60.21	\$37.97
29085	2	2	\$112	\$90	\$56.00	\$44.80	\$56.00	\$44.80
29105	3	3	\$219	\$169	\$72.86	\$56.28	\$72.86	\$56.28
29125	159	162	\$8,068	\$6,340	\$50.74	\$39.87	\$49.80	\$39.13
29126	9	9	\$513	\$410	\$56.97	\$45.57	\$56.97	\$45.57
29130	58	58	\$1,961	\$1,540	\$33.81	\$26.55	\$33.81	\$26.55
29131	26	26	\$1,212	\$969	\$46.60	\$37.27	\$46.60	\$37.27
29200	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29220	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29240	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29260	2	2	\$101	\$81	\$50.33	\$40.26	\$50.33	\$40.26
29280	6	6	\$321	\$256	\$53.43	\$42.75	\$53.43	\$42.75
29345	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29365	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29405	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29445	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29505	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29515	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29520	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29530	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29540	0	0	\$0	\$0	N/A	N/A	N/A	N/A
29550	19	19	\$190	\$152	\$10.00	\$8.00	\$10.00	\$8.00
29580	46	46	\$1,755	\$1,404	\$38.15	\$30.52	\$38.15	\$30.52
29590	0	0	\$0	\$0	N/A	N/A	N/A	N/A
64550	36	42	\$1,108	\$886	\$30.77	\$24.61	\$26.37	\$21.10
90901	864	865	\$39,900	\$31,854	\$46.18	\$36.87	\$46.13	\$36.82
90911	28	56	\$1,961	\$1,569	\$70.04	\$56.03	\$35.02	\$28.02
92506	39	39	\$3,283	\$2,568	\$84.19	\$65.85	\$84.19	\$65.85
92507	88	88	\$5,689	\$4,534	\$64.64	\$51.52	\$64.64	\$51.52
92508	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92510	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92525	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92526	219	219	\$15,443	\$12,300	\$70.51	\$56.17	\$70.51	\$56.17
95831	13	14	\$412	\$330	\$31.71	\$25.37	\$29.45	\$23.56
95832	45	45	\$1,150	\$908	\$25.56	\$20.18	\$25.56	\$20.18
95833	1	1	\$28	\$22	\$27.72	\$22.18	\$27.72	\$22.18
95834	1	1	\$41	\$32	\$40.58	\$32.46	\$40.58	\$32.46
95851	127	129	\$3,045	\$2,428	\$23.97	\$19.12	\$23.60	\$18.82
95852	594	596	\$12,136	\$9,696	\$20.43	\$16.32	\$20.36	\$16.27
96110	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 3.2: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Occupational Therapist in Private Practice (OTPP) (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	1,470	1,480	\$93,126	\$73,631	\$63.35	\$50.09	\$62.92	\$49.75
97002	234	236	\$8,144	\$6,428	\$34.80	\$27.47	\$34.51	\$27.24
97003	31,855	32,692	\$2,226,129	\$1,756,053	\$69.88	\$55.13	\$68.09	\$53.72
97004	19,917	20,010	\$754,239	\$601,566	\$37.87	\$30.20	\$37.69	\$30.06
