



# Concentra Onsite Center Program Review

Denton ISD

Jan. 1 – Dec. 31, 2025

# ➤ Introduction

## About the Report








This report is created quarterly and annually to provide you with a comprehensive view of the onsite center and its impact on workforce health using meaningful metrics that provide timely and actionable insights.

## Contents

- 8** Eligibility
- 9** Participation
- 14** Engagement
- 17** PC/UC Outcomes
- 18** Workers Comp Outcomes
- 29** Recommendations and Next Steps
- 30** Appendix

## Find Your Way

We provide valuable insight into onsite center operations and impact based on key measures. Look on each page for these helpful icons to tell you more about which metrics are shown.

<b>Population</b>	 Total Employer Population	 Onsite Population		
<b>Services</b>	 Primary Care	 Urgent Care	 Occupational Medicine	 Physical Therapy
<b>Insights</b>	 Check out the valuable insights we've learned about your program where you see this icon.			

# ➤ Introduction

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**Date:** Tuesday March 24<sup>th</sup>

**Location:** Denton ISD Employee Wellness Center

## **Attendees**

**Dr. Jeremy Thompson**

**Chris Bomberger**

**Nicole Goodman**

**Adriane Cruz**

**Jo Rolon**

**Myka Lee**

**Dr. Jeff Kirkpatrick**

## **Agenda**

Review of 2025 Visit Trends

Highlight of Q4 numbers

Discussion on Workers Comp data for 2025

Plan for 2026

Continued Integration of Epic Data

# ➤ Executive Summary

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## Operational Overview

### Visit Trends

- Ended the year with 4,972 visits – a 19% change year over year.
  - Biggest impact seen in number of Primary Care Visits.
- Positive traction in utilization of Telemedicine for Workers Comp Visits. Ended the year with 30 total visits; largest volume in Q4.
- Monday's and Thursday's continue to show to be highest in volume. With peak hours being 8am – 9am and 4pm – 5pm.
- No Shows grew in Q4 – ending the year with 17%. Reschedules and Cancellations continue to fluctuate month to month but does impact volume and schedules.

### Patient Engagement

- 190 surveys completed. 94% of patients would recommend the Onsite clinic and 96% of patients were satisfied with their wait time.
- The average total time in center for all visits was less than 50 minutes.
- 54% of the eligible population signed up for MyChart and if they need to message the clinicians, the average response time is 0.35 days.

# ➤ Executive Summary

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## Clinical Overview

### Work Comp Injury Care

- Work Comp injury numbers reflect high-quality care directed at early case resolution and avoiding off work status, unnecessary services or referrals.
- 207 New Injury visits, 409 Rechecks, ratio 2.0 (Benchmark 2.0+) (PY 189/420/2.2)
- First recheck <3 days 59%, 3-7 days 34%, >7 days 7% (earlier correlates with better outcomes) (PY 59%/33%/8%)
- Avg case duration 22 days, median 6 days, 77% closed <30 days, Average charges \$992 (PY 22 days, 72% Closed <30 days, Avg charges \$912)
- Most common injuries (204 closed cases): 38% Upper Extremity, 28% Lower Extremity, 11% Head (PY 118 cases, similar range but Lumbar Spine injuries dropped by 1/3 from 25 to 17, 13% to 8% of total)
- 74% of injuries closed within 3 visits. 19% "1 and done." Average days between visits: 12 days (similar to PY, other clients)
- Regular Duty – 54% of closed cases, Limited Duty – 46% (for avg 29 days; 0% taken off work)
- Referrals: 2.5% required referred to specialists (PY 8%), Physical Therapy 77 referrals, 10 MRIs (PY 3)
- Prescriptions required in 46% of injury cases, mostly NSAIDs and muscle relaxers, 100% generics; no controlled substances

# ➤ Great Care Stories



## Great Care Stories

Care stories focus on patients that we are engaged with on their journey to improved health and are illustrative of the onsite's impact on employees' health and well-being.

### Case 1:

Just before Christmas of 2025, a gentleman in his 40's presented to the clinic for a primary care visit with Toni, accompanied by his wife. The visit was scheduled to discuss his recent abnormal lab results and develop a treatment plan for his new onset of diabetes. During discussion, patient reported increased lower extremity swelling and shortness of breath that gradually developed over a few weeks.

Concerned about his symptoms, Toni consulted Dr. Sayani. The patient was urged to immediately go to the emergency department for suspected congestive heart failure. The patient's diagnosis was confirmed, and he was admitted to the hospital for treatment. Since discharge from the hospital, he has shown steady improvement because of ongoing coordinated care received between the clinic and the cardiologist. The patient and his wife are grateful for the clinic's immediate access to care, and the ongoing guidance that they receive.

### Case 2:

In December 2025, a young man in his early 30s who had recently begun working for the school district presented to the clinic with ankle pain. He initially reported it as a work-related injury. However, during evaluation he disclosed that the condition had preexisted his employment and originally occurred approximately four months earlier while playing sports. A medical provider reportedly diagnosed an Achilles tendon tear, but he was unable to follow up due to lack of access to care.

Physical exam suggested the patient had a complete Achilles tendon rupture. Although his case was determined not to be work related, the patient clearly required prompt definitive medical treatment. Fortunately, he had recently enrolled in the district's insurance plan. The team acted quickly to facilitate designating Dr. Sayani as his primary care provider so he could be seen quickly under his new coverage.

