California Code of Regulations
Title 8, Division 1, Chapter 4.5, Subchapter 1, Article 5

~~§9785. Duties of the Employee-Selected Physician.~~

~~The physician or facility chosen by the employee who undertakes to provide treatment pursuant to Labor Code Section 4600 shall:~~

~~(a) Within 3 working days after undertaking to provide such treatment notify the employer of the name and address of such treating physician or facility, and~~

~~(b) Within 5 working days following initial examination submit a written report to the employer to include:~~

~~(1) The name and address of injured employee;~~

~~(2) The employee's medical history as obtained by the physician, including any significant prior injuries or disabilities;~~

~~(3) Findings on examination, including the objective findings, the subjective complaints reported by the employee, and the diagnosis, including any applicable ICD-9-CM Number;~~

~~(4) The planned course, scope, frequency and duration of treatment, including an estimated date of completion of treatment;~~

~~(5) If appropriate, the estimated return-to-work date for regular or modified work;~~

~~(6) An opinion as to whether residual permanent disability is to be anticipated and, if possible, an estimate of its extent;~~

~~(7) An opinion as to whether the employee will eventually be able to engage in the occupation being performed at the time of injury.~~
~~Information required under this subdivision which is included in a ``Doctor's First Report of Occupational Injury or Illness'' submitted pursuant to Section 14007 may be supplied by attaching a copy of this form to the report.~~

~~(c) Submit progress reports no less frequently than every 45 days or 12 visits with the physician or a provider prescribed by the physician, whichever occurs first, in the form and manner prescribed by the Administrative Director.~~

~~(d) Report promptly to the employer when:~~

~~(1) The employee's condition permits return to modified or regular work;~~

~~(2) The employee's condition requires him or her to leave work;~~

~~(3) Hospitalization or surgery is indicated or recommended;~~

~~(4) The employee's condition becomes permanent and stationary;~~

~~(5) The employee's condition undergoes a previously unexpected significant change or there is any significant change in the treatment plan reported under paragraph (4) of subdivision (b). This report shall contain any information required in the initial report under subdivision (b) which has changed, including any change in the proposed course, scope, frequency and duration of treatment and estimated date of completion of treatment;~~

~~(6) The employee is referred to another physician for consultation;~~

~~(7) The employer reasonably requests additional appropriate information;~~

~~(8) The physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b).~~

~~(e) When required under section 9785.5, provide a report of findings of permanent disability, in the manner set forth in that section.~~

~~(f) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.~~

~~Note: Authority Cited: Sections 139.5, 4601.5, 4603.2, 4603.5, 5307.3, Labor Code. Reference: Sections 4600, 4601.5, 4603.2, 4636, Labor Code.~~

§9785. Reporting Duties of the Primary Treating Physician

(a) For the purposes of this section, the following definitions apply:

(1) The "primary treating physician" is the physician primarily responsible for managing the care of an injured employee who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter.

(2) A "consulting physician" is any other physician who examines or provides limited treatment to the injured employee at the request of the primary treating physician, but is not primarily responsible for continuing management of the care of the injured employee.

(3) "Claims administrator " is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor code, a self-administered self-insured employer, or a third-party administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(b) There shall be no more than one primary treating physician at a time. Where the primary treating physician discharges the employee from further treatment and there is a dispute concerning the need for continuing treatment, no other primary treating physician shall be identified unless and until the dispute is resolved. If it is determined that there is no further need for continuing treatment, then the physician who discharged the employee shall remain the primary treating physician. If it is determined that there is further need for continuing treatment, a new primary treating physician may be selected.

(c) Primary treating physicians, or a physician designated by the treating physician, shall make reports to the claims administrator as required in this section. A claims administrator may designate any person or entity to be the recipient of the required reports.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation on forms designated by the Administrative Director. Physicians may transmit them to the claims administrator by mail or FAX. Claims administrators shall maintain adequate facilities for receiving FAX messages from physicians. In addition, physicians may transmit them by any other means satisfactory to the claims administrator, including electronic transmission.

(e) (1) Within 5 working days following initial examination, a primary treating physician shall submit a written report to the claims administrator on the form entitled "Doctor's First Report of Treatment of Occupational Injury or Illness," Form DLSR 5021. Emergency and urgent care physicians shall also submit a Form DLSR 5021 to the claims administrator. On line 24 of the Doctor's First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultations or referrals, surgery or hospitalization and (C) specify type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).

(2) Each new primary treating physician shall submit a Form DLSR 5021 following the initial examination.

(3) Consulting physicians, physical therapists, and other medical providers to whom the injured employee is referred shall report to the primary treating physician in any form that is satisfactory to the primary treating physician.

(4) The primary treating physician shall be responsible for obtaining all of the reports of consulting physicians and shall incorporate, or comment upon, the opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator.

(f) A primary treating physician shall promptly report to the employer on the form entitled "Physician's Progress Report of Treatment of Occupational Injury or Illness," Form PR-2, when any one or more of the following occurs:

(1) The employee's condition undergoes a previously unexpected significant change;

(2) There is any significant change in the treatment plan reported, including, but not limited to, (A) an extension of duration of treatment, (B) a

new need for hospitalization or surgery, (C) a new need for referral to another physician, or (D) any change in required physical medicine services;

(3) The employee's condition permits return to modified or regular work;

(4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;

(5) The employee is discharged as cured.

(6) The physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b).

(7) The employer reasonably requests additional appropriate information.

(8) A progress report shall be made no later than forty-five days from the last report of any sort under this section.

(g) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall report any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing medical care resulting from the injury. The information shall be submitted on the form entitled "Physician's Final Report," Form PR-3, or on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC 81556.

(h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.

Note: Authority Cited: Sections 139.5, 4601.5, 4603.2, 4603.5, 5307.3, Labor Code. Reference: Sections 4600, 4601.5, 4603.2, 4636, Labor Code.

9785.2 Form PR-2 "Physician's Progress Report of Treatment of Occupational Injury or Illness"

[Form PR-2 attached]

Note: Authority Cited: Sections 139.5, 4601.5, 4603.2, 4603.5, 5307.3, Labor Code. Reference: Sections 4600, 4601.5, 4603.2, 4636, Labor Code.

9785.3 Form PR-3 "Physician's Final Report"

[Form PR-3 attached]

Note: Authority Cited: Sections 139.5, 4601.5, 4603.2, 4603.5, 5307.3, Labor Code. Reference: Sections 4600, 4601.5, 4603.2, 4636, Labor Code.

~~§9785.5. Primary Treating Physician~~.

~~(a) The primary treating physician is the physician primarily responsible for managing the care of an injured employee who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter. The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures applicable to a Health Care Organization certified under Section 4600.5 of the Labor Code.~~

~~(b) Where the primary treating physician has been selected by the employer or through a Health Care Organization, the primary treating physician shall be identified in a report to the employer and to the employee or the employee's representative. Where the employee has chosen the primary treating physician, he or she shall be identified in the physician's initial treatment plan submitted in accordance with Section 9785. If there is a change in the initial designation by an employer, employee, or Health Care Organization, the new primary treating physician shall be identified in a subsequent report to the employer and the employee or the employee's representative.~~

~~(c) There shall be no more than one primary treating physician at a time. Where the primary treating physician discharges the employee from further treatment and there is a dispute concerning the need for continuing treatment, no other primary treating physician shall be identified unless and until the dispute is resolved. If it is determined that there is no further need for continuing treatment, then the physician who discharged the employee shall remain the primary treating physician. If it is determined that there is further need for continuing treatment, a new primary treating physician may be selected and identified in accordance with subdivisions (a) and (b).~~

~~(d) The primary treating physician, or the physician designated by the treating physician, shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation. When the physician determines that the employee's condition is permanent and stationary, the physician shall report any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing medical care resulting from the injury. These findings should be reported in accordance with Section 10606 and may be reported on the form promulgated by the Industrial Medical Council pursuant to paragraph (9) of subdivision (e) of Section 139 of the Labor Code, but shall include~~

~~additional information where necessary to adequately convey the factors which may affect the employee's entitlement to compensation.~~

~~(e) The primary treating physician shall be responsible for obtaining all of the reports of other treating physicians and shall incorporate, or comment upon, the opinions of the other treating physicians in the primary treating physician's report and attach all of the reports for submission to the employer. The reports of other treating physicians may be on the form promulgated by the Industrial Medical Council pursuant to paragraph (9) of subdivision (e) of Section 139 of the Labor Code, but shall include additional information where necessary to adequately convey the facts which may affect the employee's entitlement to compensation.~~

~~(f) The report of the primary treating physician as well as the report of any other treating physician shall be payable in accordance with the Official Medical Fee Schedule adopted pursuant to Section 5307.1 of the Labor Code unless such report also meets the definition of a comprehensive medical-legal evaluation, follow-up medical-legal evaluation, or supplemental medical-legal evaluation in Section 9793.~~

~~Note: Authority cited: Sections 133, 4061.5, 4603.5 and 5307.3, Labor Code. Reference: Sections 139 and 4061.5, Labor Code.~~

Division of Workers' Compensation

STATE OF CALIFORNIA

TREATING PHYSICAN' PROGRESS REPORT

Check the box(es) which indicate why you are submitting a report at this time. If the patient is Permanent and Stationary (has reached maximum medical improvement), you must use Form PR-3.

☐ Discharged as cured ☐ Change in treatment plan ☐ Periodic report

☐ Change in work status ☐ Patient precluded from usual occupation ☐ Other

☐ Patient's condition changed ☐ Additional information requested by _____

Patient:

Last Name _____ Middle Initial _____ First Name _____Sex ____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Social Security Number _____Phone Number _____

Claims Administrator/Insurer:

Claims Administrator Name _____ Phone Number _____

Street Address _____City _____ State _____ Zip _____

Employer:

Employer Name _____ Phone Number _____

Street Address _____ City _____ Sate _____ Zip _____

The information below must be provided. However, use of this form is optional; you may substitute or append a narrative report.

Subjective Findings:

Objective Findings: (Include significant physical exam, laboratory, imaging, or other diagnostic findings.)

Diagnoses:

Diagnosis 1. _____ ICD-9 _____ Diagnosis 3. _____ ICD-9 _____

Diagnosis 2. _____ ICD-9 _____ Diagnosis 4. _____ ICD-9 _____

Treatment Plan: Include treatment rendered to date. List methods, frequency, and duration of planned treatment(s). Specify planned consultation/referral, surgery, hospitalization. Specify type, frequency and duration of physical medicine services (e.g. physical therapy, manipulation, acupuncture). Have there been any changes in treatment plan? If so, why?

Work Status. This patient has been instructed to:

☐ Return to Modified work on _____ with the following limitations or restrictions. ☐ Remain off-work until _____

Date Date

(List all specific restrictions re: Standing, sitting, lifting, bending, use of hands, etc.)

_____ _____ _____

_____ _____ _____

☐ Return to full duty on _____ with no limitations or restrictions.

Date

Physicians fill out this section.

Physician Last Name _____ Physician First Name _____ Date of Exam _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Physician License Number _____ Physician Signature _____

Next report due no later than _____.

(45 days from date of this report)

Division of Workers' Compensation

STATE OF CALIFORNIA

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT

Only primary treating physicians may use this form to report on an initial evaluation of permanent disability when a patient has reached permanent and stationary status, or attained maximum medical improvement, and has residual effects from the injury or may require future medical care. See instructions.

An Agreed Medical Evaluator (AME), or a Qualified Medical Evaluator (QME) who is not the PTP, may NOT use this form to report on a disability evaluation.

Patient:

Last Name_____ First Name _____ Middle Initial ____ Sex ____ Date of Birth _____

Address _____City _____State _____ Zip _____

Occupation _____ Social Security Number _____ Phone No. _____

Claims Administrator/Insurer:

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Employer:

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

You must address each of the issues below. Use of the form below is optional. You may substitute or append a narrative report if you require additional space to adequately report on these issues.

Injury/ Illness Date of Injury/ Onset of Illness _____ Date Last date worked _____ Date Date of current examination _____ Date

Description of how injury/illness occurred (e.g. Hand caught in punch press; fell from height onto back; exposed 25 years ago to asbestos):

Patient's Complaints:

Objective Findings:

Physical Examination: (Describe all relevant findings; include any specific measurements indicating atrophy, range of motion, strength, etc.; include non-injured side comparisons if appropriate).

Diagnostic tests results (X-ray/Imaging/Laboratory/etc.)

Division of Workers' Compensation

STATE OF CALIFORNIA

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT

Diagnoses (List each diagnosis; ICD-9 code must be included) ICD-9

1. _____
2. _____
3. _____
4. _____

Issues:	Yes	No	Cannot determine
Did work cause or contribute to the injury or illness?	☐	☐	☐
Apportionment: Are there pre-existing impairments/disabilities that contribute to permanent disability?	☐		☐
☐			
If Yes, append narrative to describe cause and extent of pre-existing disability; describe any documentation of pre-existing disability.			
Can this patient now return to his/her usual occupation?	☐	☐	☐
If not, can the patient perform another line of work?	☐	☐	☐

Subjective Findings: Provide your professional opinion of the subjective factors of disability, based on your assessment of the patient's complaints, your examination, and other findings. List specific symptoms (e.g. pain right wrist) and their frequency and severity, using the following definitions:
Severity: Minimal pain, an annoyance, causes no diminution in performance, a non-ratable disability. Slight pain: tolerable, causes some diminution in capacity to perform activity precipitating pain. Moderate pain: tolerable, causes marked diminution in capacity to perform activity precipitating pain. Severe pain: precludes performance of activity precipitating pain. Frequency: Occasional, occurs less than one fourth of the time. Intermittent: occurs between one fourth and one half of the time. Frequent: occurs between one half and three fourth of the time. Constant, occurs between three fourth and all the time.

Symptom							
1. _____	Severity?	☐ Minimal	☐	☐ Slight	☐	☐ Moderate	☐ ☐ Severe
	Frequency?	☐ Occasional	☐	☐ Intermittent	☐	☐ Frequent	☐ ☐ Constant
2. _____	Severity?	☐ Minimal	☐	☐ Slight	☐	☐ Moderate	☐ ☐ Severe
	Frequency?	☐ Occasional	☐	☐ Intermittent	☐	☐ Frequent	☐ ☐ Constant
3. _____	Severity?	☐ Minimal	☐	☐ Slight	☐	☐ Moderate	☐ ☐ Severe
	Frequency?	☐ Occasional	☐	☐ Intermittent	☐	☐ Frequent	☐ ☐ Constant

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT

Pre-Injury Capacity Are there any activities at home or at work that the patient cannot do as well now as could be done prior to this injury or illness?

Yes	No	Cannot determine
☐	☐	☐

If yes, please describe pre-injury capacity and current capacity (e.g. used to regularly lift 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.)

1.
2.
3.
4.
5.
6.

Preclusions/Work Restrictions

Are there any activities the patient cannot do?

Yes	No	Cannot determine
☐	☐	☐

If yes, please describe all preclusions or restrictions related to work activities (e.g. no lifting more than 10 lbs. above shoulders; must use splint; keyboard only 45 mins. per hour; must have sit/stand workstation; no repeated bending). Include restrictions which may not be relevant to current job but may affect future efforts to find work on the open labor market (e.g. include lifting restriction even if current job requires no lifting; include limits on repetitive hand movements even if current job requires none).

1.
2.
3.
4.
5.
6.

Future Medical Treatment: Describe any medical treatment related to this injury that you believe the patient may require in the future. Include medications, surgery, physical medicine services, durable equipment, etc.

Comments:

TREATING PHYSICIAN'S PERMANENT AND STATIONARY REPORT

List any other physicians who contributed information used in this report:

A. Name _____ Specialty _____
B. Name _____ Specialty _____
C. Name _____ Specialty _____

Check information you reviewed in preparing this report, or relied upon for the formulation of your medical opinions:

☐ Medical Records ☐ Personnel Records
☐ Written Job Description ☐ Any other, please describe _____

Treating Physician

Signature _____ Date _____ Cal. Lic.# _____
Name (Printed) _____ Specialty _____
Address _____ City _____ State _____ Zip _____
Telephone _____

§ 9790.1. Definitions

(a) "Composite factor" means the factor calculated by the administrative director for a health facility by adding the prospective operating costs and the prospective capital costs for the health facility, excluding the DRG weight and any applicable outlier payment, as determined by the federal Health Care Financing Administration for the purpose of determining reimbursement under Medicare.

(1) Prospective capital costs are determined by the following formula:

Capital standard federal payment rate x capital wage index x large urban add-on x [1 + capital disproportionate share adjustment factor + capital indirect medical education adjustment factor]

The "capital standard federal payment rate" is $438.92, as published by HCFA in the *Federal Register* of August 30, 1996 at Vol. 61, No. 170, page 46439, Table 1D, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "capital wage index" was published in the Payment Impact File at positions 209-217.

The "large urban add-on" is indicated by the post-reclassification urban/rural location published in the Payment Impact File at positions 195-200. As stated in Title 42, Code of Federal Regulations, Section 412.316(b), as it is in effect on September 15, 1997, the "large urban add-on" is an additional 3% of what would otherwise be payable to the health facility.

The "capital disproportionate share adjustment factor" was published in the Payment Impact File at positions 69-77.

The "capital indirect medical education adjustment factor" was published in Payment Impact File at positions 168-176

(2) Prospective operating costs are determined by the following formula:

[(Labor-related national standardized amount x operating wage index) + nonlabor-related national standardized amount] x [1 + operating disproportionate share adjustment factor + operating indirect medical education adjustment]

The "labor-related national standardized amount" is $2,782.84 for large urban areas and $2,738.79 for other areas, as published by the federal Health Care Financing Administration [HCFA] in the *Federal Register* of August 30, 1996 at Vol. 61, No.

170, page 46439, Table 1 A, which document is hereby incorporated by reference and will be made available upon request to the Administrative Director.

The "operating wage index" was published by HCFA in its FY 1997 Prospective Payment System Payment Impact File (September 1996 Update) (IMPACTF97.EXE). [Payment Impact File]. The operating wage index is given at positions 219-227 of that file.

The "nonlabor-related national standardized amount" is $1,125.64 for large urban areas and $1,107.83 for other areas, as published by HCFA in the *Federal Register* of August 30, 1996 at Vol. 61, No. 170, page 46439, Table 1 A.

The "operating disproportionate share adjustment factor" was published in the Payment Impact File at positions 79-87.

The "operating indirect medical education adjustment" was published in the Payment Impact File at positions 178-186.

(3) A table of composite factors for each health facility in California follows:

050002	Saint Rose Hospital	7,747
050006	Saint Joseph Hospital	4,286
050007	Peninsula Hospital	5,660
050008	Davies Medical Center	6,237
050009	Queen of The Valley Hospital/Napa Valley	5,539
050013	Saint Helena Hospital and Health Center	5,731
050014	Amador Hospital	4,361
050015	Northern Inyo Hospital	4,286
050016	Arroyo Grande Communtiy Hospital	4,759
050017	Mercy General Hospital	5,769
050018	Pacific Alliance Medical Center	8,757
050021	Woodruff Community Hospital	5,095
050022	Riverside Community Hospital	4,871
050024	Paradise Valley Hospital	7,793
050025	UC San Diego Medical Center	9,212
050026	Grossmont Hospital	5,704
050028	Mad River Community Hospital	4,286
050029	Saint Luke Medical Center	6,182
050030	Oroville Hospital	5,297
050032	Warrack Medical Center Hospital	5,039
050033	Mount Zion Medical Center of UC San Fran	8,413
050036	Bakersfield Memorial Hospital	4,353
050038	Santa Clara Valley Medical Center	10,487
050039	Enloe Memorial Hospital	4,644
050040	LAC/Olive View Medical Center	10,574

050041	Ontario Community Hospital	4,954
050042	Saint Elizabeth Community Hospital	4,286
050043	Merritt Peralta Medical Center	7,313
050045	El Centro Regional Medical Center	5,924
050046	Ojai Valley Community Hospital	4,605
050047	California Pacific Medical Center-Pacifi	7,182
050051	Alta District Hospital	4,332
050054	San Gorgonio Memorial Hospital	4,954
050055	St. Luke's Hospital	8,225
050056	Antelope Valley Hospital Med. Ctr	6,307
050057	Kaweah Delta District Hospital	5,257
050058	Glendale Memorial Hospital and Health Ce	6,577
050060	Fresno Community Hospital and Medical Ce	6,009
050061	Saint Francis Medical Center of Santa Ba	4,663
050063	Queen of Angels/Hollywood Presbyterian M	8,051
050065	Western Medical Center	6,912
050066	Bay Harbor Hospital	5,703
050067	Oak Valley District Hospital	4,320
050068	Lindsay Hospital Medical Center	4,526
050069	Saint Joseph Hospital	4,957
050070	Kaiser Foundation Hospital-So. San Franc	5,658
050071	Kaiser Foundation Hospital-Santa Clara	6,321
050072	Kaiser Foundation Hospital-Walnut Creek	5,982
050073	Kaiser Foundation Hospital-Vallejo	5,865
050074	Kaiser Foundation Hospital-Richmond	5,918
050075	Kaiser Foundation Hospital-Oakland	6,721
050076	Kaiser Foundation Hospital-San Francisco	6,371
050077	Mercy Hospital & Medical Center	6,665
050078	San Pedro Peninsula Hospital	5,457
050079	Brookside Hospital	7,748
050080	Thompson Memorial Medical Center	6,061
050081	Sierra Community Hospital	4,643
050082	Saint John's Regional Medical Center	5,173
050084	St. Joseph's Medical Center of Stockton	5,233
050088	San Luis Obispo General Hospital	4,973
050089	San Bernardino Community Hospital	7,254
050090	Sonoma Valley Hospital	5,039
050091	Community & Mission Hosps of Huntington	8,897
050092	Glenn General Hospital	4,286
050093	Saint Agnes Medical Center	4,922
050096	Doctors Hospital of West Covina	5,324
050097	General Hospital	4,286
050099	San Antonio Community Hospital	5,479
050100	Sharp Memorial Hospital	5,995
050101	Sutter Solano Medical Center	6,655
050102	Parkview Community Hospital Medical Cent	5,661
050103	White Memorial Medical Center	8,995

050104	St. Francis Medical Center	7,791
050107	Marian Medical Center	5,692
050108	Sutter General Hospital	5,780
050109	Sutter Memorial Hospital	6,512
050110	Lompoc District Hospital	4,663
050111	Temple Community Hospital	7,642
050112	Santa Monica Hospital Medical Center	5,833
050113	San Mateo County General Hospital	7,823
050114	Sherman Oaks Hospital and Health Center	5,401
050115	Palomar Medical Center	5,626
050116	Northridge Hospital Medical Center	5,730
050117	Mercy Hospital	5,078
050118	Doctors Hospital of Manteca	4,708
050121	Hanford Community Medical Center	4,286
050122	Dameron Hospital	5,792
050124	Verdugo Hills Hospital	5,102
050125	Alexian Brothers Hosp of San Jose, Inc.	8,056
050126	Valley Presbyterian Hospital	6,293
050127	Woodland Memorial Hospital	5,496
050128	Tri-City Medical Center	5,421
050129	Saint Bernardine Medical Center	5,906
050131	Novato Community Hospital	5,656
050132	San Gabriel Valley Medical Center	5,601
050133	Rideout Memorial Hospital	5,105
050135	Hollywood Community Hospital	5,095
050136	Petaluma Valley Hospital	5,071
050137	Kaiser Foundation Hospital-Panorama City	5,113
050138	Kaiser Foundation Hospital-Los Angeles	5,758
050139	Kaiser Foundation Hospital-Bellflower	5,131
050140	Kaiser Foundation Hospital-Fontana	4,897
050144	Brotman Medical Center	5,850
050145	Community Hospital of The Monterey Penin	5,602
050147	Doctors Hospital of Lakewood/Clark	5,095
050148	Plumas District Hospital	4,286
050149	California Hospital Medical Center-Los A	8,028
050150	Sierra Nevada Memorial Hospital	4,998
050152	Saint Francis Memorial Hospital	6,909
050153	O'Connor Hospital	6,370
050155	Monrovia Community Hospital	5,241
050158	Encino Hospital	5,095
050159	Ventura County Medical Center	8,169
050167	San Joaquin General Hospital	8,014
050168	Saint Jude Medical Center	4,963
050169	Presbyterian Intercommunity Hospital	5,588
050170	Long Beach Community Hospital	5,736
050172	Redwood Memorial Hospital	4,286
050173	Anaheim General Hospital	6,275

050174	Santa Rosa Memorial Hospital	5,052
050175	Whittier Hospital Medical Center	6,348
050177	Santa Paula Memorial Hospital	4,605
050179	Emanuel Medical Center, Inc.	5,008
050180	John Muir Medical Center	5,930
050183	Stanislaus Medical Center	7,055
050186	Valley Medical Center	5,835
050188	Community Hospital & Rehab Ctr of Los Ga	5,748
050189	George L. Mee Memorial Hospital	5,681
050191	Saint Mary Medical Center	7,309
050192	Sierra Kings District Hospital	4,851
050193	South Coast Medical Center	4,955
050194	Watsonville Community Hospital	6,886
050195	Washington Hospital	6,630
050196	Sacred Heart Hospital and Health Center	4,440
050197	Sequoia District Hospital	5,666
050199	San Fernando Community Hospital	5,324
050204	Lancaster Community Hospital	5,109
050205	Glendora Community Hospital	7,286
050207	Fremont Medical Center	5,244
050208	California Pacific Medical Center-Calif	7,174
050211	Alameda Hospital	6,137
050213	Valley Medical Center of Fresno	8,947
050214	Granada Hills Community Hospital	6,280
050215	San Jose Medical Center	7,434
050217	Siskiyou General Hospital	4,286
050219	Coast Plaza Doctors Hospital	6,422
050222	Community Hospital of Chula Vista	6,410
050224	Hoag Memorial Hospital Presbyterian	4,956
050225	Feather River Hospital	4,582
050226	Anaheim Memorial Hospital	4,958
050228	San Francisco General Hospital	11,489
050230	Garden Grove Hospital and Medical Center	7,069
050231	Pomona Valley Hospital Medical Center	6,605
050232	French Hospital Medical Center	4,769
050233	Sharp Cabrillo Hospital	5,224
050234	Coronado Hospital & HealtHCAre Center	5,025
050235	Saint Joseph Medical Center	5,516
050236	Simi Valley Hospital & Health Care Servi	5,287
050238	Methodist Hospital of Southern Californi	5,102
050239	Glendale Adventist Medical Center	7,529
050240	Centinela Hospital Medical Center	6,267
050241	Medical Center of North Hollywood	6,396
050242	Dominican Santa Cruz Hospital	6,181
050243	Desert Hospital	5,198
050245	San Bernardino County Medical Center	8,223
050248	Natividad Medical Center	8,406