97010	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97012	422	422	\$5,317	\$4,222	\$12.60	\$10.00	\$12.60	\$10.00
97014	42,872	44,555	\$630,054	\$502,745	\$14.70	\$11.73	\$14.14	\$11.28
97016	1,372	1,670	\$19,027	\$15,213	\$13.87	\$11.09	\$11.39	\$9.11
97018	11,693	11,731	\$81,111	\$64,783	\$6.94	\$5.54	\$6.91	\$5.52
97020	47	47	\$220	\$176	\$4.69	\$3.75	\$4.69	\$3.75
97022	21,051	21,180	\$342,789	\$272,904	\$16.28	\$12.96	\$16.18	\$12.89
97024	811	842	\$3,734	\$2,990	\$4.60	\$3.69	\$4.43	\$3.55
97026	240	240	\$1,172	\$938	\$4.88	\$3.91	\$4.88	\$3.91
97028	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97039	1,902	1,922	\$19,545	\$15,596	\$10.28	\$8.20	\$10.17	\$8.11
97150	675	826	\$14,291	\$11,408	\$21.17	\$16.90	\$17.30	\$13.81
97601	1,427	1,442	\$61,842	\$48,761	\$43.34	\$34.17	\$42.89	\$33.81
G0193	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0194	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0195	1	1	\$124	\$99	\$123.65	\$98.92	\$123.65	\$98.92
G0196	1	1	\$124	\$99	\$123.65	\$98.92	\$123.65	\$98.92
G0197	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0198	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0199	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0200	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0201	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 3.3: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Physician

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	3,623,806	3,730,227	\$100,445,552	\$79,435,353	\$27.72	\$21.92	\$26.93	\$21.30
29065	11,691	11,694	\$827,998	\$649,804	\$70.82	\$55.58	\$70.81	\$55.57
29075	59,248	59,287	\$3,940,731	\$3,098,434	\$66.51	\$52.30	\$66.47	\$52.26
29085	4,528	4,529	\$318,935	\$248,925	\$70.44	\$54.97	\$70.42	\$54.96
29105	12,742	12,744	\$777,177	\$609,638	\$60.99	\$47.84	\$60.98	\$47.84
29125	45,821	45,904	\$2,019,601	\$1,588,456	\$44.08	\$34.67	\$44.00	\$34.60
29126	1,290	1,291	\$77,493	\$61,373	\$60.07	\$47.58	\$60.03	\$47.54
29130	8,940	8,976	\$255,002	\$201,503	\$28.52	\$22.54	\$28.41	\$22.45
29131	724	725	\$23,112	\$18,332	\$31.92	\$25.32	\$31.88	\$25.29
29200	421	433	\$16,900	\$13,224	\$40.14	\$31.41	\$39.03	\$30.54
29220	1,447	1,460	\$71,568	\$56,728	\$49.46	\$39.20	\$49.02	\$38.86
29240	4,612	4,642	\$218,817	\$173,458	\$47.45	\$37.61	\$47.14	\$37.37
29260	3,701	3,711	\$138,048	\$108,989	\$37.30	\$29.45	\$37.20	\$29.37
29280	2,833	2,840	\$103,738	\$82,551	\$36.62	\$29.14	\$36.53	\$29.07
29345	3,739	3,739	\$376,841	\$292,489	\$100.79	\$78.23	\$100.79	\$78.23
29365	1,402	1,402	\$127,233	\$99,466	\$90.75	\$70.95	\$90.75	\$70.95
29405	41,143	41,162	\$2,824,009	\$2,213,723	\$68.64	\$53.81	\$68.61	\$53.78
29445	7,738	7,741	\$954,261	\$737,049	\$123.32	\$95.25	\$123.27	\$95.21
