

2007 Outpatient Hospital Utilization Report

Prepared by

Vermont Department of Health

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



2007

Vermont Outpatient Hospital Utilization Report

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

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This report was produced in cooperation with the Department of Health, Division of Health Surveillance

Joan Mongeon, Public Health Analyst III
Peggy Brozicevic, Research and Statistics Chief

Under the direction of the Vermont Department of Banking, Insurance, Securities and Health Care Administration,
Division of Health Care Administration

Dian Kahn, Director of Analysis and Data Management
Lucas Herring, Health Policy Analyst

The Department of Health
Division of Health Surveillance
108 Cherry Street, PO Box 70
Burlington, Vermont 05402-0070
(802) 863-7300 or (800) 869-2871

The Division of Health Care Administration
89 Main Street, Drawer 20
Montpelier, Vermont 05620-3601
(802) 828-2900 or (800) 631-7788
www.bishca.state.vt.us

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Disclaimer

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/HcaDiv/hcdefault.htm> under 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.

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User's Guide to Outpatient Tables

Outpatient Data Collection in Vermont

Analysis of outpatient data quantifies trends in hospital utilization and monitors the phenomenon of shifting care from inpatient to outpatient settings for hospital-based procedures.

Collection of Vermont hospital outpatient data, formerly referred to as ambulatory surgery in the Monograph series, began in January 1989, under the authority of the Vermont Hospital Data Council. Data collection continued when statutory authority to collect and manage hospital data was passed to the Vermont Health Care Authority, which later became the Division of Health Care Administration in the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA). Like the inpatient data file, the outpatient data file is provided by the Vermont Association of Hospitals and Health Systems - Network Services Organization (VAHHS-NSO) and then managed by the Vermont Department of Health (VDH) under an agreement with BISHCA.

In 2006 additional types of hospital-based outpatient services such as diagnostic tests and therapeutic services, were collected in the hospital discharge dataset. A preliminary review of this additional data, called expanded outpatient services is included in this report. The 2006 data were inconsistently reported across hospitals for this first data year due to the voluntary nature of the expanded submission of outpatient records. For the 2007 reporting year, the expanded submission was mandatory with all but one hospital consistently reporting.

Definitions

Procedures

Hospitals report procedures using the International Classification of Disease codes (9th Revision, Clinical Modification - ICD-9-CM). Although up to twenty procedures (the principal and 19 secondary procedures) can be listed on every outpatient discharge record, only the first procedure that is in the ICD-9-CM range 00.0 – 86.99 is analyzed in tables O1-O7.

There are over 3,500 specific procedure codes in the ICD-9-CM coding system. These codes are composed of two digits, followed by a decimal, and two additional digits. The first two digits describe broad categories. For example, 13 is the category “Operations on Lens of Eye.” There are 100 two-digit ICD-9-CM categories. The two digits following the decimal provide greater specificity. For example, 13.41 is “Phacoemulsion and aspiration of cataract.” In the following outpatient procedure tables, procedures have been grouped into categories based on the first two digits of their ICD-9-CM codes.

What procedures should be included in analyses?

With recent changes in technology, the definition of “outpatient procedures” has become a complicated issue. The Center for Disease Control’s National Center for Health Statistics notes that, “The distinction between surgical and non-surgical procedures has become less meaningful in the last two decades with the development of minimally invasive and non-invasive procedures. The procedures classified as non-surgical may not have less operative or anesthetic risk or require less highly trained personnel or special equipment than those

classified as surgical.”¹ As outpatient data collection evolves, revision of the definition of outpatient services and inclusion of new categories of outpatient services, such as magnetic resonance imaging (MRI) and other diagnostic services, will be required in order to measure changes in the health care delivery system. BISHCA and VDH are currently exploring the issues pertaining to categorizing outpatient data and included in this report are attempts to examine newly collected expanded outpatient records.

Recent Changes in Definition of Outpatient Procedures

The outpatient data collected from 1989-2000 were limited to surgical procedures performed in hospital operating rooms. In reporting year 2001, the outpatient definition was revised to include procedures coded within the ICD-9-CM code range 01-86.99 that occurred in other ambulatory surgery settings in addition to designated operating rooms.

BISHCA, VAHHS-NSO and VDH adopted the new definition for the dual purposes of capturing comparable outpatient data among Vermont hospitals and being compatible with the definition used by the state of New Hampshire and the New Hampshire Hospital Association. Beginning with reporting year 2001, the outpatient dataset also includes records of Vermont residents using New Hampshire hospitals for outpatient procedures.

In reporting year 2002, a small number of procedures in the new ICD-9-CM code range beginning 00 began to appear in the outpatient procedures dataset. While these procedures were outside the required reporting range, they have been included in the reports in since 2003. With the expansion of the outpatient data in 2006 these procedures are now required to be reported and outpatient procedures

are defined as records having any procedure within the ICD-9-CM code range 00-86.99.

Beginning with reporting year 2003, two changes were made to the records selected for inclusion in outpatient procedure analyses. Records with certain patient types (observation bed records “O” and series patient records “X”) in addition to those designated as ambulatory surgery (patient type “A”) were included if they had a procedure in the defined range. At the same time, records that originated in the emergency department (ED) were excluded from most analyses, even if they had a procedure in the defined range. In 2005, records that originated in the ED, without an associated ER revenue code between 450-459, Emergency Room, but did have a procedure in range were also included. The expansion of patient types was made for the following reasons:

- 1) Limiting records to patient type “A” left some appropriate ambulatory surgery patient records out of analyses. These included those patients whose hospital visit began with ambulatory surgery and were then held overnight for observation (patient type “O”) or had follow up treatment planned within the same month (series patients, labeled “X”).
- 2) The 2003 data showed some unexplained changes in patient type designation for records with procedures in the defined range. The number of patient type “A” records at certain hospitals decreased significantly, while the number of patient type “O” or “X” records increased. Some of the increase in “O” and “X” records may be due to coding errors.

A decrease in records occurred due to the exclusion of records that originated in the ED from most tables. Records originating in the ED were excluded from most outpatient procedure analyses in order to handle an apparent inconsistency in how hospitals code ED patients who require a procedure in the ICD-9-CM range 00.0-86.99 (such as

¹Kozak LJ, Lawrence L. National Hospital Discharge Survey: Annual summary, 1997. National Center for Health Statistics. Vital Health Stat 13(144). 1999. P. 45.

skin suturing, for example). Some hospitals label these patients as patient type “A” and some as patient type “E.” Limiting most outpatient procedure analyses to only those records not originating in the ED has focused the analyses on what might be called “planned” procedures.

Beginning in 2004, outpatient procedure data also became available from the New York Department of Health for Vermont residents using New York hospitals and free-standing ambulatory surgery centers. New York uses a stricter definition for outpatient procedures than Vermont. New York limits collection of outpatient procedure records to those procedures which require anesthesia and take place in an operating room.

Beginning with reporting year 2006, additional records were collected on all outpatient visits, including diagnostic and therapeutic services and tests at Vermont’s acute care hospitals. This group of records was not complete because of inconsistent reporting across hospitals due to the voluntary nature of the expanded submission of outpatient records. For the 2007 reporting year, the expanded submission became mandatory with consistent reporting required from all Vermont hospitals. Tables O8-O12 examine this expanded dataset, looking at specific primary cost centers, or diagnostic groups and are included as examples of the type of information that can be extracted.

In the following outpatient procedure tables, only tables O1 and O2 present data about records that originated in the ED and had a procedure in range (all bill types except Inpatient). Tables O3-O7 use outpatient records with a procedure in range that did not originate in the Emergency Room (associated revenue code in the 450-459 range). Tables O8-O12 examine data from the expanded outpatient records that do not have a procedure in range, nor an emergency room revenue code. Tables O13 and O14 examine Observation Bed records.

Comparison to Previous Monographs

The outpatient procedure tables presented in this Report cannot meaningfully be compared to the tables published in the 2002 and earlier Monographs because the change in record selection rules described above affected the nature of the records included.

Charges

The payments hospitals receive for covered services 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 reimbursement rates for Medicare and Medicaid 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.

Charges for hospital admissions with the same principal procedure cannot be expected to be identical, not only because hospitals differ in their assignment of charges, but because patients differ in the severity of their conditions. In general, charges for inpatient procedures tend to be higher than comparable procedures performed in an outpatient setting. In many cases, those treated in an inpatient setting have complicating conditions or other health risks that add to the cost of their care and make them poor candidates for outpatient services.

Sources of Data

Beginning with the new 2001 definition for outpatient procedures, all fourteen of Vermont's civilian acute care hospitals now submit outpatient data to the hospital discharge reporting system. Under the definition in use from 1989-2000, Grace Cottage Hospital was excluded because it does not have an operating room. In 2001, the Veterans Administration hospital in White River Junction also began participating in the outpatient dataset but is not included in the monograph series until 2002. The Veterans Administration stopped providing outpatient data after June 30, 2006 so this report does not include any VA data for data year 2007.

Data for Vermont residents having outpatient procedures in New Hampshire and New York have been available since 2001 and 2004, respectively. These data are received from the New Hampshire Department of Health and Human Services and the New York Department of Health. The data from New Hampshire and New York appear in selected tables in this Monograph. Outpatient procedure data are not yet available from Massachusetts.

Hospital vs. Hospital Service Area Data

In the tables that follow, outpatient procedures data are reported by hospital, but not by hospital service area. Unlike the inpatient dataset, the outpatient procedures dataset does not include records for Vermont residents who had outpatient procedures in all of its neighboring states.

Data are received from New Hampshire and New York, but not from Massachusetts. Therefore, outpatient procedure rates cannot be calculated on a hospital service area or population basis.

Overview

- **Total health care spending** on Vermont residents increased 4.5 percent from 2006 to 2007 to \$4.2 billion while total spending on Vermont providers was approximately the same amount and increased 6.9 percent during the same period according to the [2007 Vermont Health Care Expenditure Analysis](#)¹. In 2007, hospital spending on Vermont residents totaled \$1.4 billion and accounted for 33.9 percent of total health care spending as the largest provider category followed by physician services at 14.7 percent of total health spending.
- **Vermont's Population is Aging:** From 1990-2007, the percent of Vermonters aged 45+ continued to grow. The percent of Vermonters 45 years or older in 2007 was 43.6% [2007 Inpatient Hospital Utilization Report, Section I](#). According to the [U.S. Census in 2007](#)², the national rate for those 45 years or older was 39.8 percent. As the Vermont population continues to age, the number of adults with age-related medical conditions and chronic diseases will continue to rise and require more health care services.
- **Private Insurance continues to be the leading principle payer** for hospital outpatient discharges at 47.1% of total discharges, (O4).
- **Total hospital revenues continued to rise**, but outpatient revenues continued to significantly outpace inpatient revenues (See Figure 1). Between 1998 and 2007, inpatient revenues increased 79.7% and outpatient revenues increased 241.8%. Per the [2007 Hospital Utilization Report Comparison](#), the average charge for an outpatient hospitalization in Vermont was \$3,499 compared to \$3,298 in 2006, a change of 6.1%.

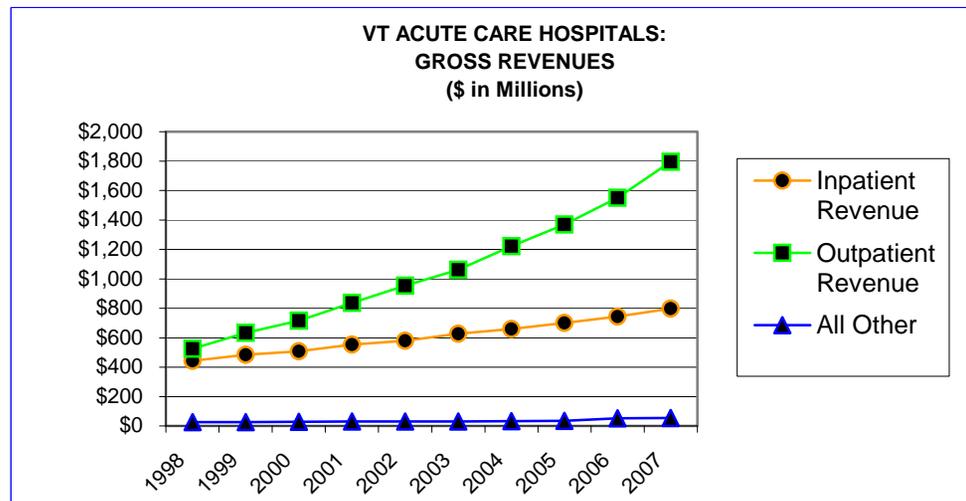


Figure 1

Data Source: HCA Annual Budget Submission.

¹ Information for the 2007 Vermont Health Care Expenditure Analysis is at: <http://www.bishca.state.vt.us/HcaDiv/hcdefault.htm> under “Data and Reports”.

² Information for the 2007 U.S. Census is at <http://www.census.gov/popest/states/asrh/> under “Population by Selected Age Groups”.

