



COMMONWEALTH of VIRGINIA

SARA REDDING WILSON
DIRECTOR

Department of Human Resource Management

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December 7, 2012

Division of Legislative Automated Systems
910 Capitol Square
General Assembly Building, Suite 660
Richmond, VA 23219
ATTN: Legislative Documents and Reports Processing

As required in § 2.2-2818 (R.) of the Code of Virginia, attached is a report on cost and utilization information for each of the mandated benefits set forth in § 2.2-2818, subsection B. This report is in the same detail and form as reports submitted pursuant to § 38.2-3419.1.

Please note that § 2.2-2818 (R.) stipulates annual reporting by November 30 and this report for FY 2012 is being submitted after the required date. We apologize for the delay. The next report, for FY 2012, will be submitted prior to the November 30, 2013 due date.

Please contact Charles R. Reed, Associate Director, Office of State and Local Health Benefit Programs at 804-786-3124 (email charles.reed@dhrm.virginia.gov) if you have questions about this report.

Sincerely,

A handwritten signature in cursive script that reads "Gene Raney".

Gene Raney
Director, Office of Health Benefit Program

December 4, 2012

Charles S. Reed
Associate Director, Policy and Instruction
Commonwealth of Virginia
Office of State and Local Benefit Plans
101 N. 14th St.
Richmond, VA 23219

Re: SFY2012 Mandated Benefits Report

Dear Mr. Reed:

Aon Hewitt was retained by the Commonwealth of Virginia's Department of Human Resource Management to review and evaluate the Mandated Benefits Reports as prepared by Anthem and Optima for the Commonwealth's Health Benefits Plans. We reviewed the reports provided by each of the vendors as well as the insured "book of business" reports provided by both at our request. The Commonwealth specific reports for SFY2012 are attached.

The reports provide cost and utilization information for each of the mandated benefits and providers as required. We reviewed and compared the reports specific to the Commonwealth's plans alongside the reports submitted for SFY2010 and SFY2011. The Commonwealth reports reasonably tie to internal data.

With the submission of the SFY2012 reports, we now have 3 years of data to compare, which allows us to draw some general conclusions on cost and utilization patterns related to the mandated benefit provisions. However, to itemize and fully comment on any material impact of the mandates and project future mandate related trends, Aon Hewitt would need to study comparative data over a longer time period, preferably five years, and would need to incorporate data beyond the scope of the reporting requirements of the Mandated Benefits Reports. The Mandated Benefit Reports capture the total claims cost and visits for each mandate and do not contain any information on the cost and utilization patterns related to the specific populations covered by each of the mandated benefits and providers. An independent study would need to be developed to determine reporting metrics that would be appropriate to measure and report on cost, utilization, and health outcomes being driven by the mandates.

Aon Hewitt did compare overall trends across **Part A: Claim Information - Benefits**, **Part B: Claim Information – Providers** and **Part D: Utilization and Expenditures for Selected Procedures by Provider Type** by combining the Anthem and Optima Commonwealth Mandated Benefit reports for SFY2010 through SFY 2012. We observed reasonable trends in total claims paid, claim cost per contract, and visits per contract, a metric we calculated to measure change in utilization volume year over year.

For Part A, total claims payments increased at an annual rate of 4.6% and claims cost per contract increased at an annual rate of 5.4% over the two years. Total utilization, measured by "visits per contract", has stayed relatively flat over the two years.



In addition, we compared two years of trends for some of the preventative mandated benefits. Specifically, we looked at the change in “visits per contract” to measure change in volume of these procedures year over year for SFY 2012 over SFY2011 and SFY2011 over SFY2010. The “number of contracts” reported for each measure below represents the entire population and “visits per contracts” is defined over the entire COVA population. Generally, industry standard methodology used to report preventative procedures rates involves looking at only the subset of the enrolled population applicable for each measure. Please note that an independent analysis would need to be done to report preventative procedure rates for the measures we reviewed. The results are shown in the table below.

