**Table 8 - Emergency Department Services** 

Code	All Claims
99281	0.76%
99282	15.91%
99283	15.15%
99284	19.70%
99285	48.48%
Total	100%

**Table 9 - Critical Care** 

Code	All Claims	Office	Outpatient	Emergency
				Department
99291	0.0%	0.0%	0.0%	0.0%
99292	0.0%	0.0%	0.0%	0.0%
Total	100%	100%	100%	100%

**Table 10 - Initial Nursing Facility Care** 

Code	All Claims
99304	17.67%
99305	68.54%
99306	13.80%
Total	100%

Table 11 - Subsequent Nursing Facility
Care

Code	All Claims
99307	8.02%
99308	36.98%
99309	42.77%
99310	12.23%
Total	100%

**Table 12 - Eye-Specific New Patient Office Visits** 

Code	All Claims
92002	9.22%
92004	90.78%
Total	100%

Table 13 - Eye-Specific Established Patient Office Visits

Code	All Claims
92012	26.30%
92014	73.70%
Total	100%