



2007 Comparison Across Hospital Settings Hospital Utilization Report

Prepared by

Vermont Department of Health

Vermont Department of Banking, Insurance,
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2007

**Vermont Hospital Utilization Report
Comparison across Hospital Settings**

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**Department of Banking, Insurance, Securities
and Health Care Administration**

Department of Health

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Disclaimer

Vermont hospital discharge data for use in this publication were supplied by the VAHHS-NSO reporting system, Vermont EXPLOR, under a contract with BISHCA. These data were supplied upon the authorization of the hospitals through agreements between VAHHS-NSO and each participating hospital.

After receipt of the data files from VAHHS-NSO, the data undergo additional editing and processing by the Vermont Department of Health (VDH), under an agreement with BISHCA, before inclusion in the Vermont Uniform Hospital Discharge Data Set. The Vermont Uniform Hospital Discharge Data Set is used to construct this Hospital Utilization Report and is the official state data file, available to the public. The Health Department does not assume responsibility for errors in the data due to coding or processing by hospitals, VAHHS-NSO Vermont EXPLOR, or other data providers.

Hospital Data Files and Reports

Public use hospital discharge data files as well as this hospital utilization report and associated tables are available for download on the BISHCA website at: <http://www.bishca.state.vt.us/> under HEALTH INSURANCE / HEALTH CARE INDUSTRY > Data & Reports: Health Care, Health Insurance, Hospitals. Information on requesting research hospital discharge data sets is also provided on this website. For any additional information concerning the data sets contact the Vermont Division of Health Care Administration at (802) 828-2900 or (800) 631-7788. To obtain a hard copy of this report contact the Vermont Department of Health at (802) 863-7300 or (800) 869-2871.

User's Guide to Hospital Setting Comparison Tables

Comparison Across Hospital Settings

Since reporting year 2001, data have been available across three hospital settings: inpatient, outpatient procedures, and emergency department (ED) visits. Comparison of utilization across these three settings offers a more comprehensive view of patterns in the health care delivery system. The distribution of discharges among the three settings by hospital offers an interesting snapshot of local patterns of use. In most of the tables that follow, the discharge records are sorted by diagnostic or procedure groups for comparison across the settings (see explanation of Clinical Classifications Software below).

Beginning in 2006 other types of hospital-based outpatient services were collected, these data did not meet the criteria of a procedure in the 0-86.99 range, nor have associated revenue codes that would indicate an emergency department visit or observation bed record. This additional data includes laboratory tests and other diagnostic and therapeutic services not classified elsewhere. Hospital setting comparisons, including this additional data, called expanded outpatient services are included in tables C1-C4, C9 and C11 of this report. The 2006 expanded outpatient data were inconsistently reported across hospitals for the first data year but with the mandatory requirement in 2007, data is more consistently reported and will continue to improve in future editions.

The tables comparing utilization by setting focus primarily on resident and non-resident discharges from the fourteen Vermont (VT) civilian acute care hospitals. The Veterans Administration (VA) hospital in White River Junction did not submit any data for calendar year 2007.

Table C10 compares data for Vermonters using hospitals in Vermont, Massachusetts (MA), New Hampshire (NH), and New York (NY). Since reporting year 2001, the NH Department of Health and Human Services has provided data from all three settings for Vermont residents using NH hospitals. Since reporting year 2006 the New York Department of Health also provides data across these three settings. The MA Division of Health Care Finance and Policy provides only inpatient records, ED records and observation bed data at this time.

Individuals may have multiple records in any or all of the datasets if they had multiple inpatient discharges, outpatient procedures, expanded outpatient services and/or emergency department visits during the reporting year. Therefore, the number of discharge/visit records likely exceeds the number of individuals who received hospital-based services during the reporting year.

Definitions

Charges

The payments hospitals receive for an episode of care rarely equal what is charged. All patients, or insurance plans, do not pay the same amount for similar treatments, supplies and services, even though they may be billed the same amount. Private insurers generally negotiate separately with hospitals to set reimbursement rates. The federal and state governments set Medicare and Medicaid reimbursement rates independently. Variations in charges and reimbursement may be designed so services are cross-subsidized. Comparative analyses of hospital charges must take the limitations of charge data into account.

Charges in this report are defined as "facility" charges. Hospitals subtract professional fees and charges for patient convenience items from the total charge in order to calculate the facility charge. However, facility charge data are not always reported according to this standard definition. Some hospitals include salaried and contracted physician fees in their facility charges.

Recent Changes in Definitions for the Hospital Settings

Emergency Department (ED) Visits. For purposes of the hospital setting comparison tables, ED data are defined as records from all outpatient settings that originated in the ED (had an associated revenue code beginning 45, Emergency Room). Inpatient records that originated in the ED remain in the inpatient data column for these tables.

In the 2001 and 2002 Monograph tables comparing hospital settings, ED records included only records coded by hospitals as emergency room visits (patient type "E"). Beginning with the 2003 Monograph, two changes were made to the way in which records were selected for inclusion in the ED analyses in these tables. ED data selection was expanded to include all outpatient records which had an associated revenue code beginning 45 (Emergency Room). At the same time, ED data records decreased because some patient type "E" records were determined not to be true ED visits (had no associated ER revenue record). Many of these records turned out to be for clinics held after hours in hospital EDs.

Inpatient Discharges. Selection of inpatient records included in the hospital setting comparison tables has not changed. The inpatient dataset includes all discharges that were billed as an inpatient stay, regardless of admission source. Maternal records are included, but newborns (MDC 15) are excluded, to avoid duplicate counts. Tables C5 and C6 provide comparisons of inpatient records that originated in the ED with those that did not.

Outpatient Procedures. The outpatient procedure data include records which did not originate in the ED and which have a procedure code in the ICD-9-CM code range 00.0-86.99. Outpatient procedures may have been performed in an operating room or other hospital outpatient setting.

In the 2001 and 2002 Monographs, the hospital setting comparison tables included outpatient procedure analyses for records coded by hospitals as ambulatory surgery (patient type "A") which had a procedure in the ICD-9-CM code range 00.0 – 86.99.

Beginning with reporting year 2003, the set of outpatient procedure records included in these tables was expanded. Records with certain outpatient types in addition to those designated as ambulatory surgery (patient type "A") were included if they had a procedure in the defined range.

Expanded Outpatient Services. The expanded outpatient data includes laboratory tests, diagnostic and therapeutic services. These data do not include records that had an associated ED or Observation revenue code nor a procedure code in the ICD-9-CM code range 00.0-86.99. Collection of the expanded outpatient data began with the 2006 reporting year.

Comparison to Previous Monographs

As described above, in data year 2003 multiple changes were made in the definitions for selecting outpatient procedure and ED records, resulting in differences in both the number of records included and the nature of the records. Because of these changes the hospital setting comparison tables presented in this Report are comparable to those published in the 2003-2006 Reports but cannot meaningfully be compared to the tables published in the 2001 or 2002 Monographs.

Clinical Classifications Software (CCS) Groupings

Clinical Classifications Software (CCS) is a tool that can collapse principal diagnosis (over 12,000) and procedure (over 3,500) codes into meaningful categories. The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 mutually exclusive categories. Similarly, the single-level procedure CCS aggregates procedures into 231 mutually exclusive categories, most representing single types of procedures. High level CCS groups further collapse single-level CCS groups into broad categories based on body systems or condition.

The CCS diagnosis and procedure groups are used in these comparison tables to compare patient records across health care

settings. CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available to the public at the website:

<http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>

Hospital vs. Hospital Service Area Data

In the tables that follow, data are reported by hospital, but not by hospital service area. This is because bordering states do not supply data on Vermont residents across all hospital settings. Only Vermont hospitals provide the expanded outpatient services data. Therefore, rates cannot be calculated on a hospital service area or population basis across all hospital settings.

Table C1
Vermont Hospitals by Setting
2007 Vermont Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Vermont Hospital	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Count	Row %
Brattleboro Memorial Hospital	2,045	11.5	3,768	21.2	11,022	62.1	928	5.2	17,763	100.0
Central Vermont Medical Center	3,232	2.3	7,166	5.1	25,414	18.2	103,539	74.3	139,351	100.0
Copley Hospital	1,127	1.9	4,109	7.0	11,559	19.8	41,654	71.3	58,449	100.0
Fletcher Allen Health Care	19,772	2.4	44,599	5.3	46,063	5.5	727,979	86.8	838,413	100.0
Gifford Medical Center	1,242	1.2	2,616	2.5	5,954	5.8	93,531	90.5	103,343	100.0
Grace Cottage Hospital	170	1.4	0	0.0	2,431	19.5	9,884	79.2	12,485	100.0
Mt. Ascutney Hospital and Health Center	460	1.3	986	2.9	5,276	15.3	27,750	80.5	34,472	100.0
North Country Hospital	1,503	2.0	3,460	4.6	12,321	16.3	58,110	77.1	75,394	100.0
Northeastern Vermont Regional Hospital	1,552	2.0	3,511	4.6	10,498	13.7	60,905	79.6	76,466	100.0
Northwestern Medical Center	2,141	2.2	7,136	7.4	25,667	26.7	61,307	63.7	96,251	100.0
Porter Medical Center	1,359	2.0	3,900	5.8	12,719	18.8	49,739	73.5	67,717	100.0
Rutland Regional Medical Center	6,467	3.4	9,984	5.2	29,585	15.4	146,407	76.1	192,443	100.0
Southwestern Vermont Medical Center	4,725	3.8	6,339	5.1	18,238	14.6	95,908	76.6	125,210	100.0
Springfield Hospital	2,279	4.7	2,414	5.0	14,060	29.2	29,330	61.0	48,083	100.0
Total	48,074	2.5	99,988	5.3	230,807	12.2	1,506,971	79.9	1,885,840	100.0

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Table C2
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records, Row and Column Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Symptoms, signs & ill-defined conditions	2,005	0.6	16,163	4.9	25,312	7.7	284,902	86.8	328,382	100.0
Musculoskeletal system & connective tissue	2,957	1.5	14,396	7.1	17,360	8.6	167,631	82.8	202,344	100.0
Diseases of the circulatory system	8,333	4.5	2,989	1.6	13,344	7.3	159,065	86.6	183,731	100.0
Endocrine, nutritional, metabolic & immunity disorders	1,679	0.9	1,855	1.0	2,481	1.4	177,712	96.7	183,727	100.0
Diseases of the genitourinary system	2,307	1.5	7,230	4.7	11,093	7.3	132,244	86.5	152,874	100.0
Injury & poisoning	4,871	3.4	6,740	4.7	75,230	52.8	55,671	39.1	142,512	100.0
Diseases of the respiratory system	5,123	4.2	2,825	2.3	26,572	21.8	87,505	71.7	122,025	100.0
Diseases of the nervous system & sense organs	1,043	0.9	11,930	10.7	19,176	17.1	79,760	71.3	111,909	100.0
Neoplasms	2,664	2.6	11,753	11.5	336	0.3	87,171	85.5	101,924	100.0
Diseases of the digestive system	5,564	6.8	13,808	16.8	16,537	20.2	46,120	56.2	82,029	100.0
Mental disorders	2,762	4.6	242	0.4	8,546	14.3	48,205	80.7	59,755	100.0
Contraception & complications of pregnancy & childbirth	6,380	11.7	5,154	9.5	1,749	3.2	41,058	75.6	54,341	100.0
Diseases of the skin & subcutaneous tissue	880	2.1	2,302	5.5	7,525	18.0	31,204	74.5	41,911	100.0
Infectious & parasitic diseases	760	1.9	496	1.3	3,209	8.2	34,654	88.6	39,119	100.0
Residual codes, unclassified, all Ecodes	181	0.5	793	2.4	1,690	5.1	30,781	92.0	33,445	100.0
Diseases of the blood & blood-forming organs	409	1.4	658	2.2	326	1.1	28,102	95.3	29,495	100.0
Congenital anomalies	155	2.6	407	6.8	57	1.0	5,375	89.7	5,994	100.0
Conditions originating in the perinatal period	1	0.0	243	8.8	221	8.0	2,309	83.2	2,774	100.0
Records with invalid or missing primary diagnosis	0	0.0	4	0.1	43	0.6	7,502	99.4	7,549	100.0
Total	48,074	2.5	99,988	5.3	230,807	12.2	1,506,971	79.9	1,885,840	100.0

