



**2013 STUDY OF ACCESS TO MEDICAL TREATMENT FOR INJURED WORKERS**

**FINAL REPORT**

**June 3, 2013**

**Submitted to: State of California  
Department of Industrial Relations  
Agreement No. 41130063**

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## **EXECUTIVE SUMMARY**

## EXECUTIVE SUMMARY

### 1. Introduction

Berkeley Research Group, LLC (“BRG”) has prepared this report on access to medical treatment for injured workers for the California Department of Industrial Relations, Division of Workers’ Compensation (“DWC”). DWC is required to complete annual studies of access in accordance with Labor Code Section 5307.2, which was enacted by Senate Bill 228 (Chapter 639, Statutes of 2003). The study objectives are to determine whether injured workers have adequate access to care and healthcare related products and to recommend methods to support continued access.

The report presents study findings, which are based on two data sources:

- A survey of workers injured in the years 2011 and 2012, and
- Medical claims submitted to the Workers’ compensation Information System (“WCIS”) during the period 2007 through 2011.

This study is the first attempt to use medical claims submitted to WCIS to address injured workers’ access issues. Previous studies of injured workers’ access conducted in 2006 and 2008 were based solely on survey data. Nevertheless, the findings of each of the previous studies are largely consistent with the findings of this study. In all three studies, a substantial majority of injured workers reported no problems with access to care and expressed satisfaction with the care they received. The WCIS medical claims data indicated that the number of injured workers who obtain care from specialists rather than general practitioners is increasing although the overall number of providers treating injured workers has not changed.

### 2. Injured Workers Survey

Five hundred randomly selected workers who were injured in either the last quarter of 2011 or the first quarter of 2012 were selected for the survey. The average age of respondents was 43 and nearly half were female. Forty-five percent of respondents were Latino. Most respondents had sprains, strains or other muscle or joint injuries. Eighty-five percent saw a health care provider, most frequently a general practitioner, within three days of their injury, although 32 percent saw a specialist. Fifty percent of injured workers saw a physical or occupational therapist during the period of their care.

The distance traveled to the first provider visit was most frequently less than six miles (55 percent) and took less than 16 minutes (59 percent). Very few injured workers traveled over 30 miles (3 percent) or over an hour (6 percent). Half of those who traveled more than 30 miles did so because there were no providers closer to their homes or workplaces.

Injured workers reported receiving care through a Medical Provider Network (“MPN”) 72 percent of the time. Thirty-five percent spent between eight days to one month and another 35 percent spent over one month under the care of a physician or health care provider (“HCP”). Eighty-four percent of injured workers expressed satisfaction with their main health care provider and 85 percent of those whose saw specialists were satisfied with the care they received. Most injured workers (62 percent) reported that

their main provider understood the physical and mental demands of the worker's job very well, discussed the need for work restrictions or changes in the job (77 percent) and discussed how they should avoid re-injury (64 percent). Reasons cited by those workers who expressed dissatisfaction included denial of care by the workers' compensation program, not being treated with courtesy or respect by their main provider or a specialist, lack of improvement in their condition and difficulties getting appointments. Ninety-three percent of workers reported that they were not denied care. Eleven percent indicated that they were represented by attorneys.

### **3. Workers' Compensation Information Systems Data**

The WCIS data consisted of over fifty million medical bills submitted between 2007 and 2011. Where useful, data were analyzed separately for ten regions of the state. The number of workers' compensation medical bills for the state as a whole remained relatively constant from year to year during the five year period although the number of bills submitted in the San Francisco Bay Area declined and the number of out of state claims rose. Increases in out of state claims were for medical supplies and drugs.

Provider use patterns were more consistent in rural areas over the five year period when compared to urban areas. On a statewide basis, the use of general practitioners declined steadily although the decline was more pronounced in rural areas. Although there was a decline in the use of orthopedists/physical medicine specialists in the San Francisco Bay Area and Los Angeles, the use of these types of specialists in other parts of the state remained constant or increased. In addition, chiropractor use in the San Francisco Bay Area and Central Coast regions declined but remained constant in other areas of the state. Physical and occupational therapy for workers' compensation injuries were provided more frequently in the San Diego area as compared to the rest of the state.

There was little variation in the types of treatments provided to injured workers across regions, as defined by Current Procedural Terminology (CPT) codes, which describe actions taken by the health care provider. The four most frequently billed codes were:

- 97014 (electric stimulation therapy),
- 97110 (Therapeutic exercises),
- 99214 (office visit – established patient), and
- 99213 (office visit – established patient).

In most regions, these four CPT codes accounted for approximately one fourth of all codes included in bills. There are five classifications of office visit based on the complexity of care provided and the time spent with the patient. CPT 99214 is a more extensive visit than CPT 99213 and is reimbursed at a higher rate. The volume of code 99214 submitted relative to 99213 increased in all regions of the state except Los Angeles, San Diego and North State.

Patient diagnoses were varied across regions. However, more than 40 percent of all cases had diagnosis codes (ICD-9 codes) related to orthopedic diagnoses.

#### 4. Summary of Findings and Recommendations for Future Studies

The three key findings from the injured workers survey are listed below and discussed in Chapter 3:

- The majority of injured workers had access to needed care without barriers. A small portion of workers reported barriers in access, frequently due to authorization or access to providers.
- Injured workers reported a high level of satisfaction with care and high quality of care although improvements in the occupational medicine orientation of providers and treatment of injured workers are needed.
- Improvements are needed to increase rates of recovery and job modifications.

The three key findings from the analysis of WCIS data are listed below and discussed in Chapter 4.

- Bills submitted by general practice physicians declined as a percentage of total bills from 2007 through 2011, while bills submitted by chiropractors, mental health professionals, physical therapists and physician specialists increased as a percentage of total bills during the same period.
- Orthopedists and general surgeons accounted for the largest percentage of bills submitted by physician specialists from 2007 through 2011. The percentage of bills submitted by pain management specialists increased during this period.
- The ten highest volume services identified in medical bill data accounted for 40 percent of all bills during the period from 2007 to 2011. The four highest volume services accounted for 24 percent of bill volume.

Studies of injured workers' access to medical care in California were conducted in 2006, 2008 and 2012. All three studies included a survey of injured workers that investigated their satisfaction with the care that they received. Although there are some differences in the survey methods in each study, findings for each survey were similar: a substantial majority of injured workers (approximately 85 percent) were satisfied or very satisfied with their care.

Most injured workers included in the 2012 survey were able to travel to providers in 15 minutes or less and travelled five miles or less. Only three percent of injured workers needed to travel an hour or more to reach a provider. Ninety three percent of injured workers indicated that they were not denied care at any point during their treatment.

Recommendations for further study include:

- Select specific standards for access criteria;
- Determine whether to include measures other than traditional access measures in analyses;
- Investigate injured workers' understanding of medical provider networks (MPNs);
- Assure completeness of 2011 and subsequent year data;

- Conduct in-depth investigation of the impact of denials and utilization review on injured workers;
- Identify differences in services when injured workers are treated by specialists and general practitioners;
- Identify method for evaluating rate of specialists' entry and exit from workers' compensation networks;
- Investigate workers' compensation payment rates in comparison to other payers' rates;
- Investigate increased number of medical bills per injured worker claim, including changes in services provided, costs per medical bill and costs per injured worker claim.

## INTRODUCTION

## **1. INTRODUCTION**

### **1.1 Overview**

This report is submitted to the Department of Industrial Relations, Division of Workers' Compensation ("DWC") by Berkeley Research Group, LLC ("BRG") in accordance with its contract dated May 1, 2012. The contract requires BRG to perform studies of access to medical care by injured workers under the workers' compensation system operated by the State of California.

DWC is required to complete an annual study of access to medical treatment for injured workers. The requirement is included in Labor Code Section 5307.2, which was enacted by Senate Bill 228 (Chapter 639, Statutes of 2003). The study objectives are to determine whether injured workers have adequate access to care and healthcare related products and to recommend methods to support continued access.

Prior studies of access to medical care for injured workers were conducted in 2006 by the University of California at Los Angeles and in 2008 by the University of Washington. In both studies, surveys of injured workers were conducted to determine whether workers were able to obtain appropriate care and whether they were satisfied with the care they received within the workers' compensation health care system. In the present study, a survey of injured workers was also completed, which will be described further below. In addition, medical billing data submitted by workers' compensation carriers to the State of California Workers' Compensation Information System ("WCIS") were also analyzed to examine issues such as physician participation in the workers' compensation system and regional differences in frequencies and types of claims.

### **1.2 Methodology**

This report is based on two data sets:

- Data collected in a random survey of 500 injured workers. The survey was conducted by Quantum Market Research, Inc. (QMR), under BRG's direction; and
- WCIS medical billing data.

The survey data set was generated by conducting over 500 telephone surveys of workers who were injured during the last quarter of 2011 and the first quarter of 2012. Prior to conducting the survey, all potential respondents received a letter from DWC informing them of the survey and encouraging their participation. DWC provided QMR with the names and contact information for 4,000 injured workers from the relevant time period. This list was randomly generated from the entire universe of workers' compensation claimants in the six-month timeframe between October 1, 2011 and March 31, 2012 (a total of approximately 240,000 people). QMR then created the sampling plan, consisting of eight replicates of 500 each, with the first two replicates released at the outset and subsequent replicates released as warranted. Findings from the survey are presented in Chapter 3 and copies of the survey questions and raw survey data are included in Appendix A.

The second data set consisted of approximately 50 million medical bills submitted to WCIS for the years 2007 through 2011. Data from multiple sources were combined and reviewed for completeness and a single data set was created. Data were organized by region of the state as follows:

- San Francisco Bay Area
- Central Coast
- Central Valley
- Eastern Sierra Foothills
- Inland Empire
- Los Angeles
- North State
- Sacramento Valley
- Sacramento Valley North
- San Diego
- Out of State

This regional classification was selected to allow comparisons between Northern and Southern California as well as between other regions of the state and urban and rural areas. In addition, the regional analysis included:

- Number of claims by provider type;
- Number of claims by physician specialty; and
- Number and types of procedures provided.

### **1.3 Contents of the Report**

This report consists of the Executive Summary, five chapters and three appendices. The first chapter is this introduction. In the second chapter, general considerations regarding the measurement of access to medical care are discussed, including what criteria are appropriate measures of access to and satisfaction with care. Chapter three presents findings from the injured workers' survey. In chapter four, the analysis of the WCIS data is described. Chapter five is a presentation of the key findings and conclusions from the data analysis, as well as a discussion of the implications of these findings for future studies.

**MEASUREMENT OF ACCESS TO MEDICAL CARE**

## **2. MEASUREMENT OF ACCESS TO MEDICAL CARE**

### **2.1 Introduction**

DWC has identified the need for criteria to measure injured workers' access to medical care. Furthermore, a specific need for criteria that measure "sufficient access," "insufficient access" and "substantial access problems" has been identified. Studies conducted in prior years used traditional criteria such as waiting time for appointments and distance traveled to providers to measure access. However, there is a need to determine whether these criteria are sufficient not only for the 2012 study, but also whether they can be replicated by DWC in future analyses to determine whether changes in access have occurred.

In this chapter, potential access criteria are identified as are possible data sources for standards to be used for each criterion. Recommendations for consideration by DWC are also presented. In addition, the chapter includes a summary of research on the development of access criteria. It should be noted that the terms "criteria" and "standards" are used throughout the chapter. Criteria are defined as the aspect of access that is to be measured and standards are the measures that must be met for access to be adequate. For example, if distance to a provider for an initial visit is to be no more than 5 miles, distance to the provider is the criterion and 5 miles is the standard to be met.

### **2.2 Summary of Research on Access Measurement Criteria**

Access criteria have been the subject of considerable investigation over the last 40 years in the U.S. Initial efforts by Federal, State and local health planners provided a foundation for subsequent efforts by payers, including, Medicare, Medicaid, health plans, workers' compensation programs and others. A list of references reviewed to identify access criteria and standards is presented in Appendix A.

#### **2.2.1 Access Criteria Used by Health Planners**

Health planners have been interested in answering some of the same access to care questions of concern to DWC, including:

- Are there sufficient providers of each type to meet the needs of a defined population in a defined geographic area?
- Are there barriers to access based on distance to providers, availability of transportation, racial/ethnic differences, language barriers, patient disabilities, and income differences?

Questions regarding sufficiency of providers and barriers to access are of concern to DWC. Access measures that address questions of provider sufficiency are typically ratios, such as:

- Hospital beds/thousand population,
- Primary care physicians/thousand population, and
- Physician specialists (by type)/thousand population.

Distances and time required to reach providers are the most frequently used criteria relating to barriers to access. Distances and time required to reach primary care physicians, physician specialists and hospitals are cited most frequently. Planners have used different standards for these criteria for urban and rural areas. Concerns about racial/ethnic differences, patient disabilities and income differences have not led to specific access criteria. Instead, existing criteria such as those described are measured for different populations and compared. Language barriers have been addressed by criteria such as number of providers (by type) that are multi-lingual. Specific criteria have not been developed to measure availability of transportation for specific populations although special studies in distinct geographic areas have been completed.

### **2.2.2 Access Criteria Used by Health Care Payers**

Medicare and Medicaid programs (including Medi-Cal) became more interested in access criteria when they began to contract with managed care plans. Medicare's access issues are identified in the criteria established for Medicare Advantage Plans. These criteria include availability of sufficient providers by type in the networks operated by the managed care plans awarded Medicare Advantage contracts. The Centers for Medicare and Medicaid Services (CMS) specifically identifies three types of access criteria for managed care organization (MCO) networks:<sup>1</sup>

- Minimum number of providers in MCO network,
- Maximum travel distance to providers, and
- Maximum travel time to providers.

These criteria vary by specialty type and county geographic designation (e.g., urban, rural). Examples of criteria and standards used by Medicare include:

- Maximum distance to cardiologists – 30 miles,
- Maximum travel time to cardiologists – 30 minutes,
- Maximum distance to a skilled nursing facility – 60 miles, and
- Maximum travel time to a skilled nursing facility – 60 minutes.

Medicaid programs, including Medi-Cal use similar access criteria, but have special concerns including the availability of public transportation and the need to meet cultural and language characteristics of enrollees.<sup>2</sup>

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<sup>1</sup> Centers for Medicare and Medicaid Services, 2011 CMS Medicare Advantage Network Adequacy Criteria Development Overview at [https://www.cms.gov/Medicare/MedicareAdvantage/MedicareAdvantageApps/downloads/2011\\_MA\\_Network\\_Adequacy\\_Criteria\\_Overview.pdf](https://www.cms.gov/Medicare/MedicareAdvantage/MedicareAdvantageApps/downloads/2011_MA_Network_Adequacy_Criteria_Overview.pdf)

<sup>2</sup> Government Accountability Office, Medicaid Managed Care: Access and Quality Requirements Specific to Low-Income and Other Special Needs Enrollees, December 8, 2004 at <http://www.gao.gov/assets/100/92941.pdf>

Health plans may use different standards or measures than the Medicare Advantage program, but the criteria of interest to them are similar. Their primary concern is to develop and manage provider networks that meet the needs of their members in terms of distance traveled and time spent travelling. They are also concerned about having providers in their network who have availability to see their members.

Specialized health care payers, such as workers' compensation programs, have additional interests that may not be reflected in access criteria used by other payers. For example, standards for MPNs in the California workers' compensation program are:

- Maximum distance to a primary physician – 30 minutes or 15 miles from employee residence or workplace,
- Maximum distance to a hospital emergency department – 30 minutes or 15 miles from employee residence or workplace, and
- Maximum distance to occupational health services or specialist – 50 minutes or 30 miles from employee residence or workplace.

### **2.3 Access Criteria for Consideration by DWC**

Access criteria used by health planners and health care payers have been reviewed for their appropriateness for DWC. These criteria can be categorized in different ways. In this section, criteria are categorized as follows:

- Provider availability to injured workers,
- Experience of injured workers who sought care, and
- Injured worker satisfaction with their access to care.

Criteria are listed in each category, an indication of whether each criterion was used in the 2012 study is presented and data requirements and sources are identified. Recommendations for inclusion of criteria in future studies are made in a section 2.4.

#### **2.3.1 Structure of the Provider Network Available to Injured Workers**

The access criteria discussed in this section answer the following questions:

- *Is the provider network available to injured workers sufficient to meet the demand for care?*
  - Does provider availability vary by provider type?
  - Does provider availability vary by location of injured workers?
  - What factors limit provider participation in networks?
  - Are there a sufficient number of providers that meet language requirements?

Criteria or measures can be developed for each question. Measures are listed below with data sources and possible standards for each measure:

- *Does provider availability vary by provider type?* Although there are many different provider types seen by injured workers, the analysis of WCIS billing data has identified general practice (general practitioners, internists and family practitioners), specialists, physical therapy (PT)/occupational therapy (OT) and chiropractors as the most frequently used. The number of each of these provider types compared to the number of California workers is, therefore, a useful measure.<sup>3</sup> Measures are:
  - General practice physicians (including general practitioners, internists and family practitioners)/California worker (Source: WCIS data; DWC standard to be determined)
  - Specialists/California worker (Source: WCIS data; DWC standard to be determined)
  - Physical therapy (PT)/occupational therapy (OT) providers/California worker (Source: WCIS data; DWC standard to be determined)
  - Chiropractors/California worker (Source: WCIS data; DWC standard to be determined)
  
- *Does provider availability vary by location of injured workers?* Access to specific provider types is likely to vary in different regions of the State. In order to measure geographic variations, it is necessary to identify regions. In Chapter 4, the following regions were used in the analysis of WCIS claims data and are also used in establishing access measures.
  - San Francisco Bay Area;
  - Central Coast;
  - Central Valley;
  - Eastern Sierra Foothills;
  - Inland Empire;
  - Los Angeles;
  - North State,;
  - Sacramento Valley;
  - Sacramento Valley (North);
  - San Diego.
  
- Access to each provider type listed previously needs to be determined for each region. Measures are:
  - General practice physicians (including general practitioners, internists and family practitioners)/California worker in each region (Source: WCIS data; DWC standard to be determined)
  - Specialists/California worker in each region (Source: WCIS data; standard to be determined)
  - Physical therapy (PT)/occupational therapy (OT) providers/California worker in each region (Source: WCIS data; standard to be determined)

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<sup>3 3</sup> Although WCIS data were analyzed as presented in Chapter 4 of this report, specific analyses for these standards were not completed.

- Chiropractors/California worker in each region (Source: WCIS data; standard to be determined)
- Regions also need to be summarized to measure access in urban and rural areas as well as in Northern and Southern California.
- *What factors limit provider participation in networks?* Several factors may limit provider participation in caring for injured workers, including payment rates, administrative denials of care, and employers and MPNs. Payment rates and denials have been cited by providers as concerns. Provider participation may also be limited because injured workers do not always have access to providers on the lists maintained by employers or MPNs. Measures are:
  - Percentage of providers no longer caring for injured workers or percentage of providers reducing their injured worker caseload because of inadequate payment rates (Source: Not currently available – could be gathered in provider focus groups; DWC standard to be determined)
  - Percentage of providers no longer caring for injured workers or percentage of providers reducing their injured worker caseload because of denials of care (Source: Not currently available – could be gathered in provider focus groups; DWC standard to be determined)
  - Injured workers’ difficulties in obtaining access to the providers on lists maintained by employers and MPNs (Source: Injured Worker Survey; DWC standard to be determined)
- *Are there a sufficient number of providers that meet language requirements?* Access to care is affected by the need for injured workers to communicate effectively with providers. Providers need to recognize the need to have multi-lingual capability. Measures are:
  - Percentage of providers with multi-lingual capability (Source: Not currently available – could be gathered in provider focus groups; DWC standard to be determined)
  - Injured workers’ identification of language barriers (Source: Injured Workers Survey; no numerical standard)

### **2.3.2 Experience of Injured Workers Who Sought Care**

The access criteria discussed in this section answer the following questions:

- *Do injured workers experience barriers to access?*
  - How far did injured workers need to travel (in both time and distance) to their first visit with a provider?
  - How far did injured workers need to travel (in both time and distance) to specialists, including physical therapy (PT)/occupational therapy (OT) and chiropractors?
  - How long did it take for injured workers to schedule their first visit and visits with other providers?
  - What barriers did injured workers experience in seeking care? (Note: Barriers question includes language barriers, barriers at home, e.g., having to care for a family member,

denials of treatment requests, fear of consequences on job, unaware of program rights, problems with physician lists, inability to find a specialist)

Criteria or measures can be developed for each question. Measures are listed below. Sources for these measures can be surveys, in-depth interviews or provider databases, including the Medical Board of California. The majority of these questions were part of the 2012 BRG survey. For some of the measures, similar questions were asked on the 2006 and 2008 surveys (although with different sampling schemes).

- *How long did it take for injured workers to schedule their first visit and visits with other providers?*
  - Measure:
    - Days elapsed from injury to the first visit to a provider. Measures include percent seen within one day, two days, three days and more than three days. (Source: Injured Workers Survey – standard frequently cited is 3 days to first visit).
- *How long did it take for injured workers to schedule a visit with a specialist who was not their main provider, i.e., what was the elapsed time from referral to visit?*
  - Measure:
    - Days elapsed from time referral was made to visit (Source: Injured Workers Survey – DWC standard to be determined).
- *How far did injured workers travel (in both time and distance) to their first provider and their main provider?*
  - Measures:
    - Percentage traveled to first visit within 15 miles.
    - Percentage traveled to first visit within 30 minutes.
    - Percentage traveled to main provider within 15 miles.
    - Percentage traveled to main provider within 30 minutes.
    - (Source: Injured Workers Survey – DWC standards to be determined)
- *How far did injured workers travel to see a specialist?*
  - Measures:
    - Percentage traveled to see a specialist within 30 miles.
    - Percentage traveled to see a specialist within 50 minutes.
    - (Source: Injured Workers Survey – DWC standard to be determined)
- *Did injured workers experience problems accessing a specialist?*
  - Measure:
    - Percentage of injured workers told they should see a specialist who reported problems accessing the specialist. (Source: Injured Workers Survey – DWC standard to be determined)
- *Did injured workers experience problems accessing PT/OT?*
  - Measure:

- Percentage of injured workers told they should have PT or OT who reported problems accessing PT or OT. (Source: Injured Workers Survey – DWC standard to be determined)
- *What other barriers did injured workers (who received care) experience in seeking care? (e.g. language, denials, problem with physician lists, physician office hours)*
  - Measures:
  - Percent experiencing denied care or delays
  - Percent complaining of language barrier
  - Percent reporting problems with MPN physician lists
  - (Source: Injured Workers Survey – DWC standards to be determined)

### **2.3.3 Injured Worker Satisfaction with Access to Care**

The access criteria discussed in this section answer the following questions:

- *Are injured workers satisfied with the care they receive?*
  - Are injured workers satisfied with the overall care they received?
  - Are injured workers satisfied with the care they received from each type of provider?
  - Are there differences in satisfaction that can be discerned by region in which the injured worker resides or by type or intensity of injury?

Criteria or measures can be developed for each question. Measures are listed below with data sources and possible standards for each measure:

- *Are injured workers satisfied with the overall care they receive?*
  - Measure:
  - Percentage very satisfied or satisfied with the overall care they received for their injury. (Source: Injured Workers Survey – DWC standard to be determined)
- *Are injured workers satisfied with the care they received from each type of provider?*
  - Measures:
  - Percentage very satisfied or satisfied with the care they received from their main provider. (Source: Injured Workers Survey – DWC standard to be determined)
  - Percentage very satisfied or satisfied with the care they received from their specialist. (Source: Injured Workers Survey – DWC standard to be determined)
  - Percentage very satisfied or satisfied with the PT or OT that they received. (Source: Injured Workers Survey – DWC standard to be determined)
- *Are there differences in satisfaction that can be discerned by region in which the injured worker resides or by type or intensity of injury?*
  - Measures:
  - Percentage very satisfied or satisfied for Northern California vs. Southern California. (Source: Injured Workers Survey – DWC standard to be determined)
  - Percentage very satisfied or satisfied for each geographic area. (Source: Injured Workers Survey – DWC standard to be determined)

## **2.4 Recommendations**

The criteria identified in this chapter are recommended for use by DWC as measures of access that can be evaluated over time. Related issues may also be of interest although they are not necessarily access issues. These issues have been addressed in past Injured Worker Surveys as well as in the 2012 survey. They include:

- Occupational health knowledge of providers as evaluated by survey respondents;
- Ability of injured worker to return to work;
- Length of time before injured worker returns to work;
- Use of Medical Provider Networks (MPNs) by injured workers;
- Denials of care and delays in care;
- Representation by attorneys.

DWC needs to consider whether it will add these issues to the studies of access it will conduct in the future. In addition, standards need to be determined for access criteria. The development of standards for each criterion is one of the topics discussed in Chapter 5.

**INJURED WORKERS SURVEY**

### **3. INJURED WORKERS SURVEY**

#### **3.1 Introduction and Description of Survey Sampling Plan**

A survey of workers who were injured in 2011 and 2012 was conducted as part of the study to evaluate injured workers' access to medical care in the State of California. The survey was similar in content and methodology to previous surveys conducted in 2006 and 2008, and results are consistent with the findings from the previous surveys.

The sampling frame consisted of four thousand workers in the WCIS data system who were injured in either the last quarter of 2011 or the first quarter of 2012. This sample was selected randomly from the universe of approximately 211,200 workers injured during that time frame for whom telephone numbers were available. Every fifty-fourth record was selected from that group to obtain the sampling frame of four thousand workers. It was determined that a sample size of 500 would satisfy statistical significance requirements.

The sampling frame was then provided to the survey firm, Quantum Research Associates, who conducted the 20-50 minute survey by telephone. The survey firm released the sample frame in eight replicates of 500 injured workers each until the desired sample of 500 was reached. This sample size was reached after the release of three replicates or 1,500 records in the sampling frame.

Prior to telephoning injured workers, the survey firm mailed each worker in the replicate an introductory letter in both English and Spanish, signed by the medical director of the Division of Workers' Compensation (DWC), explaining the nature of the survey and requesting his or her participation. Each worker was offered a \$15 gift certificate to complete the survey. The survey was offered in both English and Spanish, but was not available in other languages.

The survey firm called each injured worker up to five times in order to maximize the number of responses in each replicate. The unadjusted response rate was 33.5%. After excluding those with language barriers (24), those with cognitive barriers (5), those not qualified (6), those with busy numbers (49) and those whose numbers were disconnected (320), the adjusted response rate was 45.9%. Of those contacted, 118 or 7.9% of the total contacted refused to participate in the survey. Seven of these stated they were represented by attorneys. One may have been frustrated by language barriers. Of the total survey respondents (500), 15.6% completed the survey in Spanish, while the rest of the survey respondents completed the survey in English.

Findings from the survey are described in the sections that follow. Responses to each question and the survey instrument used are presented in Appendix B.

#### **3.2 Demographics and Injury Characteristics**

Injured workers in California in 2012 were 43 years old on average and nearly evenly split between men and women (Table 1). Well over half (59 percent) had at least some college education. Although nearly half indicated that they are Latino (45 percent) and speak both English and other languages at home (50

percent), the vast majority indicated that they are fluent in spoken English (84 percent). More than three-quarters of respondents (77 percent) indicated that they have private medical insurance.

**Table 1. Characteristics of Injured Workers, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Age</b>	
30 or less	31 %
31 – 45	47 %
46 or older	22 %
Average age: 43, Median age: 44	
<b>Female</b>	49 %
<b>Educational attainment</b>	
Less than high school diploma	14 %
High school diploma or GED	25 %
Some college	37 %
College graduate	22 %
<b>Race/ethnicity</b>	
White	38 %
Latino	45 %
African American	7 %
Asian American	7 %
Native American/Alaska Native	2 %
Hawaiian/Pacific Islander	2 %
<b>Languages spoken at home</b>	
English only	48 %
English and other	50 %
Other languages only	2 %
<b>English Fluency- survey conducted in English</b>	84 %
<b>Health insurance coverage</b>	
Employment-based or privately purchased	77 %
Uninsured	17 %
Medi-Cal/Healthy Families	1 %
Other	4 %
<b>Urban residence</b>	97 %
<b>Major industry</b>	
Agriculture, Forestry, And Fishing	2 %
Mining	2 %
Construction	13 %
Manufacturing	9 %
Transportation, Communications, Electric, Gas, And Sanitary Services	1 %
Wholesale Trade	9 %

Retail Trade	19 %
Finance, Insurance, And Real Estate	26 %
Services	16 %
Public Administration	4 %

As shown in Table 2, the most frequent part of the body cited as injured was the shoulder to finger area (50 percent) and the most frequent injuries were sprains, strain, or other muscle or joint injury (50 percent).

**Table 2. Body Part Injured and Type of Injury, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Most frequently injured body part</b>	
Shoulder to finger	50 %
Back or neck	28 %
Hip to toes	27 %
Head or face	7 %
Emotional or mental stress	3 %
Eyes	2 %
Chest or abdomen	2 %
Skin	1 %
<b>Type of injury</b>	
Sprain/strain/or other muscle or joint injury	50 %
Scrape/cut/rash/bruises/swelling	23 %
Repetitive stress injury	11 %
Broken bone	7 %
Emotional or mental stress	4 %
Animal/insect bite	2 %
Exposure to chemicals/toxic materials	2 %
Eye injury	2 %
Illness	2 %
Respiratory	1 %

### 3.3 Access to Care

Access to care indicators include overall patterns of medical service use, number and type of providers seen, as well as visits to specialists and physical and occupational therapists (PT/OT), use of prescription medications, and use of durable medical equipment (DME).

### 3.3.1 Overall Utilization

One-third (33 percent) of injured workers had 10 or more visits to a provider for treatment of their injury while 39 percent had three or fewer visits. This is shown in Table 3. Among those who had only one provider visit, nearly one-third (32 percent) cited feeling better or recovery from their injury as the reason they did not have additional visits. The majority of injured workers (69 percent) saw one or two providers for treatment of their injury while only 8 percent saw five or more providers.

**Table 3. Number of Visits and Providers Seen, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Number of visits to any provider</b>	
1	17 %
2 to 3	22 %
4 to 9	27 %
10 or more	33 %
<b>Most frequent reasons for only one visit</b>	
Felt better/have recovered	32 %
My provider said I didn't need follow-up care/not to return	18 %
Inconvenient/too much trouble/couldn't get to a provider/no transportation	9 %
<b>Number of doctors, physician assistant, nurse practitioner seen for injury</b>	
1 to 2	69 %
3 to 4	23 %
5 or more	8 %

### 3.3.2 Timeliness of First Visit

The majority (60 percent) of injured workers saw a provider on the same day of their injury while 25 percent saw a provider within one to three days of the injury (Table 4). Of the 13 percent who saw a provider for the first time four days or more after their injury, 40 percent reported that the visit was not soon enough. Among this group, which accounted for five percent of all injured workers, the most frequently reported reasons for delaying their first provider visit were their employer's lack of authorization or not allowing time off from work (24 percent) and delays in authorization (21 percent).

**Table 4. Timeliness of First Visit, California, 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Time to first visit</b>	
Same day	60 %
Within 1 to 3 days	25 %
Within 4 to 6 days	5 %
Within 1 to 4 weeks	6 %
More than 4 weeks	3 %

Saw provider before told employer	2 %
<b>The first visit was after 3 days and was not soon enough</b>	40 %
<b>If visit was not soon enough, most frequent reasons why provider was not seen sooner</b>	
Employer would not authorize visit or allow taking time off work	24 %
Didn't have time to go earlier/had scheduling conflicts	21 %
Delay in authorization	21 %

### 3.3.3 First Provider Seen and Main Provider Characteristics

In this report, the terms “first provider” and “main provider” are used. The first provider refers to the first health care provider that the injured worker saw subsequent to being injured, whereas the main provider refers to the health care provider most involved in treating the worker’s injury. Most injured workers (65 percent) reported that the first provider they saw for their injury was also their main provider. Data on first provider seen and main providers are reported separately below in Table 5.

The first provider seen by most injured workers was a medical or osteopathic physician (84 percent). Only one percent reported seeing a specialist for the first visit (the specialty was not reported). The most common setting where injured workers were seen was a workplace medical office or employer’s clinic (31 percent), although one-quarter (25 percent) were seen at an occupational medical clinic or urgent care center and 18 percent were seen in an emergency room. The setting where injured workers were seen was most often selected by the employer (67 percent) but 24 percent of workers selected the setting themselves.

Among injured workers who continued treatment with the first provider seen and those whose main provider was someone other than the first provider, 71 percent reported that their main provider was a medical or osteopathic physician and 14 percent reported seeing a specialist. Another four percent saw a chiropractor as their main provider. Similar to visits to first providers, injured workers most often had the first visit with their main provider at a workplace medical office (31 percent) but 22 percent were seen in an occupational medical clinic or urgent care center and 17 percent were seen in a private doctor’s office. In contrast to first provider visits, the setting for first visits to main providers was only chosen by the employer 33 percent of the time, while the setting was chosen by someone else (family, friend, co-worker, attorney) 31 percent of the time.

**Table 5. First and Main Provider Type and Setting, California 2012 [2012 Random Survey of 500 Injured Workers]**

	First Provider	Main Provider <sup>3</sup>
<b>Type of provider</b>		
Medical doctor or osteopath	83 %	71 %
Nurse practitioner or physician assistant	12 %	8 %
Specialist <sup>1</sup>	1 %	14 %

Chiropractor	2 %	4 %
Psychologist/psychiatrist; occupational/physical therapist; technician <sup>2</sup>	2 %	1 %
<b>Setting of first visit</b>		
Workplace medical office or employer's clinic	31 %	31 %
Occupational medical clinic or urgent care center	25 %	22 %
Hospital emergency room	18 %	10 %
Kaiser clinic	8 %	9 %
Private doctor's office	8 %	17 %
Other Clinic	7 %	8 %
Other	2 %	2 %
<b>Who selected the setting</b>		
Your employer	67 %	33 %
Yourself	24 %	21 %
A hospital emergency room	-	-
Your regular physician	-	-
Someone else (family, friend, co-worker, attorney)	5 %	31 %
An insurance company/claims adjuster	4 %	15 %
<sup>1</sup> Specialty of first provider at first visit is not reported		
<sup>2</sup> Injured workers did not include physical or occupational therapists when reporting type of main provider.		
<sup>3</sup> Main provider includes those who continued to see their first provider throughout their treatment.		

### 3.3.4 Distance and Travel Time to First and Main Provider

For their first visits to providers, 55 percent of injured workers traveled less than six miles while 42 percent traveled between 6 and 30 miles. Among the three percent who traveled more than 30 miles, 36 percent reported that they traveled this distance because there were no providers that were closer and 21 percent reported that they could not get an appointment with a closer provider. Another 21 percent traveled that distance because they preferred to see that particular provider and the final 21 percent reported that there were other reasons. Fifty-nine percent reported that the travel time to the first visit was 15 minutes or less while 29 percent reported travel times of 16 to 30 minutes. Three percent traveled an hour to an hour and a half for a visit to their first provider.

Among injured workers who continued with their first provider and those whose main provider was someone other than the first provider, distances were similar to first provider visits. Forty-nine percent reported traveling less than 6 miles while 46 percent traveled 6 to 30 miles to see their main provider. The reasons for traveling over 30 miles to either the first or main provider included the lack of or inability to get an appointment with a closer health provider and personal preference to see the selected provider, but due to the small sample sizes these findings are not reliable.

**Table 6. Distance and Travel Time to First and Main Provider, California 2012 [2012 Random Survey of 500 Injured Workers]**

	<b>First Provider</b>	<b>Main Provider<sup>1</sup></b>
<b>Number of miles traveled to visit</b>		
0 to 5 miles	55 %	49 %
6 to 10 miles	23 %	24 %
11 to 15 miles	10 %	10 %
16 to 30 miles	9 %	12 %
31 to 60 miles	2 %	3 %
More than 60 miles	1 %	1 %
<b>Why traveled over 30 miles to visit (14 workers First Provider, 16 workers Main Provider)</b>		
There was no closer health care provider	36 %	31%
I couldn't get an appointment with a closer provider	21%	-
I preferred to see this provider	21%	25 %
I had no choice/ was directed to this provider	-	32 %
Other reasons	21 %	12 %
<b>Length of time to travel to visit</b>		
0-15 Minutes	59 %	-
15-30 minutes	29 %	-
30-45 minutes	6 %	-
1 hour	3 %	-
1 hour – 1-1/2 hours	3 %	-
<sup>1</sup> Main provider includes only those for whom the main provider was someone other than the first provider.		

### 3.3.5 Time under the Care of a Physician or Health Care Provider (HCP)

As shown in Table 7, 70 percent of injured workers were under the care of an HCP for eight days or longer receiving treatment for their injury. A small proportion (16 percent) was in treatment for one day or less. At the time of survey, 26 percent were still receiving care for their injury. Among those who were no longer receiving care for their injury, most (75 percent) indicated that they had recovered or were feeling better. An additional fifteen percent reported that they were no longer receiving care because their provider said they did not need further treatment. Only four percent reported that the employer or insurer did not authorize additional care.

**Table 7. Time Under Care, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Length of time under care</b>	
0-1 days	16 %
2-7 days	14 %
8-30 days	35 %

31 days or longer	35 %
<b>Still receiving health care for injury at the time of survey</b>	26 %
<b>Most frequent reason no longer receiving health care</b>	
Felt better/have recovered	75 %
My provider said I didn't need follow-up care/not to return	15 %
Am doing exercises, self-care, own treatment, etc.	4 %
Employer or insurer won't authorize additional care	4 %
Inconvenient/too much trouble/couldn't get to a provider/no transportation	2 %
Don't have time for treatment/did not do it	2 %
Providers tried everything/ran out of treatment options/healthcare unhelpful	2 %

### 3.4. Occupational Medicine Orientation of Provider and Satisfaction with Provider

The majority of injured workers reported that their provider understood the physical and mental demands of the injured worker's job very well (62 percent), discussed the need for work restrictions or changes in the job with them (77 percent), discussed how they could avoid re-injury (64 percent) and treated them with respect (93 percent). (Table 8). Only three percent reported having a hard time understanding the provider during their last visit because of language barriers.

Most injured workers (84 percent) were either satisfied or very satisfied with their provider. Of the 16 % of injured workers who stated they were dissatisfied with their providers, the most frequent explanations were that (1) they were misdiagnosed or they questioned the competency of the provider (30 workers or 37 percent of the dissatisfied group), (2) they were not treated with courtesy or respect (20 workers or 25 percent of the dissatisfied group) or (3) they did not feel they had improved (10 workers or 13 percent of the dissatisfied group).

**Table 8. Satisfaction with Provider, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Provider understood the physical and mental demands of injured worker's job</b>	
Very well	62 %
Fairly well	22 %
Not very well	11 %
Not at all	5 %
<b>Provider discussed need for work restrictions or changes/modifications in job</b>	
Yes	77 %
No, and they were needed	9 %
No, not needed or permanently disabled	14 %
<b>Provider discussed re-injury avoidance</b>	
Yes	64 %
No, and discussion was needed	10 %
No, not needed or permanently disabled	26 %

<b>Provider discussed work status or when could return to work</b>	
Yes	83 %
No, and discussion was needed	5 %
No, not needed or permanently disabled	11 %
<b>Provider treated injured worker with respect</b>	93 %
<b>Had hard time understanding provider at last visit</b>	
No	95 %
Yes, due to different language	3 %
Yes, due to other reason	2 %
<b>Satisfaction with provider</b>	
Very satisfied	46 %
Satisfied	38 %
Dissatisfied	11 %
Very dissatisfied	5 %
<b>Most important reason dissatisfied with provider</b>	
Misdiagnosed/incompetent doctor	37 %
The provider did not treat me with courtesy and respect	25 %
My condition did not improve	13 %
Long waits at the provider's office	8 %
Other reasons	17 %

### 3.5 Access to and Satisfaction with Specialist

Nearly a third (32 percent) of all injured workers saw a specialist as their first provider, main provider, or as an additional provider (Table 9). Twenty-seven percent of all injured workers saw a specialist and had no problems doing so, five percent saw a specialist but had problems doing so, four percent were referred to a specialist but were not able to see one, and 64 percent did not see a specialist and were not referred to one. The majority of injured workers who saw a specialist (72 percent) saw an orthopedic surgeon.

Among injured workers who saw a specialist other than their first or main provider, 42 percent traveled 10 miles or less while 20 percent traveled more than 30 miles. Those who traveled more than 30 miles most often reported that there were either no providers that were closer or they could not get an appointment with a provider that was closer.

**Table 9. Access to Specialist, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Ever saw specialist, including first, main, or additional provider</b>	32 %
<b>Type of specialist ever saw</b>	
Orthopedic surgeon	72 %
Neurologist	9 %
Podiatrist	4 %

Other	18 %
<b>Problems seeing specialist</b>	
Did not see specialist and was not recommended to see one	64 %
Saw specialist without problems	27 %
Saw specialist and had problem with: authorization or referral	3 %
Saw specialist and had problem with: getting appointment, too far, did not accept Workers' Compensation	2 %
Was recommended to see specialist but did not see one: no authorization or lack of referral	2 %
Was recommended to see specialist but did not see one: could not get appointment, too far, did not accept Workers' Compensation	1 %
Was recommended to see specialist but did not see one: other reason	1 %
<b>Number of miles traveled to specialist who was not the first or main provider</b>	
0 to 5 miles	22 %
6 to 10 miles	21 %
11 to 15 miles	17 %
16 to 30 miles	20 %
31 to 60 miles	15 %
More than 60 miles	5 %
<b>Why traveled over 30 miles to see specialist who was not the first or main provider</b>	
There was no closer provider in this specialty/I couldn't get an appointment with a closer provider	67 %
Other	33 %

The majority of injured workers who saw a specialist other than their main provider reported that the specialist understood the physical and mental demands of their job very well (58 percent), discussed the need for work restrictions or modifications (66 percent), discussed how to avoid re-injury (47 percent), and discussed when the injured worker could return to work (61 percent) if needed (Table 10). Overall, 85 percent were satisfied or very satisfied with the specialist seen while nine percent were dissatisfied and six percent were very dissatisfied. Among those who were dissatisfied or very dissatisfied, 35 percent indicated that the specialist did not treat them with courtesy and respect.

**Table 10. Satisfaction with Specialist, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Specialist understood the physical and mental demands of injured worker's job</b>	
Very well	58 %
Fairly well	32 %
Not very well/not at all	11 %
<b>Specialist discussed need for work restrictions or changes/modifications in job</b>	
Yes	66 %
No, and they were needed	13 %
No, not needed or permanently disabled	22 %

<b>Specialist discussed re-injury avoidance</b>	
Yes	47 %
No, and they were needed	19 %
No, not needed or permanently disabled	33 %
<b>Specialist discussed work status or when could return to work</b>	
Yes	61 %
No, and they were needed	17 %
No, not needed	22 %
<b>Satisfaction with specialist</b>	
Very satisfied	36 %
Satisfied	49 %
Dissatisfied	9 %
Very dissatisfied	6 %
<b>Main reason dissatisfied</b>	
The provider did not treat me with courtesy and respect	35 %
Other reason	65 %

### 3.5.1 Access to Physical and Occupational Therapy (PT/OT)

Half (50 percent) of injured workers did not see a physical or occupational therapist (PT/OT) and were not referred to one (Table 11). Thirty-eight percent saw a PT/OT provider and did not experience any problems in doing so while six percent saw a PT/OT provider but had problems either with authorization, getting an appointment or distance to the provider. Five percent were referred to a PT/OT provider but did not see one.

**Table 11. Access to Physical or Occupational Therapy (PT/OT), California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Access to PT/OT</b>	
Did not see PT/OT and was not recommended to see one	50 %
Saw PT/OT for injury without problems	38 %
Saw PT/OT and had problems with: authorization	3 %
Saw PT/OT and had problems with: getting appointment or too far	3 %
Was recommended to see PT/OT but did not see one: no authorization	1 %
Was recommended to see PT/OT but did not see one: could not get appointment, too far, did not accept Workers' Compensation	1 %
Was recommended to see PT/OT but did not see one: did not think I needed it	1 %
Was recommended to see PT/OT but did not see one: no time or other reasons	2 %

### 3.5.2 Access to Prescription Medications and Durable Medical Equipment (DME)

Twenty-four percent of injured workers reported that they were not prescribed medications while 67 percent received their prescribed medications without any difficulties (Table 12). Those who were prescribed medications and reported problems had problems with authorization (2 percent), or distance to or finding a pharmacy that would accept Workers' Compensation (1 percent). Among those who were prescribed medications, the majority (59 percent) obtained them from a pharmacy or a provider's office (35 percent).

Over half (53 percent) of injured workers were not prescribed durable medical equipment (DME) while 47 percent were provided with DME or had DME prescriptions.. Almost 95 percent of those receiving DME experienced no problem obtaining it. Of the remaining 5 percent (eleven individuals), 36 percent cited delay in obtaining or denial of insurance company authorization as the problem.. Among those who were prescribed or provided with DME, the majority (77 percent) obtained it from their provider's office.