	Number of Visits			Number of Contracts			Visits per Contract			Paid Claims		
	SFY2010	SFY2011	SFY2012	SFY2010	SFY2011	SFY2012	SFY2010	SFY2011	SFY2012	SFY2010	SFY2011	SFY2012
Childhood Immunizations	516,023	498,434	499,087	91,455	91,141	90,206	5.64	5.47	5.53	\$22,058,766	\$23,586,004	\$25,357,800
Mammograms	54,161	55,477	54,241	91,455	91,141	90,206	0.59	0.61	0.60	\$5,924,563	\$6,388,813	\$6,533,587
Pap Smears	74,243	70,243	68,858	91,455	91,141	90,206	0.81	0.77	0.76	\$5,998,299	\$5,836,503	\$5,837,263
Early Intervention Services	4,400	4,545	4,175	91,455	91,141	90,206	0.05	0.05	0.05	\$273,129	\$270,850	\$226,910
PSA Testing	20,238	20,305	19,588	91,455	91,141	90,206	0.22	0.22	0.22	\$437,220	\$445,913	\$430,561
Colorectal Cancer Screening	27,591	26,716	26,456	91,455	91,141	90,206	0.30	0.29	0.29	\$9,237,999	\$9,640,207	\$10,258,089

	Paid Per Visit			Paid per Contract			Visit Per Contract		Paid Per Visit		Paid Per Contract	
	SFY2010	SFY2011	SFY2012	SFY2010	SFY2011	SFY2012	2011 vs. 2010	2012 vs. 2011	2011 vs. 2010	2012 vs. 2011	2011 vs. 2010	2012 vs. 2011
Childhood Immunizations	\$43	\$47	\$51	\$241	\$259	\$281	-3.1%	1.2%	10.7%	7.4%	7.3%	8.6%
Mammograms	\$109	\$115	\$120	\$65	\$70	\$72	2.8%	-1.2%	5.3%	4.6%	8.2%	3.3%
Pap Smears	\$81	\$83	\$85	\$66	\$64	\$65	-5.1%	-1.0%	2.8%	2.0%	-2.4%	1.0%
Early Intervention Services	\$62	\$60	\$54	\$3	\$3	\$3	3.7%	-7.2%	-4.0%	-8.8%	-0.5%	-15.4%
PSA Testing	\$22	\$22	\$22	\$5	\$5	\$5	0.7%	-2.5%	1.7%	0.1%	2.3%	-2.4%
Colorectal Cancer Screening	\$335	\$361	\$388	\$101	\$106	\$114	-2.8%	0.1%	7.8%	7.5%	4.7%	7.5%

Both vendors in the past have suggested that the reported decrease in Childhood Immunizations could be caused by not getting all immunizations reported on claims, and see variation in HEDIS data reported using administrative data (claims only) versus hybrid data (claims plus chart review). In addition, data from health departments is not collected.

In addition, both vendors have attributed the drop in reported pap smears to the change in American Congress of Obstetricians and Gynecologists guidelines for pap smears.

For Part B, total claims payments increased at an annual rate of 6.4% and claims cost per contract increased at an annual rate of 7.2% over the two years. Total utilization, measured by “visits per contract”, increased at an annual rate of 3.7%. For Part D, total claims payments for the selected procedures increased at an annual rate of 5.2% and claims cost per visit increased at an annual rate of 2.9% over the two years. The majority of cost and visits reported for Part B and Part D are for Physical Therapists and Chiropractors, which have both increased in cost and utilization over the two year period. The combined cost per visit for Physical Therapists and Chiropractors increased at an annual rate of 5.0% and visit per contracts increased at an annual rate of 4.2%.



We will continue to monitor the reports, and expect to have more information in the coming years as we are able to provide a general comparison of year over year results. However, it is important to note that our ability to analyze and isolate the impact of the mandated benefits will be limited using the current format of the Mandated Benefit Report, which does not identify the specific population covered by each mandate. We are available to discuss these limitations and what reporting requirements are necessary to accomplish this segmentation.

Please let me know if you have any questions or concerns regarding these reports at this time. I can be reached at (804) 320-8438.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Mack", with a long horizontal flourish extending to the right.

Paul Mack
Vice President

Commonwealth of Virginia
July 2011 - June 2012 (FY2012)