Outpatient Highlights

Highlights of Vermont Outpatient Utilization

- **In 2007 there were 101,804 outpatient procedures for Vermont residents** for hospitals in Vermont, New Hampshire, and New York. Unlike prior years, there were no outpatient discharge records from the VA hospital in White River Junction included in the annual data set (O7). Massachusetts does not provide data on outpatient services to Vermont residents.
- **There were 116,549 outpatient discharges from Vermont hospitals in 2007**, representing both Vermont residents and non-residents. Similar to the findings in 2006, about one in seven of these records, or 16,561 of the total outpatient discharges, originated in the Emergency Department (O1).
- **The leading procedures in 2007 for both males and females age 45 and older were Intestinal Incision, Excision, and Anastomosis.** The leading procedures in 2007 for both males and females age 15 and under were Other Middle and Inner Ear Operations. (O3)
- **Outpatient utilization continues to grow.** Factors influencing this increase include the continuing shift of treatment and procedures from the inpatient to the outpatient setting and changes in reimbursement and cost-containment strategies.
- **The top five CCS High Level Diagnosis Groups** account for more than 60% of all expanded outpatient visits in 2007. (O11)
- **In 2007, Rutland Regional had the most Observation Bed records** and has maintained a continual upward trend. It leads all Observation Bed records at 19.1%. (O13)

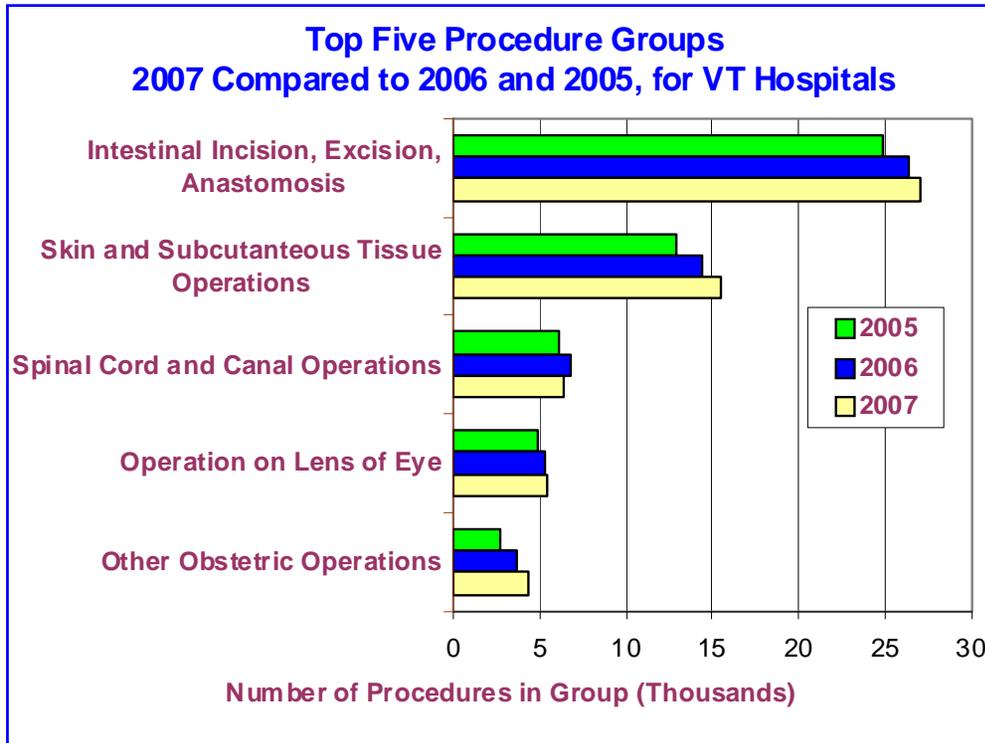
For information on utilization of inpatient hospital services, see the “**Vermont Hospital Utilization Report - Inpatient**” at: <http://www.bishca.state.vt.us/HcaDiv/hcaefault.htm> under “**Data and Reports**”.

For information comparing hospital services across settings, see the “**Vermont Hospital Utilization Report - Comparison**” at: <http://www.bishca.state.vt.us/HcaDiv/hcaefault.htm> under “**Data and Reports**”.

Outpatient Highlights

Reason for Hospitalization: Top Five Procedure Groups for Visits

Procedure Groups are created using the first procedure on each record, which is in the ICD-9-CM code range 00.0 - 86.99, grouped by the first two digits of the procedure code.



- **The top five Procedure Groups** account for more than 50% of all visits.
- **Intestinal Incision, Excision and Anastomosis** remains to lead all procedure groups, with 23.3% of all outpatient visits, almost double the next highest group. This is slightly down from 23.9% of all outpatient visits in 2006.
- **Among these five Procedure Groups, the most dramatic change since 2005** is the continued increase of Other Obstetric Operations, which is now in the top five.
- **Spinal Cord and Canal Operations** was the only procedure group in the top five showing a decrease in visits between 2006 and 2007, although there was still an overall increase in visits in these operations from 2005 to 2007.

Figure 2

Data Source: VT Uniform Hospital Discharge Data Set, Table O2

Outpatient Highlights

Patient Characteristics: Variations by Age and Sex

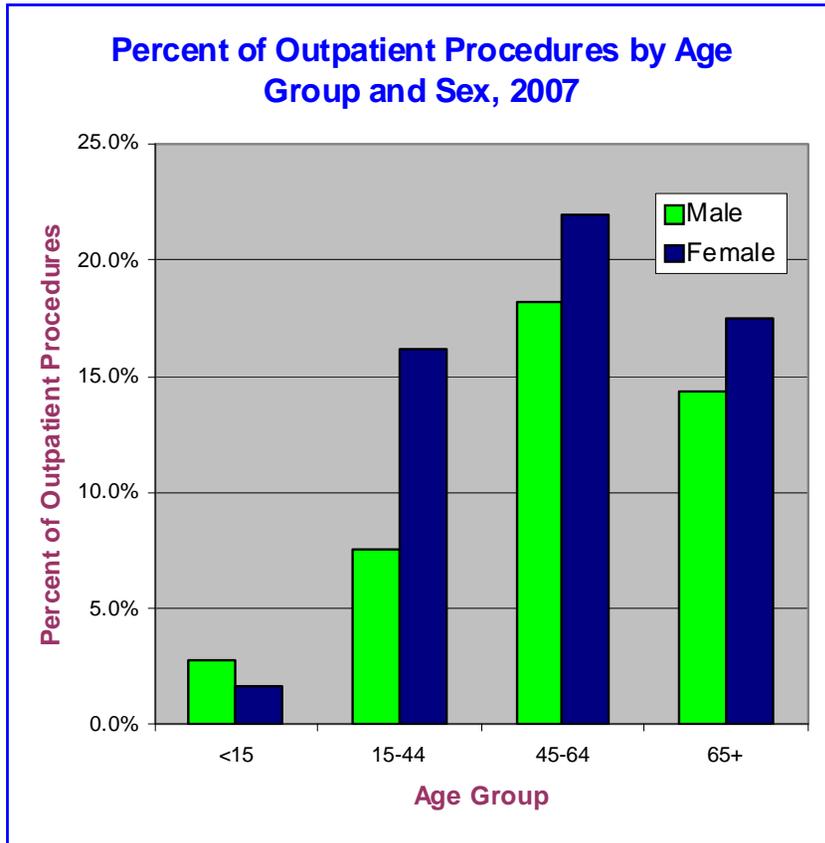


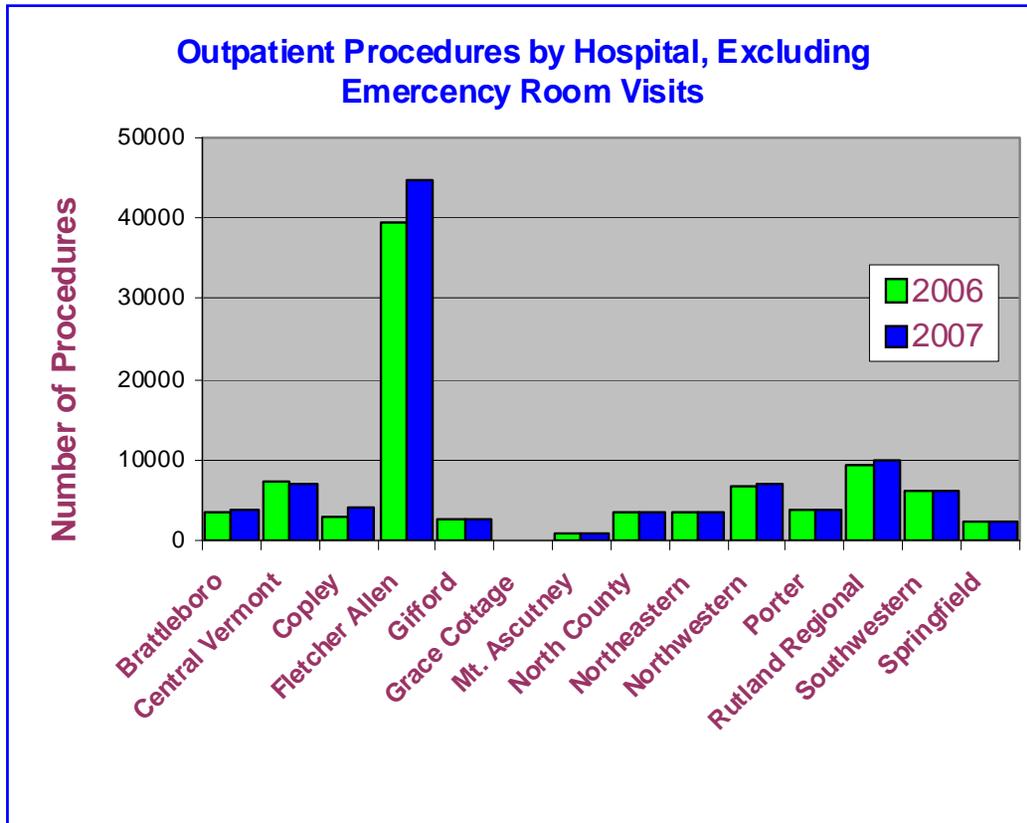
Figure 3

Data Source: VT Uniform Hospital Discharge Data Set, Table O3
This Table excludes records that originated in the Emergency Room

- **Females comprised 57.2% or 57,215 of all outpatient procedures** that did not originate in the emergency department in 2007, up slightly from 57.1% in 2006.
- **40.1% of the outpatient procedure records occurred in the 45-64 age group.**
- **Females account for a higher number of outpatient procedures than males except in the <15 age group.**
- **Obstetric, and Gynecologic procedures** account for most of the difference between males and females in the 15-44 age group.
- **Operations on the Breast** account for most of the difference between males and females in the 45-64 age group.

Outpatient Highlights

Outpatient Procedures by Hospital, Excluding Emergency Room Visits



- **In 2007, Fletcher Allen had the most outpatient procedures** and has maintained a continual upward trend. Fletcher Allen also has more than four times the amount of outpatient procedures compared to the next highest Vermont hospital (Rutland Regional) with 44.6% of all outpatient procedures, excluding emergency room visits.
- **Five of the Fourteen Vermont Hospitals had a decrease in Outpatient Procedures, excluding emergency room visits, between 2006 and 2007.** These hospitals were Central Vermont, Gifford, Northeastern, Porter and Springfield.
- **Grace Cottage** had no outpatient procedures in 2006 or 2007.

Figure 4

Data Source: VT Uniform Hospital Discharge Data Set, Table O5a
 This Table excludes records that originated in the Emergency Room

Outpatient Highlights

Expanded Outpatient Services: CCS High Level Diagnostic Groups by Vermont Hospital

Primary diagnoses are grouped using Clinical Classification Software (CCS) into more than 260 illness or condition categories. The High Level CCS groups further collapse single-level CCS into broad groups based on body systems or condition categories.

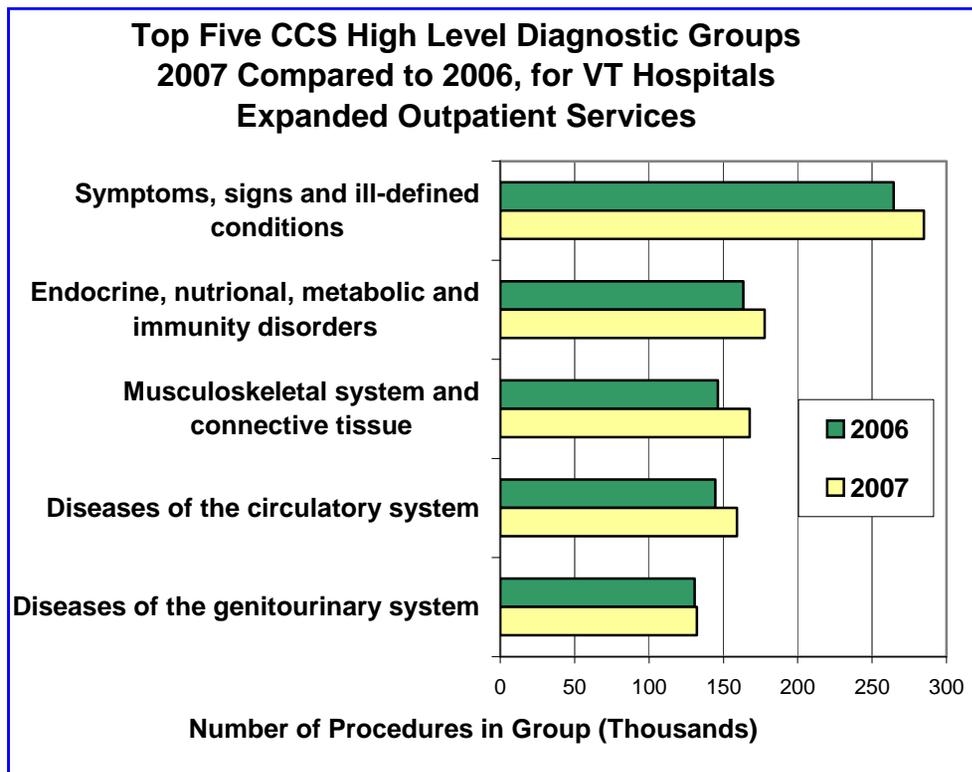


Figure 5

Data Source: VT Uniform Hospital Discharge Data Set, Table O11

Expanded outpatient data were inconsistently reported across hospitals, the reporting will improve over time to become more consistent and complete.

- **The top five CCS High Level Diagnostic Groups** account for more than 60% of all expanded outpatient visits in 2007.
- **Symptoms, signs and ill-defined conditions had the most expanded outpatient procedures** and has maintained a continual upward trend. It leads all expanded outpatient procedures at 18.9% in 2007.
- **All top five CCS High Level Diagnostic Groups have increased from 2006 to 2007.** The gap until the sixth highest group has narrowed, but the top five CCS High Level Diagnosis Groups will most likely maintain their position rank in future years.