**Table 12. Access to Prescription Medications and Durable Medical Equipment (DME), California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Access to prescription medications</b>	
Did not get medication and was not recommended to get it	24 %
Got medication for injury without problems	67 %
Got medication and had problem with: authorization	2 %
Got medication and had problem with: too far, did not accept Workers' Comp	1 %
Got medication and had problem with: other reasons	3 %
Was recommended to get medication but did not get: did not think I needed it	2 %
Was recommended to get medication but did not get: other reasons	1 %
<b>Location medication was obtained</b>	
Pharmacy	59 %
Provider's office	35 %
Hospital or some other place	6 %
<b>Access to DME</b>	
Did not get DME and was not recommended to get	53 %
Got DME for injury without problems	47 %
Got DME and had problems	2 %
Was recommended to get DME but did not get: did not think I needed it or other reason	3 %
<b>Location DME was obtained</b>	
Provider's office	77 %
Pharmacy	6 %
Medical supply company	6 %
Hospital or some other place	10 %

### 3.6. Medical Provider Networks (MPNs)

Seventy-two percent of injured workers reported receiving care from an MPN. Twenty-four percent of injured workers received care from an MPN and received a list of MPN providers from their employer. Forty-five percent received care from an MPN but did not receive a provider list from their employer. Fourteen percent did not know if they received care from an MPN and did not receive a list from their employer, while another two percent who did not know if they received care from an MPN did receive a provider list from their employer. These findings are presented in Table 13. Those who reported having received an MPN list from their employer reported that the list was made available either before their injury (14 percent) or at the time of their injury (40 percent). Forty-six percent of those who reported receiving an MPN list from their employer did not receive the list until after they were injured, with 16 percent reporting that the list was not provided to them until more than two weeks after the injury. However, the survey results do not indicate whether workers were ever directed to a website which posted a list. Among those who either received care through an MPN or received an MPN list from employer, 89 percent had no difficulty contacting providers, 6 percent could not get an appointment, and the remainder (5 percent) reported other difficulties.

**Table 13. Access to Medical Provider Networks, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Receipt of care through an MPN or receipt of MPN list from employer</b>	
<b><i>Received care through an MPN</i></b>	<b>72%</b>
Got list of providers from employer	24%
Did not get list of providers from employer	45%
Did not know if received list of providers from employer	3 %
<b><i>Did not receive care through an MPN</i></b>	<b>11%</b>
Got list of providers from employer	4 %
Did not get list of providers from employer	7 %
<b><i>Did not know if received care through an MPN</i></b>	<b>16%</b>
Got list of providers from employer	2 %
Did not get list of providers from employer	14%
<b>When list of providers was received from employer (of workers who received list )</b>	
Before I was injured	14%
At the time I was injured	40%
Within a week of the injury	25%
Within two weeks of injury	5 %
Within a month of injury	8 %
More than a month after the injury	8 %
<b>Difficulty contacting providers if received care from MPN or received MPN list from employer</b>	
The health care provider did accept Workers' Comp, but had no appointments available	6 %
Wrong/disconnected number, provider did not return call, provider did not accept new Workers' Comp patients, other reasons	5 %

No difficulty	89%
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### 3.7. Overall Quality of and Satisfaction with Care

The majority (79 percent) of injured workers rated the overall quality of the care received to treat their injury as excellent, very good or good (Table 14). Thirteen percent rated the quality of care as fair and eight percent rated the care as poor (Data in Appendix B). The reasons given for fair or poor ratings included lack of improvement in their condition, denial of care or claims, not being treated with courtesy or respect, and not receiving sufficient attention from the provider.

Most (86 percent) injured workers also reported being very satisfied or satisfied with the overall care provided for their injury, while 14 percent reported being dissatisfied or very dissatisfied (Data in Appendix B). The most common reasons given for dissatisfaction included denial of care or claims, not being treated with courtesy or respect, lack of improvement in condition, and difficulties getting appointments with providers. Among those who were dissatisfied or very dissatisfied, 43 percent (6 percent of all injured workers) changed their provider for this reason (Data in Appendix B).

When asked to compare the care for their injury with other medical care they had received, the majority of workers (82 percent) found the care for their injury to be much better, better or as good as their other medical care.

**Table 14. Injured Workers' Overall Assessment of Care, California 2012 [Random Survey of 500 Injured Workers]**

<b>Assessment of overall quality of care received</b>	
<i>Excellent</i>	31 %
<i>Very good</i>	24 %
<i>Good</i>	24 %
<i>Fair or poor:</i>	
My condition did not improve	4 %
Denied care/claim	4 %
Poor quality	3 %
I was not treated with courtesy and respect	3 %
Provider did not care/in-attention	2 %
Long waits at the provider's office	1 %
Got runaround	1 %
Other reason	3 %
<b>Satisfaction with health care for this injury overall</b>	
<i>Very satisfied</i>	36 %
<i>Satisfied</i>	50 %
<i>Dissatisfied or very dissatisfied:</i>	
Denied care/claim	4 %

I was not treated with courtesy and respect	2 %
My condition did not improve	2 %
Poor quality	2 %
It was too difficult to get appointments with providers	1 %
Other reason	3 %
<b>Treatment for injury compared to other medical care</b>	
Much Better	13 %
Better	19 %
About as good	50 %
Worse	9 %
Much worse	6 %

### 3.8. Denials and Delays

Among all injured workers surveyed, seven percent reported ever having any trouble seeing a healthcare provider (Table 15). The vast majority (93 percent) of injured workers reported they were not denied care while a small proportion indicated that they were denied care (seven percent). Of those seven percent, 61 percent (or 17 injured workers) stated that the denial of care interfered with their recovery.

Most injured workers (81 percent) did not experience delays in care. Breaking down the 19 percent who did experience delays, 37 percent of that group said the delays sometimes interfered with recovery, 13 percent said the delays often interfered and 19 percent said the delays always interfered with recovery. Twenty-seven percent said delays did not interfere with recovery.

**Table 15. Denial of and Delays in Care, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Ever had trouble seeing a health care provider</b>	7 %
<b>Denial of care</b>	
Often or always denied care	3 %
Sometimes denied care	3 %
Almost never denied care	1 %
Was not denied care	93 %
<b>Interference with Recovery (Out of 7% Experiencing Denial of Care)</b>	
Never interfered	4%
Sometimes interfered	18%
Often interfered	15%
Always interfered	61%
<b>Delays in care</b>	
Delays, always	4 %
Delays, often	4 %

Delays, sometimes	11 %
Did not experience delays	81 %
<b>Interference with Recovery (Out of the 19% Experiencing Delays)</b>	
Never interfered	27%
Sometimes interfered	37%
Often interfered	14%
Always interfered	19%

### 3.9.Recovery and Return to Work

The injured workers survey also investigated issues related to recovery from an injury and the length of time required to return to work. In addition, the portion of workers who were represented by attorneys was also investigated.

#### 3.9.1 Recovery from Injury

As shown in Table 16, about half (48 percent) of injured workers reported a full recovery from their injury at the time of the survey while 42 percent were still recovering from their injury and 10 percent had not improved since first being injured. The survey was conducted largely in September 2012 and completed by October 3, 2012. Since the workers in this survey were injured between October 1, 2011 and March 31, 2012, most were injured anywhere from six months to eleven months prior to the survey. Among those still recovering and those who had not improved, the most frequently reported factors that contributed to lack of recovery were not receiving needed care (23 percent), going back to a job that was not modified to help recovery (19 percent), not responding to treatment (19 percent), and long length of time needed to recover (15 percent). Six percent reported their lack of recovery was partly due to delays in needed care. Forty percent also reported that their injury had a significant or moderate effect on their current life.

**Table 16. Recovery from Injury, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Recovery status at time of interview</b>	
I am fully recovered, back to feeling the way I did before the injury	48%
I've recovered some, but there is still room for improvement	42%
There has been no improvement in my condition since I was first injured	10%
<b>Most frequently reported factors that contributed to failure to recover fully (Out of 260 workers or 52% of total survey group)</b>	
I couldn't get the care I needed	23 %
My job was not modified to help me recover	19 %
The injury did not respond to treatment	19 %
It will take a long time to recover	15 %
Delay in getting the care I needed	6 %
I reinjured myself	5 %
Still in pain	5 %

Still undergoing treatment/still need treatment	5 %
Don't have the time/can't take the time to get treatment needed	4 %
Permanently injured/disabled	4 %
<b>The impact of injury on current life (total survey group of 500)</b>	
Has a big effect now	20 %
Has a moderate effect	20 %
Has very little effect	21 %
Has no effect now	38 %

### 3.9.2 Representation by Attorney

Over one-third (37 percent) of injured workers surveyed indicated that they had previous California Workers' Comp claims (Table 17). Eleven percent of the survey respondents had retained attorneys relating to their present injuries. Of those who were represented by attorneys, the two most common explanations were (1) to protect their interests (33 percent) or (2) because of a denied claim (24 percent). (Seven injured workers who were among the group of 118 workers refusing to participate in the survey stated that they were represented by counsel, but these do not constitute part of the eleven percent.)

**Table 17. Previous Claims and Present Representation by Attorney, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Had previous Workers' Comp claim</b>	37 %
<b>Presently represented by an attorney</b>	11 %
<b>Most frequent reasons represented by attorney</b>	
To protect myself/interests	33 %
My claim was denied.	24 %
Fired/reopen the claim	13 %
The treatment I was seeking was disapproved.	9 %

### 3.9.3 Return to Work

Seventy-nine percent of injured workers were currently working for pay for at least two weeks prior to the survey (Table 18). The remaining workers were not currently working because of their injury (11 percent) or for other reasons. Nine percent of injured workers did not return to work after injury. Among those who did return to work, 13 percent were currently working but had missed more time from work. Another six percent of respondents were not currently working and had also missed more time after having first returned to work. Among all injured workers surveyed, 53 percent had missed three or fewer days of work and were therefore medical-only claims that did not receive indemnity payments (Data in Appendix B). Nearly a third (31 percent) had missed over one month of work.

After returning to work, 61 percent of workers had returned to the same employer and the same job and 27 percent had returned to the same job (and same employer) with modified duties. Most injured workers reported that a change in job or work environment occurred (34 percent) or was not needed (34 percent), but 32 percent did not receive the needed change. Seventy-one percent (71 percent) of injured workers surveyed reported similar earnings after their injury, nine percent reported earning more and 14 percent reported earning less.

**Table 18. Return to Work, California 2012 [2012 Random Survey of 500 Injured Workers]**

<b>Current employment</b>	
<i>Worked for pay in past two weeks</i>	79 %
<i>Did not work for pay:</i>	
Because of injury	11 %
Because of other health condition	2 %
Because retired, quit, going to school, by choice	3 %
Because fired, laid off	3 %
Because of other reason	2 %
<b>Current employment and missed time from work after returning to work</b>	
<i>Worked for pay in past two weeks and</i>	
Did not miss more time from work or did not report	66 %
Missed more time from work	13 %
<i>Did not work for pay in past two weeks and</i>	
Returned to work after injury and missed more time from work	6 %
Returned to work after injury and did not miss more time from work	6 %
<i>Did not return to work after injury</i>	9 %
<b>Time missed work due to injury</b>	
1 day or less	21 %
2-7 days	33 %
8-30 days	15 %
31 days or longer	31 %
<b>Return to work at same or different employer</b>	
<i>Did not return to work after injury</i>	9 %
<i>Returned to work and:</i>	
Returned to same employer and same job	61 %
Returned to same employer and modified duties	27 %
Returned to different employer	2 %
<b>Employer or injured worker changed job or work environment after injury</b>	
Yes	34 %
No	32 %
Not needed	34 %
<b>Change in earnings due to injury</b>	
Earn about the same	71 %

Earn more now than before the injury	9 %
Earn less now because of injury	14 %
Earn less now for other reason	7 %

### **3.9.4 Injured Worker Experiences by Number of Visits and Length of Time Before Return to Work**

Injured worker experiences regarding their medical care were compared according to the number of medical visits they had and the amount of missed time from work (Table 19). Workers who had fewer than four medical visits were more likely to report a higher quality of care (86 percent) compared to those with four or more visits (75 percent). In addition, those with fewer than four visits were also more likely to be satisfied with overall care (90 percent satisfaction) than those with four or more visits (81 percent satisfaction). Furthermore, those with less than four visits were also more likely to report full recovery (74 percent) versus 30 percent among those having four or more visits. Those with four or more visits also saw specialists at a much higher rate (50 percent versus six percent and were more likely to experience delays in receiving care (18 percent versus six percent). A comparison of workers who missed less than eight days of work to those who had more than eight days of missed work showed that those who missed fewer work days perceived a higher quality of care and were more satisfied with their overall care. In addition, those who missed fewer than eight days of work were also more likely to report a full recovery, and were less likely to be represented by an attorney, to have experienced denials or delays, and to visit a specialist.

There were no significant differences in the way providers informed workers or provided information regarding work restrictions and returning to work.

**Table 19. Experience of Injured Workers by Number of Visits [2012 Random Survey of 500 Injured Workers]**

	1-3 visits	4 or more visits			Back to work in less than 8 days	Back to work in more than 8 days	
The overall quality of care received was excellent, very good, good (vs. fair, poor)	86 %	75 %	**		82 %	73 %	*
Was very satisfied, satisfied (vs. dissatisfied, very dissatisfied) with overall care	90 %	81 %	*		89 %	78 %	**
Fully recovered (vs. recovered some, not recovered)	74 %	30 %	***		61 %	25 %	***
Represented by an attorney <sup>1</sup>	-	-			4 %	23 %	***
Denied care and it interfered with recovery	3 %	7 %	NS		3 %	10 %	**
Delay in care and it interfered with recovery	6 %	18 %	***		9 %	20 %	***
Was recommended PT/OT and did not receive	7 %	5 %	NS		6 %	6 %	NS
Saw specialist for injury	6 %	50 %	***		19 %	57 %	***
Provider understood the physical and mental demands of injured worker's job very well or fairly well (vs. not very well or not at all)	87 %	82 %	NS		85 %	82 %	NS
Provider did not discuss the need for work restrictions or changes/modifications in job and it was needed	12 %	7 %	NS		10 %	7 %	NS
Provider did not discuss re-injury avoidance and it was needed	9 %	11 %	NS		10 %	12 %	NS
Provider did not discuss work status or when could return to work and it was needed	5 %	5 %	NS		5 %	5 %	NS

Provider treated injured worker with respect	95 %	92 %	NS		93 %	92 %	NS
First visit was same day or within 3 days of injury	88 %	83 %	NS		85 %	84 %	NS

<sup>1</sup>Sample size was too small for a reliable estimate.

### 3.10 Trends in Access to Care

Trends in injured worker characteristics, experiences with medical care, and recovery and return to work were examined by comparing the results of three surveys funded by the California Department of Industrial Relations: a UCLA survey conducted in 2006; a University of Washington survey conducted in 2008; and the current 2012 survey of injured workers. All three surveys, which contained similar topics and methodologies, produced relatively similar results. Observed differences may be the result of differences in age, gender, and type and severity of injuries in each sample. Additional analysis is needed to assess the significance of any observed differences in results between the surveys. Comparisons of survey data are presented in Tables 20 - 23.

**Table 20. Characteristics of Injured Workers in California, 2006 to 2012**

	2006	2008	2012
Sample size	1,001	508	500
<b>Age</b>			
30 or less	26 %	27 %	31 %
31 - 45	34 %	36 %	47 %
46 or older	40 %	37 %	22 %
<b>Female</b>	46 %	42 %	49 %
<b>Race/ethnicity</b>			
White	40 %	42 %	38 %
Latino	45 %	45 %	44 %
African American	5 %	6 %	7 %
Asian American/Pacific Islander	6 %	6 %	9 %
Native American/Alaska Native	2 %	1 %	2 %
Other	1 %	2 %	1 %
<b>Educational attainment</b>			
Less than high school diploma	17 %	17 %	14 %
High school diploma or GED	31 %	28 %	25 %
Some college	33 %	34 %	37 %
College graduate	19 %	20 %	22 %
<b>English fluency- survey conducted in English (2008, 2012) or self-reported fluency (2006)</b>	74 %	76 %	84 %
<b>Most frequent types of injury (2008 data is cumulatively)</b>			
Sprain/strain/or other muscle or joint injury	45 %	48 %	50 %
Scrape/cut/rash/bruises/swelling	22 %	21 %	23 %

Repetitive stress injury	11 %	7 %	11 %
Broken bone	8 %	-	7 %
Emotional or mental stress	2 %	-	4 %

**Table 21. Time in Treatment and Access to Care of Injured Workers**

	<b>2006</b>	<b>2008</b>	<b>2012</b>
Sample size	1,001	508	500
<b>Length of time in treatment</b>			
1 day or less	27 %	18 %	16 %
2 days to 30 days	26 %	29 %	49 %
31 days - 180 days	23 %	28 %	33 %
More than 180 days	24 %	25 %	2 %
<b>Number of visits to any provider</b>			
1	25 %	-	17 %
2 to 3 (1-3 is reported together in 2008)	23 %	36 %	22 %
4 to 9	24 %	30 %	27 %
10 or more	28 %	33 %	33 %
<b>Time to first visit less than 4 days</b>	88 %	89 %	85 %
<b>Number of miles traveled to first visit within 15 miles</b>	86 %	86 %	88 %
<b>Type of main provider</b>			
Medical doctor or osteopath	87 %	83 %	85 %
Nurse practitioner or physician assistant	4 %	5 %	8 %
Chiropractor	5 %	7 %	4 %
Other	3 %	5 %	3 %
<b>Number of miles traveled to main provider within 15 miles</b>	82 %	83 %	84 %
<b>Very satisfied/satisfied with main provider</b>	82 %	83 %	84 %
<b>Saw specialist</b>	28 %	37 %	32 %
Of those recommended to see specialist, % who did not see one	8 %	7 %	4 %
Access to specialist problems if seen by a specialist	20 %	23 %	23 %
Number of miles traveled to specialist within 15 miles	83 %	86 %	60 %
<b>Saw PT/OT</b>	39 %	45 %	44 %
Of those recommended to see PT/OT, % who did not see one	5 %	5 %	6 %
Access to PT/OT problems if seen by a PT/OT	16 %	17 %	13 %
<b>Received prescription medications</b>	65 %	77 %	72 %
<b>Received care through an MPN</b>	-	85 %	72 %
<b>Language barrier at last visit</b>	3 %	7 %	3 %
<b>Never was denied care or experienced delays for injury</b>	-	78 %	80 %
<b>Represented by an attorney</b>	11 %	12 %	11 %

**Table 22. Recovery and Return to Work**

	<b>2006</b>	<b>2008</b>	<b>2012</b>
Sample size	1,001	508	500
<b>Still receiving health care for injury at the time of survey</b>	17 %	19 %	26 %
<b>Recovery status at time of interview</b>			
I am fully recovered, back to feeling the way I did before the injury	45 %	46 %	48 %
I've recovered some, but there is still room for improvement	45 %	42 %	42 %
There has been no improvement in my condition since I was first injured	10 %	12 %	10 %
<b>Ever return to work after injury</b>	93 %	91 %	91 %
<b>Total days missed from work due to injury</b>			
None	38 %	28 %	19 %
1-3 days	19 %	26 %	34 %
4-30days	19 %	22 %	23 %
31 days or longer	18 %	15 %	15 %
Never returned to work	7 %	9 %	9 %
<b>Employer or injured worker changed job or work environment after injury</b>			
Yes	34 %	38 %	34 %
No	26 %	24 %	32 %
Not needed	40 %	37 %	34 %

**Table 23. Occupational Medicine Orientation of Provider, Quality of Care, and Overall Satisfaction with Care**

	<b>2006</b>	<b>2008</b>	<b>2012</b>
Sample size	1,001	508	500
<b>Provider understood the physical and mental demands of injured worker's job very well/fairly well</b>	83 %	85 %	84 %
<b>Provider discussed need for work restrictions or changes/modifications in job (excluding those who said it was not needed)</b>	87 %	89 %	90 %
<b>Provider discussed re-injury avoidance (excluding those who said it was not needed)</b>	81 %	88 %	86 %
<b>Provider discussed work status or when could return to work (excluding those who said it was not needed)</b>	-	84 %	94 %
<b>Provider treated injured worker with respect</b>	93 %	-	93 %

Assessment of overall quality of care received was excellent, very good, good	-	79 %	79 %
Very satisfied/satisfied with health care for this injury overall	78 %	80 %	86 %

### 3.11 Summary of Findings from Injured Workers Survey

Three major findings from the injured workers survey and the supporting evidence from the survey that document these findings are presented below.

- **Finding: The majority of injured workers had access to needed care without barriers. A small portion of workers reported barriers in access, frequently due to authorization or access to providers.**
  - Half of injuries were sprains/strains or other muscle/joint injuries. A relatively small proportion of injuries were repetitive stress (11 percent) or emotional or mental stress (four percent) injuries. Over a third of workers (39 percent) had three or fewer visits to medical providers for their injuries and over half (53 percent) lost three or fewer days of work.
  - The majority (60 percent) of injured workers saw a medical provider on the same day of their injury. Only five percent of all injured workers reported that the visit was not soon enough, most frequently due to lack of authorization or their employer not allowing time off from work (24 percent) or delays in authorization (21 percent).
  - Workers' main provider was most often a medical or osteopathic physician (71 percent). The main provider's setting was most frequently a workplace medical office or employer's clinic (31 percent) and the setting was most often selected by the employer (33 percent).
  - For the majority of workers, the distance to their main provider was less than 15 miles (83 percent). Among those who traveled over 30 miles, 43 percent did so because there was no closer provider.
  - Nearly a third (32 percent) of all injured workers saw a specialist, including 23 percent for whom the specialist was someone other than their main provider. Of those who saw a specialist, 20 percent traveled more than 30 miles to see one and 15 percent were dissatisfied or very dissatisfied with the specialist. Five percent of all injured workers reported problems when seeing a specialist.
  - Only three percent of injured workers were recommended to see a specialist but did not see one because of not getting an authorization or referral, or other access barriers.

- Among all injured workers, 38 percent saw a PT/OT and six percent had access difficulties in getting an authorization or an appointment. Another two percent were recommended to see a PT/OT but did not see one because of similar barriers.
  - Three percent of injured workers reported barriers to obtaining prescription medications and two percent reported barriers to obtaining DME. Lack of authorization and distance to pharmacy/providers were reported as barriers.
  - Seventy-two percent (72 percent) of injured workers received care from an MPN. Among those who either received care through an MPN or received an MPN list from their employer, six percent could not get an appointment and five percent reported other difficulties.
  - Among all injured workers surveyed, five percent reported they were denied care and it interfered with recovery. In addition, 12 percent of workers reported delays in receiving care that interfered with recovery.
- **Finding: Injured workers reported a high level of satisfaction with care and high quality of care, although improvements in occupational medicine orientation of providers and treatment of injured workers are needed.**
    - The majority of injured workers reported that their provider was properly oriented with occupational medicine as indicated by their understanding the physical and mental demands of the injured worker's job (62 percent), discussing the need for work restrictions or changes in the job (77 percent) and how they should avoid re-injury (64 percent).
    - Most injured workers (84 percent) were very satisfied or satisfied with their provider. Of those who were dissatisfied, 38 percent felt they were misdiagnosed or questioned the competency of the provider and 32 percent felt they were not treated with courtesy and respect by their provider. The majority of injured workers surveyed (86 percent) reported being very satisfied or satisfied with the health care for their injury overall.
    - Most injured workers rated the overall quality of the care received for their injury as excellent (31 percent), very good (24 percent) or good (24 percent). Conversely, a significant portion (21 percent) rated care as only fair or poor.
    - Injured workers most often (85 percent) found the care for injury to be as good as or better than care they had received for other medical conditions.
    - A small number of injured workers completing the survey (11 percent) had attorney representation, mostly to protect interests (33 percent) or because their claim was denied (24 percent).

- **Finding: Improvements are needed to increase rates of recovery and job modifications.**
  - At the time of the survey, 42 percent of workers were still recovering from injury and 10 percent had not improved since they were first injured. Not receiving needed care (23 percent) and going back to a job that was not modified to help recovery (19 percent) were among the reasons for not having fully recovered.
  - For 40 percent of injured workers, the injury had a significant or moderate effect on their life.
  - Overall, nine percent of injured workers did not return to work after injury and four percent of all workers reported permanent disability.
  - Needed change in job or work environment was not completed for 32 percent of workers. Fourteen percent reported lower earnings due to injury.

**ANALYSIS OF MEDICAL BILL DATA IN WORKERS' COMPENSATION INFORMATION SYSTEM**

#### **4. ANALYSIS OF MEDICAL BILL DATA IN WORKERS' COMPENSATION INFORMATION SYSTEM**

##### **4.1 Introduction**

Between 2007 and 2011, approximately 50 million medical bills were submitted to the Workers' Compensation Information System (WCIS). The WCIS uses electronic data interchange (EDI) to collect data on injured workers and medical bills from claims administrators. WCIS data were analyzed to address specific injured workers access issues, including:

- Is the variation in the number of medical bills submitted for injured workers from 2007 to 2011 sufficient to identify changes in access (for the State as a whole and for each region studied)?
- Has there been a change in the distribution of providers who care for injured workers from 2007 to 2011 (for the State as a whole and for each region studied)?
- Has there been a change in the distribution of specialists who care for injured workers from 2007 to 2011 (for the State as a whole and for each region studied)?
- Have high-volume providers entered or exited the injured workers health care system (for the State as a whole and for each region studied)?
- Has there been a change in the mix of services provided to injured workers from 2007 to 2011 (for the State as a whole and for each region studied)?
- Has there been a change in the diagnoses of injured workers from 2007 to 2011 (for the State as a whole and for each region studied)?
- Are workers' compensation payment rates for specific services sufficient to retain providers in the networks for delivering care to injured workers? How do California workers' compensation payment rates compare to other payers?

Each issue was addressed by analyzing the medical bills data set. Regions (based on combinations of counties) were identified for analytic purposes. These regions are:

- San Francisco Bay Area
- Central Coast
- Central Valley
- Eastern Sierra Foothills
- Inland Empire
- Los Angeles
- North State
- Sacramento Valley
- Sacramento Valley North
- San Diego
- Out of State

This regional classification allows comparisons between Northern and Southern California as well as between other regions of the state and between urban and rural areas.

Findings from the analysis of WCIS data are presented in this chapter. Complete WCIS analyses are presented in Appendix C.

#### **4.2 Changes in the Volume of Medical Bills – 2007-2011**

The volume of workers' compensation medical bills for the State of California remained fairly constant from 2007 to 2010. Total bills grew by only 1.2 percent between 2007 and 2010 (the number of bills declined in 2008, but increased in 2009 and 2010) although there was a substantial decline in medical bills in 2011 (17.3 percent). This decline was likely due to an incomplete data set for 2011. Since data for 2011 were collected in mid-2012, it was expected that substantially all 2011 data would be available. However, subsequent investigations found that the data set was incomplete for 2011. Since most analyses focus on the distribution of bills by type rather than the number of bills and there is no reason to believe that potentially missing bills are distributed differently than all other bills, most analyses are not affected.

For the period 2007 to 2011, the greatest declines in medical bill volume were in urban areas, especially the San Francisco Bay Area, Los Angeles and San Diego. The volume of medical bills declined at lower rates in rural areas during this period (the following regions were defined as rural: Eastern Sierra Foothills, North State and Sacramento Valley – North). When only the period from 2007 to 2010 is considered, the San Francisco Bay Area has the greatest decline in medical bills while the volume of bills in Los Angeles increased. San Diego had a slight decline in its bill volume during this period. The Inland Empire had the greatest increase in bill volume from 2007 to 2010.

It is notable that the volume of out of state bills has steadily increased from 2007 to 2011. Investigations revealed that most out of state bills are for supplies and drugs.

Medical bill volume data are presented in Table 24.

**Table 24. Number of Medical Bills by Region and Year (2007-2011)**

Region	2007	2008	2007-2008 % change	2009	2008-2009 % change	2010	2009-2010 % change	2011	2010-2011 % change	2007-2011 % change
S.F. Bay Area	1,602,267	1,544,022	(3.64%)	1,467,253	(4.97%)	1,491,737	1.67%	1,248,618	(16.30%)	(22.07%)
Central Coast	546,923	512,024	(6.38%)	498,360	(2.67%)	499,957	0.32%	425,391	(14.91%)	(22.22%)
Central Valley	750,591	792,109	(5.53%)	789,847	(0.29%)	780,841	(1.14%)	650,013	(16.75%)	(13.40%)
Eastern Sierra Foothills	110,391	107,529	(2.59%)	111,724	3.90%	110,838	(0.79%)	91,013	(17.89%)	(17.55%)
Inland Empire	2,060,519	1,949,125	(5.41%)	1,970,203	1.08%	2,089,166	6.04%	1,671,159	(20.01%)	(18.90%)
Los Angeles	3,916,612	3,704,344	(5.42%)	3,774,257	1.89%	3,944,351	4.51%	3,083,174	(21.83%)	(21.28%)
North State	127,386	122,521	(3.82%)	127,024	3.68%	127,601	0.45%	100,724	(21.06%)	(20.93%)
Sacramento Valley	355,913	336,466	(5.46%)	335,667	(0.24%)	333,784	(0.56%)	290,736	(12.90%)	(18.31%)
Sacramento Valley (N.)	67,657	70,154	3.69%	67,289	(4.08%)	64,783	(3.72%)	58,591	(9.56%)	(13.40%)
San Diego	638,354	613,872	(3.84%)	654,211	6.57%	617,451	(5.62%)	484,809	(21.48%)	(24.05%)
Out of State	503,195	517,163	2.78%	616,545	19.22%	748,546	21.41%	834,122	11.43%	65.77%
<b>Total</b>	<b>10,679,807</b>	<b>10,269,329</b>	<b>(3.84%)</b>	<b>10,412,380</b>	<b>1.39%</b>	<b>10,809,055</b>	<b>3.81%</b>	<b>8,938,350</b>	<b>(17.31%)</b>	<b>(16.31%)</b>

Source: WCIS Medical Bill Data

### 4.3 Distribution of Medical Bills by Provider Type – 2007-2011

Provider type is coded in approximately 85 percent of medical bills submitted to WCIS. For those bills for which a provider type is identified, the greatest portion is for general practice physicians. In 2007, general practice physicians accounted for almost half of all bills (47.3 percent). Although more bills were submitted by general practice physicians than any other provider type in every year from 2007 to 2011, the volume of these bills is steadily declining. In 2011, general practice physicians accounted for only 37.2 percent of all medical bills. While the volume of general practice bills was declining, bills submitted by chiropractors, mental health professionals, physical therapists, and physician specialists increased.

State-wide data on the distribution of medical bills by provider type are presented in Table 25.

**Table 25. Number of Bills by Provider Type by Year, All Regions (2007-2011)**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total	Total Bills	% Total						
Ambulance	29,519	0.28%	34,292	0.33%	28,583	0.27%	17,164	0.16%	12,767	0.14%
ASC	47,937	0.45%	52,750	0.51%	57,173	0.55%	61,900	0.57%	52,965	0.59%
Chiropractor	516,691	4.84%	517,911	5.04%	541,449	5.20%	647,146	5.99%	511,786	5.73%
General Practice	5,058,990	47.37%	4,437,685	43.21%	4,476,695	42.99%	4,260,064	39.41%	3,326,512	37.22%
Home Health	6,687	0.06%	8,812	0.09%	9,724	0.09%	14,112	0.13%	18,618	0.21%
Hospital	167,947	1.57%	176,109	1.71%	172,077	1.65%	163,749	1.51%	131,711	1.47%
Lab	49,113	0.46%	49,412	0.48%	36,732	0.35%	48,749	0.45%	64,881	0.73%
Mental health professional	116,515	1.09%	140,227	1.37%	163,761	1.57%	191,501	1.77%	137,754	1.54%
Neurologist	36,741	0.34%	40,345	0.39%	41,204	0.40%	44,800	0.41%	37,368	0.42%
Orthopedic/physical medicine	700,637	6.56%	668,124	6.51%	622,121	5.97%	708,132	6.55%	511,141	5.72%
Other	7,745	0.07%	7,310	0.07%	7,436	0.07%	8,357	0.08%	13,914	0.16%
Physical therapist/Occupational therapist	920,245	8.62%	880,546	8.57%	920,791	8.84%	918,475	8.50%	868,170	9.71%
Physician - other	234,842	2.20%	252,366	2.46%	275,595	2.65%	340,130	3.15%	307,944	3.45%
Podiatrist	31,565	0.30%	34,915	0.34%	35,985	0.35%	42,423	0.39%	37,297	0.42%
SNF	728	0.01%	1,280	0.01%	1,454	0.01%	1,731	0.02%	1,905	0.02%
Supplies	612,151	5.73%	626,395	6.10%	678,283	6.51%	730,202	6.76%	626,378	7.01%
Surgeon	780,334	7.31%	757,183	7.37%	787,513	7.56%	896,262	8.29%	766,153	8.57%
Not identified	1,361,421	12.75%	1,583,667	15.42%	1,555,804	14.94%	1,714,158	15.86%	1,511,086	16.91%
<b>Total</b>	<b>10,679,808</b>	<b>100%</b>	<b>10,269,329</b>	<b>100%</b>	<b>10,412,380</b>	<b>100%</b>	<b>10,809,055</b>	<b>100%</b>	<b>8,938,350</b>	<b>100%</b>

Source: WCIS Medical Bill Data

There was some regional variation in the distribution of bills by provider type. Although the decline in the portion of bills submitted by general practice physicians was consistently reported in most areas of the State, there was less of a decline in the San Francisco Bay Area. In contrast, the greatest decline in bills submitted by general practice physicians was in rural areas. In 2007, more than half of all bills in rural regions were submitted by general practice physicians. By 2011, rural regions had less than 40 percent of their bills submitted by general practice physicians.

Increases in the number of bills submitted by chiropractors were not uniform across regions. The volume of chiropractor bills submitted increased in the Central Valley, Eastern Sierra Foothills, Inland Empire, Los Angeles, North State and San Diego regions, but declined in the San Francisco Bay Area, Central Coast, Sacramento Valley and Sacramento Valley North regions. The volume of chiropractor activity was especially low in the Sacramento Valley region where chiropractors submitted only 2.4 percent of medical bills in 2011 compared to portions that were at least twice as large in other regions.

There was also substantial variation in the bills submitted by physical therapists. San Diego had the highest rate of physical therapy bill submission (13.7 percent of all bills). The San Francisco Bay Area also had a high portion of physical therapy bills (11.3 percent). In comparison, physical therapy bills represented only 7.4 percent of medical bills submitted in the Los Angeles region.

Regional data are presented in Tables 25A through 25J in Appendix C.

#### **4.4 Distribution of Physician Specialist Medical Bills – 2007-2011**

A broad range of physician specialists provide care to injured workers. The following specialties were represented in medical bills submitted to WCIS:

- Allergist/Immunologist;
- Anesthesiologist;
- Cardiologist;
- Dermatologist;
- Gastroenterology specialist;
- General surgeon;
- Interventional radiologist;
- Neurologist;
- Obstetrician/Gynecologist;
- Ophthalmologist;
- Osteopath;
- Otolaryngologist;
- Pain management specialist;
- Pathologist;
- Pediatrician;
- Orthopedist/Physical medicine specialist;
- Proctologist;
- Psychiatrist/Other mental health professional;
- Radiation oncologist;
- Urologist.

The greatest portions of bills submitted by medical specialists in 2011 were submitted by orthopedists (5.3 percent of all bills submitted) and general surgeons (8.6 percent of bills). The volume of orthopedist bills declined on a state-wide basis from 2007 to 2011 while the volume of general surgeon bills increased. Although the volume of orthopedist bills declined, the volume of physical therapist bills increased (8.69 percent of all bills submitted in 2011). It is also noteworthy that the volume of bills submitted by anesthesiologists and other pain management specialists has increased from 2007 to 2011. In 2011, these specialists accounted for 2.0 percent of all medical bills submitted. These three specialties (orthopedists, general surgeons and anesthesiologists/pain management specialists) are the only specialties that accounted for one percent or more of all medical bills submitted to WCIS.

The volume of all specialist medical bills remained constant from 2007 to 2010 although there was a substantial decline in 2011. This decline was likely due to the incomplete submissions in 2011 rather than fewer specialists seeing injured workers during that time period. This issue requires further examination.

There is little regional variation in the pattern of specialist use as measured by medical bills submitted to WCIS. Declines in the portion of all medical bills represented by orthopedist/physical medicine specialist bills are consistent across regions. Increases in the portion of all medical bills submitted by general surgeons are also consistent across regions.

Selected data on statewide medical bills submitted by specialists is presented in Table 26.

**Table 26. Selected Medical Specialty Data, All Regions (2007-2011)**

Specialist Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Orthopedic/physical medicine	680,874	6.38%	638,025	6.21%	587,299	5.64%	665,194	6.15%	473,680	5.30%
General Surgeon	780,334	7.31%	757,183	7.37%	787,513	7.56%	896,262	8.29%	766,153	8.57%
Anesthesiologist/Pain Management Specialist	122,879	1.16%	135,433	1.32%	157,177	1.51%	196,955	1.83%	178,690	2.00%

Source: WCIS Medical Bill Data

Anesthesiologists and Pain Management Specialists are combined in Table 26. Services provided by anesthesiologists may include pain management as well as delivery of anesthesia in surgical settings. Pain Management Specialists, who were identified as such specialists, accounted for 0.22 percent, 0.29 percent, 0.39 percent, 0.52 percent and 0.63 percent of medical bills in 2007, 2008, 2009, 2010, and 2011 respectively.

Data for all specialists on a state-wide and regional basis are presented in Tables 26A through 26J in Appendix C.

#### **4.5 High-Volume Providers Entering and Exiting Workers' Compensation Networks – 2007-2011**

It is important to determine whether the network of providers serving injured workers is growing, shrinking or remaining unchanged. Data reveal that low-volume providers experience substantial changes in their volume of injured worker patients from year to year. Exits from injured worker provider networks may be more significant for high-volume providers. High-volume providers are defined as the providers who have the largest share of patients in any of the ten regions identified. The patient share for providers that defines a provider as high-volume varies by region. Medical bill data were analyzed to identify high-volume providers in each region that experienced substantial changes in volume during the 2007 to 2011 period. Examples of providers that substantially reduced their volume of workers' compensation cases from 2007 to 2011 include:

- Central Coast Region –Medical Group A (declined from 1.8 percent to 0.7 percent of bills),
- Inland Empire Region – Medical Group B (declined from 3.3 percent to 1.1 percent of bills),
- Inland Empire Region – Medical Group C (declined from 1.7 percent to 0.5 percent of bills),
- Los Angeles Region – Medical Group D (declined from 1.7 percent to 0.4 percent of bills),
- North State Region –Medical Group E (declined from 6.6 percent to 1.7 percent of bills),
- Sacramento Valley (North) Region – Medical Care Group F (declined from 7.1 percent to 3.7 percent of bills), and
- San Diego Region – Physical Therapy Group G (declined from 2.2 percent to 0.5 percent of bills).

Declines in volume for some providers were offset by high-volume providers who increased their volume of injured worker patients during the 2007 to 2011 period. In addition, new providers entered the workers' compensation network in most regions and some low-volume providers increased the number of injured worker patients that they cared for. The concentration of high-volume providers varies by region. The ten highest-volume providers only accounted for 17 percent of all medical bills in the Central Valley in 2011 while the ten highest-volume providers in San Diego accounted for 30 percent of medical bills in that region. The concentration of high-volume providers declined in seven regions while it increased in three regions (San Francisco Bay Area, Central Coast and San Diego). It is difficult to identify a pattern in the changes that have been described. Importantly, however, there is no evidence of large numbers of high-volume providers leaving the networks that care for injured workers.

#### **4.6 Changes in the Mix of Services Provided to Injured Workers – 2007-2011**

The ten highest-volume services (as defined by CPT-4 code) accounted for approximately 40 percent of all services provided to injured workers in California in 2011. These services are consistently found to be high-volume services in each region of the state and in each year from 2007 through 2011. The top four services accounted for 24 percent of all services on a statewide basis. These services are:

- 97014 – Electric Stimulation Therapy
- 97110 – Therapeutic Exercises
- 99214 – Office visit – established patient
- 99213 – Office visit – established patient

There are five classifications of office visit based on the complexity of care provided and the time spent with the patient. 99214 is the second-highest complexity and is paid (on average) at \$89.57. 99213 is a midrange visit and it is paid (on average) at \$56.93. The volume of office visits reported as 99214, as compared to the volume of 99213 visits, has increased in all regions except Los Angeles, North State and San Diego. This increase is similar to increases experienced by other payers, including the Medicare and Medi-Cal programs and commercial health plans.

Data for the four highest-volume CPT-4 codes for the State of California for the period 2007 to 2011 is presented in Table 8. Similar data for the 20 highest-volume codes for the State as a whole and for each region are presented in Tables 27A through 27J in Appendix C.

**Table 27. Top 20 CPT/HCPCS Codes by Year, All Regions (2007-2011)**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97014	Electric stimulation therapy	160,392	5.77%	177,995	6.31%	155,786	5.84%	322,974	7.47%	234,736	7.41%
97110	Therapeutic exercises	145,666	5.24%	162,648	5.77%	148,772	5.58%	303,169	7.01%	215,251	6.79%
99214	Office/outpatient visit established	132,623	4.77%	114,771	4.07%	121,180	4.55%	213,282	4.93%	160,849	5.08%
99213	Office/outpatient visit established	138,832	5.00%	156,565	5.55%	116,981	4.39%	191,288	4.42%	138,651	4.38%

Source: WCIS Medical Bill Data

**4.7 Changes in the Mix of Injured Workers’ Diagnoses – 2007-2011**

The 20 highest-volume diagnosis codes assigned to injured workers account for more than 40 percent of all diagnoses in the State as a whole and in each region (Primary and secondary diagnoses are included in the analysis). The five highest-volume diagnosis codes account for 20 percent of all diagnoses in most regions. Nearly all of these high-volume diagnoses are for orthopedic problems. There has been only minor variation in these diagnoses over time and across regions. The five highest-volume injured worker diagnoses identified by ICD-9 code are:

- 724.2 – Lumbago;
- 847.2 – Sprain lumbar region;
- 847.0 – Sprain of neck;
- 840.9 – Sprain shoulder or arm;
- 719.41 – Joint pain shoulder.

**Table 28. Top 20 Diagnosis (ICD-9) Codes by Year, All Regions (2007-2011)**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
847.2	Sprain lumbar region	56,596	4.59%	67,611	4.67%	86,566	5.71%	149,373	6.94%	150,761	7.53%
959.9	Injury-site not otherwise specified	97,869	7.94%	208,676	14.42%	55,976	3.69%	52,273	2.43%	56,457	2.82%
847.0	Sprain of neck	44,040	3.57%	52,644	3.64%	68,387	4.51%	113,021	5.25%	116,848	5.84%
724.2	Lumbago	51,273	4.16%	50,300	3.47%	55,008	3.63%	70,225	3.26%	66,304	3.31%
846.0	Sprain lumbosacral	23,222	1.88%	27,592	1.91%	32,479	2.14%	51,156	2.38%	47,477	2.37%
840.9	Sprain shoulder/arm not otherwise specified	17,379	1.41%	22,642	1.56%	31,067	2.05%	55,064	2.56%	55,306	2.76%
354.0	Carpal tunnel syndrome	25,946	2.11%	27,306	1.89%	32,451	2.14%	43,373	2.02%	42,871	2.14%
722.10	Lumbar disc displacement	29,040	2.36%	29,510	2.04%	32,559	2.15%	39,516	1.84%	36,164	1.81%
722.52	Lumbar/lumbosacral disc degeneration	29,677	2.41%	28,274	1.95%	30,647	2.02%	33,340	1.55%	25,815	1.29%
724.4	Lumbosacral neuritis not otherwise specified	22,413	1.82%	24,312	1.68%	27,093	1.79%	34,801	1.62%	29,874	1.49%
844.9	Sprain of knee & leg not	12,688	1.03%	15,911	1.10%	21,886	1.44%	38,061	1.77%	36,834	1.84%

	otherwise specified										
<b>723.1</b>	Cervicalgia	18,833	1.53%	19,359	1.34%	22,067	1.46%	29,127	1.35%	29,846	1.49%
<b>719.41</b>	Joint pain-shoulder	13,988	1.14%	14,937	1.03%	19,885	1.31%	28,888	1.34%	30,751	1.54%
<b>719.46</b>	Joint pain-leg	15,004	1.22%	16,717	1.15%	19,723	1.30%	28,884	1.34%	26,797	1.34%
<b>847.1</b>	Sprain thoracic region	11,158	0.91%	14,131	0.98%	17,519	1.16%	30,574	1.42%	29,246	1.46%
<b>842.00</b>	Sprain of wrist not otherwise specified	7,619	0.62%	11,151	0.77%	15,165	1.00%	28,662	1.33%	30,408	1.52%
<b>726.32</b>	Lateral epicondylitis	9,791	0.79%	11,708	0.81%	15,238	1.00%	24,219	1.13%	25,267	1.26%
<b>883.0</b>	Open wound of finger	9,670	0.78%	12,667	0.88%	14,361	0.95%	23,711	1.10%	21,747	1.09%
<b>845.00</b>	Sprain of ankle not otherwise specified	8,526	0.69%	10,486	0.72%	13,436	0.89%	23,633	1.10%	23,155	1.16%
<b>727.05</b>	Tenosynovitis hand/wrist	7,424	0.60%	10,078	0.70%	12,404	0.82%	22,873	1.06%	23,997	1.20%
		<b>1,232,390</b>		<b>1,447,592</b>		<b>1,516,431</b>		<b>2,151,461</b>		<b>2,002,423</b>	

Diagnosis data for each region are presented in Tables 28A through 28J in Appendix C.