Form MB1 - Part A: Claim Information - Benefits

GROUP TOTAL CLAIMS PAID OR INCURRED

Mandate	Number of Visits	Number of Days	Total Claim payments	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost
Dependent Children (Handicapped)	4502	192	1471020	82132	17.91	25007
Doctor to Include Dentist	746	0	190293	82132	2.32	3235
Newborn Children	6196	803	3721491	82132	45.31	63265
Child Health Supervision Services	31638	0	2811363	82132	34.23	47793
Childhood Immunizations	498077	0	25349726	82132	308.65	430945
Infant Hearing Screening and Related Diagnostics	9171	0	429391	82132	5.23	7300
Mental Health Services						
Inpatient	369	149	216587	82132	2.64	3682
Partial Hospitalization	0	9	2225	82132	0.03	38
Outpatient	21774	0	1747988	82132	21.28	29716
Substance Abuse Services						
Inpatient	46	115	199657	82132	2.43	3394
Partial Hospitalization	0	0	0	82132	0.00	0
Outpatient	2460	0	252001	82132	3.07	4284
Biologically based Mental Illness	8252	147	829683	82132	10.10	14105
Obstetrical Services						
Normal pregnancy	9950	81	2800465	82132	34.10	47608
Other	18667	4925	18707330	82132	227.77	318025
Postpartum Services	482	0	71089.87	82132	0.87	1209
Pregnancy from Rape / Incest	26	0	6720	82132	0.08	114
Mammograms	49725	0	6,525,512.76	82132	79.45	110934
Pap Smears	68215	0	5829189	82132	70.97	99096
Bones and Joints	281	99	172321	82132	2.10	2929
Hemophilia and Congenital Bleeding Disorders	814	31	639696	82132	7.79	10875
Reconstructive Breast Surgery	373	0	1366921	82132	16.64	23238
Early Intervention Services	3198	0	218836	82132	2.66	3720
PSA Testing	17846	0	422487	82132	5.14	7182
Colorectal Cancer Screening	25068	0	10250015	82132	124.80	174250
Clinical Trials for Treatment Studies on Cancer	9	0	2967	82132	0.04	50
Minimum Hospital Stay for Hysterectomy	515	77	2079313	82132	25.32	35348
Diabetes	106879	0	13344220	82132	162.47	226852
Hospice Care	1098	0	480417	82132	5.85	8167
Hospitalization and Anesthesia for Dental Procedures	3	0	126	82132	0.00	2
Treatment of Morbid Obesity	10	0	8505	82132	0.10	145
Lymphedema	327	52	71196	82132	0.87	1210
Prosthetic Devices	0	0	0	82132	0.00	0

No data av.

No data av.

Commonwealth of Virginia
 July 2011 - June 2012 (FY2012)

Form MB1 - Part B: Providers

Mandate	Number of Visits	Total Claim payments	Cost per visit	Number of Contracts/Certificates	Claim Cost per Contract/Certificate	Annual Admin Cost
Chiropractor	81434	2716338	33.36	82132	33.07	46178
Optometrist	14109	1131556.77	80.20	82132	13.78	19236.47
Optician	9	1781	197.89	82132	0.02	30
Psychologist	29	13485	465.01	82132	0.16	229
Clinical Social Worker	170	2829	16.64	82132	0.03	48
Podiatrist	14697	1519706	103.40	82132	18.50	25835
Professional Counselor	16	106	6.63	82132	0.00	2
Physical Therapist	76095	4722389	62.06	82132	57.50	80281
Clinical Nurse Specialist	118	50284	426.14	82132	0.61	855
Audiologist	1273	244056	191.72	82132	2.97	4149
Speech Pathologist	2838	167591.25	59.05	82132	2.04	2849
Certified Nurse Midwife	453	76275	168.38	82132	0.93	1297
Licensed Acupuncturist	0	0	0.00	82132	0.00	0
Marriage and Family Therapist	2	110	55.00	82132	0.00	2

No data available

Commonwealth of Virginia
July 2011 - June 2012 (FY2012)

Form MB1 - Part D: Utilization and Expenditures for Selected Procedures by Provider Type