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

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Mental disorders	2,762	5.7	242	0.2	8,546	3.7	48,205	3.2	59,755	3.2
Contraception & complications of pregnancy & childbirth	6,380	13.3	5,154	5.2	1,749	0.8	41,058	2.7	54,341	2.9
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Diseases of the blood & blood-forming organs	409	0.9	658	0.7	326	0.1	28,102	1.9	29,495	1.6
Congenital anomalies	155	0.3	407	0.4	57	0.0	5,375	0.4	5,994	0.3
Conditions originating in the perinatal period	1	0.0	243	0.2	221	0.1	2,309	0.2	2,774	0.1
Records with invalid or missing primary diagnosis	0	0.0	4	0.0	43	0.0	7,502	0.5	7,549	0.4
Total	48,074	100.0	99,988	100.0	230,807	100.0	1,506,971	100.0	1,885,840	100.0

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

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Table C3
Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Symptoms, signs, and ill-defined conditions	2,005	4.2	16,163	16.2	25,312	11.0	284,902	18.9	328,382	17.4
258 Other screening (not MH or infectious disease)	4		12,527		326		87,081		99,938	
256 Medical examination/evaluation	119		355		432		77,277		78,183	
257 Other aftercare	13		1,281		1,235		43,531		46,060	
251 Abdominal pain	257		1,145		10,763		26,621		38,786	
All other subgroups within this CCS category	1,612		855		12,556		50,392		65,415	
Musculoskeletal system and connective tissue	2,957	6.2	14,396	14.4	17,360	7.5	167,631	11.1	202,344	10.7
205 Spondylosis, disc disorders, other back problems	625		7,561		7,461		52,870		68,517	
204 Other non-traumatic joint disorders	47		1,161		4,562		44,547		50,317	
211 Other connective tissue disease	195		3,186		4,655		35,198		43,234	
All other subgroups within this CCS category	2,090		2,488		682		35,016		40,276	
Diseases of the circulatory system	8,333	17.3	2,989	3.0	13,344	5.8	159,065	10.6	183,731	9.7
98 Essential hypertension	42		138		337		43,597		44,114	
106 Cardiac dysrhythmias	1,309		215		2,077		39,009		42,610	
102 Nonspecific chest pain	716		308		7,015		10,889		18,928	
All other subgroups within this CCS category	6,266		2,328		3,915		65,570		78,079	
Endocrine, nutritional, metabolic and immunity disorders	1,679	3.5	1,855	1.9	2,481	1.1	177,712	11.8	183,727	9.7
53 Disorders of lipid metabolism	0		93		11		59,589		59,693	
49 Diabetes mellitus without complication	22		139		239		49,803		50,203	
48 Thyroid disorders	27		402		38		27,778		28,245	
All other subgroups within this CCS category	1,630		1,221		2,193		40,542		45,586	
Diseases of the genitourinary system	2,307	4.8	7,230	7.2	11,093	4.8	132,244	8.8	152,874	8.1
163 Genitourinary symptoms & ill-defined conditions	32		600		1,525		24,162		26,319	
159 Urinary tract infections	733		190		4,135		17,376		22,434	
167 Nonmalignant breast conditions	17		1,540		178		20,083		21,818	
All other subgroups within this CCS category	1,525		4,900		5,255		70,623		82,303	
Injury and poisoning	4,871	10.1	6,740	6.7	75,230	32.6	55,671	3.7	142,512	7.6
232 Sprains & strains	49		774		16,458		10,703		27,984	
239 Superficial injury, contusion	83		64		15,684		4,233		20,064	
229 Fracture of upper limb	238		743		5,712		10,053		16,746	
244 Other injuries & conditions due to external causes	111		91		9,194		6,197		15,593	
All other subgroups within this CCS category	4,390		5,068		28,182		24,485		62,125	

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Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Diseases of the respiratory system	5,123	10.7	2,825	2.8	26,572	11.5	87,505	5.8	122,025	6.5
126 Other upper respiratory infections	87		274		8,695		30,112		39,168	
133 Other lower respiratory disease	200		398		5,262		26,383		32,243	
127 Chronic obstructive pulmonary disease & bronchiectasis	958		54		2,705		8,959		12,676	
All other subgroups within this CCS category	3,878		2,099		9,910		22,051		37,938	
Diseases of the nervous system and sense organs	1,043	2.2	11,930	11.9	19,176	8.3	79,760	5.3	111,909	5.9
95 Other nervous system disorders	254		2,164		1,890		17,172		21,480	
84 Headache, including migraine	95		94		5,735		9,515		15,439	
92 Otitis media & related conditions	6		1,289		3,002		7,740		12,037	
All other subgroups within this CCS category	688		8,383		8,549		45,333		62,953	
Neoplasms	2,664	5.5	11,753	11.8	336	0.1	87,171	5.8	101,924	5.4
24 Cancer of breast	91		892		15		13,972		14,970	
44 Neoplasms of unspecified nature	61		923		39		10,529		11,552	
47 Other & unspecified benign neoplasm	201		5,430		54		5,637		11,322	
All other subgroups within this CCS category	2,311		4,508		228		57,033		64,080	
Diseases of the digestive system	5,564	11.6	13,808	13.8	16,537	7.2	46,120	3.1	82,029	4.3
155 Other gastrointestinal disorders	355		1,816		2,378		15,422		19,971	
136 Disorders of teeth & jaw	76		556		6,404		1,638		8,674	
All other subgroups within this CCS category	5,133		11,436		7,755		29,060		53,384	
Mental disorders	2,762	5.7	242	0.2	8,546	3.7	48,205	3.2	59,755	3.2
657 MHA: Mood disorders	1,212		11		1,943		17,349		20,515	
651 MHA: Anxiety disorders	244		130		1,917		7,043		9,334	
661 MHA: Substance related disorders	191		13		851		6,159		7,214	
All other subgroups within this CCS category	1,115		88		3,835		17,654		22,692	
Contraception and complications of pregnancy and childbirth	6,380	13.3	5,154	5.2	1,749	0.8	41,058	2.7	54,341	2.9
196 Normal pregnancy and/or delivery	250		60		48		26,903		27,261	
195 Other complications of birth, puerperium affecting mother	1,091		792		84		4,146		6,113	
All other subgroups within this CCS category	5,039		4,302		1,617		10,009		20,967	
Diseases of the skin and subcutaneous tissue	880	1.8	2,302	2.3	7,525	3.3	31,204	2.1	41,911	2.2
200 Other skin disorders	9		1,791		1,714		17,267		20,781	
197 Skin & subcutaneous tissue infections	781		353		5,405		6,706		13,245	
198 Other inflammatory condition of skin	12		90		307		5,418		5,827	
All other subgroups within this CCS category	78		68		99		1,813		2,058	

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Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Infectious and parasitic diseases	760	1.6	496	0.5	3,209	1.4	34,654	2.3	39,119	2.1
10 Immunizations & screening for infectious disease	0		12		332		18,999		19,343	
7 Viral infection	94		153		2,180		4,631		7,058	
6 Hepatitis	27		161		40		3,816		4,044	
All other subgroups within this CCS category	639		170		657		7,208		8,674	
Residual codes, unclassified, all Ecodes	181	0.4	793	0.8	1,690	0.7	30,781	2.0	33,445	1.8
259 Residual codes, unclassified	181		792		1,687		30,780		33,440	
All other subgroups within this CCS category	0		1		3		1		5	
Diseases of the blood and blood-forming organs	409	0.9	658	0.7	326	0.1	28,102	1.9	29,495	1.6
59 Deficiency & other anemia	176		570		174		19,885		20,805	
62 Coagulation & hemorrhagic disorders	61		44		93		4,961		5,159	
All other subgroups within this CCS category	172		44		59		3,256		3,531	
Congenital anomalies	155	0.3	407	0.4	57	0.0	5,375	0.4	5,994	0.3
217 Other congenital anomalies	45		202		26		2,547		2,820	
213 Cardiac & circulatory congenital anomalies	35		26		9		1,344		1,414	
215 Genitourinary congenital anomalies	26		137		11		972		1,146	
All other subgroups within this CCS category	49		42		11		512		614	
Conditions originating in the perinatal period	1	0.0	243	0.2	221	0.1	2,309	0.2	2,774	0.1
222 Hemolytic jaundice & perinatal jaundice	0		0		12		1,270		1,282	
224 Other perinatal conditions	1		242		208		421		872	
219 Short gestation, low birth weight & fetal growth retardation	0		0		0		352		352	
All other subgroups within this CCS category	0		1		1		266		268	
Records with invalid or missing primary diagnosis	0	0.0	4	0.0	43	0.0	7,502	0.5	7,549	0.4
Total	48,074	100.0	99,988	100.0	230,807	100.0	1,506,971	100.0	1,885,840	100.0

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Table C4
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Average Charges

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Ave. Charges	Number	Ave. Charges	Number	Ave. Charges	Number	Ave. Charges	Number	Ave. Charges
Symptoms, signs & ill-defined conditions	2,005	\$16,100	16,163	\$1,838	25,312	\$1,167	284,902	\$273	328,382	\$550
Musculoskeletal system & connective tissue	2,957	\$27,730	14,396	\$3,532	17,360	\$635	167,631	\$642	202,344	\$1,408
Diseases of the circulatory system	8,333	\$20,692	2,989	\$9,072	13,344	\$2,227	159,065	\$367	183,731	\$1,710
Endocrine, nutritional, metabolic & immunity disorders	1,679	\$14,210	1,855	\$1,937	2,481	\$1,315	177,712	\$253	183,727	\$430
Diseases of the genitourinary system	2,307	\$12,962	7,230	\$4,524	11,093	\$1,279	132,244	\$603	152,874	\$1,081
Injury & poisoning	4,871	\$22,081	6,740	\$6,500	75,230	\$755	55,671	\$474	142,512	\$1,807
Diseases of the respiratory system	5,123	\$14,171	2,825	\$3,914	26,572	\$745	87,505	\$368	122,025	\$1,310
Diseases of the nervous system & sense organs	1,043	\$13,926	11,930	\$3,812	19,176	\$782	79,760	\$746	111,909	\$1,414
Neoplasms	2,664	\$22,394	11,753	\$3,157	336	\$2,405	87,171	\$1,947	101,924	\$2,761
Diseases of the digestive system	5,564	\$15,830	13,808	\$3,685	16,537	\$1,074	46,120	\$546	82,029	\$2,525
Mental disorders	2,762	\$9,625	242	\$1,851	8,546	\$826	48,205	\$378	59,755	\$1,235
Contraception & complications of pregnancy & childbirth	6,380	\$7,065	5,154	\$1,224	1,749	\$1,200	41,058	\$265	54,341	\$1,451
Diseases of the skin & subcutaneous tissue	880	\$9,990	2,302	\$1,329	7,525	\$500	31,204	\$263	41,911	\$726
Infectious & parasitic diseases	760	\$27,856	496	\$1,750	3,209	\$513	34,654	\$263	39,119	\$1,161
Residual codes, unclassified, all Ecodes	181	\$12,233	793	\$4,161	1,690	\$1,118	30,781	\$611	33,445	\$835
Diseases of the blood & blood-forming organs	409	\$15,417	658	\$1,950	326	\$2,409	28,102	\$548	29,495	\$830
Congenital anomalies	155	\$23,298	407	\$5,130	57	\$1,549	5,375	\$748	5,994	\$2,018
Conditions originating in the perinatal period	1	\$4,461	243	\$650	221	\$438	2,309	\$113	2,774	\$218
Records with invalid or missing primary diagnosis	0	\$0	4	\$348	43	\$1,325	7,502	\$870	7,549	\$895
Total	48,074	\$16,572	99,988	\$3,499	230,807	\$933	1,506,971	\$505	1,885,840	\$1,261
Total charges	\$796,449,347		\$346,509,459		\$215,300,251		\$590,005,266		\$1,948,264,322	

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Charge data should be used with caution. See discussion in the User's Guide to Hospital Setting Comparison Tables for details.

Records with missing charges are included in the number of procedures reported but excluded from the average charges. Total charges of \$0.00 or less are considered missing for outpatient records and total charges of \$100 or less for inpatient records.