#### 4.8 Average Workers' Compensation Payment Rates

An analysis of payment rates for the 20 highest-volume injured worker procedure codes was completed. The analysis identified the average rate paid by the California Workers' Compensation system for each code from 2007 through 2011. Average rates were calculated using medical bill data. These data are presented in Table 29, which is presented below.

**Table 29. Average Amount Paid for 20 Highest Volume CPT/HCPCS Codes (2007-2011)**

CPT Code	Description	2007		2008		2009		2010		2011	
		Avg. Paid	% Total Paid								
97014	Electric stimulation therapy	\$5.24	0.27%	\$5.86	0.32%	\$6.03	0.42%	\$5.35	0.45%	\$6.47	0.45%
97110	Therapeutic exercises	\$16.29	0.78%	\$18.13	0.89%	\$18.46	1.17%	\$17.23	1.28%	\$20.60	1.31%
99214	Office/outpatient visit est	\$48.87	1.73%	\$65.03	2.00%	\$69.66	2.96%	\$65.08	3.63%	\$73.11	3.79%
99081	Separately reimbursable treatment reports	\$2.15	0.05%	\$6.34	0.14%	\$8.16	0.29%	\$7.53	0.42%	\$9.22	0.39%
99080	Special reports or forms	\$29.40	0.71%	\$34.40	0.80%	\$37.04	1.16%	\$33.42	1.41%	\$34.32	1.26%
99213	Office/outpatient visit est	\$36.42	1.07%	\$45.59	1.38%	\$46.56	1.67%	\$44.02	1.76%	\$48.68	1.77%
99358	Prolong service w/o contact	\$28.90	0.40%	\$31.69	0.47%	\$33.80	0.67%	\$32.53	0.88%	\$33.59	0.86%
97026	Infrared therapy	\$2.65	0.04%	\$3.42	0.06%	\$3.43	0.08%	\$3.19	0.11%	\$4.23	0.11%
99070	Special supplies	\$12.48	0.40%	\$27.32	0.84%	\$32.17	1.02%	\$29.83	0.96%	\$34.43	0.86%
97250	Myofascial release	\$21.93	0.10%	\$20.86	0.14%	\$24.61	0.35%	\$26.40	0.51%	\$28.21	0.61%
A4556	Electrodes, pair	\$21.43	0.40%	\$26.43	0.42%	\$25.21	0.45%	\$24.96	0.51%	\$27.58	0.53%
99215	Office/outpatient visit est	\$64.84	0.69%	\$79.19	0.71%	\$83.76	1.01%	\$77.04	1.16%	\$89.42	1.22%
98940	Chiropractic manipulation	\$14.44	0.19%	\$16.44	0.20%	\$15.31	0.23%	\$13.57	0.22%	\$17.17	0.19%
97012	Mechanical traction therapy	\$5.05	0.05%	\$5.29	0.05%	\$4.90	0.06%	\$4.49	0.06%	\$4.98	0.05%
95851	Range of motion	\$7.33	0.06%	\$6.52	0.05%	\$6.91	0.07%	\$5.73	0.07%	\$5.13	0.04%

	measurements										
97530	Therapeutic activities	\$15.54	0.11%	\$17.79	0.12%	\$18.06	0.15%	\$17.30	0.15%	\$19.84	0.15%
97145	Physical therapy assessment time code	\$2.18	0.01%	\$5.71	0.03%	\$6.17	0.06%	\$7.00	0.07%	\$7.80	0.06%
97018	Paraffin bath therapy	\$3.80	0.02%	\$4.22	0.03%	\$4.17	0.03%	\$3.77	0.04%	\$5.20	0.04%
99199	Special service/proc/report	\$56.64	0.31%	\$50.74	0.36%	\$44.06	0.36%	\$48.25	0.43%	\$61.92	0.43%
97128	Ultrasound	\$1.48	0.01%	\$3.90	0.02%	\$4.94	0.04%	\$4.32	0.04%	\$5.33	0.03%
	<b>Total Amount Paid</b>	<b>\$1,373,600,784</b>		<b>\$1,472,570,428</b>		<b>\$1,665,572,067</b>		<b>\$1,624,691,386</b>		<b>\$1,328,220,03</b>	

Source: WCIS Medical Bill Data

In future studies, rates paid by the California Workers' Compensation system may be compared to published rates paid by Medicare and Medi-Cal as well as commercial health plans in California. Differences in fee schedule methodologies and approaches to payment require further investigation.

#### 4.9 Summary of Findings

The analysis of medical bills identified patterns of bill submissions for the State and for regions within the State. Three findings were determined to be significant:

- **Finding: Bills submitted by general practice physicians declined as a percentage of total bills from 2007 through 2011, while bills submitted by chiropractors, mental health professionals, physical therapists and physician specialists increased as a percentage of total bills during the same period.**
- **Finding: Orthopedists and general surgeons accounted for the largest percentage of bills submitted by physician specialists from 2007 through 2011. The percentage of bills submitted by pain management specialists increased during this period.**
- **Finding: The ten highest-volume services identified in medical bill data accounted for 40 percent of all bills during the period from 2007 to 2011. The four highest-volume services accounted for 24 percent of bill volume. These services included:**
  - **Electric Stimulation Therapy;**
  - **Therapeutic Exercises;**
  - **Office visit – established patient;**
  - **Office visit – established patient.**

**SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR FUTURE STUDIES**

## 5. SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR FUTURE STUDIES

### 5.1 Summary of Findings

Studies of injured workers' access to medical care in California were conducted in 2006, 2008 and 2012. All three studies included a survey of injured workers that investigated their satisfaction with the care that they received. Although there are some differences in the survey methods in each study, findings for each survey were similar: a substantial portion of injured workers (approximately 85 percent) were satisfied or very satisfied with their care.

Most injured workers included in the 2012 survey were able to travel to providers in 15 minutes or less and travelled five miles or less. Only three percent of injured workers needed to travel an hour or more to reach a provider. Ninety three percent of injured workers indicated that they were not denied care at any point during their treatment.

Analyses of WCIS data revealed that the network of providers who treat injured workers remained robust during the period from 2007 to 2011. Although some providers exited the network, WCIS data indicates that other providers expanded their care for injured workers and new providers entered the network. Changes in the types of providers who cared for injured workers were noted. The portion of medical bills submitted by general practice physicians declined consistently across the State from 2007 to 2011 while the portion submitted by specialists increased.

### 5.2 Recommendations for Future Studies

Additional studies of access to medical care by injured workers in California will be completed in 2013 and 2014. These studies will continue to address the issues addressed in the 2012 study. In addition, there are additional issues that can be addressed. These issues, which arose during the course of the 2012 study, are listed below.

**Selection of specific standards for access criteria.** Standards used in this study are based, in part, on prior studies to assure comparability. As a result, standards such as ability to reach a main provider within 15 minutes or ability to reach a specialist within 30 minutes were used for measures of access. It is possible to use an alternative standard, e.g., as noted in Chapter 2, health planners may use a standard of 30 minutes to reach a primary care physician and Medicare indicates a maximum travel time of 30 minutes to reach a cardiologist.

The characteristics of a patient population should be considered when selecting standards. For example, the Medi-Cal program recently completed a study that addressed access for its recipients that did not find any significant access issues. The study was based on access criteria most relevant for the Medi-Cal population. The California injured worker population has unique characteristics relating to the types of injuries it incurs, the services it receives and the geographic areas in which it lives. For this reason, it is difficult to adopt standards used by other health care payers for the California Workers' Compensation system unless they are adjusted to reflect injured workers' characteristics. A

comprehensive effort to identify standards for each of the criteria identified in Chapter 2 should be undertaken.

**Inclusion of measures other than access measures in analyses.** This study focused on access criteria but investigated other issues, including length of time to return to work (included in the Injured Workers Survey). Although there is a relationship between this issue and access to care, it is not traditionally considered to be an access issue. Another measure which is not traditionally an access issue is a comparison of rates paid to providers in the workers compensation system as compared with other systems, such as Medicare and MediCal. This issue also relates to access, as it affects financial incentives for providers to participate in the workers compensation system. There is a need to identify the scope of access issues to be addressed in future studies and determine whether additional issues not addressed in this study should be addressed.

**Investigation of injured workers' understanding of MPNs.** The State of California requires employers to post information about Medical Provider Networks (MPNs) and allows them to require employees to use an MPN. Nevertheless, the 2012 Injured Workers Survey found that a portion of workers did not fully understand the MPN requirement or whether they used an MPN. This issue has grown more significant with the 2012 passage of Senate Bill 863. The new legislation has substantial impacts on MPNs, including:

- Eliminates the requirement that an MPN have non-occupational medicine specialists constitute 25% of the network.
- Requires all MPNs to have medical access staff (not required to be employees) located within the United States to aid injured workers in obtaining information, referrals, and appointments within the MPN.
- Allows for an employee to designate their primary care physician as their primary for workers' compensation if health insurance coverage is obtained by the employee from any source.

These and other changes emphasize the need for injured workers to better understand the role of MPNs.

**Assure completeness of 2011 and subsequent year data.** It was noted in Chapter 4 that the 2011 volume of medical bills was incomplete (17.3 percent fewer bills were submitted in 2011 as compared to 2010). Medical bill volume did not vary significantly prior to 2011. There is a need to determine whether additional bills have been submitted since the data were made available. Collection of 2012 data in 2013 will provide an opportunity to address this issue. As discussed in Chapter 4, most analyses were not affected by the issue.

**In depth investigation of the impact of denials and utilization review on injured workers.** Only seven percent of injured workers indicated that they had difficulty obtaining care because care was denied. It would be useful to fully understand the extent of denials and the impact of utilization review activities. Information on the types of diagnoses for which care was denied would be helpful in determining whether denials affected access. It would also be useful to understand whether denials were more

common for certain provider types and whether denials affected provider participation in the delivery of care to injured workers.

**Identification of differences in services when injured workers are treated by specialists and general practitioners.** Data presented in Chapter 4 indicated that the role of primary care physicians in treating injured workers declined during the period from 2007 to 2011. At the same time the role of specialists increased. Furthermore, SB 863 increases the opportunity for injured workers to use their primary care physicians as their physician for their work-related injury. It is not clear, however, whether the movement to increased use of specialists means that the mix of services provided to injured workers is changing. It will be useful to know whether specialists provide different services for the same types of injuries when compared to primary care physicians and whether the difference in services varies by the type of specialist. It is not clear whether WCIS data are sufficient to address these issues but need to be investigated as a possible source.

**Identify method for evaluating rate of specialists' entry and exit from workers' compensation networks.** Data presented in Chapter 4 indicated that the portion of medical bills submitted by specialists was increasing during the period from 2007 to 2011. However, the data did not indicate whether the number of specialists who cared for injured workers was increasing or whether some specialists were becoming more active participants in workers' compensation provider networks. Moreover, the increase in the role of specialists in caring for injured workers varied across geographic areas. Because elements of SB 863 affect both the role and payment of physician specialists, it is useful to understand whether specialists are entering or leaving workers' compensation networks.

**Investigate workers' compensation payment rates in comparison to other payers' rates.** The analysis of workers' compensation payment rates across services requires additional analyses. The impact of differences in rate setting methodologies and the timeliness of updates to rates need to be reconciled. For example, because some services covered by the workers' compensation system are not covered by other systems, direct comparisons are hindered. Future analyses will focus on assuring that the methodologies for computing rates are comparable. Investigations of reasons for differences in the comparisons of payment rates among payers will be completed.

**Investigate increased number of medical bills per injured worker claim, including changes in services provided, costs per medical bill and costs per injured worker claim.** As noted in Chapter 4, the number of medical bills submitted for injured worker care in California remained constant from 2007 to 2010. At the same time, however, the number of claims by injured workers declined. California injured workers' claims for this period are reported at [http://www.dir.ca.gov/dwc/wcis/WCIS\\_Reports.html](http://www.dir.ca.gov/dwc/wcis/WCIS_Reports.html). Data on the number of medical bills for the period are presented in Chapter 4. The relationship between these data is not precise because medical bills submitted during one year can relate to an injury in a prior year. Nevertheless, the number of claims declined during the period of interest and may continue to decline while the number of medical bills is not declining, which implies that more bills are being submitted for each claim. Increased numbers of bills imply increased numbers of services, which may be caused by the shift from primary care physicians to specialists or because of changes in the mix of injuries suffered by workers. Program costs may be affected which could, in turn, lead to changes in fee schedules which

could affect access to care. It would be useful to better understand the trends in claims and medical bills and their causes.

**APPENDIX A**

**REFERENCES FOR IDENTIFICATION OF ACCESS MEASURES**

## APPENDIX A: REFERENCES FOR IDENTIFICATION OF ACCESS MEASURES

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**APPENDIX B**  
**INJURED WORKERS SURVEY DATA**

**APPENDIX B: INJURED WORKERS SURVEY DATA**

<Q1> For this survey, please answer all questions for your %12. %11. injury. Which parts of your body were injured? [IF NEEDED, READ, CHECK ALL THAT APPLY]

Back or neck_____	130	25.8%
Hand, arm, wrist, elbow, shoulder, or finger_____	249	49.5%
Hip, leg, knee, foot, toes_____	138	27.4%
Head or face_____	37	7.4%
Skin_____	6	1.2%
Eyes_____	12	2.4%
Emotional or mental stress_____	17	3.4%
Lungs, heart, or other internal organ(s)_____	3	0.6%
Chest/abdomen_____	9	1.8%
Illness_____	4	0.8%
Entire Body_____	2	0.4%
Other part of body (specify)_____	7	1.4%
None_____	1	0.2%
DK_____	0	0.0%
REF_____	0	0.0%

<Q2> What kind of injury was it? [IF NEEDED, READ, CHECK ALL THAT APPLY] [PROBE ONCE: "Anything else?"]

Sprain, strain, or other muscle or joint injury (not repetitive motion e.g., a pulled muscle, twisted ankle)_____	240	47.7%
A repetitive stress injury (e.g. tennis elbow, carpal tunnel syndrome)_____	51	10.1%
A broken bone_____	33	6.6%
A scrape, cut, skin rash, bruise, or swelling_____	112	22.3%
An eye injury_____	8	1.6%
A burn_____	2	0.4%
Exposure to chemicals or toxic materials_____	9	1.8%
Emotional or mental stress_____	21	4.2%
Illness_____	8	1.6%
Q NOT REALLY ANSWERED_____	0	0.0%
Animal and insect bite_____	10	2.0%
Internal injury_____	2	0.4%
Cyst_____	4	0.8%
Respiratory_____	2	0.4%
Other kind of injury (specify)_____	32	6.4%
DK_____	2	0.4%
REF_____	0	0.0%

<Q3> Approximately how many total visits did you have to any health provider for this injury? [IF NEEDED, READ RESPONSES]

0_____	3	0.6%
1-3_____	197	39.2%
4-9_____	133	26.4%
10 or more visits_____	166	33.0%
DK_____	3	0.6%
REF_____	1	0.2%

<Q3A> Was it because you did not need a visit or something else. IF SOMETHING ELSE PROBE: What were the reasons you didn't see the health care provider ?

Did not need a visit [ONLY CHOOSE IF NO OTHER REASONS]_____	0	0.0%
Provider had no readily available appointments_____	0	0.0%
Problems getting to provider (e.g., far away, no way to get there)_____	0	0.0%
Problems finding a provider who would take workers' compensation patients_____	0	0.0%
Didn't know which provider to contact/didn't have provider's contact information_____	0	0.0%
Employer would not authorize visit or allow taking time off work_____	0	0.0%
Didn't have time to go earlier/had scheduling conflicts_____	0	0.0%
Delay in authorization_____	0	0.0%
Something else (specify)_____	3	100.0%
DK_____	0	0.0%

REF\_\_\_\_\_ 0 0.0%

+-----+  
| Thank you for your interest in participating; however, we are only |  
| surveying workers who required a visit to a health provider for |  
| their injury. |  
+-----+

<Q4> How soon after you told your employer about your injury did you first see a health care provider?

Same day_____	297	59.4%
Within 1 to 3 days_____	123	24.6%
Within 4 to 6 days_____	23	4.6%
Within 1 to 4 weeks_____	29	5.8%
More than 4 weeks_____	13	2.6%
Saw provider before told employer_____	10	2.0%
DK_____	5	1.0%
REF_____	0	0.0%

<Q5> Did you want to be seen sooner?

YES_____	29	38.7%
NO_____	44	58.7%
DK_____	1	1.3%
REF_____	1	1.3%

<Q6> What were the reasons you didn't see the health care provider sooner? IF NEEDED, READ RESPONSES

Provider had no readily available appointments_____	4	13.8%
Problems getting to provider (e.g., far away, no way to get there)_____	0	0.0%
Problems finding a provider who would take workers' compensation patients_____	2	6.9%
Didn't know which provider to contact/didn't have provider's contact information_____	3	10.3%
Employer would not authorize visit or allow taking time off work_____	3	10.3%
Didn't have time to go earlier/had scheduling conflicts_____	6	20.7%
Delay in authorization_____	4	13.8%
Something else (specify)_____	12	41.4%
DK_____	0	0.0%
REF_____	0	0.0%

<Q7> How many miles did you have to travel to get to this first visit?  
 (READ if necessary)

0 to 5 miles_____	256	51.2%
6 to 10 miles_____	107	21.4%
11 to 15 miles_____	47	9.4%
16 to 30 miles_____	43	8.6%
31 to 60 miles_____	9	1.8%
More than 60 miles_____	5	1.0%
DK_____	33	6.6%
REF_____	0	0.0%

<Q8> Why did you travel that far to your first visit?

There was no closer health care provider_____	5	35.7%
I couldn't get an appointment with a closer provider_____	3	21.4%
I preferred to see this provider rather than a closer one_____	3	21.4%
Other (specify)_____	3	21.4%
DK_____	0	0.0%
REF_____	0	0.0%

<Q9> How long did it take you to get to this first visit? (READ IF NECESSARY)

0-15 Minutes_____	291	58.2%
16-30 minutes_____	143	28.6%
31-45 minutes_____	29	5.8%
46 Minutes - 1 hour_____	13	2.6%
More than 1 hour_____	16	3.2%
DK_____	7	1.4%
REF_____	1	0.2%

<DUMMY> LIST What type of specialist was it?

Medical doctor or osteopath_____	334	72.6%
Chiropractor_____	21	4.6%
Nurse practitioner or physician assistant_____	39	8.5%
Psychologist/psychiatrist_____	6	1.3%
Orthopedist (bone)_____	41	8.9%
Ophthalmologist (eye)_____	1	0.2%
Neurologist (nerve, head injury)_____	0	0.0%
Gastroenterologist (stomach, intestine)_____	0	0.0%
Psychiatrist_____	0	0.0%
Oral surgeon (mouth, teeth, jaw)_____	0	0.0%
MEDICAL PROVIDER (Specify)_____	18	3.9%
DK_____	0	0.0%
REF_____	0	0.0%

<Q10> What kind of doctor or healthcare provider did you see for this first visit? READ LIST, IF NECESSARY

Medical doctor or osteopath_____	397	79.4%
Chiropractor_____	9	1.8%
Nurse practitioner or physician assistant_____	57	11.4%
Psychologist/psychiatrist_____	4	0.8%
Technician (xray and others)_____	1	0.2%
Specialist_____	6	1.2%
Occupational Therapist and Physical_____	2	0.4%
Someone else (Specify)_____	3	0.6%
DK_____	21	4.2%
REF_____	0	0.0%

<Q11> Where was this first visit?

Workplace medical office or employer's clinic_____	155	31.0%
Private doctor's office_____	38	7.6%
Kaiser clinic_____	40	8.0%
Other Clinica_____	33	6.6%
Occupational medical clinic or urgent care center_	122	24.4%
Hospital emergency room_____	90	18.0%
Hospital non-specific_____	7	1.4%
Other (specify)_____	9	1.8%
DK_____	6	1.2%
REF_____	0	0.0%

<Q12> Who chose or recommended where you first went for medical care for this injury?

Yourself_____	118	23.6%
Your employer_____	334	66.8%
Your attorney_____	2	0.4%
An insurance company/claims adjuster_____	21	4.2%
Someone else (family, friend, co-worker)_____	23	4.6%
DK_____	1	0.2%
REF_____	1	0.2%

<Q12A> Did you first see your regular physician for medical care for this injury?

YES_____	36	30.5%
NO_____	82	69.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q13> After this first visit, did you have any additional visits to any healthcare provider for this injury?

YES_____	411	82.2%
NO_____	87	17.4%
DK_____	2	0.4%
REF_____	0	0.0%

<Q14> Why did you have no further visits for this injury?

Felt better/have recovered_____	57	65.5%
My provider said I didn't need follow-up care/not to return_____	15	17.2%
Am doing exercises, self-care, own treatment, etc.	4	4.6%
Providers tried everything/ran out of treatment options/healthcare unhelpful_____	2	2.3%
Don't want the recommended treatment_____	2	2.3%
Unable to find a provider_____	1	1.1%
Inconvenient/too much trouble/couldn't get to a provider/no transportation_____	8	9.2%
Employer or insurer won't authorize additional care_____	1	1.1%
Claim denied_____	2	2.3%
Claim closed_____	0	0.0%
Claim settled_____	0	0.0%
No longer with employer_____	0	0.0%
Poor condition of facility_____	1	1.1%
Don't have time for treatment/did not do it_____	0	0.0%
Other (specify)_____	6	6.9%
DK_____	0	0.0%
REF_____	0	0.0%

<Q15> Are you still receiving healthcare for this injury?

YES_____	128	25.6%
NO_____	370	74.0%
DK_____	1	0.2%
REF_____	1	0.2%

<Q16> Why are you no longer receiving healthcare for this injury?  
DO NOT READ: choose all that apply

Felt better/have recovered_____	274	74.1%
My provider said I didn't need follow-up care/not to return_____	54	14.6%
Am doing exercises, self-care, own treatment, etc.	13	3.5%
Providers tried everything/ran out of treatment options/healthcare unhelpful_____	6	1.6%
Don't want the recommended treatment_____	4	1.1%
Unable to find a provider_____	3	0.8%
Inconvenient/too much trouble/couldn't get to a provider/no transportation_____	8	2.2%
Employer or insurer won't authorize additional care_____	12	3.2%
Claim denied_____	4	1.1%
Claim closed_____	7	1.9%
Claim settled_____	1	0.3%
No longer with employer_____	5	1.4%
Poor condition of facility_____	3	0.8%
Don't have time for treatment/did not do it_____	4	1.1%

Other (specify)_____	17	4.6%
DK_____	1	0.3%
REF_____	0	0.0%

<Q17> . How long did you receive healthcare for this injury? IF NEEDED  
How much time elapsed between the first time you received health care  
for this injury and the last time you received care?

888 IS DK 999 IS REF

|\_|\_|\_|\_|+ 22.9 8489

<Q17MEAS> WAS THAT DAYS OR WEEKS OR MONTHS?

DAYS_____	107	29.0%
WEEKS_____	119	32.2%
MONTHS_____	138	37.4%
DK_____	5	1.4%
REF_____	0	0.0%

<Q18> Thinking of all medical care you've received for this injury,  
how many different doctors, physician assistants, and nurse  
practitioners have you seen or been treated by? Do not include any  
physical or occupational therapists. Please include medical doctors,  
specialists, chiropractors, psychologists, psychiatrists, and  
optometrists. READ IF NECESSARY

1-2_____	256	69.2%
3-4_____	85	23.0%
5-8_____	24	6.5%
9 or more_____	4	1.1%
DK_____	1	0.3%
REF_____	0	0.0%

IF R CHANGES THIS ANSWER AFTER YOU'VE CODED IT YOU'LL NEED A SUPE

OR TO REMEMBER TO GO BACK TO Q9 AND MOVE FWD PAST Q19'S YES

<Q19> Now let's talk about the health care provider MOST INVOLVED in your care for this injury. Please do not include physical or occupational therapists that may have helped you. Was the provider who was most involved in your care the same as the first provider you saw?

YES (the same)_____	320	64.0%
NO (a different provider)_____	175	35.0%
DK_____	4	0.8%
REF_____	1	0.2%

<Q20> What kind of medical provider was MOST involved in your care?  
A... READ LIST

Medical doctor or osteopath_____	80	44.4%
Chiropractor_____	14	7.8%
Nurse practitioner or physician assistant_____	6	3.3%
Psychologist/psychiatrist_____	3	1.7%
Specialist_____	57	31.7%
Someone else (Specify)_____	9	5.0%
DK_____	6	3.3%
REF_____	0	0.0%

<Q20A> What type of specialist was it?

READ LIST

Orthopedist (bone)_____	41	71.9%
Ophthalmologist (eye)_____	1	1.8%
Neurologist (nerve, head injury)_____	0	0.0%
Gastroenterologist (stomach, intestine)_____	0	0.0%
Psychiatrist_____	0	0.0%
Oral surgeon (mouth, teeth, jaw)_____	0	0.0%
Hand doctor_____	4	7.0%
Podiatrist_____	1	1.8%
Acupuncture specialist_____	0	0.0%
Someone else (Specify)_____	7	12.3%
DK_____	3	5.3%
REF_____	0	0.0%

<Q20B> Where was this first visit with the %254. who was MOST involved in your care?

Workplace medical office or employer's clinic_____	41	22.8%
Private doctor's office_____	61	33.9%
Kaiser clinic_____	17	9.4%
Other Clinic_____	15	8.3%
Occupational medical clinic or urgent care center_	33	18.3%
Hospital emergency room_____	4	2.2%
Hospital non-specific_____	3	1.7%
Other (specify)_____	4	2.2%

DK_____	2	1.1%
REF_____	0	0.0%

<Q21> Who chose or recommended the %254. most involved in your medical care for this injury?

Yourself_____	36	20.0%
Your employer_____	58	32.2%
Your attorney_____	9	5.0%
An insurance company/claims adjuster_____	26	14.4%
Your regular physician_____	10	5.6%
A hospital emergency room_____	11	6.1%
Someone else (family, friend, co-worker)_____	25	13.9%
DK_____	4	2.2%
REF_____	1	0.6%

<Q22> How many miles did you have to travel to get to this %254.? (, READ IF NECESSARY

0 to 5 miles_____	65	36.1%
6 to 10 miles_____	45	25.0%
11 to 15 miles_____	19	10.6%
16 to 30 miles_____	29	16.1%
31 to 45 miles_____	8	4.4%
46-60 miles_____	3	1.7%
More than 60 miles_____	5	2.8%
DK_____	6	3.3%

REF\_\_\_\_\_ 0 0.0%

<Q23> Why did you travel that far to see your most involved %254.?

There was no closer health care provider\_\_\_\_\_ 5 31.2%

I couldn't get an appointment with a closer provider\_\_\_\_\_ 0 0.0%

I preferred to see this provider rather than a closer one\_\_\_\_\_ 4 25.0%

Had no choice/directed to that place\_\_\_\_\_ 5 31.2%

Other (specify)\_\_\_\_\_ 2 12.5%

DK\_\_\_\_\_ 0 0.0%

REF\_\_\_\_\_ 0 0.0%

<Q24> How well did this %254. seem to understand the physical and mental demands of your job?

Very well\_\_\_\_\_ 300 60.0%

Fairly well\_\_\_\_\_ 109 21.8%

Not very well\_\_\_\_\_ 55 11.0%

Not at all\_\_\_\_\_ 23 4.6%

DK\_\_\_\_\_ 11 2.2%

REF\_\_\_\_\_ 2 0.4%

<Q25> Did this %254. talk to you about whether or not you needed any work restrictions, or changes in your job or the way you do your job, so you could continue working or return to work?

[IF NO, ask: Were work restrictions or job changes needed due to your injury or are you permanently disabled?]

Yes_____	373	74.6%
No, and they were needed_____	43	8.6%
No, not needed for my injury_____	67	13.4%
No, and am permanently disabled_____	3	0.6%
DK_____	7	1.4%
REF_____	7	1.4%

<Q26> Did this %254. tell you how to avoid re-injury?

IF NO ask Was it necessary for your %254. to tell you how to avoid re-injury?

Yes_____	300	60.4%
No, and they were needed_____	49	9.9%
No, not needed for my injury_____	119	23.9%
No, and am permanently disabled_____	3	0.6%
DK_____	21	4.2%
REF_____	5	1.0%

<Q27> Did this %254. talk to you about your work status or when you could return to work?

IF NO ask Was it necessary for your %254. to discuss this?

Yes_____	404	81.3%
No, and they were needed_____	25	5.0%
No, not needed for my injury_____	51	10.3%
No, and am permanently disabled_____	4	0.8%
DK_____	12	2.4%
REF_____	1	0.2%

<Q28> How satisfied are you with the care and treatment you received from this %254.?

Very satisfied_____	228	45.6%
Satisfied_____	188	37.6%
Dissatisfied_____	57	11.4%
Very dissatisfied_____	24	4.8%
DK_____	2	0.4%
REF_____	1	0.2%

<Q29> What was the ONE most important reason that you were dissatisfied with the care you received? DO NOT READ LIST

My condition did not improve_____	10	12.3%
The provider did not treat me with courtesy and respect_____	20	24.7%
It was too difficult to get an appointment_____	0	0.0%
Long waits at the provider's office_____	6	7.4%
Misdiagnosed/ Incompetent doctor_____	30	37.0%
Claim denied_____	2	2.5%
Other (specify)_____	13	16.0%
DK_____	0	0.0%
REF_____	0	0.0%

<Q30> The last time you saw this %254., did you have a hard time understanding him or her?

YES_____	25	5.0%
NO_____	473	94.6%
DK_____	1	0.2%
REF_____	1	0.2%

<Q31> Was this because your %254. spoke a different language than you?

YES_____	14	56.0%
NO_____	11	44.0%
DK_____	0	0.0%
REF_____	0	0.0%

<Q32> Did this %254. treat you with courtesy and respect?

YES_____	479	95.8%
NO_____	18	3.6%
DK_____	2	0.4%
REF_____	1	0.2%

<Q33> Did you ever see a physical or occupational therapist for this injury?

YES_____	214	42.8%
NO_____	270	54.0%
DK_____	16	3.2%
REF_____	0	0.0%

<Q34A> About how many visits to physical or occupational therapists did you have for this injury?

1 -2_____	25	11.7%
3 - 6_____	67	31.3%
7 - 12_____	66	30.8%
13 - 18_____	20	9.3%
19 - 24_____	20	9.3%
25 or more_____	13	6.1%
DK_____	3	1.4%
REF_____	0	0.0%

<Q34B> Did you feel that your physical or occupational therapy treatment was:

About right_____	124	57.9%
Too many visits_____	7	3.3%
Not enough visits_____	71	33.2%
DK_____	10	4.7%
REF_____	2	0.9%

<Q35> Thinking of all the healthcare providers you saw for this injury, did any provider ever say you needed to see a physical or occupational therapist?

YES_____	27	9.4%
NO_____	249	87.1%
DK_____	7	2.4%
REF_____	3	1.0%

<Q36> What was the PRIMARY reason you didn't see a physical or occupational therapist?

READ ONLY IF NEEDED

Didn't think I needed it_____	7	25.9%
Employer or insurance company would not authorize it_____	6	22.2%
Problems scheduling an appointment (e.g. delay)____	4	14.8%
Problems getting to provider (e.g., far away, no way to get there)_____	0	0.0%
Provider wouldn't take Workers' Compensation patients_____	1	3.7%
Did not have the time/too many difficulties_____	7	25.9%

Something else (specify)_____	2	7.4%
DK_____	0	0.0%
REF_____	0	0.0%

<Q37> Did you ever have any problem getting in to see a physical or occupational therapist for this injury?

YES_____	28	13.1%
NO_____	185	86.4%
DK_____	1	0.5%
REF_____	0	0.0%

<Q38> What was the problem? READ ONLY IF NEEDED. CHECK ALL THAT APPLY  
PROBE ONCE: "Anything else?"

Employer or insurance company would not authorize it_____	7	25.0%
Delay in getting authorization_____	10	35.7%
Problems scheduling an appointment (e.g. delay)____	12	42.9%
Problems getting to provider (e.g., far away, no way to get there)_____	2	7.1%
Provider wouldn't take Workers' Compensation patients_____	0	0.0%
Couldn't find a provider I was satisfied with_____	1	3.6%
Something else (specify)_____	3	10.7%
DK_____	0	0.0%
REF_____	0	0.0%

<Q39> Did you ever see a specialist, other than your main provider, for this injury? IF NEEDED: a provider in a specialty different from the provider you were seeing at the time

YES_____	115	23.0%
NO_____	380	76.0%
DK_____	5	1.0%
REF_____	0	0.0%

<Q39A> What type of specialist was it?  
READ LIST

Orthopedist (bone)_____	56	48.7%
Ophthalmologist (eye)_____	1	0.9%
Neurologist (nerve, head injury)_____	11	9.6%
Gastroenterologist (stomach, intestine)_____	0	0.0%
Psychiatrist_____	4	3.5%
Oral surgeon (mouth, teeth, jaw)_____	1	0.9%
Hand doctor_____	5	4.3%
Podiatrist_____	5	4.3%
Accupuncture specialist_____	4	3.5%
Someone else (Specify)_____	25	21.7%
DK_____	3	2.6%
REF_____	0	0.0%

<Q40> Thinking of all the healthcare providers you saw for this injury, did any provider ever say you needed to see a specialist? IF NEEDED: a provider in a specialty different from the provider you were seeing at the time

YES_____	26	6.8%
NO_____	350	92.1%
DK_____	3	0.8%
REF_____	1	0.3%

<Q40A> What type of specialist were you told you needed to see?  
 READ LIST

Orthopedist (bone)_____	9	34.6%
Ophthalmologist (eye)_____	0	0.0%
Neurologist (nerve, head injury)_____	4	15.4%
Gastroenterologist (stomach, intestine)_____	0	0.0%
Psychiatrist_____	3	11.5%
Oral surgeon (mouth, teeth, jaw)_____	0	0.0%
Hand doctor_____	1	3.8%
Podiatrist_____	0	0.0%
Acupuncture specialist_____	0	0.0%
Someone else (Specify)_____	7	26.9%
DK_____	2	7.7%
REF_____	0	0.0%

<Q41> What was the PRIMARY reason you didn't see a specialist?  
 READ IF NECESSARY

Didn't think I needed it_____	4	15.4%
Employer or insurance company would not authorize it_____	4	15.4%
Problems scheduling an appointment (e.g. delay)____	5	19.2%
Problems getting to provider (e.g., far away, no way to get there)_____	1	3.8%
Provider wouldn't take Workers' Compensation patients_____	2	7.7%
My main provider didn't provide a referral to one_	3	11.5%
Other (specify)_____	7	26.9%
DK_____	0	0.0%
REF_____	0	0.0%

<Q42> Did you ever have any problem getting in to see any specialist  
 for this injury?

YES_____	26	22.6%
NO_____	88	76.5%
DK_____	1	0.9%
REF_____	0	0.0%

<Q43> What was the problem? READ ONLY IF NEEDED. CHECK ALL THAT APPLY  
 PROBE ONCE: "Anything else?"

Employer or insurance company would not authorize it_____	7	26.9%
Delay in getting authorization_____	8	30.8%
Problems scheduling an appointment (e.g. delay)____	9	34.6%
Problems getting to provider (e.g., far away, no way to get there)_____	1	3.8%
Provider wouldn't take Workers' Compensation patients_____	1	3.8%
Couldn't find a provider I was satisfied with_____	0	0.0%
Something else (specify) (specify)_____	3	11.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q44> How many miles did you have to travel to get to the specialist  
 most involved in your care? IF NEEDED: "if you saw different speciali-  
 sts equally as often, please respond for the one you saw most recently  
 ." READ IF NECESSARY

0 to 5 miles_____	24	20.9%
6 to 10 miles_____	23	20.0%
11 to 15 miles_____	18	15.7%
16 to 30 miles_____	22	19.1%
31 to 45 miles_____	12	10.4%
46-60 miles_____	4	3.5%
More than 60 miles_____	5	4.3%
DK_____	7	6.1%

REF\_\_\_\_\_ 0 0.0%

<Q45> Why did you travel that far to see your specialist?

There was no closer provider in this specialty\_\_\_\_\_ 9 42.9%

I couldn't get an appointment with a closer provider\_\_\_\_\_ 2 9.5%

I preferred to see this provider rather than a closer one\_\_\_\_\_ 2 9.5%

Other (specify)\_\_\_\_\_ 8 38.1%

DK\_\_\_\_\_ 0 0.0%

REF\_\_\_\_\_ 0 0.0%

<Q46> How well did this specialist seem to understand the physical and mental demands of your job?

Very well\_\_\_\_\_ 64 55.7%

Fairly well\_\_\_\_\_ 35 30.4%

Not very well\_\_\_\_\_ 8 7.0%

Not at all\_\_\_\_\_ 4 3.5%

DK\_\_\_\_\_ 3 2.6%

REF\_\_\_\_\_ 1 0.9%

<Q47> Did the specialist talk to you about whether or not you needed any work restrictions, or changes in your job or the way you do your job, so you could continue working or return to work?

[IF NO, ask: Were work restrictions or job changes needed necessary due to your injury or are you permanently disabled?]

Yes_____	73	63.5%
No, and they were needed_____	14	12.2%
No, not needed for my injury_____	23	20.0%
No, and am permanently disabled_____	1	0.9%
DK_____	4	3.5%
REF_____	0	0.0%

<Q48> Did this specialist tell you how to avoid re-injury?

IF NO, ask: Was it necessary for your provider to tell you how to avoid re-injury?

YES_____	54	47.4%
NO and needed for my injury_____	22	19.3%
No, not needed for my injury_____	34	29.8%
DK_____	4	3.5%
REF_____	0	0.0%

<Q49> Did this specialist talk to you about your work status or when you could return to work?

IF NO, ask: Was it necessary for your provider to this with you?

YES_____	68	59.6%
NO and needed for my injury_____	19	16.7%
No, not needed for my injury_____	24	21.1%
DK_____	3	2.6%
REF_____	0	0.0%

<Q50> How satisfied are you with the care and treatment you received from this provider?

Very satisfied_____	41	36.0%
Satisfied_____	55	48.2%
Dissatisfied_____	10	8.8%
Very dissatisfied_____	7	6.1%
DK_____	1	0.9%
REF_____	0	0.0%

<Q51> What was the single most important reason that you were dissatisfied with the care you received? DO NOT READ LIST

My condition did not improve_____	3	17.6%
The provider did not treat me with courtesy and respect_____	0	0.0%
It was too difficult to get an appointment_____	0	0.0%
Long waits at the provider's office_____	1	5.9%
Other (Please specify)_____	13	76.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q52> Did you ever get prescription medication for this injury?

YES_____	355	71.0%
NO_____	135	27.0%
DK_____	8	1.6%
REF_____	2	0.4%

<Q53> Thinking of all the healthcare providers you saw for this injury, did any provider ever write you a prescription or recommend prescription medication for this injury?

YES_____	16	11.9%
NO_____	117	86.7%
DK_____	2	1.5%
REF_____	0	0.0%

<Q54> What was the PRIMARY reason you didn't get the medication?  
 READ ONLY IF NEEDED

Didn't want to take the medication/didn't think I needed it_____	10	62.5%
Employer or insurance company would not authorize it_____	0	0.0%
Delay in getting authorization from employer or insurance company_____	0	0.0%
Problems getting to pharmacy (e.g., far away, no way to get there)_____	0	0.0%
Pharmacy wouldn't take Workers' Compensation/Hard to find pharmacy that would take Workers' Compensation_____	0	0.0%
Lost the prescription_____	0	0.0%
Other (specify)_____	6	37.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q55> When a provider recommended prescription medication for this injury, where did you usually get the medication?

Pharmacy_____	210	57.5%
Provider's office_____	124	34.0%
Hospital_____	21	5.8%
Some other place (e.g., online, from Canada/Mexico)_____	4	1.1%
DK_____	5	1.4%
REF_____	1	0.3%

<Q56> Did you ever have any problem filling a prescription for this injury?

YES_____	33	9.0%
NO_____	330	90.4%
DK_____	2	0.5%
REF_____	0	0.0%

<Q57> What was the problem? READ ONLY IF NEEDED. CHECK ALL THAT APPLY  
PROBE ONCE: "anything else?"

Employer or insurance company would not authorize it_____	5	15.2%
Delay in getting authorization from employer or insurance company_____	10	30.3%
Problems getting to pharmacy (e.g., far away, no way to get there)_____	1	3.0%
Pharmacy wouldn't take Workers' Compensation/Hard to find pharmacy that would take Workers' Comp_____	5	15.2%
Lost the prescription_____	1	3.0%
Other (specify)_____	14	42.4%
DK_____	0	0.0%
REF_____	0	0.0%

<Q58> Did you ever get any medical equipment or supplies for this injury (such as crutches, braces or oxygen tanks)?

YES_____	234	46.8%
NO_____	264	52.8%
DK_____	2	0.4%
REF_____	0	0.0%

<Q59> Thinking of all the healthcare providers you saw for this injury, did any provider ever write you a prescription or recommend prescription medical equipment or supplies for this injury?

YES_____	20	7.6%
NO_____	242	91.7%
DK_____	2	0.8%
REF_____	0	0.0%

<Q60> What was the primary reason you didn't get the medical equipment or supplies? READ ONLY IF NEEDED

Didn't want the equipment/didn't think I needed it	12	60.0%
Employer or insurance company would not authorize it_____	0	0.0%
Delay in getting authorization from employer or insurance company_____	0	0.0%
Problems getting to pharmacy or medical supply company(e.g., far away, no way to get there)_____	0	0.0%
Pharmacy or medical supply company wouldn't take Workers' Compensation/Hard to find pharmacy that would take Workers' Compensation_____	0	0.0%
Lost the prescription_____	1	5.0%
Something else (specify)_____	6	30.0%
DK_____	1	5.0%
REF_____	0	0.0%

<Q61> When a provider recommended medical equipment or supplies for this injury, where did you usually get them?

Pharmacy_____	14	6.0%
Provider's office_____	173	73.9%
Medical supply company_____	10	4.3%
Hospital_____	20	8.5%
Some other place (e.g., online, from Canada/Mexico)_____	17	7.3%
DK_____	0	0.0%
REF_____	0	0.0%

<Q62> Did you ever have any problem filling a prescription for medical equipment or supplies for this injury?

YES_____	11	4.7%
NO_____	221	94.4%
DK_____	1	0.4%
REF_____	1	0.4%

<Q63> What was the problem? READ ONLY IF NEEDED. CHECK ALL THAT APPLY  
 PROBE ONCE: "anything else?"

Employer or insurance company would not authorize it_____	1	9.1%
Delay in getting authorization from employer or insurance company_____	3	27.3%
Problems getting to pharmacy or medical supply company (e.g., far away, no way to get there)_____	0	0.0%
Pharmacy/medical supply company wouldn't take Workers' Compensation/Hard to find pharmacy/medical supply company that would take Workers' Comp_____	2	18.2%
Lost the prescription_____	1	9.1%
Something else (specify)_____	5	45.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q64> Since your injury, have you ever had trouble seeing a health  
 care provider?

YES_____	35	7.0%
NO_____	464	92.8%
DK_____	1	0.2%
REF_____	0	0.0%

<Q65> Were you ever denied care?

YES_____	36	7.2%
NO_____	461	92.2%
DK_____	2	0.4%

REF\_\_\_\_\_ 1 0.2%

<Q66A> How often did you experience a denial of care?

Never or almost never\_\_\_\_\_ 5 13.9%

Sometimes\_\_\_\_\_ 14 38.9%

Often\_\_\_\_\_ 5 13.9%

Always or almost always\_\_\_\_\_ 9 25.0%

DK\_\_\_\_\_ 2 5.6%

REF\_\_\_\_\_ 1 2.8%

<Q66B> How often did these denials interfere with your recovery?