Procedure Code/Provider Type	Number of Visits	Claim Payments	Cost Per Visit
1. 99203 - Office Visit, Intermediate Service to New Patient			
Chiropractor	1281	59887	46.75
Clinical Social Worker	0	0	0.00
Physical Therapist	0	0	0.00
Podiatrist	2521	241493	95.79
Professional Counselor	0	0	0.00
Psychiatrist	5	60	12.00
Psychologist	0	0	0.00
Physician	13244	1381606	104.32
Certified Nurse Midwife	7	299	42.71
Marriage and Family Therapist	0	0	0.00
2. 90806-90807, 90818-90819 - Individual/Medical Psychotherapy, 45 to 50 Minute Session			
Clinical Nurse Specialist	30	747	24.90
Clinical Social Worker	61	2277	37.33
Professional Counselor	9	106	11.78
Psychiatrist	8	0	0.00
Psychologist	2	157	78.50
Physician	2	99	49.50
Marriage and Family Therapist	0	0	0.00
3. 90853 - Group Psychotherapy			
Clinical Nurse Specialist	0	0	0.00
Clinical Social Worker	58	0	0.00
Professional Counselor	2	0	0.00
Psychiatrist	12	0	0.00
Psychologist	0	0	0.00
Physician	56	195	3.48
Marriage and Family Therapist	0	0	0.00
4. 92507 - Speech, Language or Hearing Therapy, Individual			
Audiologist	10	154	15.40
Physical Therapist	5	3	0.60
Speech Pathologist	2603	144290.63	55.43
Physician	91	3613	39.70
5. 97110 - Physical Medicine Treatment, each 15 minutes, Therapeutic Exercise			
Chiropractor	16719	470839.09	28.16
Physical Therapist	59103	1895029	32.06
Physician	310	21074	67.98
Podiatrist	58	5183	89.36
Speech Pathologist	0	0	0.00
6. 97124 - Physical Medicine Treatment, Massage			
Chiropractor	8058	234827	29.14
Physical Therapist	968	29129.81	30.09
Physician	14	120	8.57
Podiatrist	1	34	34.00
7. 97035 - Physical Medicine Treatment, Ultrasound, each 15 minutes			
Chiropractor	6742	73429	10.89
Physical Therapist	5898	86857	14.73
Physician	116	1988	17.14
Podiatrist	58	837	14.43
8. 92352 - Fitting of Spectacle Prosthesis for Aphakia, monofocal			
Ophthalmologist	0	0	0.00
Optician	0	0	0.00
Optometrist	0	0	0.00
Physician	0	0	0.00
9. 11750 - Excision of Nail and Nail Matrix, Partial or Complete, for Permanent Remova			
Physician	62	14163	228.44
Podiatrist	489	125426	256.49

No data available

No data available

No data available

No data available

No data available

No data available

No data available

No data available

No data available

No data available

No data available

No data available

No data available

Form MB 1 - Part A: Claim Information - Benefits

[Edit Individual Values](#)

[Edit Group Values](#)

Individual Values						
a	b	c	d	e	f	g
Number of Visits	Number of Days	Total Claim Payments	Number of Contracts/ Certificates	Claim Cost Per Contract/ Certificate	Annual Administrative Cost	Percent of Total Health Claims

INDIVIDUAL TOTAL CLAIMS PAID OR INCURRED

\$ -

- Dependent Children (Handicapped)
- Doctor to Include Dentist
- Newborn Children

- Child Health Supervision Services
- Childhood Immunizations
- Infant Hearing Screening and Related Diagnostics
- Mental Health Services
 - Inpatient
 - Partial Hospitalization
 - Outpatient
- Substance Abuse Services
 - Inpatient
 - Partial Hospitalization
 - Outpatient
- Postpartum Services
- Pregnancy from Rape / Incest
- Mammograms
- Bone Marrow Transplants
- Pap Smears
- Bones and Joints
- Hemophilia and Congenital Bleeding Disorders
- Reconstructive Breast Surgery
- Early Intervention Services
- PSA Testing
- Colorectal Cancer Screening
- Clinical Trials for Treatment Studies on Cancer
- Minimum Hospital Stay for Hysterectomy
- Diabetes
- Hospice Care
- Hospitalization and Anesthesia for Dental Procedures
- Treatment of Morbid Obesity

Group Values

a	b	c	d	e	f	g
Number of Visits	Number of Days	Total Claim Payments	Number of Contracts/Certificates	Claim Cost Per Contract/ Certificate	Annual Administrative Cost	Percent of Total Health Claims

GROUP TOTAL CLAIMS PAID OR INCURRED

\$ 75,985,263

Dependent Children (Handicapped)						
Doctor to Include Dentist	798	\$ 727,832	8,074	\$ 90.15	118,484.32	0.96%
Newborn Children	119	\$ 26,779	8,074	\$ 3.32	4,359.37	0.04%
Child Health Supervision Services	408	\$ 33,174	8,074	\$ 4.11	5,400.47	0.04%
Childhood Immunizations	1,010	\$ 206,199	8,074	\$ 25.54	33,567.32	0.27%
Infant Hearing Screening and Related Diagnostics	114	\$ 4,852	8,074	\$ 0.60	789.90	0.01%
Mental Health Services <ul style="list-style-type: none"> Inpatient Partial Hospital Outpatient 						
Substance Abuse Services <ul style="list-style-type: none"> Inpatient Partial Hospital Outpatient 						
Biologically Based Mental Illness						