Table C5
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Inpatient Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Diagnosis Group	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		Total Inpatient Discharges	
	Number	Row %	Number	Row %	Number	Row %
Diseases of the circulatory system	3,193	38.3	5,140	61.7	8,333	100.0
Contraception & complications of pregnancy & childbirth	6,268	98.2	112	1.8	6,380	100.0
Diseases of the digestive system	1,737	31.2	3,827	68.8	5,564	100.0
Diseases of the respiratory system	1,359	26.5	3,764	73.5	5,123	100.0
Injury & poisoning	1,482	30.4	3,389	69.6	4,871	100.0
Musculoskeletal system & connective tissue	2,402	81.2	555	18.8	2,957	100.0
Mental disorders	1,219	44.1	1,543	55.9	2,762	100.0
Neoplasms	2,058	77.3	606	22.7	2,664	100.0
Diseases of the genitourinary system	1,177	51.0	1,130	49.0	2,307	100.0
Symptoms, signs & ill-defined conditions	1,323	66.0	682	34.0	2,005	100.0
Endocrine, nutritional, metabolic & immunity disorders	716	42.6	963	57.4	1,679	100.0
Diseases of the nervous system & sense organs	372	35.7	671	64.3	1,043	100.0
Diseases of the skin & subcutaneous tissue	314	35.7	566	64.3	880	100.0
Infectious & parasitic diseases	230	30.3	530	69.7	760	100.0
Diseases of the blood & blood-forming organs	179	43.8	230	56.2	409	100.0
Residual codes, unclassified, all Ecodes	97	53.6	84	46.4	181	100.0
Congenital anomalies	122	78.7	33	21.3	155	100.0
Conditions originating in the perinatal period	1	100.0	0	0.0	1	100.0
Records with invalid or missing primary diagnosis	0	0.0	0	0.0	0	100.0
Total	24,249	50.4	23,825	49.6	48,074	100.0

Inpatient discharges exclude newborns (MDC 15).

Table C6
Vermont Hospitals by Inpatient Admission Source
2007 Vermont Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Vermont Hospital	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		Total Inpatient Discharges	
	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	855	41.8	1,190	58.2	2,045	100.0
Central Vermont Medical Center	942	29.1	2,290	70.9	3,232	100.0
Copley Hospital	931	82.6	196	17.4	1,127	100.0
Fletcher Allen Health Care	11,553	58.4	8,219	41.6	19,772	100.0
Gifford Medical Center	613	49.4	629	50.6	1,242	100.0
Grace Cottage Hospital	169	99.4	1	0.6	170	100.0
Mt. Ascutney Hospital and Health Center	399	86.7	61	13.3	460	100.0
North Country Hospital	1,206	80.2	297	19.8	1,503	100.0
Northeastern Vermont Regional Hospital	1,234	79.5	318	20.5	1,552	100.0
Northwestern Medical Center	802	37.5	1,339	62.5	2,141	100.0
Porter Medical Center	1,120	82.4	239	17.6	1,359	100.0
Rutland Regional Medical Center	2,333	36.1	4,134	63.9	6,467	100.0
Southwestern Vermont Medical Center	1,274	27.0	3,451	73.0	4,725	100.0
Springfield Hospital	818	35.9	1,461	64.1	2,279	100.0
Total	24,249	50.4	23,825	49.6	48,074	100.0

Inpatient discharges exclude newborns (MDC 15).

Table C7
Clinical Classifications Software (CCS) High Level Procedure Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records, Row and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Operations on the digestive system	4,412	11.1	34,629	86.8	849	2.1	39,890	100.0
Operations on the musculoskeletal system	4,569	23.7	12,774	66.2	1,962	10.2	19,305	100.0
Operations on the integumentary system	813	4.3	8,942	47.2	9,177	48.5	18,932	100.0
Operations on the nervous system	1,001	8.2	10,260	84.5	878	7.2	12,139	100.0
Obstetrical procedures	5,997	57.5	4,342	41.6	86	0.8	10,425	100.0
Operations on the eye	34	0.4	8,507	94.8	431	4.8	8,972	100.0
Operations on the cardiovascular system	4,313	55.2	2,611	33.4	883	11.3	7,807	100.0
Operations on the female genital organs	1,114	21.4	3,921	75.5	159	3.1	5,194	100.0
Operations on the nose, mouth and pharynx	187	4.1	3,348	74.2	978	21.7	4,513	100.0
Operations on the urinary system	779	17.5	2,768	62.0	915	20.5	4,462	100.0
Miscellaneous diagnostic and therapeutic procedures	206	7.3	2,593	92.1	16	0.6	2,815	100.0
Operations on the respiratory system	998	39.7	1,415	56.2	104	4.1	2,517	100.0
Operations on the ear	19	1.1	1,654	94.6	76	4.3	1,749	100.0
Operations on the male genital organs	319	21.3	1,141	76.3	35	2.3	1,495	100.0
Operations on the hemic and lymphatic systems	182	24.5	548	73.9	12	1.6	742	100.0
Operations on the endocrine system	70	11.6	535	88.4	0	0.0	605	100.0
Total	25,013	17.7	99,988	70.6	16,561	11.7	141,562	100.0

Records without a procedure in range (ICD-9-CM between 00 - 86.99) are excluded from this table.

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Table C7
Clinical Classifications Software (CCS) High Level Procedure Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records, Row and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the digestive system	4,412	17.6	34,629	34.6	849	5.1	39,890	28.2
Operations on the musculoskeletal system	4,569	18.3	12,774	12.8	1,962	11.8	19,305	13.6
Operations on the integumentary system	813	3.3	8,942	8.9	9,177	55.4	18,932	13.4
Operations on the nervous system	1,001	4.0	10,260	10.3	878	5.3	12,139	8.6
Obstetrical procedures	5,997	24.0	4,342	4.3	86	0.5	10,425	7.4
Operations on the eye	34	0.1	8,507	8.5	431	2.6	8,972	6.3
Operations on the cardiovascular system	4,313	17.2	2,611	2.6	883	5.3	7,807	5.5
Operations on the female genital organs	1,114	4.5	3,921	3.9	159	1.0	5,194	3.7
Operations on the nose, mouth and pharynx	187	0.7	3,348	3.3	978	5.9	4,513	3.2
Operations on the urinary system	779	3.1	2,768	2.8	915	5.5	4,462	3.2
Miscellaneous diagnostic and therapeutic procedures	206	0.8	2,593	2.6	16	0.1	2,815	2.0
Operations on the respiratory system	998	4.0	1,415	1.4	104	0.6	2,517	1.8
Operations on the ear	19	0.1	1,654	1.7	76	0.5	1,749	1.2
Operations on the male genital organs	319	1.3	1,141	1.1	35	0.2	1,495	1.1
Operations on the hemic and lymphatic systems	182	0.7	548	0.5	12	0.1	742	0.5
Operations on the endocrine system	70	0.3	535	0.5	0	0.0	605	0.4
Total	25,013	100.0	99,988	100.0	16,561	100.0	141,562	100.0

Records without a procedure in range (ICD-9-CM between 00 - 86.99) are excluded from this table.

Inpatient records exclude newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Table C8
Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the digestive system	4,412	17.6	34,629	34.6	849	5.1	39,890	28.2
76 Colonoscopy and biopsy	288		14,105		31		14,424	
95 Other non-OR lower GI therapeutic procedures	75		8,503		13		8,591	
70 Upper gastrointestinal endoscopy, biopsy	672		5,464		191		6,327	
All other subgroups within this CCS category	3,377		6,557		614		10,548	
Operations on the musculoskeletal system	4,569	18.3	12,774	12.8	1,962	11.8	19,305	13.6
160 Other therapeutic procedures on muscles and tendons	165		2,490		121		2,776	
151 Excision of semilunar cartilage of knee	7		1,965		3		1,975	
All other subgroups within this CCS category	4,397		8,319		1,838		14,554	
Operations on the integumentary system	813	3.3	8,942	8.9	9,177	55.4	18,932	13.4
171 Suture of skin and subcutaneous tissue	86		487		7,169		7,742	
170 Excision of skin lesion	23		3,065		28		3,116	
174 Other non-OR therapeutic procedures on skin a	131		1,449		623		2,203	
All other subgroups within this CCS category	573		3,941		1,357		5,871	
Operations on the nervous system	1,001	4.0	10,260	10.3	878	5.3	12,139	8.6
5 Insertion of catheter/spinal stimulator and injection into spinal canal	70		5,604		9		5,683	
6 Decompression peripheral nerve	2		1,659		3		1,664	
8 Other non-OR or closed therapeutic nervous system procedures	18		1,061		554		1,633	
9 Other OR therapeutic nervous system procedure	115		1,355		6		1,476	
All other subgroups within this CCS category	796		581		306		1,683	
Obstetrical procedures	5,997	24.0	4,342	4.3	86	0.5	10,425	7.4
139 Fetal monitoring	534		4,227		67		4,828	
137 Other procedures to assist delivery	1,622		64		0		1,686	
134 Cesarean section	1,605		0		0		1,605	
140 Repair of current obstetric laceration	1,238		3		1		1,242	
All other subgroups within this CCS category	998		48		18		1,064	
Operations on the cardiovascular system	4,313	17.2	2,611	2.6	883	5.3	7,807	5.5
54 Other vascular catheterization, not heart	918		260		762		1,940	
47 Diagnostic cardiac catheterization, coronary arteriography	507		853		79		1,439	
45 Percutaneous transluminal coronary angioplasty, PTCA	933		151		4		1,088	
All other subgroups within this CCS category	1,955		1,347		38		3,340	

Table C8
Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the eye	34	0.1	8,507	8.5	431	2.6	8,972	6.3
15 Lens and cataract procedures	2		5,376		6		5,384	
20 Other intraocular therapeutic procedures	10		1,599		6		1,615	
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	12		764		410		1,186	
All other subgroups within this CCS category	10		768		9		787	
Operations on the female genital organs	1,114	4.5	3,921	3.9	159	1.0	5,194	3.7
124 Hysterectomy, abdominal and vaginal	714		279		0		993	
125 Other excision of cervix and uterus	27		854		5		886	
128 Diagnostic dilatation and curettage, D&C	14		664		5		683	
132 Other OR therapeutic procedures, female organ	62		516		49		627	
121 Ligation of fallopian tubes	85		436		1		522	
All other subgroups within this CCS category	212		1,172		99		1,483	
Operations on the nose, mouth and pharynx	187	0.7	3,348	3.3	978	5.9	4,513	3.2
30 Tonsillectomy and/or adenoidectomy	28		979		27		1,034	
32 Other non-OR therapeutic procedures on nose, mouth and pharynx	11		369		370		750	
33 Other OR therapeutic procedures on nose, mouth and pharynx	88		493		83		664	
29 Dental procedures	5		638		13		656	
28 Plastic procedures on nose	13		461		93		567	
27 Control of epistaxis	33		79		377		489	
All other subgroups within this CCS category	9		329		15		353	
Operations on the urinary system	779	3.1	2,768	2.8	915	5.5	4,462	3.2
108 Indwelling catheter	92		220		722		1,034	
100 Endoscopy and endoscopic biopsy of the urinary tract	53		844		7		904	
101 Transurethral excision, drainage, or removal urinary obstruction	136		586		42		764	
All other subgroups within this CCS category	498		1,118		144		1,760	
Operations on the respiratory system	998	4.0	1,415	1.4	104	0.6	2,517	1.8
37 Diagnostic bronchoscopy and biopsy of bronchus	274		549		5		828	
39 Incision of pleura, thoracentesis, chest drainage	425		164		54		643	
35 Tracheoscopy and laryngoscopy with biopsy	36		496		40		572	
All other subgroups within this CCS category	263		206		5		474	

Table C8
Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Miscellaneous diagnostic and therapeutic procedures	206	0.8	2,593	2.6	16	0.1	2,815	2.0
231 Other therapeutic procedures	203		2,581		16		2,800	
All other subgroups within this CCS category	3		12		0		15	
Operations on the ear	19	0.1	1,654	1.7	76	0.5	1,749	1.2
23 Myringotomy	10		1,187		4		1,201	
26 Other therapeutic ear procedures	8		323		70		401	
All other subgroups within this CCS category	1		144		2		147	
Operations on the male genital organs	319	1.3	1,141	1.1	35	0.2	1,495	1.1
118 Other OR therapeutic procedures, male genital	17		372		15		404	
115 Circumcision	0		355		1		356	
113 Transurethral resection of prostate, TURP	164		112		0		276	
116 Diagnostic procedures, male genital	2		178		1		181	
117 Other non-OR therapeutic procedures, male genital	18		122		18		158	
All other subgroups within this CCS category	118		2		0		120	
Operations on the hemic and lymphatic systems	182	0.7	548	0.5	12	0.1	742	0.5
67 Other therapeutic procedures, hemic & lymphatic system	85		287		10		382	
65 Bone marrow biopsy	43		251		2		296	
All other subgroups within this CCS category	54		10		0		64	
Operations on the endocrine system	70	0.3	535	0.5	0	0.0	605	0.4
11 Diagnostic endocrine procedures	5		297		0		302	
10 Thyroidectomy, partial or complete	29		162		0		191	
All other subgroups within this CCS category	36		76		0		112	
Total	25,013	100.0	99,988	100.0	16,561	100.0	141,562	100.0

Records without a procedure in range (ICD-9-CM between 00 - 86.99) are excluded from this table.