Outpatient Highlights

Observation Bed Records by VT Hospital

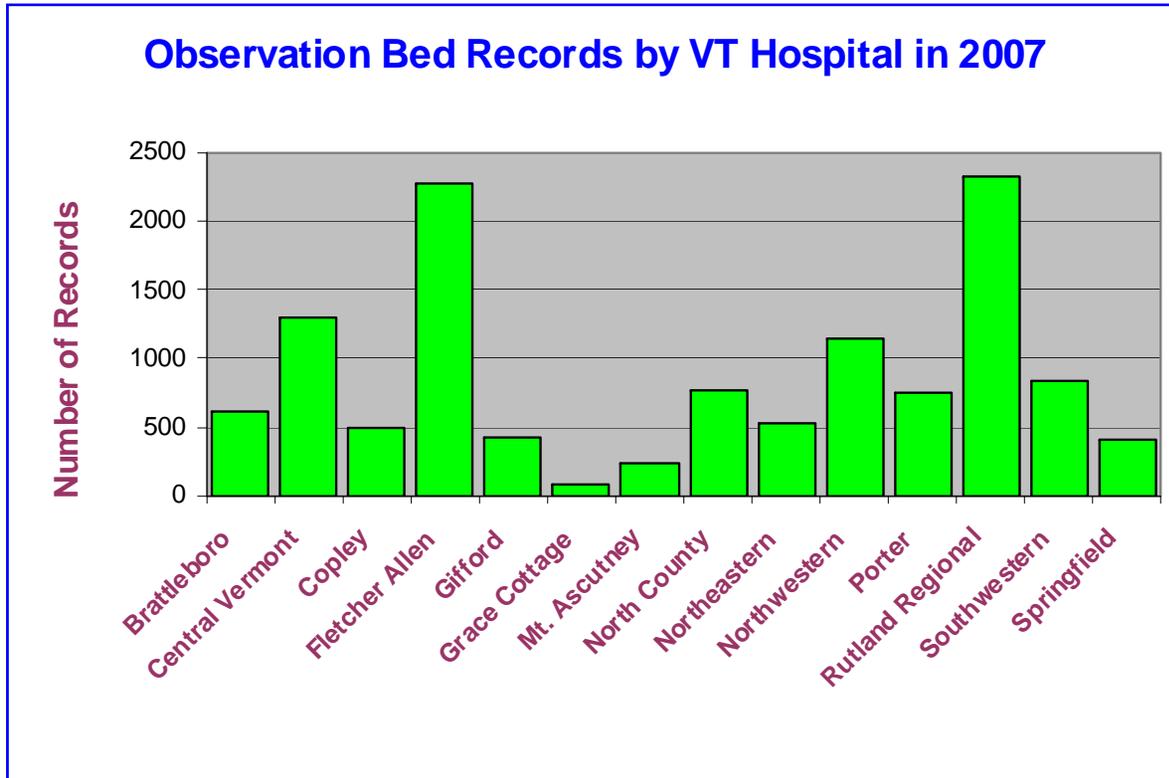


Figure 6

Data Source: VT Uniform Hospital Discharge Data Set, Table O13
Observation records are flagged using revenue code 760, or 762.

- **In 2007, Rutland Regional leads the number of Observation Bed records in Vermont Hospitals at 19.1%.** This percentage is trending upward for this hospital.
- **Over 1 in 3 Observation Bed Records come from the top two hospitals (Rutland Regional and Fletcher Allen).**

Table O1a
Outpatient Procedure Groups by Data Year
2003-2007 VT Hospital Data, Includes VT Residents and Non-Residents
Includes Outpatient Procedures Originating in the ED

| ICD-9-CM Procedure Group | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|
| | Number | Col % |
| 45 Intestinal Incision, Excision, Anastomosis | 23,485 | 24.4 | 24,298 | 25.4 | 24,958 | 25.1 | 26,337 | 23.9 | 27,134 | 23.3 |
| 86 Skin & Subcutaneous Tissue Operations | 12,602 | 13.1 | 12,475 | 13.0 | 12,975 | 13.1 | 14,358 | 13.0 | 15,513 | 13.3 |
| 03 Spinal Cord & Canal Operations | 4,329 | 4.5 | 4,849 | 5.1 | 6,066 | 6.1 | 6,799 | 6.2 | 6,356 | 5.5 |
| 13 Operations on Lens of Eye | 4,826 | 5.0 | 5,039 | 5.3 | 4,959 | 5.0 | 5,331 | 4.8 | 5,382 | 4.6 |
| 75 Other Obstetric Operations | 2,513 | 2.6 | 2,787 | 2.9 | 2,708 | 2.7 | 3,663 | 3.3 | 4,324 | 3.7 |
| 04 Cranial & Peripheral Nerve Operations | 2,793 | 2.9 | 3,346 | 3.5 | 3,506 | 3.5 | 3,802 | 3.5 | 4,258 | 3.7 |
| 38 Vessel Incision, Excision, Occlusion | 4,617 | 4.8 | 2,319 | 2.4 | 2,963 | 3.0 | 3,905 | 3.5 | 3,966 | 3.4 |
| 81 Joint Repair & Plastic Operations | 2,259 | 2.3 | 2,258 | 2.4 | 2,435 | 2.5 | 3,083 | 2.8 | 3,873 | 3.3 |
| 80 Incision, Excision of Joint | 3,342 | 3.5 | 3,090 | 3.2 | 3,252 | 3.3 | 3,356 | 3.0 | 3,334 | 2.9 |
| 79 Reduction of Fracture, Dislocation | 2,580 | 2.7 | 2,224 | 2.3 | 2,286 | 2.3 | 2,483 | 2.3 | 2,679 | 2.3 |
| 85 Operations on the Breast | 2,415 | 2.5 | 2,256 | 2.4 | 2,054 | 2.1 | 2,944 | 2.7 | 2,636 | 2.3 |
| 57 Urinary Bladder Operations | 1,787 | 1.9 | 1,929 | 2.0 | 1,622 | 1.6 | 1,887 | 1.7 | 2,317 | 2.0 |
| 53 Repair of Hernia | 2,184 | 2.3 | 2,171 | 2.3 | 2,247 | 2.3 | 2,254 | 2.0 | 2,289 | 2.0 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 1,215 | 1.3 | 1,230 | 1.3 | 1,331 | 1.3 | 1,659 | 1.5 | 1,849 | 1.6 |
| 14 Posterior Eye Segment Operations | 319 | 0.3 | 237 | 0.2 | 220 | 0.2 | 716 | 0.7 | 1,838 | 1.6 |
| 48 Other Rectal & Perirectal Operations | 1,687 | 1.8 | 1,839 | 1.9 | 1,860 | 1.9 | 1,698 | 1.5 | 1,684 | 1.4 |
| 21 Operations on Nose | 1,196 | 1.2 | 1,171 | 1.2 | 1,184 | 1.2 | 1,386 | 1.3 | 1,610 | 1.4 |
| 69 Other Uterus & Supporting Structure Operations | 1,454 | 1.5 | 1,460 | 1.5 | 1,427 | 1.4 | 1,750 | 1.6 | 1,403 | 1.2 |
| 51 Biliary Tract Operations | 1,234 | 1.3 | 1,243 | 1.3 | 1,248 | 1.3 | 1,344 | 1.2 | 1,369 | 1.2 |
| 82 Hand Muscle, Tendon, Fascia Operations | 1,191 | 1.2 | 1,132 | 1.2 | 1,227 | 1.2 | 1,191 | 1.1 | 1,359 | 1.2 |
| 37 Other Heart & Pericardium Operations | 1,426 | 1.5 | 1,278 | 1.3 | 1,259 | 1.3 | 1,340 | 1.2 | 1,291 | 1.1 |
| 20 Other Middle & Inner Ear Operations | 1,302 | 1.4 | 1,332 | 1.4 | 1,251 | 1.3 | 1,291 | 1.2 | 1,258 | 1.1 |
| 77 Incision, Excision, Division of Bone, NEC | 973 | 1.0 | 1,045 | 1.1 | 1,140 | 1.1 | 1,114 | 1.0 | 1,136 | 1.0 |
| 28 Tonsil & Adenoid Operations | 1,158 | 1.2 | 1,045 | 1.1 | 993 | 1.0 | 1,070 | 1.0 | 1,047 | 0.9 |
| 68 Other Uterine Incision, Excision | 455 | 0.5 | 507 | 0.5 | 575 | 0.6 | 702 | 0.6 | 938 | 0.8 |
| 08 Eyelid Operations | 834 | 0.9 | 717 | 0.7 | 741 | 0.7 | 776 | 0.7 | 883 | 0.8 |
| 49 Operations on Anus | 506 | 0.5 | 551 | 0.6 | 541 | 0.5 | 678 | 0.6 | 701 | 0.6 |
| 54 Other Abdominal Region Operations | 499 | 0.5 | 513 | 0.5 | 580 | 0.6 | 557 | 0.5 | 672 | 0.6 |
| 78 Other Bone Operations Except Face | 754 | 0.8 | 682 | 0.7 | 677 | 0.7 | 715 | 0.6 | 655 | 0.6 |
| 59 Other Urinary Tract Operations | 484 | 0.5 | 469 | 0.5 | 522 | 0.5 | 639 | 0.6 | 653 | 0.6 |
| 23 Tooth Removal & Restoration | 584 | 0.6 | 579 | 0.6 | 577 | 0.6 | 503 | 0.5 | 644 | 0.6 |
| 39 Other Operations on Vessels | 382 | 0.4 | 474 | 0.5 | 564 | 0.6 | 739 | 0.7 | 634 | 0.5 |
| 42 Operations on Esophagus | 621 | 0.6 | 584 | 0.6 | 574 | 0.6 | 619 | 0.6 | 580 | 0.5 |
| 31 Larynx Trachea Operations, NEC | 133 | 0.1 | 152 | 0.2 | 165 | 0.2 | 425 | 0.4 | 567 | 0.5 |

Table O1a
Outpatient Procedure Groups by Data Year
2003-2007 VT Hospital Data, Includes VT Residents and Non-Residents
Includes Outpatient Procedures Originating in the ED

| ICD-9-CM Procedure Group | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|--|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|
| | Number | Col % |
| 33 Other Bronchial & Lung Operations | 428 | 0.4 | 507 | 0.5 | 538 | 0.5 | 595 | 0.5 | 564 | 0.5 |
| 27 Other Mouth & Face Operations | 528 | 0.5 | 513 | 0.5 | 500 | 0.5 | 507 | 0.5 | 542 | 0.5 |
| 66 Fallopian Tube Operations | 677 | 0.7 | 593 | 0.6 | 542 | 0.5 | 523 | 0.5 | 529 | 0.5 |
| 06 Thyroid, Parathyroid Operations | 220 | 0.2 | 305 | 0.3 | 279 | 0.3 | 481 | 0.4 | 527 | 0.5 |
| 65 Operations on Ovary | 459 | 0.5 | 485 | 0.5 | 459 | 0.5 | 490 | 0.4 | 471 | 0.4 |
| 64 Operations on Penis | 340 | 0.4 | 333 | 0.3 | 378 | 0.4 | 435 | 0.4 | 444 | 0.4 |
| 12 Anterior Eye Segment Operations | 330 | 0.3 | 295 | 0.3 | 290 | 0.3 | 345 | 0.3 | 357 | 0.3 |
| 18 External Ear Operations | 240 | 0.2 | 228 | 0.2 | 266 | 0.3 | 308 | 0.3 | 340 | 0.3 |
| 50 Operations on Liver | 347 | 0.4 | 357 | 0.4 | 334 | 0.3 | 358 | 0.3 | 327 | 0.3 |
| 67 Operations on Cervix | 424 | 0.4 | 422 | 0.4 | 319 | 0.3 | 400 | 0.4 | 319 | 0.3 |
| 60 Prostate & Seminal Vesicle Operations | 89 | 0.1 | 98 | 0.1 | 125 | 0.1 | 253 | 0.2 | 313 | 0.3 |
| 47 Operations on Appendix | 173 | 0.2 | 211 | 0.2 | 240 | 0.2 | 266 | 0.2 | 310 | 0.3 |
| 56 Operations on Ureter | 285 | 0.3 | 258 | 0.3 | 297 | 0.3 | 280 | 0.3 | 300 | 0.3 |
| 40 Lymphatic System Operations | 262 | 0.3 | 247 | 0.3 | 259 | 0.3 | 264 | 0.2 | 290 | 0.2 |
| 41 Bone Marrow & Spleen Operations | 75 | 0.1 | 93 | 0.1 | 90 | 0.1 | 161 | 0.1 | 270 | 0.2 |
| 34 Thorax Operations Except Lung | 182 | 0.2 | 173 | 0.2 | 244 | 0.2 | 236 | 0.2 | 261 | 0.2 |
| 70 Vagina & Cul-de-sac Operations | 201 | 0.2 | 207 | 0.2 | 190 | 0.2 | 191 | 0.2 | 250 | 0.2 |
| 58 Operations on Urethra | 180 | 0.2 | 159 | 0.2 | 199 | 0.2 | 186 | 0.2 | 231 | 0.2 |
| 22 Nasal Sinus Operations | 212 | 0.2 | 190 | 0.2 | 218 | 0.2 | 188 | 0.2 | 222 | 0.2 |
| 44 Other Operations on Stomach | 235 | 0.2 | 252 | 0.3 | 206 | 0.2 | 202 | 0.2 | 222 | 0.2 |
| 71 Vulvar & Perineal Operations | 159 | 0.2 | 164 | 0.2 | 180 | 0.2 | 179 | 0.2 | 209 | 0.2 |
| 00 Procedures and Interventions, NEC | 19 | 0.0 | 9 | 0.0 | 64 | 0.1 | 122 | 0.1 | 192 | 0.2 |
| 63 Spermatic Cord, Epididymis, Vas Deferens Operator | 276 | 0.3 | 284 | 0.3 | 214 | 0.2 | 183 | 0.2 | 189 | 0.2 |
| 55 Operations on Kidney | 133 | 0.1 | 129 | 0.1 | 178 | 0.2 | 200 | 0.2 | 182 | 0.2 |
| 09 Lacrimal System Operations | 87 | 0.1 | 68 | 0.1 | 79 | 0.1 | 106 | 0.1 | 159 | 0.1 |
| 43 Incision, Excision of Stomach | 153 | 0.2 | 144 | 0.2 | 164 | 0.2 | 133 | 0.1 | 141 | 0.1 |
| 19 Middle Ear Reconstructions | 106 | 0.1 | 122 | 0.1 | 142 | 0.1 | 147 | 0.1 | 132 | 0.1 |
| 84 Other Musculoskeletal Procedure | 127 | 0.1 | 122 | 0.1 | 151 | 0.2 | 130 | 0.1 | 121 | 0.1 |
| 61 Scrotum & Tunica Vaginalis Operations | 79 | 0.1 | 115 | 0.1 | 95 | 0.1 | 84 | 0.1 | 120 | 0.1 |
| 30 Excision of Larynx | 91 | 0.1 | 95 | 0.1 | 111 | 0.1 | 93 | 0.1 | 113 | 0.1 |
| 62 Operations on Testes | 110 | 0.1 | 118 | 0.1 | 113 | 0.1 | 89 | 0.1 | 110 | 0.1 |
| 76 Facial Bone & Joint Operations | 64 | 0.1 | 73 | 0.1 | 75 | 0.1 | 94 | 0.1 | 107 | 0.1 |
| 10 Conjunctival Operations | 23 | 0.0 | 23 | 0.0 | 10 | 0.0 | 45 | 0.0 | 99 | 0.1 |
| 11 Operations on Cornea | 97 | 0.1 | 106 | 0.1 | 109 | 0.1 | 77 | 0.1 | 93 | 0.1 |