050251	Lassen Community Hospital, Inc.	4,286
050253	Buena Park Community Hospital	6,084
050254	Marshall Hospital	5,086
050256	Orthopaedic Hospital	7,124
050257	Good Samaritan Hospital	4,538
050260	Mountains Community Hospital	4,742
050261	Sierra View District Hospital	4,526
050262	UC Los Angeles Medical Center	8,397
050263	West Valley Hospital and Health Center	5,413
050264	Humana Hospital - San Leandro	5,931
050267	Daniel Freeman Memorial Hospital	6,754
050270	Scripps Memorial Hospital-Chula Vista	6,826
050272	Redlands Community Hospital	5,020
050274	Del Puerto Hospital	4,320
050276	Merrithew Memorial Hospital	9,853
050277	Pacific Hospital of Long Beach	6,935
050278	Holy Cross Medical Center	5,637
050279	Hi-Desert Medical Center	4,742
050280	Mercy Medical Center Redding	5,679
050281	Alhambra Community Hospital	7,088
050282	Martin Luther Hospital	6,036
050283	Valley Memorial Hospital	5,918
050286	Memorial Hospital At Exeter	4,526
050289	Seton Medical Center	6,594
050290	Saint John's Hospital and Health Center	5,100
050291	Community Hospital	8,112
050292	Riverside General Hospital-Univ. Med. Ct	7,688
050293	Pacific Coast Hospital	9,852
050295	Mercy Hospital	4,535
050296	Hazel Hawkins Memorial Hospital	5,632
050298	Barstow Community Hospital	4,742
050299	Valley Hospital Medical Center	6,516
050300	St. Mary Desert Valley Hospital	5,227
050301	Ukiah Valley Medical Center	5,182
050302	Mills Hospital	5,661
050305	Alta Bates Medical Center SNF	7,248
050307	Chico Community Hospital	4,611
050308	El Camino Hospital	5,741
050309	Roseville Community Hospital	5,310
050310	Hawthorne Hospital	5,432
050312	Redding Medical Center	4,965
050313	Tracy Community Memorial Hospital	4,790
050315	Kern Medical Center	7,944
050317	Pioneer Hospital	5,095
050320	Highland General Hospital	10,873
050324	Scripps Memorial Hospital-La Jolla	5,036
050325	Tuolumne General Hospital	4,320

050327	Loma Linda University Medical Center	7,558
050328	Westside Hospital	5,095
050329	Circle City Medical Center	5,324
050331	Healdsburg General Hospital	5,039
050333	Seneca District Hospital	4,286
050334	Salinas Valley Memorial Hospital	5,804
050335	Sonora Community Hospital	4,320
050336	Lodi Memorial Hospital	4,880
050337	Palmdale Hospital Medical Center	5,095
050342	Pioneers Memorial Hospital	4,440
050343	Long Beach Doctors Hospital	5,324
050348	UC Irvine Medical Center	9,496
050349	Corcoran District Hospital	4,440
050350	Beverly Hospital	6,710
050351	Torrance Memorial Medical Center	5,103
050352	Barton Memorial Hospital	5,086
050353	Little Company of Mary Hospital	5,104
050355	Sierra Valley District Hospital	4,286
050357	Goleta Valley Community Hospital	4,672
050359	Tulare District Hospital	5,284
050360	Marin General Hospital	5,935
050366	Mark Twain St. Joseph's Hospital	4,286
050367	Northbay Medical Center	7,015
050369	Queen of The Valley Hospital	6,611
050373	LAC+USC Medical Center	9,356
050376	LAC/Harbor-Univ. of Cal. Medical Center	9,976
050377	Chowchilla District Memorial Hospital	4,643
050378	Pacifica Hospital of The Valley	7,858
050379	Westside District Hospital	4,343
050380	Good Samaritan Hospital	5,736
050382	Inter-Community Medical Center	5,992
050385	Palm Drive Hospital	5,039
050388	Southern Inyo Hospital	4,286
050390	Hemet Valley Medical Center	5,383
050391	Santa Teresita Hospital	5,095
050392	Trinity Hospital	4,671
050393	Downey Community Hospital	5,872
050394	Community Memorial Hospital-San Buenaven	4,611
050396	Santa Barbara Cottage Hospital	5,313
050397	Coalinga District Hospital	4,643
050401	Washington Medical Center	5,095
050404	Biggs-Gridley Memorial Hospital	4,413
050406	Mayers Memorial District Hospital	4,773
050407	Chinese Hospital	5,910
050410	Sanger General Hospital	4,851
050411	Kaiser Foundation Hospital-Harbor City	5,115
050414	Mercy Hospital of Folsom	5,086

050417	Sutter Coast Hospital	4,286
050418	Visalia Community Hospital	4,332
050419	Mercy Medical Center Mt. Shasta	4,286
050420	Robert F. Kennedy Medical Center	6,960
050421	Mercy American River Hospital	5,703
050423	Palo Verde Hospital	4,954
050424	Green Hospital of Scripps Clinic	5,579
050425	Kaiser Foundation Hospital-Sacramento	5,411
050426	Humana Hospital - West Anaheim	4,961
050430	Modoc Medical Center	4,671
050431	Buena Park Doctors Hospital	5,169
050432	Garfield Medical Center	8,437
050433	Indian Valley District Hospital	4,286
050434	Colusa Community Hospital	4,286
050435	Fallbrook Hospital District	5,025
050436	Bloss Memorial Hospital District	4,486
050438	Huntington Memorial Hospital	6,088
050440	Frank R. Howard Memorial Hospital	4,286
050441	Stanford University Hospital	8,973
050443	John C. Fremont Hospital	4,286
050444	Merced Community Medical Center	6,325
050446	Tehachapi Hospital	4,419
050447	Villaview Community Hospital	7,769
050448	Ridgecrest Community Hospital	4,343
050449	Valley Community Hospital	4,663
050454	UC San Francisco Medical Center	10,181
050455	San Joaquin Community Hospital	5,270
050456	Community Hospital of Gardena	5,095
050457	Saint Mary's Hospital and Medical Center	6,555
050459	AMI South Bay Hospital	6,375
050464	Doctors Medical Center	5,676
050468	Memorial Hospital of Gardena	6,923
050469	Needles-Desert Communities Hospital	4,742
050470	Selma District Hospital	4,851
050471	Hospital of The Good Samaritan	6,118
050476	Lakeside Community Hospital	4,286
050477	Midway Hospital Medical Center	5,573
050478	Santa Ynez Valley Hospital, Inc.	4,663
050481	Humana Hospital - West Hills	5,103
050482	Southern Humboldt Community Hospital Dis	4,671
050483	Covina Valley Community Hospital	5,324
050485	Long Beach Memorial Medical Center	6,522
050486	Bellwood General Hospital	5,405
050488	Eden Hospital Medical Center	5,931
050489	Norwalk Community Hospital	5,095
050491	Santa Ana Hospital Medical Center	8,402
050492	Clovis Community Hospital	4,966

050494	Tahoe Forest District Hospital	4,286
050496	Mount Diablo Medical Center	5,947
050497	Dos Palos Memorial Hospital	4,486
050498	Auburn Faith Community Hospital	5,101
050502	Saint Vincent Medical Center, Inc.	6,379
050503	Scripps Memorial Hospital-Encinitas	5,038
050506	AMI Sierra Vista Regional Medical Center	4,770
050510	Kaiser Foundation Hospital-San Rafael	5,659
050512	Kaiser Foundation Hospital-Hayward	5,938
050515	Kaiser Foundation Hospital-San Diego	5,098
050516	Mercy San Juan Hospital	5,664
050517	Victor Valley Community Hospital	5,905
050522	Doctor's Hospital of Pinole	6,120
050523	Delta Memorial Hospital	6,766
050526	Humana Hospital Huntington Beach	6,198
050528	Los Banos Community Hospital	4,688
050531	Bellflower Doctors Hospital	7,610
050534	John F. Kennedy Memorial Hospital	6,876
050535	Coastal Communities Hospital	5,169
050537	Sutter Davis Hospital	4,724
050539	Redbud Community Hospital	4,286
050541	Kaiser Foundation Hospital-Redwood City	5,657
050542	Kern Valley Hospital	4,343
050543	College Hospital Costa Mesa	7,440
050545	Lanterman Developmental Center	5,324
050546	Porterville Developmental Center	4,526
050547	Sonoma Developmental Center	5,265
050549	Los Robles Regional Medical Center	5,100
050550	Chapman General Hospital	5,327
050551	Los Alamitos Medical Center	5,187
050552	Motion Picture and TV Fund Hospital	5,095
050557	Memorial Hospital Medical Center	4,765
050559	Daniel Freeman Marina Hospital	5,110
050560	Tustin Hospital Med Ctr	4,947
050561	Kaiser Foundation Hospital-West Los Ange	5,204
050564	Pacifica Community Hospital	4,947
050565	Friendly Hills Regional Medical Center	4,958
050566	Eastern Plumas District Hospital	4,286
050567	Mission Hospital Regional Medical Center	4,960
050568	Madera Community Hospital	6,257
050569	Mendocino Coast District Hospital	4,286
050570	Fountain Valley Regional Hospital & Medi	6,409
050571	Charter Suburban Hospital	7,640
050573	Eisenhower Medical Center	4,757
050575	Charter Community Hospital	5,099
050577	Santa Marta Hospital	7,816
050578	LAC-King/Drew Medical Center	10,814

050579	Century City Hospital	5,107
050580	La Palma Intercommunity Hospital	4,947
050581	Doctors Hospital of Lakewood	5,919
050583	Alvarado Hospital Medical Center	5,464
050584	Doctors' Hospital of Montclair	6,401
050585	Samaritan Medical Center San Clemente	5,169
050586	Chino Community Hospital	5,721
050588	AMI San Dimas Community Hospital	5,095
050589	Placentia-Linda Community Hospital	4,957
050590	Methodist Hospital of Sacramento	6,268
050591	Monterey Park Hospital	7,198
050592	Brea Community Hospital	4,957
050593	Westlake Community Hospital	5,095
050594	Western Medical Center-Anaheim	6,399
050597	Foothill Presbyterian Hospital	5,340
050598	Mission Bay Hospital	5,040
050599	UC Davis Medical Center	9,857
050601	AMI Tarzana Regional Medical Center	5,518
050603	Saddleback Memorial Medical Center	4,956
050604	Santa Teresa Community Hospital	5,734
050607	Harbor View Medical Center	5,025
050608	Delano Regional Medical Center	5,966
050609	Kaiser Foundation Hospital-Anaheim	5,213
050613	Saint Catherine Hospital On Half Moon Ba	5,656
050615	Greater El Monte Community Hospital	8,083
050616	Pleasant Valley Hospital	4,605
050618	Bear Valley Community Hospital	4,742
050623	High Desert Hospital	5,324
050624	Henry Mayo Newhall Memorial Hospital	5,108
050625	Cedars-Sinai Medical Center	6,792
050630	Inland Valley Regional Medical Center	4,742
050633	Twin Cities Community Hospital	4,759
050635	Kaiser Foundation Hospital-Martinez	6,137
050636	Pomerado Hospital	5,184
050637	Terrace Plaza Medical Center	4,286
050641	East Los Angeles Doctors Hospital	7,930
050643	Ft Yuma Ind Hosp- Winterhaven	5,630
050644	Los Angeles Doctors Hospital	9,034
050661	East Bay Hospital	6,184
050662	Agnews Developmental Center	5,988
050663	Los Angeles Community Hospital	7,861
050666	Camarillo State Hospital & Development C	4,610
050667	Nelson M. Holderman Memorial Hospital	5,330
050668	Laguna Honda Hospital	5,910
050670	North Coast Hospital	5,039
050672	Estelle Doheny Eye Hospital	5,095
050674	Kaiser Foundation Hospital-So. Sacrament	5,424

050675	Newhall Community Hospital	5,095
050676	Surprise Valley Community Hospital	4,286
050677	Kaiser Foundation Hospital-Woodland Hill	5,099
050678	FHP Hospital	4,951
050680	Vaca Valley Hospital	5,330
050682	Kingsburg Medical Center	4,643
050684	Menifee Valley Medical Center	4,742
050685	South Valley Hospital	5,731
050686	Kaiser Foundation Hospital-Riverside	4,949
050688	Saint Louise Hospital and Health Ctr	5,731
050689	San Ramon Reg Med Ctr	5,928
050690	Kaiser Foundation Hosp - Santa Rosa	5,041
050693	Irvine Medical Center	4,952
050694	Moreno Valley Medical Center	4,954
050695	St. Dominic's Hospital	4,708
050696	USC University Hospital	5,897
050697	Patient's Hospital of Redding	4,773
050698	San Diego Hospice Corporation	5,025
050699	Redding Specialty Hospital	4,987
050700	Valleycare Medical Center	5,918
050701	Sharp Healthcare-Murrieta	5,025
050702	Lakeside Hospital-Perris	4,954
050704	Panorama Community Hospital	5,095
050706	Calexico Hospital	4,440
050707	Recovery Inn fo Menlo Park	5,656
050708	Fresno Surgery Center	4,643
050709	Desert Valley Hospital	4,742
050710	Kaiser Foundation Hospital	4,645
050711	THC Orange County Hospital	4,947
050712	Speciality Hospital of Southern California	5,318

(b) "DRG weight" means the weighting factor for a diagnosis-related group assigned by the Health Care Financing Administration for the purpose of determining reimbursement under Medicare. A table follows. This table shows "revised DRG weights" in italics:

DRG Number	DRG Description	Relative Weight	Outlier Threshold	Geometric Mean LOS
1	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA.	3.0486	32	7.7
2	CRANIOTOMY FOR TRAUMA AGE >17.	3.0134	32	8.4
3	CRANIOTOMY AGE 0-17.	1.9167	37	12.7
4	SPINAL PROCEDURES.	*1.4702*	30	5.9
5	EXTRACRANIAL VASCULAR PROCEDURES.	1.5143	26	3.4
6	CARPAL TUNNEL RELEASE.	0.7419	26	2.4
7	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W CC.	2.4886	32	8.1

8	PERIPH & CRANIAL NERVE & OTHER NERV SYST PROC W/O CC.	*0.8859*	27	2.6
9	SPINAL DISORDERS & INJURIES.	1.2677	29	5.4
10	NERVOUS SYSTEM NEOPLASMS W CC.	1.2196	30	5.7
11	NERVOUS SYSTEM NEOPLASMS W/O CC.	0.8000	28	3.5
12	DEGENERATIVE NERVOUS SYSTEM DISORDERS.	0.9457	29	5.4
13	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA.	0.7770	29	5.0
14	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA.	1.1999	30	5.5
15	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS.	0.7231	27	3.5
16	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC.	1.0371	29	4.9
17	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC.	0.6331	26	3.0
18	CRANIAL & PERIPHERAL NERVE DISORDERS W CC.	0.9319	29	4.8
19	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC.	0.6230	27	3.4
20	NERVOUS SYSTEM INFECTION EXCEPT VIRAL MENINGITIS.	2.4854	33	8.6
21	VIRAL MENINGITIS.	1.4910	30	5.8
22	HYPERTENSIVE ENCEPHALOPATHY.	0.8353	28	3.8
23	NONTRAUMATIC STUPOR & COMA.	0.8089	28	3.6
24	SEIZURE & HEADACHE AGE >17 W CC.	0.9694	28	4.2
25	SEIZURE & HEADACHE AGE >17 W/O CC.	*0.4336*	24	3.0
26	SEIZURE & HEADACHE AGE 0-17.	0.7387	27	3.3
27	TRAUMATIC STUPOR & COMA, COMA >1 HR.	1.3060	28	3.6
28	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W CC.	1.2033	29	4.8
29	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE >17 W/O CC.	*0.6387*	27	3.0
30	TRAUMATIC STUPOR & COMA, COMA <1 HR AGE 0-17.	0.3241	17	2.0
31	CONCUSSION AGE >17 W CC.	0.8412	28	3.7
32	CONCUSSION AGE >17 W/O CC.	*0.4253*	20	2.3
33	CONCUSSION AGE 0-17.	0.2037	9	1.6
34	OTHER DISORDERS OF NERVOUS SYSTEM W CC.	1.0673	29	4.6
35	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC.	0.6149	27	3.2
36	RETINAL PROCEDURES.	0.6134	6	1.3
37	ORBITAL PROCEDURES.	0.9323	27	2.7
38	PRIMARY IRIS PROCEDURES.	0.4282	17	1.9
39	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY.	0.5184	10	1.5
40	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE >17.	0.7072	26	2.2
41	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17.	0.3299	7	1.6
42	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS & LENS.	*0.6200*	13	1.6
43	HYPHEMA.	0.4520	27	3.3
44	ACUTE MAJOR EYE INFECTIONS.	0.6237	29	4.7
45	NEUROLOGICAL EYE DISORDERS.	0.6525	22	3.1

46	OTHER DISORDERS OF THE EYE AGE >17 W CC.	0.7656	28	4.0
47	OTHER DISORDERS OF THE EYE AGE >17 W/O CC.	0.4664	27	2.8
48	OTHER DISORDERS OF THE EYE AGE 0-17.	0.2907	27	2.9
49	MAJOR HEAD & NECK PROCEDURES.	1.7245	28	4.1
50	SIALOADENECTOMY.	0.7686	9	1.7
51	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY.	0.7345	20	1.9
52	CLEFT LIP & PALATE REPAIR.	1.0271	24	2.1
53	SINUS & MASTOID PROCEDURES AGE >17.	1.0128	26	2.2
54	SINUS & MASTOID PROCEDURES AGE 0-17.	0.4712	22	3.2
55	MISCELLANEOUS EAR, NOSE, MOUTH & THROAT PROCEDURES.	0.7880	22	2.0
56	RHINOPLASTY.	0.8283	18	2.1
57	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17.	0.9325	27	2.8
58	T&A PROC, EXCEPT TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17.	0.2676	4	1.5
59	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE >17.	0.7439	26	2.3
60	TONSILLECTOMY &/OR ADENOIDECTOMY ONLY, AGE 0-17.	0.2038	4	1.5
61	MYRINGOTOMY W TUBE INSERTION AGE >17.	1.1960	27	2.7
62	MYRINGOTOMY W TUBE INSERTION AGE 0-17.	0.2885	5	1.3
63	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES.	*1.0651*	27	3.2
64	EAR, NOSE, MOUTH & THROAT MALIGNANCY.	1.1737	29	4.8
65	DYSEQUILIBRIUM.	0.5195	20	2.7
66	EPISTAXIS.	0.5366	21	2.9
67	EPIGLOTTITIS.	0.8397	24	3.4
68	OTITIS MEDIA & URI AGE >17 W CC.	0.7098	27	3.9
69	OTITIS MEDIA & URI AGE >17 W/O CC.	0.5239	20	3.1
70	OTITIS MEDIA & URI AGE 0-17.	0.3727	15	2.4
71	LARYNGOTRACHEITIS.	0.7702	27	3.1
72	NASAL TRAUMA & DEFORMITY.	0.6532	27	3.1
73	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE >17.	0.7505	28	3.7
74	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES AGE 0-17.	0.3278	20	2.1
75	MAJOR CHEST PROCEDURES.	3.1951	33	8.8
76	OTHER RESP SYSTEM O.R. PROCEDURES W CC.	2.6036	33	9.1
77	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC.	1.1593	28	3.8
78	PULMONARY EMBOLISM.	1.4292	31	7.0
79	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W CC.	1.6300	31	7.2
80	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE >17 W/O CC.	0.9436	29	5.3
81	RESPIRATORY INFECTIONS & INFLAMMATIONS AGE 0-17.	1.4845	30	6.3
82	RESPIRATORY NEOPLASMS.	1.3319	30	5.7
83	MAJOR CHEST TRAUMA W CC.	0.9782	29	4.9
84	MAJOR CHEST TRAUMA W/O CC.	0.5319	23	2.9
85	PLEURAL EFFUSION W CC.	1.2200	30	5.6

86	PLEURAL EFFUSION W/O CC.	0.7117	27	3.4
87	PULMONARY EDEMA & RESPIRATORY FAILURE.	1.3615	29	5.1
88	CHRONIC OBSTRUCTIVE PULMONARY DISEASE.	0.9846	29	4.9
89	SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC.	1.1156	30	5.8
90	SIMPLE PNEUMONIA & PLEURISY AGE >17 W/O CC.	0.6978	24	4.3
91	SIMPLE PNEUMONIA & PLEURISY AGE 0-17.	0.7524	27	3.5
92	INTERSTITIAL LUNG DISEASE W CC.	1.2029	30	5.6
93	INTERSTITIAL LUNG DISEASE W/O CC.	0.7498	28	4.0
94	PNEUMOTHORAX W CC.	1.1780	29	5.3
95	PNEUMOTHORAX W/O CC.	0.5996	25	3.3
96	BRONCHITIS & ASTHMA AGE >17 W CC.	0.8272	29	4.5
97	BRONCHITIS & ASTHMA AGE >17 W/O CC.	0.6035	22	3.6
98	BRONCHITIS & ASTHMA AGE 0-17.	0.7807	27	2.9
99	RESPIRATORY SIGNS & SYMPTOMS W CC.	0.6869	22	2.7
100	RESPIRATORY SIGNS & SYMPTOMS W/O CC.	0.5113	12	2.0
101	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC.	0.8748	28	3.9
102	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC.	0.5335	20	2.4
103	HEART TRANSPLANT.	*Excluded*	*Excluded*	*Excluded*
104	CARDIAC VALVE PROCEDURES W CARDIAC CATH.	7.3199	36	12.0
105	CARDIAC VALVE PROCEDURES W/O CARDIAC CATH.	5.5998	33	9.0
106	CORONARY BYPASS W CARDIAC CATH.	5.5564	34	10.3
107	CORONARY BYPASS W/O CARDIAC CATH.	4.0685	32	7.8
108	OTHER CARDIOTHORACIC PROCEDURES.	5.9135	34	9.8
109	NO LONGER VALID.	.0000	0	0
110	MAJOR CARDIOVASCULAR PROCEDURES W CC.	4.1589	32	8.2
111	MAJOR CARDIOVASCULAR PROCEDURES W/O CC.	2.2875	30	5.9
112	PERCUTANEOUS CARDIOVASCULAR PROCEDURES.	*1.7613*	27	3.5
113	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB & TOE.	2.6935	35	10.6
114	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS.	1.5152	31	6.8
115	PERM CARDIAC PACEMAKER IMPLANT W AMI, HEART FAILURE OR SHOCK.	3.6827	33	9.1
116	OTH PERM CARDIAC PACEMAKER IMPLANT OR AICD LEAD OR GENERATOR PROC.	2.4150	28	3.9
117	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT.	1.1764	27	2.7
118	CARDIAC PACEMAKER DEVICE REPLACEMENT.	1.5825	25	2.1
119	VEIN LIGATION & STRIPPING.	1.1435	27	3.3
120	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES.	1.9318	29	5.4
121	CIRCULATORY DISORDERS W AMI & C.V. COMP DISCH ALIVE.	1.6482	30	6.4
122	CIRCULATORY DISORDERS W AMI W/O C.V. COMP DISCH ALIVE.	1.1617	28	4.4
123	CIRCULATORY DISORDERS W AMI, EXPIRED.	1.4555	27	2.7
124	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH & COMPLEX DIAG.	1.3258	28	3.8
125	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG.	0.9246	20	2.3
126	ACUTE & SUBACUTE ENDOCARDITIS.	2.5379	35	11.0

127	HEART FAILURE & SHOCK.	1.0265	29	4.8
128	DEEP VEIN THROMBOPHLEBITIS.	0.7861	27	5.9
129	CARDIAC ARREST, UNEXPLAINED.	1.1316	26	2.0
130	PERIPHERAL VASCULAR DISORDERS W CC.	0.9352	29	5.3
131	PERIPHERAL VASCULAR DISORDERS W/O CC.	0.6038	28	4.3
132	ATHEROSCLEROSIS W CC.	0.6840	20	2.9
133	ATHEROSCLEROSIS W/O CC.	0.5537	16	2.3
134	HYPERTENSION.	0.5787	23	3.0
135	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W CC.	0.8838	28	3.7
136	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE >17 W/O CC.	0.5629	18	2.6
137	CARDIAC CONGENITAL & VALVULAR DISORDERS AGE 0-17.	0.7999	27	3.3
138	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC.	0.8008	27	3.5
139	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC.	0.4971	16	2.4
140	ANGINA PECTORIS.	*0.4861*	20	2.8
141	SYNCOPE & COLLAPSE W CC.	0.7128	27	3.4
142	SYNCOPE & COLLAPSE W/O CC.	0.5288	18	2.5
143	CHEST PAIN.	*0.4396*	14	2.1
144	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC.	1.0857	28	4.1
145	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC.	0.6208	20	2.5
146	RECTAL RESECTION W CC.	2.6363	34	9.8
147	RECTAL RESECTION W/O CC.	1.6018	27	6.7
148	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC.	3.3710	35	11.2
149	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC.	1.5999	25	7.0
150	PERITONEAL ADHESIOLYSIS W CC.	2.6828	34	9.5
151	PERITONEAL ADHESIOLYSIS W/O CC.	1.2910	29	5.2
152	MINOR SMALL & LARGE BOWEL PROCEDURES W CC.	1.9311	32	7.6
153	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC.	1.1568	24	5.6
154	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W CC.	4.1817	36	11.6
155	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE >17 W/O CC.	1.4059	29	4.5
156	STOMACH, ESOPHAGEAL & DUODENAL PROCEDURES AGE 0-17.	0.8238	30	6.0
157	ANAL & STOMAL PROCEDURES W CC.	1.1352	28	4.2
158	ANAL & STOMAL PROCEDURES W/O CC.	0.6077	18	2.3
159	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W CC.	1.2268	28	4.0
160	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17 W/O CC.	*0.6335*	16	2.4
161	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC.	1.0066	27	3.0
162	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC.	*0.4949*	11	1.7

163	HERNIA PROCEDURES AGE 0-17.	0.7706	11	2.1
164	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC.	2.3386	32	8.0
165	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC.	1.2582	24	5.1
166	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC.	1.4497	29	4.5
167	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC.	0.8431	15	2.8
168	MOUTH PROCEDURES W CC.	1.0929	27	3.2
169	MOUTH PROCEDURES W/O CC.	0.6717	15	2.0
170	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC.	2.7453	33	8.5
171	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC.	1.1202	28	4.0
172	DIGESTIVE MALIGNANCY W CC.	1.2920	30	5.7
173	DIGESTIVE MALIGNANCY W/O CC.	0.6769	27	3.0
174	G.I. HEMORRHAGE W CC.	0.9952	28	4.4
175	G.I. HEMORRHAGE W/O CC.	0.5485	17	2.9
176	COMPLICATED PEPTIC ULCER.	1.0856	2	4.7
177	UNCOMPLICATED PEPTIC ULCER W CC.	0.8335	28	4.0
178	UNCOMPLICATED PEPTIC ULCER W/O CC.	0.6091	19	3.0
179	INFLAMMATORY BOWEL DISEASE.	1.1188	30	5.5
180	G.I. OBSTRUCTION W CC.	0.9194	29	4.7
181	G.I. OBSTRUCTION W/O CC.	0.5338	22	3.3
182	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W CC.	0.7789	28	3.8
183	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE >17 W/O CC.	0.5553	20	2.8
184	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS AGE 0-17.	0.5414	27	2.8
185	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE >17.	0.8424	28	3.7
186	DENTAL & ORAL DIS EXCEPT EXTRACTIONS & RESTORATIONS, AGE 0-17.	0.3140	23	2.9
187	DENTAL EXTRACTIONS & RESTORATIONS.	0.7104	27	3.1
188	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W CC.	1.0591	28	4.5
189	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE >17 W/O CC.	0.5640	27	2.7
190	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17.	0.8769	28	3.9
191	PANCREAS, LIVER & SHUNT PROCEDURES W CC.	4.4543	36	12.1
192	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC.	1.7889	30	6.2
193	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC.	3.2878	35	11.4
194	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC.	1.7549	31	6.8
195	CHOLECYSTECTOMY W C.D.E. W CC.	2.6894	33	8.8
196	CHOLECYSTECTOMY W C.D.E. W/O CC.	1.6127	30	5.8
197	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC.	2.2679	31	7.5