Inpatient records exclude newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

Table C9
Primary Cost Centers by Hospital Setting
2007 Vermont Hospital Data, Includes VT Residents and Non-Residents

Primary Cost Center	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
3390 Laboratory - Clinical	45,708	5.5	20,529	2.5	88,473	10.7	671,677	81.3	826,387	100.0
4100 Radiology - Diagnostic	28,406	11.7	13,939	5.7	80,892	33.2	120,381	49.4	243,618	100.0
3440 Mammography	49	0.1	347	0.5	13	0.0	73,528	99.4	73,937	100.0
Diagnostic	31	0.2	337	2.5	9	0.1	13,197	97.2	13,574	100.0
Screening	19	0.0	10	0.0	4	0.0	60,763	99.9	60,796	100.0
3280 EKG/EEG	22,414	30.7	3,101	4.2	30,896	42.3	16,646	22.8	73,057	100.0
EKG	22,146	32.2	3,098	4.5	30,873	44.9	12,643	18.4	68,760	100.0
EEG	692	14.5	3	0.1	51	1.1	4,014	84.3	4,760	100.0
3420 Laboratory - Pathological	7,819	10.8	29,035	40.2	1,009	1.4	34,295	47.5	72,158	100.0
3230 CAT Scan	12,806	19.1	890	1.3	22,552	33.6	30,903	46.0	67,151	100.0
4800 Intravenous Therapy	14,948	29.3	4,538	8.9	25,661	50.2	5,936	11.6	51,083	100.0
3240 Cytology	46	0.1	55	0.1	27	0.1	49,038	99.7	49,166	100.0
3630 Ultra Sound	5,327	11.0	2,982	6.1	4,022	8.3	36,176	74.6	48,507	100.0
5000 Physical Therapy	14,446	29.8	429	0.9	812	1.7	32,741	67.6	48,428	100.0
3430 MRI	2,481	7.8	121	0.4	776	2.4	28,503	89.4	31,881	100.0
3560 Pulmonary Function	7,603	25.7	417	1.4	11,544	39.1	9,966	33.7	29,530	100.0
3140 Cardiology	5,649	30.6	437	2.4	910	4.9	11,477	62.1	18,473	100.0
3650 Vascular Lab	3,136	22.4	352	2.5	2,328	16.6	8,172	58.4	13,988	100.0
5100 Occupational Therapy	5,582	41.5	28	0.2	194	1.4	7,657	56.9	13,461	100.0
3450 Nuclear Medicine - Diagnostic	1,856	14.3	276	2.1	719	5.5	10,162	78.1	13,013	100.0
Pet Scan	13	1.1	8	0.7	2	0.2	1,133	98.0	1,156	100.0
All other	1,849	14.6	276	2.2	719	5.7	9,804	77.5	12,648	100.0
3620 Stress Test	1,080	11.4	10	0.1	922	9.8	7,434	78.7	9,446	100.0
3190 Chemotherapy	45	0.6	90	1.1	17	0.2	7,726	98.1	7,878	100.0
3480 Oncology	91	1.3	32	0.5	21	0.3	6,655	97.9	6,799	100.0

Table C9
Primary Cost Centers by Hospital Setting
2007 Vermont Hospital Data, Includes VT Residents and Non-Residents

Primary Cost Center	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
3260 Echocardiography	2,661	54.3	39	0.8	271	5.5	1,932	39.4	4,903	100.0
5700 Renal Dialysis	511	12.8	1	0.0	0	0.0	3,483	87.2	3,995	100.0
3370 Holter Monitor	70	2.1	4	0.1	309	9.3	2,950	88.5	3,333	100.0
4200 Radiology-Therapeutic	237	8.3	13	0.5	4	0.1	2,613	91.1	2,867	100.0

Inpatient discharges exclude newborns (MDC 15).

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix C5 for all cost centers.

Records may have more than 1 Primary Cost Center and could represent more than one unit of service.

Diagnostic Mammography = revenue code 401 and Screening Mammography = revenue code 403

EKG/ECG = revenue code 730,732 or 739 and EEG = revenue code 740 or 749

Pet Scan = revenue code 404

Table C10
Vermont, Massachusetts, New Hampshire and New York Hospitals by Setting
2007 Hospital Data, Vermont Residents Only
Number of Records and Row Percents

Vermont, New Hampshire or New York Hospital	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	1,690	13.2	3,093	24.1	8,066	62.8	12,849	100.0
Central Vermont Medical Center	3,181	9.2	7,138	20.6	24,299	70.2	34,618	100.0
Copley Hospital	1,106	6.7	4,083	24.9	11,203	68.3	16,392	100.0
Dartmouth Hitchcock Medical Center	7,193	28.9	8,116	32.6	9,576	38.5	24,885	100.0
Fletcher Allen Health Care	16,010	16.2	39,338	39.9	43,276	43.9	98,624	100.0
Gifford Medical Center	1,221	13.0	2,536	26.9	5,671	60.2	9,428	100.0
Grace Cottage Hospital	164	7.4	0	0.0	2,040	92.6	2,204	100.0
Mt. Ascutney Hospital and Health Center	378	7.3	708	13.6	4,117	79.1	5,203	100.0
North Country Hospital	1,471	8.9	3,419	20.7	11,596	70.3	16,486	100.0
Northeastern Vermont Regional Hospital	1,488	10.3	3,113	21.5	9,910	68.3	14,511	100.0
Northwestern Medical Center	2,115	6.2	7,042	20.6	25,043	73.2	34,200	100.0
Porter Medical Center	1,231	7.7	3,548	22.1	11,276	70.2	16,055	100.0
Rutland Regional Medical Center	5,965	14.3	9,358	22.4	26,479	63.3	41,802	100.0
Southwestern Vermont Medical Center	3,384	15.7	4,880	22.7	13,224	61.5	21,488	100.0
Springfield Hospital	1,988	12.8	2,103	13.5	11,490	73.7	15,581	100.0
Other New Hampshire Hospitals	1,760	11.0	2,991	18.6	11,322	70.4	16,073	100.0
New York Hospitals	711	33.2	338	15.8	1,093	51.0	2,142	100.0
Total	51,056	13.3	101,804	26.6	229,681	60.0	382,541	100.0
Massachusetts Hospitals	1,001		N/A		2,157		3,158	

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay and have a valid primary diagnosis.

Massachusetts hospital data are included below the total line because data were not available for outpatient procedures.

Table C11
Vermont Hospitals by Setting
2007 Vermont Hospital Data, Includes VT Residents and Non-Residents
Primary Payer

Primary Payer	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Count	Col %
Private Insurance	14,426	30.0	47,064	47.1	81,809	35.4	732,635	48.6	875,934	46.4
Medicare	22,843	47.5	34,735	34.7	45,074	19.5	481,439	31.9	584,091	31.0
Medicaid	8,094	16.8	12,720	12.7	62,345	27.0	196,580	13.0	279,739	14.8
Other (includes Self Pay, Other Source, No Charge)	2,014	4.2	2,379	2.4	31,735	13.7	61,023	4.0	97,151	5.2
Workers Compensation	254	0.5	2,109	2.1	7,624	3.3	17,931	1.2	27,918	1.5
Other Government	328	0.7	765	0.8	1,874	0.8	14,354	1.0	17,321	0.9
Unknown	115	0.2	216	0.2	346	0.1	3,009	0.2	3,686	0.2
Total	48,074	100.0	99,988	100.0	230,807	100.0	1,506,971	100.0	1,885,840	100.0

Inpatient records include all inpatient discharges except newborns (MDC 15), regardless of admission source.

Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 which did not originate in the ED.

Emergency department visits include all outpatient visits which originated in the ED and did not result in an inpatient stay.

APPENDIX C1 Definitions and Formulae

Charges: Charges in this report are defined as hospital "facility" charges that are calculated by subtracting professional fees and patient convenience items charges from the total charge. However, facility charge data are not always reported according to the strict definition and some hospitals may have included salaried and contracted physician fees in their facility charges.

Clinical Classifications Software (CCS) Grouper: CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available at the website: <http://www.ahrq.gov/data/hcup/ccs.htm> . CCS collapses principal diagnosis and procedure codes into meaningful categories. The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 categories. Similarly, the single-level procedure CCS aggregates procedures into 231 categories, most representing single types of procedures. High level CCS groups further collapse single-level CCS into broad groups based on body systems or condition categories.

Diagnosis: The condition, determined after study, which occasioned the patient's admission to the hospital. The accuracy or reliability of the diagnosis depends on several factors including the physician's understanding of the problem and the recorder's ability to fit this to established coding conventions. For those cases with multiple problems, the primary diagnosis may not be the reason for surgery or cause of death.

Discharge: The equivalent of a hospital admission, except that for a specified time period, only those cases discharged are counted. Note that discharges do not necessarily reflect disease incidence or prevalence, just the fact of utilization of the hospital resource. Maternal records are included, but newborn records are excluded from the inpatient tables, to avoid duplicate

counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset.

Emergency Department (ED) Dataset: Consists of all records that had an associated revenue code beginning 45 (Emergency Room).

Expanded Outpatient Dataset: Consists of all outpatient records that do not have a procedure in the ICD-9-CM code range of 00.0-86.00, nor an ED associated revenue code. Dataset includes all other diagnostic and therapeutic services such as laboratory and radiological services.

Inpatient Dataset: Consists of discharge records that were billed as an inpatient stay. Maternal records are included, but newborns are excluded, to avoid duplicate counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset.

Outpatient Procedures Dataset: Consists of outpatient records with a procedure in the ICD-9-CM code range of 00.0-86.00 that were performed in an operating room, ambulatory surgery area, or other outpatient setting.

Primary Cost Center: CMS developed mapping tool to map revenue charges on a claim to a cost center, the crosswalk is available at the website: <http://www.cms.hhs.gov/HospitalOutpatientPPS> .

APPENDIX C2
2007 Clinical Classifications Software (CCS) High Level Diagnostic and Procedure Categories

CCS High Level Diagnosis Groups

- 1 Infectious and parasitic diseases
- 2 Neoplasms
- 3 Endocrine, nutritional, metabolic, and immunity disorders
- 4 Diseases of the blood and blood-forming organs
- 5 Mental disorders
- 6 Diseases of the nervous system and sense organs
- 7 Diseases of the circulatory system
- 8 Diseases of the respiratory system
- 9 Diseases of the digestive system
- 10 Diseases of the genitourinary system
- 11 Contraception and complications of pregnancy and childbirth
- 12 Diseases of the skin and subcutaneous tissue
- 13 Musculoskeletal system and connective tissue
- 14 Congenital anomalies
- 15 Conditions originating in the perinatal period
- 16 Injury and poisoning
- 17 Symptoms, signs and ill-defined conditions
- 18 Residual codes, unclassified, all E codes (external cause codes)

CCS High Level Procedure Groups

- 1 Operations on the nervous system
- 2 Operations on the endocrine system
- 3 Operations on the eye
- 4 Operations on the ear
- 5 Operations on the nose, mouth, and pharynx
- 6 Operations on the respiratory system
- 7 Operations on the cardiovascular system
- 8 Operations on the hemic and lymphatic system
- 9 Operations on the digestive system
- 10 Operations on the urinary system
- 11 Operations on the male genital organs
- 12 Operations on the female genital organs
- 13 Obstetrical procedures
- 14 Operations on the musculoskeletal system
- 15 Operations on the integumentary system
- 16 Miscellaneous diagnostic and therapeutic procs

APPENDIX C3

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

CCS High Level Diagnosis Group 1: Infectious and Parasitic Diseases

- 1 Tuberculosis
- 2 Septicemia (except in labor)
- 3 Bacterial infection, unspecified site
- 4 Mycoses
- 5 HIV infection
- 6 Hepatitis
- 7 Viral infection
- 8 Other infections, including parasitic
- 9 Sexually transmitted infections (not HIV or hepatitis)
- 10 Immunizations & screening for infectious disease

CCS High Level Diagnosis Group 2: Neoplasms

- 11 Cancer of head & neck
- 12 Cancer of esophagus
- 13 Cancer of stomach
- 14 Cancer of colon
- 15 Cancer of rectum & anus
- 16 Cancer of liver & intrahepatic bile duct
- 17 Cancer of pancreas
- 18 Cancer of other GI organs, peritoneum
- 19 Cancer of bronchus, lung
- 20 Cancer, other respiratory & intrathoracic
- 21 Cancer of bone & connective tissue
- 22 Melanomas of skin
- 23 Other non-epithelial cancer of skin
- 24 Cancer of breast
- 25 Cancer of uterus
- 26 Cancer of cervix
- 27 Cancer of ovary
- 28 Cancer of other female genital organs
- 29 Cancer of prostate
- 30 Cancer of testis
- 31 Cancer of other male genital organs
- 32 Cancer of bladder
- 33 Cancer of kidney & renal pelvis
- 34 Cancer of other urinary organs