The clinic team coordinated an expedited

referral authorization to an orthopedic surgeon. He received timely surgical consultation and underwent prompt repair of the ruptured tendon. The patient expressed sincere gratitude for the comprehensive care he received throughout the process.



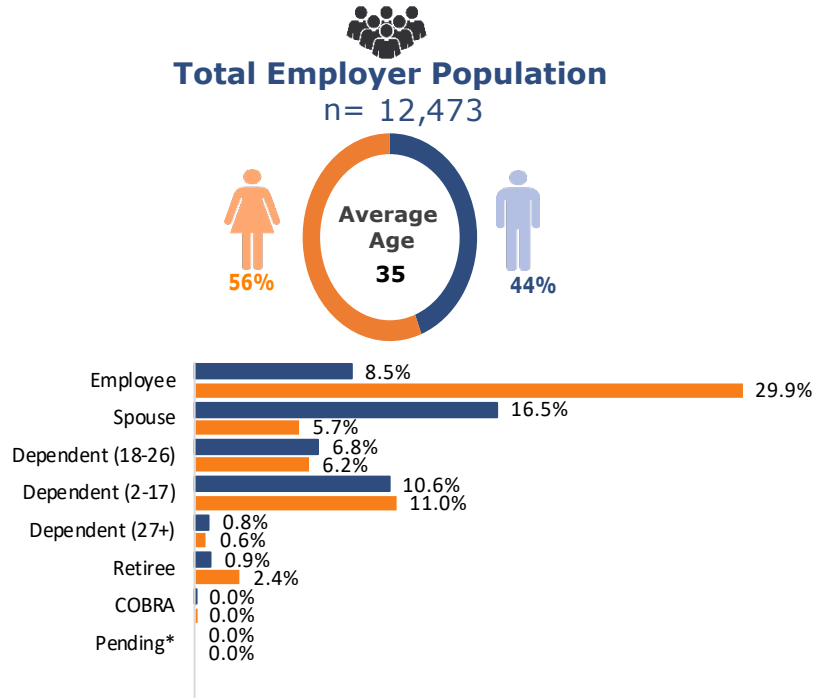
## ➤ Update on East Annex

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- Implementation project started Q3 of 2025.
  - Project scope included: Technology (network, phones, cable) deployment, coordination of furniture/equipment installs, worked with Arts department for hanging student art, and partnering with Facilities for cleaning/opening prep.
- Opened the doors week of January 6<sup>th</sup> for walk-ins and MyChart scheduled appointments started week of January 12<sup>th</sup>.
- Dr. Sayani practicing Mon/Wed/Fri; Toni Perkins practicing Tues/Thurs.
- Averaging 9 patients/day
  - Urgent Care 60% of volume
  - Busiest Day – 17 patients
- Focusing on Braswell Zone for HMO Patient outreaches to drive utilization into East location
- Partnering with DISD departments for Q2 campus visits for awareness and educations

# ➤ Eligibility

Eligibility information is obtained from the employer and begins the story of the onsite center. It defines the eligible populations and outlines the targeted groups.



# Participation

Data on this page applies to:



## Onsite Visit Metrics

Onsite Population

Understanding how your employees use the onsite center helps to define the program and service offerings to drive engagement. A visit is defined as any number of combination of service encounters rendered to a unique patient in a calendar day. We track how many employees utilize the onsite as their primary care provider as these are the employees on whose health we can have the most impact.

	Q1	Q2	Q3	Q4	Total YTD	Prior Year	% Change
<b>Total Center Visits</b>	<b>1,276</b>	<b>1,136</b>	<b>1,218</b>	<b>1,342</b>	<b>4,972</b>	<b>4,033</b>	<b>19%</b>
Primary Care	156	188	167	236	<b>747</b>	275	<b>63%</b>
Urgent Care	835	616	668	781	<b>2,900</b>	2,465	<b>15%</b>
Occupational Medicine	162	142	126	200	<b>630</b>	604	<b>4%</b>
Employer Services	123	190	257	125	<b>695</b>	689	<b>1%</b>
Phone Encounters	89	53	117	325	<b>584</b>	19	<b>97%</b>

*Note: Phone Encounters are NOT included in the overall visit totals.*



## Participation

### Visits by Visit Type – Detailed

#### Onsite Population

Understanding how your employees use the onsite center helps to define the program and service offerings to drive engagement. A visit is defined as any number of combination of service encounters rendered to a unique patient in a calendar day.

		Q1	Q2	Q3	Q4	Total YTD
Primary Care	PC - Initial	87	100	107	166	<b>460</b>
	PC - Established	69	88	60	70	<b>287</b>
Urgent Care	UC - Initial	505	386	467	413	<b>1,771</b>
	UC - Established	330	230	201	368	<b>1,129</b>
Occupational Medicine	WC - Initial	53	40	49	63	<b>205</b>
	WC - Recheck	109	102	77	137	<b>425</b>
Employer Services	DOT Physical	82	132	176	73	<b>463</b>
	Drug Screens	29	35	46	38	<b>148</b>
	Physical Exam	12	18	35	8	<b>73</b>
<b>Total Center Visits</b>		<b>1,276</b>	<b>1,131</b>	<b>1,218</b>	<b>1,336</b>	<b>4,961</b>



# > Participation

## Onsite Visit Metrics

### Onsite Population

Understanding how your employees use the onsite center helps to define the program and service offerings to drive engagement. A visit is defined as any number of combination of service encounters rendered to a unique patient in a calendar day.