198	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC.	1.1738	23	4.3
199	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY.	2.3728	32	8.4
200	HEPATOBILIARY DIAGNOSTIC PROCEDURE FOR NON-MALIGNANCY.	3.1772	32	7.9
201	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES.	3.7669	36	12.1
202	CIRRHOSIS & ALCOHOLIC HEPATITIS.	1.3675	30	5.7
203	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS.	1.2486	30	5.5
204	DISORDERS OF PANCREAS EXCEPT MALIGNANCY.	1.2004	29	5.1
205	DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W CC.	1.2194	29	5.3
206	DISORDERS OF LIVER EXCEPT MALIG, CIRR, ALC HEPA W/O CC.	0.7159	28	3.6
207	DISORDERS OF THE BILIARY TRACT W CC.	1.0508	28	4.4
208	DISORDERS OF THE BILIARY TRACT W/O CC.	0.6045	21	2.6
209	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER EXTREMITY.	*2.1476*	23	5.9
210	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W CC.	*2.1783*	31	7.2
211	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W/O CC.	*1.2391*	23	5.6
212	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17.	1.1487	35	11.1
213	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE DISORDERS.	1.7049	31	7.0
214	BACK & NECK PROCEDURES W CC.	*1.8627*	29	4.9
215	BACK & NECK PROCEDURES W/O CC.	*1.0625*	20	3.0
216	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE.	2.0784	32	7.9
217	WND DEBRID & SKN GRFT EXCEPT HAND, FOR MUSCSKELET & CONN TISS DIS.	*1.6472*	34	10.2
218	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W CC.	*1.5008*	29	4.8
219	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE >17 W/O CC.	*0.9248*	19	3.1
220	LOWER EXTREM & HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17.	0.5706	29	5.3
221	KNEE PROCEDURES W CC.	*1.4997*	30	5.8
222	KNEE PROCEDURES W/O CC.	*1.0566*	27	3.1
223	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC.	*0.7717*	16	2.2
224	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC.	*0.7507*	10	1.9
225	FOOT PROCEDURES.	*1.0028*	27	3.3
226	SOFT TISSUE PROCEDURES W CC.	1.3831	28	4.4
227	SOFT TISSUE PROCEDURES W/O CC.	*0.7034*	18	2.3
228	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC.	*0.8473*	26	2.3
229	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC.	*0.6751*	13	1.8

230	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES OF HIP & FEMUR.	1.0567	27	3.3
231	LOCAL EXCISION & REMOVAL OF INT FIX DEVICES EXCEPT HIP & FEMUR.	*0.9002*	27	3.3
232	ARTHROSCOPY.	*0.8888*	27	2.6
233	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC.	2.0170	30	6.4
234	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC.	*0.8682*	27	3.1
235	FRACTURES OF FEMUR.	0.8395	29	4.7
236	FRACTURES OF HIP & PELVIS.	*0.7460*	28	2.9
237	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH.	0.5637	27	3.3
238	OSTEOMYELITIS.	1.3796	32	7.6
239	PATHOLOGICAL FRACTURES & MUSCULOSKELETAL & CONN TISS MALIGNANCY.	1.0115	30	5.8
240	CONNECTIVE TISSUE DISORDERS W CC.	1.2112	30	5.5
241	CONNECTIVE TISSUE DISORDERS W/O CC.	0.6029	28	3.5
242	SEPTIC ARTHRITIS.	1.0492	30	5.8
243	MEDICAL BACK PROBLEMS.	*0.5510*	28	4.3
244	BONE DISEASES & SPECIFIC ARTHROPATHIES W CC.	0.7279	28	4.3
245	BONE DISEASES & SPECIFIC ARTHROPATHIES W/O CC.	0.4954	27	3.2
246	NON-SPECIFIC ARTHROPATHIES.	0.5887	28	3.6
247	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE.	0.5523	27	2.9
248	TENDONITIS, MYOSITIS & BURSITIS.	0.7325	28	3.9
249	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE.	0.6522	27	2.9
250	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W CC.	0.6915	28	3.6
251	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE >17 W/O CC.	*0.4182*	22	2.5
252	FX, SPRN, STRN & DISL OF FOREARM, HAND, FOOT AGE 0-17.	0.2479	15	1.8
253	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W CC.	0.7438	28	4.3
254	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE >17 W/O CC.	*0.4465*	25	2.9
255	FX, SPRN, STRN & DISL OF UPARM, LOWLEG EX FOOT AGE 0-17.	0.2886	27	2.9
256	OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES.	0.7651	28	4.0
257	TOTAL MASTECTOMY FOR MALIGNANCY W CC.	0.9015	17	2.8
258	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC.	0.7087	10	2.2
259	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC.	0.8640	26	2.3
260	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC.	0.6083	8	1.6
261	BREAST PROC FOR NON-MALIGNANCY EXCEPT BIOPSY & LOCAL EXCISION.	0.8286	12	1.9

262	BREAST BIOPSY & LOCAL EXCISION FOR NON-MALIGNANCY.	0.7695	27	2.7
263	SKIN GRAFT &/OR DEBRID FOR SKIN ULCER OR CELLULITIS W CC.	2.1226	34	9.9
264	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS W/O CC.	1.1270	30	6.0
265	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC.	1.4993	29	4.8
266	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC.	*0.8625*	27	2.7
267	PERIANAL & PILONIDAL PROCEDURES.	0.8330	27	2.8
268	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDURES.	0.9916	27	2.5
269	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC.	1.6416	30	6.3
270	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC.	0.7003	26	2.4
271	SKIN ULCERS.	1.0816	31	6.6
272	MAJOR SKIN DISORDERS W CC.	1.0158	30	5.6
273	MAJOR SKIN DISORDERS W/O CC.	0.6346	28	4.1
274	MALIGNANT BREAST DISORDERS W CC.	1.0760	29	5.3
275	MALIGNANT BREAST DISORDERS W/O CC.	0.5085	27	2.5
276	NON-MALIGNANT BREAST DISORDERS.	0.6374	28	3.9
277	CELLULITIS AGE >17 W CC.	*0.6744*	29	5.5
278	CELLULITIS AGE >17 W/O CC.	*0.4997*	25	4.3
279	CELLULITIS AGE 0-17.	0.7190	24	4.2
280	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W CC.	0.6750	28	3.7
281	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE >17 W/O CC.	*0.4427*	24	2.7
282	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST AGE 0-17.	0.2509	19	2.2
283	MINOR SKIN DISORDERS W CC.	0.6990	28	4.1
284	MINOR SKIN DISORDERS W/O CC.	0.4340	26	2.9
285	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, & METABOL DISORDERS.	2.2015	34	9.5
286	ADRENAL & PITUITARY PROCEDURES.	2.3775	31	6.6
287	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DISORDERS.	1.9765	33	9.4
288	O.R. PROCEDURES FOR OBESITY.	2.0104	29	5.2
289	PARATHYROID PROCEDURES.	1.0198	27	2.7
290	THYROID PROCEDURES.	0.8798	15	2.1
291	THYROGLOSSAL PROCEDURES.	0.5189	8	1.4
292	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC.	2.6450	32	8.4
293	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC.	1.2671	29	4.6
294	DIABETES AGE >35.	0.7594	28	4.3
295	DIABETES AGE 0-35.	0.7159	27	3.3
296	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W CC.	0.8929	29	4.7
297	NUTRITIONAL & MISC METABOLIC DISORDERS AGE >17 W/O CC.	0.5364	26	3.3

298	NUTRITIONAL & MISC METABOLIC DISORDERS AGE 0-17.	0.5221	23	2.5
299	INBORN ERRORS OF METABOLISM.	0.8330	28	3.9
300	ENDOCRINE DISORDERS W CC.	1.0950	30	5.5
301	ENDOCRINE DISORDERS W/O CC.	0.6182	27	3.4
302	KIDNEY TRANSPLANT.	*Excluded*	*Excluded*	*Excluded*
303	KIDNEY, URETER & MAJOR BLADDER PROCEDURES FOR NEOPLASM.	2.6409	32	8.4
304	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W CC.	2.3716	31	7.5
305	KIDNEY, URETER & MAJOR BLADDER PROC FOR NON-NEOPL W/O CC.	1.1776	28	3.9
306	PROSTATECTOMY W CC.	1.2258	28	4.3
307	PROSTATECTOMY W/O CC.	0.6708	15	2.4
308	MINOR BLADDER PROCEDURES W CC.	1.5252	29	4.7
309	MINOR BLADDER PROCEDURES W/O CC.	0.8860	18	2.3
310	TRANSURETHRAL PROCEDURES W CC.	1.0015	27	3.2
311	TRANSURETHRAL PROCEDURES W/O CC.	0.5670	11	1.8
312	URETHRAL PROCEDURES, AGE >17 W CC.	0.9124	27	3.2
313	URETHRAL PROCEDURES, AGE >17 W/O CC.	0.5223	13	1.8
314	URETHRAL PROCEDURES, AGE 0-17.	0.4836	26	2.3
315	OTHER KIDNEY & URINARY TRACT O.R. PROCEDURES.	2.0574	29	5.3
316	RENAL FAILURE.	1.3034	29	5.4
317	ADMIT FOR RENAL DIALYSIS.	0.4845	20	1.9
318	KIDNEY & URINARY TRACT NEOPLASMS W CC.	1.1296	29	5.0
319	KIDNEY & URINARY TRACT NEOPLASMS W/O CC.	0.5772	24	2.3
320	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC.	0.9048	29	5.1
321	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC.	0.6077	24	3.9
322	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17.	0.5133	23	3.6
323	URINARY STONES W CC, &/OR ESW LITHOTRIPSY.	0.7496	24	2.7
324	URINARY STONES W/O CC.	0.4159	10	1.7
325	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W CC.	0.6377	27	3.4
326	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W/O CC.	0.4320	19	2.4
327	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE 0-17.	0.2341	27	3.1
328	URETHRAL STRICTURE AGE >17 W CC.	0.6886	27	3.1
329	URETHRAL STRICTURE AGE >17 W/O CC.	0.4567	17	2.1
330	URETHRAL STRICTURE AGE 0-17.	0.3115	9	1.6
331	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W CC.	0.9914	29	4.6
332	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE >17 W/O CC.	0.6070	27	2.8
333	OTHER KIDNEY & URINARY TRACT DIAGNOSES AGE 0-17.	0.8562	28	4.3
334	MAJOR MALE PELVIC PROCEDURES W CC.	1.6653	23	5.3
335	MAJOR MALE PELVIC PROCEDURES W/O CC.	1.2610	17	4.2

336	TRANSURETHRAL PROSTATECTOMY W CC.	0.8848	24	3.2
337	TRANSURETHRAL PROSTATECTOMY W/O CC.	0.6147	11	2.3
338	TESTES PROCEDURES, FOR MALIGNANCY.	1.0499	27	3.5
339	TESTES PROCEDURES, NON-MALIGNANCY AGE >17.	1.0194	27	3.1
340	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17.	0.2769	13	2.4
341	PENIS PROCEDURES.	1.0745	21	2.3
342	CIRCUMCISION AGE >17.	0.7578	27	2.7
343	CIRCUMCISION AGE 0-17.	0.1504	6	1.7
344	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY.	1.0083	25	2.3
345	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY.	0.8422	27	2.8
346	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC.	0.9559	29	4.8
347	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC.	0.5096	25	2.4
348	BENIGN PROSTATIC HYPERTROPHY W CC.	0.7107	28	3.6
349	BENIGN PROSTATIC HYPERTROPHY W/O CC.	0.3974	20	2.2
350	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM.	0.6611	24	3.9
351	STERILIZATION, MALE.	0.2309	5	1.3
352	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES.	0.5877	27	2.8
353	PELVIC EVISCERATION, RADICAL HYSTERECTOMY & RADICAL VULVECTOMY.	1.9174	31	6.7
354	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC.	1.4643	28	5.2
355	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC.	0.9056	11	3.6
356	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES.	0.7376	12	2.6
357	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY.	2.3824	32	8.0
358	UTERINE & ADNEXA PROC FOR NON- MALIGNANCY W CC.	1.1713	19	4.1
359	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC.	0.8285	10	3.0
360	VAGINA, CERVIX & VULVA PROCEDURES.	0.8459	17	2.9
361	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION.	1.1148	23	2.5
362	ENDOSCOPIC TUBAL INTERRUPTION.	0.2951	5	1.4
363	D&C, CONIZATION & RADIO- IMPLANT, FOR MALIGNANCY.	0.6911	21	2.6
364	D&C, CONIZATION EXCEPT FOR MALIGNANCY.	0.6739	27	2.6
365	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES.	1.7237	29	5.3
366	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC.	1.1941	29	5.3
367	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC.	0.5216	24	2.3
368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM.	1.0230	29	5.3

369	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS.	0.5454	27	2.6
370	CESAREAN SECTION W CC.	1.0401	26	4.3
371	CESAREAN SECTION W/O CC.	0.6838	11	3.2
372	VAGINAL DELIVERY W COMPLICATING DIAGNOSES.	0.5439	20	2.4
373	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES.	0.3602	7	1.7
374	VAGINAL DELIVERY W STERILIZATION &/OR D&C.	0.6775	11	2.0
375	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C.	0.6698	28	4.4
376	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE.	0.5638	25	2.3
377	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE.	0.8188	26	2.1
378	ECTOPIC PREGNANCY.	0.8054	15	2.4
379	THREATENED ABORTION.	0.3591	21	2.0
380	ABORTION W/O D&C.	0.4775	12	1.7
381	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY.	0.5151	14	1.7
382	FALSE LABOR.	0.2013	6	1.3
383	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS.	0.4655	27	2.8
384	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS.	0.3921	22	1.8
385	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY.	1.3443	26	1.8
386	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE.	4.4329	42	17.9
387	PREMATURITY W MAJOR PROBLEMS.	3.0276	37	13.3
388	PREMATURITY W/O MAJOR PROBLEMS.	1.8268	33	8.6
389	FULL TERM NEONATE W MAJOR PROBLEMS.	2.2451	32	7.9
390	NEONATE W OTHER SIGNIFICANT PROBLEMS.	1.2845	28	3.6
391	NORMAL NEWBORN.	0.1490	11	3.1
392	SPLENECTOMY AGE >17.	3.2443	33	8.9
393	SPLENECTOMY AGE 0-17.	1.3168	33	9.1
394	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS	1.5994	28	4.5
395	RED BLOOD CELL DISORDERS AGE >17.	0.8362	28	3.9
396	RED BLOOD CELL DISORDERS AGE 0- 17.	0.6966	27	2.7
397	COAGULATION DISORDERS.	1.2612	28	4.4
398	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC.	1.2106	29	5.2
399	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC.	0.7030	27	3.5
400	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE.	2.5572	31	6.7
401	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC.	2.4834	32	8.5
402	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC.	1.0255	27	3.1
403	LYMPHOMA & NON-ACUTE LEUKEMIA W CC.	1.6925	30	6.5
404	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC.	0.8059	28	3.7

405	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17.	1.8669	29	4.9
406	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC.	2.6841	32	8.1
407	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC.	1.1787	28	3.8
408	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC.	1.7393	29	5.0
409	RADIOTHERAPY.	0.9763	29	4.7
410	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS.	0.7514	20	2.6
411	HISTORY OF MALIGNANCY W/O ENDOSCOPY.	0.3837	16	2.1
412	HISTORY OF MALIGNANCY W ENDOSCOPY.	0.4080	23	2.1
413	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC.	1.3257	30	6.0
414	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC.	0.7337	28	3.7
415	O.R. PROCEDURE FOR INFECTIOUS & PARASITIC DISEASES.	*1.6895*	35	11.4
416	SEPTICEMIA AGE >17.	1.4838	30	6.2
417	SEPTICEMIA AGE 0-17.	0.8089	28	3.7
418	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS.	*0.6595*	29	5.4
419	FEVER OF UNKNOWN ORIGIN AGE >17 W CC.	0.8991	28	4.4
420	FEVER OF UNKNOWN ORIGIN AGE >17 W/O CC.	0.6264	24	3.5
421	VIRAL ILLNESS AGE >17.	0.7153	28	3.6
422	VIRAL ILLNESS & FEVER OF UNKNOWN ORIGIN AGE 0-17.	0.5347	25	2.9
423	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES.	1.5947	30	6.3
424	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS.	*Excluded*	*Excluded*	*Excluded*
425	ACUTE ADJUST REACT & DISTURBANCES OF PSYCHOSOCIAL DYSFUNCTION.	*Excluded*	*Excluded*	*Excluded*
426	DEPRESSIVE NEUROSES.	*Excluded*	*Excluded*	*Excluded*
427	NEUROSES EXCEPT DEPRESSIVE.	*Excluded*	*Excluded*	*Excluded*
428	DISORDERS OF PERSONALITY & IMPULSE CONTROL.	*Excluded*	*Excluded*	*Excluded*
429	ORGANIC DISTURBANCES & MENTAL RETARDATION.	*Excluded*	*Excluded*	*Excluded*
430	PSYCHOSES.	*Excluded*	*Excluded*	*Excluded*
431	CHILDHOOD MENTAL DISORDERS.	*Excluded*	*Excluded*	*Excluded*
432	OTHER MENTAL DISORDER DIAGNOSES.	*Excluded*	*Excluded*	*Excluded*
433	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA.	*Excluded*	*Excluded*	*Excluded*
434	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W CC.	*Excluded*	*Excluded*	*Excluded*
435	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O CC.	*Excluded*	*Excluded*	*Excluded*
436	ALC/DRUG DEPENDENCE W REHABILITATION THERAPY.	*Excluded*	*Excluded*	*Excluded*

437	ALC/DRUG DEPENDENCE, COMBINED REHAB & DETOX THERAPY.	*Excluded*	*Excluded*	*Excluded*
438	NO LONGER VALID.	.0000	0	0
439	SKIN GRAFTS FOR INJURIES.	1.6144	30	5.9
440	WOUND DEBRIDEMENTS FOR INJURIES.	*1.3716*	30	6.3
441	HAND PROCEDURES FOR INJURIES.	*0.9214*	26	2.4
442	OTHER O.R. PROCEDURES FOR INJURIES W CC.	2.1653	30	5.6
443	OTHER O.R. PROCEDURES FOR INJURIES W/O CC.	*0.8870*	26	2.5
444	TRAUMATIC INJURY AGE >17 W CC.	0.7312	28	4.0
445	TRAUMATIC INJURY AGE >17 W/O CC.	*0.3930*	25	2.9
446	TRAUMATIC INJURY AGE 0-17.	0.2894	22	2.4
447	ALLERGIC REACTIONS AGE >17.	0.4918	17	2.1
448	ALLERGIC REACTIONS AGE 0-17.	0.0777	1	1.0
449	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC.	0.7902	27	3.0
450	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC.	*0.2845*	13	1.8
451	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17.	0.2570	17	2.1
452	COMPLICATIONS OF TREATMENT W CC.	0.9473	28	3.8
453	COMPLICATIONS OF TREATMENT W/O CC.	0.4822	20	2.4
454	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W CC.	0.8575	27	3.4
455	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O CC.	*0.3343*	18	2.1
456	BURNS, TRANSFERRED TO ANOTHER ACUTE CARE FACILITY.	*Excluded*	*Excluded*	*Excluded*
457	EXTENSIVE BURNS W/O O.R. PROCEDURE.	*Excluded*	*Excluded*	*Excluded*
458	NON-EXTENSIVE BURNS W SKIN GRAFT.	*Excluded*	*Excluded*	*Excluded*
459	NON-EXTENSIVE BURNS W WOUND DEBRIDEMENT OR OTHER O.R. PROC.	*Excluded*	*Excluded*	*Excluded*
460	NON-EXTENSIVE BURNS W/O O.R. PROCEDURE.	*Excluded*	*Excluded*	*Excluded*
461	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES.	*0.9173*	27	2.5
462	REHABILITATION.	*Excluded*	*Excluded*	*Excluded*
463	SIGNS & SYMPTOMS W CC.	.7101	28	3.8
464	SIGNS & SYMPTOMS W/O CC.	.5028	24	2.8
465	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS.	.5571	26	2.3
466	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS.	.5905	27	2.5
467	OTHER FACTORS INFLUENCING HEALTH STATUS.	.4588	26	2.4
468	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS.	3.6028	35	10.6
469	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS.	.0000	0	.0
470	UNGROUPABLE.	.0000	0	.0
471	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY.	3.5980	31	6.8
472	EXTENSIVE BURNS W O.R. PROCEDURE.	*Excluded*	*Excluded*	*Excluded*

473	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE >17.	3.5740	33	8.5
474	NO LONGER VALID.	.0000	0	.0
475	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT.	*Excluded*	*Excluded*	*Excluded*
476	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS.	2.2479	34	10.3
477	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS.	1.7266	30	5.9
478	OTHER VASCULAR PROCEDURES W CC.	2.2883	30	5.6
479	OTHER VASCULAR PROCEDURES W/O CC.	1.4080	27	3.5
480	LIVER TRANSPLANT.	*Excluded*	*Excluded*	*Excluded*
481	BONE MARROW TRANSPLANT.	*Excluded*	*Excluded*	*Excluded*
482	TRACHEOSTOMY FOR FACE, MOUTH & NECK DIAGNOSES.	*Excluded*	*Excluded*	*Excluded*
483	TRACHEOSTOMY EXCEPT FOR FACE, MOUTH & NECK DIAGNOSES.	*Excluded*	*Excluded*	*Excluded*
484	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA.	5.6821	35	10.6
485	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TR.	3.2058	33	9.2
486	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA.	4.7915	33	9.0
487	OTHER MULTIPLE SIGNIFICANT TRAUMA.	2.0305	30	6.2
488	HIV W EXTENSIVE O.R. PROCEDURE.	4.7905	38	14.3
489	HIV W MAJOR RELATED CONDITION.	1.8141	31	7.2
490	HIV W OR W/O OTHER RELATED CONDITION.	1.0116	28	4.4
491	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY.	1.6308	19	3.6
492	CHEMOTHERAPY W ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS.	4.0299	35	11.2
493	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC.	1.7100	28	4.2
494	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC.	.9169	15	1.8
495	LUNG TRANSPLANT.	*Excluded*	*Excluded*	*Excluded*

(c) (1) "Revised DRG weight" means the product of the DRG weight multiplied by the ratio set forth in subsection (c)(2) for 48 specified DRGs to reflect the different resource usage between the workers' compensation population and the Medicare population.

(2) The ratios ~~to be~~ that were applied to the DRG weights are as follows:

Number	DRG	Ratio
004	Spinal Procs	0.6283
008	Peripheral/Cranial Nerve & Orth OR Nervous Sys. Procs	0.8082
025	Seizures and Headaches: AD WO CC	0.7485
029	Traumatic Stupor and Coma: AD WO CC	1.0025

032	Concussion: AD WO CC	0.8749
042	Intraocular Proc Exc. Retina, Iris and Lens	1.0661
063	Other Ear, Nose, Mouth and Throat OR Procs	0.8753
112	Percutaneous Cardiovascular Procs	0.8409
140	Angina Pectoris	0.7834
143	Chest Pain	0.8417
160	Hernia Proc: AD Exc. Inguinal or Femoral, WO CC	0.9016
162	Hernia Proc: AD Inguinal or Femoral, WO CC	0.8672
209	Major Joints and Limb Reattachment, Lower Extremity	0.9500
210	Hip and Femur, Exc Major joint Proc: AD W CC	1.1800
211	Hip and Femur, Exc Major joint Proc: AD WO CC	0.9726
214	Back and Neck Proc W CC	0.9674
215	Back and Neck Procs WO CC	0.9556
217	Wound Debridement and Skin Graft Exc. Hand	0.5717
218	Lower Extr/Humerous Exc. Hip, Foot and Femur: AD W CC	1.0298
219	Lower Extr/Humer. Exc. Hip, Foot and Femur: AD WO CC	0.9681
221	Knee Proc W CC	0.8177
222	Knee Proc WO CC	1.0382
223	Maj. Shoulder/Elbow Proc/Other Upper Extrem. Proc W CC	0.8850
224	Shoulder/Elbow/Forearm Proc exc. Major Joint Proc WO CC	1.0122
225	Foot Proc	1.0008
227	Soft Tissue Proc WO CC	0.9443
228	Major Thumb/Joint Proc, or Other Hand or Wrist Proc W CC	0.9063
229	Hand and Wrist Proc, Exc. Major joint Proc WO CC	1.0367
231	Local Excision/Removal Int. Fix. Devices Exc. Hip & Femur	0.7341
232	Arthroscopy	0.8166
234	Oth. Musculoskel. Sys/Connective Tissue OR Procs WO CC	0.8133
236	Fracture of Hip and Pelvis	0.9790
243	Medical Back	0.7609
251	Frac, Sprain, Strain, Disloc Forearm, Hand/Foot: AD WO CC	0.9012
254	Frac, Sprain, Strain, Disloc Up Arm/Low Leg ex Foot: AD W CC	1.0031
266	Skin Graft/Debridement Exc. Skin Ulcer or Cellulitis WO CC	1.1306
277	Cellulitis: AD W CC	0.7910
278	Cellulitis: AD WO CC	0.8654
281	Trauma to Skin, Subcutaneous Tiss and Breast: AD WO CC	0.9709
415	Infectious and Parasitic Disease OR Proc	0.4907
418	Postoperative and Post traumatic Infection	0.6801
440	Wound Debridement for Injury	0.7738
441	Hand Proc for Injury	0.9914
443	Other Proc for Injury WO CC	1.0024
445	Traumatic Injury: AD WO CC	0.8112
450	Injury/Poison/Drug: AD WO CC	0.6657
455	Other Injury/Poisoning and Toxic Effect Diagnosis WO CC	0.7483
461	OR Proc with Diagnosis of Other Contact with Health Services	0.9207

(d) "Health facility" means any facility as defined in Section 1250 of the Health and Safety Code.