- 35 Cancer of brain & nervous system
- 36 Cancer of thyroid
- 37 Hodgkin's disease
- 38 Non-Hodgkin's lymphoma
- 39 Leukemias
- 40 Multiple myeloma
- 41 Cancer, other & unspecified primary
- 42 Secondary malignancies
- 43 Malignant neoplasm without specification of site
- 44 Neoplasms of unspecified nature or uncertain behavior
- 45 Maintenance chemotherapy, radiotherapy
- 46 Benign neoplasm of uterus
- 47 Other & unspecified benign neoplasm

CCS High Level Diagnosis Group 3: Endocrine, Nutritional, Metabolic, and Immunity Disorders

- 48 Thyroid disorders
- 49 Diabetes mellitus without complication
- 50 Diabetes mellitus with complications
- 51 Other endocrine disorders
- 52 Nutritional deficiencies
- 53 Disorders of lipid metabolism
- 54 Gout & other crystal arthropathies
- 55 Fluid & electrolyte disorders
- 56 Cystic fibrosis
- 57 Immunity disorders
- 58 Other nutritional, endocrine & metabolic disorders

CCS High Level Diagnosis Group 4: Diseases of the Blood and Blood-Forming Organs

- 59 Deficiency & other anemia
- 60 Acute posthemorrhagic anemia
- 61 Sickle cell anemia
- 62 Coagulation & hemorrhagic disorders
- 63 Diseases of white blood cells
- 64 Other hematologic conditions

APPENDIX C3

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

CCS High Level Diagnosis Group 5: Mental Disorders

- 650 MHSA: Adjustment disorders
- 651 MHSA: Anxiety disorders
- 652 MHSA: Attention-deficit, conduct, and disruptive behavior disorders
- 653 MHSA: Delirium, dementia, and amnestic and other cognitive disorders
- 654 MHSA: Developmental disorders
- 655 MHSA: Disorders usually diagnosed in infancy, childhood, or adolescence
- 656 MHSA: Impulse control disorders, NEC
- 657 MHSA: Mood disorders
- 658 MHSA: Personality disorders
- 659 MHSA: Schizophrenia and other psychotic disorders
- 660 MHSA: Alcohol-related disorders
- 661 MHSA: Substance-related disorders
- 662 MHSA: Suicide and intentional self-inflicted injury
- 663 MHSA: Screening and history of mental health and substance abuse codes
- 670 MHSA: Miscellaneous mental disorders

CCS High Level Diagnosis Grp 6: Dis. of the Nervous System and Sense Organs

- 76 Meningitis (except that caused by tuberculosis or STD)
- 77 Encephalitis (except that caused by tuberculosis or STD)
- 78 Other CNS infection & poliomyelitis
- 79 Parkinson's disease
- 80 Multiple sclerosis
- 81 Other hereditary & degenerative nervous system conditions
- 82 Paralysis
- 83 Epilepsy, convulsions
- 84 Headache, including migraine
- 85 Coma, stupor & brain damage
- 86 Cataract
- 87 Retinal detachments, defects, vascular occlusion & retinopathy
- 88 Glaucoma
- 89 Blindness & vision defects
- 90 Inflammation, infection of eye (except that caused by tuberculosis or STD)
- 91 Other eye disorders
- 92 Otitis media & related conditions
- 93 Conditions associated with dizziness or vertigo
- 94 Other ear & sense organ disorders
- 95 Other nervous system disorders

CCS High Level Diagnosis Group 7: Diseases of the Circulatory System

- 96 Heart valve disorders
- 97 Peri-, endo- & myocarditis, cardiomyopathy (except that caused by tuberculosis or STD)
- 98 Essential hypertension
- 99 Hypertension with complications & secondary hypertension
- 100 Acute myocardial infarction
- 101 Coronary atherosclerosis & other heart disease
- 102 Nonspecific chest pain
- 103 Pulmonary heart disease
- 104 Other & ill-defined heart disease
- 105 Conduction disorders
- 106 Cardiac dysrhythmias
- 107 Cardiac arrest & ventricular fibrillation
- 108 Congestive heart failure, nonhypertensive
- 109 Acute cerebrovascular disease
- 110 Occlusion or stenosis of precerebral arteries
- 111 Other & ill-defined cerebrovascular disease
- 112 Transient cerebral ischemia
- 113 Late effects of cerebrovascular disease
- 114 Peripheral & visceral atherosclerosis
- 115 Aortic, peripheral & visceral artery aneurysms
- 116 Aortic & peripheral arterial embolism or thrombosis
- 117 Other circulatory disease
- 118 Phlebitis, thrombophlebitis & thromboembolism
- 119 Varicose veins of lower extremity
- 120 Hemorrhoids
- 121 Other diseases of veins & lymphatics

CCS High Level Diagnosis Group 8: Diseases of the Respiratory System

- 122 Pneumonia (except that caused by tuberculosis or STD)
- 123 Influenza
- 124 Acute & chronic tonsillitis
- 125 Acute bronchitis
- 126 Other upper respiratory infections
- 127 Chronic obstructive pulmonary disease & bronchiectasis
- 128 Asthma

APPENDIX C3

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

- 129 Aspiration pneumonitis, food/vomitus
- 130 Pleurisy, pneumothorax, pulmonary collapse
- 131 Respiratory failure, insufficiency, arrest (adult)
- 132 Lung disease due to external agents
- 133 Other lower respiratory disease
- 134 Other upper respiratory disease

CCS High Level Diagnosis Group 9: Diseases of the Digestive System

- 135 Intestinal infection
- 136 Disorders of teeth & jaw
- 137 Diseases of mouth, excluding dental
- 138 Esophageal disorders
- 139 Gastroduodenal ulcer (except hemorrhage)
- 140 Gastritis & duodenitis
- 141 Other disorders of stomach & duodenum
- 142 Appendicitis & other appendiceal conditions
- 143 Abdominal hernia
- 144 Regional enteritis & ulcerative colitis
- 145 Intestinal obstruction without hernia
- 146 Diverticulosis & diverticulitis
- 147 Anal & rectal conditions
- 148 Peritonitis & intestinal abscess
- 149 Biliary tract disease
- 150 Liver disease, alcohol-related
- 151 Other liver diseases
- 152 Pancreatic disorders (not diabetes)
- 153 Gastrointestinal hemorrhage
- 154 Noninfectious gastroenteritis
- 155 Other gastrointestinal disorders

CCS High Level Diagnosis Group 10: Diseases of the Genitourinary System

- 156 Nephritis, nephrosis, renal sclerosis
- 157 Acute & unspecified renal failure
- 158 Chronic renal failure
- 159 Urinary tract infections
- 160 Calculus of urinary tract
- 161 Other diseases of kidney & ureters

- 162 Other diseases of bladder & urethra
- 163 Genitourinary symptoms & ill-defined conditions
- 164 Hyperplasia of prostate
- 165 Inflammatory conditions of male genital organs
- 166 Other male genital disorders
- 167 Nonmalignant breast conditions
- 168 Inflammatory diseases of female pelvic organs
- 169 Endometriosis
- 170 Prolapse of female genital organs
- 171 Menstrual disorders
- 172 Ovarian cyst
- 173 Menopausal disorders
- 174 Female infertility
- 175 Other female genital disorders

CCS High Level Diagnosis Group 11: Contraception and Complications of Pregnancy and Childbirth

- 176 Contraceptive & procreative management
- 177 Spontaneous abortion
- 178 Induced abortion
- 179 Postabortion complications
- 180 Ectopic pregnancy
- 181 Other complications of pregnancy
- 182 Hemorrhage during pregnancy, abruptio placenta, placenta previa
- 183 Hypertension complicating pregnancy, childbirth & the puerperium
- 184 Early or threatened labor
- 185 Prolonged pregnancy
- 186 Diabetes or abnormal glucose tolerance complicating pregnancy, childbirth, or the puerperium
- 187 Malposition, malpresentation
- 188 Fetopelvic disproportion, obstruction
- 189 Previous C-section
- 190 Fetal distress & abnormal forces of labor
- 191 Polyhydramnios & other problems of amniotic cavity
- 192 Umbilical cord complication
- 193 Trauma to perineum & vulva
- 194 Forceps delivery

APPENDIX C3

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

- 195 Other complications of birth, puerperium affecting management of mother
- 196 Normal pregnancy and/or delivery

CCS High Level Diagnosis Group 12: Diseases of the Skin and Subcutaneous Tissue

- 197 Skin & subcutaneous tissue infections
- 198 Other inflammatory condition of skin
- 199 Chronic ulcer of skin
- 200 Other skin disorders

CCS High Level Diagnosis Group 13: Musculoskeletal System and Connective Tissue

- 201 Infective arthritis & osteomyelitis (except that caused by tuberculosis or sexually transmitted disease)
- 202 Rheumatoid arthritis & related disease
- 203 Osteoarthritis
- 204 Other non-traumatic joint disorders
- 205 Spondylosis, intervertebral disc disorders, other back problems
- 206 Osteoporosis
- 207 Pathological fracture
- 208 Acquired foot deformities
- 209 Other acquired deformities
- 210 Systemic lupus erythematosus & connective tissue disorders
- 211 Other connective tissue disease
- 212 Other bone disease & musculoskeletal deformities

CCS High Level Diagnosis Group 14: Congenital Anomalies

- 213 Cardiac & circulatory congenital anomalies
- 214 Digestive congenital anomalies
- 215 Genitourinary congenital anomalies
- 216 Nervous system congenital anomalies
- 217 Other congenital anomalies

CCS High Level Diagnosis Group 15: Conditions Originating in the Perinatal Period

- 218 Liveborn
- 219 Short gestation, low birth weight & fetal growth retardation

- 220 Intrauterine hypoxia & birth asphyxia
- 221 Respiratory distress syndrome
- 222 Hemolytic jaundice & perinatal jaundice
- 223 Birth trauma
- 224 Other perinatal conditions

CCS High Level Diagnosis Group 16: Injury and Poisoning

- 225 Joint disorders & dislocations, trauma-related
- 226 Fracture of neck of femur (hip)
- 227 Spinal cord injury
- 228 Skull & face fractures
- 229 Fracture of upper limb
- 230 Fracture of lower limb
- 231 Other fractures
- 232 Sprains & strains
- 233 Intracranial injury
- 234 Crushing injury or internal injury
- 235 Open wounds of head, neck & trunk
- 236 Open wounds of extremities
- 237 Complication of device, implant or graft
- 238 Complications of surgical procedures or medical care
- 239 Superficial injury, contusion
- 240 Burns
- 241 Poisoning by psychotropic agents
- 242 Poisoning by other medications & drugs
- 243 Poisoning by nonmedicinal substances
- 244 Other injuries & conditions due to external causes

CCS High Level Diagnosis Group 17: Symptoms, Signs and Ill-Defined Conditions

- 245 Syncope
- 246 Fever of unknown origin
- 247 Lymphadenitis
- 248 Gangrene
- 249 Shock
- 250 Nausea & vomiting
- 251 Abdominal pain

APPENDIX C3

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

252 Malaise & fatigue
253 Allergic reactions
254 Rehabilitation care, fitting of prostheses & adjustment of devices
255 Administrative/social admission
256 Medical examination/evaluation
257 Other aftercare
258 Other screening for suspected conditions (not mental disorders or infectious disease)

CCS High Level Diagnosis Group 18: Residual Codes, Unclassified, All E codes (External Cause Codes)

259 Residual codes; unclassified
2601 E codes: Cut/pierce
2602 E codes: Drowning/submersion
2603 E codes: Fall
2604 E codes: Fire/burn
2605 E codes: Firearm

2606 E codes: Machinery
2607 E codes: Motor vehicle traffic (MVT)
2608 E codes: Pedal cyclist; not MVT
2609 E codes: Pedestrian; not MVT
2610 E codes: Transport; not MVT
2611 E codes: Natural/environment
2612 E codes: Overexertion
2613 E codes: Poisoning
2614 E codes: Struck by; against
2615 E codes: Suffocation
2616 E codes: Adverse effects of medical care
2617 E codes: Adverse effects of medical drugs
2618 E codes: Other specified and classifiable
2619 E codes: Other specified; not elsewhere classified (NEC)
2620 E codes: Unspecified
2621 E codes: Place of occurrence

APPENDIX C4

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

CCS High Level Procedure Group 1: Operations on the Nervous System

- 1 Incision and excision of CNS
- 2 Insertion, replacement, or removal of extracranial ventricular shunt
- 3 Laminectomy, excision intervertebral disc
- 4 Diagnostic spinal tap
- 5 Insertion of catheter or spinal stimulator and injection into spinal canal
- 6 Decompression peripheral nerve
- 7 Other diagnostic nervous system procedures
- 8 Other non-OR or closed therapeutic nervous system procedures
- 9 Other OR therapeutic nervous system procedures