Never or almost never\_\_\_\_\_ 1 3.6%

Sometimes\_\_\_\_\_ 5 17.9%

Often\_\_\_\_\_ 4 14.3%

Always or almost always\_\_\_\_\_ 17 60.7%

DK\_\_\_\_\_ 1 3.6%

REF\_\_\_\_\_ 0 0.0%

<Q67A> How often did you experience a delay in getting care?

Never or almost never\_\_\_\_\_ 401 80.2%

Sometimes\_\_\_\_\_ 52 10.4%

Often\_\_\_\_\_ 18 3.6%

Always or almost always\_\_\_\_\_ 20 4.0%

DK\_\_\_\_\_ 5 1.0%

REF\_\_\_\_\_ 4 0.8%

<Q67B> How often did these delays interfere with your recovery?

Never or almost never_____	24	26.7%
Sometimes_____	33	36.7%
Often_____	12	13.3%
Always or almost always_____	17	18.9%
DK_____	4	4.4%
REF_____	0	0.0%

<Q68A> Was the health care for your injury provided within a Workers' Compensation Medical Provider Network? A Medical Provider Network, or MPN, is a group of health care providers used by some employers to treat workers injured on the job.

YES_____	358	71.6%
NO_____	56	11.2%
DK_____	84	16.8%
REF_____	2	0.4%

<Q68B> Did your employer OR INSURER give you a list of health care providers to contact regarding the injury you received on the job?

YES_____	152	30.4%
NO_____	328	65.6%
DK_____	17	3.4%
REF_____	3	0.6%

<Q69> When did you receive this list?

Before I was injured_____	21	13.8%
At the time I was injured_____	59	38.8%
Within a week of the injury_____	37	24.3%
Within two weeks of injury_____	7	4.6%
Within a month of injury_____	11	7.2%
More than a month after the injury_____	11	7.2%
DK_____	4	2.6%
REF_____	2	1.3%

<Q71> Did you ever have any difficulty in contacting OR GETTING AN APPOINTMENT WITH any of the health care providers who were on that list?

YES_____	16	10.5%
NO_____	134	88.2%
DK_____	1	0.7%
REF_____	1	0.7%

<Q72> What was the problem?

The telephone number on the list was the wrong number or had been disconnected_____	1	6.2%
The health care provider never returned my telephone call_____	3	18.8%
The health care provider was not accepting workers' compensation patients_____	2	12.5%
The health care provider did accept workers' compensation, but had no appointments available____	6	37.5%
The particular kind of HEALTH CARE provider I was seeking was not available_____	1	6.2%
Other (specify)_____	6	37.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q73> Overall, would you say the quality of the health care you received for this injury was: READ LIST

Excellent_____	154	30.8%
Very good_____	118	23.6%
Good_____	120	24.0%
Fair_____	64	12.8%
Poor_____	39	7.8%
DK don't have an opinion_____	3	0.6%
REF_____	2	0.4%

<Q74> What was the single most important reason you rated the health care you received as %327. ? DO NOT READ

My condition did not improve_____	12	11.7%
I was not treated with courtesy and respect_____	3	2.9%
It was too difficult to get appointments with providers_____	0	0.0%
Long waits at the provider's office_____	5	4.9%
Other (specify)_____	79	76.7%
DK_____	4	3.9%
REF_____	0	0.0%

<Q75> Now overall, how satisfied are you with all of the health care you received for this injury?

Very satisfied_____	177	35.4%
Satisfied_____	243	48.6%
Dissatisfied_____	48	9.6%
Very dissatisfied_____	20	4.0%
DK_____	6	1.2%
REF_____	6	1.2%

<Q76> At any time during your treatment, did you change the health care provider you were seeing because you were dissatisfied?

YES_____	29	42.6%
NO_____	38	55.9%
DK_____	1	1.5%
REF_____	0	0.0%

<Q77> What is the single most important reason that you feel %329. (DO NOT READ)

My condition did not improve_____	9	13.2%
I was not treated with courtesy and respect_____	8	11.8%
It was too difficult to get appointments with providers_____	0	0.0%
Long waits at the provider's office_____	1	1.5%
Other (specify)_____	50	73.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q78> How does the treatment you received for your work-related injury compare to other medical care you have received? Would you say it was:  
READ LIST

Much Better_____	64	12.8%
Better_____	91	18.2%
About as good_____	246	49.2%
Worse_____	44	8.8%
Much worse_____	28	5.6%
DK DON'T HAVE AN OPINION_____	23	4.6%
REF_____	4	0.8%

<Q79> Which of the following best describes how you feel about your recovery from this injury? READ LIST

I am fully recovered, back to feeling the way I did before the injury_____	234	46.5%
I've recovered some, but there is still room for improvement_____	206	41.0%
There has been no improvement in my condition since I was first injured_____	54	10.7%
DK_____	7	1.4%
REF_____	2	0.4%

<Q80> What would you say are the MOST important reasons you have not recovered...

READ LIST.

I couldn't get the care I needed._____	60	23.1%
My job was not modified to help me recover._____	49	18.8%
I reinjured myself._____	14	5.4%
The injury did not respond to treatment._____	48	18.5%
Delay in getting the care I needed_____	15	5.8%
Permanent injury/disability_____	8	3.1%
It will take a long time to recover_____	29	11.2%
Still undergoing treatment/still need treatment_____	6	2.3%
Don't have the time/can't take the time to get treatment needed_____	10	3.8%
Sent back to work too early_____	2	0.8%
Still in pain_____	13	5.0%
OR something else (specify)?_____	32	12.3%

DK\_\_\_\_\_ 9 3.5%

REF\_\_\_\_\_ 0 0.0%

<Q81> How much does this injury affect your life today? READ LIST

Has a big effect now\_\_\_\_\_ 103 20.5%

Has a moderate effect\_\_\_\_\_ 101 20.1%

Has very little effect\_\_\_\_\_ 104 20.7%

Has no effect now\_\_\_\_\_ 189 37.6%

DK\_\_\_\_\_ 3 0.6%

REF\_\_\_\_\_ 3 0.6%

<Q82> Did you or do you now have an attorney for this Workers' Compensation claim?

YES\_\_\_\_\_ 55 10.9%

NO\_\_\_\_\_ 446 88.7%

DK\_\_\_\_\_ 1 0.2%

REF\_\_\_\_\_ 1 0.2%

<Q83> Why did you hire an attorney?

My claim was denied.\_\_\_\_\_ 12 21.8%

The particular provider I wanted to use was not approved.\_\_\_\_\_ 2 3.6%

The treatment I was seeking was disapproved.\_\_\_\_\_ 3 5.5%

Other (specify)\_\_\_\_\_ 39 70.9%

DK\_\_\_\_\_ 1 1.8%

REF\_\_\_\_\_ 4 7.3%

<Q84> Now I have some questions about your work. Have you worked for pay in the last two weeks, including paid vacation?

YES_____	395	78.5%
NO_____	106	21.1%
DK_____	0	0.0%
REF_____	2	0.4%

<Q85> Is that because of this injury, some other health condition, or for some other reason?

Because of this injury_____	55	51.9%
Because of some other health condition_____	9	8.5%
Because of some other reason_____	39	36.8%
DK_____	2	1.9%
REF_____	1	0.9%

<Q86> What is the reason you are not currently working? DON'T READ

Retired_____	5	12.8%
Laid off_____	9	23.1%
Fired_____	6	15.4%
Quit_____	5	12.8%
Going to school/college/training_____	4	10.3%
Taking care of family_____	0	0.0%
Don't currently choose to work_____	1	2.6%
Some other reason_____	7	17.9%
DK_____	0	0.0%

REF\_\_\_\_\_ 2 5.1%

<Q87> Have you returned to work, even for a few days, since this injury?

YES\_\_\_\_\_ 61 57.5%

NO\_\_\_\_\_ 45 42.5%

DK\_\_\_\_\_ 0 0.0%

REF\_\_\_\_\_ 0 0.0%

<Q88> How soon after your injury did you first go back to work, including modified or light duty?  
PROBE USING DATE OF INJURY, CALENDAR, ETC. NOTE: ENTER 0 DAYS FOR RESPONSES SUCH AS: NEVER MISSED WORK, WENT RIGHT BACK TO WORK, ETC. 888 IS DK 999 IS REF

|\_|\_|\_|+ 16.0 7322

<Q88MEAS> WAS THAT DAYS OR WEEKS OR MONTHS?

DAYS\_\_\_\_\_ 310 68.0%

WEEKS\_\_\_\_\_ 86 18.9%

MONTHS\_\_\_\_\_ 55 12.1%

DK\_\_\_\_\_ 5 1.1%

REF\_\_\_\_\_ 0 0.0%

<Q89> When you first went back to work after this injury, did you return to the same or to a different employer?

Same employer, same job\_\_\_\_\_ 308 67.2%

Same employer, modified duties\_\_\_\_\_ 137 29.9%

Different employer\_\_\_\_\_ 12 2.6%

DK\_\_\_\_\_ 0 0.0%

REF\_\_\_\_\_ 1 0.2%

<Q90> Did you miss additional work after you first returned because of this injury?

YES_____	95	20.7%
NO_____	356	77.7%
DK_____	5	1.1%
REF_____	2	0.4%

<Q91> About how many total days did you miss from work because of this injury, not including time missed due to healthcare appointments?  
 PROBE USING DATE OF INJURY, CALENDAR, ETC.

NOTE: DAYS MISSED IS ACTUAL DAYS, NOT SUM OF REDUCED HOURS  
 888 IS DK 999

_ _ _ _ +	89.1	8460
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<Q91MEAS> WAS THAT DAYS OR WEEKS OR MONTHS?

DAYS_____	52	56.5%
WEEKS_____	17	18.5%
MONTHS_____	17	18.5%
DK_____	6	6.5%
REF_____	0	0.0%

<Q92> Did you or your employer change your job or your work environment to help you return to work after your injury?

Yes_____	166	33.0%
No_____	160	31.8%
No, not needed for my injury_____	168	33.4%
DK_____	4	0.8%
REF_____	5	1.0%

<Q93> Compared with your earnings prior to your injury, do you  
READ LIST

Earn a lot less now than before the injury_____	75	14.9%
Earn a little less now than before the injury_____	26	5.2%
Earn more now than before the injury_____	44	8.7%
Earn about the same_____	349	69.4%
DK_____	3	0.6%
REF_____	6	1.2%

<Q94> Is this decrease in earnings due to the injury?

YES_____	68	67.3%
NO_____	31	30.7%
DK_____	2	2.0%
REF_____	0	0.0%

+-----+  
| The following questions are for classification purposes only and |  
| are intended to allow the researchers to look to see if there are |  
| differences in access to medical care based on demographics. |  
+-----+

<JOB> At the time of your injury, what was your occupation?

Officials and managers_____	30	6.0%
Professionals_____	90	17.9%
Technicians_____	24	4.8%
Sales workers and retail workers_____	72	14.3%
Administrator support workers_____	24	4.8%
Craft workers_____	35	7.0%
Operatives_____	40	8.0%
Labors and helpers_____	40	8.0%
Service workers_____	79	15.7%
(specify)_____	66	13.1%
DK_____	1	0.2%
REF_____	2	0.4%

<Q96> What, if any, type of health insurance did you have at the time of this injury?

None/ uninsured_____	86	17.1%
Private or employer-based plan_____	381	75.7%
Medicare_____	7	1.4%
Medi-Cal/ Healthy Families_____	19	3.8%
Other (specify)_____	2	0.4%
DK_____	7	1.4%
REF_____	1	0.2%

<Q96A> Prior to this most recent injury, have you ever had a Workers' Compensation claim in California?

YES_____	184	36.6%
NO_____	307	61.0%
DK_____	10	2.0%
REF_____	2	0.4%

<Q97> Are you Spanish, Hispanic or Latino?

No, not Spanish, Hispanic or Latino_____	278	55.3%
Yes, Mexican, Mexican-American, Chicano_____	147	29.2%
Yes, Puerto Rican_____	2	0.4%
Yes, Cuban_____	1	0.2%
Yes, Other Spanish, Hispanic or Latino group (Please specify)_____	26	5.2%
Hispanic_____	24	4.8%
Latino_____	8	1.6%
Other (specify)_____	12	2.4%
DK_____	0	0.0%
REF_____	5	1.0%

<Q98> Which one or more of the following would you use to describe yourself? READ LIST CHECK ALL THAT APPLY

White_____	188	67.6%
Black or African American_____	32	11.5%
Asian_____	28	10.1%
American Indian or Alaska Native_____	8	2.9%
Native Hawaiian_____	1	0.4%
Other Pacific Islander_____	7	2.5%
Other (specify)_____	22	7.9%
DK_____	0	0.0%
REF_____	2	0.7%

<Q99> What languages do you speak at home? CHECK ALL THAT APPLY.

Asian Indian languages_____	4	1.4%
Cantonese_____	3	1.1%
English_____	268	96.4%
Korean_____	1	0.4%
Mandarin_____	0	0.0%
Russian_____	1	0.4%
Spanish_____	5	1.8%
Tagalog_____	9	3.2%
Vietnamese_____	4	1.4%
Other (specify)_____	14	5.0%
DK_____	0	0.0%
REF_____	1	0.4%

<Q100> Is English your primary language?

YES_____	376	74.8%
NO_____	127	25.2%
DK_____	0	0.0%
REF_____	0	0.0%

<Q101> What is the highest grade or year of school you completed? (DO NOT READ)

Grade 0-8 or (less than high school/grade 9)_____	34	6.8%
Grades 9-11 (some high school)_____	35	7.0%
Grade 12 or GED (high school graduate)_____	133	26.4%
College 1 -3 years (some college, technical school, AA degree)_____	186	37.0%
College graduate (4 years) (BA, BS)_____	66	13.1%
Post-graduate work or degree (Master's, MD, JD, Ph.D.)_____	48	9.5%
DK_____	0	0.0%
REF_____	1	0.2%

<Q102> IS R MALE OR FEMALE?  
BY OBSERVATION; ASK ONLY IF NECESSARY SAMPLE SAYS: %13.

Male_____	254	50.5%
Female_____	249	49.5%
DK_____	0	0.0%
REF_____	0	0.0%

<Q103> HOW WELL DOES RESPONDENT SPEAK ENGLISH?  
[DON'T ASK - ESTIMATE BASED ON EXPERIENCE WITH RESPONDENT]

Very well_____	392	77.9%
Well_____	44	8.7%
Not well_____	12	2.4%
Not at all_____	44	8.7%
DK_____	11	2.2%

REF\_\_\_\_\_ 0 0.0%

<GIFTC> . Please tell me which gift card you would like to receive:

Target\_\_\_\_\_ 428 85.1%

CVS/Pharmacy\_\_\_\_\_ 74 14.7%

DK\_\_\_\_\_ 0 0.0%

REF\_\_\_\_\_ 1 0.2%

+-----+  
| That's all the questions I have. Thanks. |  
+-----+

**APPENDIX C**  
**WCIS DATA ANALYSES**

## APPENDIX C: WCIS DATA ANALYSIS

### INTRODUCTION

Data presented in this Appendix are medical bill data gathered from the WCIS Information System. Data for the years 2007 through 2011 were collected. Investigations indicated that data for 2011 were incomplete although substantial 2011 data were included. The time lag between the occurrence of a medical claim and its submission results in some claims being submitted months after the occurrence. The 2011 claims not included in the data set did not substantially affect most analyses that are presented as distributions. There is no evidence that the missing claims affected the distributions of 2011 data.

The following data elements were collected from the WCIS:

Data Element
Jurisdiction claim number
Date of injury
Total charge per bill
Billing type code
Facility code
Admission date
Discharge date
Total amount paid per bill
DRG code
Principal diagnosis code
ICD-9CM diagnosis code
Billing provider unique bill identification number
Procedure date
ICD-9CM principal procedure code
Billing provider last/group name
Admitting diagnosis code
Billing provider primary specialty code
Billing provider postal code
Bill adjustment amount
Principal procedure date
Total charge per line
Days/units code
Days/units billed
Place of service bill code
Revenue billed code
Drug name
DME billing frequency code

Drugs/supplies quantity dispensed
Drug/supplies billed amount
Total amount paid per line
HCPCS principal procedure code
Billing provider FEIN
Billing provider national provider ID
Rendering bill provider last/group name
Rendering bill provider FEIN
Rendering bill provider state license number
Rendering bill provider national provider ID
Rendering bill provider primary specialty code
Rendering bill provider postal code
Facility name
Facility FEIN
Facility national provider ID
Facility postal code
HCPCS line procedure billed code
Jurisdiction procedure billed code
HCPCS modifier billed code
HCPCS line procedure paid code
Jurisdiction procedure paid code
Service adjustment amount

Upon receipt by BRG, data were reviewed. The following steps were completed:

**BILL LEVEL FILES**

- Check for duplication for BILL\_ID variable.
- Check for negative Total Charge Per Bill amounts.
- Validate all date fields to insure proper formatting.
- Validate Postal Code is in proper format for Regional analysis.
- Validate diagnosis, procedure and CPT codes using current formats.
- Validate Specialty Code against taxonomy look-up to ensure matching.

**LINE LEVEL UB FILES**

- Check for negative Total Charge Per Line amounts.
- Validate all date fields to insure proper formatting.
- Validate HCPCS codes using current formats.
- Validate Revenue codes using current formats.

**LINE LEVEL HCFA FILES**

- Check for negative Total Charge Per Line amounts.
- Validate all date fields to insure proper formatting.
- Validate HCPCS codes using current formats.

**UB92 DIAGNOSIS FILES**

- Validate diagnosis codes using current formats.

**UB92 ICD-9 PROCEDURE FILES**

- Validate I-9 Procedure codes using current formats.

**Table 24**  
**Number of Medical Bills by Region and Year**  
**2007-2011**

<b>Region</b>	<b>2007</b>	<b>2008</b>	<b>2007-2008 % change</b>	<b>2009</b>	<b>2008-2009 % change</b>	<b>2010</b>	<b>2009-2010 % change</b>	<b>2011</b>	<b>2010-2011 % change</b>	<b>2007-2011 % change</b>
S. F. Bay Area	1,602,267	1,544,022	(3.64%)	1,467,253	(4.97%)	1,491,737	1.67%	1,248,618	(16.30%)	(22.07%)
Central Coast	546,923	512,024	(6.38%)	498,360	(2.67%)	499,957	0.32%	425,391	(14.91%)	(22.22%)
Central Valley	750,591	792,109	(5.53%)	789,847	(0.29%)	780,841	(1.14%)	650,013	(16.75%)	(13.40%)
Eastern Sierra Foothills	110,391	107,529	(2.59%)	111,724	3.90%	110,838	(0.79%)	91,013	(17.89%)	(17.55%)
Inland Empire	2,060,519	1,949,125	(5.41%)	1,970,203	1.08%	2,089,166	6.04%	1,671,159	(20.01%)	(18.90%)
Los Angeles	3,916,612	3,704,344	(5.42%)	3,774,257	1.89%	3,944,351	4.51%	3,083,174	(21.83%)	(21.28%)
North State	127,386	122,521	(3.82%)	127,024	3.68%	127,601	0.45%	100,724	(21.06%)	(20.93%)
Sacramento Valley	355,913	336,466	(5.46%)	335,667	(0.24%)	333,784	(0.56%)	290,736	(12.90%)	(18.31%)
Sacramento Valley (N.)	67,657	70,154	3.69%	67,289	(4.08%)	64,783	(3.72%)	58,591	(9.56%)	(13.40%)
San Diego	638,354	613,872	(3.84%)	654,211	6.57%	617,451	(5.62%)	484,809	(21.48%)	(24.05%)
Out of State	503,195	517,163	2.78%	616,545	19.22%	748,546	21.41%	834,122	11.43%	65.77%
<b>Total</b>	<b>10,679,807</b>	<b>10,269,329</b>	<b>(3.84%)</b>	<b>10,412,380</b>	<b>1.39%</b>	<b>10,809,055</b>	<b>3.81%</b>	<b>8,938,350</b>	<b>(17.31%)</b>	<b>(16.31%)</b>

**Table 25**  
**Number of Bills by Provider Type by Year**  
**All Regions**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total	Total Bills	% Total						
Ambulance	29,519	0.28%	34,292	0.33%	28,583	0.27%	17,164	0.16%	12,767	0.14%
ASC	47,937	0.45%	52,750	0.51%	57,173	0.55%	61,900	0.57%	52,965	0.59%
Chiropractor	516,691	4.84%	517,911	5.04%	541,449	5.20%	647,146	5.99%	511,786	5.73%
General Practice	5,058,990	47.37%	4,437,685	43.21%	4,476,695	42.99%	4,260,064	39.41%	3,326,512	37.22%
Home Health	6,687	0.06%	8,812	0.09%	9,724	0.09%	14,112	0.13%	18,618	0.21%
Hospital	167,947	1.57%	176,109	1.71%	172,077	1.65%	163,749	1.51%	131,711	1.47%
Lab	49,113	0.46%	49,412	0.48%	36,732	0.35%	48,749	0.45%	64,881	0.73%
Mental health professional	116,515	1.09%	140,227	1.37%	163,761	1.57%	191,501	1.77%	137,754	1.54%
Neurologist	36,741	0.34%	40,345	0.39%	41,204	0.40%	44,800	0.41%	37,368	0.42%
Orthopedic/physical medicine	700,637	6.56%	668,124	6.51%	622,121	5.97%	708,132	6.55%	511,141	5.72%
Other	7,745	0.07%	7,310	0.07%	7,436	0.07%	8,357	0.08%	13,914	0.16%
Physical therapist/Occupational therapist	920,245	8.62%	880,546	8.57%	920,791	8.84%	918,475	8.50%	868,170	9.71%
Physician - other	234,842	2.20%	252,366	2.46%	275,595	2.65%	340,130	3.15%	307,944	3.45%
Podiatrist	31,565	0.30%	34,915	0.34%	35,985	0.35%	42,423	0.39%	37,297	0.42%
SNF	728	0.01%	1,280	0.01%	1,454	0.01%	1,731	0.02%	1,905	0.02%
Supplies	612,151	5.73%	626,395	6.10%	678,283	6.51%	730,202	6.76%	626,378	7.01%
Surgeon	780,334	7.31%	757,183	7.37%	787,513	7.56%	896,262	8.29%	766,153	8.57%
(blank)	1,361,421	12.75%	1,583,667	15.42%	1,555,804	14.94%	1,714,158	15.86%	1,511,086	16.91%
<b>Total</b>	<b>10,679,808</b>	<b>100%</b>	<b>10,269,329</b>	<b>100%</b>	<b>10,412,380</b>	<b>100%</b>	<b>10,809,055</b>	<b>100%</b>	<b>8,938,350</b>	<b>100%</b>

**Table 25A**  
**Number of Bills by Provider Type by Year**  
**SAN FRANCISCO BAY AREA Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	2,983	0.19%	3,512	0.23%	2,912	0.20%	2,819	0.19%	1,914	0.15%
ASC	9,716	0.61%	10,152	0.66%	11,024	0.75%	11,735	0.79%	10,450	0.84%
Chiropractor	91,104	5.69%	81,109	5.25%	72,932	4.97%	78,560	5.27%	61,521	4.93%
General Practice	745,127	46.50%	689,566	44.66%	678,901	46.27%	672,632	45.09%	538,250	43.11%
Home Health	645	0.04%	792	0.05%	852	0.06%	707	0.05%	743	0.06%
Hospital	44,608	2.78%	43,745	2.83%	43,118	2.94%	38,624	2.59%	31,972	2.56%
Lab	7,979	0.50%	5,404	0.35%	2,662	0.18%	1,828	0.12%	2,011	0.16%
Mental health professional	14,572	0.91%	14,874	0.96%	16,017	1.09%	20,324	1.36%	17,648	1.41%
Neurologist	6,385	0.40%	6,168	0.40%	6,883	0.47%	7,139	0.48%	5,353	0.43%
Orthopedic/physical medicine	124,088	7.74%	123,603	8.01%	89,951	6.13%	91,446	6.13%	68,080	5.45%
Other	1,531	0.10%	1,099	0.07%	963	0.07%	1,221	0.08%	2,159	0.17%
PT/OT	159,335	9.94%	152,606	9.88%	152,346	10.38%	147,586	9.89%	141,147	11.30%
Physician - other	35,422	2.21%	36,727	2.38%	42,886	2.92%	50,800	3.41%	48,470	3.88%
Podiatrist	10,189	0.64%	10,319	0.67%	11,432	0.78%	13,302	0.89%	10,557	0.85%
SNF	125	0.01%	186	0.01%	206	0.01%	255	0.02%	169	0.01%
Supplies	27,901	1.74%	27,197	1.76%	31,357	2.14%	37,023	2.48%	36,450	2.92%
Surgeon	124,225	7.75%	120,190	7.78%	117,448	8.00%	129,205	8.66%	110,447	8.85%
None Assigned	196,332	12.25%	216,773	14.04%	185,363	12.63%	186,531	12.50%	161,277	12.92%
<b>Total</b>	<b>1,602,267</b>	<b>100%</b>	<b>1,544,022</b>	<b>100%</b>	<b>1,467,253</b>	<b>100%</b>	<b>1,491,737</b>	<b>100%</b>	<b>1,248,618</b>	<b>100%</b>

**Table 25B**  
**Number of Bills by Provider Type by Year**  
**CENTRAL COAST Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	361	0.07%	296	0.06%	238	0.05%	240	0.05%	190	0.04%
ASC	4,008	0.73%	4,626	0.90%	4,903	0.98%	5,132	1.03%	4,050	0.95%
Chiropractor	35,238	6.44%	24,233	4.73%	21,983	4.41%	24,554	4.91%	17,960	4.22%
General Practice	263,774	48.23%	227,971	44.52%	213,886	42.92%	199,272	39.86%	159,580	37.51%
Home Health	185	0.03%	261	0.05%	189	0.04%	203	0.04%	185	0.04%
Hospital	7,395	1.35%	6,736	1.32%	6,299	1.26%	6,083	1.22%	5,200	1.22%
Lab	3,198	0.58%	2,146	0.42%	807	0.16%	1,516	0.30%	4,452	1.05%
Mental health professional	4,463	0.82%	6,441	1.26%	7,097	1.42%	9,076	1.82%	8,422	1.98%
Neurologist	1,580	0.29%	1,780	0.35%	1,722	0.35%	1,817	0.36%	1,671	0.39%
Orthopedic/physical medicine	39,734	7.27%	33,861	6.61%	28,895	5.80%	36,629	7.33%	27,803	6.54%
Other	317	0.06%	275	0.05%	279	0.06%	373	0.07%	601	0.14%
PT/OT	46,866	8.57%	44,480	8.69%	45,908	9.21%	46,178	9.24%	43,618	10.25%
Physician - other	9,071	1.66%	10,274	2.01%	11,907	2.39%	15,387	3.08%	15,304	3.60%
Podiatrist	1,080	0.20%	1,357	0.27%	1,337	0.27%	1,832	0.37%	1,577	0.37%
SNF	36	0.01%	137	0.03%	108	0.02%	154	0.03%	76	0.02%
Supplies	13,544	2.48%	17,301	3.38%	19,568	3.93%	12,855	2.57%	8,226	1.93%
Surgeon	45,996	8.41%	46,603	9.10%	52,438	10.52%	58,081	11.62%	51,298	12.06%
None Assigned	70,077	12.81%	83,246	16.26%	80,796	16.21%	80,575	16.12%	75,178	17.67%
<b>Total</b>	<b>546,923</b>	<b>100%</b>	<b>512,024</b>	<b>100%</b>	<b>498,360</b>	<b>100%</b>	<b>499,957</b>	<b>100%</b>	<b>425,391</b>	<b>100%</b>

**Table 25C**  
**Number of Bills by Provider Type by Year**  
**CENTRAL VALLEY Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	1,350	0.18%	1,263	0.16%	1,085	0.14%	1,239	0.16%	775	0.12%
ASC	3,766	0.50%	4,206	0.53%	4,692	0.59%	4,627	0.59%	4,052	0.62%
Chiropractor	38,553	5.14%	40,973	5.17%	41,604	5.27%	43,698	5.60%	38,166	5.87%
General Practice	398,258	53.06%	381,792	48.20%	373,063	47.23%	355,309	45.50%	272,309	41.89%
Home Health	323	0.04%	456	0.06%	492	0.06%	471	0.06%	324	0.05%
Hospital	13,697	1.82%	16,453	2.08%	16,078	2.04%	14,112	1.81%	12,241	1.88%
Lab	1,184	0.16%	1,119	0.14%	1,281	0.16%	3,335	0.43%	4,210	0.65%
Mental health professional	3,776	0.50%	5,132	0.65%	6,455	0.82%	7,225	0.93%	5,751	0.88%
Neurologist	2,794	0.37%	6,367	0.80%	3,994	0.51%	3,831	0.49%	3,329	0.51%
Orthopedic/physical medicine	48,940	6.52%	60,777	7.67%	58,529	7.41%	58,199	7.45%	50,153	7.72%
Other	617	0.08%	599	0.08%	577	0.07%	729	0.09%	1,444	0.22%
PT/OT	66,164	8.81%	66,876	8.44%	77,222	9.78%	72,046	9.23%	66,935	10.30%
Physician - other	17,288	2.30%	20,323	2.57%	21,026	2.66%	24,745	3.17%	20,274	3.12%
Podiatrist	2,022	0.27%	2,372	0.30%	2,502	0.32%	3,023	0.39%	2,849	0.44%
SNF	96	0.01%	173	0.02%	102	0.01%	80	0.01%	139	0.02%
Supplies	13,038	1.74%	16,018	2.02%	19,070	2.41%	21,126	2.71%	18,316	2.82%
Surgeon	46,101	6.14%	51,026	6.44%	53,497	6.77%	62,128	7.96%	56,427	8.68%
None Assigned	92,624	12.34%	116,184	14.67%	108,578	13.75%	104,918	13.44%	92,319	14.20%
<b>Total</b>	<b>750,591</b>	<b>100%</b>	<b>792,109</b>	<b>100%</b>	<b>789,847</b>	<b>100%</b>	<b>780,841</b>	<b>100%</b>	<b>650,013</b>	<b>100%</b>

**Table 25D**  
**Number of Bills by Provider Type by Year**  
**EASTERN SIERRA FOOTHILLS Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total	Total Bills	% Total						
Ambulance	447	0.40%	379	0.35%	351	0.31%	282	0.25%	306	0.34%
ASC	352	0.32%	449	0.42%	455	0.41%	382	0.34%	299	0.33%
Chiropractor	5,940	5.38%	6,995	6.51%	6,478	5.80%	8,896	8.03%	7,226	7.94%
General Practice	56,228	50.94%	45,449	42.27%	47,854	42.83%	41,603	37.53%	32,529	35.74%
Home Health	118	0.11%	137	0.13%	91	0.08%	83	0.07%	47	0.05%
Hospital	3,749	3.40%	3,875	3.60%	3,797	3.40%	3,303	2.98%	2,897	3.18%
Lab	176	0.16%	68	0.06%	53	0.05%	57	0.05%	18	0.02%
Mental health professional	649	0.59%	646	0.60%	823	0.74%	911	0.82%	776	0.85%
Neurologist	168	0.15%	214	0.20%	393	0.35%	519	0.47%	395	0.43%
Orthopedic/physical medicine	7,822	7.09%	8,750	8.14%	7,813	6.99%	9,345	8.43%	7,810	8.58%
Other	115	0.10%	155	0.14%	140	0.13%	116	0.10%	161	0.18%
PT/OT	10,866	9.84%	10,443	9.71%	11,933	10.68%	12,048	10.87%	10,380	11.40%
Physician - other	1,615	1.46%	1,757	1.63%	2,503	2.24%	2,453	2.21%	2,164	2.38%
Podiatrist	363	0.33%	666	0.62%	526	0.47%	680	0.61%	475	0.52%
SNF	24	0.02%	33	0.03%	10	0.01%	21	0.02%	20	0.02%
Supplies	4,499	4.08%	4,784	4.45%	7,521	6.73%	8,920	8.05%	7,497	8.24%
Surgeon	4,721	4.28%	4,482	4.17%	4,323	3.87%	4,698	4.24%	3,973	4.37%
None Assigned	12,539	11.36%	18,247	16.97%	16,660	14.91%	16,521	14.91%	14,040	15.43%
<b>Total</b>	<b>110,391</b>	<b>100%</b>	<b>107,529</b>	<b>100%</b>	<b>111,724</b>	<b>100%</b>	<b>110,838</b>	<b>100%</b>	<b>91,013</b>	<b>100%</b>

**Table 25E**  
**Number of Bills by Provider Type by Year**  
**INLAND EMPIRE Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	3,477	0.17%	3,857	0.20%	3,995	0.20%	2,585	0.12%	1,384	0.08%
ASC	7,353	0.36%	8,671	0.44%	9,273	0.47%	10,529	0.50%	9,779	0.59%
Chiropractor	130,384	6.33%	127,775	6.56%	134,481	6.83%	164,673	7.88%	137,893	8.25%
General Practice	885,868	42.99%	775,131	39.77%	791,483	40.17%	767,488	36.74%	591,500	35.39%
Home Health	920	0.04%	1,434	0.07%	2,113	0.11%	4,021	0.19%	4,968	0.30%
Hospital	17,478	0.85%	18,171	0.93%	17,861	0.91%	18,047	0.86%	14,694	0.88%
Lab	8,646	0.42%	8,231	0.42%	5,675	0.29%	9,062	0.43%	8,063	0.48%
Mental health professional	23,791	1.15%	30,616	1.57%	34,755	1.76%	37,679	1.80%	25,975	1.55%
Neurologist	8,960	0.43%	7,416	0.38%	8,218	0.42%	9,506	0.46%	7,780	0.47%
Orthopedic/physical medicine	135,320	6.57%	126,357	6.48%	121,287	6.16%	142,562	6.82%	105,011	6.28%
Other	1,459	0.07%	1,333	0.07%	1,321	0.07%	1,251	0.06%	2,504	0.15%
PT/OT	196,680	9.55%	178,311	9.15%	190,596	9.67%	191,775	9.18%	163,149	9.76%
Physician - other	40,935	1.99%	43,737	2.24%	47,886	2.43%	57,308	2.74%	50,263	3.01%
Podiatrist	5,839	0.28%	7,014	0.36%	6,528	0.33%	7,945	0.38%	6,144	0.37%
SNF	198	0.01%	330	0.02%	515	0.03%	647	0.03%	906	0.05%
Supplies	174,984	8.49%	162,750	8.35%	168,794	8.57%	192,513	9.21%	153,693	9.20%
Surgeon	173,508	8.42%	158,462	8.13%	173,234	8.79%	202,947	9.71%	169,705	10.15%
None Assigned	244,719	11.88%	289,529	14.85%	252,188	12.80%	268,628	12.86%	217,748	13.03%
<b>Total</b>	<b>2,060,519</b>	<b>100%</b>	<b>1,949,125</b>	<b>100%</b>	<b>1,970,203</b>	<b>100%</b>	<b>2,089,166</b>	<b>100%</b>	<b>1,671,159</b>	<b>100%</b>

**Table 25F**  
**Number of Bills by Provider Type by Year**  
**LOS ANGELES Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	5,504	0.14%	6,168	0.17%	6,733	0.18%	5,716	0.14%	3,814	0.12%
ASC	14,507	0.37%	16,208	0.44%	17,954	0.48%	19,317	0.49%	15,228	0.49%
Chiropractor	165,678	4.23%	185,403	5.01%	206,110	5.46%	259,341	6.57%	185,406	6.01%
General Practice	1,952,158	49.84%	1,654,713	44.67%	1,645,354	43.59%	1,575,694	39.95%	1,211,239	39.29%
Home Health	1,167	0.03%	1,818	0.05%	1,615	0.04%	2,887	0.07%	3,132	0.10%
Hospital	55,105	1.41%	59,266	1.60%	57,693	1.53%	54,811	1.39%	37,728	1.22%
Lab	19,551	0.50%	18,000	0.49%	11,314	0.30%	15,642	0.40%	24,560	0.80%
Mental health professional	58,458	1.49%	69,173	1.87%	83,251	2.21%	97,993	2.48%	62,825	2.04%
Neurologist	11,668	0.30%	12,928	0.35%	14,184	0.38%	15,954	0.40%	13,461	0.44%
Orthopedic/physical medicine	264,335	6.75%	231,452	6.25%	220,744	5.85%	250,817	6.36%	158,301	5.13%
Other	2,402	0.06%	2,456	0.07%	2,643	0.07%	2,721	0.07%	4,669	0.15%
PT/OT	294,575	7.52%	287,493	7.76%	279,107	7.40%	271,035	6.87%	229,370	7.44%
Physician - other	89,296	2.28%	88,721	2.40%	92,256	2.44%	116,812	2.96%	105,941	3.44%
Podiatrist	7,258	0.19%	7,864	0.21%	8,000	0.21%	9,176	0.23%	9,242	0.30%
SNF	102	0.00%	198	0.01%	243	0.01%	297	0.01%	285	0.01%
Supplies	177,546	4.53%	211,303	5.70%	243,984	6.46%	272,929	6.92%	236,335	7.67%
Surgeon	290,462	7.42%	280,798	7.58%	291,279	7.72%	327,548	8.30%	269,628	8.75%
None Assigned	506,840	12.94%	570,382	15.40%	591,793	15.68%	645,661	16.37%	512,010	16.61%
<b>Total</b>	<b>3,916,612</b>	<b>100%</b>	<b>3,704,344</b>	<b>100%</b>	<b>3,774,257</b>	<b>100%</b>	<b>3,944,351</b>	<b>100%</b>	<b>3,083,174</b>	<b>100%</b>

**Table 25G**  
**Number of Bills by Provider Type by Year**  
**NORTH STATE - SHASTA Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	192	0.15%	180	0.15%	156	0.12%	196	0.15%	124	0.12%
ASC	512	0.40%	491	0.40%	461	0.36%	860	0.67%	858	0.85%
Chiropractor	5,813	4.56%	6,639	5.42%	6,296	4.96%	6,833	5.35%	5,777	5.74%
General Practice	73,245	57.50%	55,895	45.62%	58,845	46.33%	49,939	39.14%	36,709	36.45%
Home Health	52	0.04%	100	0.08%	117	0.09%	152	0.12%	142	0.14%
Hospital	4,433	3.48%	4,723	3.85%	4,996	3.93%	5,530	4.33%	5,120	5.08%
Lab	224	0.18%	106	0.09%	111	0.09%	102	0.08%	48	0.05%
Mental health professional	585	0.46%	920	0.75%	840	0.66%	870	0.68%	709	0.70%
Neurologist	848	0.67%	489	0.40%	443	0.35%	462	0.36%	381	0.38%
Orthopedic/physical medicine	7,072	5.55%	9,819	8.01%	9,276	7.30%	11,896	9.32%	9,679	9.61%
Other	220	0.17%	254	0.21%	231	0.18%	286	0.22%	271	0.27%
PT/OT	8,654	6.79%	8,902	7.27%	10,528	8.29%	9,547	7.48%	7,971	7.91%
Physician - other	1,774	1.39%	2,164	1.77%	2,210	1.74%	2,637	2.07%	2,507	2.49%
Podiatrist	241	0.19%	271	0.22%	261	0.21%	366	0.29%	326	0.32%
SNF	4	0.00%	48	0.04%	54	0.04%	55	0.04%	35	0.03%
Supplies	2,552	2.00%	2,437	1.99%	4,693	3.69%	6,282	4.92%	4,729	4.70%
Surgeon	5,970	4.69%	6,781	5.53%	6,599	5.20%	6,563	5.14%	5,251	5.21%
None Assigned	14,995	11.77%	22,302	18.20%	20,907	16.46%	25,025	19.61%	20,087	19.94%
<b>Total</b>	<b>127,386</b>	<b>100%</b>	<b>122,521</b>	<b>100%</b>	<b>127,024</b>	<b>100%</b>	<b>127,601</b>	<b>100%</b>	<b>100,724</b>	<b>100%</b>

**Table 25H**  
**Number of Bills by Provider Type by Year**  
**SACRAMENTO VALLEY Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	10,191	2.86%	13,220	3.93%	9,540	2.84%	957	0.29%	688	0.24%
ASC	1,849	0.52%	2,255	0.67%	2,433	0.72%	3,002	0.90%	2,875	0.99%
Chiropractor	8,632	2.43%	7,470	2.22%	6,103	1.82%	7,399	2.22%	7,025	2.42%
General Practice	181,874	51.10%	171,826	51.07%	178,412	53.15%	159,028	47.64%	124,376	42.78%
Home Health	80	0.02%	111	0.03%	117	0.03%	160	0.05%	175	0.06%
Hospital	4,755	1.34%	5,637	1.68%	6,634	1.98%	6,889	2.06%	5,492	1.89%
Lab	2,303	0.65%	2,566	0.76%	1,537	0.46%	1,755	0.53%	1,466	0.50%
Mental health professional	2,938	0.83%	3,936	1.17%	4,825	1.44%	5,970	1.79%	5,454	1.88%
Neurologist	977	0.27%	1,207	0.36%	977	0.29%	1,133	0.34%	1,114	0.38%
Orthopedic/physical medicine	14,984	4.21%	15,787	4.69%	15,530	4.63%	18,967	5.68%	17,277	5.94%
Other	227	0.06%	205	0.06%	230	0.07%	307	0.09%	566	0.19%
PT/OT	28,173	7.92%	26,547	7.89%	28,467	8.48%	30,996	9.29%	27,795	9.56%
Physician - other	8,162	2.29%	9,050	2.69%	9,893	2.95%	13,574	4.07%	12,389	4.26%
Podiatrist	1,791	0.50%	2,018	0.60%	2,289	0.68%	2,584	0.77%	2,427	0.83%
SNF	31	0.01%	42	0.01%	39	0.01%	37	0.01%	60	0.02%
Supplies	26,244	7.37%	9,366	2.78%	10,334	3.08%	17,339	5.19%	19,038	6.55%
Surgeon	16,300	4.58%	15,479	4.60%	14,966	4.46%	18,666	5.59%	16,379	5.63%
None Assigned	46,402	13.04%	49,744	14.78%	43,341	12.91%	45,021	13.49%	46,140	15.87%
<b>Total</b>	<b>355,913</b>	<b>100%</b>	<b>336,466</b>	<b>100%</b>	<b>335,667</b>	<b>100%</b>	<b>333,784</b>	<b>100%</b>	<b>290,736</b>	<b>100%</b>

**Table 25I**  
**Number of Bills by Provider Type by Year**  
**SACRAMENTO VALLEY (N.) Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	108	0.16%	163	0.23%	102	0.15%	101	0.16%	107	0.18%
ASC	282	0.42%	404	0.58%	418	0.62%	372	0.57%	291	0.50%
Chiropractor	2,994	4.43%	3,240	4.62%	3,121	4.64%	2,951	4.56%	2,716	4.64%
General Practice	38,034	56.22%	31,015	44.21%	29,751	44.21%	27,269	42.09%	25,100	42.84%
Home Health	55	0.08%	62	0.09%	60	0.09%	53	0.08%	61	0.10%
Hospital	3,319	4.91%	4,359	6.21%	3,378	5.02%	3,213	4.96%	2,861	4.88%
Lab	259	0.38%	169	0.24%	47	0.07%	24	0.04%	31	0.05%
Mental health professional	242	0.36%	278	0.40%	333	0.49%	277	0.43%	262	0.45%
Neurologist	80	0.12%	92	0.13%	90	0.13%	76	0.12%	90	0.15%
Orthopedic/physical medicine	2,887	4.27%	4,957	7.07%	4,963	7.38%	5,058	7.81%	4,151	7.08%
Other	97	0.14%	100	0.14%	64	0.10%	128	0.20%	133	0.23%
PT/OT	5,638	8.33%	5,485	7.82%	5,675	8.43%	5,012	7.74%	4,440	7.58%
Physician - other	823	1.22%	1,174	1.67%	1,275	1.89%	1,509	2.33%	1,449	2.47%
Podiatrist	278	0.41%	422	0.60%	337	0.50%	362	0.56%	281	0.48%
SNF	3	0.00%	6	0.01%	8	0.01%	7	0.01%	8	0.01%
Supplies	1,070	1.58%	979	1.40%	2,636	3.92%	3,466	5.35%	3,087	5.27%
Surgeon	3,043	4.50%	3,925	5.59%	3,363	5.00%	3,588	5.54%	3,618	6.18%
None Assigned	8,445	12.48%	13,324	18.99%	11,668	17.34%	11,317	17.47%	9,905	16.91%
<b>Total</b>	<b>67,657</b>	<b>100%</b>	<b>70,154</b>	<b>100%</b>	<b>67,289</b>	<b>100%</b>	<b>64,783</b>	<b>100%</b>	<b>58,591</b>	<b>100%</b>