29505	5,471	5,473	\$253,259	\$200,316	\$46.29	\$36.61	\$46.27	\$36.60
29515	29,904	29,998	\$1,443,675	\$1,131,827	\$48.28	\$37.85	\$48.13	\$37.73
29520	877	884	\$31,911	\$25,479	\$36.39	\$29.05	\$36.10	\$28.82
29530	6,326	6,390	\$251,303	\$198,736	\$39.73	\$31.42	\$39.33	\$31.10
29540	201,366	201,951	\$5,794,911	\$4,583,401	\$28.78	\$22.76	\$28.69	\$22.70
29550	75,490	75,675	\$2,084,424	\$1,651,605	\$27.61	\$21.88	\$27.54	\$21.82
29580	348,684	350,428	\$14,358,970	\$11,343,995	\$41.18	\$32.53	\$40.98	\$32.37
29590	5,916	5,979	\$237,407	\$185,854	\$40.13	\$31.42	\$39.71	\$31.08
64550	15,268	16,182	\$380,215	\$302,502	\$24.90	\$19.81	\$23.50	\$18.69
90901	11,147	11,638	\$546,098	\$433,368	\$48.99	\$38.88	\$46.92	\$37.24
90911	22,851	22,981	\$1,484,514	\$1,175,027	\$64.96	\$51.42	\$64.60	\$51.13
92506	12,548	12,594	\$1,105,342	\$872,885	\$88.09	\$69.56	\$87.77	\$69.31
92507	14,331	14,433	\$1,056,373	\$836,223	\$73.71	\$58.35	\$73.19	\$57.94
92508	1,290	1,295	\$86,068	\$68,527	\$66.72	\$53.12	\$66.46	\$52.92
92510	5,758	5,903	\$738,576	\$558,476	\$128.27	\$96.99	\$125.12	\$94.61
92525	2	2	\$1	\$1	\$0.51	\$0.41	\$0.51	\$0.41
92526	9,199	9,271	\$709,287	\$565,888	\$77.10	\$61.52	\$76.51	\$61.04
95831	13,058	15,410	\$421,655	\$335,654	\$32.29	\$25.70	\$27.36	\$21.78
95832	1,643	1,836	\$43,462	\$34,596	\$26.45	\$21.06	\$23.67	\$18.84
95833	1,131	1,133	\$43,008	\$34,055	\$38.03	\$30.11	\$37.96	\$30.06
95834	938	973	\$39,204	\$30,893	\$41.80	\$32.94	\$40.29	\$31.75
95851	20,335	24,710	\$600,765	\$478,133	\$29.54	\$23.51	\$24.31	\$19.35
95852	9,633	9,664	\$176,578	\$141,100	\$18.33	\$14.65	\$18.27	\$14.60
96110	58	58	\$2,405	\$1,801	\$41.47	\$31.06	\$41.47	\$31.06

Appendix D - Table 3.3: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Physician (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	229,542	230,460	\$15,551,621	\$12,213,977	\$67.75	\$53.21	\$67.48	\$53.00
97002	34,913	35,100	\$1,263,066	\$1,002,272	\$36.18	\$28.71	\$35.98	\$28.55
97003	16,964	17,104	\$1,169,459	\$919,393	\$68.94	\$54.20	\$68.37	\$53.75
97004	29,420	29,689	\$1,057,819	\$844,509	\$35.96	\$28.71	\$35.63	\$28.45
97010	2	2	\$37	\$34	\$18.57	\$17.06	\$18.57	\$17.06
97012	178,933	181,792	\$2,452,914	\$1,953,318	\$13.71	\$10.92	\$13.49	\$10.74
97014	1,667,576	1,681,060	\$24,766,651	\$19,754,091	\$14.85	\$11.85	\$14.73	\$11.75
97016	39,746	53,786	\$592,946	\$472,617	\$14.92	\$11.89	\$11.02	\$8.79
97018	45,282	45,984	\$318,390	\$254,224	\$7.03	\$5.61	\$6.92	\$5.53
97020	327	356	\$1,359	\$1,083	\$4.16	\$3.31	\$3.82	\$3.04
97022	129,910	131,177	\$2,164,553	\$1,722,517	\$16.66	\$13.26	\$16.50	\$13.13
97024	66,756	69,060	\$314,845	\$251,428	\$4.72	\$3.77	\$4.56	\$3.64