CCS High Level Procedure Group 2: Operations on the Endocrine System

- 10 Thyroidectomy, partial or complete
- 11 Diagnostic endocrine procedures
- 12 Other therapeutic endocrine procedures

CCS High Level Procedure Group 3: Operations on the Eye

- 13 Corneal transplant
- 14 Glaucoma procedures
- 15 Lens and cataract procedures
- 16 Repair of retinal tear, detachment
- 17 Destruction of lesion of retina and choroid
- 18 Diagnostic procedures on eye
- 19 Other therapeutic procedures on eyelids, conjunctiva, cornea
- 20 Other intraocular therapeutic procedures
- 21 Other extraocular muscle and orbit therapeutic procedures

CCS High Level Procedure Group 4: Operations on the Ear

- 22 Tympanoplasty
- 23 Myringotomy
- 24 Mastoidectomy
- 25 Diagnostic procedures on ear
- 26 Other therapeutic ear procedures

CCS High Level Procedure Group 5: Operations on the Nose, Mouth and Pharynx

- 27 Control of epistaxis

- 28 Plastic procedures on nose
- 29 Dental procedures
- 30 Tonsillectomy and/or adenoidectomy
- 31 Diagnostic procedures on nose, mouth and pharynx
- 32 Other non-OR therapeutic procedures on nose, mouth and pharynx
- 33 Other OR therapeutic procedures on nose, mouth and pharynx

CCS High Level Procedure Group 6: Operations on the Respiratory System

- 34 Tracheostomy, temporary and permanent
- 35 Tracheoscopy and laryngoscopy with biopsy
- 36 Lobectomy or pneumonectomy
- 37 Diagnostic bronchoscopy and biopsy of bronchus
- 38 Other diagnostic procedures on lung and bronchus
- 39 Incision of pleura, thoracentesis, chest drainage
- 40 Other diagnostic procedures of respiratory tract and mediastinum
- 41 Other non-OR therapeutic procedures on respiratory system
- 42 Other OR therapeutic procedures on respiratory system

CCS High Level Procedure Group 7: Operations on the Cardiovascular System

- 43 Heart valve procedures
- 44 Coronary artery bypass graft (CABG)
- 45 Percutaneous transluminal coronary angioplasty (PTCA)
- 46 Coronary thrombolysis
- 47 Diagnostic cardiac catheterization, coronary arteriography
- 48 Insertion, revision, replacement, removal of cardiac pacemaker or cardioverter/defibrillator
- 49 Other OR heart procedures
- 50 Extracorporeal circulation auxiliary to open heart procedures
- 51 Endarterectomy, vessel of head and neck
- 52 Aortic resection, replacement or anastomosis
- 53 Varicose vein stripping, lower limb
- 54 Other vascular catheterization, not heart
- 55 Peripheral vascular bypass
- 56 Other vascular bypass and shunt, not heart
- 57 Creation, revision and removal of arteriovenous fistula or vessel-to-vessel cannula for dialysis

APPENDIX C4

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

- 58 Hemodialysis
- 59 Other OR procedures on vessels of head and neck
- 60 Embolectomy and endarterectomy of lower limbs
- 61 Other OR procedures on vessels other than head and neck
- 62 Other diagnostic cardiovascular procedures
- 63 Other non-OR therapeutic cardiovascular procedures

CCS High Level Procedure Group 8: Operations on the Hemic and Lymphatic System

- 64 Bone marrow transplant
- 65 Bone marrow biopsy
- 66 Procedures on spleen
- 67 Other therapeutic procedures, hemic and lymphatic system

CCS High Level Procedure Group 9: Operations on the Digestive System

- 68 Injection or ligation of esophageal varices
- 69 Esophageal dilatation
- 70 Upper gastrointestinal endoscopy, biopsy
- 71 Gastrostomy, temporary and permanent
- 72 Colostomy, temporary and permanent
- 73 Ileostomy and other enterostomy
- 74 Gastrectomy, partial and total
- 75 Small bowel resection
- 76 Colonoscopy and biopsy
- 77 Proctoscopy and anorectal biopsy
- 78 Colorectal resection
- 79 Local excision of large intestine lesion (not endoscopic)
- 80 Appendectomy
- 81 Hemorrhoid procedures
- 82 Endoscopic retrograde cannulation of pancreas (ERCP)
- 83 Biopsy of liver
- 84 Cholecystectomy and common duct exploration
- 85 Inguinal and femoral hernia repair
- 86 Other hernia repair
- 87 Laparoscopy
- 88 Abdominal paracentesis

- 89 Exploratory laparotomy
- 90 Excision, lysis peritoneal adhesions
- 91 Peritoneal dialysis
- 92 Other bowel diagnostic procedures
- 93 Other non-OR upper GI therapeutic procedures
- 94 Other OR upper GI therapeutic procedures
- 95 Other non-OR lower GI therapeutic procedures
- 96 Other OR lower GI therapeutic procedures
- 97 Other gastrointestinal diagnostic procedures
- 98 Other non-OR gastrointestinal therapeutic procedures
- 99 Other OR gastrointestinal therapeutic procedures

CCS High Level Procedure Group 10: Operations on the Urinary System

- 100 Endoscopy and endoscopic biopsy of the urinary tract
- 101 Transurethral excision, drainage, or removal urinary obstruction
- 102 Ureteral catheterization
- 103 Nephrotomy and nephrostomy
- 104 Nephrectomy, partial or complete
- 105 Kidney transplant
- 106 Genitourinary incontinence procedures
- 107 Extracorporeal lithotripsy, urinary
- 108 Indwelling catheter
- 109 Procedures on the urethra
- 110 Other diagnostic procedures of urinary tract
- 111 Other non-OR therapeutic procedures of urinary tract
- 112 Other OR therapeutic procedures of urinary tract

CCS High Level Procedure Group 11: Operations on the Male Genital Organs

- 113 Transurethral resection of prostate (TURP)
- 114 Open prostatectomy
- 115 Circumcision
- 116 Diagnostic procedures, male genital
- 117 Other non-OR therapeutic procedures, male genital
- 118 Other OR therapeutic procedures, male genital

APPENDIX C4

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

CCS High Level Procedure Group 12: Operations on the Female Genital

Organs

- 119 Oophorectomy, unilateral and bilateral
- 120 Other operations on ovary
- 121 Ligation of fallopian tubes
- 123 Other operations on fallopian tubes
- 124 Hysterectomy, abdominal and vaginal
- 125 Other excision of cervix and uterus
- 126 Abortion (termination of pregnancy)
- 127 Dilatation and curettage (D&C), aspiration after delivery or abortion
- 128 Diagnostic dilatation and curettage (D&C)
- 129 Repair of cystocele and rectocele, obliteration of vaginal vault
- 130 Other diagnostic procedures, female organs
- 131 Other non-OR therapeutic procedures, female organs
- 132 Other OR therapeutic procedures, female organs

CCS High Level Procedure Group 13: Obstetrical Procedures

- 122 Removal of ectopic pregnancy
- 133 Episiotomy
- 134 Cesarean section
- 135 Forceps, vacuum, and breech delivery
- 136 Artificial rupture of membranes to assist delivery
- 137 Other procedures to assist delivery
- 138 Diagnostic amniocentesis
- 139 Fetal monitoring
- 140 Repair of current obstetric laceration
- 141 Other therapeutic obstetrical procedures

CCS High Level Procedure Group 14: Operations on the Musculoskeletal

System

- 142 Partial excision bone
- 143 Bunionectomy or repair of toe deformities
- 144 Treatment, facial fracture or dislocation
- 145 Treatment, fracture or dislocation of radius and ulna
- 146 Treatment, fracture or dislocation of hip and femur
- 147 Treatment, fracture or dislocation of lower extremity (other than hip or femur)

- 148 Other fracture and dislocation procedure
- 149 Arthroscopy
- 150 Division of joint capsule, ligament or cartilage
- 151 Excision of semilunar cartilage of knee
- 152 Arthroplasty knee
- 153 Hip replacement, total and partial
- 154 Arthroplasty other than hip or knee
- 155 Arthrocentesis
- 156 Injections and aspirations of muscles, tendons, bursa, joints and soft tissue
- 157 Amputation of lower extremity
- 158 Spinal fusion
- 159 Other diagnostic procedures on musculoskeletal system
- 160 Other therapeutic procedures on muscles and tendons
- 161 Other OR therapeutic procedures on bone
- 162 Other OR therapeutic procedures on joints
- 163 Other non-OR therapeutic procedures on musculoskeletal system
- 164 Other OR therapeutic procedures on musculoskeletal system

CCS High Level Procedure Group 15: Operations on the Integumentary System

- 165 Breast biopsy and other diagnostic procedures on breast
- 166 Lumpectomy, quadrantectomy of breast
- 167 Mastectomy
- 168 Incision and drainage, skin and subcutaneous tissue
- 169 Debridement of wound, infection or burn
- 170 Excision of skin lesion
- 171 Suture of skin and subcutaneous tissue
- 172 Skin graft
- 173 Other diagnostic procedures on skin and subcutaneous tissue
- 174 Other non-OR therapeutic procedures on skin and breast
- 175 Other OR therapeutic procedures on skin and breast

CCS High Level Procedure Group 16: Miscellaneous Diagnostic and Therapeutic Procedures

- 176 Other organ transplantation
- 177 Computerized axial tomography (CT) scan head

APPENDIX C4

2007 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

178	CT scan chest	205	Arterial blood gases
179	CT scan abdomen	206	Microscopic examination (bacterial smear, culture, toxicology)
180	Other CT scan	207	Radioisotope bone scan
181	Myelogram	208	Radioisotope pulmonary scan
182	Mammography	209	Radioisotope scan and function studies
183	Routine chest X-ray	210	Other radioisotope scan
184	Intraoperative cholangiogram	211	Therapeutic radiology
185	Upper gastrointestinal X-ray	212	Diagnostic physical therapy
186	Lower gastrointestinal X-ray	213	Physical therapy exercises, manipulation, and other procedures
187	Intravenous pyelogram	214	Traction, splints, and other wound care
188	Cerebral arteriogram	215	Other physical therapy and rehabilitation
189	Contrast aortogram	216	Respiratory intubation and mechanical ventilation
190	Contrast arteriogram of femoral and lower extremity arteries	217	Other respiratory therapy
191	Arterio- or venogram (not heart and head)	218	Psychological and psychiatric evaluation and therapy
192	Diagnostic ultrasound of head and neck	219	Alcohol and drug rehabilitation/detoxification
193	Diagnostic ultrasound of heart (echocardiogram)	220	Ophthalmologic and otologic diagnosis and treatment
194	Diagnostic ultrasound of gastrointestinal tract	221	Nasogastric tube
195	Diagnostic ultrasound of urinary tract	222	Blood transfusion
196	Diagnostic ultrasound of abdomen or retroperitoneum	223	Enteral and parenteral nutrition
197	Other diagnostic ultrasound	224	Cancer chemotherapy
198	Magnetic resonance imaging	225	Conversion of cardiac rhythm
199	Electroencephalogram (EEG)	226	Other diagnostic radiology and related techniques
200	Nonoperative urinary system measurements	227	Other diagnostic procedures (interview, evaluation, consultation)
201	Cardiac stress tests	228	Prophylactic vaccinations and inoculations
202	Electrocardiogram	229	Nonoperative removal of foreign body
203	Electrographic cardiac monitoring	230	Extracorporeal shock wave lithotripsy, other than urinary
204	Swan-Ganz catheterization for monitoring	231	Other therapeutic procedures