Table O1a
Outpatient Procedure Groups by Data Year
2003-2007 VT Hospital Data, Includes VT Residents and Non-Residents
Includes Outpatient Procedures Originating in the ED

| ICD-9-CM Procedure Group | 2003 | | 2004 | | 2005 | | 2006 | | 2007 | |
|---------------------------------------|---------------|--------------|---------------|--------------|---------------|--------------|----------------|--------------|----------------|--------------|
| | Number | Col % | Number | Col % | Number | Col % | Number | Col % | Number | Col % |
| 05 Sympathetic Nerve Operations | 115 | 0.1 | 210 | 0.2 | 363 | 0.4 | 104 | 0.1 | 90 | 0.1 |
| 15 Extraocular Muscle Operations | 134 | 0.1 | 135 | 0.1 | 121 | 0.1 | 91 | 0.1 | 83 | 0.1 |
| 24 Other Operations on Teeth & Gums | 61 | 0.1 | 81 | 0.1 | 77 | 0.1 | 66 | 0.1 | 75 | 0.1 |
| 26 Salivary Gland Operations | 48 | 0.0 | 70 | 0.1 | 68 | 0.1 | 77 | 0.1 | 71 | 0.1 |
| 25 Operations on Tongue | 53 | 0.1 | 76 | 0.1 | 52 | 0.1 | 68 | 0.1 | 65 | 0.1 |
| 73 Assisting, Inducing Delivery, NEC | 66 | 0.1 | 64 | 0.1 | 72 | 0.1 | 44 | 0.0 | 65 | 0.1 |
| 29 Operations on Pharynx | 47 | 0.0 | 36 | 0.0 | 52 | 0.1 | 41 | 0.0 | 50 | 0.0 |
| 16 Orbit & Eyeball Operations | 27 | 0.0 | 31 | 0.0 | 19 | 0.0 | 31 | 0.0 | 44 | 0.0 |
| 46 Other Intestinal Operations | 37 | 0.0 | 23 | 0.0 | 21 | 0.0 | 29 | 0.0 | 35 | 0.0 |
| 01 Incision, Excision of Brain, Skull | 17 | 0.0 | 4 | 0.0 | 10 | 0.0 | 21 | 0.0 | 18 | 0.0 |
| 36 Operations on Heart Vessels | 26 | 0.0 | 78 | 0.1 | 81 | 0.1 | 3 | 0.0 | 16 | 0.0 |
| 32 Lung & Bronchus Excision | 2 | 0.0 | 4 | 0.0 | 3 | 0.0 | 11 | 0.0 | 14 | 0.0 |
| 52 Operations on Pancreas | 8 | 0.0 | 16 | 0.0 | 8 | 0.0 | 11 | 0.0 | 14 | 0.0 |
| 02 Other Brain, Skull Operations | 10 | 0.0 | 4 | 0.0 | 4 | 0.0 | 6 | 0.0 | 8 | 0.0 |
| 07 Other Endocrine Gland Operations | 7 | 0.0 | 5 | 0.0 | 5 | 0.0 | 7 | 0.0 | 8 | 0.0 |
| 35 Heart Valve & Septa Operations | 2 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 0.0 | 5 | 0.0 |
| 74 C-Section, Removal of Fetus | 0 | 0.0 | 2 | 0.0 | 0 | 0.0 | 1 | 0.0 | 0 | 0.0 |
| Total | 96,210 | 100.0 | 95,618 | 100.0 | 99,301 | 100.0 | 110,078 | 100.0 | 116,549 | 100.0 |

Outpatient procedure records include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99.

Procedure groups are created using the first procedure on each record which is in the defined code range, grouped by the first two digits of the procedure code.

The Veteran's Administration in White River Jct. stopped submitting records June 30, 2006.

Table O1b
Outpatient Procedure Groups by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Row Percents

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total Number |
|--|--|-------|--|-------|-----------------|
| | Number | Row % | Number | Row % | |
| 00 Procedures and Interventions, NEC | 180 | 93.8 | 12 | 6.3 | 192 |
| 01 Incision, Excision of Brain, Skull | 9 | 50.0 | 9 | 50.0 | 18 |
| 02 Other Brain, Skull Operations | 7 | 87.5 | 1 | 12.5 | 8 |
| 03 Spinal Cord & Canal Operations | 6,030 | 94.9 | 326 | 5.1 | 6,356 |
| 04 Cranial & Peripheral Nerve Operations | 3,718 | 87.3 | 540 | 12.7 | 4,258 |
| 05 Sympathetic Nerve Operations | 89 | 98.9 | 1 | 1.1 | 90 |
| 06 Thyroid, Parathyroid Operations | 527 | 100.0 | 0 | 0.0 | 527 |
| 07 Other Endocrine Gland Operations | 8 | 100.0 | 0 | 0.0 | 8 |
| 08 Eyelid Operations | 499 | 56.5 | 384 | 43.5 | 883 |
| 09 Lacrimal System Operations | 158 | 99.4 | 1 | 0.6 | 159 |
| 10 Conjunctival Operations | 99 | 100.0 | 0 | 0.0 | 99 |
| 11 Operations on Cornea | 68 | 73.1 | 25 | 26.9 | 93 |
| 12 Anterior Eye Segment Operations | 352 | 98.6 | 5 | 1.4 | 357 |
| 13 Operations on Lens of Eye | 5,376 | 99.9 | 6 | 0.1 | 5,382 |
| 14 Posterior Eye Segment Operations | 1,835 | 99.8 | 3 | 0.2 | 1,838 |
| 15 Extraocular Muscle Operations | 83 | 100.0 | 0 | 0.0 | 83 |
| 16 Orbit & Eyeball Operations | 37 | 84.1 | 7 | 15.9 | 44 |
| 18 External Ear Operations | 268 | 78.8 | 72 | 21.2 | 340 |
| 19 Middle Ear Reconstructions | 132 | 100.0 | 0 | 0.0 | 132 |
| 20 Other Middle & Inner Ear Operations | 1,254 | 99.7 | 4 | 0.3 | 1,258 |
| 21 Operations on Nose | 1,130 | 70.2 | 480 | 29.8 | 1,610 |
| 22 Nasal Sinus Operations | 221 | 99.5 | 1 | 0.5 | 222 |
| 23 Tooth Removal & Restoration | 633 | 98.3 | 11 | 1.7 | 644 |
| 24 Other Operations on Teeth & Gums | 7 | 9.3 | 68 | 90.7 | 75 |
| 25 Operations on Tongue | 58 | 89.2 | 7 | 10.8 | 65 |
| 26 Salivary Gland Operations | 71 | 100.0 | 0 | 0.0 | 71 |
| 27 Other Mouth & Face Operations | 209 | 38.6 | 333 | 61.4 | 542 |
| 28 Tonsil & Adenoid Operations | 980 | 93.6 | 67 | 6.4 | 1,047 |
| 29 Operations on Pharynx | 39 | 78.0 | 11 | 22.0 | 50 |
| 30 Excision of Larynx | 113 | 100.0 | 0 | 0.0 | 113 |
| 31 Larynx, Trachea Operations, NEC | 526 | 92.8 | 41 | 7.2 | 567 |
| 32 Lung & Bronchus Excision | 14 | 100.0 | 0 | 0.0 | 14 |

Table O1b
Outpatient Procedure Groups by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Row Percents

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total Number |
|--|--|-------|--|-------|-----------------|
| | Number | Row % | Number | Row % | |
| 33 Other Bronchial & Lung Operations | 557 | 98.8 | 7 | 1.2 | 564 |
| 34 Thorax Operations Except Lung | 205 | 78.5 | 56 | 21.5 | 261 |
| 35 Heart Valve & Septa Operations | 5 | 100.0 | 0 | 0.0 | 5 |
| 36 Operations on Heart Vessels | 15 | 93.8 | 1 | 6.3 | 16 |
| 37 Other Heart & Pericardium Operations | 1,206 | 93.4 | 85 | 6.6 | 1,291 |
| 38 Vessel Incision, Excision, Occlusion | 3,185 | 80.3 | 781 | 19.7 | 3,966 |
| 39 Other Operations on Vessels | 613 | 96.7 | 21 | 3.3 | 634 |
| 40 Lymphatic System Operations | 285 | 98.3 | 5 | 1.7 | 290 |
| 41 Bone Marrow & Spleen Operations | 263 | 97.4 | 7 | 2.6 | 270 |
| 42 Operations on Esophagus | 549 | 94.7 | 31 | 5.3 | 580 |
| 43 Incision, Excision of Stomach | 138 | 97.9 | 3 | 2.1 | 141 |
| 44 Other Operations on Stomach | 214 | 96.4 | 8 | 3.6 | 222 |
| 45 Intestinal Incision, Excision, Anastomosis | 26,914 | 99.2 | 220 | 0.8 | 27,134 |
| 46 Other Intestinal Operations | 34 | 97.1 | 1 | 2.9 | 35 |
| 47 Operations on Appendix | 42 | 13.5 | 268 | 86.5 | 310 |
| 48 Other Rectal & Perirectal Operations | 1,641 | 97.4 | 43 | 2.6 | 1,684 |
| 49 Operations on Anus | 595 | 84.9 | 106 | 15.1 | 701 |
| 50 Operations on Liver | 327 | 100.0 | 0 | 0.0 | 327 |
| 51 Biliary Tract Operations | 1,301 | 95.0 | 68 | 5.0 | 1,369 |
| 52 Operations on Pancreas | 13 | 92.9 | 1 | 7.1 | 14 |
| 53 Repair of Hernia | 2,257 | 98.6 | 32 | 1.4 | 2,289 |
| 54 Other Abdominal Region Operations | 604 | 89.9 | 68 | 10.1 | 672 |
| 55 Operations on Kidney | 180 | 98.9 | 2 | 1.1 | 182 |
| 56 Operations on Ureter | 261 | 87.0 | 39 | 13.0 | 300 |
| 57 Urinary Bladder Operations | 1,507 | 65.0 | 810 | 35.0 | 2,317 |
| 58 Operations on Urethra | 223 | 96.5 | 8 | 3.5 | 231 |
| 59 Other Urinary Tract Operations | 597 | 91.4 | 56 | 8.6 | 653 |
| 60 Prostate & Seminal Vesicle Operations | 312 | 99.7 | 1 | 0.3 | 313 |
| 61 Scrotum & Tunica Vaginalis Operations | 101 | 84.2 | 19 | 15.8 | 120 |
| 62 Operations on Testes | 103 | 93.6 | 7 | 6.4 | 110 |
| 63 Spermatic Cord, Epididymis, Vas Deferens Operations | 189 | 100.0 | 0 | 0.0 | 189 |
| 64 Operations on Penis | 436 | 98.2 | 8 | 1.8 | 444 |

Table O1b
Outpatient Procedure Groups by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Row Percents

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total Number |
|---|--|-------|--|-------|-----------------|
| | Number | Row % | Number | Row % | |
| 65 Operations on Ovary | 453 | 96.2 | 18 | 3.8 | 471 |
| 66 Fallopian Tube Operations | 505 | 95.5 | 24 | 4.5 | 529 |
| 67 Operations on Cervix | 315 | 98.7 | 4 | 1.3 | 319 |
| 68 Other Uterine Incision, Excision | 936 | 99.8 | 2 | 0.2 | 938 |
| 69 Other Uterus & Supporting Structure Operations | 1,320 | 94.1 | 83 | 5.9 | 1,403 |
| 70 Vagina & Cul-de-Sac Operations | 243 | 97.2 | 7 | 2.8 | 250 |
| 71 Vulvar & Perineal Operations | 171 | 81.8 | 38 | 18.2 | 209 |
| 72 Forceps, Vacuum, Breech Delivery | 0 | 0.0 | 0 | 0.0 | 0 |
| 73 Assisting, Inducing Delivery, NEC | 65 | 100.0 | 0 | 0.0 | 65 |
| 74 C-Section, Removal of Fetus | 0 | 0.0 | 0 | 0.0 | 0 |
| 75 Other Obstetric Operations | 4,255 | 98.4 | 69 | 1.6 | 4,324 |
| 76 Facial Bone & Joint Operations | 79 | 73.8 | 28 | 26.2 | 107 |
| 77 Incision, Excision, Division of Bone, NEC | 1,132 | 99.6 | 4 | 0.4 | 1,136 |
| 78 Other Bone Operations Except Face | 624 | 95.3 | 31 | 4.7 | 655 |
| 79 Reduction of Fracture, Dislocation | 1,117 | 41.7 | 1,562 | 58.3 | 2,679 |
| 80 Incision, Excision of Joint | 3,292 | 98.7 | 42 | 1.3 | 3,334 |
| 81 Joint Repair & Plastic Operations | 3,726 | 96.2 | 147 | 3.8 | 3,873 |
| 82 Hand Muscle, Tendon, Fascia Operations | 1,295 | 95.3 | 64 | 4.7 | 1,359 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 1,782 | 96.4 | 67 | 3.6 | 1,849 |
| 84 Other Musculoskeletal Procedures | 105 | 86.8 | 16 | 13.2 | 121 |
| 85 Operations on the Breast | 2,624 | 99.5 | 12 | 0.5 | 2,636 |
| 86 Skin & Subcutaneous Tissue Operations | 6,347 | 40.9 | 9,166 | 59.1 | 15,513 |
| Total for All Procedures | 99,988 | 85.8 | 16,561 | 14.2 | 116,549 |

Outpatient procedure records include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99.

Procedure groups are created using the first procedure on each record which is in the defined code range, grouped by the first two digits of the procedure code.

These tables are not comparable to tables published in the 2002 Monograph or prior years because of the expanded definition of outpatient procedures (see discussion in the User's Guide to Outpatient Procedure Tables for details).