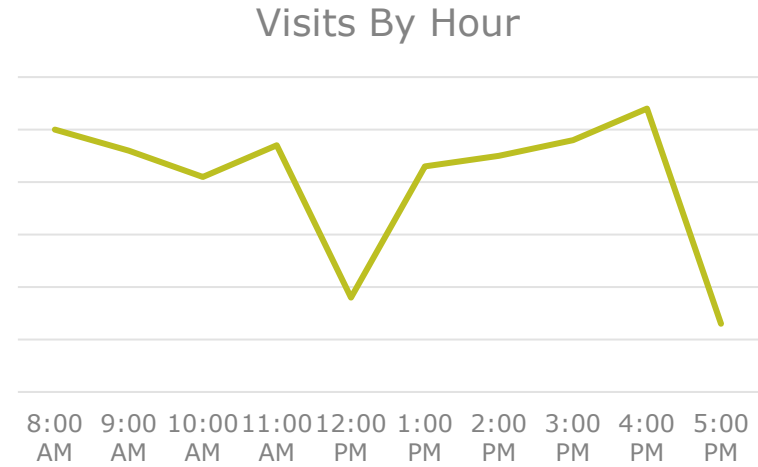
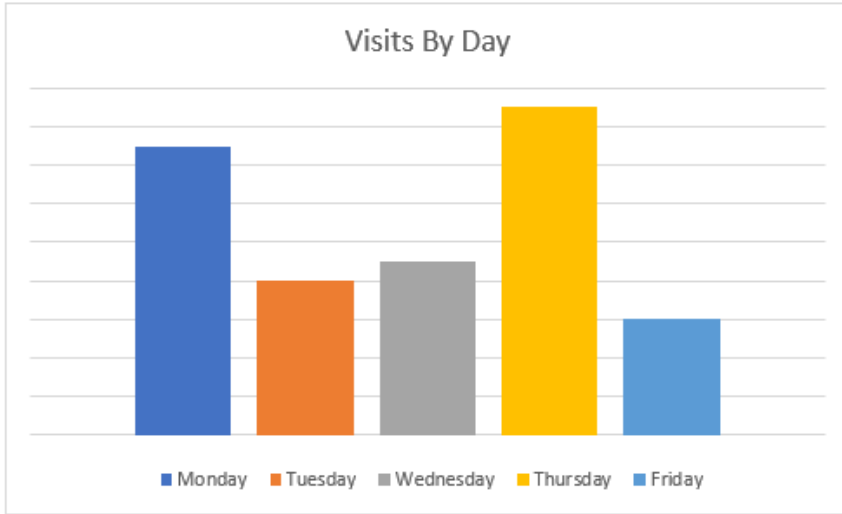
### Telemedicine Center Visits

	Q1	Q2	Q3	Q4	Current YTD
<b>Total Center Visits</b>	<b>0</b>	<b>7</b>	<b>6</b>	<b>17</b>	<b>30</b>
Occupational Medicine	0	7	6	17	30

Occupational Medicine	WCOM-Medical Initial	0	0	1	2	3	0
	WCOM-Medical Recheck	0	7	5	15	27	0



# Participation



Month	January	February	March	April	May	June	July	August	Sept	October	Nov	Dec	TOTAL
Total Visits	451	423	402	450	383	298	387	401	430	454	414	468	4961
Avg/Day	22.6	21.2	20.1	22.5	19.2	14.9	19.4	20.1	21.5	22.7	23.0	23.4	20.86