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0321	Radiology - Diagnostic: Angiocardiology	3030	Angiocardiology
0470	Audiology	3040	Audiology
0471	Audiology: Diagnostic	3040	Audiology
0472	Audiology: Treatment	3040	Audiology
0479	Audiology: Other audiology	3040	Audiology
0306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	3050	Bacteriology and Microbiology
0314	Laboratory - Pathology: Biopsy	3060	Biopsy
0724	Labor Room: Birthing center	3070	Birthing Center
0481	Cardiology: Cardiac catheter lab	3120	Cardiac Catheterization Laboratory
0480	Cardiology	3140	Cardiology
0489	Cardiology: Other cardiology	3140	Cardiology
0943	Other Therapeutic Serv: Cardiac rehab	3140	Cardiology
0301	Laboratory - Clinical Diagnostic: Chemistry	3180	Chemistry
0331	Radiology - Therapeutic: Chemotherapy - injected	3190	Chemotherapy
0332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
0335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
0723	Labor Room: Circumcision	3220	Circumcision
0350	CT Scan	3230	CAT Scan
0351	CT Scan: Head	3230	CAT Scan
0352	CT Scan: Body	3230	CAT Scan
0359	CT Scan: Other CT scans	3230	CAT Scan
0923	Other Diagnostic Services: Pap smear	3240	Cytology
0311	Laboratory - Pathology: Cytology	3240	Laboratory - Pathological
0512	Clinic: Dental clinic	3250	Dental Services
0483	Cardiology: Echocardiology	3260	Echocardiography
0730	EKG/ECG	3280	EKG and EEG
0732	EKG/ECG: Telemetry	3280	EKG and EEG
0739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
0740	EEG	3280	EKG and EEG
0749	EEG: Other EEG	3280	EKG and EEG
0922	Other Diagnostic Services: Electromyogram	3290	Electromyography
0901	Psychiatric/Psychological Trt: Electroshock treatment	3320	Electroshock Therapy
0750	Gastrointestinal	3340	Gastro Intestinal Services
0759	Gastrointestinal: Other gastrointestinal	3340	Gastro Intestinal Services
0305	Laboratory - Clinical Diagnostic: Hematology	3350	Hematology
0312	Laboratory - Pathology: Histology	3360	Histology
0731	EKG/ECG: Holter monitor	3370	Holter Monitor

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0302	Laboratory - Clinical Diagnostic: Immunology	3380	Immunology
0924	Other Diagnostic Services: Allergy test	3380	Immunology
0300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
0307	Laboratory - Clinical Diagnostic: Urology	3390	Laboratory - Clinical
0309	Laboratory - Clinical Diagnostic: Other laboratory	3390	Laboratory - Clinical
0925	Other Diagnostic Services: Pregnancy test	3390	Laboratory - Clinical
0310	Laboratory - Pathology	3420	Laboratory - Pathological
0319	Laboratory - Pathology: Other	3420	Laboratory - Pathological
0610	Magnetic Resonance Tech. (MRT)	3430	Magnetic Resonance Imaging (MRI)
0611	Magnetic Resonance Tech. (MRT): Brain (incl. Brainstem)	3430	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	3430	Magnetic Resonance Imaging (MRI)
0614	Magnetic Resonance Tech. (MRT): MRI - Other	3430	Magnetic Resonance Imaging (MRI)
0615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	3430	Magnetic Resonance Imaging (MRI)
0616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	3430	Magnetic Resonance Imaging (MRI)
0618	Magnetic Resonance Tech. (MRT): MRA - Other	3430	Magnetic Resonance Imaging (MRI)
0619	Magnetic Resonance Tech. (MRT): Other MRI	3430	Magnetic Resonance Imaging (MRI)
0401	Other Imaging Services: Diagnostic mammography	3440	Mammography
0403	Other Imaging Services: Screening mammography	3440	Mammography
0340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
0341	Nuclear Medicine: Diagnostic	3450	Nuclear Medicine - Diagnostic
0343	Diagnostic Radiopharms	3450	Nuclear Medicine - Diagnostic
0349	Nuclear Medicine: Other	3450	Nuclear Medicine - Diagnostic
0404	Other Imaging Services: PET scan	3450	Nuclear Medicine-Diagnostic
0342	Nuclear Medicine: Therapeutic	3470	Nuclear Medicine - Therapeutic
0344	Therapeutic Radiopharms	3470	Nuclear Medicine - Therapeutic
0280	Oncology	3480	Oncology
0289	Oncology: Other oncology	3480	Oncology
0530	Osteopathic Services	3530	Osteopathic Therapy
0531	Osteopathic Services: Osteopathic therapy	3530	Osteopathic Therapy
0539	Osteopathic Services: Other osteopathic services	3530	Osteopathic Therapy
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
0275	Medical/Surgical Supplies: Pacemaker	3540	Prosthetic Devices
0276	Medical/Surgical Supplies: Intraocular lens	3540	Prosthetic Devices
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0910	Psychiatric/Psychological Svcs	3550	Psychiatric/Psychological Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services
0460	Pulmonary Function	3560	Pulmonary Function Testing
0469	Pulmonary Function: Other	3560	Pulmonary Function Testing
0904	Psychiatric/Psychological Trt: Activity therapy	3580	Recreational Therapy
0482	Cardiology: Stress test	3620	Stress Test
0402	Other Imaging Services: Ultrasound	3630	Ultra Sound
0790	Extra-Corp Shock Wave Therapy	3640	Urology
0799	Extra-Corp Shock Wave Therapy: Other ESWT	3640	Urology
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0360	Operating Room Services	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0710	Recovery Room	3800	Recovery Room
0719	Recovery Room: Other recovery room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0370	Anesthesia	4000	Anesthesiology
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology
0517	Clinic: Family clinic	4040	Family Practice
0523	Free-Standing Clinic: Family Practice Clinic	4040	Family Practice
0400	Other Imaging Services	4100	Radiology - Diagnostic
0409	Other Imaging Services: Other imaging services	4100	Radiology - Diagnostic
0320	Radiology - Diagnostic	4100	Radiology-Diagnostic
0322	Radiology - Diagnostic: Arthrography	4100	Radiology-Diagnostic
0324	Radiology - Diagnostic: Chest X-ray	4100	Radiology-Diagnostic
0329	Radiology - Diagnostic: Other	4100	Radiology-Diagnostic
0330	Radiology - Therapeutic	4200	Radiology-Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0381	Blood: Packed red cells	4600	Whole Blood & Packed Red Blood Cells
0382	Blood: Whole blood	4600	Whole Blood & Packed Red Blood Cells
0383	Blood: Plasma	4600	Whole Blood & Packed Red Blood Cells
0384	Blood: Platelets	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0386	Blood: Other components	4600	Whole Blood & Packed Red Blood Cells
0387	Blood: Other derivatives	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	4600	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	4700	Blood Storing, Processing, & Trans.
0391	Blood Storage/Processing: Blood administration (eg. Transfusion)	4700	Blood Storing, Processing, & Trans.
0399	Blood Storage/Processing: Other processing and storage	4700	Blood Storing, Processing, & Trans.
0260	IV Therapy	4800	Intravenous Therapy
0261	IV Therapy: Infusion pump	4800	Intravenous Therapy
0262	IV Therapy: IV Therapy, pharm services	4800	Intravenous Therapy
0263	IV Therapy: IV Therapy/drug/supp/delivery	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy
0410	Respiratory Services	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0420	Physical Therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile supplies	5500	Med Supplies Charged to Patient
0272	Medical/Surgical Supplies: Sterile supplies	5500	Med Supplies Charged to Patient
0273	Medical/Surgical Supplies: Take home supplies	5500	Med Supplies Charged to Patient
0278	Medical/Surgical Supplies: Other implants	5500	Med Supplies Charged to Patient
0279	Medical/Surgical Supplies: Other supplies/devices	5500	Med Supplies Charged to Patient
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0250	Pharmacy	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	5600	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0254	Pharmacy: Incident to other diagnostic services	5600	Drugs Charged to Patients
0255	Pharmacy: Incident to radiology	5600	Drugs Charged to Patients
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0632	Drugs Require Specific ID: Multiple source drug	5600	Drugs Charged to Patients
0633	Drugs Require Specific ID: Restrictive prescription	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	5600	Drugs Charged to Patients
0800	Inpatient Dialysis	5700	Renal Dialysis
0801	Inpatient Demodialysis	5700	Renal Dialysis
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0803	inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0820	Hemo OPD/Home	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0840	CAPD OPD/Home	5700	Renal Dialysis
0841	CAPD OPD/Home: CAPD comp or other rate	5700	Renal Dialysis
0849	CAPD OPD/Home: Other CAPD dialysis	5700	Renal Dialysis
0850	CCPD OPD/Home	5700	Renal Dialysis
0851	CCPD OPD/Home: CCPD comp or other rate	5700	Renal Dialysis
0859	CCPD OPD/Home: Other CCPD dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0514	Clinic: OB/GYN clinic	6000	Clinic