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total | |
|--|---|--------------------|--|--------------------|---------------|--------------------|
| | Number | Average Charges | Number | Average Charges | Number | Average Charges |
| 45 Intestinal Incision, Excision, Anastomosis | 26,914 | \$1,980 | 220 | \$4,413 | 27,134 | \$2,000 |
| 4523 Colonoscopy | 10,823 | \$1,713 | 16 | \$4,924 | 10,839 | \$1,718 |
| 4542 Endoscopic polypectomy of large intestine | 7,297 | \$2,182 | 10 | \$6,861 | 7,307 | \$2,188 |
| 4516 Esophagogastroduodenoscopy [EGD] with closed biopsy | 3,739 | \$2,226 | 49 | \$4,983 | 3,788 | \$2,262 |
| 4525 Closed [endoscopic] biopsy of large intestine | 2,902 | \$2,193 | 11 | \$6,565 | 2,913 | \$2,210 |
| All Other Procedures in Group | 2,153 | 1,928 | 134 | 3,784 | 2,287 | \$2,037 |
| 86 Skin & Subcutaneous Tissue Operations | 6,347 | \$2,104 | 9,166 | \$778 | 15,513 | \$1,318 |
| 8659 Closure of skin and subcutaneous tissue of other sites | 487 | \$601 | 7,167 | \$754 | 7,654 | \$744 |
| 863 Other local excision/destruction of lesion/tissue of skin | 2,874 | \$1,365 | 27 | \$1,367 | 2,901 | \$1,365 |
| All Other Procedures in Group | 2,986 | \$3,064 | 1,972 | \$859 | 4,958 | \$2,182 |
| 03 Spinal Cord & Canal Operations | 6,030 | \$1,516 | 326 | \$2,876 | 6,356 | \$1,586 |
| 0392 Injection of other agent into spinal canal | 3,033 | \$1,292 | 3 | \$3,786 | 3,036 | \$1,295 |
| 0391 Injection of anesthetic into spinal canal for analgesia | 2,545 | \$1,345 | 5 | \$2,646 | 2,550 | \$1,347 |
| All Other Procedures in Group | 452 | \$3,975 | 318 | \$2,871 | 770 | \$3,518 |
| 13 Operations on Lens of Eye | 5,376 | \$4,026 | 6 | \$10,532 | 5,382 | \$4,034 |
| 1341 Phacoemulsification and aspiration of cataract | 4,575 | \$4,276 | 4 | \$7,830 | 4,579 | \$4,279 |
| All Other Procedures in Group | 801 | \$2,594 | 2 | \$15,935 | 803 | \$2,628 |
| 75 Other Obstetric Operations | 4,255 | \$572 | 69 | \$1,332 | 4,324 | \$584 |
| 7534 Other fetal monitoring | 3,568 | \$587 | 61 | \$1,295 | 3,629 | \$599 |
| 7535 Other diagnostic procedures on fetus and amnion | 659 | \$429 | 6 | \$1,441 | 665 | \$438 |
| All Other Procedures in Group | 28 | \$1,897 | 2 | \$2,143 | 30 | \$1,914 |
| 04 Cranial & Peripheral Nerve Operations | 3,718 | \$3,284 | 540 | \$751 | 4,258 | \$2,957 |
| 0443 Release of carpal tunnel | 1,543 | \$3,285 | 3 | \$7,857 | 1,546 | \$3,293 |
| 0481 Injection of anesthetic into peripheral nerve for analgesia | 735 | \$1,211 | 533 | \$671 | 1,268 | \$984 |
| 042 Destruction of cranial and peripheral nerves | 1,002 | \$4,075 | 1 | \$781 | 1,003 | \$4,071 |
| All Other Procedures in Group | 438 | \$5,156 | 3 | \$7,816 | 441 | \$5,176 |

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total | |
|---|---|--------------------|--|--------------------|--------------|--------------------|
| | Number | Average Charges | Number | Average Charges | Number | Average Charges |
| 38 Vessel Incision, Excision, Occlusion | 3,185 | \$1,234 | 781 | \$1,970 | 3,966 | \$1,380 |
| 3899 Other puncture of vein [phlebotomy] | 2,573 | \$401 | 9 | \$2,331 | 2,582 | \$408 |
| 3893 Venous catheterization, not elsewhere classified | 257 | \$3,994 | 760 | \$1,915 | 1,017 | \$2,437 |
| All Other Procedures in Group | 355 | \$5,305 | 12 | \$5,195 | 367 | \$5,302 |
| 81 Joint Repair & Plastic Operations | 3,726 | \$6,190 | 147 | \$2,134 | 3,873 | \$6,031 |
| 8192 Injection of therapeutic substance into joint or ligament | 1,582 | \$895 | 34 | \$1,028 | 1,616 | \$898 |
| 8183 Other repair of shoulder | 443 | \$10,000 | 1 | \$8,735 | 444 | \$9,997 |
| 8145 Other repair of cruciate ligaments | 410 | \$13,904 | 2 | \$14,720 | 412 | \$13,908 |
| All Other Procedures in Group | 1,291 | \$8,622 | 110 | \$2,187 | 1,401 | \$8,106 |
| 80 Incision, Excision of Joint | 3,292 | \$6,141 | 42 | \$2,301 | 3,334 | \$6,093 |
| 806 Excision of semilunar cartilage of knee | 1,965 | \$5,147 | 3 | \$5,009 | 1,968 | \$5,146 |
| 8051 Excision of intervertebral disc | 369 | \$9,743 | -- | \$0 | 369 | \$9,743 |
| All Other Procedures in Group | 958 | \$6,795 | 39 | \$2,092 | 997 | \$6,611 |
| 79 Reduction of Fracture, Dislocation | 1,117 | \$8,482 | 1,562 | \$2,852 | 2,679 | \$5,200 |
| 7902 Closed reduction of fracture w/o internal fixation--radius and ulna | 76 | \$4,334 | 349 | \$2,108 | 425 | \$2,506 |
| 7932 Open reduction of fracture, internal fixation--carpals & metacarpals | 277 | \$10,665 | 49 | \$11,654 | 326 | \$10,813 |
| 7936 Open reduction of fracture, internal fixation--tibia & fibula | 231 | \$9,327 | 58 | \$10,846 | 289 | \$9,632 |
| 7971 Closed reduction of dislocation of shoulder | 1 | \$4,944 | 276 | \$1,521 | 277 | \$1,533 |
| All Other Procedures in Group | 532 | \$7,578 | 830 | \$2,530 | 1,362 | \$4,502 |
| 85 Operations on the Breast | 2,624 | \$4,540 | 12 | \$2,393 | 2,636 | \$4,531 |
| 8511 Closed [percutaneous] [needle] biopsy of breast | 869 | \$2,440 | 1 | \$6,713 | 870 | \$2,445 |
| 8521 Local excision of lesion of breast | 791 | \$4,749 | 1 | \$413 | 792 | \$4,743 |
| All Other Procedures in Group | 964 | \$6,264 | 10 | \$2,159 | 974 | \$6,222 |

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total | |
|---|---|--------------------|--|--------------------|--------------|--------------------|
| | Number | Average Charges | Number | Average Charges | Number | Average Charges |
| 57 Urinary Bladder Operations | 1,507 | \$2,796 | 810 | \$2,060 | 2,317 | \$2,525 |
| 5794 Insertion of indwelling urinary catheter | 220 | \$355 | 722 | \$2,139 | 942 | \$1,826 |
| 5732 Other cystoscopy | 720 | \$2,088 | 5 | \$5,359 | 725 | \$2,112 |
| 5749 Other transurethral excision/destruction of bladder lesion/tissue | 304 | \$4,839 | -- | \$0 | 304 | \$4,839 |
| All Other Procedures in Group | 263 | \$3,705 | 83 | \$1,171 | 346 | \$3,086 |
| 53 Repair of Hernia | 2,257 | \$6,038 | 32 | \$7,659 | 2,289 | \$6,061 |
| 5304 Repair of indirect inguinal hernia with graft or prosthesis | 530 | \$5,841 | 4 | \$8,066 | 534 | \$5,858 |
| 5303 Repair of direct inguinal hernia with graft or prosthesis | 380 | \$5,827 | 4 | \$7,958 | 384 | \$5,849 |
| All Other Procedures in Group | 1,347 | \$6,175 | 24 | \$7,541 | 1,371 | \$6,199 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 1,782 | \$6,280 | 67 | \$3,184 | 1,849 | \$6,164 |
| 8363 Rotator cuff repair | 474 | \$13,171 | -- | \$0 | 474 | \$13,171 |
| 8398 Injection of locally-acting therapeutic substance into oth soft tissue | 188 | \$479 | 1 | \$379 | 189 | \$478 |
| All Other Procedures in Group | 1,120 | \$4,208 | 66 | \$3,226 | 1,186 | \$4,151 |
| 14 Posterior Eye Segment Operations | 1,835 | \$5,373 | 3 | \$2,492 | 1,838 | \$5,367 |
| 149 Other operations on retina, choroid, and posterior chamber | 1,270 | \$5,324 | -- | \$0 | 1,270 | \$5,324 |
| All Other Procedures in Group | 565 | \$5,503 | 3 | \$2,492 | 568 | \$5,482 |
| 48 Other Rectal & Perirectal Operations | 1,641 | \$2,162 | 43 | \$2,685 | 1,684 | \$2,175 |
| 4836 [Endoscopic] polypectomy of rectum | 1,066 | \$2,083 | -- | \$0 | 1,066 | \$2,083 |
| 4824 Closed [endoscopic] biopsy of rectum | 435 | \$1,821 | 2 | \$4,265 | 437 | \$1,833 |
| All Other Procedures in Group | 140 | \$3,816 | 41 | \$2,608 | 181 | \$3,542 |
| 21 Operations on Nose | 1,130 | \$3,561 | 480 | \$936 | 1,610 | \$2,776 |
| 2188 Other septoplasty | 316 | \$6,274 | -- | \$0 | 316 | \$6,274 |
| 2103 Control of epistaxis by cauterization (and packing) | 21 | \$2,354 | 206 | \$729 | 227 | \$880 |
| 2121 Rhinoscopy | 168 | \$499 | 2 | \$589 | 170 | \$500 |
| All Other Procedures in Group | 625 | \$3,050 | 272 | \$1,095 | 897 | \$2,454 |

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| ICD-9-CM Procedure Group | Outpatient Procedures NOT Originating in ED | | Outpatient Procedures Originating in ED | | Total | |
|--|---|--------------------|--|--------------------|----------------|--------------------|
| | Number | Average Charges | Number | Average Charges | Number | Average Charges |
| 69 Other Uterus & Supporting Structure Operations | 1,320 | \$3,149 | 83 | \$4,511 | 1,403 | \$3,230 |
| 6909 Other dilation and curettage | 664 | \$3,732 | 5 | \$4,096 | 669 | \$3,735 |
| 6999 Other operations on cervix and uterus | 256 | \$857 | -- | \$0 | 256 | \$857 |
| 6952 Aspiration curettage following delivery or abortion | 142 | \$3,106 | 38 | \$4,385 | 180 | \$3,376 |
| 6902 Dilation, curettage following delivery or abortion | 119 | \$3,609 | 35 | \$4,304 | 154 | \$3,767 |
| All Other Procedures in Group | 139 | \$4,223 | 5 | \$7,338 | 144 | \$4,332 |
| 51 Biliary Tract Operations | 1,301 | \$8,610 | 68 | \$11,566 | 1,369 | \$8,757 |
| 5123 Laparoscopic cholecystectomy | 1,069 | \$8,857 | 61 | \$11,678 | 1,130 | \$9,009 |
| All Other Procedures in Group | 232 | \$7,446 | 7 | \$10,588 | 239 | \$7,540 |
| 82 Hand Muscle, Tendon, Fascia Operations | 1,295 | \$2,512 | 64 | \$2,569 | 1,359 | \$2,515 |
| 8201 Exploration of tendon sheath of hand | 565 | \$1,754 | 2 | \$4,476 | 567 | \$1,763 |
| 8221 Excision of lesion of muscle of hand | 289 | \$2,798 | -- | \$0 | 289 | \$2,798 |
| All Other Procedures in Group | 441 | \$3,362 | 62 | \$2,507 | 503 | \$3,249 |
| Total for Above Procedures | 80,652 | \$3,035 | 14,521 | \$1,381 | 95,173 | \$2,780 |
| Total for All Other Procedures | 19,336 | \$5,431 | 2,040 | \$3,931 | 21,376 | \$5,287 |
| Total for All Procedures in Range 00.0 - 86.99 | 99,988 | \$3,499 | 16,561 | \$1,696 | 116,549 | \$3,241 |

Outpatient procedure records include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99.

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

Records with missing charges are included in the number of procedures reported but are excluded from the average charges calculation.

Top 20 procedure groups are based on the combined outpatient totals.

Procedure groups are created using the first procedure on each record which is in the defined code range, grouped by the first two digits of the procedure code.

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| MALES | | | | FEMALES | | | |
|---|--------|-------|--|---|--------|-------|--|
| ICD-9 Procedure | Number | Col % | | ICD-9 Procedure | Number | Col % | |
| Age Under 15 | | | | Age Under 15 | | | |
| 20 Other Middle & Inner Ear Operations | 699 | 25.6 | | 20 Other Middle & Inner Ear Operations | 420 | 25.8 | |
| 23 Tooth Removal & Restoration | 315 | 11.6 | | 28 Tonsil & Adenoid Operations | 303 | 18.6 | |
| 64 Operations on Penis | 315 | 11.6 | | 23 Tooth Removal & Restoration | 246 | 15.1 | |
| 28 Tonsil & Adenoid Operations | 304 | 11.1 | | 86 Skin & Subcutaneous Tissue Operations | 106 | 6.5 | |
| 86 Skin & Subcutaneous Tissue Operations | 178 | 6.5 | | 45 Intestinal Incision, Excision, Anastomosis | 105 | 6.5 | |
| 53 Repair of Hernia | 145 | 5.3 | | 79 Reduction of Fracture, Dislocation | 72 | 4.4 | |
| 45 Intestinal Incision, Excision, Anastomosis | 98 | 3.6 | | 53 Repair of Hernia | 36 | 2.2 | |
| 79 Reduction of Fracture, Dislocation | 91 | 3.3 | | 81 Joint Repair & Plastic Operations | 29 | 1.8 | |
| 62 Operations on Testes | 51 | 1.9 | | 78 Other Bone Operations Except Face | 25 | 1.5 | |
| 58 Operations on Urethra | 47 | 1.7 | | 19 Middle Ear Reconstructions | 22 | 1.4 | |
| All Cases | 2,727 | 100.0 | | All Cases | 1,627 | 100.0 | |
| Age Between 15 and 44 | | | | Age Between 15 and 44 | | | |
| 45 Intestinal Incision, Excision, Anastomosis | 1,207 | 16.0 | | 75 Other Obstetric Operations | 4,253 | 26.3 | |
| 03 Spinal Cord & Canal Operations | 724 | 9.6 | | 45 Intestinal Incision, Excision, Anastomosis | 1,921 | 11.9 | |
| 80 Incision, Excision of Joint | 685 | 9.1 | | 69 Other Uterus & Supporting Structure Operations | 827 | 5.1 | |
| 81 Joint Repair & Plastic Operations | 625 | 8.3 | | 03 Spinal Cord & Canal Operations | 753 | 4.7 | |
| 86 Skin & Subcutaneous Tissue Operations | 620 | 8.2 | | 81 Joint Repair & Plastic Operations | 624 | 3.9 | |
| 53 Repair of Hernia | 398 | 5.3 | | 85 Operations on the Breast | 621 | 3.8 | |
| 04 Cranial & Peripheral Nerve Operations | 367 | 4.9 | | 04 Cranial & Peripheral Nerve Operations | 596 | 3.7 | |
| 79 Reduction of Fracture, Dislocation | 354 | 4.7 | | 86 Skin & Subcutaneous Tissue Operations | 548 | 3.4 | |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 248 | 3.3 | | 68 Other Uterine Incision, Excision | 525 | 3.3 | |
| 21 Operations on Nose | 204 | 2.7 | | 80 Incision, Excision of Joint | 471 | 2.9 | |
| All Cases | 7,537 | 100.0 | | All Cases | 16,153 | 100.0 | |