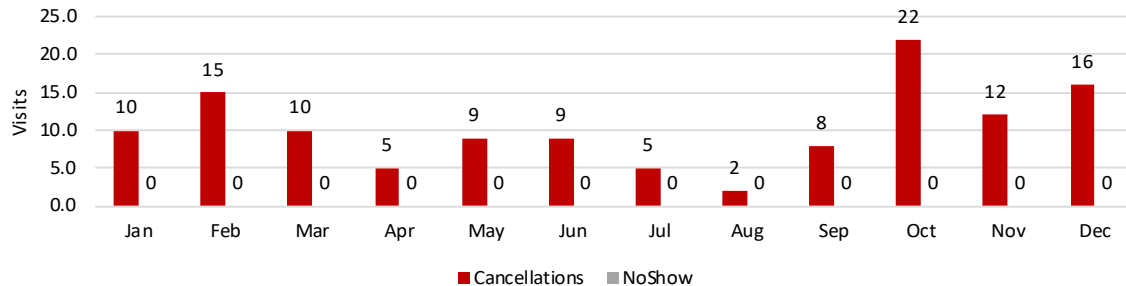
# Participation

## Onsite Center Efficiency Trends

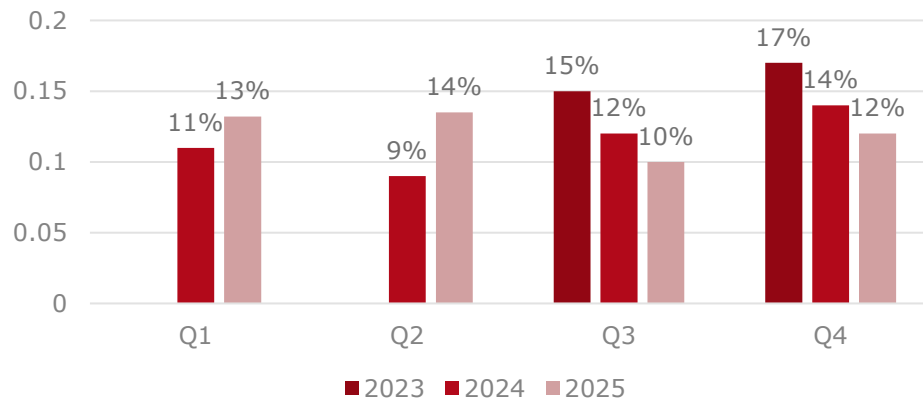
Options are provided for employees to schedule their onsite visits at their convenience and to minimize productivity impacts. Tracking walk-in and cancellations/no-show trends help determine impacts to staffing and scheduling and may provide helpful insight to management as well as an opportunity for educating the onsite population on how they can engage with the onsite.

**Cancellations/No-show Trend by Month**  
Onsite Population

**Scheduled Appointments: 1,605**



**PCP & UC Cancellation Rate**



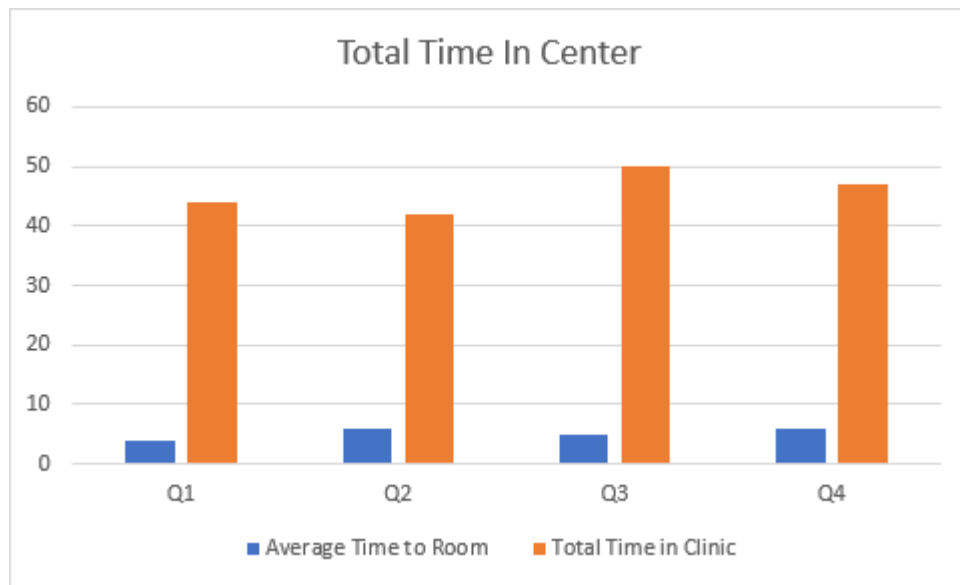


# Engagement

## Cumulative Wait Time

Onsite Population

We closely track and monitor wait times in 15-minute intervals, as these directly impact productivity and satisfaction levels. The chart below captures the percentage of the patients who experience a specific wait time.



	Time in Clinic
Primary Care	74
Urgent Care	46
WC Initial	64
WC Recheck	51
Physicals	89
Drug Screens	28



# Engagement

## Satisfaction Rates

Convenience, economics, culture, quality of care and quality of service all combine to drive patient satisfaction. Satisfaction is one of the most important factors in determining the success of an onsite center. Patients with higher satisfaction scores are more likely to comply with their recommended treatment plans which can lead to lower absence rates and higher productivity.



## Insight

**Net Promoter Score (NPS) is a widely-accepted tool to gauge the loyalty of a company's customers. Based on the global NPS standards, any score above 0 is considered "good", 50 and above is considered excellent, and 70 and above is considered "world class". In a recent report, Costco earned the highest overall NPS of 79 for U.S. companies.**



Measures the patient's likelihood of recommending the onsite center to another person.



Measures the patient's satisfaction level with his/her visit to the onsite center.



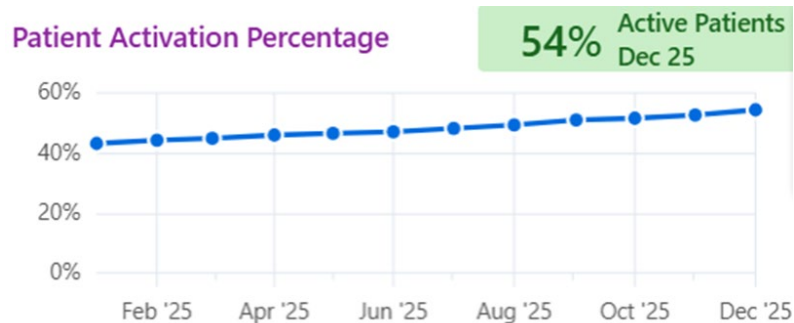
Measures the patient's satisfaction level with his/her expected wait times and includes responses of better than expected and acceptable.