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic
0519	Clinic: Other clinic	6000	Clinic
0520	Free-Standing Clinic	6000	Clinic
0526	Free-Standing Clinic: Urgent Care Clinic	6000	Clinic
0529	Free-Standing Clinic: Other	6000	Clinic
0700	Cast Room	6000	Clinic
0709	Cast Room: Other cast room	6000	Clinic
0760	Treatment/Observation Room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0770	Preventive Care Services	6000	Clinic
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0779	Preventive Care Services: Other	6000	Clinic
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0456	Emergency Room: Urgent care	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
0681	Trauma Response: Level I	6100	Emergency
0682	Trauma Response: Level II	6100	Emergency
0683	Trauma Response: Level III	6100	Emergency
0684	Trauma Response: Level IV	6100	Emergency
0689	Trauma Response: Other	6100	Emergency
0762	Treatment/Observation Room: Observation room	6201	Observation Beds (Distinct Part)
0290	Durable Medical Equipment	6700	Durable Medical Equip. - Sold
0292	Durable Medical Equipment: Purchase - new equipment	6700	Durable Medical Equip. - Sold
0299	Durable Medical Equipment: Other equipment	6700	Durable Medical Equip. - Sold
0810	Organ Acquisition	8600	Other Organ Acquisition (Specify)
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0813	Organ Acquisition: Unknown donor	8600	Other Organ Acquisition (Specify)
0814	Organ Acquisition: Unsuccessful Organ Search Donor Bank Charges	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other donor	8600	Other Organ Acquisition (Specify)
0001	Total Charge	N/A	
0022	HIPPS	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
0110	Room & Board (Private)	N/A	
0111	Medical/Surgical/Gyn	N/A	
0112	OB	N/A	
0113	Pediatric	N/A	
0114	Psychiatric	N/A	
0115	Hospice	N/A	
0116	Detoxification	N/A	
0117	Oncology	N/A	
0118	Rehab	N/A	
0119	Other	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0121	Medical/Surgical/Gyn	N/A	
0122	OB	N/A	
0123	Pediatric	N/A	
0124	Psychiatric	N/A	
0125	Hospice	N/A	
0126	Detoxification	N/A	
0127	Oncology	N/A	
0128	Rehab	N/A	
0129	Other	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0131	Medical/Surgical/Gyn	N/A	
0132	OB	N/A	
0133	Pediatric	N/A	
0134	Psychiatric	N/A	
0135	Hospice	N/A	
0136	Detoxification	N/A	
0137	Oncology	N/A	
0138	Rehab	N/A	
0139	Other	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0141	Medical/Surgical/Gyn	N/A	
0142	OB	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0143	Pediatric	N/A	
0144	Psychiatric	N/A	
0145	Hospice	N/A	
0146	Detoxification	N/A	
0147	Oncology	N/A	
0148	Rehab	N/A	
0149	Other	N/A	
0150	Room & Board (Ward)	N/A	
0151	Medical/Surgical/Gyn	N/A	
0152	OB	N/A	
0153	Pediatric	N/A	
0154	Psychiatric	N/A	
0155	Hospice	N/A	
0156	Detoxification	N/A	
0157	Oncology	N/A	
0158	Rehab	N/A	
0159	Other	N/A	
0160	Room & Board (other)	N/A	
0164	Sterile Environment	N/A	
0167	Self care	N/A	
0169	Other	N/A	
0170	Nursery	N/A	
0171	Newborn-Level I	N/A	
0172	Newborn-Level II	N/A	
0173	Newborn-Level III	N/A	
0174	Newborn-Level IV	N/A	
0179	Other Nursery	N/A	
0180	Leave of Absence	N/A	
0182	Patient Convenience	N/A	
0183	Therapeutic Leave	N/A	
0185	Hospitalization	N/A	
0189	Other leave of absence	N/A	
0190	Subacute care	N/A	
0191	Subacute care-Level I	N/A	
0192	Subacute care-Level II	N/A	
0193	Subacute care-Level III	N/A	
0194	Subacute care-Level IV	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0199	Other subacute care	N/A	
0200	Intensive care	N/A	
0201	Surgical	N/A	
0202	Medical	N/A	
0203	Pediatric	N/A	
0204	Psychiatric	N/A	
0206	Intermediate ICU	N/A	
0207	Burn care	N/A	
0208	Trauma	N/A	
0209	Other intensive care	N/A	
0210	Coronary care	N/A	
0211	Myocardial Infarction	N/A	
0212	Pulmonary Care	N/A	
0213	Heart Transplant	N/A	
0214	Intermediate CCU	N/A	
0219	Other Coronary Care	N/A	
0220	Special charges	N/A	
0221	Admission charge	N/A	
0222	Technical support charge	N/A	
0223	U.R. service charge	N/A	
0224	Late discharge, medically necessary	N/A	
0229	Other special charges	N/A	
0230	Incremental nursing charge rate	N/A	
0231	Nursery	N/A	
0232	OB	N/A	
0233	ICU	N/A	
0234	CCU	N/A	
0235	Hospice	N/A	
0239	Other	N/A	
0240	All inclusive Ancillary	N/A	
0241	Basic	N/A	
0242	Comprehensive	N/A	
0243	Specialty	N/A	
0249	Other all inclusive ancillary	N/A	
0253	Take home drugs	N/A	
0277	Oxygen-Take home	N/A	
0291	Rental	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0293	Purchase of used DME	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0374	Acupuncture	N/A	
0521	Rural health-clinic	N/A	
0522	Rural health-home	N/A	
0540	Ambulance	N/A	
0541	Supplies	N/A	
0542	Medical Transport	N/A	
0543	Heart Mobile	N/A	
0544	Oxygen	N/A	
0545	Air ambulance	N/A	
0546	Neonatal ambulance services	N/A	
0547	Pharmacy	N/A	
0548	Telephone Transmission EKG	N/A	
0549	Other ambulance	N/A	
0550	Skilled nursing	N/A	
0551	Visit charge	N/A	
0552	Hourly charge	N/A	
0559	Other skilled nursing	N/A	
0560	Medical Social Services	N/A	
0561	Medical Social Services: Visit charge	N/A	
0562	Medical Social Services: Hourly charge	N/A	
0569	Medical Social Services: Other medical social services	N/A	
0570	Home health-Home health aide	N/A	
0571	Visit charge	N/A	
0572	Hourly charge	N/A	
0579	Other home health aide	N/A	
0580	Home health-other visits	N/A	
0581	Visit charge	N/A	
0582	Hourly charge	N/A	
0583	Assessment	N/A	
0589	Other home health visit	N/A	
0590	Home health-units of service	N/A	
0599	Home health other units	N/A	
0600	Home health-oxygen	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0603	Oxygen-state/equip/over 4 LPM	N/A	
0604	Oxygen-Portable Add-on	N/A	
0609	Other oxygen	N/A	
0623	Surgical dressings	N/A	
0640	Home IV Therapy Services	N/A	
0641	Nonroutine nursing, central line	N/A	
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0645	Training patient/caregiver, central line	N/A	
0646	Training, Disabled patient, central line	N/A	
0647	Training, patient/caregiver, peripheral line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0649	Other IV therapy services	N/A	
0650	Hospice service	N/A	
0651	routine home care	N/A	
0652	continuous home care	N/A	
0655	inpatient respite care	N/A	
0656	general inpatient care (non-respite)	N/A	
0657	physician services	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	
0659	Other hospice service	N/A	
0670	Outpatient Special Residence Charges	N/A	
0671	Hospital based	N/A	
0672	Contracted	N/A	
0679	Other special residence charge	N/A	
0780	Telemedicine	N/A	
0789	Other telemedicine	N/A	
0832	Home supplies	N/A	
0833	Home equipment	N/A	
0834	Maintenance/100%	N/A	
0835	Support services	N/A	
0842	Home supplies	N/A	
0843	Home equipment	N/A	
0844	Maintenance/100%	N/A	
0845	Support services	N/A	
0852	Home supplies	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0853	Home equipment	N/A	
0854	Maintenance/100%	N/A	
0855	Support services	N/A	
0882	Home dialysis aid visit	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	
0940	Other Therapeutic Serv	N/A	
0942	Other Therapeutic Serv: Educ/training	N/A	
0946	Complex medical equipment-Routine	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0949	Other Therapeutic Serv: Additional RX SVS	N/A	
0951	Other therapeutic services-(940x) Athletic training	N/A	
0952	Other therapeutic services-(940x) Kinesiotherapy	N/A	
0960	Professional fees	N/A	
0961	Psychiatric	N/A	
0962	Ophthalmology	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0969	Other professional fee	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0975	Professional fees (096x) Operating room	N/A	
0976	Professional fees (096x) Respiratory Therapy	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0978	Professional fees (096x) Occupational therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0981	Professional fees (096x) Emergency room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0983	Professional fees (096x) clinic	N/A	
0984	Professional fees (096x) medical social services	N/A	
0985	Professional fees (096x) EKG	N/A	
0986	Professional fees (096x) EEK	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0988	Professional fees (096x) Consultation	N/A	
0989	Private duty nurse	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0990	Patient convenience items	N/A	
0991	Cafeteria/guest tray	N/A	
0992	private linen service	N/A	
0993	telephone/telegraph	N/A	
0994	TV/radio	N/A	
0995	Nonpatient room rentals	N/A	
0996	Late discharge charge	N/A	
0997	admission kits	N/A	
0998	Beauty shop/barber	N/A	
0999	Other patient convenience item	N/A	
1000	Behavioral health accomodations	N/A	
1001	Residential treatment-psychiatric	N/A	
1002	residential treatment-chemical dependency	N/A	
1003	Supervised living	N/A	
1004	halfway house	N/A	
1005	group home	N/A	
2100	Alternative therapy services	N/A	
2101	acupuncture	N/A	
2102	acupressure	N/A	
2103	massage	N/A	
2104	reflexology	N/A	
2105	biofeedback	N/A	
2106	hypnosis	N/A	
2109	other alternative therapy services	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3102	Adult day care, social, hourly	N/A	
3103	Adult day care, medical and social, daily	N/A	
3104	Adult day care, social, daily	N/A	
3105	Adult foster care, daily	N/A	
3109	Other adult care	N/A	

Source: http://www.cms.hhs.gov/HospitalOutpatientPPS/03_crosswalk.asp

APPENDIX C6
Hospitals in this Report

Vermont Acute Care Hospitals

Brattleboro Memorial Hospital
(BRAT)
17 Belmont Avenue
Brattleboro, Vermont 05301

Central Vermont Medical Center
(CVMC)
P.O. Box 547
Barre, Vermont 05641

Copley Hospital
(COPL)
528 Washington Highway
Morrisville, Vermont 05661

Fletcher Allen Health Care
(FAHC)
111 Colchester Avenue
Burlington, Vermont 05401

Gifford Medical Center
(GIFF)
44 Main Street, P.O. Box 2000
Randolph, Vermont 05060

Grace Cottage Hospital
(GRAC)
Route 35, P.O. Box 216
Townshend, Vermont 05353

Mt. Ascutney Hospital and Health Center
(MT.A)
289 County Road
Windsor, Vermont 05089

North Country Hospital
(NCTY)
189 Prouty Drive
Newport, Vermont 05855

Northeastern Vermont Regional Hospital
(NEVT)
1315 Hospital Drive, P.O. Box 905
St. Johnsbury, Vermont 05819

Northwestern Medical Center
(NWST)
133 Fairfield Street, P.O. Box 1370
St. Albans, Vermont 05478

Porter Medical Center
(PORT)
115 Porter Drive
Middlebury, Vermont 05753

Rutland Regional Medical Center
(RRMC)
160 Allen Street
Rutland, Vermont 05701

Southwestern Vermont Medical Center
(SWVT)
100 Hospital Drive East
Bennington, Vermont 05201

Springfield Hospital
(SPRF)
25 Ridgewood Road, P.O. Box 2003
Springfield, Vermont 05156

The Veterans Administration Medical
and Regional Office Center (V.A.)
215 North Main Street
White River Junction, Vermont 05009

APPENDIX C6
Hospitals in this Report

New Hampshire Hospitals

Alice Peck Day Memorial Hospital
(NH-Alice Day)
Lebanon, New Hampshire

Androscoggin Valley Hospital
(NH-Androscoggin)
Berlin, New Hampshire

Catholic Medical Center
(NH-Catholic)
Manchester, New Hampshire

Cheshire Medical Center
(NH-Cheshire)
Keene, New Hampshire

Concord Hospital
(NH-Concord)
Concord, New Hampshire

Cottage Hospital
(NH-Cottage)
Woodsville, New Hampshire

Dartmouth Hitchcock Medical Center
(NH-Hitchcock)
Lebanon, New Hampshire

Dartmouth Hitchcock Psychiatric Unit
(NH-Hitch. Psych)
Lebanon, New Hampshire

Elliot Hospital
(NH-Elliot)
Manchester, New Hampshire

Exeter Hospital
(NH-Exeter)
Exeter, New Hampshire

Franklin Regional Hospital
(NH-Franklin)
Franklin, New Hampshire

Frisbie Memorial Hospital
(NH-Frisbie)
Rochester, New Hampshire

Huggins Hospital
(NH-Huggins)
Wolfeboro, New Hampshire

Lakes Region General Hospital
(NH-Lakes Region)
Laconia, New Hampshire

Littleton Hospital
(NH-Littleton)
Littleton, New Hampshire

Memorial Hospital
(NH-Memorial)
North Conway, New Hampshire

Monadnock Community Hospital
(NH-Monadnock)
Peterborough, New Hampshire

New London Hospital
(NH-New London)
New London, New Hampshire

Parkland Medical Center
(NH-Parkland)
Derry, New Hampshire

Portsmouth Regional Hospital
(NH-Portsmouth)
Portsmouth, New Hampshire

Southern New Hampshire Medical Center
(NH-Southern NH)
Nashua, New Hampshire

St. Joseph's Hospital
(NH-St. Joseph's)
Nashua, New Hampshire

Speare Memorial Hospital
(NH-Speare)
Plymouth, New Hampshire

Upper Connecticut Valley Hospital
(NH-Upper CT Val)
Colebrook, New Hampshire

Valley Regional Hospital
(NH-Valley Reg.)
Claremont, New Hampshire

Weeks Medical Center Hospital
(NH-Weeks)
Lancaster, New Hampshire

Wentworth-Douglass Hospital
(NH-Wntwth-Doug)
Dover, New Hampshire

APPENDIX C6
Hospitals in this Report

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center
(MA-Baystate)
Springfield, Massachusetts

Berkshire Medical Center
(MA-Berkshire)
Pittsfield, Massachusetts

Beth Israel Deaconess Medical Center
(MA-Beth Israel)
Boston, Massachusetts

Brigham and Women's Hospital
(MA-Brigham)
Boston, Massachusetts

Children's Hospital Boston
(MA-Children's)
Boston, Massachusetts

Cooley Dickinson Hospital
(MA-Cooley Dicki)
Northampton, Massachusetts

Dana-Farber Cancer Institute
(MA-Dana Farber)
Boston, Massachusetts

Franklin Medical Center
(MA-Franklin Med)
Greenfield, Massachusetts

Hillcrest Hospital
(MA-Hillcrest)
Pittsfield, Massachusetts

Lahey Clinic Hospital
(MA-Lahey)
Burlington, Massachusetts

Massachusetts Eye and Ear Infirmary
(MA-MA Eye & Ear)
Boston, Massachusetts

Massachusetts General Hospital
(MA-MA General)
Boston, Massachusetts

New England Baptist Hospital
(MA-N.E. Baptist)
Boston, Massachusetts

Newton-Wellesley Hospital
(MA-Newton Wells)
Newton, Massachusetts

North Adams Regional Hospital
(MA-North Adams)
North Adams, Massachusetts

Northampton VA Medical Center
(MA-Northampton)
Northampton, Massachusetts

Tufts-New England Medical Center
(MA-N.E. Med Ctr)
Boston, Massachusetts

UMass Memorial Medical Center
(MA-U Mass)
Worcester, Massachusetts

VA Boston Healthcare—Boston Division
(MA-Boston VA)
Boston, Massachusetts

VA Boston Healthcare—Brockton Division
(MA-Brockton VA)
Brockton, Massachusetts

APPENDIX C6
Hospitals in this Report

New York Hospitals Most Frequently Used by Vermont Residents

Albany Medical Center Hospital
(NY-Albany)
Albany, New York

Mary McClellan Hospital
(NY-McClellan)
Cambridge, New York

Phelps Memorial Hospital Center
(NY-Phelps)
Sleepy Hollow, New York

Champlain Valley Physicians Hospital
Medical Center (NY-Champ Val)
Plattsburgh, New York

Memorial Hospital for Cancer and Allied
Disorders (NY-Hosp for CA)
New York, New York

Samaritan Hospital
(NY-Samaritan)
Troy, New York

Columbia Presbyterian Medical Center
(NY-Presbyterian)
New York, New York

Moses-Ludington Hospital
(NY-Moses-Luding)
Ticonderoga, New York

St. Peters Hospital
(NY-St Peters)
Albany, New York

Glens Falls Hospital
(NY-Glens Falls)
Glens Falls, New York

New York United Hospital Medical Center
(NY-United Med C.)
Port Chester, New York

Leonard Hospital
(NY-Leonard)
Troy, New York

New York Weill Cornell Medical Center
(NY-New York)
New York, New York