**Table 25J**  
**Number of Bills by Provider Type by Year**  
**SAN DIEGO Region**  
**2007-2011**

Provider Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance	993	0.16%	667	0.11%	275	0.04%	318	0.05%	180	0.04%
ASC	4,129	0.65%	4,378	0.71%	4,672	0.71%	4,567	0.74%	3,759	0.78%
Chiropractor	22,400	3.51%	23,797	3.88%	30,293	4.63%	35,139	5.69%	26,526	5.47%
General Practice	316,697	49.61%	282,376	46.00%	322,136	49.24%	280,624	45.45%	198,642	40.97%
Home Health	305	0.05%	262	0.04%	117	0.02%	115	0.02%	113	0.02%
Hospital	9,455	1.48%	8,582	1.40%	7,326	1.12%	7,663	1.24%	7,003	1.44%
Lab	1,957	0.31%	4,265	0.69%	4,456	0.68%	5,286	0.86%	6,038	1.25%
Mental health professional	5,212	0.82%	5,893	0.96%	6,610	1.01%	7,846	1.27%	6,545	1.35%
Neurologist	2,028	0.32%	2,328	0.38%	2,518	0.38%	2,291	0.37%	1,961	0.40%
Orthopedic/physical medicine	31,651	4.96%	26,034	4.24%	26,949	4.12%	26,089	4.23%	20,312	4.19%
Other	313	0.05%	319	0.05%	460	0.07%	584	0.09%	752	0.16%
PT/OT	82,416	12.91%	80,186	13.06%	81,605	12.47%	78,080	12.65%	66,344	13.68%
Physician - other	13,674	2.14%	14,416	2.35%	15,939	2.44%	17,529	2.84%	14,892	3.07%
Podiatrist	1,891	0.30%	2,138	0.35%	2,178	0.33%	2,369	0.38%	2,292	0.47%
SNF	40	0.01%	40	0.01%	59	0.01%	67	0.01%	70	0.01%
Supplies	11,799	1.85%	14,619	2.38%	18,422	2.82%	18,955	3.07%	16,423	3.39%
Surgeon	57,536	9.01%	58,141	9.47%	59,990	9.17%	67,875	10.99%	59,992	12.37%
None Assigned	75,858	11.88%	85,431	13.92%	70,206	10.73%	62,054	10.05%	52,965	10.92%
<b>Total</b>	<b>638,354</b>	<b>100%</b>	<b>613,872</b>	<b>100%</b>	<b>654,211</b>	<b>100%</b>	<b>617,451</b>	<b>100%</b>	<b>484,809</b>	<b>100%</b>

**Table 26**  
**Number of Bills by Specialty Code by Year**  
**All Regions**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)	10	0.00%	892	0.01%	2,912	0.03%	3,535	0.03%	2,117	0.02%
Ambulance Service Provider	29,519	0.28%	34,292	0.33%	28,583	0.27%	17,164	0.16%	12,767	0.14%
Ambulatory Surgical Center	47,937	0.45%	52,750	0.51%	57,173	0.55%	61,900	0.57%	52,965	0.59%
Anesthesiology Assistant	4,017	0.04%	5,451	0.05%	6,293	0.06%	5,604	0.05%	836	0.01%
Audiologist	2,988	0.03%	2,742	0.03%	2,791	0.03%	2,856	0.03%	2,287	0.03%
Cardiology	3,617	0.03%	3,821	0.04%	3,998	0.04%	5,391	0.05%	4,342	0.05%
Certified Clinical Nurse Specialist	5,320	0.05%	15,140	0.15%	14,817	0.14%	19,526	0.18%	22,839	0.26%
Certified Nurse Midwife	6	0.00%	7	0.00%	1	0.00%	1	0.00%	1	0.00%
Certified Registered Nurse Anesthetist	2,528	0.02%	2,516	0.02%	2,292	0.02%	3,755	0.03%	3,885	0.04%
Chiropractic	516,691	4.84%	517,911	5.04%	541,449	5.20%	647,146	5.99%	511,786	5.73%
Clinic or Group Practice	315,618	2.96%	387,993	3.78%	433,497	4.16%	383,906	3.55%	315,569	3.53%
Clinical Laboratory	22,072	0.21%	24,921	0.24%	31,643	0.30%	46,657	0.43%	64,039	0.72%
Community Mental Health Center	6	0.00%	9	0.00%	12	0.00%	24	0.00%	29	0.00%
Comprehensive Outpatient Rehabilitation Facility	87	0.00%	96	0.00%	44	0.00%	62	0.00%	26	0.00%
Critical Access Hospital	70	0.00%	277	0.00%	396	0.00%	382	0.00%	303	0.00%
End-Stage Renal Disease Facility	21	0.00%	31	0.00%	53	0.00%	153	0.00%	206	0.00%
Federally Qualified Health Center	1	0.00%		0.00%	4	0.00%	3	0.00%		0.00%
Histocompatibility Laboratory	3	0.00%	8	0.00%	33	0.00%	48	0.00%	104	0.00%
Home Health Agency	6,687	0.06%	8,812	0.09%	9,724	0.09%	14,112	0.13%	18,618	0.21%
Hospice	17	0.00%	3	0.00%	6	0.00%	16	0.00%	13	0.00%
Hospital-Acute Care	166,109	1.56%	172,792	1.68%	168,494	1.62%	160,115	1.48%	128,504	1.44%
Hospital-Long-Term (PPS excluded)		0.00%	25	0.00%	50	0.00%	63	0.00%	64	0.00%
Hospital-Psychiatric (PPS excluded)	182	0.00%	679	0.01%	806	0.01%	737	0.01%	656	0.01%
Hospital-Psychiatric Unit	7	0.00%	4	0.00%	6	0.00%	5	0.00%	2	0.00%
Hospital-Rehabilitation (PPS excluded)	1,112	0.01%	1,824	0.02%	2,171	0.02%	2,203	0.02%	1,866	0.02%
Hospital-Rehabilitation Unit	327	0.00%	400	0.00%	75	0.00%	162	0.00%	237	0.00%
Hospital-Specialty Hospital (cardiac, orthopedic, surgical)	49	0.00%	10	0.00%	30	0.00%	17	0.00%	48	0.00%
Hospital-Swing Bed Approved	2	0.00%	2	0.00%	2	0.00%	1	0.00%		0.00%
Independent Diagnostic Testing Facility	4	0.00%	17	0.00%	28	0.00%	116	0.00%	70	0.00%

Individual Certified Orthotist	2,382	0.02%	3,507	0.03%	4,134	0.04%	4,235	0.04%	3,246	0.04%
Individual Certified Prosthetist	100	0.00%	116	0.00%	111	0.00%	379	0.00%	75	0.00%
Licensed Clinical Social Worker	531	0.00%	642	0.01%	767	0.01%	856	0.01%	982	0.01%
Medical Supply Company with Orthotist	264	0.00%	336	0.00%	1,033	0.01%	2,123	0.02%	2,391	0.03%
Medical Supply Company with Pharmacist	271,371	2.54%	307,798	3.00%	333,282	3.20%	325,711	3.01%	285,059	3.19%
Nurse Practitioner	16,162	0.15%	15,392	0.15%	13,057	0.13%	16,331	0.15%	15,840	0.18%
Occupational Therapist in Private Practice	101,274	0.95%	95,663	0.93%	95,441	0.92%	113,971	1.05%	88,252	0.99%
Optician	24	0.00%	22	0.00%	27	0.00%	17	0.00%	17	0.00%
Optometry	2,114	0.02%	1,984	0.02%	1,777	0.02%	2,203	0.02%	1,629	0.02%
Oral Surgery (Dentist only)	439	0.00%	385	0.00%	290	0.00%	370	0.00%	442	0.00%
Organ Procurement Organization		0.00%		0.00%	1	0.00%		0.00%		0.00%
Other Medical Supply Company	338,049	3.17%	314,205	3.06%	339,404	3.26%	399,230	3.69%	337,974	3.78%
Other Nursing Facility	182	0.00%	366	0.00%	276	0.00%	268	0.00%	173	0.00%
Oxygen supplier	2,467	0.02%	4,056	0.04%	4,564	0.04%	3,138	0.03%	954	0.01%
Physical Therapist in Private Practice	809,120	7.58%	778,652	7.58%	819,990	7.88%	799,572	7.40%	777,094	8.69%
Physician Assistant	166,921	1.56%	153,042	1.49%	140,240	1.35%	164,193	1.52%	147,226	1.65%
Physician/Addiction Medicine	370	0.00%	434	0.00%	380	0.00%	208	0.00%	136	0.00%
Physician/Allergy/Immunology	3,777	0.04%	5,457	0.05%	3,908	0.04%	3,552	0.03%	3,158	0.04%
Physician/Anesthesiology	98,954	0.93%	103,575	1.01%	112,502	1.08%	133,954	1.24%	114,910	1.29%
Physician/Dermatology	6,076	0.06%	5,694	0.06%	5,584	0.05%	5,111	0.05%	4,332	0.05%
Physician/Diagnostic	120,545	1.13%	147,646	1.44%	147,357	1.42%	147,187	1.36%	127,745	1.43%
Physician/Emergency Medicine	138,288	1.29%	99,523	0.97%	79,046	0.76%	90,747	0.84%	79,604	0.89%
Physician/Family Practice	126,707	1.19%	132,710	1.29%	133,728	1.28%	167,583	1.55%	151,122	1.69%
Physician/Gastroenterology	2,132	0.02%	1,685	0.02%	2,142	0.02%	1,934	0.02%	1,355	0.02%
Physician/General Practice	3,595,657	33.67%	2,900,118	28.24%	2,894,158	27.80%	2,584,810	23.91%	1,915,586	21.43%
Physician/General Surgery	780,334	7.31%	757,183	7.37%	787,513	7.56%	896,262	8.29%	766,153	8.57%
Physician/Internal Medicine	120,573	1.13%	149,833	1.46%	129,120	1.24%	156,597	1.45%	134,364	1.50%
Physician/Interventional Pain Management	681	0.01%	1,735	0.02%	3,949	0.04%	7,134	0.07%	7,042	0.08%
Physician/Interventional Radiology	183	0.00%	368	0.00%	393	0.00%	427	0.00%	696	0.01%
Physician/Neurology	36,741	0.34%	40,345	0.39%	41,204	0.40%	44,800	0.41%	37,368	0.42%
Physician/Neuropsychiatry	9,188	0.09%	12,683	0.12%	12,654	0.12%	8,567	0.08%	4,848	0.05%
Physician/Nuclear Medicine	3,465	0.03%	5,610	0.05%	4,698	0.05%	4,002	0.04%	2,492	0.03%
Physician/Obstetrics & Gynecology	774	0.01%	652	0.01%	375	0.00%	1,001	0.01%	868	0.01%
Physician/Ophthalmology	7,311	0.07%	8,032	0.08%	7,574	0.07%	7,640	0.07%	6,523	0.07%

Physician/Osteopathic Manipulative Treatment	17,281	0.16%	26,476	0.26%	30,577	0.29%	38,324	0.35%	34,140	0.38%
Physician/Otolaryngology	3,273	0.03%	3,024	0.03%	3,350	0.03%	3,012	0.03%	2,203	0.02%
Physician/Pain Management	23,144	0.22%	30,123	0.29%	40,726	0.39%	55,867	0.52%	56,738	0.63%
Physician/Pathology	55,026	0.52%	54,131	0.53%	59,269	0.57%	87,051	0.81%	89,138	1.00%
Physician/Pediatric Medicine	5,373	0.05%	2,002	0.02%	845	0.01%	1,085	0.01%	767	0.01%
Physician/Physical Medicine and Rehabilitation	680,874	6.38%	638,025	6.21%	587,299	5.64%	665,194	6.15%	473,680	5.30%
Physician/Preventive Medicine	453,176	4.24%	436,217	4.25%	491,596	4.72%	529,019	4.89%	416,485	4.66%
Physician/Psychiatry	50,714	0.47%	53,751	0.52%	57,057	0.55%	61,881	0.57%	42,870	0.48%
Physician/Radiation Oncology	449	0.00%	313	0.00%	328	0.00%	511	0.00%	423	0.00%
Physician/Urology	4,504	0.04%	5,060	0.05%	4,335	0.04%	4,324	0.04%	3,252	0.04%
Podiatry	31,565	0.30%	34,915	0.34%	35,985	0.35%	42,423	0.39%	37,297	0.42%
Portable X-Ray Supplier	77	0.00%	37	0.00%	46	0.00%	98	0.00%	30	0.00%
Psychologist	65,264	0.61%	85,825	0.84%	105,925	1.02%	128,740	1.19%	93,873	1.05%
Public Health or Welfare Agency	108	0.00%	84	0.00%	51	0.00%	38	0.00%	26	0.00%
Radiation Therapy Center	1,942	0.02%	1,965	0.02%	2,381	0.02%	2,597	0.02%	9,263	0.10%
Registered Dietitian or Nutrition Professional	8	0.00%	50	0.00%	9	0.00%	6	0.00%		0.00%
Rehabilitation Agency	9,851	0.09%	6,231	0.06%	5,360	0.05%	4,932	0.05%	2,824	0.03%
Rural Health Clinic	22	0.00%	71	0.00%	78	0.00%	164	0.00%	132	0.00%
Skilled Nursing Facility	546	0.01%	914	0.01%	1,178	0.01%	1,463	0.01%	1,732	0.02%
Slide Preparation Facility	27,034	0.25%	24,466	0.24%	5,028	0.05%	1,928	0.02%	668	0.01%
(blank)	1,361,411	12.75%	1,582,775	15.41%	1,552,892	14.91%	1,710,623	15.83%	1,508,969	16.88%
Hospital-Children (PPS excluded)	2	0.00%		0.00%	3	0.00%	2	0.00%	5	0.00%
<b>Total</b>	<b>10,679,807</b>	<b>100%</b>	<b>10,269,329</b>	<b>100%</b>	<b>10,412,380</b>	<b>100%</b>	<b>10,809,055</b>	<b>100%</b>	<b>8,938,350</b>	<b>100%</b>

**Table 26A**  
**Number of Bills by Specialty Code by Year**  
**SAN FRANCISCO BAY AREA REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)	1	0.00%		0.00%	252	0.02%	759	0.05%	39	0.00%
Ambulance Service Provider	2,983	0.19%	3,512	0.23%	2,912	0.20%	2,819	0.19%	1,914	0.15%
Ambulatory Surgical Center	9,716	0.61%	10,152	0.66%	11,024	0.75%	11,735	0.79%	10,450	0.84%
Anesthesiology Assistant	696	0.04%	951	0.06%	1,140	0.08%	874	0.06%	8	0.00%
Audiologist	890	0.06%	563	0.04%	419	0.03%	533	0.04%	462	0.04%
Cardiology	435	0.03%	516	0.03%	590	0.04%	803	0.05%	747	0.06%
Certified Clinical Nurse Specialist	360	0.02%	690	0.04%	626	0.04%	1,725	0.12%	2,101	0.17%
Certified Nurse Midwife	6	0.00%	5	0.00%		0.00%		0.00%		0.00%
Certified Registered Nurse Anesthetist	64	0.00%	66	0.00%	59	0.00%	70	0.00%	77	0.01%
Chiropractic	91,104	5.69%	81,109	5.25%	72,932	4.97%	78,560	5.27%	61,521	4.93%
Clinic or Group Practice	55,214	3.45%	65,538	4.24%	58,575	3.99%	52,691	3.53%	45,418	3.64%
Clinical Laboratory	1,793	0.11%	1,643	0.11%	1,800	0.12%	1,596	0.11%	1,931	0.15%
Community Mental Health Center		0.00%	2	0.00%	3	0.00%	15	0.00%	21	0.00%
Comprehensive Outpatient Rehabilitation Facility	10	0.00%	23	0.00%	7	0.00%	5	0.00%	2	0.00%
Critical Access Hospital	8	0.00%	44	0.00%	28	0.00%	28	0.00%	31	0.00%
End-Stage Renal Disease Facility	2	0.00%	2	0.00%		0.00%	1	0.00%	1	0.00%
Federally Qualified Health Center	1	0.00%		0.00%		0.00%	1	0.00%		0.00%
Histocompatibility Laboratory		0.00%	5	0.00%	7	0.00%	7	0.00%	3	0.00%
Home Health Agency	645	0.04%	792	0.05%	852	0.06%	707	0.05%	743	0.06%
Hospice		0.00%		0.00%		0.00%		0.00%	5	0.00%
Hospital-Acute Care	44,037	2.75%	43,184	2.80%	42,752	2.91%	37,978	2.55%	31,405	2.52%
Hospital-Long-Term (PPS excluded)		0.00%	7	0.00%	32	0.00%	32	0.00%	43	0.00%
Hospital-Psychiatric (PPS excluded)	72	0.00%	163	0.01%	85	0.01%	205	0.01%	231	0.02%
Hospital-Psychiatric Unit		0.00%	1	0.00%	2	0.00%		0.00%		0.00%
Hospital-Rehabilitation (PPS excluded)	366	0.02%	190	0.01%	179	0.01%	355	0.02%	214	0.02%
Hospital-Rehabilitation Unit	114	0.01%	127	0.01%	13	0.00%	10	0.00%	29	0.00%

Hospital-Specialty Hospital (cardiac, orthopedic, surgical)	1	0.00%	6	0.00%	20	0.00%	11	0.00%	17	0.00%
Independent Diagnostic Testing Facility		0.00%		0.00%		0.00%	6	0.00%	2	0.00%
Individual Certified Orthotist	236	0.01%	681	0.04%	801	0.05%	382	0.03%	289	0.02%
Individual Certified Prosthetist	12	0.00%	17	0.00%	9	0.00%	16	0.00%	13	0.00%
Licensed Clinical Social Worker	58	0.00%	47	0.00%	36	0.00%	170	0.01%	55	0.00%
Medical Supply Company with Orthotist	66	0.00%	74	0.00%	97	0.01%	152	0.01%	136	0.01%
Medical Supply Company with Pharmacist	12,699	0.79%	11,077	0.72%	14,188	0.97%	17,064	1.14%	19,387	1.55%
Nurse Practitioner	7,062	0.44%	7,054	0.46%	5,811	0.40%	7,088	0.48%	5,411	0.43%
Occupational Therapist in Private Practice	18,524	1.16%	20,738	1.34%	18,957	1.29%	20,416	1.37%	15,341	1.23%
Optician	1	0.00%		0.00%		0.00%		0.00%	2	0.00%
Optometry	342	0.02%	232	0.02%	244	0.02%	247	0.02%	157	0.01%
Oral Surgery (Dentist only)	102	0.01%	82	0.01%	42	0.00%	101	0.01%	70	0.01%
Other Medical Supply Company	15,115	0.94%	16,023	1.04%	17,058	1.16%	19,803	1.33%	16,919	1.36%
Other Nursing Facility	28	0.00%	70	0.00%	41	0.00%	10	0.00%	16	0.00%
Oxygen supplier	21	0.00%	23	0.00%	14	0.00%	4	0.00%	8	0.00%
Physical Therapist in Private Practice	139,632	8.71%	131,260	8.50%	132,575	9.04%	126,389	8.47%	125,469	10.05%
Physician Assistant	17,005	1.06%	16,944	1.10%	16,908	1.15%	18,291	1.23%	16,633	1.33%
Physician/Addiction Medicine	9	0.00%	25	0.00%	11	0.00%	2	0.00%	4	0.00%
Physician/Allergy/Immunology	341	0.02%	589	0.04%	463	0.03%	336	0.02%	408	0.03%
Physician/Anesthesiology	18,453	1.15%	18,439	1.19%	20,693	1.41%	23,543	1.58%	21,966	1.76%
Physician/Dermatology	477	0.03%	338	0.02%	288	0.02%	329	0.02%	277	0.02%
Physician/Diagnostic	20,767	1.30%	22,684	1.47%	19,642	1.34%	18,391	1.23%	16,004	1.28%
Physician/Emergency Medicine	15,746	0.98%	13,440	0.87%	11,417	0.78%	13,060	0.88%	11,659	0.93%
Physician/Family Practice	12,959	0.81%	13,212	0.86%	14,121	0.96%	17,327	1.16%	16,332	1.31%
Physician/Gastroenterology	261	0.02%	202	0.01%	233	0.02%	207	0.01%	178	0.01%
Physician/General Practice	508,050	31.71%	447,613	28.99%	428,832	29.23%	408,645	27.39%	311,867	24.98%
Physician/General Surgery	124,225	7.75%	120,190	7.78%	117,448	8.00%	129,205	8.66%	110,447	8.85%
Physician/Internal Medicine	18,112	1.13%	21,218	1.37%	18,530	1.26%	26,698	1.79%	23,053	1.85%
Physician/Interventional Pain Management	90	0.01%	379	0.02%	954	0.07%	1,518	0.10%	1,530	0.12%

Physician/Interventional Radiology	18	0.00%	80	0.01%	136	0.01%	109	0.01%	93	0.01%
Physician/Neurology	6,385	0.40%	6,168	0.40%	6,883	0.47%	7,139	0.48%	5,353	0.43%
Physician/Neuropsychiatry	427	0.03%	633	0.04%	577	0.04%	628	0.04%	429	0.03%
Physician/Nuclear Medicine	459	0.03%	481	0.03%	236	0.02%	151	0.01%	91	0.01%
Physician/Obstetrics & Gynecology	58	0.00%	76	0.00%	25	0.00%	62	0.00%	80	0.01%
Physician/Ophthalmology	1,089	0.07%	1,342	0.09%	1,228	0.08%	1,322	0.09%	1,201	0.10%
Physician/Osteopathic Manipulative Treatment	2,820	0.18%	4,271	0.28%	3,715	0.25%	4,057	0.27%	3,491	0.28%
Physician/Otolaryngology	614	0.04%	624	0.04%	643	0.04%	535	0.04%	482	0.04%
Physician/Pain Management	7,442	0.46%	8,447	0.55%	11,873	0.81%	16,180	1.08%	15,477	1.24%
Physician/Pathology	3,760	0.23%	3,047	0.20%	3,324	0.23%	3,617	0.24%	4,937	0.40%
Physician/Pediatric Medicine	424	0.03%	206	0.01%	84	0.01%	130	0.01%	156	0.01%
Physician/Physical Medicine and Rehabilitation	121,020	7.55%	118,634	7.68%	85,426	5.82%	86,991	5.83%	64,287	5.15%
Physician/Preventive Medicine	89,849	5.61%	81,166	5.26%	104,435	7.12%	108,684	7.29%	89,740	7.19%
Physician/Psychiatry	5,921	0.37%	5,675	0.37%	5,432	0.37%	5,967	0.40%	4,557	0.36%
Physician/Radiation Oncology	64	0.00%	41	0.00%	26	0.00%	33	0.00%	42	0.00%
Physician/Urology	241	0.02%	245	0.02%	303	0.02%	351	0.02%	287	0.02%
Podiatry	10,189	0.64%	10,319	0.67%	11,432	0.78%	13,302	0.89%	10,557	0.85%
Portable X-Ray Supplier	21	0.00%		0.00%	3	0.00%		0.00%	1	0.00%
Psychologist	8,593	0.54%	9,150	0.59%	10,546	0.72%	14,172	0.95%	13,015	1.04%
Public Health or Welfare Agency	32	0.00%	16	0.00%	5	0.00%		0.00%	4	0.00%
Radiation Therapy Center	127	0.01%	166	0.01%	249	0.02%	337	0.02%	1,457	0.12%
Registered Dietitian or Nutrition Professional	7	0.00%	33	0.00%	1	0.00%	1	0.00%		0.00%
Rehabilitation Agency	1,179	0.07%	608	0.04%	814	0.06%	781	0.05%	337	0.03%
Rural Health Clinic	2	0.00%	7	0.00%	4	0.00%	32	0.00%	32	0.00%
Skilled Nursing Facility	97	0.01%	116	0.01%	165	0.01%	245	0.02%	153	0.01%
Slide Preparation Facility	6,186	0.39%	3,756	0.24%	855	0.06%	219	0.01%	75	0.01%
(blank)	196,331	12.25%	216,773	14.04%	185,111	12.62%	185,772	12.45%	161,238	12.91%
<b>Total</b>	<b>1,602,266</b>	<b>100%</b>	<b>1,544,022</b>	<b>100%</b>	<b>1,467,253</b>	<b>100%</b>	<b>1,491,737</b>	<b>100%</b>	<b>1,248,618</b>	<b>100%</b>

**Table 26B**  
**Number of Bills by Specialty Code by Year**  
**CENTRAL COAST REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)		0.00%		0.00%	1	0.00%	61	0.01%	2	0.00%
Ambulance Service Provider	361	0.07%	296	0.06%	238	0.05%	240	0.05%	190	0.04%
Ambulatory Surgical Center	4,008	0.73%	4,626	0.90%	4,903	0.98%	5,132	1.03%	4,050	0.95%
Anesthesiology Assistant	133	0.02%	191	0.04%	237	0.05%	306	0.06%	52	0.01%
Audiologist	99	0.02%	100	0.02%	63	0.01%	67	0.01%	83	0.02%
Cardiology	276	0.05%	347	0.07%	236	0.05%	349	0.07%	262	0.06%
Certified Clinical Nurse Specialist	219	0.04%	2,966	0.58%	3,628	0.73%	4,047	0.81%	4,504	1.06%
Certified Registered Nurse Anesthetist	184	0.03%	90	0.02%	109	0.02%	202	0.04%	220	0.05%
Chiropractic	35,238	6.44%	24,233	4.73%	21,983	4.41%	24,554	4.91%	17,960	4.22%
Clinic or Group Practice	9,356	1.71%	14,535	2.84%	13,201	2.65%	10,419	2.08%	7,261	1.71%
Clinical Laboratory	123	0.02%	170	0.03%	551	0.11%	1,466	0.29%	4,438	1.04%
Comprehensive Outpatient Rehabilitation Facility	13	0.00%	9	0.00%	6	0.00%	30	0.01%	5	0.00%
End-Stage Renal Disease Facility	1	0.00%		0.00%		0.00%		0.00%		0.00%
Federally Qualified Health Center		0.00%		0.00%	3	0.00%		0.00%		0.00%
Histocompatibility Laboratory	2	0.00%		0.00%		0.00%	2	0.00%	13	0.00%
Home Health Agency	185	0.03%	261	0.05%	189	0.04%	203	0.04%	185	0.04%
Hospice		0.00%		0.00%		0.00%	2	0.00%		0.00%
Hospital-Acute Care	7,352	1.34%	6,669	1.30%	6,243	1.25%	5,993	1.20%	5,170	1.22%
Hospital-Psychiatric (PPS excluded)	6	0.00%	24	0.00%	40	0.01%	46	0.01%	6	0.00%
Hospital-Rehabilitation (PPS excluded)	16	0.00%	19	0.00%	7	0.00%	11	0.00%	15	0.00%
Hospital-Rehabilitation Unit	8	0.00%	15	0.00%	3	0.00%	3	0.00%	4	0.00%
Independent Diagnostic Testing Facility		0.00%		0.00%		0.00%	1	0.00%		0.00%
Individual Certified Orthotist	240	0.04%	83	0.02%	73	0.01%	80	0.02%	55	0.01%
Individual Certified Prosthetist	1	0.00%	4	0.00%	1	0.00%	2	0.00%		0.00%

Licensed Clinical Social Worker	25	0.00%	23	0.00%	21	0.00%	12	0.00%	34	0.01%
Medical Supply Company with Orthotist	11	0.00%	14	0.00%	10	0.00%	23	0.00%	18	0.00%
Medical Supply Company with Pharmacist	7,574	1.38%	11,707	2.29%	14,622	2.93%	8,358	1.67%	5,185	1.22%
Nurse Practitioner	57	0.01%	90	0.02%	82	0.02%	165	0.03%	288	0.07%
Occupational Therapist in Private Practice	7,061	1.29%	5,781	1.13%	5,204	1.04%	6,288	1.26%	4,937	1.16%
Optician	1	0.00%		0.00%		0.00%		0.00%		0.00%
Optometry	140	0.03%	82	0.02%	112	0.02%	204	0.04%	59	0.01%
Oral Surgery (Dentist only)	14	0.00%	24	0.00%	7	0.00%	9	0.00%	6	0.00%
Organ Procurement Organization		0.00%		0.00%	1	0.00%		0.00%		0.00%
Other Medical Supply Company	5,948	1.09%	5,556	1.09%	4,935	0.99%	4,474	0.89%	3,015	0.71%
Other Nursing Facility	5	0.00%	70	0.01%	51	0.01%	96	0.02%	34	0.01%
Oxygen supplier	11	0.00%	24	0.00%	1	0.00%		0.00%	8	0.00%
Physical Therapist in Private Practice	39,631	7.25%	38,526	7.52%	40,513	8.13%	39,725	7.95%	38,616	9.08%
Physician Assistant	5,998	1.10%	10,959	2.14%	9,168	1.84%	10,664	2.13%	10,793	2.54%
Physician/Addiction Medicine	5	0.00%	1	0.00%	7	0.00%	6	0.00%	3	0.00%
Physician/Allergy/Immunology	191	0.03%	327	0.06%	321	0.06%	337	0.07%	161	0.04%
Physician/Anesthesiology	4,031	0.74%	4,722	0.92%	5,212	1.05%	6,296	1.26%	5,186	1.22%
Physician/Dermatology	267	0.05%	201	0.04%	195	0.04%	153	0.03%	126	0.03%
Physician/Diagnostic	7,016	1.28%	7,487	1.46%	7,546	1.51%	8,187	1.64%	6,917	1.63%
Physician/Emergency Medicine	6,599	1.21%	5,586	1.09%	4,625	0.93%	6,128	1.23%	6,077	1.43%
Physician/Family Practice	9,560	1.75%	11,173	2.18%	9,826	1.97%	11,625	2.33%	11,562	2.72%
Physician/Gastroenterology	55	0.01%	45	0.01%	44	0.01%	40	0.01%	28	0.01%
Physician/General Practice	196,473	35.92%	150,674	29.43%	142,599	28.61%	122,039	24.41%	90,491	21.27%
Physician/General Surgery	45,996	8.41%	46,603	9.10%	52,438	10.52%	58,081	11.62%	51,298	12.06%
Physician/Internal Medicine	7,245	1.32%	9,262	1.81%	6,959	1.40%	8,655	1.73%	7,646	1.80%
Physician/Interventional Pain Management	2	0.00%	34	0.01%	66	0.01%	43	0.01%	37	0.01%
Physician/Interventional Radiology	96	0.02%	75	0.01%	49	0.01%	83	0.02%	81	0.02%
Physician/Neurology	1,580	0.29%	1,780	0.35%	1,722	0.35%	1,817	0.36%	1,671	0.39%
Physician/Neuropsychiatry	149	0.03%	256	0.05%	273	0.05%	255	0.05%	294	0.07%
Physician/Nuclear Medicine	110	0.02%	188	0.04%	74	0.01%	82	0.02%	56	0.01%

Physician/Obstetrics & Gynecology	28	0.01%	34	0.01%	8	0.00%	8	0.00%	14	0.00%
Physician/Ophthalmology	457	0.08%	473	0.09%	603	0.12%	527	0.11%	451	0.11%
Physician/Osteopathic Manipulative Treatment	692	0.13%	872	0.17%	735	0.15%	932	0.19%	892	0.21%
Physician/Otolaryngology	158	0.03%	80	0.02%	81	0.02%	105	0.02%	82	0.02%
Physician/Pain Management	1,607	0.29%	1,822	0.36%	2,345	0.47%	2,642	0.53%	2,371	0.56%
Physician/Pathology	1,082	0.20%	1,230	0.24%	1,925	0.39%	3,747	0.75%	5,723	1.35%
Physician/Pediatric Medicine	149	0.03%	77	0.02%	27	0.01%	94	0.02%	12	0.00%
Physician/Physical Medicine and Rehabilitation	38,801	7.09%	32,902	6.43%	28,086	5.64%	35,615	7.12%	26,856	6.31%
Physician/Preventive Medicine	21,251	3.89%	15,239	2.98%	16,251	3.26%	17,343	3.47%	14,041	3.30%
Physician/Psychiatry	1,512	0.28%	1,699	0.33%	1,721	0.35%	2,548	0.51%	2,379	0.56%
Physician/Radiation Oncology	22	0.00%	9	0.00%	6	0.00%	9	0.00%	10	0.00%
Physician/Urology	69	0.01%	72	0.01%	89	0.02%	103	0.02%	135	0.03%
Podiatry	1,080	0.20%	1,357	0.27%	1,337	0.27%	1,832	0.37%	1,577	0.37%
Portable X-Ray Supplier		0.00%	2	0.00%	1	0.00%		0.00%		0.00%
Psychologist	2,926	0.53%	4,719	0.92%	5,355	1.07%	6,516	1.30%	6,009	1.41%
Public Health or Welfare Agency	2	0.00%	4	0.00%	4	0.00%	4	0.00%	1	0.00%
Radiation Therapy Center	60	0.01%	63	0.01%	89	0.02%	87	0.02%	452	0.11%
Rehabilitation Agency	174	0.03%	173	0.03%	191	0.04%	165	0.03%	65	0.02%
Skilled Nursing Facility	31	0.01%	67	0.01%	57	0.01%	58	0.01%	42	0.01%
Slide Preparation Facility	3,073	0.56%	1,976	0.39%	256	0.05%	47	0.01%	1	0.00%
(blank)	70,077	12.81%	83,246	16.26%	80,795	16.21%	80,514	16.10%	75,176	17.67%
<b>Total</b>	<b>546,923</b>	<b>100%</b>	<b>512,024</b>	<b>100%</b>	<b>498,360</b>	<b>100%</b>	<b>499,957</b>	<b>100%</b>	<b>425,391</b>	<b>100%</b>

**Table 26C**  
**Number of Bills by Specialty Code by Year**  
**CENTRAL VALLEY REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)		0.00%		0.00%		0.00%	2	0.00%		0.00%
Ambulance Service Provider	1,350	0.18%	1,263	0.16%	1,085	0.14%	1,239	0.16%	775	0.12%
Ambulatory Surgical Center	3,766	0.50%	4,206	0.53%	4,692	0.59%	4,627	0.59%	4,052	0.62%
Anesthesiology Assistant	392	0.05%	572	0.07%	608	0.08%	565	0.07%	116	0.02%
Audiologist	180	0.02%	155	0.02%	170	0.02%	196	0.03%	182	0.03%
Cardiology	155	0.02%	180	0.02%	262	0.03%	395	0.05%	325	0.05%
Certified Clinical Nurse Specialist	677	0.09%	1,894	0.24%	1,486	0.19%	2,145	0.27%	1,855	0.29%
Certified Registered Nurse Anesthetist	324	0.04%	456	0.06%	456	0.06%	715	0.09%	761	0.12%
Chiropractic	38,553	5.14%	40,973	5.17%	41,604	5.27%	43,698	5.60%	38,166	5.87%
Clinic or Group Practice	21,562	2.87%	30,085	3.80%	27,430	3.47%	24,794	3.18%	19,369	2.98%
Clinical Laboratory	380	0.05%	573	0.07%	1,154	0.15%	3,249	0.42%	4,142	0.64%
Community Mental Health Center		0.00%		0.00%	2	0.00%		0.00%		0.00%
Comprehensive Outpatient Rehabilitation Facility	5	0.00%	10	0.00%	5	0.00%	4	0.00%	1	0.00%
Critical Access Hospital		0.00%	2	0.00%	4	0.00%	9	0.00%	4	0.00%
End-Stage Renal Disease Facility		0.00%		0.00%		0.00%	3	0.00%		0.00%
Federally Qualified Health Center		0.00%		0.00%		0.00%	1	0.00%		0.00%
Histocompatibility Laboratory		0.00%		0.00%		0.00%	1	0.00%	4	0.00%
Home Health Agency	323	0.04%	456	0.06%	492	0.06%	471	0.06%	324	0.05%
Hospice		0.00%		0.00%	2	0.00%		0.00%		0.00%
Hospital-Acute Care	13,518	1.80%	15,987	2.02%	15,364	1.95%	13,593	1.74%	11,863	1.83%
Hospital-Psychiatric (PPS excluded)	4	0.00%	45	0.01%	134	0.02%	61	0.01%	34	0.01%
Hospital-Psychiatric Unit	1	0.00%		0.00%		0.00%		0.00%		0.00%
Hospital-Rehabilitation (PPS excluded)	137	0.02%	344	0.04%	559	0.07%	413	0.05%	324	0.05%
Hospital-Rehabilitation Unit	30	0.00%	65	0.01%	11	0.00%	32	0.00%	15	0.00%
Hospital-Specialty Hospital (cardiac, orthopedic, surgical)	1	0.00%		0.00%		0.00%		0.00%		0.00%

Independent Diagnostic Testing Facility		0.00%		0.00%	2	0.00%	56	0.01%	50	0.01%
Individual Certified Orthotist	129	0.02%	145	0.02%	137	0.02%	132	0.02%	120	0.02%
Individual Certified Prosthetist	16	0.00%	6	0.00%	1	0.00%	23	0.00%	4	0.00%
Licensed Clinical Social Worker	62	0.01%	102	0.01%	78	0.01%	83	0.01%	72	0.01%
Medical Supply Company with Orthotist	22	0.00%	42	0.01%	38	0.00%	102	0.01%	46	0.01%
Medical Supply Company with Pharmacist	5,442	0.73%	8,106	1.02%	12,087	1.53%	13,463	1.72%	12,182	1.87%
Nurse Practitioner	1,853	0.25%	2,600	0.33%	1,986	0.25%	3,184	0.41%	3,227	0.50%
Occupational Therapist in Private Practice	10,110	1.35%	11,097	1.40%	11,243	1.42%	10,631	1.36%	8,796	1.35%
Optician	3	0.00%	4	0.00%	3	0.00%	2	0.00%		0.00%
Optometry	351	0.05%	331	0.04%	294	0.04%	363	0.05%	234	0.04%
Oral Surgery (Dentist only)	40	0.01%	40	0.01%	23	0.00%	41	0.01%	185	0.03%
Other Medical Supply Company	7,573	1.01%	7,866	0.99%	6,944	0.88%	7,557	0.97%	6,083	0.94%
Other Nursing Facility	35	0.00%	82	0.01%	22	0.00%	11	0.00%	21	0.00%
Oxygen supplier	1	0.00%	4	0.00%	1	0.00%	4	0.00%	5	0.00%
Physical Therapist in Private Practice	55,692	7.42%	55,289	6.98%	65,279	8.26%	60,762	7.78%	57,897	8.91%
Physician Assistant	9,083	1.21%	10,397	1.31%	12,078	1.53%	15,443	1.98%	11,509	1.77%
Physician/Addiction Medicine	30	0.00%	15	0.00%	5	0.00%	1	0.00%		0.00%
Physician/Allergy/Immunology	197	0.03%	323	0.04%	175	0.02%	206	0.03%	118	0.02%
Physician/Anesthesiology	8,975	1.20%	10,177	1.28%	10,341	1.31%	10,860	1.39%	8,884	1.37%
Physician/Dermatology	295	0.04%	460	0.06%	198	0.03%	203	0.03%	108	0.02%
Physician/Diagnostic	9,512	1.27%	12,526	1.58%	11,945	1.51%	13,112	1.68%	11,597	1.78%
Physician/Emergency Medicine	14,293	1.90%	12,841	1.62%	11,824	1.50%	12,927	1.66%	12,217	1.88%
Physician/Family Practice	16,416	2.19%	20,043	2.53%	20,087	2.54%	27,037	3.46%	22,714	3.49%
Physician/Gastroenterology	50	0.01%	58	0.01%	93	0.01%	71	0.01%	46	0.01%
Physician/General Practice	279,885	37.29%	246,710	31.15%	230,934	29.24%	192,646	24.67%	142,031	21.85%
Physician/General Surgery	46,101	6.14%	51,026	6.44%	53,497	6.77%	62,128	7.96%	56,427	8.68%
Physician/Internal Medicine	7,825	1.04%	11,223	1.42%	10,894	1.38%	10,163	1.30%	8,770	1.35%
Physician/Interventional Pain Management	46	0.01%	22	0.00%	51	0.01%	135	0.02%	135	0.02%
Physician/Interventional Radiology	5	0.00%	79	0.01%	28	0.00%	33	0.00%	31	0.00%
Physician/Neurology	2,794	0.37%	6,367	0.80%	3,994	0.51%	3,831	0.49%	3,329	0.51%

Physician/Neuropsychiatry	265	0.04%	402	0.05%	337	0.04%	208	0.03%	250	0.04%
Physician/Nuclear Medicine	151	0.02%	168	0.02%	239	0.03%	312	0.04%	160	0.02%
Physician/Obstetrics & Gynecology	70	0.01%	76	0.01%	26	0.00%	300	0.04%	134	0.02%
Physician/Ophthalmology	971	0.13%	1,038	0.13%	1,038	0.13%	1,091	0.14%	1,080	0.17%
Physician/Osteopathic Manipulative Treatment	1,853	0.25%	2,159	0.27%	2,896	0.37%	3,989	0.51%	3,501	0.54%
Physician/Otolaryngology	301	0.04%	285	0.04%	486	0.06%	353	0.05%	162	0.02%
Physician/Pain Management	1,573	0.21%	1,896	0.24%	2,430	0.31%	2,719	0.35%	2,519	0.39%
Physician/Pathology	2,750	0.37%	3,676	0.46%	3,813	0.48%	5,905	0.76%	4,962	0.76%
Physician/Pediatric Medicine	400	0.05%	154	0.02%	153	0.02%	154	0.02%	69	0.01%
Physician/Physical Medicine and Rehabilitation	46,942	6.25%	58,467	7.38%	55,495	7.03%	54,055	6.92%	46,528	7.16%
Physician/Preventive Medicine	37,151	4.95%	33,466	4.22%	44,375	5.62%	53,835	6.89%	39,008	6.00%
Physician/Psychiatry	1,471	0.20%	1,682	0.21%	2,005	0.25%	1,741	0.22%	1,371	0.21%
Physician/Radiation Oncology	102	0.01%	46	0.01%	80	0.01%	160	0.02%	112	0.02%
Physician/Urology	236	0.03%	240	0.03%	207	0.03%	359	0.05%	302	0.05%
Podiatry	2,022	0.27%	2,372	0.30%	2,502	0.32%	3,023	0.39%	2,849	0.44%
Portable X-Ray Supplier	5	0.00%		0.00%		0.00%		0.00%		0.00%
Psychologist	2,243	0.30%	3,348	0.42%	4,370	0.55%	5,401	0.69%	4,308	0.66%
Public Health or Welfare Agency	2	0.00%	4	0.00%	1	0.00%		0.00%		0.00%
Radiation Therapy Center	36	0.00%	65	0.01%	84	0.01%	123	0.02%	843	0.13%
Rehabilitation Agency	362	0.05%	490	0.06%	700	0.09%	653	0.08%	242	0.04%
Rural Health Clinic	1	0.00%	7	0.00%	24	0.00%	23	0.00%	12	0.00%
Skilled Nursing Facility	61	0.01%	91	0.01%	80	0.01%	69	0.01%	118	0.02%
Slide Preparation Facility	804	0.11%	546	0.07%	125	0.02%	29	0.00%	14	0.00%
(blank)	92,624	12.34%	116,184	14.67%	108,578	13.75%	104,916	13.44%	92,319	14.20%
Hospital-Children's (PPS excluded)	1	0.00%		0.00%	1	0.00%		0.00%		0.00%
<b>Total</b>	<b>750,591</b>	<b>100%</b>	<b>792,109</b>	<b>100%</b>	<b>789,847</b>	<b>100%</b>	<b>780,841</b>	<b>100%</b>	<b>650,013</b>	<b>100%</b>

**Table 26D**  
**Number of Bills by Specialty Code by Year**  
**EASTERN SIERRA FOOTHILLS REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance Service Provider	447	0.40%	379	0.35%	351	0.31%	282	0.25%	306	0.34%
Ambulatory Surgical Center	352	0.32%	449	0.42%	455	0.41%	382	0.34%	299	0.33%
Anesthesiology Assistant	2	0.00%	8	0.01%	4	0.00%	3	0.00%		0.00%
Audiologist	37	0.03%	47	0.04%	60	0.05%	36	0.03%	26	0.03%
Cardiology	29	0.03%	24	0.02%	33	0.03%	40	0.04%	49	0.05%
Certified Clinical Nurse Specialist	50	0.05%	284	0.26%	212	0.19%	214	0.19%	192	0.21%
Certified Registered Nurse Anesthetist	28	0.03%	7	0.01%	6	0.01%	13	0.01%	4	0.00%
Chiropractic	5,940	5.38%	6,995	6.51%	6,478	5.80%	8,896	8.03%	7,226	7.94%
Clinic or Group Practice	3,333	3.02%	3,769	3.51%	3,958	3.54%	4,156	3.75%	2,851	3.13%
Clinical Laboratory	128	0.12%	38	0.04%	40	0.04%	53	0.05%	18	0.02%
Community Mental Health Center	2	0.00%		0.00%		0.00%		0.00%		0.00%
Comprehensive Outpatient Rehabilitation Facility	1	0.00%		0.00%		0.00%		0.00%		0.00%
Critical Access Hospital	16	0.01%	108	0.10%	156	0.14%	134	0.12%	85	0.09%
Home Health Agency	118	0.11%	137	0.13%	91	0.08%	83	0.07%	47	0.05%
Hospice		0.00%		0.00%	1	0.00%	2	0.00%		0.00%
Hospital-Acute Care	3,719	3.37%	3,750	3.49%	3,628	3.25%	3,134	2.83%	2,796	3.07%
Hospital-Rehabilitation (PPS excluded)	9	0.01%	7	0.01%	13	0.01%	35	0.03%	13	0.01%
Hospital-Rehabilitation Unit	4	0.00%	10	0.01%		0.00%		0.00%	3	0.00%
Individual Certified Orthotist	30	0.03%	14	0.01%	28	0.03%	14	0.01%	21	0.02%
Individual Certified Prosthetist		0.00%		0.00%	3	0.00%	6	0.01%		0.00%
Licensed Clinical Social Worker	2	0.00%	3	0.00%	4	0.00%	11	0.01%	8	0.01%
Medical Supply Company with Orthotist	4	0.00%	5	0.00%	8	0.01%	9	0.01%	11	0.01%
Medical Supply Company with Pharmacist	706	0.64%	757	0.70%	1,793	1.60%	2,244	2.02%	2,369	2.60%
Nurse Practitioner	142	0.13%	404	0.38%	424	0.38%	589	0.53%	659	0.72%
Occupational Therapist in Private Practice	1,374	1.24%	1,542	1.43%	1,321	1.18%	1,727	1.56%	1,167	1.28%