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| MALES | | | FEMALES | | |
|---|--------|-------|---|--------|-------|
| ICD-9 Procedure | Number | Col % | ICD-9 Procedure | Number | Col % |
| Age Between 45 and 64 | | | Age Between 45 and 64 | | |
| 45 Intestinal Incision, Excision, Anastomosis | 7,642 | 42.0 | 45 Intestinal Incision, Excision, Anastomosis | 8,430 | 38.5 |
| 03 Spinal Cord & Canal Operations | 1,181 | 6.5 | 03 Spinal Cord & Canal Operations | 1,376 | 6.3 |
| 80 Incision, Excision of Joint | 880 | 4.8 | 85 Operations on the Breast | 1,311 | 6.0 |
| 53 Repair of Hernia | 819 | 4.5 | 04 Cranial & Peripheral Nerve Operations | 1,172 | 5.3 |
| 86 Skin & Subcutaneous Tissue Operations | 712 | 3.9 | 81 Joint Repair & Plastic Operations | 836 | 3.8 |
| 04 Cranial & Peripheral Nerve Operations | 669 | 3.7 | 86 Skin & Subcutaneous Tissue Operations | 795 | 3.6 |
| 81 Joint Repair & Plastic Operations | 633 | 3.5 | 80 Incision, Excision of Joint | 784 | 3.6 |
| 38 Vessel Incision, Excision, Occlusion | 551 | 3.0 | 13 Operations on Lens of Eye | 609 | 2.8 |
| 48 Other Rectal & Perirectal Operations | 535 | 2.9 | 38 Vessel Incision, Excision, Occlusion | 475 | 2.2 |
| 13 Operations on Lens of Eye | 486 | 2.7 | 48 Other Rectal & Perirectal Operations | 455 | 2.1 |
| All Cases | 18,207 | 100.0 | All Cases | 21,921 | 100.0 |
| Age 65 and Over | | | Age 65 and Over | | |
| 45 Intestinal Incision, Excision, Anastomosis | 3,430 | 24.0 | 45 Intestinal Incision, Excision, Anastomosis | 4,080 | 23.3 |
| 86 Skin & Subcutaneous Tissue Operations | 1,761 | 12.3 | 13 Operations on Lens of Eye | 2,568 | 14.7 |
| 13 Operations on Lens of Eye | 1,642 | 11.5 | 86 Skin & Subcutaneous Tissue Operations | 1,627 | 9.3 |
| 38 Vessel Incision, Excision, Occlusion | 796 | 5.6 | 03 Spinal Cord & Canal Operations | 1,196 | 6.8 |
| 03 Spinal Cord & Canal Operations | 785 | 5.5 | 14 Posterior Eye Segment Operations | 947 | 5.4 |
| 57 Urinary Bladder Operations | 643 | 4.5 | 38 Vessel Incision, Excision, Occlusion | 888 | 5.1 |
| 14 Posterior Eye Segment Operations | 490 | 3.4 | 85 Operations on the Breast | 616 | 3.5 |
| 53 Repair of Hernia | 414 | 2.9 | 81 Joint Repair & Plastic Operations | 614 | 3.5 |
| 81 Joint Repair & Plastic Operations | 353 | 2.5 | 04 Cranial & Peripheral Nerve Operations | 540 | 3.1 |
| 04 Cranial & Peripheral Nerve Operations | 347 | 2.4 | 57 Urinary Bladder Operations | 307 | 1.8 |
| All Cases | 14,298 | 100.0 | All Cases | 17,514 | 100.0 |

Procedure groups are created from first procedure in ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code. Total for age/sex groups do not equal total for all outpatient procedures due to 4 cases with sex missing.

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

| ICD-9 Procedure | Number of Procedures | | | | | | | Total |
|---|----------------------|----------|------------|---------------|--------------|-------|---------|--------|
| | Primary Payer | | | | | | | |
| | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | |
| 45 Intestinal Incision, Excision, Anastomosis | 7,917 | 1,946 | 233 | 1 | 16,269 | 462 | 86 | 26,914 |
| 86 Skin & Subcutaneous Tissue Operations | 3,690 | 518 | 28 | 79 | 1,818 | 205 | 9 | 6,347 |
| 03 Spinal Cord & Canal Operations | 2,267 | 778 | 49 | 475 | 2,367 | 94 | 0 | 6,030 |
| 13 Operations on Lens of Eye | 4,150 | 167 | 15 | 6 | 969 | 69 | 0 | 5,376 |
| 75 Other Obstetric Operations | 36 | 2,270 | 30 | 2 | 1,801 | 116 | 0 | 4,255 |
| 81 Joint Repair & Plastic Operations | 1,171 | 374 | 38 | 301 | 1,748 | 84 | 10 | 3,726 |
| 04 Cranial & Peripheral Nerve Operations | 1,198 | 503 | 46 | 388 | 1,520 | 63 | 0 | 3,718 |
| 80 Incision, Excision of Joint | 503 | 389 | 38 | 316 | 1,958 | 74 | 14 | 3,292 |
| 38 Vessel Incision, Excision, Occlusion | 1,929 | 167 | 22 | 8 | 1,014 | 40 | 5 | 3,185 |
| 85 Operations on the Breast | 692 | 188 | 26 | 1 | 1,561 | 139 | 17 | 2,624 |
| 53 Repair of Hernia | 530 | 307 | 14 | 104 | 1,219 | 79 | 4 | 2,257 |
| 14 Posterior Eye Segment Operations | 1,467 | 40 | 11 | 6 | 279 | 32 | 0 | 1,835 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 422 | 193 | 14 | 150 | 970 | 30 | 3 | 1,782 |
| 48 Other Rectal & Perirectal Operations | 491 | 120 | 3 | 0 | 994 | 26 | 7 | 1,641 |
| 57 Urinary Bladder Operations | 998 | 101 | 4 | 0 | 383 | 18 | 3 | 1,507 |
| 69 Other Uterus & Supporting Structure Operations | 142 | 196 | 8 | 0 | 807 | 159 | 8 | 1,320 |
| 51 Biliary Tract Operations | 303 | 218 | 12 | 2 | 706 | 53 | 7 | 1,301 |
| 82 Hand Muscle, Tendon, Fascia Operations | 397 | 138 | 8 | 75 | 654 | 22 | 1 | 1,295 |
| 20 Other Middle & Inner Ear Operations | 60 | 584 | 11 | 0 | 589 | 9 | 1 | 1,254 |
| 37 Other Heart & Pericardium Operations | 606 | 87 | 6 | 0 | 490 | 17 | 0 | 1,206 |
| All Other Procedures | 5,766 | 3,436 | 149 | 195 | 8,948 | 588 | 41 | 19,123 |
| Totals | 34,735 | 12,720 | 765 | 2,109 | 47,064 | 2,379 | 216 | 99,988 |

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code.

"Other" payer includes self-pay, no charge, and other sources of payment

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

| ICD-9 Procedure | Mean Charges | | | | | | | Total |
|---|---------------|----------|------------|---------------|--------------|----------|---------|----------|
| | Primary Payer | | | | | | | |
| | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | |
| 45 Intestinal Incision, Excision, Anastomosis | \$2,011 | \$2,096 | \$2,066 | \$4,504 | \$1,953 | \$1,941 | \$1,579 | \$1,980 |
| 86 Skin & Subcutaneous Tissue Operations | \$1,557 | \$2,778 | \$4,039 | \$1,490 | \$2,840 | \$3,762 | \$2,592 | \$2,104 |
| 03 Spinal Cord & Canal Operations | \$1,530 | \$1,418 | \$2,135 | \$1,488 | \$1,525 | \$1,573 | -- | \$1,516 |
| 13 Operations on Lens of Eye | \$4,001 | \$4,447 | \$3,598 | \$5,214 | \$3,986 | \$5,110 | -- | \$4,026 |
| 75 Other Obstetric Operations | \$480 | \$554 | \$480 | \$152 | \$598 | \$555 | -- | \$572 |
| 81 Joint Repair & Plastic Operations | \$2,333 | \$7,846 | \$7,006 | \$8,130 | \$7,985 | \$10,533 | \$5,149 | \$6,190 |
| 04 Cranial & Peripheral Nerve Operations | \$3,324 | \$3,487 | \$4,577 | \$3,226 | \$3,146 | \$3,631 | -- | \$3,284 |
| 80 Incision, Excision of Joint | \$5,539 | \$6,554 | \$6,005 | \$6,403 | \$6,148 | \$7,063 | \$4,986 | \$6,141 |
| 38 Vessel Incision, Excision, Occlusion | \$852 | \$2,468 | \$177 | \$1,108 | \$1,789 | \$1,233 | \$400 | \$1,234 |
| 85 Operations on the Breast | \$4,175 | \$4,444 | \$3,865 | \$830 | \$4,426 | \$8,155 | \$2,701 | \$4,540 |
| 53 Repair of Hernia | \$6,557 | \$5,991 | \$5,789 | \$5,874 | \$5,793 | \$6,815 | \$5,512 | \$6,038 |
| 14 Posterior Eye Segment Operations | \$5,153 | \$9,156 | \$5,168 | \$10,930 | \$7,997 | \$8,460 | -- | \$5,373 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | \$5,526 | \$5,127 | \$4,255 | \$8,826 | \$6,458 | \$7,061 | \$1,769 | \$6,280 |
| 48 Other Rectal & Perirectal Operations | \$2,177 | \$2,185 | \$2,154 | -- | \$2,148 | \$2,477 | \$1,450 | \$2,162 |
| 57 Urinary Bladder Operations | \$2,454 | \$2,966 | \$4,419 | -- | \$3,779 | \$3,179 | \$4,900 | \$2,796 |
| 69 Other Uterus & Supporting Structure Operations | \$3,248 | \$3,901 | \$3,733 | -- | \$3,275 | \$1,480 | \$2,897 | \$3,149 |
| 51 Biliary Tract Operations | \$8,695 | \$8,521 | \$7,834 | \$7,457 | \$8,644 | \$8,625 | \$5,791 | \$8,610 |
| 82 Hand Muscle, Tendon, Fascia Operations | \$2,073 | \$3,399 | \$2,042 | \$3,021 | \$2,439 | \$5,504 | \$3,382 | \$2,512 |
| 20 Other Middle & Inner Ear Operations | \$2,966 | \$2,668 | \$3,711 | -- | \$2,537 | \$3,474 | \$2,235 | \$2,635 |
| 37 Other Heart & Pericardium Operations | \$12,153 | \$12,267 | \$10,978 | -- | \$13,218 | \$12,633 | -- | \$12,595 |
| All Other Procedures | \$4,114 | \$5,260 | \$6,026 | \$6,296 | \$5,868 | \$5,812 | \$4,371 | \$5,229 |
| Totals | \$3,103 | \$3,497 | \$3,827 | \$4,754 | \$3,689 | \$4,447 | \$2,912 | \$3,499 |

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

Records with missing charges are included in the number of procedures reported but are excluded from the average charges calculation.

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code.

"Other" payer includes self-pay, no charge, and other sources of payment

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

| ICD-9 Procedure | Row Percents | | | | | | | Total |
|---|---------------|----------|------------|---------------|--------------|-------|---------|-------|
| | Primary Payer | | | | | | | |
| | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | |
| 45 Intestinal Incision, Excision, Anastomosis | 29.4 | 7.2 | 0.9 | 0.0 | 60.4 | 1.7 | 0.3 | 100.0 |
| 86 Skin & Subcutaneous Tissue Operations | 58.1 | 8.2 | 0.4 | 1.2 | 28.6 | 3.2 | 0.1 | 100.0 |
| 03 Spinal Cord & Canal Operations | 37.6 | 12.9 | 0.8 | 7.9 | 39.3 | 1.6 | 0.0 | 100.0 |
| 13 Operations on Lens of Eye | 77.2 | 3.1 | 0.3 | 0.1 | 18.0 | 1.3 | 0.0 | 100.0 |
| 75 Other Obstetric Operations | 0.8 | 53.3 | 0.7 | 0.0 | 42.3 | 2.7 | 0.0 | 100.0 |
| 81 Joint Repair & Plastic Operations | 31.4 | 10.0 | 1.0 | 8.1 | 46.9 | 2.3 | 0.3 | 100.0 |
| 04 Cranial & Peripheral Nerve Operations | 32.2 | 13.5 | 1.2 | 10.4 | 40.9 | 1.7 | 0.0 | 100.0 |
| 80 Incision, Excision of Joint | 15.3 | 11.8 | 1.2 | 9.6 | 59.5 | 2.2 | 0.4 | 100.0 |
| 38 Vessel Incision, Excision, Occlusion | 60.6 | 5.2 | 0.7 | 0.3 | 31.8 | 1.3 | 0.2 | 100.0 |
| 85 Operations on the Breast | 26.4 | 7.2 | 1.0 | 0.0 | 59.5 | 5.3 | 0.6 | 100.0 |
| 53 Repair of Hernia | 23.5 | 13.6 | 0.6 | 4.6 | 54.0 | 3.5 | 0.2 | 100.0 |
| 14 Posterior Eye Segment Operations | 79.9 | 2.2 | 0.6 | 0.3 | 15.2 | 1.7 | 0.0 | 100.0 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 23.7 | 10.8 | 0.8 | 8.4 | 54.4 | 1.7 | 0.2 | 100.0 |
| 48 Other Rectal & Perirectal Operations | 29.9 | 7.3 | 0.2 | 0.0 | 60.6 | 1.6 | 0.4 | 100.0 |
| 57 Urinary Bladder Operations | 66.2 | 6.7 | 0.3 | 0.0 | 25.4 | 1.2 | 0.2 | 100.0 |
| 69 Other Uterus & Supporting Structure Operations | 10.8 | 14.8 | 0.6 | 0.0 | 61.1 | 12.0 | 0.6 | 100.0 |
| 51 Biliary Tract Operations | 23.3 | 16.8 | 0.9 | 0.2 | 54.3 | 4.1 | 0.5 | 100.0 |
| 82 Hand Muscle, Tendon, Fascia Operations | 30.7 | 10.7 | 0.6 | 5.8 | 50.5 | 1.7 | 0.1 | 100.0 |
| 20 Other Middle & Inner Ear Operations | 4.8 | 46.6 | 0.9 | 0.0 | 47.0 | 0.7 | 0.1 | 100.0 |
| 37 Other Heart & Pericardium Operations | 50.2 | 7.2 | 0.5 | 0.0 | 40.6 | 1.4 | 0.0 | 100.0 |
| All Other Procedures | 30.2 | 18.0 | 0.8 | 1.0 | 46.8 | 3.1 | 0.2 | 100.0 |
| Totals | 34.7 | 12.7 | 0.8 | 2.1 | 47.1 | 2.4 | 0.2 | 100.0 |

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code.