NPS is a measurement of customer loyalty and the likelihood of the customer to recommend a company to a colleague or friend. Based on a scale of 0-10, it is calculated as the percentage of customers who are promoters, rating the company a 9 or 10 minus the percentage who are detractors, rating the company 6 or lower. Scores of 7 or 8 are not considered. NPS Report released by Satmetrix, the owner of NPS, March, 2015.

# Engagement

## Onsite Center Portal Engagement Trends

The patient portal MyChart allows participants to easily schedule clinic appointments, request medication refills, obtain test results, and to message clinicians directly. The ability to perform these activities indicates increased engagement by the population. Thus, onsite colleagues will continue to educate the participants to sign up for the portal so they can engage clinically with the onsite clinicians.



**Avg Clinician Response Time (Annual):**

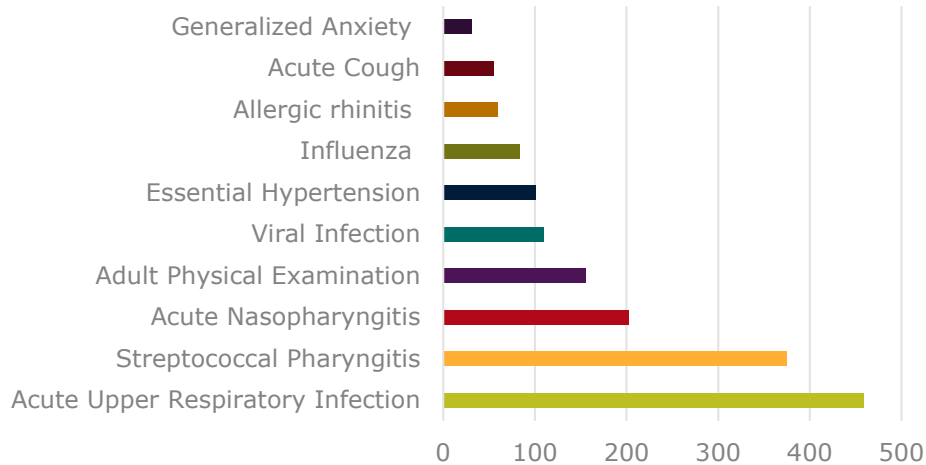
0.35 day

# ➤ Primary Care/Urgent Care

## Primary Diagnoses

As part of effectively measuring your population's health, we track how often participants are diagnosed with specific conditions, excluding work-related injuries, at the onsite center. Tracking these conditions helps guide health management decisions.

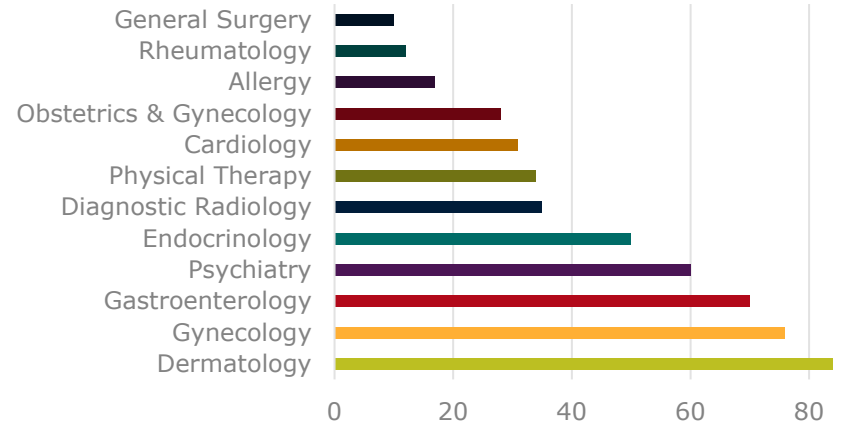
### # of Visits by Primary Diagnosis



## Top 10 Referrals to Specialist

Tracking referrals to specialists is important for providing continuity of care as well as tracking overall health care costs.

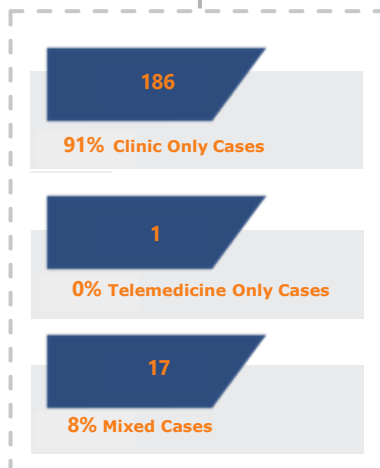
### # of Referrals





# Outcomes: Occupational Medicine

## Workers Compensation Program Summary





## Outcomes: Occupational Medicine

Early intervention with frequent recheck visits results in shorter case duration, reduced time away from work, and lower overall case cost.