(e) "Inpatient" means a person who has been admitted to a health facility for the purpose of receiving inpatient services. A person is considered an inpatient when he or she is formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed, even if it later develops that such person can be discharged or is transferred to another facility and does not actually remain overnight.

(f) "Medical services" means those goods and services provided pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

(g) “Average length of stay” means the geometric mean length of stay for a diagnosis-related group assigned by the Health Care Financing Administration.

(h) "Payment Impact File" means the FY 1997 Prospective Payment System Payment Impact File (September 1996 Update) (IMPACTF97.EXE), published by the federal Health Care Financing Administration, which document is hereby incorporated by reference. A paper copy of the Payment Impact File, with explanatory material, is available from the Administrative Director upon request. An electronic copy is available from the Administrative Director at http:\\www.dir.ca.gov.

Note: Authority cited: Sections 133, 4603,5, 5307.1 and 5307.3, Labor Code. Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

§ 9792.1. Payment of Inpatient Services of Health Facilities.

(a) Maximum reimbursement for inpatient medical services shall be determined by multiplying 1.20 by the product of the health facility's composite factor and the applicable DRG weight or revised DRG weight if a revised weight has been adopted by the administrative director. The fee determined under this subdivision shall be a global fee, constituting the maximum reimbursement to a health facility for inpatient medical services not exempted under this section. However, preadmission services rendered by a health facility more than 24 hours before admission are separately reimbursable.

(b) The following are exempt from the maximum reimbursement formula set forth in subdivision (a):

(1) Inpatient services for admissions where an agreement fixing the amounts to be paid for inpatient services has been made between the institutions rendering such service and the employer or insurer or an agent acting on their behalf.

(2) Inpatient services for admissions where the length of stay exceeds the day outlier threshold established by the Health Care Financing Administration for the diagnosis-related group.

(3) Inpatient services for the following diagnoses: Psychiatry (DRGs 424-432), Substance Abuse (DRGs 433-437), Organ Transplants (DRGs 103, 302, 480, 481, 495), Rehabilitation (DRG 462 and inpatient rehabilitation services provided in any rehabilitation center that is authorized by the Department of Health Services in accordance with Title 22, §§ 70301, 70595 - 70603 of the California Code of Regulations to provide rehabilitation services), Tracheostomies (DRGs 482, 483), and Burns (DRGs 456-460, 472, 475).

(4) Inpatient services provided by a Level I or Level II trauma center, as defined in Title 22, California Code of Regulations sections 100260, 100261, to a patient with an immediately life threatening or urgent injury.

(5) Inpatient services provided by a health facility for which there is no composite factor.

(6) Inpatient services provided by a health facility located outside the State of California.

(7) The cost of durable medical equipment provided for use at home.

(8) Inpatient services provided by a health facility transferring an inpatient to another hospital. Maximum reimbursement for inpatient medical services of a health facility transferring an inpatient to another hospital shall be a per diem rate for each day of the patient's stay in that hospital, not to exceed the amount that would have been paid under Title 8, California Code of Regulations §9792.1 (a). The per diem rate is determined by dividing the maximum reimbursement as determined under Title 8, California Code of Regulations §9792.1 (a) by the average length of stay for that specific DRG. However, if an admission to a health facility transferring a patient is exempt from the maximum reimbursement formula set forth in subdivision (a) because it satisfies one or more of the requirements of Title 8, California Code of Regulations §9792.1 (b)(1) through (b)(6), subdivision (b)(8) shall not apply. Inpatient services provided by the hospital receiving the patient shall be reimbursed under the provisions of Title 8, California Code of Regulations §9792.1 (a).

~~(c) Annually, on or before November 15, the administrative director shall make available(1) the composite factor applicable to each California health facility, (2) the day outlier threshold for each DRG, and (3) the average length of stay for each DRG, to be applicable during the subsequent calendar year.~~

~~(d)~~ (c) This section shall apply to all inpatient hospital stays for which the day of admittance is on or after ~~April 1, 1997~~January 1, 1998.

(d) Any health care facility that believes its composite factor was erroneously determined because of an error in tabulating data may request the Administrative Director for a re-determination of its composite factor. Such requests shall be in writing, shall state the alleged error, and shall be supported by written documentation. Within 30 days after receiving a complete written request, the Administrative Director shall make a redetermination of the composite factor or reaffirm the published composite factor.

Note: Authority cited: Sections 133, 4603,5, 5307.1 and 5307.3, Labor Code.
Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
P.O. Box 420603
San Francisco, CA 94142

Document Incorporated by Reference:

Page 46439 of the Federal Register, published August 30, 1996.

Where Incorporated:

Incorporated by reference in proposed amendment to Title 8, California Code of Regulations, Section 9790.1 at sub-sections (a)(1) and (a)(2).

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
P.O. Box 420603
San Francisco, CA 94142

Document Incorporated by Reference:

That portion of *FY 1997 Prospective Payment System Payment Impact File (September 1996 Update)* that relates to California hospitals.

Where Incorporated:

Incorporated by reference in proposed amendment to Title 8, California Code of Regulations, Section 9790.1 at sub-sections (h).

FY 1997 Prospective Payment System Payment Impact File (September 1996 Update):

This file contains data used to estimate FY 1997 payments under Medicare's prospective payment systems (PPS) for hospitals' operating and capital costs. The data are taken from various sources, including the Provider Specific File, the PPS-X and PPS-XI cost report Minimum Data Sets, and prior years' impact files. The data set is abstracted from an internal file used for the impact analysis of the changes to PPS published in the Federal Register. This file is available for release one month after the PPS Proposed and Final Rules are published in the Federal Register, which generally occurs during May (Proposed) and September (Final).

FY 1997 PPS PAYMENT IMPACT FILE

File Pos.	Format	Title	Description
1-4	4.	Average Daily Census (ADC)	From cost reports
6-9	4.	Number of Beds	From cost reports
11-18	8.2	Medicare Discharges	From 1995 MEDPAR file (adjusted for transfer cases)[1]
20-25	6.4	Case-Mix Index	Version 14 GROUPER (adjusted fo transfer cases)[2]
27-32	6.4	Operating Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for operating PPS
34-39	6.4	Capital Cost of Living Adjustment	Applied to providers in Alaska and Hawaii for capital PPS
41-49	9.7	Capital Outlier Percentage	Estimated capital outlier payments as a percentage of Federal capital PPS payments
51-56	7.5	Capital Cost-to-Charge Ratio	From Provider Specific File, ratio of Medicare capital costs to Medicare covered charges
59-67	9.7	Disproportionate Share (DSH) Patient Percentage	As determined from cost report and Social Security Administration (SSA) data
69-77	9.7	Capital DSH Adjustment Factor	Applied to Federal PPS payments
79-87	9.7	Operating DSH Adjustment Factor	Applied to operating PPS paymen
89-94	$6.	Hospital's Fiscal Year Ending Date	From cost report

96-103	8.2	Hospital-Specific Rate	Higher of 1982 or 1987 hospital specific rates, updated through FY 1997. (Data for Sole Community Hospitals and Essenti Access Community Hospitals.)
105-108	$4.	Pre-Reclassification Metropolitan Statistical Area (MSA)	MSA where hospital is actually located, prior to any reclassification decisions by t Medicare Geographic Classification Review Board (MGCRB). Rural areas designate by two digit SSA State codes. [3]
110-113	$4.	Post-Reclassification FY 1997 MSA (Wage Index)	MSA used for wage index assignment after reclassificati by the MGCRB.
115-118	$4.	Post-Reclassification FY 1997 MSA (Standardized Payment Amount)	MSA used for standardized amoun assignment after reclassificati by the MGCRB.
120-126	7.5	Operating Cost-to-Charge Ratio	From Provider Specific file, ratio of Medicare operating cos to Medicare covered charges
128-136	9.7	Operating Outlier Percentage	Estimated operating outlier payments as a percentage of operating PPS payments
138-143	$6.	Provider Number	Six character provider number, first two digits identify the State[3]
145-146	2.	Provider Type	0 = Short term PPS hospital 7 = Rural Referral Center 8 = Indian hospital 16 = Sole Community Hospital 17 = Sole Community Hospital a Rural Referral Center 21 = Essential Access Communit Hospital (EACH) 22 = EACH and Rural Referral Center

148-154	7.5	Resident-to-ADC ratio	Used to calculate the indirect medical education (IME) adjustment for capital PPS payments
156	$1.	Reclassification Status	Indicates hospitals reclassifie by the MGCRB N = Not reclassified R = Reclassified for the standardized payment amount W = Reclassified for the wage index B = Reclassified for the standardized payment amount and the wage index L = Reclassified under Sectio 1886(d)(8) of the Social Securi Act
158-159	2.	Census Division	Based on pre-reclassification M assignment 1 = New England 2 = Middle Atlantic 3 = South Atlantic 4 = East North Central 5 = East South Central 6 = West North Central 7 = West South Central 8 = Mountain 9 = Pacific 40 = Puerto Rico
161-166	6.4	Resident-to-Bed Ratio	Used to determine IME factor fo operating PPS payments
168-176	9.7	Capital IME Adjustment	Based on resident-to-ADC ratio
178-186	9.7	Operating IME Adjustment	Based on resident-to-bed ratio

188-193	$6.	Pre-Reclassification Urban/Rural Location	Urban/rural designations based o geographic location prior to reclassification by the MGCRB LURBAN = Large urban area OURBAN = Other urban area RURAL = Rural area
195-200	$6.	Post-Reclassification Urban/Rural Location	Urban/rural designations after reclassification by the MGCRB (see pre-reclass urban/rural location for key)
202-207	6.4	Medicare Utilization Rate	Medicare days as a percentage o total inpatient days. (Data not available for all hospitals)
209-217	9.7	Capital Wage Index	Used to determine geographic adjustment factor
219-227	9.7	Operating Wage Index	Applied to labor-share of standardized amount
229-232	4.	Mileage to Nearest Hospital	Travel distance, used to determine eligibility for hospital-specific payments for reclassified sole community hospitals.

Notes:

[1] Medicare discharges are adjusted to account for the less-than-full (per diem) payment hospitals receive for cases transferred to another PPS hospital prior to reaching the geometric mean length of stay for the DRG. The adjustment is calculated by accounting for transfers in proportion to the total per diem payment relative to the full DRG amount, calculated as:

1 X (Length of stay prior to transfer plus one day ÷ Geometric Mean LOS),

where the result cannot exceed 1.

[2] The case-mix index is also adjusted to account for the per diem payment for transfers occurring before the geometric mean length of stay. This adjustment is calculated as:

<u>DRG Relative Weight X (Length of stay prior to transfer plus one day ÷ Geometric Mean LOS).</u>
Transfer adjusted number of Medicare discharges.

[3] SSA State Codes:

01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING

→

60	129	2018.83	1.5518	1.0000	1.0000	0.0009442	0.02000	0.5319306	0.1137313	0.3309928	093089	.	5775	5775	5775	0.40000	0.0018928	050002	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4259	1.3243162	1.5071000	0
43	92	1770.14	1.3900	1.0000	1.0000	0.0281884	0.03900	0.2280123	0.0000000	0.0000000	063084	.	05	05	05	0.42200	0.0424358	050006	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5647	1.0002054	1.0003000	0
93	169	3372.15	1.5858	1.0000	1.0000	0.0343581	0.03200	0.0370807	0.0075371	0.0000000	123189	.	7360	7360	7360	0.42400	0.0708732	050007	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4631	1.2722112	1.4213000	3
35	115	733.46	1.5221	1.0000	1.0000	0.0582903	0.02600	0.2519025	0.0523337	0.0999696	123189	.	7360	7360	7360	0.47900	0.1528327	050008	0	0.02870	N	9	0.0099	0.0081320	0.0075558	LURBAN	LURBAN	0.3356	1.2722112	1.4213000	1
83	144	3190.85	1.7113	1.0000	1.0000	0.0692637	0.06200	0.1722580	0.0354978	0.0394677	063084	.	8720	8720	8720	0.46800	0.0477296	050009	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6164	1.2252860	1.3454000	6
91	165	2240.48	1.8058	1.0000	1.0000	0.0081013	0.03400	0.2257562	0.0467767	0.0783989	123189	.	8720	8720	8720	0.47700	0.0191785	050013	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4430	1.2252860	1.3454000	10
25	43	1218.72	1.1720	1.0000	1.0000	0.0188026	0.02200	0.1715819	0.0000000	0.0000000	123190	.	05	05	6920	0.55400	0.0585530	050014	0	0.00000	R	9	0.0000	0.0000000	0.0000000	RURAL	LURBAN	0.6595	1.0002054	1.0003000	12
10	40	435.08	1.4020	1.0000	1.0000	0.0326213	0.03900	0.2677920	0.0000000	0.0000000	063089	6499.17	05	05	05	0.67800	0.0906927	050015	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4848	1.0002054	1.0003000	33
28	79	1367.45	1.1555	1.0000	1.0000	0.1370063	0.12200	0.1636078	0.0000000	0.0000000	123190	.	7460	7460	7460	0.41100	0.0296344	050016	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5881	1.1044981	1.1562000	11
188	271	6013.99	2.0363	1.0000	1.0000	0.0376825	0.03000	0.2950006	0.0615580	0.1355255	033189	.	6920	6920	6920	0.28900	0.0385603	050017	0	0.01160	N	9	0.0089	0.0032789	0.0067946	LURBAN	LURBAN	0.4113	1.1557017	1.2353000	1
47	155	910.38	1.3191	1.0000	1.0000	0.0010413	0.02500	1.0681483	0.2414748	0.7733724	063084	.	4480	4480	4480	0.42200	0.0009430	050018	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3338	1.1576230	1.2383000	1
25	76	1084.41	1.4076	1.0000	1.0000	0.1578327	0.06500	0.2378573	0.0000000	0.0000000	083184	.	4480	4480	4480	0.42200	0.1027400	050021	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7180	1.1576230	1.2383000	2
104	372	2661.00	1.4554	1.0000	1.0000	0.0652902	0.04800	0.1527664	0.0314187	0.0267982	123189	.	6780	6780	6780	0.36400	0.0525266	050022	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2824	1.0830099	1.1235000	1
113	163	2167.23	1.3559	1.0000	1.0000	0.0068209	0.02600	0.8488035	0.1875385	0.5924129	123189	.	7320	7320	7320	0.38500	0.0086441	050024	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3594	1.1429841	1.2155000	3
261	395	3260.42	1.7863	1.0000	1.0000	0.0430367	0.03900	0.5934685	0.1276969	0.3817615	063090	.	7320	7320	7320	0.38600	0.0328523	050025	0	1.21050	N	9	0.7589	0.4072017	0.4856610	LURBAN	LURBAN	0.1957	1.1429841	1.2155000	0
171	347	5450.19	1.4549	1.0000	1.0000	0.0594777	0.05000	0.2722234	0.0566729	0.1167343	093095	.	7320	7320	7320	0.37800	0.0382821	050026	0	0.06470	N	9	0.0335	0.0184260	0.0253915	LURBAN	LURBAN	0.4080	1.1429841	1.2155000	2
28	78	1102.64	1.4432	1.0000	1.0000	0.0058312	0.03600	0.2621437	0.0000000	0.0000000	063090	.	05	05	05	0.53200	0.0140427	050028	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4865	1.0002054	1.0003000	8
56	154	1994.06	1.3757	1.0000	1.0000	0.0402739	0.03800	0.4071388	0.0859396	0.2280395	063084	.	4480	4480	4480	0.39100	0.0397848	050029	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4474	1.1576230	1.2383000	4
56	133	2233.26	1.3368	1.0000	1.0000	0.0461235	0.05900	0.3900746	0.0821936	0.2139615	113088	.	1620	1620	1620	0.55400	0.0399169	050030	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5633	1.0284394	1.0418000	12
26	79	1244.94	1.2623	1.0000	1.0000	0.0088433	0.04200	0.0508118	0.0000000	0.0000000	063096	.	7500	7500	7500	0.52800	0.0178916	050032	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.7439	1.1643360	1.2488000	2
99	187	2685.18	1.4304	1.0000	1.0000	0.0075581	0.02000	0.4308064	0.0911567	0.2475653	063090	.	7360	7360	7360	0.43600	0.0166293	050033	0	0.68010	N	9	0.3760	0.2115787	0.2608111	LURBAN	LURBAN	0.4607	1.2722112	1.4213000	0
159	221	5043.31	1.6172	1.0000	1.0000	0.0485570	0.03963	0.1104208	0.0226121	0.0000000	063089	.	0680	0680	0680	0.37300	0.0591097	050036	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4721	1.0129726	1.0190000	1
217	318	1849.18	1.4379	1.0000	1.0000	0.0218095	0.02900	0.8275004	0.1824267	0.5748379	063091	.	7400	7400	7400	0.54500	0.0294845	050038	0	0.64540	N	9	0.4480	0.1997724	0.3057004	LURBAN	LURBAN	0.1600	1.2871274	1.4457000	1
139	208	4693.69	1.6091	1.0000	1.0000	0.0269695	0.02800	0.1942726	0.0401243	0.0537772	063091	.	1620	1620	1620	0.47000	0.0706734	050039	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4990	1.0284394	1.0418000	1
188	217	359.76	1.0793	1.0000	1.0000	0.0233052	0.03900	1.0567718	0.2386181	0.7639868	063089	.	4480	4480	4480	0.39200	0.0121230	050040	0	0.66716	N	9	0.5780	0.2071623	0.3835009	LURBAN	LURBAN	0.0284	1.1576230	1.2383000	3
20	83	44.00	2.7779	1.0000	1.0000	0.7135718	0.03000	0.4182701	0.0000000	0.0500000	013195	.	6780	6780	6780	0.34600	0.9719004	050041	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3344	1.0830099	1.1235000	2
31	71	1310.85	1.3120	1.0000	1.0000	0.1499641	0.07500	0.2596593	0.0000000	0.0000000	063090	4000.94	05	05	05	0.53500	0.1061865	050042	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5493	1.0002054	1.0003000	27
209	325	8387.42	1.5713	1.0000	1.0000	0.0069829	0.02700	0.4359242	0.0922881	0.2517875	022892	.	5775	5775	5775	0.41900	0.0147881	050043	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5644	1.3243162	1.5071000	0
56	103	1703.84	1.2636	1.0000	1.0000	0.0046864	0.02600	0.5970882	0.1285238	0.3847478	063090	.	05	05	7320	0.43000	0.0122104	050045	0	0.00000	R	9	0.0000	0.0000000	0.0000000	RURAL	LURBAN	0.4123	1.0002054	1.0003000	9
14	60	463.10	1.1958	1.0000	1.0000	0.0037373	0.03400	0.1130709	0.0000000	0.0000000	123185	.	8735	8735	8735	0.62900	0.0149578	050046	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4401	1.0709649	1.1053000	10
181	290	5733.44	1.5956	1.0000	1.0000	0.0241465	0.04000	0.2363346	0.0490214	0.0871260	123191	.	7360	7360	7360	0.40600	0.0254377	050047	0	0.42930	N	9	0.2715	0.1287925	0.1930991	LURBAN	LURBAN	0.2819	1.2722112	1.4213000	1
12	32	670.16	1.1073	1.0000	1.0000	0.0000000	0.02300	0.3830238	0.0000000	0.0000000	063090	.	8780	8780	8780	0.51900	0.0000000	050051	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6697	1.0103842	1.0152000	5
26	68	820.56	1.2013	1.0000	1.0000	0.0288463	0.05000	0.4798773	0.0000000	0.0500000	063090	.	6780	6780	6780	0.41100	0.0230492	050054	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4300	1.0830099	1.1235000	13
88	179	1539.72	1.3646	1.0000	1.0000	0.0078698	0.03000	0.6997772	0.1522365	0.4694661	063091	.	7360	7360	7360	0.44100	0.0112605	050055	0	0.04190	N	9	0.0230	0.0118944	0.0174863	LURBAN	LURBAN	0.2535	1.2722112	1.4213000	1
177	332	2807.96	1.3247	1.0000	1.0000	0.1253817	0.08600	0.4390601	0.0929819	0.2543746	063089	.	4480	4480	4480	0.38300	0.0280884	050056	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3141	1.1576230	1.2383000	2
136	246	3983.55	1.4819	1.0000	1.0000	0.0283444	0.03100	0.4072460	0.0859632	0.2281280	063090	.	8780	8780	8780	0.51300	0.0581710	050057	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5152	1.0103842	1.0152000	1
107	242	3552.52	1.4616	1.0000	1.0000	0.0297865	0.04600	0.5086941	0.1085031	0.3118226	093089	.	4480	4480	4480	0.33800	0.0147295	050058	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5388	1.1576230	1.2383000	2
177	282	5777.22	1.5865	1.0000	1.0000	0.0134150	0.03300	0.5127304	0.1094095	0.3151526	083189	.	2840	2840	2840	0.42300	0.0182963	050060	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4584	1.0792442	1.1178000	1
24	87	828.24	1.4232	1.0000	1.0000	0.0420206	0.05000	0.0949648	0.0000000	0.0000000	083189	.	7480	7480	7480	0.35300	0.0268163	050061	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4618	1.0835380	1.1243000	1
196	312	3312.84	1.4086	1.0000	1.0000	0.0310347	0.03963	0.8857126	0.1964476	0.6228629	063084	.	4480	4480	4480	0.30500	0.0131765	050063	0	0.00240	N	9	0.0015	0.0006775	0.0011477	LURBAN	LURBAN	0.3546	1.1576230	1.2383000	1
106	253	1748.85	1.6073	1.0000	1.0000	0.0492598	0.03400	0.6212514	0.1340592	0.4046824	033189	.	5945	5945	5945	0.31000	0.0281415	050065	0	0.06140	N	9	0.0272	0.0174781	0.0206542	LURBAN	LURBAN	0.2439	1.1267032	1.1903000	1
55	150	2998.60	1.2680	1.0000	1.0000	0.0036792	0.02800	0.2790388	0.0581323	0.1223570	033189	.	4480	4480	4480	0.35000	0.0061895	050066	0	0.01220	N	9	0.0047	0.0034488	0.0035926	LURBAN	LURBAN	0.1532	1.1576230	1.2383000	1
20	44	785.14	1.3735	1.0000	1.0000	0.0025304	0.03700	0.2541206	0.0000000	0.0000000	063090	.	5170	5170	5170	0.48100	0.0070554	050067	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6584	1.0077245	1.0113000	8
16	53	484.79	1.0908	1.0000	1.0000	0.0071626	0.02200	0.5800990	0.0000000	0.0500000	093095	.	8780	8780	8780	0.51000	0.0246424	050068	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4461	1.0103842	1.0152000	6
206	302	3968.61	1.6165	1.0000	1.0000	0.0349881	0.03100	0.0939214	0.0192011	0.0000000	063093	.	5945	5945	5945	0.34200	0.0575944	050069	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2432	1.1267032	1.1903000	1
72	117	2430.56	1.2822	1.0000	1.0000	0.0063741	0.04400	0.0128213	0.0025997	0.0000000	123190	.	7360	7360	7360	0.45100	0.0076770	050070	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3742	1.2722112	1.4213000	2
140	272	3748.71	1.3220	1.0000	1.0000	0.0051690	0.04400	0.0277850	0.0056423	0.0000000	123190	.	7400	7400	7400	0.45100	0.0058854	050071	0	0.21240	N	9	0.1457	0.0617721	0.1070343	LURBAN	LURBAN	0.2674	1.2871274	1.4457000	2
124	151	3270.63	1.3072	1.0000	1.0000	0.0040867	0.04400	0.0061596	0.0012481	0.0000000	123190	.	5775	5775	5775	0.45100	0.0049348	050072	0	0.01690	N	9	0.0149	0.0047806	0.0113550	LURBAN	LURBAN	0.2829	1.3243162	1.5071000	2
128	176	3543.91	1.3244	1.0000	1.0000	0.0071124	0.04400	0.0634589	0.0129333	0.0000000	123190	.	8720	5775	8720	0.45100	0.0084333	050073	0	0.01040	W	9	0.0098	0.0029392	0.0074797	OURBAN	OURBAN	0.3364	1.3243162	1.5071000	0
16	38	742.23	1.2261	1.0000	1.0000	0.0009147	0.04400	0.0252166	0.0000000	0.0000000	123190	.	5775	5775	5775	0.45100	0.0011885	050074	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3997	1.3243162	1.5071000	1
174	274	3884.47	1.4005	1.0000	1.0000	0.0183714	0.04400	0.0264956	0.0053798	0.0000000	123190	.	5775	5775	5775	0.45100	0.0212623	050075	0	0.33360	N	9	0.1917	0.0987157	0.1391279	LURBAN	LURBAN	0.2111	1.3243162	1.5071000	0
157	264	4114.86	1.7569	1.0000	1.0000	0.0146704	0.04400	0.0178728	0.0036258	0.0000000	123190	.	7360	7360	7360	0.45100	0.0169885	050076	0	0.25600	N	9	0.1810	0.0749167	0.1317293	LURBAN	LURBAN	0.2675	1.2722112	1.4213000	0
205	362	4642.25	1.6074	1.0000	1.0000	0.0451412	0.03963	0.4065082	0.0858009	0.2275192	093091	.	7320	7320	7320	0.40200	0.0423998	050077	0	0.26730	N	9	0.1604	0.0783500	0.1173723	LURBAN	LURBAN	0.3660	1.1429841	1.2155000	0
59	158	1803.38	1.3561	1.0000	1.0000	0.0420470	0.03900	0.2203409	0.0456294	0.0739312	063092	.	4480	4480	4480	0.35300	0.0424256	050078	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4390	1.1576230	1.2383000	4
89	200	2541.75	1.5683	1.0000	1.0000	0.0348474	0.04000	0.5321522	0.1137813	0.3311755	063090	.	5775	5775	5775	0.41600	0.0296815	050079	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4867	1.3243162	1.5071000	1
26	105	893.19	1.2225	1.0000	1.0000	0.0170395	0.03100	0.3758332	0.0790772	0.2022124	123183	.	4480	4480	4480	0.37300	0.0242509	050080	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5888	1.1576230	1.2383000	2
20	54	981.67	1.6585	1.0000	1.0000	0.0292171	0.04200	0.1143601	0.0000000	0.0000000	083190	.	2840	2840	2840	0.56500	0.0574572	050081	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5239	1.0792442	1.1178000	1
138	238	2756.80	1.5006	1.0000	1.0000	0.2162117	0.10900	0.2889588	0.0602600	0.1305410	063086	.	8735	8735	8735	0.40500	0.0434225	050082	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3754	1.0709649	1.1053000	4
177	278	6598.48	1.5671	1.0000	1.0000	0.0220182	0.02600	0.2735679	0.0569607	0.1178435	123189	.	8120	8120	8120	0.32400	0.0368092	050084	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5712	1.0933511	1.1392000	1
25	60	366.29	1.1167	1.0000	1.0000	0.0190176	0.03000	0.9941657	0.0000000	0.0500000	063089	.	7460	7460	7460	0.69500	0.0745371	050088	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.2137	1.1044981	1.1562000	0
110	206	1855.49	1.3558	1.0000	1.0000	0.0296109	0.04000	0.8216477	0.1810261	0.5700093	063090	.	6780	6780	6780	0.26900	0.0087976	050089	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3078	1.0830099	1.1235000	2
23	64	1082.35	1.2869	1.0000	1.0000	0.0100901	0.05700	0.1607260	0.0000000	0.0000000	063091	.	7500	7500	7500	0.44100	0.0069548	050090	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6292	1.1643360	1.2488000	5
70	226	1083.73	1.1920	1.0000	1.0000	0.0082217	0.03800	1.1041072	0.2505478	0.8030384	083184	.	4480	4480	4480	0.34900	0.0033610	050091	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2252	1.1576230	1.2383000	1
3	28	156.93	0.8553	1.0000	1.0000	0.0043506	0.08800	0.1920928	0.0000000	0.0000000	063091	4969.52	05	05	05	1.16300	0.0151373	050092	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5937	1.0002054	1.0003000	23
209	326	8747.12	1.5959	1.0000	1.0000	0.0207068	0.03400	0.2061196	0.0426226	0.0621987	053191	.	2840	2840	2840	0.36600	0.0302832	050093	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5925	1.0792442	1.1178000	2
9	57	207.23	1.1175	1.0000	1.0000	0.0389306	0.05700	0.5626587	0.0000000	0.0500000	123189	.	4480	4480	4480	0.40700	0.0249330	050096	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2807	1.1576230	1.2383000	1
30	65	965.03	1.4988	1.0000	1.0000	0.0282955	0.03900	0.4311376	0.0000000	0.0000000	123189	.	05	05	05	0.40100	0.0388399	050097	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4600	1.0002054	1.0003000	0
152	284	3848.36	1.4613	1.0000	1.0000	0.0577675	0.03600	0.3312296	0.0693746	0.1654144	123091	.	6780	6780	6780	0.36500	0.0633227	050099	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3676	1.0830099	1.1235000	2
222	398	4512.56	1.7379	1.0000	1.0000	0.0542535	0.04300	0.3805228	0.0801024	0.2060813	013196	.	7320	7320	7320	0.37500	0.0416368	050100	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2184	1.1429841	1.2155000	3
42	108	1559.99	1.4002	1.0000	1.0000	0.0255654	0.04200	0.4526934	0.0960035	0.2656221	123189	.	8720	8720	8720	0.37800	0.0162061	050101	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4224	1.2252860	1.3454000	0
114	188	3613.82	1.4467	1.0000	1.0000	0.0057262	0.02800	0.3814410	0.0803033	0.2068388	123189	.	6780	6780	6780	0.35300	0.0083969	050102	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1658	1.0830099	1.1235000	1
161	239	2270.59	1.6011	1.0000	1.0000	0.0094942	0.04400	0.8733391	0.1934535	0.6126548	123189	.	4480	4480	4480	0.38900	0.0047819	050103	0	0.38330	N	9	0.2898	0.1142341	0.2051898	LURBAN	LURBAN	0.2748	1.1576230	1.2383000	1
214	444	3732.81	1.3897	1.0000	1.0000	0.0229378	0.02600	0.8205365	0.1807604	0.5690926	063089	.	4480	4480	4480	0.33000	0.0222719	050104	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2853	1.1576230	1.2383000	2
60	130	2347.51	1.4352	1.0000	1.0000	0.0023013	0.04000	0.4165601	0.0880134	0.2358121	113089	.	7480	7480	7480	0.40500	0.0017064	050107	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5208	1.0835380	1.1243000	1
129	206	4783.81	1.5813	1.0000	1.0000	0.1272914	0.06800	0.2863591	0.0597020	0.1283963	123189	.	6920	6920	6920	0.32100	0.0418126	050108	0	0.02750	N	9	0.0210	0.0077907	0.0159751	LURBAN	LURBAN	0.5781	1.1557017	1.2353000	1
233	353	3745.86	2.3429	1.0000	1.0000	0.0128064	0.02500	0.4702780	0.0999132	0.2801293	123189	.	6920	6920	6920	0.30400	0.0177639	050109	0	0.03640	N	9	0.0260	0.0103250	0.0197499	LURBAN	LURBAN	0.2599	1.1557017	1.2353000	1