Obstetrical Services							
Normal Pregnancy	77	\$ 160,162	8,074	\$ 19.84	26,072.89	0.21%	
All Other	715	\$ 574,064	8,074	\$ 71.10	93,452.27	0.76%	
Postpartum Services							
Pregnancy from Rape / Incest							
Mammograms	4,516	\$ 779,656	8,074	\$ 96.56	126,920.78	1.03%	
Bone Marrow Transplants							
Pap Smears	643	\$ 18,007	8,074	\$ 2.23	2,931.35	0.02%	
Bones and Joints	43	\$ 4,223	8,074	\$ 0.52	687.42	0.01%	
Hemophilia and Congenital Bleeding Disorders	73	\$ 729	8,074	\$ 0.09	118.66	0.00%	
Reconstructive Breast Surgery	1	\$ 2,286	8,074	\$ 0.28	372.15	0.00%	
Early Intervention Services	977	\$ 684,908	8,074	\$ 84.83	111,496.57	0.90%	
PSA Testing	1,742	\$ 43,569	8,074	\$ 5.40	7,092.61	0.06%	
Colorectal Cancer Screening	1,388	\$ 376,240	8,074	\$ 46.60	61,248.33	0.50%	
Clinical Trials for Treatment Studies on Cancer	7	\$ 50,913	8,074	\$ 6.31	8,288.09	0.07%	
Minimum Hospital Stay for Hysterectomy	43	\$ 79,625	8,074	\$ 9.86	12,962.26	0.10%	
Diabetes	55	\$ 4,478	8,074	\$ 0.55	728.95	0.01%	
Hospice Care							
Hospitalization and Anesthesia for Dental Procedures	135	\$ 21,024	8,074	\$ 2.60	3,422.55	0.03%	
Treatment of Morbid Obesity	2	\$ 843	8,074	\$ 0.10	137.27	0.00%	
Lymphedema	15	\$ 9,497	8,074	\$ 1.18	1,546.03	0.01%	

Form 1 MB - Part B: Claim Information - Providers

[Edit Group Values](#)

Marriage and Family Therapist

	Group Values						
	a	b	c	d	e	f	g
	Number of Visits	Total Claim Payments	Costs Per Visit	Number of Contracts/certificates	Claim Cost Per Contract / Certificate	Annual Administrative Costs	Percent of Total Health Claims
Chiropractor						-	
Optometrist	1,142	\$ 68,970	\$ 60.39	8,074	\$ 8.54	11,227.71	0.09%
Optician	3,477	\$ 423,591	\$ 121.83	8,074	\$ 52.46	68,956.67	0.00%
Psychologist							
Clinical Social Worker							
Podiatrist	1,917	\$ 177,987	\$ 92.85	8,074	\$ 22.04	28,974.60	0.23%
Professional Counselor							
Physical Therapist	4,235	\$ 1,370,057	\$ 323.51	8,074	\$ 169.69	223,032.59	1.80%
Clinical Nurse Specialist							
Audiologist	80	\$ 11,828	\$ 147.85	8,074	\$ 1.46	1,925.48	0.02%
Speech Pathologist	24	\$ 3,543	\$ 147.60	8,074	\$ 0.44	576.69	0.00%
Certified Nurse Midwife							
Licensed Acupuncturist							
Marriage and Family Therapist							

Form MB 1 - Part C: Premium Information

	Individual Policy		Group Certificates	
	Single	Family	Single	Family
Standard Policy:				
Deductible			225.00	450.00
Co-Insurance Percentage Paid by Insurer			100.00%	100.00%
Individual/Employee Out-of-Pocket Maximum			1,500.00	3,000.00
Annual Premium				
Premium Attributable to Each Mandate:				
Dependent Children (Handicapped)				
Doctor to Include Dentist			-	-
Newborn Children			-	-
Child Health Supervision Services			-	-
Childhood Immunizations			-	-
Infant Hearing Screening and Related Diagnostics			-	-