### Rechecks

Onsite Population

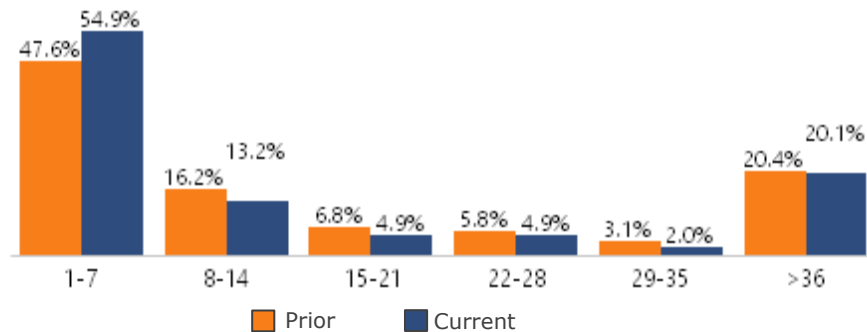
Injury Group	1-3 Days				4-7 Days				>7 Days			
	Current #	Current %	Prior #	Prior %	Current #	Current %	Prior #	Prior %	Current #	Current %	Prior #	Prior %
Head/Neck/Face	14	9%	22	14%	6	4%	3	2%	0	0%	2	1%
Torso	12	8%	18	12%	8	5%	6	4%	1	1%	3	2%
Upper Extremities	32	22%	27	18%	21	14%	18	12%	3	2%	1	1%
Lower Extremities	23	16%	21	14%	12	8%	16	11%	4	3%	5	3%
Other Injuries	6	4%	2	1%	4	3%	7	5%	2	1%	1	1%
<b>All Injury Groups</b>	<b>87</b>	<b>59%</b>	<b>90</b>	<b>59%</b>	<b>51</b>	<b>34%</b>	<b>50</b>	<b>33%</b>	<b>10</b>	<b>7%</b>	<b>12</b>	<b>8%</b>



## Outcomes: Occupational Medicine

### Primary Care Duration and Charge Profile

Distribution of Cases by Duration (days)



### Comparison of Median vs Average Duration





# Outcomes: Occupational Medicine

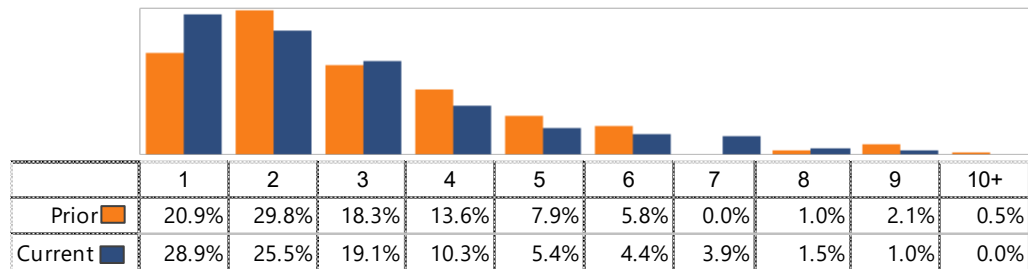
## Injury Case Profile

Injury Group	Total # of Injuries		# of Closed Cases		% Distribution of Closed Cases		
	Prior	Current	Prior	Current	Prior	Current	Concentra
Head/Face	17	23	17	22	8.9%	10.8%	8.1%
Cervical Spine	13	6	13	6	6.8%	2.9%	4.7%
Thoracic Spine	0	0	0	0	0.0%	0.0%	0.2%
Lumbar Spine	25	18	25	17	13.1%	8.3%	13.6%
Torso (non-spine)	8	13	8	13	4.2%	6.4%	5.2%
Upper Extremity	62	83	62	78	32.5%	38.2%	35.5%
Lower Extremity	55	64	55	57	28.8%	27.9%	23.9%
Exposures	0	3	0	3	0.0%	1.5%	3.3%
Other Injuries NOC	11	8	11	8	5.8%	3.9%	5.5%
<b>All Injury Groups</b>	<b>191</b>	<b>218</b>	<b>191</b>	<b>204</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>
Clinic Only	191	197	191	186	100.0%	91.2%	94.8%
Telemedicine Only	0	1	0	1	0.0%	0.5%	2.6%
Mixed	0	20	0	17	0.0%	8.3%	2.6%