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  7  25   320.76 1.1412 1.0000 1.0000 0.0000000 0.04800 0.6030290 0.0000000 0.0500000 063090       .  2840 2840 2840 0.53300 0.0000000 050192  0 0.00000 N  9 0.0000 0.0000000 0.0000000 OURBAN OURBAN 0.3737 1.0792442 1.1178000    5
 36 109  1641.22 1.3527 1.0000 1.0000 0.0452272 0.04200 0.0774557 0.0158084 0.0000000 063084       .  5945 5945 5945 0.41600 0.0632895 050193  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.3359 1.1267032 1.1903000    5
 55 105  1582.35 1.2478 1.0000 1.0000 0.0356280 0.04300 0.4122590 0.0870661 0.2322637 063090       .  7485 7360 7360 0.45200 0.0353810 050194  0 0.00000 B  9 0.0000 0.0000000 0.0000000 OURBAN LURBAN 0.4615 1.2722112 1.4213000   12
115 174  3908.14 1.5996 1.0000 1.0000 0.0240111 0.02900 0.2847122 0.0593486 0.1270376 063090       .  5775 5775 5775 0.39700 0.0464574 050195  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.4640 1.3243162 1.5071000    7
 20  88   638.31 1.4222 1.0000 1.0000 0.0041134 0.01700 0.5892324 0.0000000 0.0400000 123189       .    05   05   05 0.46100 0.0067968 050196  0 0.00000 N  9 0.0000 0.0000000 0.0000000 RURAL  RURAL  0.3319 1.0002054 1.0003000    1
 89 234  4104.88 1.8269 1.0000 1.0000 0.0248575 0.03600 0.0844635 0.0172510 0.0000000 063090       .  7360 7360 7360 0.49600 0.0529993 050197  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.4592 1.2722112 1.4213000    2
  0   1     3.00 0.8391 1.0000 1.0000 0.2801822 0.07400 0.4166667 0.0000000 0.0500000 063091       .  4480 4480 4480 1.12200 0.7697254 050199  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.8333 1.1576230 1.2383000    1
 81 132  2216.69 1.5037 1.0000 1.0000 0.0075077 0.03400 0.1273765 0.0261293 0.0000000 093090       .  4480 4480 4480 0.31200 0.0100687 050204  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.5316 1.1576230 1.2383000    2
 18 111   584.98 1.4014 1.0000 1.0000 0.0585689 0.08400 0.6907689 0.1501366 0.4620343 123189       .  4480 4480 4480 0.51500 0.0226973 050205  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.4791 1.1576230 1.2383000    1
 72 128  2442.13 1.3081 1.0000 1.0000 0.0186997 0.03700 0.3746240 0.0788130 0.2012148 063090       .  9340 9340 9340 0.53900 0.0354327 050207  0 0.00000 N  9 0.0000 0.0000000 0.0000000 OURBAN OURBAN 0.5062 1.0282366 1.0415000    1
 84  97   165.44 0.9863 1.0000 1.0000 0.0000000 0.06500 0.2028211 0.0000000 0.0000000 123189       .  7360 7360 7360 0.46500 0.0000000 050208  0 0.47426 N  9 0.4107 0.1432057 0.2826154 LURBAN LURBAN 0.1529 1.2722112 1.4213000    0
 40 116  1736.59 1.3104 1.0000 1.0000 0.0061445 0.02000 0.1687343 0.0347591 0.0371773 123189       .  5775 5775 5775 0.31700 0.0164310 050211  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.5448 1.3243162 1.5071000    3
164 294  1235.26 1.3802 1.0000 1.0000 0.0475158 0.02700 0.9534492 0.2129719 0.6787456 063090       .  2840 2840 2840 0.52900 0.0845086 050213  0 0.78300 N  9 0.4407 0.2472768 0.3012105 OURBAN OURBAN 0.1534 1.0792442 1.1178000    3
 50 178  1691.52 1.4362 1.0000 1.0000 0.0025248 0.02900 0.4322142 0.0914678 0.2487268 123189       .  4480 4480 4480 0.33200 0.0032454 050214  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.4931 1.1576230 1.2383000    3
106 175  2630.21 1.5170 1.0000 1.0000 0.0407719 0.05800 0.4270112 0.0903184 0.2444342 013195       .  7400 7400 7400 0.40800 0.0165621 050215  0 0.15560 N  9 0.0955 0.0448886 0.0711229 LURBAN LURBAN 0.3960 1.2871274 1.4457000    2
 12  57   599.00 1.3729 1.0000 1.0000 0.0070230 0.04400 0.2657184 0.0000000 0.0000000 123189 3576.67   05   05   05 0.63000 0.0153150 050217 16 0.00000 N  9 0.0000 0.0000000 0.0000000 RURAL  RURAL  0.5490 1.0002054 1.0003000   33
 21 113   717.42 1.3226 1.0000 1.0000 0.0329841 0.04500 0.4107198 0.0867274 0.2309938 123183       .  4480 4480 4480 0.42500 0.0300911 050219  0 0.25400 N  9 0.0542 0.0743102 0.0408371 LURBAN LURBAN 0.4423 1.1576230 1.2383000    2
109 182  2796.05 1.5907 1.0000 1.0000 0.0634669 0.05600 0.4887723 0.1040402 0.2953871 093090       .  7320 7320 7320 0.36900 0.0259325 050222  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.4416 1.1429841 1.2155000    3
232 353  5546.76 1.5565 1.0000 1.0000 0.0585908 0.04300 0.0840243 0.0171605 0.0000000 090995       .  5945 5945 5945 0.45100 0.0862452 050224  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.3652 1.1267032 1.1903000    2
 45 101  2060.93 1.3268 1.0000 1.0000 0.0243364 0.04300 0.1711499 0.0352654 0.0387474 123189       .  1620 1620 1620 0.50400 0.0410581 050225  0 0.00000 N  9 0.0000 0.0000000 0.0000000 OURBAN OURBAN 0.6640 1.0284394 1.0418000   12
 79 220  2618.40 1.3408 1.0000 1.0000 0.0962226 0.05100 0.1019678 0.0208507 0.0000000 093089       .  5945 5945 5945 0.38200 0.0791803 050226  0 0.00000 N  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.5677 1.1267032 1.1903000    1
194 272  2077.40 1.3669 1.0000 1.0000 0.0120796 0.02000 0.7941957 0.1744790 0.5473615 063091       .  7360 7360 7360 0.66500 0.0283962 050228  0 1.14780 N  9 0.8554 0.3825217 0.5376105 LURBAN LURBAN 0.1725 1.2722112 1.4213000    1
 77 154  1651.90 1.2782 1.0000 1.0000 0.0686911 0.04900 0.6349586 0.1372114 0.4159908 022889       .  5945 4480 5945 0.45100 0.0444017 050230  0 0.00000 W  9 0.0000 0.0000000 0.0000000 LURBAN LURBAN 0.3379 1.1576230 1.2383000    1
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230	411	4832.73	1.6380	1.0000	1.0000	0.0176280	0.04000	0.5158945	0.1101206	0.3177629	123189	.	4480	4480	4480	0.34500	0.0098931	050231	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1784	1.1576230	1.2383000	1
34	109	1356.05	1.7783	1.0000	1.0000	0.0418887	0.04300	0.1004700	0.0205535	0.0000000	063089	.	7460	7460	7460	0.32100	0.0310887	050232	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5581	1.1044981	1.1562000	0
37	108	1135.18	1.2892	1.0000	1.0000	0.0261580	0.04800	0.1730936	0.0356730	0.0400108	093090	.	7320	7320	7320	0.38500	0.0226062	050233	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4748	1.1429841	1.2155000	2
21	35	868.83	1.3140	1.0000	1.0000	0.0243961	0.03900	0.2246064	0.0000000	0.0000000	093090	.	7320	7320	7320	0.44100	0.0395939	050234	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6086	1.1429841	1.2155000	2
192	456	7015.74	1.5152	1.0000	1.0000	0.0991906	0.06000	0.2355642	0.0488578	0.0864904	123189	.	4480	4480	4480	0.39700	0.0560375	050235	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4576	1.1576230	1.2383000	2
50	104	1209.47	1.6530	1.0000	1.0000	0.0957162	0.04900	0.2000061	0.0413326	0.0575039	123189	.	8735	4480	8735	0.43900	0.0927054	050236	0	0.00000	W	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4426	1.1576230	1.2383000	7
108	260	3202.00	1.4886	1.0000	1.0000	0.0424853	0.04500	0.0653807	0.0133276	0.0000000	123189	.	4480	4480	4480	0.42000	0.0509834	050238	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4545	1.1576230	1.2383000	3
121	198	3260.52	1.5060	1.0000	1.0000	0.0050536	0.03200	0.6047108	0.1302671	0.3910364	123189	.	4480	4480	4480	0.34800	0.0037977	050239	0	0.24450	N	9	0.1616	0.0714340	0.1182128	LURBAN	LURBAN	0.3333	1.1576230	1.2383000	2
161	342	3097.01	1.3947	1.0000	1.0000	0.1240452	0.05400	0.4288207	0.0907180	0.2459271	063084	.	4480	4480	4480	0.40000	0.0702406	050240	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3604	1.1576230	1.2383000	1
68	149	937.19	1.2124	1.0000	1.0000	0.0764893	0.03000	0.4620503	0.0980822	0.2733415	123189	.	4480	4480	4480	0.40996	0.1164006	050241	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2136	1.1576230	1.2383000	2
143	298	4466.29	1.4657	1.0000	1.0000	0.0295398	0.04000	0.2488438	0.0516821	0.0974462	063090	.	7485	7360	7360	0.40000	0.0342167	050242	0	0.00000	B	9	0.0000	0.0000000	0.0000000	OURBAN	LURBAN	0.5596	1.2722112	1.4213000	1
148	320	4094.16	1.5346	1.0000	1.0000	0.0530046	0.03000	0.2533853	0.0526497	0.1011929	063084	.	6780	6780	6780	0.45100	0.1213491	050243	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3038	1.0830099	1.1235000	9
158	233	649.19	1.3968	1.0000	1.0000	0.0299527	0.01400	0.8034828	0.1766898	0.5550233	063089	.	6780	6780	6780	0.47000	0.0529598	050245	0	0.45490	N	9	0.3242	0.1369768	0.2276443	LURBAN	LURBAN	0.0714	1.0830099	1.1235000	1
55	129	652.56	1.1907	1.0000	1.0000	0.0073985	0.02000	0.7009586	0.1525122	0.4704409	063091	.	7120	7120	7120	0.55900	0.0104837	050248	0	0.31690	N	9	0.1491	0.0935499	0.1094324	OURBAN	OURBAN	0.1676	1.2470875	1.3805000	3
8	24	294.30	1.0743	1.0000	1.0000	0.0275015	0.03963	0.2051948	0.0000000	0.0000000	123183	4693.69	05	05	05	0.77300	0.0568618	050251	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4201	1.0002054	1.0003000	23
95	159	10.00	0.7275	1.0000	1.0000	0.0000000	0.04300	0.4285714	0.0906629	0.2457214	093091	.	5945	5945	5945	0.30300	0.0000000	050253	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0066	1.1267032	1.1903000	1
50	93	2198.40	1.2008	1.0000	1.0000	0.1093039	0.07200	0.1918373	0.0000000	0.0000000	103190	.	6920	6920	6920	0.43200	0.0605568	050254	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6303	1.1557017	1.2353000	18
20	139	190.56	1.7435	1.0000	1.0000	0.0120702	0.04200	0.5623775	0.1206193	0.3561114	103188	.	4480	4480	4480	0.48100	0.0146773	050256	0	0.51420	N	9	0.0748	0.1561636	0.0560299	LURBAN	LURBAN	0.1863	1.1576230	1.2383000	1
15	43	368.07	1.0673	1.0000	1.0000	0.0374314	0.02900	0.6858649	0.0000000	0.0500000	063084	.	0680	0680	0680	0.51500	0.1100742	050257	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4360	1.0129726	1.0190000	2
6	18	247.20	1.0326	1.0000	1.0000	0.0065583	0.02600	0.2261718	0.0000000	0.0000000	063090	.	6780	6780	6780	0.59400	0.0084273	050260	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4248	1.0830099	1.1235000	10
58	93	2218.42	1.1895	1.0000	1.0000	0.0157980	0.03100	0.4533311	0.0000000	0.0500000	063090	.	8780	8780	8780	0.39200	0.0278947	050261	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5605	1.0103842	1.0152000	3
381	590	7022.26	1.8548	1.0000	1.0000	0.1024722	0.04700	0.3236897	0.0677431	0.1591940	063089	.	4480	4480	4480	0.49000	0.1085762	050262	0	1.23120	N	9	0.7998	0.4154459	0.5078810	LURBAN	LURBAN	0.3233	1.1576230	1.2383000	1
26	139	268.84	1.2796	1.0000	1.0000	0.0401819	0.05100	0.2089574	0.0432219	0.0645399	043084	.	4480	4480	4480	0.38400	0.0267048	050263	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5779	1.1576230	1.2383000	2
63	136	3356.91	1.3758	1.0000	1.0000	0.0023197	0.02100	0.1030462	0.0210861	0.0000000	123184	.	5775	5775	5775	0.31300	0.0060274	050264	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.8389	1.3243162	1.5071000	1
158	266	4200.58	1.5136	1.0000	1.0000	0.0225152	0.02700	0.5540897	0.1187401	0.3492740	063090	.	4480	4480	4480	0.30300	0.0224813	050267	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4901	1.1576230	1.2383000	1
108	159	2398.95	1.2612	1.0000	1.0000	0.0349680	0.02900	0.5971217	0.1285314	0.3847754	093090	.	7320	7320	7320	0.30600	0.0304139	050270	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3940	1.1429841	1.2155000	3
88	183	3610.51	1.3333	1.0000	1.0000	0.0638923	0.06800	0.2041548	0.0422078	0.0605777	093090	.	6780	6780	6780	0.43000	0.0366798	050272	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1539	1.0830099	1.1235000	2
1	17	42.92	0.9505	1.0000	1.0000	0.0000000	0.07000	0.3590623	0.0000000	0.0000000	063091	.	5170	5170	5170	0.72200	0.0000000	050274	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.7488	1.0077245	1.0113000	12
90	131	854.64	1.2072	1.0000	1.0000	0.0359373	0.03100	0.8248768	0.1817987	0.5726734	063090	.	5775	5775	5775	0.78700	0.1005529	050276	0	0.27350	N	9	0.1892	0.0802383	0.1374028	LURBAN	LURBAN	0.1840	1.3243162	1.5071000	1
27	106	874.24	1.3745	1.0000	1.0000	0.0004503	0.02900	0.5244423	0.1120438	0.3248149	063084	.	4480	4480	4480	0.42500	0.0007129	050277	0	0.18100	N	9	0.0787	0.0524052	0.0588866	LURBAN	LURBAN	0.4932	1.1576230	1.2383000	0
95	196	2122.77	1.5159	1.0000	1.0000	0.0220164	0.03400	0.2666442	0.0554798	0.1121314	053191	.	4480	4480	4480	0.33400	0.0246843	050278	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3123	1.1576230	1.2383000	1
30	56	1695.53	1.2406	1.0000	1.0000	0.0049923	0.04700	0.1934643	0.0000000	0.0000000	063090	5251.02	6780	6780	6780	0.60600	0.0090533	050279	16	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6265	1.0830099	1.1235000	24
121	211	3655.56	1.6601	1.0000	1.0000	0.1138691	0.04000	0.2929991	0.0611278	0.1338743	063090	.	6690	6690	6690	0.40500	0.1193134	050280	0	0.13720	N	9	0.0887	0.0394771	0.0661837	OURBAN	OURBAN	0.4713	1.1073748	1.1606000	2
75	124	953.93	1.4441	1.0000	1.0000	0.0128004	0.03200	0.6398830	0.1383460	0.4200535	093090	.	4480	4480	4480	0.47900	0.0189797	050281	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2515	1.1576230	1.2383000	2
64	180	566.97	1.3285	1.0000	1.0000	0.0312452	0.02800	0.4157390	0.0878325	0.2351347	093090	.	5945	5945	5945	0.35100	0.0474041	050282	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1578	1.1267032	1.1903000	1
2	65	62.52	1.1583	1.0000	1.0000	0.0229025	0.03500	0.1012126	0.0000000	0.0000000	063090	.	5775	5775	5775	0.38700	0.0416573	050283	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6253	1.3243162	1.5071000	13
2	14	106.34	1.0224	1.0000	1.0000	0.0000000	0.04200	0.4080605	0.0000000	0.0500000	073190	.	8780	8780	8780	0.95300	0.0000000	050286	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5136	1.0103842	1.0152000	6
116	170	3110.92	1.7875	1.0000	1.0000	0.0187127	0.03400	0.3295523	0.0690115	0.1640307	063091	.	7360	7360	7360	0.38800	0.0256984	050289	0	0.02080	N	9	0.0160	0.0058870	0.0121894	LURBAN	LURBAN	0.4356	1.2722112	1.4213000	2
81	402	4268.11	1.6307	1.0000	1.0000	0.0448711	0.03700	0.0493507	0.0100436	0.0000000	053190	.	4480	4480	4480	0.40996	0.0727601	050290	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6076	1.1576230	1.2383000	0
78	131	1175.27	1.2445	1.0000	1.0000	0.0253402	0.02900	0.6492730	0.1405126	0.4278002	063091	.	7500	7500	7500	0.45800	0.0349869	050291	0	0.44140	N	9	0.3125	0.1326535	0.2200465	OURBAN	OURBAN	0.2307	1.1643360	1.2488000	2
197	318	889.61	1.0505	1.0000	1.0000	0.0336663	0.02300	0.7329231	0.1599964	0.4968115	063089	.	6780	6780	6780	0.48300	0.0721754	050292	0	0.36600	N	9	0.2297	0.1088076	0.1650882	LURBAN	LURBAN	0.0977	1.0830099	1.1235000	1
0	28	17.00	1.1636	1.0000	1.0000	0.0000000	0.03963	0.5610122	0.0000000	0.0500000	063090	.	7360	7360	7360	0.45100	0.0000000	050293	0	6.41710	N	9	0.2768	5.1159837	0.1966114	LURBAN	LURBAN	0.4080	1.2722112	1.4213000	0
133	267	4472.81	1.4142	1.0000	1.0000	0.1102994	0.05500	0.1808406	0.0372990	0.0450464	063089	.	0680	0680	0680	0.43500	0.0893715	050295	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5435	1.0129726	1.0190000	1
15	49	585.62	1.2125	1.0000	1.0000	0.0185066	0.05400	0.3554396	0.0000000	0.0000000	063091	.	05	7400	05	0.50200	0.0192294	050296	0	0.00000	W	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4555	1.2871274	1.4457000	15
23	56	776.00	1.2856	1.0000	1.0000	0.0052385	0.04300	0.3027205	0.0000000	0.0000000	123193	.	6780	6780	6780	0.44600	0.0081799	050298	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3912	1.0830099	1.1235000	27
30	101	1103.73	1.3653	1.0000	1.0000	0.0042530	0.02000	0.4726397	0.1004394	0.2820777	033189	.	4480	4480	4480	0.36100	0.0118006	050299	0	0.06620	N	9	0.0198	0.0188572	0.0150676	LURBAN	LURBAN	0.4807	1.1576230	1.2383000	1
83	109	1702.92	1.3184	1.0000	1.0000	0.0114015	0.02800	0.2614502	0.0543702	0.1078464	123183	.	6780	6780	6780	0.37800	0.0223688	050300	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3343	1.0830099	1.1235000	2
43	101	1501.36	1.3740	1.0000	1.0000	0.0088646	0.05700	0.3593178	0.0000000	0.0400000	123189	.	05	7500	05	0.61000	0.0119804	050301	0	0.00000	W	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5229	1.1564704	1.2365000	1
75	120	2990.01	1.4125	1.0000	1.0000	0.0166023	0.03900	0.0430569	0.0087571	0.0000000	123189	.	7360	7360	7360	0.42800	0.0273787	050302	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3895	1.2722112	1.4213000	3
214	291	5243.82	1.5844	1.0000	1.0000	0.1813179	0.06000	0.4215139	0.0891053	0.2398990	123091	.	5775	5775	5775	0.39500	0.0796775	050305	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3608	1.3243162	1.5071000	1
25	80	953.22	1.4371	1.0000	1.0000	0.0127101	0.02000	0.4103408	0.0000000	0.0500000	053191	.	1620	1620	1620	0.33900	0.0343920	050307	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6254	1.0284394	1.0418000	1
124	245	5038.89	1.5851	1.0000	1.0000	0.0255767	0.03000	0.0837673	0.0171076	0.0000000	061794	.	7400	7400	7400	0.47700	0.0608269	050308	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4564	1.2871274	1.4457000	5
111	219	3756.41	1.3378	1.0000	1.0000	0.0347314	0.02700	0.1807238	0.0372745	0.0449705	123189	.	6920	6920	6920	0.33100	0.0620512	050309	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5302	1.1557017	1.2353000	5
23	73	671.30	1.2160	1.0000	1.0000	0.0945835	0.04500	0.6038628	0.0000000	0.0500000	083184	.	4480	4480	4480	0.45200	0.1130568	050310	0	0.08600	N	9	0.0274	0.0245661	0.0208048	LURBAN	LURBAN	0.5790	1.1576230	1.2383000	1
107	185	4174.95	1.9741	1.0000	1.0000	0.1103798	0.02300	0.1744869	0.0359653	0.0409165	053191	.	6690	6690	6690	0.45100	0.2401419	050312	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6401	1.1073748	1.1606000	2
23	62	951.65	1.1966	1.0000	1.0000	0.2067725	0.10400	0.1071375	0.0000000	0.0000000	123189	.	8120	8120	5775	0.47400	0.0693158	050313	0	0.00000	R	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4874	1.0933511	1.1392000	12
156	265	1149.20	1.1650	1.0000	1.0000	0.0226815	0.03000	0.8917253	0.1979052	0.6278234	063089	.	0680	0680	0680	0.59200	0.0320966	050315	0	0.54580	N	9	0.3655	0.1665198	0.2541489	OURBAN	OURBAN	0.1219	1.0129726	1.0190000	2
47	99	644.18	1.3335	1.0000	1.0000	0.0260005	0.04600	0.0629182	0.0000000	0.0000000	123189	.	4480	4480	4480	0.53600	0.0418364	050317	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0675	1.1576230	1.2383000	2
167	255	1386.48	1.3206	1.0000	1.0000	0.0122442	0.02400	0.8646298	0.1913505	0.6054696	063090	.	5775	5775	5775	0.68800	0.0224030	050320	0	0.76770	N	9	0.4019	0.2419031	0.2771162	LURBAN	LURBAN	0.1423	1.3243162	1.5071000	2
122	392	3435.27	1.8303	1.0000	1.0000	0.0580643	0.03300	0.1042276	0.0213304	0.0000000	093089	.	7320	7320	7320	0.39500	0.1044151	050324	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4625	1.1429841	1.2155000	1
12	28	549.45	1.2455	1.0000	1.0000	0.0028801	0.01700	0.2615110	0.0000000	0.0000000	063090	.	05	5170	05	0.47500	0.0040422	050325	0	0.00000	W	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5126	1.0077245	1.0113000	1
449	682	6692.77	1.5947	1.0000	1.0000	0.0412950	0.03800	0.5594083	0.1199457	0.3536618	123189	.	6780	6780	6780	0.32400	0.0239700	050327	0	0.60840	N	9	0.3957	0.1873103	0.2732295	LURBAN	LURBAN	0.1925	1.0830099	1.1235000	0
18	57	756.42	1.4231	1.0000	1.0000	0.0087035	0.03000	0.2878932	0.0000000	0.0000000	033184	.	4480	4480	4480	0.31700	0.0155552	050328	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5598	1.1576230	1.2383000	0
71	148	1633.58	1.3165	1.0000	1.0000	0.0445332	0.04400	0.2881968	0.0600964	0.1299124	123191	.	6780	6780	6780	0.42300	0.0466091	050329	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3441	1.0830099	1.1235000	1
16	37	791.54	1.4204	1.0000	1.0000	0.0028857	0.04400	0.1357504	0.0000000	0.0000000	022892	.	7500	7500	7500	0.48000	0.0049104	050331	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5577	1.1643360	1.2488000	15
4	10	179.50	0.9768	1.0000	1.0000	0.0061019	0.03300	0.2531680	0.0000000	0.0000000	063089	5487.14	05	05	05	0.66400	0.0081013	050333	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5601	1.0002054	1.0003000	18
111	224	3851.22	1.7823	1.0000	1.0000	0.0378924	0.02800	0.2157796	0.0446641	0.0701682	063089	.	7120	7120	7120	0.53200	0.1136629	050334	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4976	1.2470875	1.3805000	3
29	75	1573.69	1.2498	1.0000	1.0000	0.0147502	0.05000	0.1284482	0.0000000	0.0000000	123189	.	05	5170	05	0.59100	0.0253871	050335	0	0.00000	W	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6378	1.0077245	1.0113000	1
52	101	2464.93	1.3568	1.0000	1.0000	0.0066966	0.02300	0.1680590	0.0346177	0.0367384	123183	.	8120	8120	8120	0.45600	0.0149456	050336	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5890	1.0933511	1.1392000	1
15	59	667.40	1.1675	1.0000	1.0000	0.0309966	0.04200	0.2731531	0.0000000	0.0000000	043089	.	4480	4480	4480	0.39400	0.0372968	050337	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6832	1.1576230	1.2383000	8
37	80	860.62	1.3737	1.0000	1.0000	0.0249036	0.03500	0.6107196	0.0000000	0.0400000	063089	.	05	05	05	0.55200	0.0528359	050342	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.3376	1.0002054	1.0003000	12
18	43	597.53	1.0323	1.0000	1.0000	0.0030106	0.05000	0.6564031	0.0000000	0.0500000	063089	.	4480	4480	4480	0.43400	0.0027061	050343	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4654	1.1576230	1.2383000	1
198	320	1235.13	1.5855	1.0000	1.0000	0.0343874	0.01900	0.7238999	0.1578788	0.4893674	063089	.	5945	5945	5945	0.32000	0.0584974	050348	0	1.06640	N	9	0.7432	0.3511257	0.4770500	LURBAN	LURBAN	0.1060	1.1267032	1.1903000	1
10	32	427.54	0.9040	1.0000	1.0000	0.0000000	0.03963	0.5104797	0.0000000	0.0400000	063089	.	05	05	05	0.61200	0.0000000	050349	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5037	1.0002054	1.0003000	15
115	213	3035.81	1.3873	1.0000	1.0000	0.0069037	0.02100	0.5428687	0.1162009	0.3400167	063089	.	4480	4480	4480	0.34500	0.0133733	050350	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4908	1.1576230	1.2383000	1
182	318	5367.75	1.4751	1.0000	1.0000	0.0188994	0.03700	0.0734185	0.0149783	0.0000000	123189	.	4480	4480	4480	0.38900	0.0298147	050351	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2583	1.1576230	1.2383000	2