97026	42,858	45,807	\$206,903	\$165,203	\$4.83	\$3.85	\$4.52	\$3.61
97028	1,220	1,220	\$6,847	\$5,462	\$5.61	\$4.48	\$5.61	\$4.48
97039	24,606	65,918	\$646,408	\$515,556	\$26.27	\$20.95	\$9.81	\$7.82
97150	25,790	38,922	\$681,146	\$542,870	\$26.41	\$21.05	\$17.50	\$13.95
97601	47,661	48,590	\$2,265,942	\$1,783,725	\$47.54	\$37.43	\$46.63	\$36.71
G0193	1,724	1,724	\$280,139	\$222,447	\$162.49	\$129.03	\$162.49	\$129.03
G0194	744	744	\$78,925	\$63,025	\$106.08	\$84.71	\$106.08	\$84.71
G0195	3,989	3,991	\$491,396	\$389,890	\$123.19	\$97.74	\$123.13	\$97.69
G0196	8,335	8,335	\$954,238	\$747,215	\$114.49	\$89.65	\$114.49	\$89.65
G0197	46	46	\$5,211	\$4,030	\$113.28	\$87.60	\$113.28	\$87.60
G0198	41	41	\$3,253	\$2,602	\$79.33	\$63.47	\$79.33	\$63.47
G0199	81	81	\$8,247	\$6,067	\$101.82	\$74.91	\$101.82	\$74.91
G0200	971	971	\$118,243	\$88,056	\$121.77	\$90.69	\$121.77	\$90.69
G0201	1,125	1,126	\$84,116	\$65,258	\$74.77	\$58.01	\$74.70	\$57.96

Appendix D - Table 3.4: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Non-Physician Practitioner

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
Total	53,807	55,288	\$1,717,064	\$1,361,323	\$31.91	\$25.30	\$31.06	\$24.62
29065	331	331	\$19,775	\$15,544	\$59.74	\$46.96	\$59.74	\$46.96
29075	1,713	1,713	\$94,340	\$74,258	\$55.07	\$43.35	\$55.07	\$43.35
29085	148	148	\$8,593	\$6,670	\$58.06	\$45.07	\$58.06	\$45.07
29105	701	701	\$34,657	\$27,224	\$49.44	\$38.84	\$49.44	\$38.84
29125	3,779	3,782	\$130,479	\$103,144	\$34.53	\$27.29	\$34.50	\$27.27
29126	42	42	\$1,858	\$1,443	\$44.24	\$34.36	\$44.24	\$34.36
29130	821	822	\$17,138	\$13,603	\$20.87	\$16.57	\$20.85	\$16.55
29131	19	19	\$362	\$290	\$19.06	\$15.24	\$19.06	\$15.24
29200	25	25	\$818	\$638	\$32.71	\$25.54	\$32.71	\$25.54
29220	28	28	\$1,501	\$1,181	\$53.60	\$42.16	\$53.60	\$42.16
29240	209	209	\$7,613	\$6,054	\$36.43	\$28.97	\$36.43	\$28.97
29260	148	148	\$4,672	\$3,718	\$31.57	\$25.12	\$31.57	\$25.12
29280	69	69	\$1,991	\$1,586	\$28.86	\$22.98	\$28.86	\$22.98
29345	78	78	\$6,857	\$5,485	\$87.91	\$70.33	\$87.91	\$70.33
29365	20	20	\$1,587	\$1,270	\$79.35	\$63.48	\$79.35	\$63.48
29405	1,020	1,020	\$59,146	\$46,888	\$57.99	\$45.97	\$57.99	\$45.97
29445	249	249	\$26,271	\$20,116	\$105.50	\$80.79	\$105.50	\$80.79
29505	375	375	\$14,576	\$11,521	\$38.87	\$30.72	\$38.87	\$30.72
29515	2,167	2,167	\$86,109	\$68,121	\$39.74	\$31.44	\$39.74	\$31.44
29520	4	4	\$133	\$106	\$33.16	\$26.53	\$33.16	\$26.53
29530	246	246	\$7,660	\$6,080	\$31.14	\$24.71	\$31.14	\$24.71
29540	242	242	\$6,562	\$5,201	\$27.12	\$21.49	\$27.12	\$21.49
29550	66	66	\$1,720	\$1,363	\$26.05	\$20.65	\$26.05	\$20.65
29580	15,594	15,793	\$549,146	\$437,016	\$35.22	\$28.02	\$34.77	\$27.67