## Outcomes: Occupational Medicine

### Distribution of Cases by MD Visits



% of Cases Released to Full Duty  
after 1 MD Visit

Prior  
8.9%



Current  
19.1%

Average Days Between MD Visits

Prior  
11.0



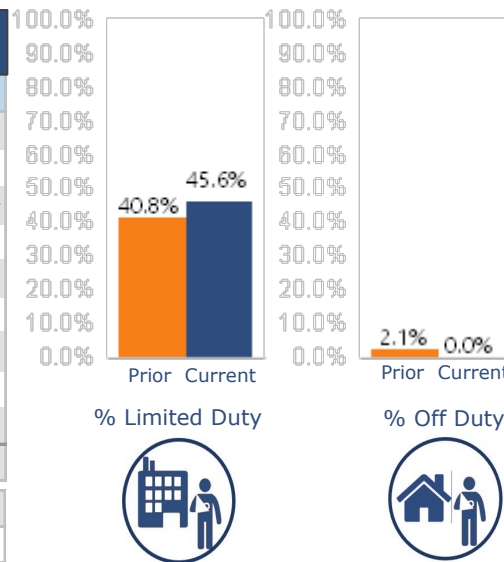
Current  
11.9



# Outcomes: Occupational Medicine

## Return to Work (RTW) Management

Injury Group	% Regular Duty		% Limited Duty		% Off-Duty	
	Prior	Current	Prior	Current	Prior	Current
Head/Face	82.4%	95.5%	11.8%	4.5%	5.9%	0.0%
Cervical Spine	76.9%	66.7%	23.1%	33.3%	15.4%	0.0%
Thoracic Spine	---	---	---	---	---	---
Lumbar Spine	32.0%	29.4%	68.0%	70.6%	0.0%	0.0%
Torso (non-spine)	25.0%	76.9%	75.0%	23.1%	0.0%	0.0%
Upper Extremity	59.7%	44.9%	40.3%	55.1%	0.0%	0.0%
Lower Extremity	61.8%	49.1%	36.4%	50.9%	1.8%	0.0%
Exposures	---	100.0%	---	0.0%	---	0.0%
Other Injuries NOC	54.5%	62.5%	45.5%	37.5%	0.0%	0.0%
<b>All Injury Groups</b>	<b>58.1%</b>	<b>54.4%</b>	<b>40.8%</b>	<b>45.6%</b>	<b>2.1%</b>	<b>0.0%</b>
Clinic Only	58.1%	57.0%	40.8%	43.0%	2.1%	0.0%
Telemedicine Only	---	100.0%	---	0.0%	---	0.0%
Mixed	---	23.5%	---	76.5%	---	0.0%

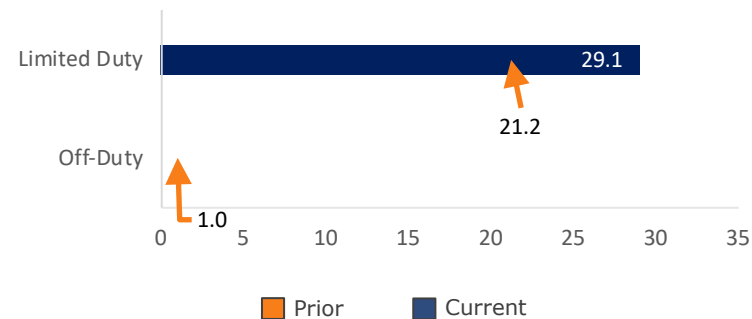




# Outcomes: Occupational Medicine

## Disability Duration

Injury Group	Average Limited Duty Duration		Average Off-Duty Duration	
	Prior	Current	Prior	Current
Head/Face	1.0	2.0	1.0	---
Cervical Spine	31.0	3.0	1.0	---
Thoracic Spine	---	---	---	---
Lumbar Spine	20.1	24.8	---	---
Torso (non-spine)	14.5	16.7	---	---
Upper Extremity	25.7	33.3	---	---
Lower Extremity	19.4	29.7	1.0	---
Exposures	---	---	---	---
Other Injuries NOC	20.4	18.3	---	---
<b>All Injury Groups</b>	<b>21.2</b>	<b>29.1</b>	<b>1.0</b>	<b>---</b>
Clinic Only	21.2	27.9	1.0	---
Telemedicine Only	---	---	---	---
Mixed	---	36.4	---	---





## Outcomes: Occupational Medicine

### Medical Referrals and Visit Utilization

Injury Group	Average MD Visits		% Referred to Specialist	
	Prior	Current	Prior	Current
Head/Face	1.7	1.6	17.6%	4.5%
Cervical Spine	3.2	3.2	7.7%	0.0%
Thoracic Spine	---	---	---	---
Lumbar Spine	3.6	3.7	0.0%	0.0%
Torso (non-spine)	3.3	1.8	0.0%	7.7%
Upper Extremity	2.9	3.0	8.1%	3.8%
Lower Extremity	3.2	3.1	10.9%	0.0%
Exposures	---	1.0	---	0.0%
Other Injuries NOC	2.3	2.0	0.0%	0.0%
<b>All Injury Groups</b>	<b>3.0</b>	<b>2.8</b>	<b>7.9%</b>	<b>2.5%</b>
Clinic Only	3.0	2.7	7.9%	2.2%
Telemedicine Only	---	1.0	---	0.0%
Mixed	---	4.4	---	5.9%



## ➤ Outcomes: Occupational Medicine

Specialist referrals sometimes are needed to manage work-related injuries. Since specialist referrals add to case duration and case cost, we track referral rates and strive to eliminate unnecessary referrals.

### Referrals by Specialist Type

Onsite Population

Referral Name	Count
Physical Therapy Referral	77
Orthopedic Specialist Referral	5
Occupational Therapy Referral	2
Impairment Rating Referral	2
Hand Specialist Referral	1
Pain Management Referral	1
General Surgery/Surgeon Referral	1
Work Conditioning Referral	1
Dentist Referral	1
Other	0



## Outcomes: Occupational Medicine

Diagnostic referrals, including MRIs, CT scans, and EMGs\* sometimes are needed to manage work-related injuries. These diagnostic referrals add to case cost but do not always improve the quality of care. We track referral rates and strive to eliminate unnecessary referrals.