"Other" payer includes self-pay, no charge, and other sources of payment

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

| ICD-9 Procedure | Column Percents | | | | | | | Total |
|---|-----------------|----------|------------|---------------|--------------|-------|---------|-------|
| | Primary Payer | | | | | | | |
| | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | |
| 45 Intestinal Incision, Excision, Anastomosis | 22.8 | 15.3 | 30.5 | 0.0 | 34.6 | 19.4 | 39.8 | 26.9 |
| 86 Skin & Subcutaneous Tissue Operations | 10.6 | 4.1 | 3.7 | 3.7 | 3.9 | 8.6 | 4.2 | 6.3 |
| 03 Spinal Cord & Canal Operations | 6.5 | 6.1 | 6.4 | 22.5 | 5.0 | 4.0 | 0.0 | 6.0 |
| 13 Operations on Lens of Eye | 11.9 | 1.3 | 2.0 | 0.3 | 2.1 | 2.9 | 0.0 | 5.4 |
| 75 Other Obstetric Operations | 0.1 | 17.8 | 3.9 | 0.1 | 3.8 | 4.9 | 0.0 | 4.3 |
| 81 Joint Repair & Plastic Operations | 3.4 | 2.9 | 5.0 | 14.3 | 3.7 | 3.5 | 4.6 | 3.7 |
| 04 Cranial & Peripheral Nerve Operations | 3.4 | 4.0 | 6.0 | 18.4 | 3.2 | 2.6 | 0.0 | 3.7 |
| 80 Incision, Excision of Joint | 1.4 | 3.1 | 5.0 | 15.0 | 4.2 | 3.1 | 6.5 | 3.3 |
| 38 Vessel Incision, Excision, Occlusion | 5.6 | 1.3 | 2.9 | 0.4 | 2.2 | 1.7 | 2.3 | 3.2 |
| 85 Operations on the Breast | 2.0 | 1.5 | 3.4 | 0.0 | 3.3 | 5.8 | 7.9 | 2.6 |
| 53 Repair of Hernia | 1.5 | 2.4 | 1.8 | 4.9 | 2.6 | 3.3 | 1.9 | 2.3 |
| 14 Posterior Eye Segment Operations | 4.2 | 0.3 | 1.4 | 0.3 | 0.6 | 1.3 | 0.0 | 1.8 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | 1.2 | 1.5 | 1.8 | 7.1 | 2.1 | 1.3 | 1.4 | 1.8 |
| 48 Other Rectal & Perirectal Operations | 1.4 | 0.9 | 0.4 | 0.0 | 2.1 | 1.1 | 3.2 | 1.6 |
| 57 Urinary Bladder Operations | 2.9 | 0.8 | 0.5 | 0.0 | 0.8 | 0.8 | 1.4 | 1.5 |
| 69 Other Uterus & Supporting Structure Operations | 0.4 | 1.5 | 1.0 | 0.0 | 1.7 | 6.7 | 3.7 | 1.3 |
| 51 Biliary Tract Operations | 0.9 | 1.7 | 1.6 | 0.1 | 1.5 | 2.2 | 3.2 | 1.3 |
| 82 Hand Muscle, Tendon, Fascia Operations | 1.1 | 1.1 | 1.0 | 3.6 | 1.4 | 0.9 | 0.5 | 1.3 |
| 20 Other Middle & Inner Ear Operations | 0.2 | 4.6 | 1.4 | 0.0 | 1.3 | 0.4 | 0.5 | 1.3 |
| 37 Other Heart & Pericardium Operations | 1.7 | 0.7 | 0.8 | 0.0 | 1.0 | 0.7 | 0.0 | 1.2 |
| All Other Procedures | 16.6 | 27.0 | 19.5 | 9.2 | 19.0 | 24.7 | 19.0 | 19.1 |
| Totals | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code.

"Other" payer includes self-pay, no charge, and other sources of payment

Table O5a
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Setting and Data Year
2003-2007 VT Hospital Data, Includes VT Residents and Non-Residents

Outpatient Procedures NOT Originating in ED

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A. | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | VA | Total |
|------------|-------|-------|-------|--------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| 2003 Count | 3,818 | 6,867 | 2,603 | 30,423 | 2,005 | 23 | 1,058 | 2,463 | 3,210 | 6,510 | 3,452 | 7,616 | 5,333 | 2,243 | 1,154 | 78,778 |
| Row % | 4.8 | 8.7 | 3.3 | 38.6 | 2.5 | 0.0 | 1.3 | 3.1 | 4.1 | 8.3 | 4.4 | 9.7 | 6.8 | 2.8 | 1.5 | 100.0 |
| 2004 Count | 3,729 | 6,774 | 2,698 | 31,787 | 2,315 | 3 | 952 | 2,355 | 3,399 | 6,863 | 3,619 | 7,522 | 5,552 | 2,070 | 954 | 80,592 |
| Row % | 4.6 | 8.4 | 3.3 | 39.4 | 2.9 | 0.0 | 1.2 | 2.9 | 4.2 | 8.5 | 4.5 | 9.3 | 6.9 | 2.6 | 1.2 | 100.0 |
| 2005 Count | 3,573 | 7,076 | 2,876 | 32,010 | 2,483 | 4 | 928 | 2,301 | 3,474 | 7,117 | 3,774 | 8,798 | 5,839 | 2,312 | 911 | 83,476 |
| Row % | 4.3 | 8.5 | 3.4 | 38.3 | 3.0 | 0.0 | 1.1 | 2.8 | 4.2 | 8.5 | 4.5 | 10.5 | 7.0 | 2.8 | 1.1 | 100.0 |
| 2006 Count | 3,590 | 7,363 | 3,121 | 39,473 | 2,723 | 0 | 985 | 3,451 | 3,527 | 6,881 | 3,940 | 9,424 | 6,258 | 2,517 | 611 | 93,864 |
| Row % | 3.8 | 7.8 | 3.3 | 42.1 | 2.9 | 0.0 | 1.0 | 3.7 | 3.8 | 7.3 | 4.2 | 10.0 | 6.7 | 2.7 | 0.7 | 100.0 |
| 2007 Count | 3,768 | 7,166 | 4,109 | 44,599 | 2,616 | 0 | 986 | 3,460 | 3,511 | 7,136 | 3,900 | 9,984 | 6,339 | 2,414 | 0 | 99,988 |
| Row % | 3.8 | 7.2 | 4.1 | 44.6 | 2.6 | 0.0 | 1.0 | 3.5 | 3.5 | 7.1 | 3.9 | 10.0 | 6.3 | 2.4 | 0.0 | 100.0 |

Outpatient Procedures Originating in the ED

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A. | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | VA | Total |
|------------|-------|-------|------|-------|------|------|-------|------|------|-------|------|------|-------|-------|-----|--------|
| 2003 Count | 2,133 | 1,897 | 819 | 5,406 | 423 | 3 | 430 | 823 | 119 | 1,636 | 630 | 189 | 1,913 | 1,001 | 10 | 17,432 |
| Row % | 12.2 | 10.9 | 4.7 | 31.0 | 2.4 | 0.0 | 2.5 | 4.7 | 0.7 | 9.4 | 3.6 | 1.1 | 11.0 | 5.7 | 0.1 | 100.0 |
| 2004 Count | 425 | 1,607 | 816 | 5,282 | 422 | 2 | 347 | 698 | 103 | 1,592 | 623 | 192 | 2,042 | 862 | 13 | 15,026 |
| Row % | 2.8 | 10.7 | 5.4 | 35.2 | 2.8 | 0.0 | 2.3 | 4.6 | 0.7 | 10.6 | 4.1 | 1.3 | 13.6 | 5.7 | 0.1 | 100.0 |
| 2005 Count | 920 | 1,614 | 802 | 5,072 | 352 | 0 | 385 | 706 | 70 | 1,646 | 642 | 185 | 2,600 | 826 | 5 | 15,825 |
| Row % | 5.8 | 10.2 | 5.1 | 32.1 | 2.2 | 0.0 | 2.4 | 4.5 | 0.4 | 10.4 | 4.1 | 1.2 | 16.4 | 5.2 | 0.0 | 100.0 |
| 2006 Count | 1,007 | 1,543 | 870 | 4,879 | 56 | 1 | 547 | 766 | 73 | 1,696 | 801 | 186 | 2,881 | 905 | 3 | 16,214 |
| Row % | 6.2 | 9.5 | 5.4 | 30.1 | 0.3 | 0.0 | 3.4 | 4.7 | 0.5 | 10.5 | 4.9 | 1.1 | 17.8 | 5.6 | 0.0 | 100.0 |
| 2007 Count | 908 | 1,644 | 886 | 5,197 | 16 | 0 | 549 | 729 | 69 | 1,801 | 795 | 207 | 2,742 | 1,018 | 0 | 16,561 |
| Row % | 5.5 | 9.9 | 5.3 | 31.4 | 0.1 | 0.0 | 3.3 | 4.4 | 0.4 | 10.9 | 4.8 | 1.2 | 16.6 | 6.1 | 0.0 | 100.0 |

Outpatient procedure records include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99.

The Veteran's Administration in White River Jct. stopped submitting records June 30, 2006.

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|---|-------|-------|-------|-------|--------|------|--------|--------|-------|-------|--------|-------|-------|-------|--------|
| 45 Intestinal Incision, Excision, Anastomosis | | | | | | | | | | | | | | | |
| Num | 1,169 | 2,727 | 857 | 9,257 | 625 | 0 | 393 | 1,143 | 963 | 2,207 | 1,193 | 3,034 | 2,489 | 857 | 26,914 |
| \$ | 1,561 | 1,940 | 1,738 | 2,256 | 3,490 | -- | 2,038 | 2,934 | 2,141 | 1,427 | 1,649 | 1,760 | 1,521 | 1,375 | 1,980 |
| 86 Skin & Subcutaneous Tissue Operations | | | | | | | | | | | | | | | |
| Num | 76 | 256 | 159 | 3,836 | 41 | 0 | 49 | 100 | 90 | 415 | 577 | 428 | 281 | 39 | 6,347 |
| \$ | 4,105 | 2,961 | 1,757 | 2,069 | 5,503 | -- | 2,878 | 4,221 | 3,880 | 1,198 | 770 | 2,121 | 3,209 | 4,849 | 2,104 |
| 03 Spinal Cord & Canal Operations | | | | | | | | | | | | | | | |
| Num | 140 | 479 | 176 | 2,470 | 60 | 0 | 9 | 159 | 13 | 729 | 1 | 1,728 | 41 | 25 | 6,030 |
| \$ | 3,542 | 1,217 | 723 | 1,557 | 1,598 | -- | 3,268 | 2,070 | 1,612 | 1,112 | 256 | 1,581 | 1,586 | 248 | 1,516 |
| 13 Operations on Lens of Eye | | | | | | | | | | | | | | | |
| Num | 436 | 344 | 131 | 1,286 | 684 | 0 | 190 | 336 | 562 | 260 | 404 | 392 | 123 | 228 | 5,376 |
| \$ | 3,491 | 3,252 | 4,151 | 3,836 | 4,166 | -- | 5,733 | 5,381 | 4,563 | 4,201 | 3,994 | 3,559 | 2,930 | 3,322 | 4,026 |
| 75 Other Obstetric Operations | | | | | | | | | | | | | | | |
| Num | 0 | 180 | 590 | 1,740 | 415 | 0 | 0 | 417 | 442 | 401 | 0 | 0 | 62 | 8 | 4,255 |
| \$ | -- | 495 | 506 | 710 | 422 | -- | -- | 546 | 478 | 380 | -- | -- | 517 | 1,385 | 572 |
| 81 Joint Repair & Plastic Operations | | | | | | | | | | | | | | | |
| Num | 119 | 131 | 437 | 1,989 | 112 | 0 | 40 | 63 | 63 | 139 | 74 | 306 | 214 | 39 | 3,726 |
| \$ | 8,174 | 7,649 | 6,597 | 4,998 | 5,140 | -- | 13,163 | 13,280 | 9,172 | 6,301 | 11,360 | 5,455 | 8,854 | 8,384 | 6,190 |
| 04 Cranial & Peripheral Nerve Operations | | | | | | | | | | | | | | | |
| Num | 91 | 184 | 199 | 1,923 | 79 | 0 | 35 | 140 | 118 | 279 | 95 | 398 | 88 | 89 | 3,718 |
| \$ | 2,729 | 3,012 | 2,510 | 3,507 | 6,135 | -- | 5,984 | 3,013 | 4,987 | 2,081 | 5,105 | 2,389 | 3,572 | 1,629 | 3,284 |
| 80 Incision, Excision of Joint | | | | | | | | | | | | | | | |
| Num | 272 | 167 | 160 | 1,291 | 86 | 0 | 35 | 57 | 108 | 132 | 95 | 506 | 233 | 150 | 3,292 |
| \$ | 4,022 | 4,883 | 8,412 | 5,982 | 10,627 | -- | 7,479 | 10,186 | 8,703 | 6,549 | 7,864 | 5,561 | 5,596 | 5,426 | 6,141 |
| 38 Vessel Incision, Excision, Occlusion | | | | | | | | | | | | | | | |
| Num | 2 | 92 | 42 | 1,908 | 16 | 0 | 36 | 28 | 188 | 547 | 5 | 189 | 75 | 57 | 3,185 |
| \$ | 2,958 | 722 | 2,685 | 1,332 | 5,061 | -- | 1,088 | 2,187 | 2,086 | 323 | 6,025 | 1,149 | 2,308 | 674 | 1,234 |
| 85 Operations on the Breast | | | | | | | | | | | | | | | |
| Num | 55 | 291 | 113 | 1,209 | 8 | 0 | 22 | 53 | 24 | 158 | 75 | 248 | 339 | 29 | 2,624 |
| \$ | 6,670 | 4,193 | 4,365 | 5,197 | 10,196 | -- | 6,727 | 5,640 | 6,198 | 2,609 | 4,948 | 3,247 | 3,487 | 3,492 | 4,540 |