29	72	855.49	1.2938	1.0000	1.0000	0.0326771	0.05600	0.2070278	0.0000000	0.0000000	123190	4910.74	6920	6920	6920	0.63600	0.0554495	050352	16	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3487	1.1557017	1.2353000	21
136	250	3901.92	1.5729	1.0000	1.0000	0.0236797	0.03300	0.0841668	0.0171898	0.0000000	063089	.	4480	4480	4480	0.39600	0.0443515	050353	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4362	1.1576230	1.2383000	2
0	6	31.82	0.9522	1.0000	1.0000	0.0000000	0.15600	0.1530364	0.0000000	0.0000000	063089	4443.38	05	05	05	0.71600	0.0000000	050355	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6829	1.0002054	1.0003000	14
23	142	597.01	1.7251	1.0000	1.0000	0.0296481	0.03900	0.0919214	0.0187884	0.0000000	093089	.	7480	7480	7480	0.42200	0.0488298	050357	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4203	1.0835380	1.1243000	4
41	112	1377.67	1.2116	1.0000	1.0000	0.0338348	0.06000	0.4154155	0.0877612	0.2348678	063089	.	8780	8780	8780	0.65200	0.0356489	050359	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4930	1.0103842	1.0152000	7
93	201	3591.57	1.4686	1.0000	1.0000	0.0177729	0.03963	0.1366090	0.0280495	0.0000000	123191	.	7360	5775	7360	0.48500	0.0352939	050360	0	0.00000	W	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4787	1.3243162	1.5071000	4
16	49	813.12	1.2996	1.0000	1.0000	0.0373374	0.04400	0.1586748	0.0000000	0.0000000	123190	5930.21	05	05	05	0.45300	0.0544387	050366	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6599	1.0002054	1.0003000	12
42	118	1061.59	1.2852	1.0000	1.0000	0.1138258	0.04800	0.5410471	0.1157893	0.3385138	123189	.	8720	8720	8720	0.34000	0.0555222	050367	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3304	1.2252860	1.3454000	8
173	234	3252.76	1.3234	1.0000	1.0000	0.0072867	0.02100	0.5173706	0.1104525	0.3189808	123189	.	4480	4480	4480	0.36000	0.0138110	050369	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2344	1.1576230	1.2383000	1
857	1194	1867.06	1.4125	1.0000	1.0000	0.0268584	0.01500	0.8342256	0.1840381	0.5803862	063088	.	4480	4480	4480	0.49500	0.0556769	050373	0	0.62500	N	9	0.4525	0.1928853	0.3084614	LURBAN	LURBAN	0.0420	1.1576230	1.2383000	0
335	447	1169.92	1.3680	1.0000	1.0000	0.0223360	0.03963	0.7420957	0.1621531	0.5043789	063089	.	4480	4480	4480	0.50500	0.0178978	050376	0	0.95670	N	9	0.8025	0.3099392	0.5093372	LURBAN	LURBAN	0.0591	1.1576230	1.2383000	2
2	5	119.65	0.8989	1.0000	1.0000	0.0000000	0.07100	0.2792797	0.0000000	0.0000000	063089	.	2840	2840	2840	0.70700	0.0000000	050377	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6628	1.0792442	1.1178000	15
83	250	994.53	1.0915	1.0000	1.0000	0.0150175	0.06300	0.8375747	0.1848413	0.5831491	043089	.	4480	4480	4480	0.29500	0.0030398	050378	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1509	1.1576230	1.2383000	2
4	21	149.33	1.0865	1.0000	1.0000	0.0175670	0.04600	0.1597921	0.0000000	0.0000000	063089	5118.55	0680	0680	0680	0.54500	0.0324475	050379	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6017	1.0129726	1.0190000	26
173	316	4340.48	1.6704	1.0000	1.0000	0.0344168	0.04200	0.0433409	0.0088152	0.0000000	083195	.	7400	7400	7400	0.53600	0.0687368	050380	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3107	1.2871274	1.4457000	1
109	226	2775.53	1.4397	1.0000	1.0000	0.0183049	0.03300	0.3582537	0.0752427	0.1877093	123189	.	4480	4480	4480	0.34300	0.0197869	050382	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4569	1.1576230	1.2383000	1
15	38	925.87	1.3934	1.0000	1.0000	0.0047305	0.03000	0.1383404	0.0000000	0.0000000	073184	.	7500	7500	7500	0.49400	0.0090725	050385	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5805	1.1643360	1.2488000	7
1	4	56.99	0.8958	1.0000	1.0000	0.0128681	0.08300	0.1454909	0.0000000	0.0000000	063090	6199.75	05	05	05	0.91100	0.0193448	050388	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6741	1.0002054	1.0003000	54
159	305	4929.61	1.2257	1.0000	1.0000	0.0140010	0.03200	0.3047146	0.0636482	0.1435396	063089	.	6780	6780	6780	0.35700	0.0199200	050390	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4798	1.0830099	1.1235000	13
21	97	747.60	1.2742	1.0000	1.0000	0.0154771	0.04300	0.3906852	0.0000000	0.0000000	123189	.	4480	4480	4480	0.41100	0.0182214	050391	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3139	1.1576230	1.2383000	1
7	36	324.43	0.9570	1.0000	1.0000	0.0082350	0.01800	0.3628711	0.0000000	0.1000000	063090	6855.98	05	05	05	0.60200	0.0030141	050392	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4463	1.0002054	1.0003000	29
123	291	4946.72	1.4187	1.0000	1.0000	0.0069251	0.02500	0.2633279	0.0547712	0.1093955	063094	.	4480	4480	4480	0.40400	0.0166506	050393	0	0.15440	N	9	0.0655	0.0445349	0.0491926	LURBAN	LURBAN	0.4105	1.1576230	1.2383000	2
99	192	3786.19	1.5515	1.0000	1.0000	0.0386586	0.05500	0.0603295	0.0122917	0.0000000	123189	.	8735	8735	8735	0.48000	0.0394263	050394	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3669	1.0709649	1.1053000	0
213	441	4410.34	1.6164	1.0000	1.0000	0.0201341	0.02100	0.2348623	0.0487087	0.0859114	123189	.	7480	7480	7480	0.31300	0.0432128	050396	0	0.17310	N	9	0.0779	0.0500616	0.0583011	OURBAN	OURBAN	0.4161	1.0835380	1.1243000	1
7	22	309.22	0.9931	1.0000	1.0000	0.0537860	0.13100	0.3807545	0.0000000	0.0000000	063090	8409.65	2840	2840	2840	0.60500	0.0162178	050397	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4096	1.0792442	1.1178000	36
36	99	888.48	1.0762	1.0000	1.0000	0.0569894	0.04900	0.3040533	0.0000000	0.0000000	043095	.	4480	4480	4480	0.36400	0.0433823	050401	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4681	1.1576230	1.2383000	1
6	34	470.02	1.1448	1.0000	1.0000	0.0060128	0.03900	0.2290636	0.0000000	0.0000000	123189	.	1620	1620	1620	0.61400	0.0234421	050404	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.7268	1.0284394	1.0418000	12
7	20	303.33	1.1074	1.0000	1.0000	0.0190258	0.04600	0.3918898	0.0000000	0.0000000	063089	4282.31	6690	6690	6690	0.57800	0.0374776	050406	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5737	1.1073748	1.1606000	43
31	59	1151.56	1.3170	1.0000	1.0000	0.0046593	0.03963	0.6621994	0.0000000	0.0500000	123189	.	7360	7360	7360	0.55300	0.0088514	050407	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4231	1.2722112	1.4213000	1
10	48	254.58	1.0766	1.0000	1.0000	0.0000000	0.02800	0.7405838	0.0000000	0.0500000	123189	.	2840	2840	2840	0.34900	0.0000000	050410	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.2875	1.0792442	1.1178000	7
98	251	2585.97	1.3987	1.0000	1.0000	0.0086859	0.03963	0.0198526	0.0040283	0.0000000	123183	.	4480	4480	4480	0.40996	0.0133185	050411	0	0.01300	N	9	0.0047	0.0036753	0.0035926	LURBAN	LURBAN	0.1057	1.1576230	1.2383000	1
29	90	1085.36	1.2903	1.0000	1.0000	0.2371563	0.08600	0.1227628	0.0000000	0.0000000	033189	.	6920	6920	6920	0.41800	0.0911528	050414	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4711	1.1557017	1.2353000	7
31	47	1358.29	1.2999	1.0000	1.0000	0.0281495	0.06000	0.1723189	0.0000000	0.0000000	123190	5104.47	05	05	05	0.50800	0.0258896	050417	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6552	1.0002054	1.0003000	47
16	52	741.11	1.4150	1.0000	1.0000	0.0067190	0.02900	0.2655941	0.0000000	0.0000000	053189	.	8780	8780	8780	0.46000	0.0168545	050418	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5775	1.0103842	1.0152000	1
14	33	697.83	1.3146	1.0000	1.0000	0.0152810	0.04900	0.2099138	0.0000000	0.0000000	123183	4619.79	05	05	05	0.56000	0.0276975	050419	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5653	1.0002054	1.0003000	35
72	180	1318.80	1.4222	1.0000	1.0000	0.0346067	0.03963	0.6069500	0.1307797	0.3928837	123189	.	4480	4480	4480	0.38900	0.0248724	050420	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4523	1.1576230	1.2383000	1
89	149	2880.89	1.4126	1.0000	1.0000	0.0095450	0.01800	0.2864324	0.0597177	0.1284567	122883	.	6920	6920	6920	0.31100	0.0214145	050421	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6231	1.1557017	1.2353000	3
13	55	525.77	0.9784	1.0000	1.0000	0.0038667	0.02700	0.5495761	0.0000000	0.0500000	123190	4215.91	6780	6780	6780	0.50900	0.0109102	050423	16	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3450	1.0830099	1.1235000	39
93	173	2636.97	1.8310	1.0000	1.0000	0.0305716	0.04800	0.0388440	0.0078969	0.0000000	093091	.	7320	7320	7320	0.52600	0.0464931	050424	0	0.28420	N	9	0.1533	0.0835051	0.1123889	LURBAN	LURBAN	0.3782	1.1429841	1.2155000	1
239	301	6998.19	1.2802	1.0000	1.0000	0.0044119	0.04400	0.0115205	0.0023356	0.0000000	123190	.	6920	6920	6920	0.45100	0.0054630	050425	0	0.13650	N	9	0.0890	0.0392718	0.0664020	LURBAN	LURBAN	0.2635	1.1557017	1.2353000	0
64	221	1654.85	1.2998	1.0000	1.0000	0.0332822	0.01700	0.1331862	0.0273372	0.0000000	083184	.	5945	5945	5945	0.40996	0.0496780	050426	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3640	1.1267032	1.1903000	1
2	16	90.23	0.9276	1.0000	1.0000	0.0000000	0.04000	0.3618730	0.0000000	0.1000000	063089	5700.61	05	05	05	0.54600	0.0000000	050430	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4691	1.0002054	1.0003000	19
23	58	411.21	1.0634	1.0000	1.0000	0.0130917	0.02400	0.9063277	0.0000000	0.0500000	083184	.	5945	5945	5945	0.39000	0.0255796	050431	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2676	1.1267032	1.1903000	3
128	195	2273.56	1.5515	1.0000	1.0000	0.0386416	0.02500	0.9861098	0.2210208	0.7056906	053184	.	4480	4480	4480	0.45100	0.0633852	050432	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3333	1.1576230	1.2383000	1
3	5	136.13	1.0570	1.0000	1.0000	0.0143283	0.02400	0.2834829	0.0000000	0.0000000	063090	5669.12	05	05	05	0.57100	0.0030116	050433	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5103	1.0002054	1.0003000	14
10	40	406.25	1.1424	1.0000	1.0000	0.0017591	0.04000	0.2262095	0.0000000	0.0000000	033184	6626.01	05	05	05	0.55300	0.0091620	050434	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5114	1.0002054	1.0003000	18
15	50	855.55	1.2488	1.0000	1.0000	0.0138395	0.02900	0.1662548	0.0000000	0.0000000	063091	4963.78	7320	7320	7320	0.51000	0.0413777	050435	16	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7513	1.1429841	1.2155000	14
5	23	205.18	0.9981	1.0000	1.0000	0.0035925	0.04800	0.2717698	0.0000000	0.0000000	063089	.	4940	4940	4940	0.56000	0.0079419	050436	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6524	1.0448069	1.0661000	9
270	494	4353.07	1.6333	1.0000	1.0000	0.0423138	0.03400	0.3106459	0.0649265	0.1484329	123189	.	4480	4480	4480	0.42800	0.0663582	050438	0	0.12750	N	9	0.0764	0.0366356	0.0572026	LURBAN	LURBAN	0.3026	1.1576230	1.2383000	3
11	38	525.90	1.3890	1.0000	1.0000	0.0394842	0.06000	0.2292848	0.0000000	0.0000000	123189	.	05	05	05	0.56300	0.0443510	050440	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5690	1.0002054	1.0003000	18
281	400	6609.80	1.9197	1.0000	1.0000	0.0909082	0.04400	0.2308732	0.0478619	0.0826204	083189	.	7400	7400	7400	0.41700	0.0761508	050441	0	1.04830	N	9	0.7904	0.3442420	0.5028010	LURBAN	LURBAN	0.2563	1.2871274	1.4457000	4
3	24	253.27	0.9529	1.0000	1.0000	0.0058973	0.03100	0.0853207	0.0000000	0.0000000	063089	3609.05	05	05	05	0.59500	0.0019344	050443	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.8135	1.0002054	1.0003000	27
68	162	1561.49	1.3590	1.0000	1.0000	0.0073118	0.02500	0.5592305	0.1199053	0.3535151	063090	.	4940	4940	4940	0.36800	0.0146485	050444	0	0.20800	N	9	0.1111	0.0604545	0.0823856	OURBAN	OURBAN	0.3527	1.0448069	1.0661000	1
1	28	60.64	0.9023	1.0000	1.0000	0.0000000	0.10900	0.1007687	0.0000000	0.0000000	063089	4648.77	0680	0680	4480	0.45100	0.0000000	050446	16	0.00000	R	9	0.0000	0.0000000	0.0000000	OURBAN	LURBAN	0.4140	1.0129726	1.0190000	30
43	102	692.27	1.0439	1.0000	1.0000	0.0241694	0.07200	0.8427905	0.1860934	0.5874522	083190	.	7320	7320	7320	0.39300	0.0141862	050447	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4457	1.1429841	1.2155000	2
22	88	685.24	1.1085	1.0000	1.0000	0.0637903	0.04500	0.1711391	0.0000000	0.0000000	013189	4272.86	0680	0680	0680	0.53600	0.1123780	050448	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3798	1.0129726	1.0190000	37
27	70	889.37	1.3687	1.0000	1.0000	0.0643076	0.04400	0.0969029	0.0000000	0.0000000	063090	.	7480	7480	7480	0.34800	0.0536644	050449	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3796	1.0835380	1.1243000	1
313	455	4389.18	1.7991	1.0000	1.0000	0.0212323	0.02700	0.4528177	0.0960311	0.2657246	063091	.	7360	7360	7360	0.43300	0.0372157	050454	0	1.19360	N	9	0.9146	0.4005064	0.5686880	LURBAN	LURBAN	0.2395	1.2722112	1.4213000	1
91	157	3075.99	1.9156	1.0000	1.0000	0.0182986	0.02700	0.4070886	0.0859286	0.2279981	123189	.	0680	0680	0680	0.46500	0.0383383	050455	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3976	1.0129726	1.0190000	1
6	38	356.34	1.1356	1.0000	1.0000	0.0015500	0.05600	0.0323716	0.0000000	0.0000000	123191	.	4480	4480	4480	0.77500	0.0066387	050456	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7599	1.1576230	1.2383000	0
105	216	3753.81	1.9161	1.0000	1.0000	0.0201026	0.03500	0.1719829	0.0354401	0.0392889	063090	.	7360	7360	7360	0.35500	0.0249202	050457	0	0.28030	N	9	0.1702	0.0823133	0.1242211	LURBAN	LURBAN	0.5865	1.2722112	1.4213000	1
44	151	523.22	1.1519	1.0000	1.0000	0.0598821	0.07300	0.4567495	0.0969041	0.2689683	063089	.	4480	4480	4480	0.42400	0.0175801	050459	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2043	1.1576230	1.2383000	2
245	433	4554.97	1.8942	1.0000	1.0000	0.1435359	0.02800	0.3968303	0.0836751	0.2195350	053184	.	5170	8120	5170	0.45100	0.3295574	050464	0	0.00000	W	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4668	1.0933511	1.1392000	1
88	152	895.77	1.3862	1.0000	1.0000	0.0165980	0.03300	0.5974334	0.1286026	0.3850326	063093	.	4480	4480	4480	0.35500	0.0138102	050468	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1742	1.1576230	1.2383000	0
11	53	583.96	1.0817	1.0000	1.0000	0.0130412	0.02600	0.2512823	0.0000000	0.0000000	123194	5484.21	6780	6780	6780	0.54900	0.0280125	050469	16	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5626	1.0830099	1.1235000	20
15	43	672.08	1.1184	1.0000	1.0000	0.0029968	0.06400	0.4897766	0.0000000	0.0500000	063090	.	2840	2840	2840	0.57200	0.0027315	050470	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4851	1.0792442	1.1178000	6
183	280	4926.90	1.7315	1.0000	1.0000	0.0382337	0.02600	0.3477686	0.0729621	0.1790591	083184	.	4480	4480	4480	0.32300	0.0585547	050471	0	0.05960	N	9	0.0457	0.0169614	0.0345167	LURBAN	LURBAN	0.4494	1.1576230	1.2383000	1
25	63	1316.71	1.3507	1.0000	1.0000	0.0528925	0.05800	0.1393933	0.0000000	0.0000000	123190	5412.83	05	05	05	0.48000	0.0465585	050476	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6281	1.0002054	1.0003000	15
82	204	3218.80	1.4972	1.0000	1.0000	0.0443506	0.02600	0.2429971	0.0504377	0.0926226	063089	.	4480	4480	4480	0.29700	0.0666073	050477	0	0.01820	N	9	0.0074	0.0051493	0.0056519	LURBAN	LURBAN	0.4899	1.1576230	1.2383000	0
4	30	179.64	0.9333	1.0000	1.0000	0.0003767	0.04500	0.0393106	0.0000000	0.0000000	123189	5481.28	7480	7480	7480	0.65000	0.0036671	050478	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6694	1.0835380	1.1243000	16
76	217	2555.35	1.4251	1.0000	1.0000	0.0303681	0.02800	0.0738995	0.0150772	0.0000000	123184	.	4480	4480	4480	0.27700	0.0400484	050481	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4295	1.1576230	1.2383000	2
2	6	137.00	0.9439	1.0000	1.0000	0.0000000	0.03963	0.3451612	0.0000000	0.1000000	063090	3608.16	05	05	05	0.40996	0.0000000	050482	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5017	1.0002054	1.0003000	37
13	76	492.00	1.1583	1.0000	1.0000	0.0242161	0.04900	0.6954255	0.0000000	0.0500000	093083	.	4480	4480	4480	0.42100	0.0195708	050483	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4501	1.1576230	1.2383000	1
339	732	5628.97	1.6327	1.0000	1.0000	0.0126831	0.02300	0.3851166	0.0811076	0.2098712	093083	.	4480	4480	4480	0.39600	0.0257717	050485	0	0.25750	N	9	0.1139	0.0753718	0.0843972	LURBAN	LURBAN	0.2842	1.1576230	1.2383000	0
46	85	1164.00	1.4323	1.0000	1.0000	0.0159391	0.02600	0.4082968	0.0000000	0.0500000	093089	.	4480	4480	4480	0.32400	0.0254478	050486	0	0.05410	N	9	0.0212	0.0153842	0.0161263	LURBAN	LURBAN	0.5225	1.1576230	1.2383000	1
75	196	3016.29	1.3878	1.0000	1.0000	0.0034599	0.03300	0.1057854	0.0216526	0.0000000	063090	.	5775	5775	5775	0.34200	0.0052010	050488	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5356	1.3243162	1.5071000	0