Optician	3	0.00%	1	0.00%	4	0.00%	3	0.00%		0.00%
Optometry	62	0.06%	90	0.08%	55	0.05%	60	0.05%	46	0.05%
Oral Surgery (Dentist only)	4	0.00%	10	0.01%	5	0.00%	3	0.00%	1	0.00%
Other Medical Supply Company	3,789	3.43%	4,022	3.74%	5,717	5.12%	6,666	6.01%	5,117	5.62%
Other Nursing Facility	6	0.01%	17	0.02%	4	0.00%		0.00%	5	0.01%
Oxygen supplier		0.00%		0.00%	3	0.00%	1	0.00%		0.00%
Physical Therapist in Private Practice	9,341	8.46%	8,818	8.20%	10,533	9.43%	10,226	9.23%	9,202	10.11%
Physician Assistant	882	0.80%	981	0.91%	973	0.87%	932	0.84%	704	0.77%
Physician/Allergy/Immunology	11	0.01%	25	0.02%	14	0.01%	8	0.01%	13	0.01%
Physician/Anesthesiology	923	0.84%	807	0.75%	1,074	0.96%	1,073	0.97%	864	0.95%
Physician/Dermatology	34	0.03%	34	0.03%	30	0.03%	36	0.03%	34	0.04%
Physician/Diagnostic	1,610	1.46%	2,129	1.98%	1,932	1.73%	1,590	1.43%	1,223	1.34%
Physician/Emergency Medicine	1,728	1.57%	1,832	1.70%	1,647	1.47%	1,669	1.51%	1,742	1.91%
Physician/Family Practice	1,672	1.51%	1,868	1.74%	2,977	2.66%	3,384	3.05%	2,894	3.18%
Physician/Gastroenterology	1	0.00%	15	0.01%	19	0.02%	18	0.02%	11	0.01%
Physician/General Practice	42,278	38.30%	29,134	27.09%	30,190	27.02%	22,696	20.48%	17,396	19.11%
Physician/General Surgery	4,721	4.28%	4,482	4.17%	4,323	3.87%	4,698	4.24%	3,973	4.37%
Physician/Internal Medicine	771	0.70%	1,064	0.99%	850	0.76%	1,161	1.05%	928	1.02%
Physician/Interventional Pain Management		0.00%	4	0.00%	16	0.01%	13	0.01%	2	0.00%
Physician/Interventional Radiology	5	0.00%	15	0.01%	11	0.01%	14	0.01%	12	0.01%
Physician/Neurology	168	0.15%	214	0.20%	393	0.35%	519	0.47%	395	0.43%
Physician/Neuropsychiatry	107	0.10%	56	0.05%	21	0.02%	26	0.02%	21	0.02%
Physician/Nuclear Medicine	39	0.04%	72	0.07%	196	0.18%	190	0.17%	3	0.00%
Physician/Obstetrics & Gynecology	17	0.02%	25	0.02%	16	0.01%	96	0.09%	84	0.09%
Physician/Ophthalmology	69	0.06%	69	0.06%	74	0.07%	100	0.09%	88	0.10%
Physician/Osteopathic Manipulative Treatment	156	0.14%	162	0.15%	169	0.15%	215	0.19%	245	0.27%
Physician/Otolaryngology	17	0.02%	13	0.01%	117	0.10%	18	0.02%	4	0.00%
Physician/Pain Management	155	0.14%	398	0.37%	700	0.63%	547	0.49%	650	0.71%
Physician/Pathology	128	0.12%	164	0.15%	143	0.13%	233	0.21%	287	0.32%
Physician/Pediatric Medicine	4	0.00%	6	0.01%	13	0.01%	21	0.02%	31	0.03%
Physician/Physical Medicine and Rehabilitation	7,636	6.92%	8,574	7.97%	7,613	6.81%	9,110	8.22%	7,544	8.29%

Physician/Preventive Medicine	3,757	3.40%	3,972	3.69%	4,680	4.19%	5,205	4.70%	3,938	4.33%
Physician/Psychiatry	249	0.23%	209	0.19%	202	0.18%	171	0.15%	125	0.14%
Physician/Radiation Oncology	10	0.01%	4	0.00%	4	0.00%	1	0.00%	4	0.00%
Physician/Urology	36	0.03%	11	0.01%	12	0.01%	3	0.00%	3	0.00%
Podiatry	363	0.33%	666	0.62%	526	0.47%	680	0.61%	475	0.52%
Portable X-Ray Supplier	1	0.00%		0.00%		0.00%		0.00%		0.00%
Psychologist	396	0.36%	434	0.40%	617	0.55%	729	0.66%	643	0.71%
Public Health or Welfare Agency		0.00%		0.00%		0.00%		0.00%	2	0.00%
Radiation Therapy Center	8	0.01%	7	0.01%	15	0.01%	12	0.01%	86	0.09%
Rehabilitation Agency	151	0.14%	83	0.08%	79	0.07%	95	0.09%	11	0.01%
Rural Health Clinic	5	0.00%	12	0.01%	11	0.01%	7	0.01%	2	0.00%
Skilled Nursing Facility	18	0.02%	16	0.01%	6	0.01%	21	0.02%	15	0.02%
Slide Preparation Facility	48	0.04%	30	0.03%	13	0.01%	4	0.00%		0.00%
(blank)	12,539	11.36%	18,247	16.97%	16,660	14.91%	16,521	14.91%	14,040	15.43%
<b>Total</b>	<b>110,391</b>	<b>100%</b>	<b>107,529</b>	<b>100%</b>	<b>111,724</b>	<b>100%</b>	<b>110,838</b>	<b>100%</b>	<b>91,013</b>	<b>100%</b>

**Table 26E**  
**Number of Bills by Specialty Code by Year**  
**INLAND EMPIRE REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)		0.00%	16	0.00%	327	0.02%	873	0.04%	35	0.00%
Ambulance Service Provider	3,477	0.17%	3,857	0.20%	3,995	0.20%	2,585	0.12%	1,384	0.08%
Ambulatory Surgical Center	7,353	0.36%	8,671	0.44%	9,273	0.47%	10,529	0.50%	9,779	0.59%
Anesthesiology Assistant	759	0.04%	920	0.05%	990	0.05%	977	0.05%	223	0.01%
Audiologist	168	0.01%	222	0.01%	223	0.01%	213	0.01%	172	0.01%
Cardiology	880	0.04%	792	0.04%	826	0.04%	849	0.04%	703	0.04%
Certified Clinical Nurse Specialist	1,086	0.05%	1,883	0.10%	1,617	0.08%	1,657	0.08%	1,987	0.12%
Certified Nurse Midwife		0.00%	1	0.00%		0.00%		0.00%	1	0.00%
Certified Registered Nurse Anesthetist	682	0.03%	555	0.03%	612	0.03%	965	0.05%	1,261	0.08%
Chiropractic	130,384	6.33%	127,775	6.56%	134,481	6.83%	164,673	7.88%	137,893	8.25%
Clinic or Group Practice	69,969	3.40%	78,125	4.01%	76,919	3.90%	64,550	3.09%	51,947	3.11%
Clinical Laboratory	4,823	0.23%	4,740	0.24%	4,878	0.25%	8,531	0.41%	7,804	0.47%
Community Mental Health Center		0.00%		0.00%	2	0.00%	1	0.00%	4	0.00%
Comprehensive Outpatient Rehabilitation Facility	16	0.00%	6	0.00%	4	0.00%	5	0.00%	3	0.00%
Critical Access Hospital	3	0.00%	18	0.00%	48	0.00%	45	0.00%	39	0.00%
End-Stage Renal Disease Facility	3	0.00%	5	0.00%	2	0.00%	6	0.00%	14	0.00%
Histocompatibility Laboratory	1	0.00%		0.00%	4	0.00%		0.00%	3	0.00%
Home Health Agency	920	0.04%	1,434	0.07%	2,113	0.11%	4,021	0.19%	4,968	0.30%
Hospice	1	0.00%		0.00%		0.00%	1	0.00%	2	0.00%
Hospital-Acute Care	17,223	0.84%	17,672	0.91%	17,463	0.89%	17,647	0.84%	14,150	0.85%
Hospital-Long-Term (PPS excluded)		0.00%		0.00%		0.00%		0.00%	1	0.00%
Hospital-Psychiatric (PPS excluded)	16	0.00%	66	0.00%	59	0.00%	79	0.00%	153	0.01%
Hospital-Psychiatric Unit		0.00%		0.00%		0.00%	1	0.00%	1	0.00%
Hospital-Rehabilitation (PPS excluded)	202	0.01%	385	0.02%	272	0.01%	230	0.01%	292	0.02%
Hospital-Rehabilitation Unit	18	0.00%	24	0.00%	9	0.00%	39	0.00%	47	0.00%

Hospital-Specialty Hospital (cardiac, orthopedic, surgical)		0.00%		0.00%	4	0.00%		0.00%	7	0.00%
Independent Diagnostic Testing Facility	1	0.00%	7	0.00%	6	0.00%	7	0.00%	5	0.00%
Individual Certified Orthotist	564	0.03%	1,165	0.06%	1,653	0.08%	2,503	0.12%	1,914	0.11%
Individual Certified Prosthetist	25	0.00%	25	0.00%	16	0.00%	296	0.01%	43	0.00%
Licensed Clinical Social Worker	122	0.01%	176	0.01%	281	0.01%	121	0.01%	135	0.01%
Medical Supply Company with Orthotist	50	0.00%	86	0.00%	753	0.04%	1,686	0.08%	1,918	0.11%
Medical Supply Company with Pharmacist	25,376	1.23%	37,656	1.93%	34,509	1.75%	40,941	1.96%	36,708	2.20%
Nurse Practitioner	1,215	0.06%	895	0.05%	657	0.03%	642	0.03%	624	0.04%
Occupational Therapist in Private Practice	13,866	0.67%	13,537	0.69%	15,009	0.76%	16,331	0.78%	11,810	0.71%
Optician	5	0.00%	3	0.00%	14	0.00%	3	0.00%	5	0.00%
Optometry	490	0.02%	330	0.02%	297	0.02%	319	0.02%	316	0.02%
Oral Surgery (Dentist only)	58	0.00%	54	0.00%	64	0.00%	37	0.00%	50	0.00%
Other Medical Supply Company	148,153	7.19%	122,228	6.27%	130,196	6.61%	147,291	7.05%	114,340	6.84%
Other Nursing Facility	62	0.00%	61	0.00%	77	0.00%	82	0.00%	62	0.00%
Oxygen supplier	1,405	0.07%	2,780	0.14%	3,336	0.17%	2,595	0.12%	727	0.04%
Physical Therapist in Private Practice	179,822	8.73%	163,557	8.39%	174,540	8.86%	174,969	8.38%	151,081	9.04%
Physician Assistant	36,307	1.76%	27,781	1.43%	24,288	1.23%	27,832	1.33%	25,388	1.52%
Physician/Addiction Medicine	85	0.00%	131	0.01%	56	0.00%	31	0.00%	28	0.00%
Physician/Allergy/Immunology	553	0.03%	758	0.04%	659	0.03%	390	0.02%	543	0.03%
Physician/Anesthesiology	18,424	0.89%	19,072	0.98%	21,607	1.10%	26,894	1.29%	21,235	1.27%
Physician/Dermatology	1,033	0.05%	871	0.04%	873	0.04%	698	0.03%	571	0.03%
Physician/Diagnostic	22,018	1.07%	25,069	1.29%	27,514	1.40%	27,827	1.33%	22,967	1.37%
Physician/Emergency Medicine	26,083	1.27%	16,569	0.85%	13,302	0.68%	12,737	0.61%	10,103	0.60%
Physician/Family Practice	29,807	1.45%	28,491	1.46%	30,539	1.55%	37,019	1.77%	31,957	1.91%
Physician/Gastroenterology	262	0.01%	254	0.01%	238	0.01%	203	0.01%	120	0.01%
Physician/General Practice	598,424	29.04%	494,306	25.36%	502,849	25.52%	466,476	22.33%	347,361	20.79%
Physician/General Surgery	173,508	8.42%	158,462	8.13%	173,234	8.79%	202,947	9.71%	169,705	10.15%
Physician/Internal Medicine	22,917	1.11%	28,072	1.44%	24,086	1.22%	27,212	1.30%	22,921	1.37%

Physician/Interventional Pain Management	264	0.01%	553	0.03%	1,076	0.05%	2,169	0.10%	2,210	0.13%
Physician/Interventional Radiology	17	0.00%	25	0.00%	28	0.00%	32	0.00%	187	0.01%
Physician/Neurology	8,960	0.43%	7,416	0.38%	8,218	0.42%	9,506	0.46%	7,780	0.47%
Physician/Neuropsychiatry	2,048	0.10%	3,409	0.17%	3,958	0.20%	2,538	0.12%	1,121	0.07%
Physician/Nuclear Medicine	761	0.04%	1,567	0.08%	1,164	0.06%	757	0.04%	347	0.02%
Physician/Obstetrics & Gynecology	168	0.01%	137	0.01%	86	0.00%	74	0.00%	67	0.00%
Physician/Ophthalmology	1,621	0.08%	1,245	0.06%	1,071	0.05%	1,229	0.06%	805	0.05%
Physician/Osteopathic Manipulative Treatment	2,794	0.14%	4,303	0.22%	5,721	0.29%	8,534	0.41%	7,493	0.45%
Physician/Otolaryngology	610	0.03%	628	0.03%	660	0.03%	643	0.03%	477	0.03%
Physician/Pain Management	3,249	0.16%	4,769	0.24%	6,050	0.31%	8,063	0.39%	9,140	0.55%
Physician/Pathology	7,283	0.35%	6,505	0.33%	6,598	0.33%	9,767	0.47%	10,342	0.62%
Physician/Pediatric Medicine	844	0.04%	372	0.02%	238	0.01%	178	0.01%	142	0.01%
Physician/Physical Medicine and Rehabilitation	131,937	6.40%	120,864	6.20%	113,897	5.78%	131,229	6.28%	95,561	5.72%
Physician/Preventive Medicine	78,037	3.79%	73,924	3.79%	89,710	4.55%	101,528	4.86%	76,240	4.56%
Physician/Psychiatry	8,711	0.42%	9,772	0.50%	10,134	0.51%	9,829	0.47%	6,316	0.38%
Physician/Radiation Oncology	112	0.01%	57	0.00%	42	0.00%	51	0.00%	40	0.00%
Physician/Urology	1,280	0.06%	1,117	0.06%	1,054	0.05%	800	0.04%	701	0.04%
Podiatry	5,839	0.28%	7,014	0.36%	6,528	0.33%	7,945	0.38%	6,144	0.37%
Portable X-Ray Supplier	23	0.00%	6	0.00%	1	0.00%	7	0.00%	13	0.00%
Psychologist	14,958	0.73%	20,668	1.06%	24,338	1.24%	27,728	1.33%	19,520	1.17%
Public Health or Welfare Agency	17	0.00%	18	0.00%	6	0.00%	3	0.00%	5	0.00%
Radiation Therapy Center	694	0.03%	694	0.04%	713	0.04%	661	0.03%	1,926	0.12%
Registered Dietitian or Nutrition Professional		0.00%		0.00%	1	0.00%	1	0.00%		0.00%
Rehabilitation Agency	2,992	0.15%	1,217	0.06%	1,047	0.05%	475	0.02%	258	0.02%
Rural Health Clinic	5	0.00%	16	0.00%	2	0.00%	8	0.00%	5	0.00%
Skilled Nursing Facility	136	0.01%	269	0.01%	438	0.02%	565	0.03%	844	0.05%
Slide Preparation Facility	3,821	0.19%	3,484	0.18%	787	0.04%	524	0.03%	251	0.02%
(blank)	244,719	11.88%	289,513	14.85%	251,861	12.78%	267,755	12.82%	217,713	13.03%
Hospital-Children's (PPS excluded)		0.00%		0.00%	2	0.00%	1	0.00%	1	0.00%
<b>Total</b>	<b>2,060,519</b>	<b>100%</b>	<b>1,949,125</b>	<b>100%</b>	<b>1,970,203</b>	<b>100%</b>	<b>2,089,166</b>	<b>100%</b>	<b>1,671,159</b>	<b>100%</b>

**Table 26F**  
**Number of Bills by Specialty Code by Year**  
**LOS ANGELES REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)	1	0.00%	39	0.00%	1,329	0.04%	1,399	0.04%	24	0.00%
Ambulance Service Provider	5,504	0.14%	6,168	0.17%	6,733	0.18%	5,716	0.14%	3,814	0.12%
Ambulatory Surgical Center	14,507	0.37%	16,208	0.44%	17,954	0.48%	19,317	0.49%	15,228	0.49%
Anesthesiology Assistant	1,417	0.04%	1,921	0.05%	2,278	0.06%	2,081	0.05%	401	0.01%
Audiologist	1,045	0.03%	1,045	0.03%	1,082	0.03%	932	0.02%	701	0.02%
Cardiology	1,151	0.03%	1,192	0.03%	1,264	0.03%	1,509	0.04%	1,061	0.03%
Certified Clinical Nurse Specialist	2,491	0.06%	5,816	0.16%	5,306	0.14%	6,809	0.17%	8,837	0.29%
Certified Nurse Midwife		0.00%		0.00%	1	0.00%		0.00%		0.00%
Certified Registered Nurse Anesthetist	1,056	0.03%	1,129	0.03%	867	0.02%	1,469	0.04%	1,347	0.04%
Chiropractic	165,678	4.23%	185,403	5.01%	206,110	5.46%	259,341	6.57%	185,406	6.01%
Clinic or Group Practice	106,720	2.72%	133,697	3.61%	151,139	4.00%	148,240	3.76%	131,720	4.27%
Clinical Laboratory	8,659	0.22%	8,461	0.23%	9,568	0.25%	14,776	0.37%	24,171	0.78%
Community Mental Health Center		0.00%	2	0.00%	2	0.00%	2	0.00%	3	0.00%
Comprehensive Outpatient Rehabilitation Facility	37	0.00%	40	0.00%	18	0.00%	13	0.00%	3	0.00%
Critical Access Hospital	10	0.00%	6	0.00%	22	0.00%	41	0.00%	45	0.00%
End-Stage Renal Disease Facility	14	0.00%	14	0.00%	34	0.00%	36	0.00%	44	0.00%
Histocompatibility Laboratory		0.00%	2	0.00%	18	0.00%	29	0.00%	71	0.00%
Home Health Agency	1,167	0.03%	1,818	0.05%	1,615	0.04%	2,887	0.07%	3,132	0.10%
Hospice	16	0.00%	1	0.00%		0.00%	1	0.00%	3	0.00%
Hospital-Acute Care	54,583	1.39%	58,030	1.57%	56,180	1.49%	53,348	1.35%	36,547	1.19%
Hospital-Long-Term (PPS excluded)		0.00%	11	0.00%	14	0.00%	27	0.00%	18	0.00%
Hospital-Psychiatric (PPS excluded)	68	0.00%	335	0.01%	458	0.01%	331	0.01%	218	0.01%
Hospital-Psychiatric Unit	5	0.00%	3	0.00%	4	0.00%	4	0.00%	1	0.00%
Hospital-Rehabilitation (PPS excluded)	290	0.01%	738	0.02%	962	0.03%	982	0.02%	751	0.02%
Hospital-Rehabilitation Unit	111	0.00%	102	0.00%	30	0.00%	58	0.00%	117	0.00%

Hospital-Specialty Hospital (cardiac, orthopedic, surgical)	1	0.00%	1	0.00%	5	0.00%	6	0.00%	24	0.00%
Independent Diagnostic Testing Facility	3	0.00%	9	0.00%	11	0.00%	34	0.00%	11	0.00%
Individual Certified Orthotist	622	0.02%	627	0.02%	980	0.03%	891	0.02%	661	0.02%
Individual Certified Prosthetist	31	0.00%	38	0.00%	16	0.00%	26	0.00%	12	0.00%
Licensed Clinical Social Worker	159	0.00%	148	0.00%	218	0.01%	295	0.01%	492	0.02%
Medical Supply Company with Orthotist	22	0.00%	70	0.00%	52	0.00%	62	0.00%	182	0.01%
Medical Supply Company with Pharmacist	121,648	3.11%	139,757	3.77%	158,138	4.19%	167,210	4.24%	149,366	4.84%
Nurse Practitioner	4,080	0.10%	2,298	0.06%	1,377	0.04%	1,424	0.04%	1,227	0.04%
Occupational Therapist in Private Practice	28,451	0.73%	24,941	0.67%	27,217	0.72%	35,889	0.91%	21,597	0.70%
Optician	6	0.00%	10	0.00%	3	0.00%	7	0.00%	9	0.00%
Optometry	381	0.01%	515	0.01%	465	0.01%	603	0.02%	555	0.02%
Oral Surgery (Dentist only)	102	0.00%	101	0.00%	99	0.00%	64	0.00%	64	0.00%
Other Medical Supply Company	55,608	1.42%	71,128	1.92%	85,143	2.26%	105,292	2.67%	86,619	2.81%
Other Nursing Facility	30	0.00%	20	0.00%	22	0.00%	15	0.00%	17	0.00%
Oxygen supplier	268	0.01%	348	0.01%	651	0.02%	365	0.01%	168	0.01%
Physical Therapist in Private Practice	263,513	6.73%	260,261	7.03%	250,327	6.63%	233,599	5.92%	207,161	6.72%
Physician Assistant	78,269	2.00%	66,803	1.80%	57,025	1.51%	67,094	1.70%	56,283	1.83%
Physician/Addiction Medicine	184	0.00%	229	0.01%	232	0.01%	126	0.00%	68	0.00%
Physician/Allergy/Immunology	2,022	0.05%	2,709	0.07%	1,840	0.05%	2,018	0.05%	1,537	0.05%
Physician/Anesthesiology	31,886	0.81%	34,714	0.94%	37,458	0.99%	46,635	1.18%	39,173	1.27%
Physician/Dermatology	3,079	0.08%	2,959	0.08%	2,955	0.08%	2,720	0.07%	2,396	0.08%
Physician/Diagnostic	38,295	0.98%	50,189	1.35%	52,189	1.38%	51,054	1.29%	42,910	1.39%
Physician/Emergency Medicine	53,948	1.38%	33,535	0.91%	22,855	0.61%	28,350	0.72%	24,245	0.79%
Physician/Family Practice	34,976	0.89%	35,067	0.95%	34,647	0.92%	43,980	1.12%	40,467	1.31%
Physician/Gastroenterology	1,293	0.03%	939	0.03%	1,310	0.03%	1,197	0.03%	829	0.03%
Physician/General Practice	1,419,964	36.25%	1,105,068	29.83%	1,112,877	29.49%	1,001,418	25.39%	719,790	23.35%
Physician/General Surgery	290,462	7.42%	280,798	7.58%	291,279	7.72%	327,548	8.30%	269,628	8.75%
Physician/Internal Medicine	50,089	1.28%	61,296	1.65%	53,485	1.42%	67,348	1.71%	57,603	1.87%
Physician/Interventional Pain Management	154	0.00%	635	0.02%	1,480	0.04%	2,594	0.07%	2,556	0.08%

Physician/Interventional Radiology	28	0.00%	51	0.00%	73	0.00%	103	0.00%	223	0.01%
Physician/Neurology	11,668	0.30%	12,928	0.35%	14,184	0.38%	15,954	0.40%	13,461	0.44%
Physician/Neuropsychiatry	5,752	0.15%	7,469	0.20%	6,995	0.19%	4,392	0.11%	2,209	0.07%
Physician/Nuclear Medicine	1,405	0.04%	2,558	0.07%	1,875	0.05%	1,627	0.04%	1,169	0.04%
Physician/Obstetrics & Gynecology	296	0.01%	182	0.00%	165	0.00%	150	0.00%	117	0.00%
Physician/Ophthalmology	1,992	0.05%	2,534	0.07%	2,288	0.06%	2,227	0.06%	1,847	0.06%
Physician/Osteopathic Manipulative Treatment	6,694	0.17%	10,958	0.30%	12,359	0.33%	14,076	0.36%	10,440	0.34%
Physician/Otolaryngology	1,097	0.03%	945	0.03%	967	0.03%	967	0.02%	666	0.02%
Physician/Pain Management	5,587	0.14%	7,535	0.20%	10,062	0.27%	15,696	0.40%	17,157	0.56%
Physician/Pathology	25,791	0.66%	17,476	0.47%	17,587	0.47%	28,455	0.72%	31,357	1.02%
Physician/Pediatric Medicine	2,959	0.08%	850	0.02%	183	0.00%	308	0.01%	123	0.00%
Physician/Physical Medicine and Rehabilitation	256,988	6.56%	219,829	5.93%	207,389	5.49%	235,824	5.98%	147,188	4.77%
Physician/Preventive Medicine	163,326	4.17%	160,943	4.34%	154,454	4.09%	159,977	4.06%	128,156	4.16%
Physician/Psychiatry	28,555	0.73%	30,035	0.81%	32,318	0.86%	35,363	0.90%	22,869	0.74%
Physician/Radiation Oncology	77	0.00%	71	0.00%	111	0.00%	185	0.00%	125	0.00%
Physician/Urology	2,070	0.05%	2,623	0.07%	2,266	0.06%	2,353	0.06%	1,580	0.05%
Podiatry	7,258	0.19%	7,864	0.21%	8,000	0.21%	9,176	0.23%	9,242	0.30%
Portable X-Ray Supplier	10	0.00%	19	0.00%	40	0.00%	88	0.00%	14	0.00%
Psychologist	29,744	0.76%	38,988	1.05%	50,713	1.34%	62,333	1.58%	39,461	1.28%
Public Health or Welfare Agency	34	0.00%	30	0.00%	19	0.00%	20	0.00%	13	0.00%
Radiation Therapy Center	794	0.02%	706	0.02%	900	0.02%	969	0.02%	3,266	0.11%
Registered Dietitian or Nutrition Professional		0.00%	15	0.00%		0.00%	1	0.00%		0.00%
Rehabilitation Agency	2,611	0.07%	2,291	0.06%	1,563	0.04%	1,547	0.04%	612	0.02%
Rural Health Clinic		0.00%	1	0.00%		0.00%		0.00%	1	0.00%
Skilled Nursing Facility	72	0.00%	178	0.00%	221	0.01%	282	0.01%	268	0.01%
Slide Preparation Facility	10,889	0.28%	9,528	0.26%	1,717	0.05%	803	0.02%	307	0.01%
(blank)	506,839	12.94%	570,343	15.40%	590,464	15.64%	644,262	16.33%	511,986	16.61%
Hospital-Children's (PPS excluded)		0.00%		0.00%		0.00%	1	0.00%	4	0.00%
<b>Total</b>	<b>3,916,612</b>	<b>100%</b>	<b>3,704,344</b>	<b>100%</b>	<b>3,774,257</b>	<b>100%</b>	<b>3,944,351</b>	<b>100%</b>	<b>3,083,174</b>	<b>100%</b>

**Table 26G**  
**Number of Bills by Specialty Code by Year**  
**NORTH STATE - SHASTA REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance Service Provider	192	0.15%	180	0.15%	156	0.12%	196	0.15%	124	0.12%
Ambulatory Surgical Center	512	0.40%	491	0.40%	461	0.36%	860	0.67%	858	0.85%
Anesthesiology Assistant	23	0.02%	27	0.02%	16	0.01%	19	0.01%	4	0.00%
Audiologist	132	0.10%	162	0.13%	153	0.12%	196	0.15%	163	0.16%
Cardiology	18	0.01%	46	0.04%	51	0.04%	102	0.08%	70	0.07%
Certified Clinical Nurse Specialist	43	0.03%	146	0.12%	330	0.26%	528	0.41%	486	0.48%
Certified Registered Nurse Anesthetist	18	0.01%	24	0.02%	14	0.01%	75	0.06%	24	0.02%
Chiropractic	5,813	4.56%	6,639	5.42%	6,296	4.96%	6,833	5.35%	5,777	5.74%
Clinic or Group Practice	3,310	2.60%	2,921	2.38%	2,630	2.07%	2,367	1.86%	1,842	1.83%
Clinical Laboratory	181	0.14%	80	0.07%	108	0.09%	101	0.08%	48	0.05%
Community Mental Health Center		0.00%		0.00%		0.00%	5	0.00%		0.00%
Critical Access Hospital	31	0.02%	95	0.08%	126	0.10%	113	0.09%	87	0.09%
Home Health Agency	52	0.04%	100	0.08%	117	0.09%	152	0.12%	142	0.14%
Hospice		0.00%		0.00%	1	0.00%	2	0.00%	2	0.00%
Hospital-Acute Care	4,393	3.45%	4,618	3.77%	4,865	3.83%	5,411	4.24%	5,026	4.99%
Hospital-Long-Term (PPS excluded)		0.00%	5	0.00%	2	0.00%	4	0.00%		0.00%
Hospital-Rehabilitation (PPS excluded)	1	0.00%	2	0.00%	1	0.00%	2	0.00%	7	0.01%
Hospital-Rehabilitation Unit	6	0.00%	3	0.00%	2	0.00%		0.00%		0.00%
Hospital-Specialty Hospital (cardiac, orthopedic, surgical)	2	0.00%		0.00%		0.00%		0.00%		0.00%
Individual Certified Orthotist	31	0.02%	17	0.01%	22	0.02%	20	0.02%	22	0.02%
Individual Certified Prosthetist	2	0.00%	4	0.00%	1	0.00%		0.00%	1	0.00%
Licensed Clinical Social Worker	12	0.01%	38	0.03%	22	0.02%	44	0.03%	50	0.05%
Medical Supply Company with Orthotist	2	0.00%	5	0.00%	5	0.00%	6	0.00%	10	0.01%
Medical Supply Company with Pharmacist	1,224	0.96%	1,164	0.95%	3,352	2.64%	5,044	3.95%	3,871	3.84%

Nurse Practitioner	300	0.24%	219	0.18%	475	0.37%	720	0.56%	694	0.69%
Occupational Therapist in Private Practice	1,088	0.85%	999	0.82%	1,060	0.83%	1,404	1.10%	1,111	1.10%
Optician	1	0.00%	2	0.00%	1	0.00%		0.00%		0.00%
Optometry	69	0.05%	66	0.05%	55	0.04%	63	0.05%	34	0.03%
Oral Surgery (Dentist only)		0.00%	2	0.00%	1	0.00%	1	0.00%		0.00%
Other Medical Supply Company	1,322	1.04%	1,257	1.03%	1,332	1.05%	1,228	0.96%	846	0.84%
Other Nursing Facility	3	0.00%	29	0.02%	38	0.03%	33	0.03%	9	0.01%
Oxygen supplier	4	0.00%	11	0.01%	4	0.00%	4	0.00%	2	0.00%
Physical Therapist in Private Practice	7,539	5.92%	7,816	6.38%	9,357	7.37%	8,035	6.30%	6,835	6.79%
Physician Assistant	507	0.40%	825	0.67%	1,223	0.96%	1,657	1.30%	1,434	1.42%
Physician/Addiction Medicine		0.00%		0.00%	1	0.00%	1	0.00%	2	0.00%
Physician/Allergy/Immunology	16	0.01%	64	0.05%	28	0.02%	23	0.02%	36	0.04%
Physician/Anesthesiology	1,055	0.83%	1,020	0.83%	925	0.73%	971	0.76%	916	0.91%
Physician/Dermatology	54	0.04%	63	0.05%	93	0.07%	79	0.06%	50	0.05%
Physician/Diagnostic	1,899	1.49%	3,157	2.58%	2,741	2.16%	3,032	2.38%	2,858	2.84%
Physician/Emergency Medicine	1,664	1.31%	1,917	1.56%	1,545	1.22%	1,852	1.45%	1,274	1.26%
Physician/Family Practice	4,375	3.43%	5,188	4.23%	4,128	3.25%	5,312	4.16%	4,413	4.38%
Physician/Gastroenterology	8	0.01%	13	0.01%	14	0.01%	23	0.02%	10	0.01%
Physician/General Practice	56,665	44.48%	37,829	30.88%	41,292	32.51%	30,157	23.63%	20,115	19.97%
Physician/General Surgery	5,970	4.69%	6,781	5.53%	6,599	5.20%	6,563	5.14%	5,251	5.21%
Physician/Internal Medicine	793	0.62%	1,029	0.84%	772	0.61%	1,040	0.82%	931	0.92%
Physician/Interventional Pain Management	1	0.00%	3	0.00%	5	0.00%	2	0.00%	5	0.00%
Physician/Interventional Radiology	2	0.00%		0.00%	4	0.00%	1	0.00%	2	0.00%
Physician/Neurology	848	0.67%	489	0.40%	443	0.35%	462	0.36%	381	0.38%
Physician/Neuropsychiatry	12	0.01%	13	0.01%	17	0.01%	15	0.01%	7	0.01%
Physician/Nuclear Medicine	5	0.00%	20	0.02%	9	0.01%	11	0.01%	5	0.00%
Physician/Obstetrics & Gynecology	48	0.04%	31	0.03%	18	0.01%	7	0.01%	5	0.00%
Physician/Ophthalmology	42	0.03%	68	0.06%	75	0.06%	64	0.05%	54	0.05%
Physician/Osteopathic Manipulative Treatment	256	0.20%	459	0.37%	486	0.38%	473	0.37%	312	0.31%
Physician/Otolaryngology	34	0.03%	56	0.05%	39	0.03%	20	0.02%	12	0.01%
Physician/Pain Management	85	0.07%	231	0.19%	477	0.38%	539	0.42%	393	0.39%
Physician/Pathology	229	0.18%	370	0.30%	335	0.26%	584	0.46%	801	0.80%

Physician/Pediatric Medicine	84	0.07%	77	0.06%	50	0.04%	50	0.04%	68	0.07%
Physician/Physical Medicine and Rehabilitation	6,783	5.32%	9,339	7.62%	8,767	6.90%	11,403	8.94%	9,344	9.28%
Physician/Preventive Medicine	3,680	2.89%	2,637	2.15%	3,672	2.89%	3,182	2.49%	2,585	2.57%
Physician/Psychiatry	109	0.09%	95	0.08%	124	0.10%	137	0.11%	96	0.10%
Physician/Radiation Oncology	6	0.00%	10	0.01%	16	0.01%	15	0.01%	17	0.02%
Physician/Urology	34	0.03%	28	0.02%	23	0.02%	36	0.03%	26	0.03%
Podiatry	241	0.19%	271	0.22%	261	0.21%	366	0.29%	326	0.32%
Psychologist	464	0.36%	787	0.64%	694	0.55%	684	0.54%	563	0.56%
Public Health or Welfare Agency	1	0.00%		0.00%		0.00%		0.00%		0.00%
Radiation Therapy Center	16	0.01%	21	0.02%	14	0.01%	21	0.02%	72	0.07%
Registered Dietitian or Nutrition Professional	1	0.00%	1	0.00%	6	0.00%	3	0.00%		0.00%
Rehabilitation Agency	27	0.02%	87	0.07%	111	0.09%	108	0.08%	25	0.02%
Rural Health Clinic	9	0.01%	27	0.02%	37	0.03%	92	0.07%	77	0.08%
Skilled Nursing Facility	1	0.00%	19	0.02%	16	0.01%	22	0.02%	26	0.03%
Slide Preparation Facility	43	0.03%	26	0.02%	3	0.00%	1	0.00%		0.00%
(blank)	14,995	11.77%	22,302	18.20%	20,907	16.46%	25,025	19.61%	20,087	19.94%
<b>Total</b>	<b>127,386</b>	<b>100%</b>	<b>122,521</b>	<b>100%</b>	<b>127,024</b>	<b>100%</b>	<b>127,601</b>	<b>100%</b>	<b>100,724</b>	<b>100%</b>

**Table 26H**  
**Number of Bills by Specialty Code by Year**  
**SACRAMENTO VALLEY REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)	1	0.00%	5	0.00%	25	0.01%	69	0.02%		0.00%
Ambulance Service Provider	10,191	2.86%	13,220	3.93%	9,540	2.84%	957	0.29%	688	0.24%
Ambulatory Surgical Center	1,849	0.52%	2,255	0.67%	2,433	0.72%	3,002	0.90%	2,875	0.99%
Anesthesiology Assistant	232	0.07%	242	0.07%	208	0.06%	257	0.08%	6	0.00%
Audiologist	82	0.02%	97	0.03%	113	0.03%	160	0.05%	186	0.06%
Cardiology	186	0.05%	267	0.08%	246	0.07%	706	0.21%	654	0.22%
Certified Clinical Nurse Specialist	87	0.02%	331	0.10%	505	0.15%	822	0.25%	1,243	0.43%
Certified Registered Nurse Anesthetist	25	0.01%	10	0.00%	6	0.00%	32	0.01%	10	0.00%
Chiropractic	8,632	2.43%	7,470	2.22%	6,103	1.82%	7,399	2.22%	7,025	2.42%
Clinic or Group Practice	9,446	2.65%	15,448	4.59%	14,022	4.18%	14,430	4.32%	12,574	4.32%
Clinical Laboratory	1,659	0.47%	1,547	0.46%	1,221	0.36%	1,720	0.52%	1,464	0.50%
Community Mental Health Center	1	0.00%		0.00%	1	0.00%	1	0.00%	1	0.00%
Comprehensive Outpatient Rehabilitation Facility		0.00%	1	0.00%	1	0.00%	2	0.00%		0.00%
Critical Access Hospital		0.00%		0.00%		0.00%		0.00%	3	0.00%
Home Health Agency	80	0.02%	111	0.03%	117	0.03%	160	0.05%	175	0.06%
Hospital-Acute Care	4,745	1.33%	5,614	1.67%	6,627	1.97%	6,842	2.05%	5,467	1.88%
Hospital-Psychiatric (PPS excluded)	4	0.00%	1	0.00%		0.00%	1	0.00%	1	0.00%
Hospital-Psychiatric Unit	1	0.00%		0.00%		0.00%		0.00%		0.00%
Hospital-Rehabilitation (PPS excluded)	3	0.00%	6	0.00%	5	0.00%	40	0.01%	20	0.01%
Hospital-Rehabilitation Unit	2	0.00%	15	0.00%	1	0.00%	4	0.00%	1	0.00%
Independent Diagnostic Testing Facility		0.00%		0.00%	1	0.00%		0.00%		0.00%
Individual Certified Orthotist	62	0.02%	55	0.02%	57	0.02%	25	0.01%	14	0.00%
Individual Certified Prosthetist		0.00%		0.00%	5	0.00%	1	0.00%		0.00%
Licensed Clinical Social Worker	40	0.01%	40	0.01%	33	0.01%	16	0.00%	16	0.01%
Medical Supply Company with Orthotist	18	0.01%	12	0.00%	23	0.01%	7	0.00%	6	0.00%

Medical Supply Company with Pharmacist	16,433	4.62%	2,392	0.71%	2,934	0.87%	5,393	1.62%	5,734	1.97%
Nurse Practitioner	235	0.07%	392	0.12%	615	0.18%	359	0.11%	576	0.20%
Occupational Therapist in Private Practice	3,497	0.98%	2,847	0.85%	2,420	0.72%	3,489	1.05%	3,071	1.06%
Optician		0.00%		0.00%	1	0.00%		0.00%		0.00%
Optometry	59	0.02%	58	0.02%	58	0.02%	58	0.02%	48	0.02%
Oral Surgery (Dentist only)	45	0.01%	18	0.01%	7	0.00%	32	0.01%	17	0.01%
Other Medical Supply Company	9,786	2.75%	6,955	2.07%	7,370	2.20%	11,934	3.58%	13,293	4.57%
Other Nursing Facility	2	0.00%	8	0.00%	4	0.00%	9	0.00%	1	0.00%
Oxygen supplier	7	0.00%	7	0.00%	7	0.00%	5	0.00%	5	0.00%
Physical Therapist in Private Practice	24,123	6.78%	23,552	7.00%	25,886	7.71%	27,392	8.21%	24,678	8.49%
Physician Assistant	4,267	1.20%	4,381	1.30%	3,764	1.12%	5,194	1.56%	6,626	2.28%
Physician/Addiction Medicine	22	0.01%	11	0.00%	55	0.02%	40	0.01%	31	0.01%
Physician/Allergy/Immunology	55	0.02%	86	0.03%	74	0.02%	50	0.01%	100	0.03%
Physician/Anesthesiology	3,516	0.99%	3,888	1.16%	4,228	1.26%	4,952	1.48%	4,514	1.55%
Physician/Dermatology	44	0.01%	41	0.01%	32	0.01%	36	0.01%	88	0.03%
Physician/Diagnostic	5,005	1.41%	6,142	1.83%	5,866	1.75%	5,986	1.79%	5,522	1.90%
Physician/Emergency Medicine	2,861	0.80%	2,249	0.67%	2,025	0.60%	2,346	0.70%	2,014	0.69%
Physician/Family Practice	5,721	1.61%	6,968	2.07%	6,788	2.02%	7,485	2.24%	6,983	2.40%
Physician/Gastroenterology	24	0.01%	42	0.01%	23	0.01%	34	0.01%	30	0.01%
Physician/General Practice	136,133	38.25%	114,748	34.10%	119,531	35.61%	94,522	28.32%	67,720	23.29%
Physician/General Surgery	16,300	4.58%	15,479	4.60%	14,966	4.46%	18,666	5.59%	16,379	5.63%
Physician/Internal Medicine	2,822	0.79%	3,377	1.00%	3,030	0.90%	3,557	1.07%	3,290	1.13%
Physician/Interventional Pain Management	4	0.00%	11	0.00%	132	0.04%	381	0.11%	387	0.13%
Physician/Interventional Radiology	7	0.00%	19	0.01%	24	0.01%	21	0.01%	22	0.01%
Physician/Neurology	977	0.27%	1,207	0.36%	977	0.29%	1,133	0.34%	1,114	0.38%
Physician/Neuropsychiatry	132	0.04%	99	0.03%	111	0.03%	122	0.04%	133	0.05%
Physician/Nuclear Medicine	205	0.06%	97	0.03%	83	0.02%	44	0.01%	28	0.01%
Physician/Obstetrics & Gynecology	3	0.00%	8	0.00%	8	0.00%	275	0.08%	297	0.10%
Physician/Ophthalmology	285	0.08%	314	0.09%	338	0.10%	347	0.10%	293	0.10%
Physician/Osteopathic Manipulative Treatment	567	0.16%	834	0.25%	944	0.28%	1,606	0.48%	1,228	0.42%
Physician/Otolaryngology	134	0.04%	112	0.03%	93	0.03%	132	0.04%	112	0.04%