Mental Health Services		
Inpatient		
Partial		
Hospitalization		
Outpatient		
Substance Abuse Services		
Inpatient		
Partial		
Hospitalization		
Outpatient		
Biologically Based Mental Illness		
Obstetrical Services		
Normal Pregnancy	-	-
All Other	-	-
Postpartum Services		
Pregnancy from Rape or Incest		
Mammograms	-	-
Bone Marrow Transplants	-	-
Pap Smears	-	-
Bones and Joints	-	-
Hemophilia and Congenital Bleeding Disorders	-	-
Reconstructive Breast Surgery	-	-
Early Intervention Services	-	-
PSA Testing	-	-
Colorectal Cancer Screening	-	-
Clinical Trials for Treatment Studies on Cancer	-	-
Minimum Hospital Stay for Hysterectomy	-	-
Diabetes	-	-
Hospice Care	-	-
Hospitalization and Anesthesia for Dental Procedures	-	-
Treatment of Morbid Obesity	-	-
Lymphedema	-	-
Chiropractor	-	-
Optometrist	-	-
Optician	-	-
Psychologist	-	-
Clinical Social Worker	-	-
Podiatrist	-	-
Professional Counselor	-	-
Physical Therapist	-	-
Clinical Nurse Specialist	-	-
Audiologist	-	-
Speech Pathologist	-	-
Certified Nurse Midwife	-	-
Licensed Acupuncturist	-	-
Marriage and Family Therapist	-	-
Number of Contracts/Certificates:		
Issued or Renewed		
In Force	3,760	4,314
Annual Premium for Individual Standard Policy (30 year old male in Richmond):		
Without Mandates	-	-
With Mandates	-	-
 Average Dollar Amount for Converting Group to Individual:		
Covered in Policy or Certificate	-	-
Onetime Charge	-	-

**Form MB 1 - Part D: Utilization and Expenditures
for Selected Procedures by Provider Type**

Procedure Code/Provider Type	Number of Visits	Claim Payments	Cost Per Visit
1. 99203 - Office Visit, Intermediate Service to New Patient			
Audiologist			
Chiropractor			
Clinical Social Worker			
Physical Therapist			
Podiatrist	290	\$ 21,917	\$ 75.58

Professional Counselor				
Psychiatrist				
Psychologist				
Physician	3,188	\$	294,162	\$ 92.27
Ophthalmologist	78	\$	4,942	\$ 63.36
Optometrist	19	\$	1,043	\$ 54.91
Certified Nurse Midwife				
Marriage and Family Therapist				

2. 90806-90807, 90818-90819 - Individual/Medical Psychotherapy, 45 to 50 Minute Session

Clinical Nurse Specialist				
Clinical Social Worker				
Professional Counselor				
Physical Therapist				
Psychiatrist				
Psychologist				
Physician	2	\$	189	\$ 94.41
Marriage and Family Therapist				

3. 90853 - Group Psychotherapy

Clinical Nurse Specialist				
Clinical Social Worker				
Professional Counselor				
Psychiatrist				
Psychologist				
Physician				
Marriage and Family Therapist				

4. 92507 - Speech, Language or Hearing Therapy, Individual

Audiologist				
Chiropractor				
Physical Therapist	66	\$	5,946	\$ 90.09
Speech Pathologist	19	\$	2,955	\$ 155.53
Physician	67	\$	26,464	\$ 394.98

5. 97110 - Physical Medicine Treatment, each 15 minutes, Therapeutic Exercise

Chiropractor	289	\$	12,285	\$ 42.51
Physical Therapist	3,110	\$	733,059	\$ 235.71
Physician	411	\$	20,906	\$ 50.87
Podiatrist				
Speech Pathologist				

6. 97124 - Physical Medicine Treatment, Massage

Chiropractor	6	\$	126	\$ 21.00
Physical Therapist	11	\$	1,435	\$ 130.45
Physician	2	\$	11	\$ 5.47
Podiatrist				

7. 97035 - Physical Medicine Treatment, Ultrasound, each 15 minutes

Chiropractor	21	\$	230	\$ 10.93
Physical Therapist	468	\$	42,038	\$ 89.83
Physician	34	\$	552	\$ 16.24
Podiatrist				

8. 92352 - Fitting of Spectacle Prosthesis for Aphakia, monofocal

Ophthalmologist				
Optician				
Optometrist				
Physician				

9. 11750 - Excision of Nail and Nail Matrix, Partial or Complete, for Permanent Removal

Physician	8	\$	1,655	\$ 206.83
Podiatrist	50	\$	10,740	\$ 214.81