11	50	21.00	0.9491	1.0000	1.0000	0.0000000	0.03700	0.3485471	0.0000000	0.0000000	093090	.	4480	4480	4480	0.43300	0.0000000	050489	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6040	1.1576230	1.2383000	2
42	144	607.48	1.2968	1.0000	1.0000	0.0102629	0.03100	1.0416892	0.2348408	0.7515436	063089	.	5945	5945	5945	0.45100	0.0093961	050491	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1908	1.1576230	1.1903000	1
41	132	663.91	1.2477	1.0000	1.0000	0.3196044	0.16600	0.2184055	0.0452197	0.0723346	083189	.	2840	2840	2840	0.59300	0.0762310	050492	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.1614	1.0792442	1.1178000	5
16	35	453.36	1.1744	1.0000	1.0000	0.0664394	0.05400	0.1819399	0.0000000	0.0000000	063090	6653.61	05	05	05	0.55000	0.0925616	050494	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4116	1.0002054	1.0003000	20
103	204	4336.68	1.7742	1.0000	1.0000	0.0952910	0.03300	0.1431582	0.0294138	0.0000000	063090	.	5775	5775	5775	0.40500	0.1775369	050496	0	0.00310	N	9	0.0025	0.0008752	0.0019122	LURBAN	LURBAN	0.5582	1.3243162	1.5071000	4
0	15	44.05	0.7926	1.0000	1.0000	0.0000000	0.03963	0.3262742	0.0000000	0.0000000	063089	.	4940	4940	4940	0.40996	0.0000000	050497	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	.	1.0448069	1.0661000	12
56	102	2567.88	1.2615	1.0000	1.0000	0.0225495	0.04900	0.1384714	0.0284373	0.0000000	123189	.	6920	6920	6920	0.38500	0.0203115	050498	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5840	1.1557017	1.2353000	15
153	325	4026.26	1.6478	1.0000	1.0000	0.0275638	0.03200	0.4531398	0.0961026	0.2659904	063089	.	4480	4480	4480	0.33800	0.0278435	050502	0	0.00920	N	9	0.0047	0.0025996	0.0035926	LURBAN	LURBAN	0.4643	1.1576230	1.2383000	1
60	128	1737.68	1.3068	1.0000	1.0000	0.0564807	0.03400	0.1204167	0.0246841	0.0000000	093089	.	7320	7320	7320	0.39400	0.0912427	050503	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4436	1.1429841	1.2155000	10
55	158	1597.65	1.4063	1.0000	1.0000	0.0120800	0.02700	0.1133327	0.0232152	0.0000000	073189	.	7460	7460	7460	0.30500	0.0219488	050506	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4418	1.1044981	1.1562000	1
49	110	1931.41	1.3660	1.0000	1.0000	0.0084801	0.04400	0.0229730	0.0046629	0.0000000	123190	.	7360	7360	7360	0.45100	0.0102925	050510	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3743	1.2722112	1.4213000	4
142	214	3209.00	1.4703	1.0000	1.0000	0.0028899	0.04400	0.0214946	0.0043621	0.0000000	123190	.	5775	5775	5775	0.45100	0.0037866	050512	0	0.00430	N	9	0.0039	0.0012142	0.0029818	LURBAN	LURBAN	0.2659	1.3243162	1.5071000	0
198	339	6062.35	1.3673	1.0000	1.0000	0.0101007	0.03963	0.0105498	0.0021386	0.0000000	123183	.	7320	7320	7320	0.40996	0.0139038	050515	0	0.02330	N	9	0.0199	0.0065969	0.0151432	LURBAN	LURBAN	0.1098	1.1429841	1.2155000	2
143	159	4977.96	1.6590	1.0000	1.0000	0.0581099	0.03200	0.2764201	0.0575713	0.1201966	033189	.	6920	6920	6920	0.32900	0.0693555	050516	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4503	1.1557017	1.2353000	3
85	110	2354.85	1.2691	1.0000	1.0000	0.0057227	0.02100	0.4490780	0.0952014	0.2626394	093089	.	6780	6780	6780	0.28800	0.0109826	050517	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3875	1.0830099	1.1235000	2
60	113	1974.36	1.2995	1.0000	1.0000	0.0672692	0.02700	0.1640363	0.0337752	0.0341236	053184	.	5775	5775	5775	0.45100	0.1789237	050522	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7011	1.3243162	1.5071000	3
52	111	1677.64	1.2691	1.0000	1.0000	0.0138822	0.04600	0.3148684	0.0658375	0.1519165	123191	.	5775	5775	5775	0.41000	0.0102619	050523	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5050	1.3243162	1.5071000	4
30	126	1105.34	1.3665	1.0000	1.0000	0.0643721	0.02600	0.4112156	0.0868365	0.2314028	123194	.	5945	4480	5945	0.40996	0.1282010	050526	0	0.00000	W	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5783	1.1576230	1.2383000	1
16	48	591.89	1.3368	1.0000	1.0000	0.0308752	0.02500	0.4995379	0.0000000	0.0500000	093090	5630.29	4940	4940	4940	0.58300	0.1006606	050528	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5346	1.0448069	1.0661000	12
52	145	1039.33	1.2803	1.0000	1.0000	0.0123193	0.01800	0.7740775	0.1697040	0.5307640	083184	.	4480	4480	4480	0.40996	0.0355587	050531	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3945	1.1576230	1.2383000	1
73	130	1492.20	1.3782	1.0000	1.0000	0.0631275	0.03000	0.7171633	0.1563004	0.4838097	053184	.	6780	6780	6780	0.45100	0.0954462	050534	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3588	1.0830099	1.1235000	10
35	96	495.37	1.3854	1.0000	1.0000	0.0268864	0.04900	0.5180863	0.0000000	0.0500000	033186	.	5945	5945	5945	0.36700	0.0160214	050535	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2652	1.1267032	1.1903000	3
19	48	803.53	1.2739	1.0000	1.0000	0.0400276	0.03963	0.1244410	0.0000000	0.0000000	123183	.	9270	9270	9270	0.44100	0.0636485	050537	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5257	1.0968320	1.1445000	7
15	39	613.46	1.2259	1.0000	1.0000	0.0403215	0.04200	0.2960277	0.0000000	0.0000000	063090	4680.77	05	05	05	0.43500	0.0593269	050539	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.4660	1.0002054	1.0003000	18
86	146	2080.32	1.5840	1.0000	1.0000	0.0093848	0.04400	0.0066194	0.0013413	0.0000000	123190	.	7360	7360	7360	0.45100	0.0115568	050541	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2622	1.2722112	1.4213000	2
8	27	485.27	1.2020	1.0000	1.0000	0.0011539	0.10700	0.1546643	0.0000000	0.0000000	063090	4017.55	0680	0680	0680	0.42500	0.0001187	050542	16	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6457	1.0129726	1.0190000	31
71	125	571.81	0.8777	1.0000	1.0000	0.0534740	0.03963	0.7875200	0.1728924	0.5418540	013184	.	5945	5945	5945	0.95100	0.1365887	050543	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1185	1.1267032	1.1903000	1
15	39	50.47	0.8327	1.0000	1.0000	0.0081949	0.04400	0.5600000	0.0000000	0.0500000	063090	.	4480	4480	4480	0.97100	0.0165180	050545	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0499	1.1576230	1.2383000	3
21	44	175.00	0.7253	1.0000	1.0000	0.0274209	0.04400	0.7830142	0.0000000	0.0500000	063090	.	8780	8780	8780	0.86100	0.0639791	050546	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.1650	1.0103842	1.0152000	3
6	13	125.75	0.9269	1.0000	1.0000	0.0223436	0.01300	0.5810988	0.0000000	0.0500000	063090	.	7500	7500	7500	0.93100	0.0352072	050547	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.3541	1.1643360	1.2488000	5
93	188	2441.44	1.7142	1.0000	1.0000	0.0290660	0.03100	0.0438910	0.0089275	0.0000000	123183	.	8735	4480	4480	0.39000	0.0567763	050549	0	0.00000	B	9	0.0000	0.0000000	0.0000000	OURBAN	LURBAN	0.5020	1.1576230	1.2383000	5
25	104	571.52	2.3324	1.0000	1.0000	0.0893302	0.04800	0.2278669	0.0472242	0.0801402	083184	.	5945	5945	5945	0.32600	0.0473055	050550	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4676	1.1267032	1.1903000	2
70	128	2764.01	1.3397	1.0000	1.0000	0.0301097	0.03700	0.1877533	0.0387521	0.0495397	053184	.	5945	5945	5945	0.31600	0.0287302	050551	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5653	1.1267032	1.1903000	2
9	31	366.95	1.1713	1.0000	1.0000	0.0378476	0.06000	0.0000000	0.0000000	0.0000000	123189	.	4480	4480	4480	0.77700	0.0705415	050552	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7061	1.1576230	1.2383000	3
186	260	4271.45	1.4954	1.0000	1.0000	0.0788328	0.03200	0.2623137	0.0545546	0.1085588	093089	.	5170	5170	5170	0.34600	0.1040976	050557	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4893	1.0077245	1.0113000	1
52	129	1232.43	1.3472	1.0000	1.0000	0.1227962	0.03500	0.1357705	0.0278750	0.0000000	063090	.	4480	4480	4480	0.34100	0.1566143	050559	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4659	1.1576230	1.2383000	1
22	85	383.69	1.1933	1.0000	1.0000	0.1439123	0.06100	0.1573693	0.0000000	0.0000000	123195	.	5945	5945	5945	0.55700	0.1583427	050560	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2489	1.1267032	1.1903000	1
96	218	3427.52	1.2212	1.0000	1.0000	0.0096191	0.03963	0.0427063	0.0086855	0.0000000	123183	.	4480	4480	4480	0.40996	0.0136119	050561	0	0.07760	N	9	0.0267	0.0221403	0.0202774	LURBAN	LURBAN	0.1406	1.1576230	1.2383000	1
24	79	716.70	1.2045	1.0000	1.0000	0.1146334	0.07300	0.1632994	0.0000000	0.0000000	123189	.	5945	5945	5945	0.39400	0.0560556	050564	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6345	1.1267032	1.1903000	1
76	245	1460.78	1.1617	1.0000	1.0000	0.0378783	0.02900	0.1010418	0.0206717	0.0000000	123190	.	5945	5945	5945	0.49300	0.0942825	050565	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0601	1.1267032	1.1903000	3
2	8	174.46	0.8806	1.0000	1.0000	0.0013364	0.02700	0.1892079	0.0000000	0.0000000	063090	4644.70	05	05	05	0.60600	0.0029171	050566	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.6267	1.0002054	1.0003000	14
106	212	2015.59	1.6543	1.0000	1.0000	0.1614128	0.06200	0.1226213	0.0251417	0.0000000	063095	.	5945	5945	5945	0.40100	0.1001499	050567	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2634	1.1267032	1.1903000	4
48	100	1310.23	1.4158	1.0000	1.0000	0.0146311	0.03600	0.5826149	0.1252211	0.3728073	063090	.	2840	2840	2840	0.45300	0.0169313	050568	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5102	1.0792442	1.1178000	16
17	45	776.88	1.3535	1.0000	1.0000	0.0828509	0.08100	0.1842312	0.0000000	0.0000000	063090	5209.55	05	05	05	1.01900	0.1575064	050569	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.5250	1.0002054	1.0003000	22
141	293	2244.79	1.6952	1.0000	1.0000	0.0196369	0.03100	0.5146728	0.1098460	0.3167551	103188	.	5945	5945	5945	0.35100	0.0218788	050570	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2389	1.1267032	1.1903000	1
57	142	927.71	1.4087	1.0000	1.0000	0.0636028	0.03963	0.7818376	0.1715435	0.5371660	093089	.	4480	4480	4480	0.36400	0.0358193	050571	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3299	1.1576230	1.2383000	2
160	258	7252.32	1.6415	1.0000	1.0000	0.1172613	0.05700	0.1475398	0.0303276	0.0000000	063089	.	6780	6780	6780	0.36400	0.0740406	050573	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5702	1.0830099	1.1235000	9
0	137	2962.11	1.2270	1.0000	1.0000	0.0137139	0.03963	0.0405017	0.0082353	0.0000000	093089	.	4480	4480	4480	0.40996	0.0189204	050575	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	.	1.1576230	1.2383000	2
44	110	1018.15	1.3514	1.0000	1.0000	0.0034310	0.02300	0.8268147	0.1822625	0.5742721	063089	.	4480	4480	4480	0.38300	0.0037233	050577	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4249	1.1576230	1.2383000	1
237	381	966.66	1.1885	1.0000	1.0000	0.0865393	0.03963	0.9532249	0.2129168	0.6785605	063088	.	4480	4480	4480	0.50700	0.0768920	050578	0	1.12070	N	9	0.7953	0.3719890	0.5054511	LURBAN	LURBAN	0.0567	1.1576230	1.2383000	2
58	156	1755.17	1.5419	1.0000	1.0000	0.2758651	0.05100	0.1119992	0.0229390	0.0000000	053184	.	4480	4480	4480	0.34500	0.1964958	050579	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5533	1.1576230	1.2383000	1
35	95	771.36	1.3467	1.0000	1.0000	0.0457101	0.03700	0.2719902	0.0000000	0.0000000	123191	.	5945	5945	5945	0.32100	0.0463465	050580	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2574	1.1267032	1.1903000	2
80	150	2502.46	1.4194	1.0000	1.0000	0.0297232	0.03800	0.3331172	0.0697834	0.1669717	053184	.	4480	4480	4480	0.30500	0.0191288	050581	0	0.01260	N	9	0.0064	0.0035620	0.0048896	LURBAN	LURBAN	0.5860	1.1576230	1.2383000	1
120	231	4758.00	1.5842	1.0000	1.0000	0.0265267	0.03000	0.2418809	0.0502003	0.0917017	053184	.	7320	7320	7320	0.30100	0.0328536	050583	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4334	1.1429841	1.2155000	2
31	102	953.72	1.2098	1.0000	1.0000	0.0265742	0.03100	0.5396724	0.1154787	0.3373797	073195	.	6780	6780	6780	0.32000	0.0223153	050584	0	0.07730	N	9	0.0490	0.0220537	0.0369741	LURBAN	LURBAN	0.2425	1.0830099	1.1235000	3
21	116	908.52	1.2489	1.0000	1.0000	0.2389113	0.12000	0.1815783	0.0374540	0.0455259	123194	.	5945	5945	5945	0.44800	0.0638632	050585	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5149	1.1267032	1.1903000	5
50	102	1357.85	1.3627	1.0000	1.0000	0.0190718	0.03200	0.3980998	0.0839537	0.2205823	083189	.	6780	6780	6780	0.40200	0.0294646	050586	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3994	1.0830099	1.1235000	4
24	98	618.81	1.3870	1.0000	1.0000	0.1257037	0.05600	0.1289111	0.0000000	0.0000000	083184	.	4480	4480	4480	0.37800	0.0852685	050588	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3739	1.1576230	1.2383000	3
22	114	678.94	1.3190	1.0000	1.0000	0.0966639	0.06100	0.0883364	0.0180491	0.0000000	053184	.	5945	5945	5945	0.40900	0.0644818	050589	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5112	1.1267032	1.1903000	1
65	146	2208.10	1.3923	1.0000	1.0000	0.0193538	0.02600	0.4321971	0.0914640	0.2487126	123183	.	6920	6920	6920	0.35800	0.0337608	050590	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4740	1.1557017	1.2353000	7
57	101	1376.66	1.2973	1.0000	1.0000	0.0946328	0.03400	0.6682262	0.1448983	0.4434366	083184	.	4480	4480	4480	0.40996	0.0949898	050591	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4003	1.1576230	1.2383000	1
34	162	917.51	1.3338	1.0000	1.0000	0.0100070	0.03200	0.0960816	0.0196470	0.0000000	123190	.	5945	5945	5945	0.41300	0.0219409	050592	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3985	1.1267032	1.1903000	3
29	84	459.69	1.4992	1.0000	1.0000	0.2229278	0.08900	0.0543081	0.0000000	0.0000000	123184	.	4480	4480	4480	0.54400	0.1195223	050593	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3180	1.1576230	1.2383000	5
60	110	1118.63	2.0224	1.0000	1.0000	0.1584905	0.05700	0.4769116	0.1013917	0.2856021	063089	.	5945	5945	5945	0.41300	0.0707231	050594	0	0.07150	N	9	0.0364	0.0203822	0.0275664	LURBAN	LURBAN	0.2971	1.1267032	1.1903000	2
44	107	1416.93	1.2790	1.0000	1.0000	0.0170074	0.03300	0.1871127	0.0386173	0.0491233	123190	.	4480	4480	4480	0.40800	0.0296752	050597	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3479	1.1576230	1.2383000	1
18	112	1020.36	1.3918	1.0000	1.0000	0.0123190	0.03200	0.1428689	0.0293535	0.0000000	113083	.	7320	7320	7320	0.39700	0.0180229	050598	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5678	1.1429841	1.2155000	3
336	434	4531.67	1.6735	1.0000	1.0000	0.0862190	0.01600	0.6169115	0.1330630	0.4011020	063090	.	6920	6920	6920	0.40996	0.2709389	050599	0	1.20380	N	9	0.9422	0.4045435	0.5829814	LURBAN	LURBAN	0.2550	1.1557017	1.2353000	1
102	242	2239.44	1.3116	1.0000	1.0000	0.1668484	0.05000	0.2359978	0.0489499	0.0868482	033197	.	4480	4480	4480	0.37400	0.1211492	050601	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3060	1.1576230	1.2383000	2
96	203	3525.49	1.4230	1.0000	1.0000	0.0335617	0.05000	0.0799313	0.0163178	0.0000000	063090	.	5945	5945	5945	0.44200	0.0369272	050603	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4465	1.1267032	1.1903000	4
98	200	2044.95	1.6046	1.0000	1.0000	0.0198090	0.04400	0.0304270	0.0061805	0.0000000	123190	.	7400	7400	7400	0.45100	0.0252244	050604	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2391	1.2871274	1.4457000	7
30	92	1171.39	1.2792	1.0000	1.0000	0.0178568	0.02900	0.3017857	0.0000000	0.0000000	083193	.	7320	7320	7320	0.40996	0.0423726	050607	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2626	1.1429841	1.2155000	2
48	100	1445.76	1.3025	1.0000	1.0000	0.0094787	0.02300	0.5758667	0.1236845	0.3672400	123194	.	0680	0680	0680	0.32300	0.0121384	050608	0	0.06310	N	9	0.0435	0.0179663	0.0328759	OURBAN	OURBAN	0.4523	1.0129726	1.0190000	22
91	194	1755.97	1.4325	1.0000	1.0000	0.0253275	0.03963	0.0295579	0.0060034	0.0000000	123183	.	5945	4480	5945	0.40996	0.0349801	050609	0	0.05290	W	9	0.0310	0.0150404	0.0235136	LURBAN	LURBAN	0.0797	1.1576230	1.2383000	3
1	5	30.34	1.1115	1.0000	1.0000	0.0000000	0.06200	0.0034000	0.0000000	0.0000000	063090	.	7360	7360	7360	0.45100	0.0000000	050613	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.6015	1.2722112	1.4213000	8
49	115	584.56	1.6977	1.0000	1.0000	0.0243814	0.02500	0.8952789	0.1987675	0.6307551	043084	.	4480	4480	4480	0.33400	0.0241620	050615	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2563	1.1576230	1.2383000	4
35	81	1084.54	1.2979	1.0000	1.0000	0.1187794	0.07300	0.0543139	0.0000000	0.0000000	063084	.	8735	8735	8735	0.46000	0.0659382	050616	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4891	1.0709649	1.1053000	6

3	15	108.59	1.0996	1.0000	1.0000	0.0000000	0.03700	0.1844038	0.0000000	0.0000000	063084	6837.69	6780	6780	6780	0.43500	0.0000000	050618	16	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3409	1.0830099	1.1235000	14
27	50	63.80	1.1582	1.0000	1.0000	0.2214545	0.03300	0.7623530	0.0000000	0.0500000	063089	.	4480	4480	4480	0.79900	0.8918132	050623	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0465	1.1576230	1.2383000	3
94	131	2195.33	1.3596	1.0000	1.0000	0.2193332	0.07500	0.1239957	0.0254270	0.0000000	093090	.	4480	4480	4480	0.46800	0.1390422	050624	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4305	1.1576230	1.2383000	2
489	651	11819.58	1.5845	1.0000	1.0000	0.1042245	0.03400	0.2738313	0.0570171	0.1180609	063090	.	4480	4480	4480	0.34700	0.1024933	050625	0	0.42900	N	9	0.3306	0.1286969	0.2317834	LURBAN	LURBAN	0.4713	1.1576230	1.2383000	1
36	80	1161.16	1.3493	1.0000	1.0000	0.0774719	0.06000	0.1270152	0.0000000	0.0000000	123183	.	6780	6780	6780	0.37600	0.0442116	050630	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3975	1.0830099	1.1235000	15
50	84	1661.36	1.2970	1.0000	1.0000	0.0619361	0.03400	0.2045727	0.0000000	0.0000000	053186	.	7460	7460	7460	0.32000	0.0696706	050633	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5678	1.1044981	1.1562000	18
65	112	2115.56	1.4083	1.0000	1.0000	0.0076250	0.04400	0.0141665	0.0028728	0.0000000	123190	.	5775	5775	5775	0.45100	0.0097855	050635	0	0.07590	N	9	0.0509	0.0216500	0.0383869	LURBAN	LURBAN	0.3500	1.3243162	1.5071000	1
42	127	1238.00	1.4356	1.0000	1.0000	0.0374610	0.04800	0.1599635	0.0329230	0.0314763	063089	.	7320	7320	7320	0.42900	0.0403132	050636	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3566	1.1429841	1.2155000	9
3	15	53.99	1.0830	1.0000	1.0000	0.0449333	0.07200	0.0439480	0.0000000	0.0000000	063089	3855.68	05	05	05	0.95700	0.0987340	050638	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.2307	1.0002054	1.0003000	33
56	127	441.02	1.2366	1.0000	1.0000	0.0037727	0.02000	0.8562017	0.1893190	0.5985164	063089	.	4480	4480	4480	0.45000	0.0100665	050641	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1500	1.1576230	1.2383000	1
.	17	16.69	0.7656	1.0000	1.0000	.	0.05569	0.4161000	0.0000000	0.0000000	093083	.	99	99	99	0.60600	.	050643	8	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	.	1.2865786	1.4448000	.
29	160	298.36	0.8649	1.0000	1.0000	0.0026224	0.01800	1.1391457	0.2594524	0.8319452	083184	.	4480	4480	4480	0.36400	0.0028481	050644	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2416	1.1576230	1.2383000	2
70	87	498.17	0.8267	1.0000	1.0000	0.0053248	0.03700	1.1048423	0.0000000	0.0500000	013184	.	5775	5775	5775	0.34900	0.0053411	050661	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.2173	1.3243162	1.5071000	1
8	24	152.70	0.8760	1.0000	1.0000	0.0005271	0.04400	0.5014651	0.0000000	0.0500000	063091	.	7400	7400	7400	0.92000	0.0026226	050662	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4472	1.2871274	1.4457000	5
42	152	890.00	1.0578	1.0000	1.0000	0.0013143	0.02700	0.8383137	0.1850187	0.5837588	093089	.	4480	4480	4480	0.32400	0.0004805	050663	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1246	1.1576230	1.2383000	.
12	126	51.24	0.7445	1.0000	1.0000	0.1945530	0.03963	0.0464256	0.0094455	0.0000000	063091	.	8735	8735	8735	0.57600	0.2646044	050666	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.0705	1.0709649	1.1053000	6
13	26	431.50	1.1177	1.0000	1.0000	0.0763234	0.02500	0.0470000	0.0000000	0.0000000	063090	.	8720	8720	8720	1.01800	0.2643133	050667	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.7081	1.2252860	1.3454000	6
4	20	126.74	1.1556	1.0000	1.0000	0.0150158	0.02300	0.4617403	0.0000000	0.0500000	063090	.	7360	7360	7360	0.81800	0.0084853	050668	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7418	1.2722112	1.4213000	1
2	5	32.00	0.7644	1.0000	1.0000	0.0000000	0.03963	0.0281180	0.0000000	0.0000000	083184	.	7500	7500	7500	0.43800	0.0000000	050670	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	.	1.1643360	1.2488000	.
1	25	38.00	0.6937	1.0000	1.0000	0.0293798	0.06800	0.2069706	0.0000000	0.0000000	063085	.	4480	4480	4480	0.56100	0.0280161	050672	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5444	1.1576230	1.2383000	0
71	175	1976.40	1.2164	1.0000	1.0000	0.0037497	0.04400	0.0180749	0.0036669	0.0000000	123190	.	6920	6920	6920	0.45100	0.0043580	050674	0	0.10150	N	9	0.0944	0.0290575	0.0703252	LURBAN	LURBAN	0.2171	1.1557017	1.2353000	0
6	14	328.54	1.6991	1.0000	1.0000	0.0023768	0.03400	0.1842546	0.0000000	0.0000000	013191	.	4480	4480	4480	0.60800	0.0006094	050675	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.7413	1.1576230	1.2383000	2
0	7	25.33	1.0169	1.0000	1.0000	0.0000000	0.06800	0.1740447	0.0000000	0.0000000	063089	4065.69	05	05	05	0.96500	0.0000000	050676	16	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	0.7785	1.0002054	1.0003000	19
93	148	2759.39	1.4337	1.0000	1.0000	0.0174168	0.03963	0.0347961	0.0070711	0.0000000	123186	.	4480	4480	4480	0.40996	0.0223800	050677	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.1029	1.1576230	1.2383000	2
91	146	4048.85	1.0751	1.0000	1.0000	0.0141896	0.03900	0.0327717	0.0066583	0.0000000	063086	.	5945	5945	5945	0.48000	0.0268441	050678	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0053	1.1267032	1.1903000	1
17	50	764.44	1.2050	1.0000	1.0000	0.3752813	0.06200	0.2042729	0.0000000	0.0000000	123189	.	8720	8720	8720	0.33400	0.1757069	050680	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.5960	1.2252860	1.3454000	8
1	15	32.06	0.8470	1.0000	1.0000	0.0000000	0.03963	0.3212615	0.0000000	0.0000000	063092	.	2840	2840	2840	0.40996	0.0000000	050682	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.7849	1.0792442	1.1178000	.
51	84	1971.15	1.2033	1.0000	1.0000	0.1205598	0.08800	0.1366446	0.0000000	0.0000000	063088	.	6780	6780	6780	0.33200	0.0347480	050684	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.5438	1.0830099	1.1235000	.
29	72	977.78	1.2276	1.0000	1.0000	0.0681501	0.06000	0.2770282	0.0000000	0.0000000	013195	.	7400	7400	7400	0.53300	0.0690243	050685	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4331	1.2871274	1.4457000	.
76	207	2202.62	1.3518	1.0000	1.0000	0.0228635	0.03963	0.0199416	0.0040463	0.0000000	123189	.	6780	5945	6780	0.40996	0.0325848	050686	0	0.00000	W	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0975	1.1267032	1.1903000	.
14	41	485.39	1.2615	1.0000	1.0000	0.1512019	0.12400	0.3601760	0.0000000	0.0000000	063090	.	7400	7400	7400	0.51700	0.0364341	050688	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3996	1.2871274	1.4457000	.
37	101	920.62	1.3943	1.0000	1.0000	0.2085537	0.09700	0.0763726	0.0155857	0.0000000	051990	.	5775	5775	5775	0.41600	0.0691657	050689	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4001	1.3243162	1.5071000	.
58	117	1710.88	1.4385	1.0000	1.0000	0.0077345	0.04400	0.0140345	0.0028460	0.0000000	123191	.	7500	7500	7500	0.45100	0.0098587	050690	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.2820	1.1643360	1.2488000	.
64	125	1318.76	1.9520	1.0000	1.0000	0.1832117	0.03963	0.0402436	0.0081826	0.0000000	083191	.	5945	5945	5945	0.43000	0.2887758	050693	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4573	1.1267032	1.1903000	.
35	95	900.21	1.3586	1.0000	1.0000	0.2862419	0.11700	0.5301888	0.0000000	0.0500000	063090	.	6780	6780	6780	0.39000	0.0514697	050694	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3468	1.0830099	1.1235000	.
12	25	478.25	1.1720	1.0000	1.0000	0.4553350	0.13300	0.3189432	0.0000000	0.0000000	123189	.	8120	8120	8120	0.57300	0.1420638	050695	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.4134	1.0933511	1.1392000	.
65	199	1475.34	1.9946	1.0000	1.0000	1.0871505	0.11500	0.1468861	0.0301912	0.0000000	060691	.	4480	4480	4480	0.44100	0.3759596	050696	0	0.59340	N	9	0.2090	0.1822950	0.1510068	LURBAN	LURBAN	0.4403	1.1576230	1.2383000	.
2	10	73.00	1.1763	1.0000	1.0000	0.0000000	0.13100	0.0960452	0.0000000	0.0000000	123192	.	6690	6690	6690	0.55500	0.0000000	050697	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.2187	1.1073748	1.1606000	.
14	24	13.00	1.1312	1.0000	1.0000	0.0287144	0.03963	0.0821918	0.0000000	0.0000000	123191	.	7320	7320	7320	0.88800	0.0152356	050698	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0059	1.1429841	1.2155000	.
0	16	70.00	0.5667	1.0000	1.0000	0.0000000	0.04400	0.5887609	0.0000000	0.0500000	053192	.	6690	6690	6690	0.45100	0.0000000	050699	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.6429	1.1073748	1.1606000	.
49	66	1614.50	1.4285	1.0000	1.0000	0.1693331	0.06600	0.1446416	0.0000000	0.0000000	063091	.	5775	5775	5775	0.33000	0.0620236	050700	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.4394	1.3243162	1.5071000	.
33	49	1110.75	1.3069	1.0000	1.0000	0.2040451	0.10300	0.2728975	0.0000000	0.0000000	093091	.	6780	7320	6780	0.51400	0.0800202	050701	0	0.00000	W	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.3568	1.1429841	1.2155000	.
17	37	94.72	0.8671	1.0000	1.0000	0.0000000	0.01400	1.1950077	0.0000000	0.0500000	123192	.	6780	6780	6780	0.52500	0.0000000	050702	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0910	1.0830099	1.1235000	.
23	86	1160.08	1.1908	1.0000	1.0000	0.0116731	0.03200	0.3134756	0.0000000	0.0000000	063092	.	4480	4480	4480	0.38900	0.0202504	050704	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	.	1.1576230	1.2383000	.
4	34	111.93	0.9305	1.0000	1.0000	0.0696625	0.05400	0.5895419	0.0000000	0.0400000	063092	.	05	05	05	0.68600	0.1140543	050706	0	0.00000	N	9	0.0000	0.0000000	0.0000000	RURAL	RURAL	.	1.0002054	1.0003000	.
4	16	51.00	1.2431	1.0000	1.0000	0.0000000	0.03963	0.0014000	0.0000000	0.0000000	123194	.	7360	7360	7360	0.87600	0.0000000	050707	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	0.0888	1.2722112	1.4213000	.
11	20	297.53	0.9770	1.0000	1.0000	0.0026243	0.11200	0.0320433	0.0000000	0.0000000	123193	.	2840	2840	2840	0.67100	0.0000668	050708	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	0.1671	1.0792442	1.1178000	.
29	72	467.92	1.3165	1.0000	1.0000	0.0107734	0.03963	0.1404701	0.0000000	0.0000000	123194	.	6780	6780	6780	0.40996	0.0151524	050709	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	.	1.0830099	1.1235000	.
.	121	488.12	1.4083	1.0000	1.0000	0.0161471	0.03963	0.0248183	0.0050384	0.0000000	123195	.	2840	2840	2840	0.45100	0.0233944	050710	0	0.00000	N	9	0.0000	0.0000000	0.0000000	OURBAN	OURBAN	.	1.0792442	1.1178000	.
.	48	15.95	2.3693	1.0000	1.0000	1.1544018	0.03963	0.0090909	0.0000000	0.0000000	113095	.	5945	5945	5945	0.43800	1.5437283	050711	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	.	1.1267032	1.1903000	.
.	145	59.00	2.0395	1.0000	1.0000	0.3341381	0.03963	0.1799729	0.0371168	0.0444824	103193	.	4480	4480	4480	0.45100	0.4856062	050712	0	0.00000	N	9	0.0000	0.0000000	0.0000000	LURBAN	LURBAN	.	1.1576230	1.2383000	.