29590	17	17	\$636	\$509	\$37.44	\$29.95	\$37.44	\$29.95
64550	245	275	\$5,673	\$4,537	\$23.16	\$18.52	\$20.63	\$16.50
90901	239	240	\$7,839	\$6,232	\$32.80	\$26.08	\$32.66	\$25.97
90911	2,004	2,049	\$110,218	\$87,112	\$55.00	\$43.47	\$53.79	\$42.51
92506	38	38	\$2,933	\$2,319	\$77.19	\$61.03	\$77.19	\$61.03
92507	12	12	\$765	\$607	\$63.78	\$50.59	\$63.78	\$50.59
92508	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92510	4	4	\$462	\$290	\$115.52	\$72.42	\$115.52	\$72.42
92525	0	0	\$0	\$0	N/A	N/A	N/A	N/A
92526	1	1	\$62	\$50	\$62.40	\$49.92	\$62.40	\$49.92
95831	14	27	\$625	\$500	\$44.63	\$35.71	\$23.14	\$18.51
95832	32	42	\$949	\$755	\$29.65	\$23.60	\$22.59	\$17.98
95833	0	0	\$0	\$0	N/A	N/A	N/A	N/A
95834	0	0	\$0	\$0	N/A	N/A	N/A	N/A
95851	185	212	\$4,412	\$3,509	\$23.85	\$18.97	\$20.81	\$16.55
95852	1	1	\$17	\$14	\$16.98	\$13.58	\$16.98	\$13.58
96110	0	0	\$0	\$0	N/A	N/A	N/A	N/A

Appendix D - Table 3.4: CY 2002 Therapy HCPCS Utilization – “Non-timed” Codes: Expenditures per Claim HCPCS Line and “Unit” – Non-Physician Practitioner (cont.)

HCPCS	Total Number Paid Lines	Total Number “Units”	Total Allowed Amount	Total Paid Amount	Allowed/Line	Paid/Line	Allowed/“Unit”	Paid/“Unit”
97001	550	556	\$31,692	\$24,821	\$57.62	\$45.13	\$57.00	\$44.64
97002	96	97	\$2,897	\$2,307	\$30.18	\$24.03	\$29.87	\$23.79
97003	55	55	\$3,214	\$2,545	\$58.43	\$46.27	\$58.43	\$46.27
97004	2	2	\$81	\$65	\$40.56	\$32.45	\$40.56	\$32.45
97010	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97012	2,337	2,338	\$26,024	\$20,740	\$11.14	\$8.87	\$11.13	\$8.87
97014	11,672	12,697	\$142,883	\$114,196	\$12.24	\$9.78	\$11.25	\$8.99
97016	103	103	\$984	\$787	\$9.56	\$7.65	\$9.56	\$7.65
97018	243	244	\$1,498	\$1,197	\$6.16	\$4.93	\$6.14	\$4.91
97020	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97022	152	153	\$1,975	\$1,576	\$12.99	\$10.37	\$12.91	\$10.30
97024	149	154	\$539	\$431	\$3.62	\$2.89	\$3.50	\$2.80
97026	20	20	\$71	\$56	\$3.53	\$2.82	\$3.53	\$2.82
97028	0	0	\$0	\$0	N/A	N/A	N/A	N/A
97039	123	156	\$1,308	\$1,046	\$10.64	\$8.51	\$8.39	\$6.71
97150	26	27	\$386	\$309	\$14.86	\$11.88	\$14.31	\$11.44
97601	7,357	7,435	\$282,419	\$223,941	\$38.39	\$30.44	\$37.99	\$30.12
G0193	1	1	\$71	\$57	\$70.87	\$56.70	\$70.87	\$56.70
G0194	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0195	11	11	\$1,176	\$941	\$106.95	\$85.56	\$106.95	\$85.56
G0196	2	2	\$210	\$168	\$105.10	\$84.08	\$105.10	\$84.08
G0197	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0198	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0199	0	0	\$0	\$0	N/A	N/A	N/A	N/A
G0200	2	2	\$170	\$136	\$85.17	\$68.13	\$85.17	\$68.13
G0201	20	20	\$1,309	\$1,047	\$65.45	\$52.36	\$65.45	\$52.36