Physician/Pain Management	1,163	0.33%	1,478	0.44%	1,969	0.59%	3,390	1.02%	3,068	1.06%
Physician/Pathology	1,837	0.52%	2,020	0.60%	2,229	0.66%	2,674	0.80%	2,489	0.86%
Physician/Pediatric Medicine	114	0.03%	63	0.02%	9	0.00%	49	0.01%	93	0.03%
Physician/Physical Medicine and Rehabilitation	14,355	4.03%	14,898	4.43%	14,524	4.33%	17,335	5.19%	16,035	5.52%
Physician/Preventive Medicine	15,297	4.30%	17,790	5.29%	22,266	6.63%	24,327	7.29%	17,828	6.13%
Physician/Psychiatry	1,018	0.29%	1,214	0.36%	1,607	0.48%	2,190	0.66%	1,966	0.68%
Physician/Radiation Oncology	12	0.00%	7	0.00%	5	0.00%	6	0.00%	4	0.00%
Physician/Urology	162	0.05%	235	0.07%	20	0.01%	26	0.01%	30	0.01%
Podiatry	1,791	0.50%	2,018	0.60%	2,289	0.68%	2,584	0.77%	2,427	0.83%
Portable X-Ray Supplier	9	0.00%		0.00%		0.00%		0.00%		0.00%
Psychologist	1,879	0.53%	2,682	0.80%	3,184	0.95%	3,763	1.13%	3,471	1.19%
Public Health or Welfare Agency		0.00%		0.00%	4	0.00%	4	0.00%	1	0.00%
Radiation Therapy Center	32	0.01%	31	0.01%	47	0.01%	53	0.02%	314	0.11%
Registered Dietitian or Nutrition Professional		0.00%	1	0.00%		0.00%		0.00%		0.00%
Rehabilitation Agency	553	0.16%	148	0.04%	161	0.05%	115	0.03%	46	0.02%
Skilled Nursing Facility	29	0.01%	34	0.01%	35	0.01%	28	0.01%	59	0.02%
Slide Preparation Facility	644	0.18%	1,019	0.30%	315	0.09%	35	0.01%	2	0.00%
(blank)	46,401	13.04%	49,739	14.78%	43,316	12.90%	44,952	13.47%	46,140	15.87%
<b>Total</b>	<b>355,913</b>	<b>100%</b>	<b>336,466</b>	<b>100%</b>	<b>335,667</b>	<b>100%</b>	<b>333,784</b>	<b>100%</b>	<b>290,736</b>	<b>100%</b>

**Table 26I**  
**Number of Bills by Specialty Code by Year**  
**SACRAMENTO VALLEY (N.) REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
Ambulance Service Provider	108	0.16%	163	0.23%	102	0.15%	101	0.16%	107	0.18%
Ambulatory Surgical Center	282	0.42%	404	0.58%	418	0.62%	372	0.57%	291	0.50%
Anesthesiology Assistant	6	0.01%	9	0.01%	10	0.01%	8	0.01%	5	0.01%
Audiologist	62	0.09%	59	0.08%	33	0.05%	69	0.11%	41	0.07%
Cardiology	49	0.07%	51	0.07%	54	0.08%	61	0.09%	46	0.08%
Certified Clinical Nurse Specialist	14	0.02%	122	0.17%	30	0.04%	52	0.08%	132	0.23%
Certified Nurse Midwife		0.00%		0.00%		0.00%	1	0.00%		0.00%
Certified Registered Nurse Anesthetist	23	0.03%	26	0.04%	22	0.03%	18	0.03%	25	0.04%
Chiropractic	2,994	4.43%	3,240	4.62%	3,121	4.64%	2,951	4.56%	2,716	4.64%
Clinic or Group Practice	2,368	3.50%	2,584	3.68%	1,597	2.37%	1,358	2.10%	1,174	2.00%
Clinical Laboratory	22	0.03%	26	0.04%	22	0.03%	22	0.03%	29	0.05%
Critical Access Hospital		0.00%	4	0.01%	3	0.00%	4	0.01%	6	0.01%
Home Health Agency	55	0.08%	62	0.09%	60	0.09%	53	0.08%	61	0.10%
Hospice		0.00%		0.00%		0.00%	1	0.00%		0.00%
Hospital-Acute Care	3,314	4.90%	4,331	6.17%	3,367	5.00%	3,207	4.95%	2,850	4.86%
Hospital-Long-Term (PPS excluded)		0.00%		0.00%		0.00%		0.00%	1	0.00%
Hospital-Psychiatric (PPS excluded)		0.00%		0.00%	1	0.00%		0.00%	1	0.00%
Hospital-Rehabilitation (PPS excluded)	1	0.00%	10	0.01%	4	0.01%	1	0.00%	3	0.01%
Hospital-Rehabilitation Unit	2	0.00%	12	0.02%		0.00%		0.00%		0.00%
Hospital-Specialty Hospital (cardiac, orthopedic, surgical)		0.00%		0.00%	1	0.00%		0.00%		0.00%
Hospital-Swing Bed Approved	2	0.00%	2	0.00%	2	0.00%	1	0.00%		0.00%
Individual Certified Orthotist	17	0.03%	14	0.02%	11	0.02%	15	0.02%	22	0.04%
Licensed Clinical Social Worker	2	0.00%	4	0.01%	1	0.00%	4	0.01%	1	0.00%
Medical Supply Company with Orthotist	16	0.02%	7	0.01%	5	0.01%	5	0.01%	14	0.02%

Medical Supply Company with Pharmacist	488	0.72%	437	0.62%	2,118	3.15%	2,924	4.51%	2,681	4.58%
Nurse Practitioner	515	0.76%	510	0.73%	595	0.88%	689	1.06%	1,234	2.11%
Occupational Therapist in Private Practice	533	0.79%	320	0.46%	346	0.51%	353	0.54%	166	0.28%
Optometry	24	0.04%	22	0.03%	14	0.02%	30	0.05%	21	0.04%
Oral Surgery (Dentist only)	3	0.00%	2	0.00%	2	0.00%	4	0.01%	3	0.01%
Other Medical Supply Company	565	0.84%	535	0.76%	512	0.76%	537	0.83%	392	0.67%
Other Nursing Facility	2	0.00%	2	0.00%	2	0.00%	1	0.00%		0.00%
Oxygen supplier	1	0.00%		0.00%	1	0.00%		0.00%		0.00%
Physical Therapist in Private Practice	5,088	7.52%	5,152	7.34%	5,316	7.90%	4,647	7.17%	4,265	7.28%
Physician Assistant	481	0.71%	611	0.87%	605	0.90%	634	0.98%	826	1.41%
Physician/Allergy/Immunology	29	0.04%	95	0.14%	71	0.11%	58	0.09%	62	0.11%
Physician/Anesthesiology	240	0.35%	327	0.47%	356	0.53%	487	0.75%	457	0.78%
Physician/Dermatology	11	0.02%	5	0.01%	2	0.00%	3	0.00%	3	0.01%
Physician/Diagnostic	1,260	1.86%	2,193	3.13%	1,751	2.60%	1,683	2.60%	1,546	2.64%
Physician/Emergency Medicine	1,031	1.52%	1,263	1.80%	941	1.40%	956	1.48%	1,227	2.09%
Physician/Family Practice	2,060	3.04%	2,043	2.91%	2,585	3.84%	3,195	4.93%	3,109	5.31%
Physician/Gastroenterology	8	0.01%	3	0.00%	5	0.01%	3	0.00%	4	0.01%
Physician/General Practice	28,067	41.48%	19,428	27.69%	19,221	28.56%	15,792	24.38%	13,966	23.84%
Physician/General Surgery	3,043	4.50%	3,925	5.59%	3,363	5.00%	3,588	5.54%	3,618	6.18%
Physician/Internal Medicine	933	1.38%	1,169	1.67%	838	1.25%	1,084	1.67%	807	1.38%
Physician/Interventional Pain Management		0.00%		0.00%	1	0.00%		0.00%		0.00%
Physician/Interventional Radiology	1	0.00%	1	0.00%	6	0.01%	1	0.00%	11	0.02%
Physician/Neurology	80	0.12%	92	0.13%	90	0.13%	76	0.12%	90	0.15%
Physician/Neuropsychiatry	12	0.02%	9	0.01%	7	0.01%	2	0.00%	6	0.01%
Physician/Nuclear Medicine	15	0.02%	60	0.09%	58	0.09%	13	0.02%	11	0.02%
Physician/Obstetrics & Gynecology		0.00%	4	0.01%		0.00%	3	0.00%	12	0.02%
Physician/Ophthalmology	55	0.08%	67	0.10%	105	0.16%	80	0.12%	78	0.13%
Physician/Osteopathic Manipulative Treatment	116	0.17%	433	0.62%	832	1.24%	806	1.24%	543	0.93%
Physician/Otolaryngology	15	0.02%	20	0.03%	20	0.03%	13	0.02%	9	0.02%
Physician/Pain Management	88	0.13%	150	0.21%	323	0.48%	495	0.76%	457	0.78%
Physician/Pathology	232	0.34%	324	0.46%	226	0.34%	251	0.39%	252	0.43%

Physician/Pediatric Medicine	25	0.04%	13	0.02%		0.00%	6	0.01%	5	0.01%
Physician/Physical Medicine and Rehabilitation	2,754	4.07%	4,510	6.43%	4,120	6.12%	4,237	6.54%	3,586	6.12%
Physician/Preventive Medicine	1,305	1.93%	1,091	1.56%	1,588	2.36%	1,824	2.82%	1,076	1.84%
Physician/Psychiatry	107	0.16%	82	0.12%	103	0.15%	62	0.10%	41	0.07%
Physician/Radiation Oncology	9	0.01%	4	0.01%	4	0.01%	4	0.01%	4	0.01%
Physician/Urology	5	0.01%	6	0.01%	5	0.01%	3	0.00%	2	0.00%
Podiatry	278	0.41%	422	0.60%	337	0.50%	362	0.56%	281	0.48%
Psychologist	133	0.20%	192	0.27%	229	0.34%	211	0.33%	220	0.38%
Radiation Therapy Center	8	0.01%	17	0.02%	15	0.02%	23	0.04%	68	0.12%
Rehabilitation Agency	17	0.03%	13	0.02%	13	0.02%	12	0.02%	9	0.02%
Rural Health Clinic		0.00%	1	0.00%		0.00%	2	0.00%	3	0.01%
Skilled Nursing Facility	1	0.00%	4	0.01%	6	0.01%	6	0.01%	8	0.01%
Slide Preparation Facility	237	0.35%	143	0.20%	25	0.04%	2	0.00%	2	0.00%
(blank)	8,445	12.48%	13,324	18.99%	11,668	17.34%	11,317	17.47%	9,905	16.91%
<b>Total</b>	<b>67,657</b>	<b>100%</b>	<b>70,154</b>	<b>100%</b>	<b>67,289</b>	<b>100%</b>	<b>64,783</b>	<b>100%</b>	<b>58,591</b>	<b>100%</b>

**Table 26J**  
**Number of Bills by Specialty Code by Year**  
**SAN DIEGO REGION**  
**2007-2011**

Specialty Type	2007		2008		2009		2010		2011	
	Total Bills	% Total								
(Proctology)		0.00%	1	0.00%	18	0.00%	227	0.04%	5	0.00%
Ambulance Service Provider	993	0.16%	667	0.11%	275	0.04%	318	0.05%	180	0.04%
Ambulatory Surgical Center	4,129	0.65%	4,378	0.71%	4,672	0.71%	4,567	0.74%	3,759	0.78%
Anesthesiology Assistant	185	0.03%	371	0.06%	581	0.09%	334	0.05%	6	0.00%
Audiologist	101	0.02%	86	0.01%	251	0.04%	235	0.04%	103	0.02%
Cardiology	154	0.02%	183	0.03%	209	0.03%	346	0.06%	293	0.06%
Certified Clinical Nurse Specialist	220	0.03%	772	0.13%	688	0.11%	1,217	0.20%	1,255	0.26%
Certified Nurse Midwife		0.00%	1	0.00%		0.00%		0.00%		0.00%
Certified Registered Nurse Anesthetist	23	0.00%	34	0.01%	7	0.00%	6	0.00%	3	0.00%
Chiropractic	22,400	3.51%	23,797	3.88%	30,293	4.63%	35,139	5.69%	26,526	5.47%
Clinic or Group Practice	30,188	4.73%	35,950	5.86%	74,750	11.43%	48,251	7.81%	19,745	4.07%
Clinical Laboratory	1,083	0.17%	3,080	0.50%	4,101	0.63%	5,224	0.85%	6,035	1.24%
Comprehensive Outpatient Rehabilitation Facility	2	0.00%	5	0.00%	1	0.00%	2	0.00%	1	0.00%
End-Stage Renal Disease Facility		0.00%	1	0.00%		0.00%		0.00%		0.00%
Federally Qualified Health Center		0.00%		0.00%		0.00%	1	0.00%		0.00%
Histocompatibility Laboratory		0.00%		0.00%	1	0.00%	1	0.00%	2	0.00%
Home Health Agency	305	0.05%	262	0.04%	117	0.02%	115	0.02%	113	0.02%
Hospice		0.00%	1	0.00%	1	0.00%	6	0.00%		0.00%
Hospital-Acute Care	9,349	1.46%	8,466	1.38%	7,276	1.11%	7,614	1.23%	6,951	1.43%
Hospital-Long-Term (PPS excluded)		0.00%		0.00%	1	0.00%		0.00%	1	0.00%
Hospital-Psychiatric (PPS excluded)	11	0.00%	41	0.01%	16	0.00%	11	0.00%	8	0.00%
Hospital-Rehabilitation (PPS excluded)	34	0.01%	54	0.01%	27	0.00%	22	0.00%	26	0.01%
Hospital-Rehabilitation Unit	14	0.00%	14	0.00%	5	0.00%	14	0.00%	16	0.00%
Hospital-Specialty Hospital (cardiac, orthopedic, surgical)	44	0.01%	2	0.00%		0.00%		0.00%		0.00%

Independent Diagnostic Testing Facility		0.00%	1	0.00%	5	0.00%	2	0.00%		0.00%
Individual Certified Orthotist	37	0.01%	79	0.01%	102	0.02%	61	0.01%	33	0.01%
Individual Certified Prosthetist	6	0.00%	8	0.00%	14	0.00%	7	0.00%	1	0.00%
Licensed Clinical Social Worker	8	0.00%	18	0.00%	19	0.00%	35	0.01%	15	0.00%
Medical Supply Company with Orthotist	7	0.00%	6	0.00%	16	0.00%	22	0.00%	23	0.00%
Medical Supply Company with Pharmacist	3,723	0.58%	3,653	0.60%	6,596	1.01%	8,107	1.31%	7,818	1.61%
Nurse Practitioner	433	0.07%	478	0.08%	374	0.06%	403	0.07%	457	0.09%
Occupational Therapist in Private Practice	14,299	2.24%	11,097	1.81%	9,930	1.52%	11,294	1.83%	9,889	2.04%
Optician	3	0.00%	1	0.00%	1	0.00%		0.00%	1	0.00%
Optometry	95	0.01%	121	0.02%	98	0.01%	178	0.03%	95	0.02%
Oral Surgery (Dentist only)	54	0.01%	38	0.01%	24	0.00%	59	0.01%	22	0.00%
Other Medical Supply Company	7,869	1.23%	10,195	1.66%	11,287	1.73%	10,696	1.73%	8,579	1.77%
Other Nursing Facility	5	0.00%	3	0.00%	10	0.00%	3	0.00%	5	0.00%
Oxygen supplier	200	0.03%	765	0.12%	523	0.08%	130	0.02%	3	0.00%
Physical Therapist in Private Practice	66,522	10.42%	68,348	11.13%	71,335	10.90%	66,305	10.74%	56,305	11.61%
Physician Assistant	12,695	1.99%	12,460	2.03%	13,163	2.01%	14,924	2.42%	12,805	2.64%
Physician/Addiction Medicine	10	0.00%	22	0.00%	13	0.00%		0.00%		0.00%
Physician/Allergy/Immunology	192	0.03%	190	0.03%	143	0.02%	59	0.01%	119	0.02%
Physician/Anesthesiology	7,692	1.20%	6,897	1.12%	6,944	1.06%	7,520	1.22%	6,712	1.38%
Physician/Dermatology	648	0.10%	561	0.09%	781	0.12%	704	0.11%	598	0.12%
Physician/Diagnostic	7,610	1.19%	8,701	1.42%	7,868	1.20%	6,934	1.12%	5,625	1.16%
Physician/Emergency Medicine	7,983	1.25%	6,593	1.07%	4,528	0.69%	5,290	0.86%	3,787	0.78%
Physician/Family Practice	7,148	1.12%	6,886	1.12%	6,094	0.93%	8,200	1.33%	7,755	1.60%
Physician/Gastroenterology	62	0.01%	50	0.01%	87	0.01%	83	0.01%	60	0.01%
Physician/General Practice	213,931	33.51%	166,303	27.09%	169,050	25.84%	145,887	23.63%	111,476	22.99%
Physician/General Surgery	57,536	9.01%	58,141	9.47%	59,990	9.17%	67,875	10.99%	59,992	12.37%
Physician/Internal Medicine	4,545	0.71%	5,388	0.88%	3,825	0.58%	4,540	0.74%	4,745	0.98%
Physician/Interventional Pain Management	7	0.00%	22	0.00%	103	0.02%	194	0.03%	105	0.02%
Physician/Interventional Radiology	4	0.00%	23	0.00%	30	0.00%	28	0.00%	31	0.01%

Physician/Neurology	2,028	0.32%	2,328	0.38%	2,518	0.38%	2,291	0.37%	1,961	0.40%
Physician/Neuropsychiatry	257	0.04%	302	0.05%	271	0.04%	303	0.05%	318	0.07%
Physician/Nuclear Medicine	276	0.04%	297	0.05%	204	0.03%	169	0.03%	88	0.02%
Physician/Obstetrics & Gynecology	32	0.01%	51	0.01%	19	0.00%	19	0.00%	13	0.00%
Physician/Ophthalmology	503	0.08%	661	0.11%	541	0.08%	462	0.07%	409	0.08%
Physician/Osteopathic Manipulative Treatment	973	0.15%	1,606	0.26%	1,879	0.29%	2,725	0.44%	2,899	0.60%
Physician/Otolaryngology	218	0.03%	178	0.03%	156	0.02%	145	0.02%	130	0.03%
Physician/Pain Management	1,421	0.22%	2,326	0.38%	3,135	0.48%	3,856	0.62%	3,636	0.75%
Physician/Pathology	1,457	0.23%	1,688	0.27%	2,393	0.37%	3,029	0.49%	2,156	0.44%
Physician/Pediatric Medicine	213	0.03%	119	0.02%	51	0.01%	63	0.01%	44	0.01%
Physician/Physical Medicine and Rehabilitation	30,635	4.80%	24,341	3.97%	24,954	3.81%	23,296	3.77%	17,379	3.58%
Physician/Preventive Medicine	31,944	5.00%	38,845	6.33%	41,796	6.39%	44,977	7.28%	30,992	6.39%
Physician/Psychiatry	2,309	0.36%	2,466	0.40%	2,505	0.38%	2,697	0.44%	2,287	0.47%
Physician/Radiation Oncology	29	0.00%	55	0.01%	28	0.00%	34	0.01%	60	0.01%
Physician/Urology	291	0.05%	386	0.06%	243	0.04%	175	0.03%	111	0.02%
Podiatry	1,891	0.30%	2,138	0.35%	2,178	0.33%	2,369	0.38%	2,292	0.47%
Portable X-Ray Supplier	3	0.00%	8	0.00%	1	0.00%	3	0.00%	2	0.00%
Psychologist	2,895	0.45%	3,409	0.56%	4,086	0.62%	5,114	0.83%	4,243	0.88%
Public Health or Welfare Agency	7	0.00%	2	0.00%	2	0.00%	1	0.00%		0.00%
Radiation Therapy Center	50	0.01%	60	0.01%	82	0.01%	102	0.02%	529	0.11%
Rehabilitation Agency	1,595	0.25%	741	0.12%	340	0.05%	481	0.08%	150	0.03%
Skilled Nursing Facility	35	0.01%	37	0.01%	49	0.01%	64	0.01%	65	0.01%
Slide Preparation Facility	874	0.14%	1,184	0.19%	349	0.05%	59	0.01%	1	0.00%
(blank)	75,858	11.88%	85,430	13.92%	70,188	10.73%	61,827	10.01%	52,960	10.92%
<b>Total</b>	<b>638,353</b>	<b>100%</b>	<b>613,872</b>	<b>100%</b>	<b>654,211</b>	<b>100%</b>	<b>617,451</b>	<b>100%</b>	<b>484,809</b>	<b>100%</b>

**Table 27**  
**Top 20 CPT/HCPCS Codes by Year**  
**All Regions**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97014	Electric stimulation therapy	160,392	5.77%	177,995	6.31%	155,786	5.84%	322,974	7.47%	234,736	7.41%
97110	Therapeutic exercises	145,666	5.24%	162,648	5.77%	148,772	5.58%	303,169	7.01%	215,251	6.79%
99214	Office/outpatient visit established	132,623	4.77%	114,771	4.07%	121,180	4.55%	213,282	4.93%	160,849	5.08%
99213	Office/outpatient visit established	138,832	5.00%	156,565	5.55%	116,981	4.39%	191,288	4.42%	138,651	4.38%
99070	Special supplies	118,276	4.26%	144,497	5.12%	131,531	4.93%	139,558	3.23%	103,428	3.26%
99081	Separate reimbursable report	64,105	2.31%	85,780	3.04%	102,876	3.86%	210,985	4.88%	129,737	4.09%
99080	Special reports or forms	66,456	2.39%	67,093	2.38%	72,283	2.71%	116,908	2.70%	86,812	2.74%
97026	Infrared therapy	54,511	1.96%	43,967	1.56%	38,405	1.44%	99,307	2.30%	76,577	2.42%
98940	Chiropractic manipulation	70,762	2.55%	67,642	2.40%	52,222	1.96%	68,244	1.58%	46,528	1.47%
A4556	Electrodes, pair	45,004	1.62%	41,956	1.49%	53,015	1.99%	85,993	1.99%	75,644	2.39%
99358	Prolong service w/o contact	37,436	1.35%	42,997	1.52%	44,167	1.66%	67,431	1.56%	54,720	1.73%
97012	Mechanical traction therapy	44,463	1.60%	44,448	1.58%	38,692	1.45%	50,404	1.17%	36,768	1.16%
99215	Office/outpatient visit established	31,504	1.13%	24,046	0.85%	31,421	1.18%	42,838	0.99%	32,546	1.03%
97250	Myofascial release	26,111	0.94%	22,772	0.81%	15,976	0.60%	37,981	0.88%	47,990	1.51%
98941	Chiropractic manipulation	35,791	1.29%	30,573	1.08%	26,350	0.99%	31,330	0.72%	24,274	0.77%
99199	Special service/proc/report	30,318	1.09%	37,576	1.33%	22,359	0.84%	27,278	0.63%	17,987	0.57%
99204	Office/outpatient visit new	22,461	0.81%	16,307	0.58%	14,529	0.55%	42,471	0.98%	31,853	1.01%
97530	Therapeutic activities	22,818	0.82%	21,760	0.77%	19,497	0.73%	38,811	0.90%	23,797	0.75%
99203	Office/outpatient visit new	23,133	0.83%	22,586	0.80%	16,040	0.60%	33,450	0.77%	25,349	0.80%
	<b>Total Codes</b>	<b>2,778,317</b>		<b>2,819,985</b>		<b>2,665,826</b>		<b>4,326,248</b>		<b>3,168,585</b>	

**Table 27A**  
**Top 20 CPT/HCPCS Codes by Year**  
**SAN FRANCISCO BAY AREA REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97014	Electric stimulation therapy	22,085	7.42%	25,878	7.17%	21,826	6.27%	32,857	6.68%	22,323	7.25%
97110	Therapeutic exercises	20,410	6.86%	24,787	6.86%	21,945	6.30%	32,105	6.53%	19,233	6.25%
99214	Office/outpatient visit established	16,885	5.67%	20,327	5.63%	21,860	6.28%	35,961	7.31%	23,318	7.58%
99213	Office/outpatient visit established	20,963	7.04%	27,189	7.53%	21,657	6.22%	31,357	6.38%	17,029	5.53%
99081	Separate reimbursable report	3,059	1.03%	12,701	3.52%	23,390	6.72%	37,770	7.68%	19,698	6.40%
99080	Special reports or forms	9,289	3.12%	11,832	3.28%	12,687	3.64%	20,285	4.13%	12,339	4.01%
98940	Chiropractic manipulation	12,923	4.34%	12,659	3.50%	10,150	2.91%	13,354	2.72%	8,556	2.78%
99358	Prolong service w/o contact	6,894	2.32%	11,017	3.05%	11,052	3.17%	15,278	3.11%	9,656	3.14%
99070	Special supplies	7,126	2.39%	11,595	3.21%	10,485	3.01%	11,007	2.24%	7,720	2.51%
97012	Mechanical traction therapy	8,331	2.80%	8,748	2.42%	7,317	2.10%	9,801	1.99%	6,091	1.98%
98941	Chiropractic manipulation	5,640	1.89%	5,332	1.48%	4,678	1.34%	5,914	1.20%	3,893	1.26%
99215	Office/outpatient visit established	3,813	1.28%	3,781	1.05%	5,603	1.61%	7,295	1.48%	4,295	1.40%
97026	Infrared therapy	3,386	1.14%	3,538	0.98%	4,261	1.22%	7,427	1.51%	5,379	1.75%
A4556	Electrodes, pair	1,699	0.57%	3,102	0.86%	4,930	1.42%	6,694	1.36%	6,988	2.27%
97530	Therapeutic activities	5,248	1.76%	4,887	1.35%	4,056	1.16%	5,735	1.17%	2,459	0.80%
97250	Myofascial release	3,415	1.15%	3,258	0.90%	2,367	0.68%	5,391	1.10%	6,475	2.10%
99199	Special service/proc/report	2,840	0.95%	6,072	1.68%	1,963	0.56%	2,990	0.61%	2,200	0.71%
99203	Office/outpatient visit new	2,517	0.85%	3,270	0.91%	2,256	0.65%	4,711	0.96%	2,620	0.85%
A9270	Non-covered item or service	106	0.04%	1,211	0.34%	4,354	1.25%	4,692	0.95%	2,259	0.73%
	<b>Total Codes</b>	<b>297,693</b>		<b>361,170</b>		<b>348,208</b>		<b>491,610</b>		<b>307,753</b>	

**Table 27B**  
**Top 20 CPT/HCPCS Codes by Year**  
**CENTRAL COAST REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97014	Electric stimulation therapy	10,313	7.72%	9,928	7.19%	8,981	7.14%	17,856	9.16%	10,315	7.58%
97110	Therapeutic exercises	7,277	5.45%	9,264	6.70%	8,814	7.01%	17,069	8.76%	9,818	7.22%
99214	Office/outpatient visit established	7,119	5.33%	8,642	6.25%	9,117	7.25%	14,558	7.47%	10,211	7.51%
99213	Office/outpatient visit established	8,890	6.65%	9,295	6.73%	6,344	5.05%	9,853	5.06%	6,547	4.81%
99070	Special supplies	7,270	5.44%	9,266	6.71%	6,276	4.99%	5,892	3.02%	3,331	2.45%
99081	Separate reimbursable report	2,197	1.64%	4,255	3.08%	5,618	4.47%	11,175	5.73%	6,605	4.86%
98940	Chiropractic manipulation	5,250	3.93%	4,381	3.17%	3,531	2.81%	3,830	1.97%	2,683	1.97%
99080	Special reports or forms	2,192	1.64%	3,201	2.32%	3,269	2.60%	4,198	2.15%	2,368	1.74%
97012	Mechanical traction therapy	3,806	2.85%	3,312	2.40%	2,542	2.02%	2,817	1.45%	2,207	1.62%
97026	Infrared therapy	2,599	1.95%	1,821	1.32%	1,963	1.56%	4,885	2.51%	3,370	2.48%
99358	Prolong service w/o contact	1,911	1.43%	2,771	2.01%	2,781	2.21%	3,606	1.85%	2,696	1.98%
98941	Chiropractic manipulation	2,657	1.99%	1,725	1.25%	1,458	1.16%	1,670	0.86%	1,343	0.99%
97145	Physical medicine treatment to one area	687	0.51%	1,490	1.08%	1,919	1.53%	3,035	1.56%	1,391	1.02%
97250	Myofascial release	1,511	1.13%	1,215	0.88%	816	0.65%	2,025	1.04%	2,538	1.87%
80101	Drug screen single	10	0.01%	278	0.20%	3,295	2.62%	2,810	1.44%	1,663	1.22%
97530	Therapeutic activities	1,237	0.93%	1,738	1.26%	1,683	1.34%	1,746	0.90%	1,276	0.94%
99215	Office/outpatient visit established	1,669	1.25%	1,324	0.96%	1,640	1.30%	1,605	0.82%	1,193	0.88%
99203	Office/outpatient visit new	1,324	0.99%	1,487	1.08%	843	0.67%	2,041	1.05%	1,383	1.02%
A4556	Electrodes, pair	1,331	1.00%	825	0.60%	905	0.72%	2,048	1.05%	1,897	1.39%
	<b>Total Codes</b>	<b>133,619</b>		<b>138,170</b>		<b>125,706</b>		<b>194,883</b>		<b>136,044</b>	

**Table 27C**  
**Top 20 CPT/HCPCS Codes by Year**  
**CENTRAL VALLEY REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
99213	Office/outpatient visit established	13,522	9.78%	15,611	10.24%	13,701	8.45%	22,082	7.67%	13,971	7.11%
97014	Electric stimulation therapy	11,288	8.16%	10,787	7.08%	12,378	7.63%	25,650	8.91%	14,704	7.48%
97110	Therapeutic exercises	9,276	6.71%	8,400	5.51%	9,721	5.99%	19,139	6.65%	12,350	6.28%
99214	Office/outpatient visit established	6,664	4.82%	8,015	5.26%	9,987	6.16%	16,278	5.65%	12,027	6.12%
99081	Separate reimbursable report	2,329	1.68%	5,620	3.69%	8,866	5.47%	19,910	6.92%	12,078	6.15%
98940	Chiropractic manipulation	6,104	4.41%	5,841	3.83%	5,336	3.29%	7,060	2.45%	4,322	2.20%
99070	Special supplies	4,230	3.06%	6,540	4.29%	5,028	3.10%	5,941	2.06%	4,101	2.09%
99080	Special reports or forms	2,390	1.73%	2,626	1.72%	3,183	1.96%	5,963	2.07%	3,267	1.66%
97530	Therapeutic activities	1,351	0.98%	1,946	1.28%	2,057	1.27%	6,411	2.23%	2,822	1.44%
97012	Mechanical traction therapy	2,302	1.66%	2,744	1.80%	2,512	1.55%	3,318	1.15%	2,192	1.12%
A4556	Electrodes, pair	1,036	0.75%	1,581	1.04%	2,121	1.31%	4,008	1.39%	4,297	2.19%
98941	Chiropractic manipulation	2,536	1.83%	2,514	1.65%	2,815	1.74%	3,031	1.05%	2,115	1.08%
99203	Office/outpatient visit new	1,864	1.35%	1,609	1.06%	1,977	1.22%	3,337	1.16%	1,969	1.00%
97145	Physical medicine treatment to one area	444	0.32%	1,087	0.71%	1,989	1.23%	3,834	1.33%	3,064	1.56%
99358	Prolong service w/o contact	1,069	0.77%	1,852	1.22%	1,732	1.07%	3,059	1.06%	1,765	0.90%
80101	Drug screen single	19	0.01%	420	0.28%	2,002	1.23%	4,203	1.46%	2,316	1.18%
99204	Office/outpatient visit new	1,378	1.00%	833	0.55%	1,169	0.72%	3,142	1.09%	1,971	1.00%
97250	Myofascial release	1,564	1.13%	1,238	0.81%	879	0.54%	2,021	0.70%	2,644	1.35%
97026	Infrared therapy	1,406	1.02%	992	0.65%	1,464	0.90%	2,562	0.89%	1,802	0.92%
	<b>Total Codes</b>	<b>138,329</b>		<b>152,381</b>		<b>162,182</b>		<b>287,866</b>		<b>196,525</b>	

**Table 27D**  
**Top 20 CPT/HCPCS Codes by Year**  
**EASTERN SIERRA FOOTHILLS REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97110	Therapeutic exercises	1,720	6.74%	1,920	7.22%	2,193	7.84%	3,573	9.83%	1,753	7.19%
99214	Office/outpatient visit established	1,993	7.81%	2,014	7.57%	2,294	8.20%	2,605	7.17%	1,881	7.71%
99213	Office/outpatient visit established	2,018	7.91%	2,441	9.18%	2,155	7.70%	2,431	6.69%	1,617	6.63%
97014	Electric stimulation therapy	1,611	6.31%	1,833	6.89%	1,932	6.90%	3,133	8.62%	1,999	8.19%
98940	Chiropractic manipulation	2,383	9.34%	2,290	8.61%	1,790	6.40%	1,971	5.42%	1,440	5.90%
97012	Mechanical traction therapy	1,630	6.39%	1,661	6.24%	1,222	4.37%	1,351	3.72%	1,063	4.36%
98941	Chiropractic manipulation	1,688	6.61%	1,583	5.95%	1,303	4.66%	1,331	3.66%	991	4.06%
99081	Separate reimbursable report	363	1.42%	661	2.48%	1,422	5.08%	1,995	5.49%	1,293	5.30%
A4556	Electrodes, pair	349	1.37%	447	1.68%	536	1.92%	855	2.35%	737	3.02%
A4630	Replacement batteries TES owned by patient	288	1.13%	386	1.45%	454	1.62%	707	1.94%	580	2.38%
97530	Therapeutic activities	377	1.48%	324	1.22%	340	1.21%	765	2.10%	428	1.75%
97250	Myofascial release	263	1.03%	263	0.99%	264	0.94%	456	1.25%	637	2.61%
80101	Drug screen single	1	0.00%	231	0.87%	610	2.18%	691	1.90%	278	1.14%
S9088	Services provided in an urgent care center	205	0.80%	281	1.06%	326	1.16%	479	1.32%	483	1.98%
99080	Special reports or forms	246	0.96%	228	0.86%	294	1.05%	404	1.11%	333	1.37%
99212	Office/outpatient visit established	364	1.43%	272	1.02%	319	1.14%	350	0.96%	192	0.79%
97145	Physical medicine Tx	325	1.27%	300	1.13%	365	1.30%	320	0.88%	158	0.65%
90862	Medication management	542	2.12%	194	0.73%	245	0.88%	275	0.76%	178	0.73%
97124	Massage therapy	406	1.59%	387	1.45%	214	0.76%	251	0.69%	169	0.69%
99358	Prolong service w/o contact	239	0.94%	317	1.19%	236	0.84%	287	0.79%	332	1.36%
	<b>Total Codes</b>	<b>25,521</b>		<b>26,602</b>		<b>27,987</b>		<b>36,353</b>		<b>24,395</b>	

**Table 27E  
Top 20 CPT/HCPCS Codes by Year  
INLAND EMPIRE REGION  
2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97014	Electric stimulation therapy	33,501	6.87%	37,040	7.68%	32,518	7.09%	65,724	8.56%	48,833	8.33%
97110	Therapeutic exercises	29,964	6.14%	30,396	6.31%	25,828	5.63%	50,647	6.59%	38,307	6.53%
99214	Office/outpatient visit established	22,447	4.60%	16,421	3.41%	18,540	4.04%	33,205	4.32%	25,785	4.40%
A4556	Electrodes, pair	17,306	3.55%	14,404	2.99%	15,995	3.49%	27,496	3.58%	21,266	3.63%
99213	Office/outpatient visit established	18,032	3.70%	18,157	3.77%	13,065	2.85%	23,803	3.10%	19,698	3.36%
99070	Special supplies	17,425	3.57%	20,639	4.28%	15,529	3.39%	21,205	2.76%	14,937	2.55%
99081	Separate reimbursable report	8,269	1.69%	11,160	2.32%	14,454	3.15%	31,943	4.16%	23,472	4.00%
99080	Special reports or forms	12,491	2.56%	12,619	2.62%	15,244	3.32%	25,564	3.33%	20,113	3.43%
97026	Infrared therapy	5,832	1.20%	6,649	1.38%	6,090	1.33%	16,983	2.21%	11,428	1.95%
99358	Prolong service w/o contact	5,485	1.12%	7,114	1.48%	8,192	1.79%	13,596	1.77%	11,678	1.99%
98940	Chiropractic manipulation	9,291	1.90%	10,453	2.17%	6,349	1.38%	9,059	1.18%	6,370	1.09%
97012	Mechanical traction therapy	8,256	1.69%	6,937	1.44%	6,149	1.34%	9,544	1.24%	7,610	1.30%
A4630	Replacement batteries TES owned by patient	9,685	1.98%	7,058	1.46%	7,660	1.67%	8,625	1.12%	4,610	0.79%
97250	Myofascial release	5,698	1.17%	5,643	1.17%	4,482	0.98%	7,947	1.03%	10,834	1.85%
95851	Range of motion measurements	6,323	1.30%	4,623	0.96%	5,039	1.10%	9,261	1.21%	6,396	1.09%
99215	Office/outpatient visit established	5,318	1.09%	4,194	0.87%	5,272	1.15%	7,056	0.92%	5,133	0.88%
99204	Office/outpatient visit new	5,241	1.07%	3,000	0.62%	2,644	0.58%	7,307	0.95%	5,768	0.98%
A4365	Adhesive removal wipes	9,330	1.91%	6,642	1.38%	7,135	1.56%	478	0.06%	33	0.01%
97530	Therapeutic activities	4,167	0.85%	3,701	0.77%	3,308	0.72%	7,662	1.00%	3,749	0.64%
	<b>Total Codes</b>	<b>487,969</b>		<b>481,995</b>		<b>458,588</b>		<b>768,200</b>		<b>586,259</b>	

**Table 27F**  
**Top 20 CPT/HCPCS Codes by Year**  
**LOS ANGELES REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
97014	Electric stimulation therapy	61,765	5.00%	75,886	6.37%	54,882	5.41%	127,439	7.24%	86,541	6.91%
97110	Therapeutic exercises	52,486	4.25%	67,604	5.67%	51,119	5.04%	117,253	6.66%	79,360	6.33%
99070	Special supplies	60,836	4.93%	65,844	5.52%	63,652	6.28%	73,990	4.21%	52,408	4.18%
99214	Office/outpatient visit established	57,854	4.68%	43,247	3.63%	40,937	4.04%	83,670	4.76%	58,908	4.70%
99213	Office/outpatient visit established	50,926	4.12%	58,311	4.89%	36,581	3.61%	70,757	4.02%	52,851	4.22%
99081	Separate reimbursable report	41,063	3.32%	44,132	3.70%	38,427	3.79%	85,620	4.87%	52,302	4.17%
97026	Infrared therapy	39,665	3.21%	29,100	2.44%	22,580	2.23%	61,202	3.48%	43,944	3.51%
99080	Special reports or forms	33,337	2.70%	30,805	2.58%	30,521	3.01%	49,143	2.79%	35,886	2.86%
98940	Chiropractic manipulation	23,145	1.87%	20,981	1.76%	15,145	1.49%	22,815	1.30%	13,276	1.06%
99358	Prolong service w/o contact	18,149	1.47%	16,489	1.38%	15,882	1.57%	24,327	1.38%	20,257	1.62%
A4556	Electrodes, pair	9,813	0.79%	9,950	0.83%	15,207	1.50%	25,814	1.47%	21,228	1.69%
99215	Office/outpatient visit established	16,647	1.35%	11,058	0.93%	13,910	1.37%	20,069	1.14%	14,819	1.18%
95851	Range of motion measurements	13,282	1.08%	13,609	1.14%	10,325	1.02%	18,224	1.04%	11,218	0.90%
99199	Special service/proc/report	14,050	1.14%	16,528	1.39%	11,030	1.09%	12,997	0.74%	9,185	0.73%
99204	Office/outpatient visit new	10,942	0.89%	8,063	0.68%	6,797	0.67%	21,377	1.21%	14,672	1.17%
97012	Mechanical traction therapy	13,293	1.08%	13,715	1.15%	10,656	1.05%	13,807	0.78%	9,468	0.76%
90901	Biofeedback train any meth	12,161	0.98%	9,724	0.82%	8,441	0.83%	16,960	0.96%	10,153	0.81%
97124	Massage therapy	9,006	0.73%	9,490	0.80%	8,229	0.81%	18,566	1.06%	7,874	0.63%
97128	Ultrasound	8,513	0.69%	8,192	0.69%	6,470	0.64%	16,835	0.96%	11,046	0.88%
	<b>Total Codes</b>	<b>1,235,200</b>		<b>1,192,008</b>		<b>1,013,905</b>		<b>1,759,522</b>		<b>1,253,060</b>	

**Table 27G  
Top 20 CPT/HCPCS Codes by Year  
NORTH STATE - SHASTA REGION  
2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
99213	Office/outpatient visit established	4,195	13.95%	3,973	13.33%	4,313	12.43%	5,874	13.11%	3,764	13.65%
97110	Therapeutic exercises	2,269	7.54%	2,421	8.13%	3,354	9.67%	4,364	9.74%	2,385	8.65%
99214	Office/outpatient visit established	1,912	6.36%	2,143	7.19%	2,494	7.19%	3,389	7.56%	1,875	6.80%
98940	Chiropractic manipulation	2,132	7.09%	2,211	7.42%	2,037	5.87%	1,646	3.67%	1,061	3.85%
97014	Electric stimulation therapy	1,165	3.87%	1,433	4.81%	1,834	5.29%	2,445	5.46%	1,568	5.69%
98941	Chiropractic manipulation	1,130	3.76%	1,203	4.04%	1,358	3.91%	1,656	3.69%	1,080	3.92%
99081	Separate reimbursable report	324	1.08%	748	2.51%	1,137	3.28%	2,588	5.77%	1,351	4.90%
99070	Special supplies	886	2.95%	942	3.16%	1,114	3.21%	959	2.14%	484	1.75%
97145	Physical medicine Tx	160	0.53%	479	1.61%	884	2.55%	1,320	2.95%	1,000	3.63%
99212	Office/outpatient visit established	740	2.46%	630	2.11%	698	2.01%	697	1.56%	471	1.71%
97012	Mechanical traction therapy	604	2.01%	528	1.77%	684	1.97%	816	1.82%	476	1.73%
20550	Injection tendon sheath/ligament	551	1.83%	429	1.44%	550	1.59%	672	1.50%	485	1.76%
80101	Drug screen single	14	0.05%	252	0.85%	761	2.19%	734	1.64%	433	1.57%
97124	Massage therapy	476	1.58%	518	1.74%	446	1.29%	501	1.12%	226	0.82%
99080	Special reports or forms	318	1.06%	354	1.19%	452	1.30%	524	1.17%	380	1.38%
99215	Office/outpatient visit established	411	1.37%	369	1.24%	432	1.24%	436	0.97%	339	1.23%
99203	Office/outpatient visit new	279	0.93%	226	0.76%	255	0.73%	480	1.07%	330	1.20%
97610	Soft tissue mobilization	424	1.41%	151	0.51%	313	0.90%	360	0.80%	196	0.71%
J1885	Ketorolac tromethamine injection	298	0.99%	241	0.81%	233	0.67%	306	0.68%	200	0.73%
97026	Infrared therapy	249	0.83%	272	0.91%	261	0.75%	284	0.63%	193	0.70%
	<b>Total Codes</b>	<b>30,079</b>		<b>29,796</b>		<b>34,699</b>		<b>44,821</b>		<b>27,581</b>	

**Table 27H**  
**Top 20 CPT/HCPCS Codes by Year**  
**SACRAMENTO VALLEY REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total
99213	Office/outpatient visit established	5,512	8.14%	8,063	10.62%	6,861	8.46%	8,331	7.69%	5,745	6.62%
99214	Office/outpatient visit established	3,987	5.89%	4,531	5.97%	4,833	5.96%	6,933	6.40%	5,706	6.57%
A4556	Electrodes, pair	2,468	3.65%	2,559	3.37%	4,831	5.96%	6,676	6.16%	5,941	6.84%
97110	Therapeutic exercises	1,826	2.70%	2,777	3.66%	3,294	4.06%	6,228	5.75%	4,800	5.53%
97014	Electric stimulation therapy	2,462	3.64%	2,363	3.11%	2,678	3.30%	3,848	3.55%	3,611	4.16%
99081	Separate reimbursable report	837	1.24%	1,832	2.41%	2,813	3.47%	5,731	5.29%	3,665	4.22%
A4630	Replacement batteries TES owned by patient	1,402	2.07%	1,202	1.58%	2,892	3.57%	4,181	3.86%	3,240	3.73%
98940	Chiropractic manipulation	3,306	4.88%	3,032	3.99%	2,458	3.03%	1,993	1.84%	1,629	1.88%
99080	Special reports or forms	1,331	1.97%	1,478	1.95%	1,736	2.14%	2,591	2.39%	2,004	2.31%
99358	Prolong service w/o contact	1,380	2.04%	1,293	1.70%	1,336	1.65%	2,113	1.95%	2,036	2.35%
A4557	Lead wires, pair	279	0.41%	446	0.59%	1,816	2.24%	2,643	2.44%	2,283	2.63%
99070	Special supplies	901	1.33%	1,485	1.96%	1,540	1.90%	2,003	1.85%	1,135	1.31%
97012	Mechanical traction therapy	2,002	2.96%	1,707	2.25%	1,266	1.56%	1,162	1.07%	828	0.95%
A9900	Supply/accessory/service	1,120	1.65%	1,035	1.36%	1,265	1.56%	2,035	1.88%	1,091	1.26%
99203	Office/outpatient visit new	936	1.38%	1,340	1.77%	1,153	1.42%	1,891	1.75%	1,090	1.26%
S9088	Services provided in an urgent care center	225	0.33%	809	1.07%	840	1.04%	1,629	1.50%	1,877	2.16%
98941	Chiropractic manipulation	1,577	2.33%	1,011	1.33%	836	1.03%	680	0.63%	707	0.81%
A9999	DME supply or accessory, not otherwise specified	53	0.08%	157	0.21%	541	0.67%	1,596	1.47%	2,351	2.71%
80101	Drug screen single	85	0.13%	259	0.34%	921	1.14%	1,582	1.46%	706	0.81%
	<b>Total Codes</b>	<b>67,678</b>		<b>75,909</b>		<b>81,074</b>		<b>108,329</b>		<b>86,807</b>	