§ 9791.1. Medical Fee Schedule.

The Official Medical Fee Schedule shall include the procedures, procedure numbers, descriptions, instructions, and unit values adopted by the Administrative Director, effective January 1,1994; as revised for services on or after January 1, 1996; and as thereafter revised and adopted. The *Official California Workers' Compensation Medical Fee Schedule (Revised January 1, 1998)* is hereby incorporated by reference. An order form for purchasing a copy of the Schedule can be obtained by contacting the Division of Workers' Compensation at the following address:

Division of Workers' Compensation
(Attention: OMFS Order)
P.O. Box 420603
San Francisco, California 94142

NOTE: Authority Cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code. Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

§ 9792. Determination of the Fee.

The fee is determined by the use of the Official Medical Fee Schedule as defined in Sections 9791.1 of these rules. For services provided on and after January 1, 1994, the conversion factors to be applied to unit values in the schedule are as follows:

Determination of the Fee

Evaluation and Management Services Section	$ ~~7.15~~ 8.50
Medicine Section	$ 6.15
Surgery Section	$ 153.00
Radiology Section	$ 12.50
Pathology Section	$ 1.50
Anesthesia Section	$ 34.50

~~The conversion factors establish the fee, which shall establish reasonable maximum fees.~~ The conversion factor shall be multiplied by the listed unit value (also known as relative value) of the procedure as set forth in the Official Medical Fee Schedule to establish the reasonable maximum fee. A medical provider or a licensed health care facility may be paid a fee in excess of the reasonable maximum fees if the fee is reasonable, accompanied by itemization, and justified by an explanation of extraordinary circumstances related to the unusual nature of the services rendered; however, in no event shall a physician charge in excess of his or her usual fee.

NOTE: Authority Cited: Sections 133, 4603.5, 5307.1 and 5307.3, Labor Code. Reference: Sections 4600, 4603.2 and 5307.1, Labor Code.

California Code of Regulations
Title 8, Division 1, Chapter 4.5, Subchapter 1, Article 5.5

§ 9792.6. Utilization Review Standards.

(a) As used in this section:

(1) "Insurer" means a workers' compensation insurer, or an employer securing its liability under subdivision (b) or (c) of Section 3700 of the Labor Code.

(2) "Medical services" means those goods and services provided pursuant to Article 2 (commencing with Section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code.

(3) "Health care provider" means a provider of medical services, including an individual provider, a health care service plan, a health care organization, or a preferred provider organization.

(4) "Request for authorization" means any written request for assurance that appropriate reimbursement will be made for a specific course of proposed medical treatment, including ~~the treatment described in the initial treatment plan submitted pursuant to subdivision (b) of Section 9785 or the treatment described in a report of any significant change to the plan submitted pursuant to subdivision (d) of Section 9785.~~ a treatment plan contained in Form DLSR 5021 or Form DWC PR-2;

(5) "Notice of Treatment Authorization Denial" is a written response to a physician's request for authorization made on Form DWC PR-10. It has the effect of an outright denial of authorization.

(6) "Notice of Request for Additional Medical Information" is a written response to a physician's request for authorization made on Form DWC PR-11. If the physician does not respond to the request for additional medical information, it will be presumed the request for authorization is withdrawn.

(7) "Notice of Treatment Authorization" is a written response to a physician's request for authorization made on Form DWC PR-12.

(8) "Objection." As used in Section 4062 of the Labor Code, "objection" does not mean a Notice of Treatment Authorization Denial made on Form PR-10. Any "objection" under Section 4062 must be made in a writing that is separate from Form PR-10 or PR-11.

~~(5)~~ (9) "Utilization review" is a system used to manage costs and improve patient care and decision making through case by case assessments of the frequency, duration, level and appropriateness of medical care and services to determine whether medical treatment is or was reasonably required to cure or relieve the effects of the injury. Utilization review includes, but is not limited to, the review of requests for authorization, and the review of bills for medical services for the purpose of determining whether medical services provided were reasonably required to cure or relieve the injury, by either an insurer or a third party acting on an insurer's behalf. Utilization review does not include bill review for the purpose of determining whether the medical services rendered were accurately billed, and does not include any system, program, or activity in connection with making decisions concerning whether a person has sustained an injury which is compensable under Division 4 (commencing with section 3200) of the Labor Code.

~~(6)~~ (10) "Written" includes an electronic facsimile or electronic mail, as well as communications in paper form.

(11) "Medically based criteria" are standards used for evaluating whether medical treatment is reasonably required to cure or relieve the effects of an injury. Medically based criteria shall:

(i) be based on professionally-recognized standards;
(ii) be developed using sound clinical principles and processes;
(iii) be developed by physicians, with involvement of actively practicing health care providers, and be peer-reviewed.
(iv) be evaluated at least annually and updated if necessary.
(v) be signed and dated by the physicians responsible for development.

(b) ~~No later than July 1, 1996, any~~ Any insurer which implements or maintains a system of utilization review shall maintain and make available to the administrative director upon request, a written summary of the insurer's utilization review system, including:

(1) A description of the process whereby requests for authorization are reviewed and decisions on such requests are made, including a concise description of how the requirements in subdivision (c) are met by the process.

(2) A description of the specific criteria utilized in the review and throughout the decision-making process, including treatment protocols or standards used in the process. It shall include a description of the personnel and other sources used in the development and review of the criteria, and methods for up-dating the criteria.

(3) A description of the qualifications of the personnel involved in implementing the utilization review system and the manner in which these personnel are involved in the review process.

(c) Any utilization review system shall comply with the following minimum standards:

(1) Upon receipt of a written request for authorization, an insurer that does not wish to authorize the proposed treatment shall issue a written ~~authorization, denial, or notice of delay of decision~~ Notice of Treatment Authorization Denial on Form PR-10 or a Notice of Request for Additional Medical Information on Form PR-11 to the health care provider~~, which shall be transmitted or placed in the US. mail~~ in a reasonable time, but no later than seven working days after the insurer's receipt of the request and any necessary supporting documentation. When medically necessary, the insurer shall make an expedited review of the request for authorization. ~~The authorization, denial, or notice of delay shall include some means of identification of the request, and shall include the name and phone number of a responsible contact person. A notice of delay shall state what additional information is required to make a decision and when a decision regarding the request is expected to be made.~~ No delay shall exceed fourteen days from receipt of the written request for authorization.

If the physician expressly requests the insurer to make its authorization in writing, the insurer shall issue such an authorization on Form PR-12.

(2) An insurer may use a non-physician reviewer to initially apply medically-based criteria to requests for authorization or to bills for medical services, but no request for authorization shall be denied, and no request for payment shall be denied or reduced on the basis that the services provided were not reasonably required to cure or relieve the injury, except by a physician with an unrestricted license by his or her licensing board who has education, training, expertise, and experience that is pertinent for evaluating the specific clinical issues or services under review. Authorization may not be denied on the basis of lack of information without documentation of a bona fide attempt to obtain the necessary information.

(3) Only medically-based criteria shall be used in the utilization review and decision-making process. The actual text of the criteria applied in a particular case shall be made available to the affected health care provider and injured employee upon his or her ~~written~~ request. If requested, the actual text shall be provided by FAX. ~~The criteria shall:~~

~~(i) be based on professionally-recognized standards;~~
~~(ii) be developed using sound clinical principles and processes;~~

~~(iii) be developed by physicians, with involvement of actively practicing health care providers, and be peer-reviewed.~~

~~(iv) be evaluated at least annually and updated if necessary.~~

~~(v) be signed and dated by the physicians responsible for development.~~

~~(4) If an insurer denies a request for authorization, or denies or reduces a bill for medical services on the basis that the services were not reasonably necessary to cure or relieve the effects of the injury, and the health care provider has not agreed to the denial or reduction, a written explanation of the basis of the denial or reduction must be submitted to the health care provider which includes:~~

~~(i) the name of the reviewer~~

~~(ii) the telephone number of the reviewer, and hours of availability~~

~~(iii) the medical criteria upon which the denial is based~~

(4) An insurer's failure to make a timely response to a request for authorization as required in this section shall constitute an authorization to the physician to proceed with the treatment plan and a promise to reimburse the physician in accordance with the Official Medical Fee Schedule or prior written contract between the insurer and the physician. It shall also constitute a "prior authorization" for particular treatments under the Official Medical Fee Schedule. However, an insurer which fails to issue a timely Form PR-10 or PR-11 may nonetheless contest the necessity of medical treatment that has been rendered if the insurer shows by clear and convincing evidence (i) that its failure to make a timely response was for good cause or through excusable neglect, and (ii) that the medical treatment that was rendered was plainly unnecessary.

(d) An insurer that authorizes a specific type of treatment by a provider shall not rescind or modify this authorization after the provider renders the health care service in good faith and pursuant to the authorization.

(e) The primary treating physician may, within 10 days of issuance date of the Notice of Request for Additional Medical Information (Form PR-11), provide the requested information, or make a written statement to the insurer explaining the physician's disagreement with the insurer's medical criteria.

(1) If an insurer has received no response to a Notice of Request for Additional Medical Information within 10 days of issuing the notice, it is not necessary for the insurer to make an "objection" under Labor Code Section 4062. It is presumed that the primary treating physician has withdrawn the request for authorization.

(2) If an insurer has received *any* written response from the physician within 10 days of issuing the Notice of Request for Additional

Information, the insurer must, within 10 days from receipt of the physician's response, either:

(A) make an "objection" under Labor Code Section 4062, and provide a copy of the same to the physician, or

(B) provide the physician with written authorization to proceed with the treatment plan on Form PR-12.

(3) An insurer's failure to make an "objection" following a physician's response to a Notice of Request for Additional Medical Information shall constitute an authorization to the physician to proceed with the treatment plan and a promise to reimburse the physician in accordance with the Official Medical Fee Schedule or prior written contract between the insurer and the physician. It shall also constitute a "prior authorization" for particular treatments under the Official Medical Fee Schedule. However, an insurer which fails to issue a timely "objection" may nonetheless contest the necessity of medical treatment that has been rendered if the insurer shows by clear and convincing evidence (i) that its failure to issue an "objection" was for good cause or through excusable neglect, and (ii) that the medical treatment that was rendered was plainly unnecessary.

(f) A failure of the primary treating physician to make a response within 10 days does not preclude the filing of a new request for authorization.

(g) (1)A physician may at any time make a telephonic request of the insurer for authorization to proceed with a medical treatment. Making a telephonic request, regardless of the insurer's response thereto, does not relieve the physician of the duty to make reports as required by Section 9785.

(2) An insurer may deny a telephonic request for any reason.

(3) An insurer that grants a telephonic request for authorization shall, on request of the physician, forthwith provide the physician with a unique authorization number or within two days provide a written authorization by mail, FAX, e-mail, or other method satisfactory to the physician.

~~(d)~~ (h) Each insurer which implements or maintains a system meeting the requirements of this section shall advise the administrative director, as soon as practicable, of the date the system will be operational.

~~(e)~~ (i) If the administrative director finds that an insurer has implemented or maintained a utilization review system o~~n or after July 1, 1996~~ which does not comply with this section, the administrative director shall notify the insurer in writing of such finding and provide the insurer with a reasonable period of time, not to exceed 90 days, to correct the noted deficiency. If the administrative director finds that revised system still does not comply with this section, he or she

may take such action authorized under Labor Code section 129.5 as deemed appropriate under the circumstances.

(j) If the administrative director finds that an insurer has not implemented or maintained a utilization review system, and has refused to authorize any medical treatment on any basis other than a Labor Code Section 4062 QME examination, he or she may take such action authorized under Labor Code section 129.5 as deemed appropriate under the circumstances.

NOTE: Authority Cited: Sections 133, 139, 4601.5 4603.5 and 5307.3, Labor Code. Reference: Sections 129.5, 3211, 3702, 4600, 4601.5, 4603.2 and 5307.1 Labor Code.

§ 9792.61. Form PR-10 "Notice of Treatment Authorization Denial"

[Form PR-10 attached]

NOTE: Authority Cited: Sections 133, 139, 4601.5 4603.5 and 5307.3, Labor Code. Reference: Section 129.5, 3211, 3702, 4600, 4601.5 4603.2 and 5307.1 Labor Code.

§ 9792.62. Form PR-11 "Notice of Request for Additional Medical Information"

[Form PR-11 attached]

NOTE: Authority Cited: Sections 133, 139, 4601.5 4603.5 and 5307.3, Labor Code. Reference: Sections 129.5, 3211, 3702, 4600, 4601.5 4603.2 and 5307.1 Labor Code.

§9792.63 Form PR-12 "Notice of Treatment Authorization"

[Form PR-12 attached]

NOTE: Authority Cited: Sections 133, 139, 4601.5 4603.5 and 5307.3, Labor Code. Reference: Sections 129.5, 3211, 3702, 4600, 4601.5, 4603.2 and 5307.1, Labor Code.

STATE OF CALIFORNIA

Division of Workers' Compensation

NOTICE OF TREATMENT AUTHORIZATION DENIAL

Patient Name

Last Name _____ _____First Name _____ Middle Initial _____Sex ____ Date of Birth _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Social Security Number _____ Phone Number _____

Claims Administrator/Insurer:

Name _____ _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Employer Name:

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

To the Physician:

We have received your request for authorization of treatment plan dated _____.

We do NOT authorize payment for treatment because:

☐ The treatment you have proposed is, in our view, not reasonably required to cure or relieve the effects of this injury or illness. The criteria on which we base this determination is attached, or will be made available to you upon request.

The physician who made this decision to deny authorization is:

_____, _____, _____

Name Degree Specialty

A formal objection to the proposed treatment plan will be filed under Labor Code Section 4062.

☐ We deny this workers' compensation claim is compensable under the workers' compensation system.

☐ We have not yet determined whether the claim is compensable; a decision will be made by _____.

Date

_____ _____

Print name

_____

Signature

STATE OF CALIFORNIA

Division of Workers' Compensation

NOTICE OF REQUEST FOR ADDITIONAL MEDICAL INFORMATION

Patient:

Last Name _____First Name _____ Middle Initial _____ Sex ____ Date of Birth _____
Address _____ City _____ State ____ Zip_____
Occupation _____ Social Security Number _____ Phone Number

Claims Administrator/Insurer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____

Employer:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____

To the Physician:

We have received your request for authorization or treatment plan dated _____.
Date

☐ We cannot determine whether the treatment you have proposed is reasonably required to cure or relieve the effects of an injury or illness. In order to make this determination, we request that you promptly fumish the following information:

☐ We authorize the proposed treatment only for _____ or through _____.
(# of visits) (date)
If further treatment is indicated, please provide the following information:

☐ Based on clinical review, the proposed treatment identified below does not appear to be reasonably required to cure or relieve the effects of the injury or illness. A copy of the medically based criteria used in the review is attached or will be made available to you on request. If you disagree with the criteria in this case, or wish to provide additional information in support of the proposed treatrrent, please furnish it promptly. Or you may call Dr. _____ at _____to discuss the case.
Name of **physician** reviewer Phone #

We must receive the additional medical information or a statement of your disagreement with criteria by _____.
date

You may fax the information to _____ or mail to
_____.
fax number street address city Zip

IF WE DO NOT RECEIVE THE INFORMATION OR STATEMENT OF DISAGREEMENT, IT WILL BE PRESUMED THAT YOUR REQUEST FOR AUTHORIZATION HAS BEEN WITHDRAWN.

If you have any questions about this request, please contact _____ at _____
between the
name of contact person phone #
hours of _____.
hours of availability

_____ _____
Date Print name

_____
Signature

DWC Form PR-11
Proposed 11/97

STATE OF CALIFORNIA

Division of Workers' Compensation

NOTICE OF TREATMENT AUTHORIZATION

Patient Name

Last Name _____ First Name _____ Middle Initial _____ Sex ____ Date of Birth _____
Address _____ City _____ State ____ Zip _____
Occupation _____ Social Security Number _____ Phone Number _____

Claims Administrator/Insurer:

Name _____ _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____

Employer Name:

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip _____

To the Physician:

We have received your request for authorization or treatment plan dated_____.

☐ We AUTHORIZE payment for the treatment plan you proposed.

☐ We AUTHORIZE payment for the treatment plan specified below, which was agreed upon after discussions between you and

_____ on _____
Name Date

_____ _____
Date Print name

_____ _____
Telephone number Signature

DWC Form PR-12
proposed 11/97

§ 9795. Reasonable Level of Fees for Medical-Legal Expenses, Follow-up, Supplemental and Comprehensive Medical-Legal Evaluations and Medical-Legal Testimony.

(a) The schedule of fees set forth in this section shall be prima facie evidence of the reasonableness of fees charged for medical-legal evaluation reports, and fees for medical-legal testimony.

Reports by treating or consulting physicians, other than comprehensive, follow-up or supplemental medical-legal evaluations, regardless of whether liability for the injury has been accepted at the time the treatment was provided or the report was prepared, shall be subject to the Official Medical Fee Schedule adopted pursuant to Labor Code section 5307.1 rather than to the fee schedule set forth in this section.

(b) The fee for each procedure is calculated by multiplying the relative value by $10.00, and adding any amount applicable because of the modifiers permitted under subdivision (d). The fee for each medical-legal evaluation procedure is all inclusive, and includes reimbursement for the examination, review of records, preparation of a medical-legal report, and overhead expenses. The complexity of the evaluation is the dominant factor determining the appropriate level of service under this section; the times to perform procedures is expected to vary due to clinical circumstances, and is therefore not the controlling factor in determining the appropriate level of service.

(c) Medical-legal evaluation reports, and medical-legal testimony, shall be reimbursed as follows:

CODE: ML100
B.R.
Procedure
Description: *Missed Appointment for a Comprehensive or Follow-Up Medical-Legal Evaluation.*

CODE: ML101
RV: ~~25~~ 5
Procedure
Description: *Follow-Up Medical-Legal Evaluation*. Limited to a follow-up medical-legal evaluation by a physician~~.~~ which occurs within nine months of the date on which the prior medical-legal evaluation was performed. The physician shall include in his or her report verification, under penalty of perjury, of total time spent in each of the following activities: review of records, face-to-face time with the injured worker, and preparation of the report. Time spent shall be tabulated in increments of 15 minutes or portions thereof. The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary fee, whichever is less, for each quarter hour or portion thereof.

CODE: ML102
RV: 50
Procedure Description: *Basic Comprehensive Medical-Legal Evaluation*. Includes all comprehensive medical-legal evaluations other than those included under ML103 or ML104.

CODE: ML103
RV: 75
Procedure Description: *Complex Comprehensive Medical-Legal Evaluation*. Includes evaluations which require three or more of the following complexity factors:
The physician shall, in a separate section at the beginning of the report, clearly and concisely specify three or more of the complexity factors listed below which were required for the evaluation and the circumstances which made these complexity factors applicable to the evaluation.
~~(I)~~ (1) two or more hours of face-to-face time by the physician with the ~~patient~~ injured worker;
~~(ii)~~ (2) two or more hours of record review by the physician;
~~(iii)~~ (3) two or more hours of medical research by the physician;
(4) four or more hours spent on any combination of two of complexity factors (1)-(3), which shall count as two complexity factors. Any complexity factor in (1), (2), or (3) used to make this combination shall not also be used as the third required complexity factor.
(5) six or more hours spent on any combination of three of complexity factors (1)-(3), which shall count as three complexity factors;
~~(iv)~~ (6) addressing the issues of medical causation, upon written request of the party or parties requesting the report, or if a bona fide issue of medical causation is discovered in the evaluation;
~~(v)~~ (7) addressing the issue of apportionment, upon written request of the party or parties requesting the report, or if a bona fide issue of apportionment is discovered in the evaluation;
~~(vi)~~ (8) addressing the issue of medical monitoring of an employee following a toxic exposure to chemical, mineral or biologic substances~~.~~;
(9) a psychiatric or psychological evaluation which is the primary focus of the medical-legal evaluation.
~~The physician shall, in a separate section at the beginning of the report, clearly and concisely specify the three or more complexity factors which were required in the evaluation and the circumstances which made these complexity factors applicable in the evaluation.~~

CODE: ML104
RV: 5
Procedure
Description: *Comprehensive Medical-Legal Evaluation Involving Extraordinary Circumstances; Medical Legal Testimony; Supplemental Medical-Legal Evaluations.* The physician shall be reimbursed at the rate of RV 5, or his or her usual and customary ~~hourly~~ fee, whichever is less, for each quarter hour or portion thereof spent by the physician for any of the following:

(1) Fees for comprehensive medical-legal evaluations where there are extraordinary circumstances relating to the medical condition being evaluated.

Evaluations which typically involve extraordinary circumstances include the following examples as well as evaluations of comparable complexity:

a. An evaluation which requires ~~at least~~ four or more of the ~~six~~ complexity factors listed under ML 103;

b. An evaluation involving prior multiple injuries to the same body part or parts being evaluated, or a complex issue of medical causation, and which requires ~~at least~~ three or more of the ~~six~~ complexity factors listed under ML 103, including three or more hours of record review by the physician;

c. An agreed medical evaluation which is obtained after each party has obtained its own evaluation, which involves complex issues of medical causation or apportionment;

d. An agreed medical evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.

When billing under this code for extraordinary circumstances, the physician shall include in his or her report ~~(1)~~ (i) a clear, concise explanation of the extraordinary circumstances related to the medical condition being evaluated which justifies the use of this procedure code,

and ~~(2)~~ (ii) verification under penalty of perjury of the total time spent by the physician in each of these activities: reviewing the records, face-to-face time with the ~~patient~~ injured worker, preparing the report and, if applicable, any other activities.

(2) Fees for medical-legal testimony. The physician shall be entitled to fees for all itemized reasonable and necessary time spent related to the testimony, including reasonable preparation and travel time. The physician shall be paid a minimum of one hour for a scheduled deposition.

(3) Fees for supplemental medical-legal evaluations. Fees will not be allowed under this section for supplemental reports following the physician's review of (A) information which was available in the physician's office for review or was included in the medical record provided to the physician prior to preparing the initial report

or (B) the results of laboratory or diagnostic tests which were ordered by the physician as part of the initial evaluation.

(d) The services described by Procedure Codes ML101 through ML104 may be modified under the circumstances described in this subdivision. When applicable, the modifying circumstances should be identified by the addition of the appropriate modifier code, which is reported by a two-digit number placed after the usual procedure number separated by a hyphen. The modifiers available are the following:

-92 Performed by a primary treating physician. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal valued by .80, except where services are performed under ML104.

-93 Interpreter needed at time of examination, or other circumstances which ~~significantly increases the time necessary to conduct the examination.~~ impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination. Requires a description of the circumstance and the increased time required for the examination as a result. Where this modifier is applicable, the value for the procedure is modified by multiplying the normal value by 1.1. This modifier shall not be applicable to ML104.

-94 Evaluation performed by an Agreed Medical Evaluator. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.25. If modifier -93 is also applicable, the value of the procedure is modified by multiplying the normal value by 1.35.

-95 Evaluation performed by a panel selected Qualified Medical Evaluator ~~for an uncontested claim~~. This modifier should be added to the code reflecting the appropriate level of evaluation performed. This modifier is added solely for identification purposes, and does not change the normal value of any procedure.

-96 Modifier for medical-legal testimony. This modifier is added solely for identification purposes, and does not change the normal value of the service.

-97 Modifier for supplemental medical-legal evaluations. This modifier is added solely for identification purposes, and does not change the normal value of the procedure.

(e) This section shall apply to medical-legal evaluation reports where the examination occurs on or after the effective date of this section. Amendments to this section shall apply to medical-legal evaluation reports where the examination to which the report refers occurs on or after the effective date of the amendments and to medical-legal testimony where such testimony occurs on or after the effective date of the amendments.

Note: Authority cited: Sections 133, 4627, 5307.3 and 5307.6, Labor Code. Reference: Sections 139.2, 4061, 4061.5, 4620, 4621, 4622, 4625, 4626, 4628 and 5307.6, Labor Code.