### Diagnostic Referrals

Onsite Population

Injury Group	Current #	Current %	Prior #	Prior %
Head/Neck/Face	1	0.5%	0	0.0%
Torso	4	1.9%	0	0.0%
Upper Extremities	3	1.4%	2	1.1%
Lower Extremities	1	0.5%	0	0.0%
Other Injuries	1	0.5%	1	0.5%
<b>All Injury Groups</b>	<b>10</b>	<b>4.8%</b>	<b>3</b>	<b>1.6%</b>



### Insight

**To minimize health care costs we refer within your health plan whenever possible.**



## Outcomes: Occupational Medicine

Tracking prescription trends helps to focus on cost management. Generic Medications are prescribed whenever possible to support cost containment while still ensuring quality.

### Top 10 Prescribed Medications: Onsite Population

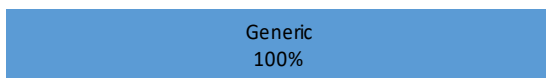
Drug Class	Drug Name	Count
NSAIA'S	IBUPROFEN 800 MG ORAL TABLET	36
CENTRAL MUSCLE RELAXANTS	BACLOFEN 10 MG ORAL TABLET	30
NSAIA'S	NAPROXEN 500 MG ORAL TABLET	27
NSAIA'S	MELOXICAM 7.5 MG ORAL TABLET	12
GLUCOCORTICOSTEROIDS	PREDNISONE 20 MG ORAL TABLET	6
CENTRAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL - 10 MG ORAL TABLET	5
CENTRAL MUSCLE RELAXANTS	CYCLOBENZAPRINE HCL - 5 MG ORAL TABLET	5
NSAIA'S	IBUPROFEN 200 MG ORAL TABLET	5
PENICILLIN COMBINATIONS	AMOXICILLIN-POT CLAVULANATE 875-125 MG ORAL TABLET	4
ANALGESICS OTHER	ACETAMINOPHEN 500 MG ORAL TABLET	3
Other	Other	20
<b>Total</b>		<b>153</b>



### Insight

**A rate of 80% or greater for prescribing generics is considered best in class.**

### Pharmacy Utilization: Onsite Population



	Prior	Current
% Cases with Prescriptions	48.7%	46.1%
% Cases with Prescriptions Dispensed	0.0%	0.0%
% Prescription Charges per Case	0.0%	0.0%



## ➤ Action Items and Next Steps

### Quarter 2 Focus #1: Utilization

- Deployment of personalized outreach to HMO members with PCP designation that have not used either clinic since 7/1/2025. Goal is to get initial appointment scheduled and care established with their PCP.
  - Starting with Braswell Zone = 31 plan participants
  - Email communication week of March 23<sup>rd</sup> and phone calls starting following week.
- Will continue to track patient utilization by campus and work through additional zones.

### Quarter 2 Focus #1a: Engagement

- Partnering with Benefits and Wellness team to deploy Quarter 2 Engagement calendar.
  - Goal is to achieve alignment on communication topics and have clinic team presence at applicable events
- Deploying Wellness Champion partnership by providing resources and tools for the campus liaison to utilize for their wellness initiative
- Determine appropriate campus visits by various departments that clinic team (COD/MD) can attend to promote clinic services

### Quarter 2 Focus #2: Data Dive

- Continued partnership with Higginbotham/BCBS on providing clinic visit data to start to create the overall ROI/cost picture of plan participants that are utilizing the clinic in comparison to those that are not.



## Appendix

### Occupational Medicine Top 25 CPT Codes

Onsite Population

Current Procedural Terminology (CPT®) codes, the most widely accepted medical language used to report medical procedures and services under public and private health insurance programs. CPT is developed and updated by the CPT Editorial Panel.

CPT Description	Count	%
TEXAS DWC 73	614	35.9%
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	300	17.8%
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	167	9.8%
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	128	7.6%
TEXAS DWC 69	114	6.6%
OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	62	3.7%
THERAPEUTIC PROPHYLACTIC/DX INJECTION SUBQ/IM	34	2.0%
KETOROLAC TROMETHAMINE, 60MG/2ML SDV 2ML (BILL 4 UNITS)	26	1.5%
IMADM PRQ ID SUBQ/IM NJXS 1 VACCINE	24	1.5%
TDAP VACCINE 7/GREATERTHAN YR IM	23	1.4%
PAIN RELIEF GEL TUBE 4OZ	14	0.8%
ACE WRAP 3"	11	0.6%
PAIN RELIEF ROLL-ON 3OZ	9	0.5%
RADEX ANKLE COMPL MINIMUM 3 VIEWS	8	0.5%
HINGED KNEE SUPPORT	7	0.4%
KETOROLAC TROMETHAMINE, SDV 30MG 1ML (BILL 2 UNITS)	7	0.4%
THUMB-COMFORT COOL CMC SPLINT	7	0.4%
BANDAGE ELAS 2IN	6	0.3%
KNEE SLEEVE	5	0.3%
RADEX FOOT COMPL MINIMUM 3 VIEWS	5	0.3%
REMOVAL OF SUTURES OR STAPLES NOT REQUIRING ANESTHESIA (LIST SEPARATELY)	5	0.3%
SYNCHRONOUS AUDIO-VIDEO VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	5	0.3%
COBAN, ALL SIZES	4	0.2%
COMFORTFORM BACK SUPP	4	0.2%
CRUTCHES	4	0.2%
Others	103	6.0%
<b>Total</b>	<b>1,696</b>	<b>99.8%</b>