Rank	смб	Description	Room and Board Charges	Other Charges	Total Average Charges
1	A0106	Rehabilitation following Stroke and Age <84.50, Maximum Assistance Required	\$9,600	\$9,672	\$19,272
2	A0103	Rehabilitation following Stroke, Moderate Upper AND Lower Extremity Assistance Required	\$20,400	\$20,553	\$40,953
3	D0106	Rehabilitation following Stroke Age <84.50, Maximum Assistance Required	\$10,800	\$10,881	\$21,681
4	A0703	Rehabilitation following Fracture of lower extremity, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
5	D2002	Rehabilitation for Miscellaneous Conditions not specified elsewhere, Moderate Upper OR Lower Extremity Assistance Required	\$15,600	\$15,717	\$31,317
6	A0102	Rehabilitation following Stroke, Moderate Upper OR Lower Extremity Assistance Required	\$15,600	\$15,717	\$31,317
7	D0304	Rehabilitation following Non-traumatic brain injury and Patient Age >=78.50, Maximum Assistance Required	\$20,400	\$20,553	\$40,953
8	A0904	Rehabilitation following Other orthopedic Event, Maximum Assistance Required	\$12,000	\$12,090	\$24,090
9	D0102	Rehabilitation following Stroke, Moderate Upper OR Lower Extremity Assistance Required	\$16,800	\$16,926	\$33,726
10	A0104	Rehabilitation following Stroke, Maximum Assistance Required	\$24,000	\$24,180	\$48,180
11	C0303	Rehabilitation following Non-traumatic brain injury, Moderate Upper AND Lower Extremity Assistance Required	\$20,400	\$20,553	\$40,953
12	A0902	Rehabilitation following Other orthopedic Event, Moderate Upper OR Lower Extremity Assistance Required	\$15,600	\$15,717	\$31,317
13	D2003	Rehabilitation for Miscellaneous Conditions not specified elsewhere, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
14	D0103	Rehabilitation following Stroke, Moderate Upper AND Lower Extremity Assistance Required	\$20,400	\$20,553	\$40,953
15	D0104	Rehabilitation following Stroke, Maximum Assistance Required	\$24,000	\$24,180	\$48,180
16	A0204	Rehabilitation following Traumatic brain injury, Maximum Assistance Required	\$21,600	\$21,762	\$43,362

Rank	CMG	Description	Room and Board Charges	Other Charges	Total Average Charges
17	D0302	Rehabilitation following Non-traumatic brain injury, Moderate Upper OR Lower Extremity Assistance Required	\$16,800	\$16,926	\$33,726
18	D0303	Rehabilitation following Non-traumatic brain injury, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
19	D0305	Rehabilitation following Non-traumatic brain injury and Patient Age <78.50, Maximum Assistance Required	\$13,200	\$13,299	\$26,499
20	A0603	Rehabilitation following Neurological Event, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
21	D0604	Rehabilitation following Neurological Event, Maximum Assistance Required	\$12,000	\$12,090	\$24,090
22	A0702	Rehabilitation following Fracture of lower extremity, Moderate Upper OR Lower Extremity Assistance Required	\$16,800	\$16,926	\$33,726
23	A0704	Rehabilitation following Fracture of lower extremity, Maximum Assistance Required	\$10,800	\$10,881	\$21,681
24	D0804	Rehabilitation following Replacement of lower-extremity joint, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
25	D0805	Rehabilitation following Replacement of lower-extremity joint, Maximum Assistance Required	\$12,000	\$12,090	\$24,090
26	A1904	Rehabilitation for Guillain-Barré, Maximum Assistance Required	\$10,800	\$10,881	\$21,681
27	A2002	Rehabilitation for Miscellaneous Conditions not specified elsewhere, Moderate Upper OR Lower Extremity Assistance Required	\$15,600	\$15,717	\$31,317
28	D0105	Rehabilitation following Stroke - Pt Age >= 84.5, Maximum Assistance Required	\$27,600	\$27,807	\$55,407
29	A0202	Rehabilitation following Traumatic brain injury, Moderate Upper OR Lower Extremity Assistance Required	\$15,600	\$15,717	\$31,317
30	A0203	Rehabilitation following Traumatic brain injury, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
31	D0203	Rehabilitation following Traumatic brain injury, Moderate Upper AND Lower Extremity Assistance Required	\$19,200	\$19,344	\$38,544
32	A0303	Rehabilitation following Non-traumatic brain injury, Moderate Upper AND Lower Extremity Assistance Required	\$18,000	\$18,135	\$36,135

Rank	CMG	Description	Room and Board Charges	Other Charges	Total Average Charges
33	C0304	Rehabilitation following Non-traumatic brain injury and Patient Age >=78.50, Maximum Assistance Required	\$22,800	\$22,971	\$45,771
34	A0305	Rehabilitation following Non-traumatic brain injury and Patient Age <78.50, Maximum Assistance Required	\$14,400	\$14,508	\$28,908
35	C0305	Rehabilitation following Non-traumatic brain injury and Patient Age <78.50, Maximum Assistance Required	\$13,200	\$13,299	\$26,499
36	D0504	Rehabilitation following Non-traumatic spinal cord injury, Maximum Assistance Required	\$27,600	\$27,807	\$55,407
37	A0601	Rehabilitation following Neurological Event, Limited Assistance Required	\$13,200	\$13,299	\$26,499
38	A0602	Rehabilitation following Neurological Event, Moderate Upper OR Lower Extremity Assistance Required	\$15,600	\$15,717	\$31,317
39	D0602	Rehabilitation following Neurological Event, Moderate Upper OR Lower Extremity Assistance Required	\$16,800	\$16,926	\$33,726
40	D0603	Rehabilitation following Neurological Event, Moderate Upper AND Lower Extremity Assistance Required	\$20,400	\$20,553	\$40,953
41	B0603	Rehabilitation following Neurological Event, Moderate Upper AND Lower Extremity Assistance Required	\$24,000	\$24,180	\$48,180
42	D0702	Rehabilitation following Fracture of lower extremity, Moderate Upper OR Lower Extremity Assistance Required	\$18,000	\$18,135	\$36,135
43	D0704	Rehabilitation following Fracture of lower extremity, Maximum Assistance Required	\$10,800	\$10,881	\$21,681
44	C0704	Rehabilitation following Fracture of lower extremity, Maximum Assistance Required	\$10,800	\$10,881	\$21,681
45	A0802	Rehabilitation following Replacement of lower-extremity joint, Moderate Upper OR Lower Extremity Assistance Required	\$13,200	\$13,299	\$26,499
46	A0901	Rehabilitation following Other orthopedic Event, Limited Assistance Required	\$13,200	\$13,299	\$26,499
47	D0901	Rehabilitation following Other orthopedic Event, Limited Assistance Required	\$14,400	\$14,508	\$28,908
48	D0902	Rehabilitation following Other orthopedic Event, Moderate Upper OR Lower Extremity Assistance Required	\$16,800	\$16,926	\$33,726
49	C0902	Rehabilitation following Other orthopedic Event, Moderate Upper OR Lower Extremity Assistance Required	\$16,800	\$16,926	\$33,726

Rank	CMG	Description	Room and Board Charges	Other Charges	Total Average Charges
50	C0903	Rehabilitation following Other orthopedic Event, Moderate Upper AND Lower Extremity Assistance Required	\$20,400	\$20,553	\$40,953