**Table 27I**  
**Top 20 CPT/HCPCS Codes by Year**  
**SACRAMENTO VALLEY (N.) REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
99213	Office/outpatient visit established	1,954	13.92%	1,935	13.62%	2,014	14.22%	2,425	11.99%	1,854	14.25%
98940	Chiropractic manipulation	1,493	10.64%	1,255	8.84%	1,222	8.63%	1,185	5.86%	803	6.17%
97110	Therapeutic exercises	599	4.27%	967	6.81%	988	6.98%	2,229	11.02%	936	7.19%
97014	Electric stimulation therapy	667	4.75%	898	6.32%	886	6.26%	1,906	9.42%	867	6.66%
99214	Office/outpatient visit established	587	4.18%	666	4.69%	922	6.51%	1,361	6.73%	775	5.96%
99081	Separate reimbursable report	363	2.59%	277	1.95%	606	4.28%	903	4.46%	548	4.21%
97145	Physical medicine Tx	28	0.20%	318	2.24%	148	1.05%	717	3.54%	721	5.54%
99212	Office/outpatient visit established	556	3.96%	237	1.67%	343	2.42%	317	1.57%	257	1.98%
98941	Chiropractic manipulation	429	3.06%	397	2.80%	194	1.37%	288	1.42%	239	1.84%
97012	Mechanical traction therapy	402	2.86%	355	2.50%	227	1.60%	335	1.66%	164	1.26%
99203	Office/outpatient visit new	187	1.33%	237	1.67%	245	1.73%	366	1.81%	226	1.74%
S9122	HHA or CAN providing care in the home	86	0.61%	203	1.43%	247	1.74%	291	1.44%	221	1.70%
99199	Special service/proc/report	361	2.57%	53	0.37%	79	0.56%	74	0.37%	149	1.15%
97026	Infrared therapy	115	0.82%	109	0.77%	115	0.81%	185	0.91%	181	1.39%
99070	Special supplies	125	0.89%	171	1.20%	146	1.03%	154	0.76%	77	0.59%
97128	Ultrasound	57	0.41%	131	0.92%	116	0.82%	187	0.92%	134	1.03%
99358	Prolong service w/o contact	83	0.59%	148	1.04%	140	0.99%	163	0.81%	91	0.70%
99080	Special reports or forms	59	0.42%	118	0.83%	147	1.04%	181	0.89%	101	0.78%
T1021	HHA or CNA	289	2.06%	71	0.50%	57	0.40%	85	0.42%	95	0.73%
	<b>Total Codes</b>	<b>14,035</b>		<b>14,202</b>		<b>14,161</b>		<b>20,227</b>		<b>13,011</b>	

**Table 27J**  
**Top 20 CPT/HCPCS Codes by Year**  
**SAN DIEGO REGION**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
<b>97110</b>	Therapeutic exercises	10,679	8.27%	4,756	4.45%	5,786	4.55%	12,001	6.20%	8,925	6.28%
<b>97014</b>	Electric stimulation therapy	9,808	7.59%	5,422	5.07%	7,982	6.28%	10,263	5.31%	8,008	5.63%
<b>99214</b>	Office/outpatient visit established	9,293	7.19%	5,103	4.77%	6,005	4.73%	9,677	5.00%	7,027	4.94%
<b>99081</b>	Separate reimbursable report	5,112	3.96%	4,004	3.75%	5,520	4.34%	11,522	5.96%	7,494	5.27%
<b>99213</b>	Office/outpatient visit est	7,765	6.01%	5,955	5.57%	5,004	3.94%	7,399	3.82%	5,017	3.53%
<b>99080</b>	Special reports or forms	3,801	2.94%	3,199	2.99%	4,063	3.20%	6,288	3.25%	4,148	2.92%
<b>99070</b>	Special supplies	2,644	2.05%	3,391	3.17%	3,108	2.45%	4,351	2.25%	4,438	3.12%
<b>97250</b>	Myofascial release	2,358	1.83%	1,346	1.26%	1,952	1.54%	4,889	2.53%	4,980	3.50%
<b>A4556</b>	Electrodes, pair	1,603	1.24%	1,960	1.83%	2,725	2.14%	3,488	1.80%	4,292	3.02%
<b>99358</b>	Prolong service w/o contact	2,019	1.56%	1,705	1.60%	2,383	1.88%	3,859	1.99%	3,028	2.13%
<b>97012</b>	Mechanical traction therapy	1,803	1.40%	2,330	2.18%	3,722	2.93%	2,742	1.42%	2,040	1.43%
<b>99199</b>	Special service/proc/report	2,686	2.08%	2,809	2.63%	1,316	1.04%	1,627	0.84%	867	0.61%
<b>99215</b>	Office/outpatient visit established	1,620	1.25%	1,113	1.04%	1,700	1.34%	2,411	1.25%	1,872	1.32%
<b>98940</b>	Chiropractic manipulation	2,123	1.64%	1,678	1.57%	1,625	1.28%	1,466	0.76%	1,667	1.17%
<b>98941</b>	Chiropractic manipulation	2,378	1.84%	1,291	1.21%	1,737	1.37%	1,514	0.78%	1,422	1.00%
<b>80101</b>	Drug screen single	24	0.02%	451	0.42%	1,885	1.48%	3,415	1.77%	1,753	1.23%
<b>A9270</b>	Non-covered item or service	197	0.15%	815	0.76%	2,494	1.96%	2,337	1.21%	1,258	0.88%
<b>97530</b>	Therapeutic activities	2,503	1.94%	1,032	0.97%	1,164	0.92%	1,319	0.68%	980	0.69%
<b>83925</b>	Assay of opiates	4	0.00%	278	0.26%	890	0.70%	2,709	1.40%	2,457	1.73%
	<b>Total Codes</b>	<b>129,195</b>		<b>106,883</b>		<b>127,050</b>		<b>193,459</b>		<b>142,186</b>	

**Table 28**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**All Regions**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
847.2	Sprain lumbar region	56,596	4.59%	67,611	4.67%	86,566	5.71%	149,373	6.94%	150,761	7.53%
959.9	Injury-site not otherwise specified	97,869	7.94%	208,676	14.42%	55,976	3.69%	52,273	2.43%	56,457	2.82%
847.0	Sprain of neck	44,040	3.57%	52,644	3.64%	68,387	4.51%	113,021	5.25%	116,848	5.84%
724.2	Lumbago	51,273	4.16%	50,300	3.47%	55,008	3.63%	70,225	3.26%	66,304	3.31%
846.0	Sprain lumbosacral	23,222	1.88%	27,592	1.91%	32,479	2.14%	51,156	2.38%	47,477	2.37%
840.9	Sprain shoulder/arm not otherwise specified	17,379	1.41%	22,642	1.56%	31,067	2.05%	55,064	2.56%	55,306	2.76%
354.0	Carpal tunnel syndrome	25,946	2.11%	27,306	1.89%	32,451	2.14%	43,373	2.02%	42,871	2.14%
722.10	Lumbar disc displacement	29,040	2.36%	29,510	2.04%	32,559	2.15%	39,516	1.84%	36,164	1.81%
722.52	Lumbar/lumbosacral disc degeneration	29,677	2.41%	28,274	1.95%	30,647	2.02%	33,340	1.55%	25,815	1.29%
724.4	Lumbosacral neuritis not otherwise specified	22,413	1.82%	24,312	1.68%	27,093	1.79%	34,801	1.62%	29,874	1.49%
844.9	Sprain of knee & leg not otherwise specified	12,688	1.03%	15,911	1.10%	21,886	1.44%	38,061	1.77%	36,834	1.84%
723.1	Cervicalgia	18,833	1.53%	19,359	1.34%	22,067	1.46%	29,127	1.35%	29,846	1.49%
719.41	Joint pain-shoulder	13,988	1.14%	14,937	1.03%	19,885	1.31%	28,888	1.34%	30,751	1.54%
719.46	Joint pain-leg	15,004	1.22%	16,717	1.15%	19,723	1.30%	28,884	1.34%	26,797	1.34%
847.1	Sprain thoracic region	11,158	0.91%	14,131	0.98%	17,519	1.16%	30,574	1.42%	29,246	1.46%
842.00	Sprain of wrist not otherwise specified	7,619	0.62%	11,151	0.77%	15,165	1.00%	28,662	1.33%	30,408	1.52%
726.32	Lateral epicondylitis	9,791	0.79%	11,708	0.81%	15,238	1.00%	24,219	1.13%	25,267	1.26%
883.0	Open wound of finger	9,670	0.78%	12,667	0.88%	14,361	0.95%	23,711	1.10%	21,747	1.09%
845.00	Sprain of ankle not otherwise specified	8,526	0.69%	10,486	0.72%	13,436	0.89%	23,633	1.10%	23,155	1.16%
727.05	Tenosynovitis hand/wrist	7,424	0.60%	10,078	0.70%	12,404	0.82%	22,873	1.06%	23,997	1.20%
		<b>1,232,390</b>		<b>1,447,592</b>		<b>1,516,431</b>		<b>2,151,461</b>		<b>2,002,423</b>	

**Table 28A**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**SAN FRANCISCO BAY AREA REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
847.2	Sprain lumbar region	6,826	3.49%	9,152	3.89%	10,439	4.16%	16,699	5.03%	15,331	5.50%
959.9	Injury-site not otherwise specified	12,612	6.45%	26,762	11.37%	8,189	3.26%	5,143	1.55%	4,686	1.68%
847.0	Sprain of neck	5,930	3.03%	7,726	3.28%	10,269	4.09%	13,903	4.19%	13,299	4.77%
846.0	Sprain lumbosacral	4,356	2.23%	5,784	2.46%	7,496	2.99%	11,873	3.58%	10,177	3.65%
724.2	Lumbago	7,261	3.71%	6,718	2.85%	7,193	2.86%	9,109	2.75%	8,095	2.91%
722.52	Lumbar/lumbosacral disc degeneration	7,753	3.96%	7,093	3.01%	7,386	2.94%	8,531	2.57%	6,234	2.24%
722.10	Lumbar disc displacement	6,360	3.25%	5,767	2.45%	6,507	2.59%	7,968	2.40%	5,727	2.06%
840.9	Sprain shoulder/arm not otherwise specified	2,609	1.33%	4,415	1.88%	6,397	2.55%	9,059	2.73%	9,556	3.43%
354.0	Carpal tunnel syndrome	5,083	2.60%	5,456	2.32%	6,277	2.50%	7,640	2.30%	7,033	2.52%
844.9	Sprain of knee & leg not otherwise specified	2,028	1.04%	2,780	1.18%	4,427	1.76%	6,641	2.00%	5,733	2.06%
726.32	Lateral epicondylitis	2,213	1.13%	2,660	1.13%	3,666	1.46%	4,832	1.46%	4,896	1.76%
724.4	Lumbosacral neuritis not otherwise specified	3,017	1.54%	3,490	1.48%	3,838	1.53%	4,368	1.32%	3,511	1.26%
847.1	Sprain thoracic region	2,039	1.04%	2,716	1.15%	3,303	1.32%	4,977	1.50%	4,501	1.62%
722.83	Postlaminectomy syndrome - lumbar	3,715	1.90%	3,449	1.47%	3,574	1.42%	3,741	1.13%	2,163	0.78%
723.1	Cervicalgia	2,878	1.47%	2,746	1.17%	3,016	1.20%	3,901	1.18%	3,562	1.28%
719.41	Joint pain-shoulder	2,143	1.10%	2,428	1.03%	3,001	1.20%	4,003	1.21%	3,866	1.39%
722.4	Cervical disc degeneration	3,043	1.56%	2,858	1.21%	3,033	1.21%	3,767	1.14%	2,734	0.98%
V57.1	Physical therapy	342	0.17%	550	0.23%	983	0.39%	6,203	1.87%	7,318	2.63%
842.00	Sprain of wrist not otherwise specified	1,213	0.62%	2,150	0.91%	2,894	1.15%	4,308	1.30%	4,433	1.59%
727.05	Tenosynovitis hand/wrist	1,292	0.66%	2,119	0.90%	2,758	1.10%	4,239	1.28%	4,012	1.44%
	<b>Total Codes</b>	<b>195,602</b>		<b>235,415</b>		<b>251,066</b>		<b>331,677</b>		<b>278,608</b>	

**Table 28B**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**CENTRAL COAST REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total
959.9	Injury-site not otherwise specified	6,060	8.71%	12,986	16.29%	2,360	3.02%	2,468	2.21%	2,745	2.63%
724.2	Lumbago	3,849	5.53%	3,653	4.58%	4,081	5.23%	6,331	5.66%	6,460	6.18%
847.2	Sprain lumbar region	2,389	3.43%	2,636	3.31%	3,315	4.25%	6,848	6.13%	6,752	6.46%
847.0	Sprain of neck	2,037	2.93%	1,727	2.17%	1,858	2.38%	3,044	2.72%	3,121	2.99%
722.52	Lumbar/lumbosacral disc degeneration	2,191	3.15%	2,415	3.03%	2,394	3.07%	2,297	2.06%	1,768	1.69%
722.10	Lumbar disc displacement	2,083	2.99%	2,184	2.74%	2,071	2.65%	2,271	2.03%	2,144	2.05%
719.41	Joint pain-shoulder	959	1.38%	1,153	1.45%	1,675	2.15%	2,444	2.19%	2,873	2.75%
723.1	Cervicalgia	1,344	1.93%	1,396	1.75%	1,702	2.18%	2,138	1.91%	2,352	2.25%
724.4	Lumbosacral neuritis not otherwise specified	1,546	2.22%	1,440	1.81%	1,653	2.12%	2,037	1.82%	2,174	2.08%
846.0	Sprain lumbosacral	1,339	1.93%	1,534	1.92%	1,483	1.90%	1,921	1.72%	1,797	1.72%
719.46	Joint pain-l/leg	873	1.26%	1,120	1.40%	1,363	1.75%	2,351	2.10%	2,237	2.14%
354.0	Carpal tunnel syndrome	1,112	1.60%	973	1.22%	1,438	1.84%	2,045	1.83%	1,925	1.84%
840.9	Sprain shoulder/arm not otherwise specified	614	0.88%	796	1.00%	1,017	1.30%	2,153	1.93%	2,002	1.92%
722.83	Postlaminectomy syndrome - lumbar	936	1.35%	952	1.19%	1,142	1.46%	1,138	1.02%	813	0.78%
847.1	Sprain thoracic region	564	0.81%	631	0.79%	921	1.18%	1,433	1.28%	1,400	1.34%
844.9	Sprain of knee & leg not otherwise specified	439	0.63%	579	0.73%	636	0.81%	1,806	1.62%	1,476	1.41%
722.0	Cervical disc displacement	1,182	1.70%	984	1.23%	976	1.25%	826	0.74%	817	0.78%
883.0	Open wound of finger	576	0.83%	678	0.85%	647	0.83%	1,414	1.27%	1,348	1.29%
722.4	Cervical disc degeneration	1,055	1.52%	1,052	1.32%	942	1.21%	834	0.75%	747	0.72%
726.32	Lateral epicondylitis	440	0.63%	638	0.80%	614	0.79%	1,245	1.11%	1,129	1.08%
	<b>Total Codes</b>	<b>69,558</b>		<b>79,730</b>		<b>78,044</b>		<b>111,770</b>		<b>104,462</b>	

**Table 28C**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**CENTRAL VALLEY REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total
<b>724.2</b>	Lumbago	5,923	7.06%	6,024	5.97%	6,773	6.02%	8,801	4.99%	9,110	5.38%
<b>847.2</b>	Sprain lumbar region	3,345	3.99%	4,334	4.30%	5,169	4.59%	10,581	6.00%	11,739	6.93%
<b>959.9</b>	Injury-site not otherwise specified	3,217	3.84%	12,107	12.00%	2,658	2.36%	2,474	1.40%	2,794	1.65%
<b>847.0</b>	Sprain of neck	2,467	2.94%	2,744	2.72%	3,423	3.04%	5,410	3.07%	6,090	3.59%
<b>840.9</b>	Sprain shoulder/arm not otherwise specified	1,306	1.56%	1,717	1.70%	2,805	2.49%	4,528	2.57%	4,681	2.76%
<b>722.52</b>	Lumbar/lumbosacral disc degeneration	1,859	2.22%	1,904	1.89%	2,243	1.99%	3,416	1.94%	3,012	1.78%
<b>354.0</b>	Carpal tunnel syndrome	1,668	1.99%	1,995	1.98%	2,675	2.38%	3,172	1.80%	2,866	1.69%
<b>846.0</b>	Sprain lumbosacral	1,611	1.92%	1,831	1.82%	2,279	2.03%	3,383	1.92%	3,020	1.78%
<b>719.41</b>	Joint pain-shoulder	1,109	1.32%	1,278	1.27%	1,805	1.60%	3,261	1.85%	4,202	2.48%
<b>722.10</b>	Lumbar disc displacement	1,733	2.07%	1,925	1.91%	2,216	1.97%	2,653	1.51%	2,917	1.72%
<b>719.46</b>	Joint pain - leg	1,260	1.50%	1,444	1.43%	1,938	1.72%	3,166	1.80%	3,088	1.82%
<b>723.1</b>	Cervicalgia	1,676	2.00%	1,779	1.76%	1,896	1.69%	2,605	1.48%	2,650	1.56%
<b>729.1</b>	Myalgia and myositis not otherwise specified	1,328	1.58%	1,690	1.68%	2,391	2.13%	2,644	1.50%	2,514	1.48%
<b>844.9</b>	Sprain of knee & leg not otherwise specified	850	1.01%	1,000	0.99%	1,734	1.54%	3,115	1.77%	3,705	2.19%
<b>847.1</b>	Sprain thoracic region	863	1.03%	1,095	1.09%	1,325	1.18%	2,656	1.51%	2,713	1.60%
<b>724.4</b>	Lumbosacral neuritis not otherwise specified	1,580	1.88%	1,535	1.52%	1,348	1.20%	1,672	0.95%	1,721	1.02%
<b>883.0</b>	Open wound of finger	761	0.91%	1,139	1.13%	1,232	1.10%	2,180	1.24%	2,025	1.20%
<b>845.00</b>	Sprain of ankle not otherwise specified	675	0.81%	818	0.81%	1,132	1.01%	2,301	1.31%	2,283	1.35%
<b>724.5</b>	Backache not otherwise specified	988	1.18%	1,002	0.99%	1,258	1.12%	1,777	1.01%	1,388	0.82%
<b>729.5</b>	Pain in limb	609	0.73%	836	0.83%	1,092	0.97%	1,715	0.97%	1,658	0.98%
	<b>Total Codes</b>	<b>83,845</b>		<b>100,855</b>		<b>112,505</b>		<b>176,238</b>		<b>169,444</b>	

**Table 28D**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**EASTERN SIERRA FOOTHILLS REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
724.2	Lumbago	1,358	7.43%	1,409	7.51%	1,602	8.38%	1,692	6.83%	1,469	7.15%
847.2	Sprain lumbar region	540	2.95%	685	3.65%	582	3.04%	1,283	5.18%	1,199	5.84%
722.52	Lumbar/lumbosacral disc degeneration	1,071	5.86%	780	4.16%	709	3.71%	736	2.97%	486	2.37%
847.0	Sprain of neck	593	3.24%	539	2.87%	632	3.31%	1,025	4.14%	879	4.28%
722.10	Lumbar disc displacement	609	3.33%	700	3.73%	613	3.21%	647	2.61%	506	2.46%
723.1	Cervicalgia	435	2.38%	587	3.13%	663	3.47%	670	2.70%	684	3.33%
959.9	Injury-site not otherwise specified	490	2.68%	1,391	7.42%	440	2.30%	255	1.03%	260	1.27%
724.4	Lumbosacral neuritis not otherwise specified	422	2.31%	463	2.47%	382	2.00%	412	1.66%	277	1.35%
722.83	Postlaminectomy syndrome - lumbar	421	2.30%	418	2.23%	343	1.79%	388	1.57%	354	1.72%
719.41	Joint pain-shoulder	193	1.06%	283	1.51%	311	1.63%	552	2.23%	519	2.53%
719.46	Joint pain-leg	207	1.13%	245	1.31%	422	2.21%	547	2.21%	334	1.63%
354.0	Carpal tunnel syndrome	303	1.66%	262	1.40%	400	2.09%	451	1.82%	293	1.43%
722.4	Cervical disc degeneration	425	2.33%	314	1.67%	265	1.39%	278	1.12%	208	1.01%
V57.1	Physical therapy	14	0.08%	13	0.07%	84	0.44%	590	2.38%	682	3.32%
846.0	Sprain lumbosacral	241	1.32%	174	0.93%	247	1.29%	356	1.44%	364	1.77%
847.1	Sprain thoracic region	164	0.90%	228	1.22%	183	0.96%	367	1.48%	425	2.07%
722.0	Cervical disc displacement	211	1.15%	229	1.22%	190	0.99%	213	0.86%	185	0.90%
715.16	Localized primary osteoarthritis - leg	234	1.28%	186	0.99%	178	0.93%	209	0.84%	156	0.76%
724.5	Backache not otherwise specified	198	1.08%	196	1.04%	156	0.82%	178	0.72%	217	1.06%
840.9	Sprain shoulder/arm not otherwise specified	121	0.66%	148	0.79%	182	0.95%	304	1.23%	187	0.91%
	<b>Total Codes</b>	<b>18,275</b>		<b>18,758</b>		<b>19,120</b>		<b>24,779</b>		<b>20,542</b>	

**Table 28E**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**INLAND EMPIRE REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
<b>847.2</b>	Sprain lumbar region	13,868	6.26%	15,732	6.16%	21,423	7.68%	34,116	8.86%	35,644	9.47%
<b>847.0</b>	Sprain of neck	8,840	3.99%	10,598	4.15%	15,062	5.40%	25,777	6.70%	28,841	7.66%
<b>959.9</b>	Injury-site not otherwise specified	13,445	6.07%	32,521	12.73%	8,477	3.04%	8,132	2.11%	9,118	2.42%
<b>724.2</b>	Lumbago	10,413	4.70%	9,981	3.91%	10,268	3.68%	12,628	3.28%	11,975	3.18%
<b>840.9</b>	Sprain shoulder/arm not otherwise specified	4,015	1.81%	4,397	1.72%	5,751	2.06%	11,288	2.93%	11,780	3.13%
<b>354.0</b>	Carpal tunnel syndrome	4,629	2.09%	5,165	2.02%	6,166	2.21%	7,938	2.06%	7,981	2.12%
<b>722.10</b>	Lumbar disc displacement	4,942	2.23%	5,421	2.12%	6,114	2.19%	7,621	1.98%	7,355	1.95%
<b>724.4</b>	Lumbosacral neuritis not otherwise specified	4,139	1.87%	4,553	1.78%	4,911	1.76%	6,258	1.63%	5,014	1.33%
<b>844.9</b>	Sprain of knee & leg not otherwise specified	2,671	1.21%	2,916	1.14%	4,112	1.47%	7,568	1.97%	7,464	1.98%
<b>719.41</b>	Joint pain-shoulder	3,590	1.62%	3,567	1.40%	4,699	1.68%	6,357	1.65%	6,323	1.68%
<b>723.1</b>	Cervicalgia	3,436	1.55%	3,921	1.53%	4,560	1.63%	5,971	1.55%	6,549	1.74%
<b>846.0</b>	Sprain lumbosacral	3,016	1.36%	3,482	1.36%	4,043	1.45%	6,415	1.67%	7,035	1.87%
<b>719.46</b>	Joint pain-l/leg	3,409	1.54%	3,476	1.36%	4,150	1.49%	6,381	1.66%	6,372	1.69%
<b>722.52</b>	Lumbar/lumbosacral disc degeneration	4,462	2.01%	4,105	1.61%	4,951	1.77%	4,952	1.29%	3,733	0.99%
<b>842.00</b>	Sprain of wrist not otherwise specified	1,598	0.72%	2,193	0.86%	2,820	1.01%	5,725	1.49%	6,125	1.63%
<b>847.1</b>	Sprain thoracic region	1,745	0.79%	2,188	0.86%	2,914	1.04%	5,562	1.45%	5,759	1.53%
<b>883.0</b>	Open wound of finger	1,988	0.90%	2,735	1.07%	3,067	1.10%	5,342	1.39%	4,494	1.19%
<b>726.32</b>	Lateral epicondylitis	1,713	0.77%	2,147	0.84%	2,881	1.03%	4,328	1.12%	4,574	1.21%
<b>845.00</b>	Sprain of ankle not otherwise specified	1,971	0.89%	2,031	0.80%	2,490	0.89%	4,602	1.20%	4,187	1.11%
<b>726.2</b>	Other effects of shoulder region	2,152	0.97%	2,285	0.89%	2,818	1.01%	3,434	0.89%	3,542	0.94%
	<b>Total Codes</b>	<b>221,566</b>		<b>255,453</b>		<b>279,067</b>		<b>384,850</b>		<b>376,542</b>	

**Table 28F**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**LOS ANGELES REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
847.2	Sprain lumbar region	21,155	5.49%	25,189	5.37%	32,040	6.69%	57,495	7.90%	56,053	8.25%
959.9	Injury-site not otherwise specified	38,122	9.90%	84,926	18.11%	19,846	4.15%	20,748	2.85%	21,277	3.13%
847.0	Sprain of neck	16,991	4.41%	20,445	4.36%	27,146	5.67%	47,940	6.59%	48,704	7.17%
846.0	Sprain lumbosacral	7,798	2.02%	9,607	2.05%	11,631	2.43%	20,340	2.80%	17,990	2.65%
840.9	Sprain shoulder/arm not otherwise specified	5,684	1.48%	7,076	1.51%	9,626	2.01%	18,592	2.56%	17,208	2.53%
724.2	Lumbago	9,049	2.35%	9,214	1.97%	10,809	2.26%	13,704	1.88%	13,633	2.01%
354.0	Carpal tunnel syndrome	8,312	2.16%	8,365	1.78%	10,167	2.12%	14,398	1.98%	14,932	2.20%
724.4	Lumbosacral neuritis not otherwise specified	7,505	1.95%	8,786	1.87%	10,673	2.23%	14,610	2.01%	12,520	1.84%
722.10	Lumbar disc displacement	7,769	2.02%	8,139	1.74%	9,078	1.90%	10,966	1.51%	10,618	1.56%
844.9	Sprain of knee & leg not otherwise specified	4,141	1.08%	5,337	1.14%	7,256	1.52%	13,010	1.79%	11,871	1.75%
847.1	Sprain thoracic region	3,901	1.01%	4,817	1.03%	5,931	1.24%	10,936	1.50%	9,619	1.42%
959	Injury other and unspecified	5,580	1.45%	6,046	1.29%	6,144	1.28%	9,106	1.25%	7,290	1.07%
842.00	Sprain of wrist not otherwise specified	2,718	0.71%	3,825	0.82%	5,338	1.12%	10,519	1.45%	11,050	1.63%
840.8	Sprain shoulder/arm	2,875	0.75%	3,582	0.76%	4,971	1.04%	9,730	1.34%	10,386	1.53%
883.0	Open wound of finger	3,920	1.02%	4,500	0.96%	5,025	1.05%	8,108	1.11%	7,497	1.10%
727.05	Tenosynovitis hand/wrist	2,937	0.76%	3,539	0.75%	4,326	0.90%	8,624	1.19%	9,204	1.35%
723.4	Brachial neuritis not otherwise specified	3,634	0.94%	4,327	0.92%	5,251	1.10%	7,473	1.03%	6,825	1.00%
722.52	Lumbar/lumbosacral disc degeneration	5,770	1.50%	5,384	1.15%	5,705	1.19%	5,669	0.78%	4,432	0.65%
726.32	Lateral epicondylitis	2,908	0.76%	3,310	0.71%	4,610	0.96%	7,788	1.07%	7,654	1.13%
845.00	Sprain of ankle not otherwise specified	2,742	0.71%	3,289	0.70%	4,370	0.91%	8,200	1.13%	7,538	1.11%
	<b>Total Codes</b>	<b>385,145</b>		<b>468,884</b>		<b>478,707</b>		<b>727,362</b>		<b>679,459</b>	

**Table 28G**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**NORTH STATE - SHASTA REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
<b>724.2</b>	Lumbago	2,320	10.41%	2,392	9.85%	2,644	10.49%	2,941	9.91%	2,292	10.39%
<b>722.52</b>	Lumbar/lumbosacral disc degeneration	1,134	5.09%	1,061	4.37%	997	3.96%	1,090	3.67%	814	3.69%
<b>723.1</b>	Cervicalgia	726	3.26%	788	3.24%	936	3.71%	1,118	3.77%	739	3.35%
<b>959.9</b>	Injury-site not otherwise specified	552	2.48%	1,691	6.96%	554	2.20%	401	1.35%	344	1.56%
<b>847.2</b>	Sprain lumbar region	492	2.21%	520	2.14%	633	2.51%	1,038	3.50%	760	3.44%
<b>719.41</b>	Joint pain-shoulder	486	2.18%	537	2.21%	754	2.99%	661	2.23%	683	3.10%
<b>719.46</b>	Joint pain-leg	662	2.97%	545	2.24%	568	2.25%	707	2.38%	584	2.65%
<b>847.0</b>	Sprain of neck	543	2.44%	504	2.07%	587	2.33%	829	2.79%	562	2.55%
<b>722.10</b>	Lumbar disc displacement	495	2.22%	463	1.91%	511	2.03%	667	2.25%	410	1.86%
<b>724.5</b>	Backache not otherwise specified	470	2.11%	430	1.77%	413	1.64%	424	1.43%	313	1.42%
<b>354.0</b>	Carpal tunnel syndrome	266	1.19%	280	1.15%	284	1.13%	562	1.89%	440	1.99%
<b>729.1</b>	Myalgia and myositis not otherwise specified	378	1.70%	340	1.40%	404	1.60%	418	1.41%	286	1.30%
<b>722.83</b>	Postlaminectomy syndrome - lumbar	383	1.72%	316	1.30%	320	1.27%	443	1.49%	278	1.26%
<b>722.4</b>	Cervical disc degeneration	346	1.55%	321	1.32%	324	1.29%	328	1.11%	232	1.05%
<b>846.0</b>	Sprain lumbosacral	234	1.05%	303	1.25%	360	1.43%	437	1.47%	208	0.94%
<b>840.9</b>	Sprain shoulder/arm not otherwise specified	123	0.55%	195	0.80%	230	0.91%	464	1.56%	377	1.71%
<b>729.5</b>	Pain in limb	175	0.79%	205	0.84%	240	0.95%	293	0.99%	285	1.29%
<b>728.85</b>	Spasm of muscle	326	1.46%	234	0.96%	216	0.86%	244	0.82%	168	0.76%
<b>847.1</b>	Sprain thoracic region	177	0.79%	143	0.59%	169	0.67%	282	0.95%	283	1.28%
<b>722.6</b>	Disc degeneration not otherwise specified	205	0.92%	211	0.87%	226	0.90%	232	0.78%	150	0.68%
	<b>Total Codes</b>	<b>22,285</b>		<b>24,291</b>		<b>25,197</b>		<b>29,663</b>		<b>22,063</b>	

**Table 28H**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**SACRAMENTO VALLEY REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total								
847.2	Sprain lumbar region	1,485	3.25%	2,178	3.95%	3,756	5.99%	5,619	6.77%	5,736	8.06%
724.2	Lumbago	2,601	5.69%	2,638	4.79%	2,851	4.54%	3,469	4.18%	2,947	4.14%
847.0	Sprain of neck	1,319	2.89%	1,980	3.59%	2,927	4.67%	3,960	4.77%	3,122	4.39%
959.9	Injury-site not otherwise specified	2,045	4.47%	4,894	8.88%	1,339	2.13%	887	1.07%	1,122	1.58%
723.1	Cervicalgia	1,381	3.02%	1,491	2.70%	1,499	2.39%	1,808	2.18%	1,676	2.35%
846.0	Sprain lumbosacral	1,031	2.26%	1,412	2.56%	1,516	2.42%	1,877	2.26%	1,538	2.16%
354.0	Carpal tunnel syndrome	920	2.01%	1,045	1.90%	1,556	2.48%	1,967	2.37%	1,797	2.52%
722.10	Lumbar disc displacement	1,488	3.26%	1,242	2.25%	1,331	2.12%	1,486	1.79%	1,509	2.12%
722.52	Lumbar/lumbosacral disc degeneration	1,214	2.66%	1,379	2.50%	1,547	2.47%	1,390	1.67%	1,249	1.75%
840.9	Sprain shoulder/arm not otherwise specified	396	0.87%	782	1.42%	1,122	1.79%	1,882	2.27%	1,665	2.34%
724.4	Lumbosacral neuritis not otherwise specified	1,054	2.31%	1,021	1.85%	1,138	1.81%	1,322	1.59%	893	1.25%
729.5	Pain in limb	597	1.31%	906	1.64%	1,009	1.61%	1,235	1.49%	978	1.37%
722.83	Postlaminectomy syndrome - lumbar	1,228	2.69%	1,057	1.92%	987	1.57%	732	0.88%	624	0.88%
844.9	Sprain of knee & leg not otherwise specified	380	0.83%	746	1.35%	852	1.36%	1,252	1.51%	1,017	1.43%
847.1	Sprain thoracic region	439	0.96%	618	1.12%	793	1.26%	1,327	1.60%	1,046	1.47%
719.41	Joint pain-shoulder	431	0.94%	479	0.87%	923	1.47%	1,185	1.43%	1,106	1.55%
719.46	Joint pain - leg	629	1.38%	680	1.23%	766	1.22%	904	1.09%	833	1.17%
722.4	Cervical disc degeneration	636	1.39%	718	1.30%	723	1.15%	748	0.90%	718	1.01%
722.70	Intervertebral disc disorder with myelopathy	723	1.58%	736	1.34%	696	1.11%	813	0.98%	560	0.79%
840.8	Sprain shoulder/arm	232	0.51%	374	0.68%	757	1.21%	1,066	1.28%	1,067	1.50%
	<b>Total Codes</b>	<b>45,699</b>		<b>55,130</b>		<b>62,732</b>		<b>83,059</b>		<b>71,180</b>	

**Table 28I**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**SACRAMENTO VALLEY (N.) REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total
724.2	Lumbago	947	10.71%	888	9.06%	1,058	10.09%	1,342	9.29%	1,077	8.82%
959.9	Injury-site not otherwise specified	430	4.86%	1,189	12.13%	267	2.55%	93	0.64%	69	0.57%
847.2	Sprain lumbar region	230	2.60%	285	2.91%	350	3.34%	497	3.44%	488	4.00%
723.1	Cervicalgia	276	3.12%	281	2.87%	331	3.16%	496	3.43%	415	3.40%
719.41	Joint pain-shoulder	163	1.84%	207	2.11%	284	2.71%	553	3.83%	551	4.51%
719.46	Joint pain-l/leg	154	1.74%	179	1.83%	238	2.27%	482	3.34%	280	2.29%
847.0	Sprain of neck	198	2.24%	219	2.23%	207	1.97%	379	2.62%	326	2.67%
722.10	Lumbar disc displacement	201	2.27%	193	1.97%	256	2.44%	313	2.17%	218	1.79%
722.52	Lumbar/lumbosacral disc degeneration	263	2.97%	161	1.64%	182	1.74%	208	1.44%	152	1.25%
354.0	Carpal tunnel syndrome	115	1.30%	100	1.02%	205	1.96%	217	1.50%	176	1.44%
846.0	Sprain lumbosacral	84	0.95%	124	1.26%	117	1.12%	211	1.46%	276	2.26%
847.1	Sprain thoracic region	109	1.23%	111	1.13%	150	1.43%	247	1.71%	189	1.55%
729.5	Pain in limb	141	1.59%	88	0.90%	129	1.23%	250	1.73%	192	1.57%
724.5	Backache not otherwise specified	135	1.53%	146	1.49%	107	1.02%	192	1.33%	186	1.52%
724.4	Lumbosacral neuritis not otherwise specified	103	1.16%	94	0.96%	90	0.86%	191	1.32%	190	1.56%
883.0	Open wound of finger	61	0.69%	79	0.81%	152	1.45%	186	1.29%	180	1.47%
840.9	Sprain shoulder/arm not otherwise specified	62	0.70%	102	1.04%	92	0.88%	164	1.14%	192	1.57%
726.10	Rotator cuff syndrome not otherwise specified	40	0.45%	103	1.05%	120	1.14%	117	0.81%	188	1.54%
844.9	Sprain of knee & leg not otherwise specified	73	0.83%	75	0.76%	83	0.79%	158	1.09%	148	1.21%
729.1	Myalgia and myositis not otherwise specified	129	1.46%	81	0.83%	129	1.23%	103	0.71%	92	0.75%
	<b>Total Codes</b>	<b>8,842</b>		<b>9,806</b>		<b>10,484</b>		<b>14,449</b>		<b>12,204</b>	

**Table 28J**  
**Top 20 Diagnosis (ICD-9) Codes by Year**  
**SAN DIEGO REGION**  
**2007-2011**

ICD-9 Code	Description	2007		2008		2009		2010		2011	
		Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total	Code Count	% Total
<b>847.2</b>	Sprain lumbar region	4,227	4.83%	4,782	4.67%	6,703	6.28%	11,441	7.53%	10,276	7.53%
<b>847.0</b>	Sprain of neck	3,400	3.89%	4,589	4.48%	5,069	4.75%	8,329	5.48%	7,148	5.24%
<b>840.9</b>	Sprain shoulder/arm not otherwise specified	2,098	2.40%	2,462	2.40%	2,963	2.78%	5,333	3.51%	4,697	3.44%
<b>724.2</b>	Lumbago	2,609	2.98%	2,717	2.65%	2,749	2.57%	3,822	2.51%	3,397	2.49%
<b>354.0</b>	Carpal tunnel syndrome	2,481	2.84%	2,790	2.72%	2,389	2.24%	3,580	2.36%	3,283	2.40%
<b>959.9</b>	Injury-site not otherwise specified	2,656	3.04%	7,700	7.52%	1,790	1.68%	1,036	0.68%	1,269	0.93%
<b>846.0</b>	Sprain lumbosacral	2,649	3.03%	2,564	2.50%	2,539	2.38%	3,264	2.15%	2,659	1.95%
<b>844.9</b>	Sprain of knee & leg not otherwise specified	1,593	1.82%	1,914	1.87%	2,102	1.97%	3,210	2.11%	3,156	2.31%
<b>722.10</b>	Lumbar disc displacement	1,510	1.73%	1,634	1.59%	1,897	1.78%	2,701	1.78%	2,596	1.90%
<b>842.00</b>	Sprain of wrist not otherwise specified	846	0.97%	1,273	1.24%	1,603	1.50%	3,240	2.13%	3,227	2.36%
<b>722.52</b>	Lumbar/lumbosacral disc degeneration	1,519	1.74%	1,791	1.75%	2,106	1.97%	2,599	1.71%	2,040	1.49%
<b>726.32</b>	Lateral epicondylitis	1,245	1.42%	1,394	1.36%	1,644	1.54%	2,600	1.71%	2,943	2.16%
<b>845.00</b>	Sprain of ankle NOS	994	1.14%	1,251	1.22%	1,478	1.38%	2,372	1.56%	2,220	1.63%
<b>726.2</b>	Shoulder region dis	887	1.01%	1,265	1.23%	1,295	1.21%	2,281	1.50%	2,052	1.50%
<b>847.1</b>	Sprain thoracic region	820	0.94%	1,177	1.15%	1,480	1.39%	2,076	1.37%	1,954	1.43%
<b>836.0</b>	Tear of medial cartilage or meniscus of knee-current	944	1.08%	1,483	1.45%	1,594	1.49%	1,720	1.13%	1,561	1.14%
<b>727.05</b>	Tenosynovitis hand/wrist NEC	773	0.88%	1,042	1.02%	1,311	1.23%	1,926	1.27%	2,030	1.49%
<b>724.4</b>	Lumbosacral neuritis not otherwise specified	1,322	1.51%	1,152	1.12%	1,182	1.11%	1,729	1.14%	1,558	1.14%
<b>719.46</b>	Joint pain-leg	1,038	1.19%	1,488	1.45%	1,377	1.29%	1,580	1.04%	1,295	0.95%
<b>883.0</b>	Open wound of finger	836	0.96%	1,100	1.07%	1,359	1.27%	1,774	1.17%	1,579	1.16%
	<b>Total Codes</b>	<b>87,439</b>		<b>102,446</b>		<b>106,767</b>		<b>152,016</b>		<b>136,533</b>	

**Table 29**  
**Average Amount Paid for 20 Highest-Volume CPT/HCPCS Codes**  
**All Regions**  
**2007-2011**

CPT Code	Description	2007		2008		2009		2010		2011	
		Avg. Paid	% Total Paid								
97014	Electric stimulation therapy	\$5.24	0.27%	\$5.86	0.32%	\$6.03	0.42%	\$5.35	0.45%	\$6.47	0.45%
97110	Therapeutic exercises	\$16.29	0.78%	\$18.13	0.89%	\$18.46	1.17%	\$17.23	1.28%	\$20.60	1.31%
99214	Office/outpatient visit established	\$48.87	1.73%	\$65.03	2.00%	\$69.66	2.96%	\$65.08	3.63%	\$73.11	3.79%
99081	Separately Reimbursable Treatment Reports	\$2.15	0.05%	\$6.34	0.14%	\$8.16	0.29%	\$7.53	0.42%	\$9.22	0.39%
99080	Special reports or forms	\$29.40	0.71%	\$34.40	0.80%	\$37.04	1.16%	\$33.42	1.41%	\$34.32	1.26%
99213	Office/outpatient visit established	\$36.42	1.07%	\$45.59	1.38%	\$46.56	1.67%	\$44.02	1.76%	\$48.68	1.77%
99358	Prolonged service w/o contact	\$28.90	0.40%	\$31.69	0.47%	\$33.80	0.67%	\$32.53	0.88%	\$33.59	0.86%
97026	Infrared therapy	\$2.65	0.04%	\$3.42	0.06%	\$3.43	0.08%	\$3.19	0.11%	\$4.23	0.11%
99070	Special supplies	\$12.48	0.40%	\$27.32	0.84%	\$32.17	1.02%	\$29.83	0.96%	\$34.43	0.86%
97250	Myofascial Release	\$21.93	0.10%	\$20.86	0.14%	\$24.61	0.35%	\$26.40	0.51%	\$28.21	0.61%
A4556	Electrodes, pair	\$21.43	0.40%	\$26.43	0.42%	\$25.21	0.45%	\$24.96	0.51%	\$27.58	0.53%
99215	Office/outpatient visit established	\$64.84	0.69%	\$79.19	0.71%	\$83.76	1.01%	\$77.04	1.16%	\$89.42	1.22%
98940	Chiropractic manipulation	\$14.44	0.19%	\$16.44	0.20%	\$15.31	0.23%	\$13.57	0.22%	\$17.17	0.19%
97012	Mechanical traction therapy	\$5.05	0.05%	\$5.29	0.05%	\$4.90	0.06%	\$4.49	0.06%	\$4.98	0.05%
95851	Range of motion measurements	\$7.33	0.06%	\$6.52	0.05%	\$6.91	0.07%	\$5.73	0.07%	\$5.13	0.04%
97530	Therapeutic activities	\$15.54	0.11%	\$17.79	0.12%	\$18.06	0.15%	\$17.30	0.15%	\$19.84	0.15%
97145	Physical therapy assessment time code	\$2.18	0.01%	\$5.71	0.03%	\$6.17	0.06%	\$7.00	0.07%	\$7.80	0.06%
97018	Paraffin bath therapy	\$3.80	0.02%	\$4.22	0.03%	\$4.17	0.03%	\$3.77	0.04%	\$5.20	0.04%
99199	Unlisted special service, procedure or report	\$56.64	0.31%	\$50.74	0.36%	\$44.06	0.36%	\$48.25	0.43%	\$61.92	0.43%
97128	Ultrasound	\$1.48	0.01%	\$3.90	0.02%	\$4.94	0.04%	\$4.32	0.04%	\$5.33	0.03%
	<b>Total Amount Paid</b>	<b>\$1,373,600,784</b>		<b>\$1,472,570,428</b>		<b>\$1,665,572,067</b>		<b>\$1,624,691,386</b>		<b>\$1,328,220,032</b>	