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|---|-------|--------|--------|--------|--------|------|-------|--------|--------|-------|--------|-------|--------|--------|--------|
| 53 Repair of Hernia | | | | | | | | | | | | | | | |
| Num | 115 | 223 | 77 | 762 | 30 | 0 | 20 | 108 | 102 | 199 | 108 | 254 | 175 | 84 | 2,257 |
| \$ | 4,386 | 5,371 | 7,866 | 5,940 | 11,884 | -- | 7,997 | 7,804 | 7,819 | 5,152 | 8,107 | 5,514 | 5,142 | 5,199 | 6,038 |
| 14 Posterior Eye Segment Operations | | | | | | | | | | | | | | | |
| Num | 16 | 1 | 0 | 1,799 | 4 | 0 | 0 | 1 | 6 | 2 | 0 | 5 | 0 | 1 | 1,835 |
| \$ | 925 | 353 | -- | 5,455 | 3,910 | -- | -- | 11,439 | 1,335 | 4,575 | -- | 948 | -- | 5,115 | 5,373 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | | | | | | | | | | | | | | | |
| Num | 71 | 122 | 124 | 762 | 53 | 0 | 8 | 24 | 88 | 101 | 83 | 152 | 150 | 44 | 1,782 |
| \$ | 6,648 | 5,575 | 12,043 | 4,372 | 12,456 | -- | 8,622 | 14,802 | 7,792 | 4,807 | 10,216 | 3,766 | 6,657 | 10,057 | 6,280 |
| 48 Other Rectal & Perirectal Operations | | | | | | | | | | | | | | | |
| Num | 93 | 208 | 100 | 455 | 43 | 0 | 3 | 57 | 58 | 130 | 103 | 130 | 217 | 44 | 1,641 |
| \$ | 1,554 | 2,068 | 1,757 | 2,816 | 3,998 | -- | 2,879 | 2,772 | 2,668 | 1,604 | 1,744 | 1,821 | 1,515 | 1,584 | 2,162 |
| 57 Urinary Bladder Operations | | | | | | | | | | | | | | | |
| Num | 33 | 225 | 123 | 861 | 2 | 0 | 7 | 10 | 29 | 63 | 14 | 72 | 43 | 25 | 1,507 |
| \$ | 4,902 | 2,623 | 915 | 2,338 | 11,064 | -- | 5,600 | 8,286 | 8,768 | 3,512 | 6,044 | 4,393 | 4,221 | 3,630 | 2,796 |
| 69 Other Uterus & Supporting Structure Operations | | | | | | | | | | | | | | | |
| Num | 30 | 102 | 39 | 623 | 8 | 0 | 11 | 27 | 20 | 95 | 34 | 121 | 132 | 78 | 1,320 |
| \$ | 3,948 | 3,104 | 4,920 | 2,492 | 6,243 | -- | 6,557 | 5,016 | 4,467 | 3,007 | 5,163 | 3,488 | 3,263 | 4,043 | 3,149 |
| 51 Biliary Tract Operations | | | | | | | | | | | | | | | |
| Num | 47 | 130 | 66 | 398 | 21 | 0 | 15 | 70 | 47 | 196 | 41 | 120 | 119 | 31 | 1,301 |
| \$ | 7,153 | 7,290 | 11,283 | 8,524 | 22,971 | -- | 9,481 | 9,673 | 13,387 | 7,940 | 12,195 | 5,638 | 6,781 | 9,995 | 8,610 |
| 82 Hand Muscle, Tendon, Fascia Operations | | | | | | | | | | | | | | | |
| Num | 80 | 89 | 54 | 637 | 20 | 0 | 21 | 23 | 54 | 73 | 27 | 131 | 58 | 28 | 1,295 |
| \$ | 2,868 | 2,778 | 5,803 | 1,915 | 1,866 | -- | 5,911 | 5,236 | 2,560 | 2,753 | 3,783 | 2,026 | 3,096 | 1,960 | 2,512 |
| 20 Other Middle & Inner Ear Operations | | | | | | | | | | | | | | | |
| Num | 64 | 77 | 1 | 690 | 0 | 0 | 5 | 26 | 13 | 68 | 124 | 87 | 70 | 29 | 1,254 |
| \$ | 3,090 | 2,785 | 3,091 | 2,353 | -- | -- | 4,648 | 3,374 | 5,349 | 2,068 | 4,083 | 2,562 | 2,182 | 2,142 | 2,635 |
| 37 Other Heart & Pericardium Operations | | | | | | | | | | | | | | | |
| Num | 0 | 7 | 0 | 1,087 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 91 | 17 | 1 | 1,206 |
| \$ | -- | 15,141 | -- | 12,792 | -- | -- | -- | -- | 14,123 | -- | -- | 9,782 | 13,525 | 15,509 | 12,595 |

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|----------------------|-------|-------|-------|--------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| All Other Procedures | | | | | | | | | | | | | | | |
| Num | 859 | 1,131 | 661 | 9,616 | 309 | 0 | 87 | 618 | 520 | 942 | 847 | 1,592 | 1,413 | 528 | 19,123 |
| \$ | 5,166 | 4,522 | 6,726 | 5,266 | 6,915 | -- | 7,737 | 7,872 | 6,108 | 3,684 | 5,923 | 4,214 | 4,324 | 6,082 | 5,229 |
| Totals | | | | | | | | | | | | | | | |
| Num | 3,768 | 7,166 | 4,109 | 44,599 | 2,616 | 0 | 986 | 3,460 | 3,511 | 7,136 | 3,900 | 9,984 | 6,339 | 2,414 | 99,988 |
| \$ | 3,571 | 2,978 | 3,932 | 3,697 | 4,434 | -- | 4,621 | 4,545 | 3,968 | 2,272 | 3,792 | 2,859 | 3,207 | 3,554 | 3,499 |

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

Records with missing charges are included in the number of procedures reported but excluded from the average charges.

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code.

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O4.

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|--|------|------|------|-------|------|------|------|------|------|------|------|-------|------|------|-------|
| 00 Procedures and Interventions, NEC | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 3 | 170 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 180 |
| Col % | 0.0 | 0.0 | 0.1 | 0.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.2 |
| 01 Incision, Excision of Brain, Skull | | | | | | | | | | | | | | | |
| Num | 1 | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 02 Other Brain, Skull Operations | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 7 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 03 Spinal Cord & Canal Operations | | | | | | | | | | | | | | | |
| Num | 140 | 479 | 176 | 2,470 | 60 | 0 | 9 | 159 | 13 | 729 | 1 | 1,728 | 41 | 25 | 6,030 |
| Col % | 3.7 | 6.7 | 4.3 | 5.5 | 2.3 | 0.0 | 0.9 | 4.6 | 0.4 | 10.2 | 0.0 | 17.3 | 0.6 | 1.0 | 6.0 |
| 04 Cranial & Peripheral Nerve Operations | | | | | | | | | | | | | | | |
| Num | 91 | 184 | 199 | 1,923 | 79 | 0 | 35 | 140 | 118 | 279 | 95 | 398 | 88 | 89 | 3,718 |
| Col % | 2.4 | 2.6 | 4.8 | 4.3 | 3.0 | 0.0 | 3.5 | 4.0 | 3.4 | 3.9 | 2.4 | 4.0 | 1.4 | 3.7 | 3.7 |
| 05 Sympathetic Nerve Operations | | | | | | | | | | | | | | | |
| Num | 0 | 3 | 0 | 39 | 0 | 0 | 0 | 2 | 0 | 28 | 0 | 17 | 0 | 0 | 89 |
| Col % | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.4 | 0.0 | 0.2 | 0.0 | 0.0 | 0.1 |
| 06 Thyroid, Parathyroid Operations | | | | | | | | | | | | | | | |
| Num | 12 | 6 | 0 | 270 | 33 | 0 | 0 | 9 | 1 | 3 | 9 | 56 | 116 | 12 | 527 |
| Col % | 0.3 | 0.1 | 0.0 | 0.6 | 1.3 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.2 | 0.6 | 1.8 | 0.5 | 0.5 |
| 07 Other Endocrine Gland Operations | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 8 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 08 Eyelid Operations | | | | | | | | | | | | | | | |
| Num | 17 | 18 | 1 | 344 | 2 | 0 | 0 | 4 | 3 | 8 | 80 | 11 | 10 | 1 | 499 |
| Col % | 0.5 | 0.3 | 0.0 | 0.8 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 2.1 | 0.1 | 0.2 | 0.0 | 0.5 |
| 09 Lacrimal System Operations | | | | | | | | | | | | | | | |
| Num | 1 | 1 | 0 | 140 | 2 | 0 | 0 | 0 | 0 | 6 | 1 | 0 | 7 | 0 | 158 |
| Col % | 0.0 | 0.0 | 0.0 | 0.3 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.2 |

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|---|------|------|------|-------|------|------|------|------|------|------|------|------|------|------|-------|
| 10 Conjunctival Operations | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 95 | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 99 |
| Col % | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 |
| 11 Operations on Cornea | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 44 | 3 | 0 | 0 | 0 | 1 | 4 | 3 | 0 | 6 | 7 | 68 |
| Col % | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.1 | 0.3 | 0.1 |
| 12 Anterior Eye Segment Operations | | | | | | | | | | | | | | | |
| Num | 19 | 12 | 0 | 64 | 0 | 0 | 0 | 20 | 72 | 2 | 9 | 143 | 5 | 6 | 352 |
| Col % | 0.5 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.6 | 2.1 | 0.0 | 0.2 | 1.4 | 0.1 | 0.2 | 0.4 |
| 13 Operations on Lens of Eye | | | | | | | | | | | | | | | |
| Num | 436 | 344 | 131 | 1,286 | 684 | 0 | 190 | 336 | 562 | 260 | 404 | 392 | 123 | 228 | 5,376 |
| Col % | 11.6 | 4.8 | 3.2 | 2.9 | 26.1 | 0.0 | 19.3 | 9.7 | 16.0 | 3.6 | 10.4 | 3.9 | 1.9 | 9.4 | 5.4 |
| 14 Posterior Eye Segment Operations | | | | | | | | | | | | | | | |
| Num | 16 | 1 | 0 | 1,799 | 4 | 0 | 0 | 1 | 6 | 2 | 0 | 5 | 0 | 1 | 1,835 |
| Col % | 0.4 | 0.0 | 0.0 | 4.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 1.8 |
| 15 Extraocular Muscle Operations | | | | | | | | | | | | | | | |
| Num | 5 | 0 | 0 | 57 | 16 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 1 | 83 |
| Col % | 0.1 | 0.0 | 0.0 | 0.1 | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 |
| 16 Orbit & Eyeball Operations | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 35 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 37 |
| Col % | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 18 External Ear Operations | | | | | | | | | | | | | | | |
| Num | 9 | 6 | 7 | 198 | 0 | 0 | 2 | 3 | 2 | 16 | 9 | 6 | 7 | 3 | 268 |
| Col % | 0.2 | 0.1 | 0.2 | 0.4 | 0.0 | 0.0 | 0.2 | 0.1 | 0.1 | 0.2 | 0.2 | 0.1 | 0.1 | 0.1 | 0.3 |
| 19 Middle Ear Reconstructions | | | | | | | | | | | | | | | |
| Num | 6 | 26 | 0 | 53 | 0 | 0 | 0 | 4 | 3 | 2 | 12 | 15 | 10 | 1 | 132 |
| Col % | 0.2 | 0.4 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.3 | 0.2 | 0.2 | 0.0 | 0.1 |
| 20 Other Middle & Inner Ear Operations | | | | | | | | | | | | | | | |
| Num | 64 | 77 | 1 | 690 | 0 | 0 | 5 | 26 | 13 | 68 | 124 | 87 | 70 | 29 | 1,254 |
| Col % | 1.7 | 1.1 | 0.0 | 1.5 | 0.0 | 0.0 | 0.5 | 0.8 | 0.4 | 1.0 | 3.2 | 0.9 | 1.1 | 1.2 | 1.3 |

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|-------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| 21 Operations on Nose | | | | | | | | | | | | | | | |
| Num | 61 | 20 | 8 | 650 | 0 | 0 | 5 | 55 | 15 | 36 | 63 | 136 | 68 | 13 | 1,130 |
| Col % | 1.6 | 0.3 | 0.2 | 1.5 | 0.0 | 0.0 | 0.5 | 1.6 | 0.4 | 0.5 | 1.6 | 1.4 | 1.1 | 0.5 | 1.1 |
| 22 Nasal Sinus Operations | | | | | | | | | | | | | | | |
| Num | 10 | 22 | 0 | 95 | 0 | 0 | 1 | 11 | 3 | 17 | 20 | 22 | 15 | 5 | 221 |
| Col % | 0.3 | 0.3 | 0.0 | 0.2 | 0.0 | 0.0 | 0.1 | 0.3 | 0.1 | 0.2 | 0.5 | 0.2 | 0.2 | 0.2 | 0.2 |
| 23 Tooth Removal & Restoration | | | | | | | | | | | | | | | |
| Num | 10 | 4 | 122 | 310 | 0 | 0 | 0 | 0 | 7 | 2 | 1 | 26 | 126 | 25 | 633 |
| Col % | 0.3 | 0.1 | 3.0 | 0.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.3 | 2.0 | 1.0 | 0.6 |
| 24 Other Operations on Teeth & Gums | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 7 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 25 Operations on Tongue | | | | | | | | | | | | | | | |
| Num | 7 | 3 | 2 | 18 | 0 | 0 | 0 | 7 | 2 | 5 | 5 | 7 | 0 | 2 | 58 |
| Col % | 0.2 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.1 |
| 26 Salivary Gland Operations | | | | | | | | | | | | | | | |
| Num | 12 | 8 | 0 | 25 | 0 | 0 | 0 | 6 | 1 | 1 | 6 | 5 | 5 | 2 | 71 |
| Col % | 0.3 | 0.1 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 |
| 27 Other Mouth & Face Operations | | | | | | | | | | | | | | | |
| Num | 21 | 4 | 2 | 103 | 0 | 0 | 0 | 21 | 1 | 7 | 25 | 9 | 13 | 3 | 209 |
| Col % | 0.6 | 0.1 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.6 | 0.0 | 0.1 | 0.6 | 0.1 | 0.2 | 0.1 | 0.2 |
| 28 Tonsil & Adenoid Operations | | | | | | | | | | | | | | | |
| Num | 105 | 71 | 1 | 284 | 0 | 0 | 2 | 52 | 35 | 74 | 129 | 116 | 82 | 29 | 980 |
| Col % | 2.8 | 1.0 | 0.0 | 0.6 | 0.0 | 0.0 | 0.2 | 1.5 | 1.0 | 1.0 | 3.3 | 1.2 | 1.3 | 1.2 | 1.0 |
| 29 Operations on Pharynx | | | | | | | | | | | | | | | |
| Num | 5 | 3 | 0 | 18 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 7 | 1 | 1 | 39 |
| Col % | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 |
| 30 Excision of Larynx | | | | | | | | | | | | | | | |
| Num | 11 | 14 | 0 | 42 | 0 | 0 | 1 | 2 | 6 | 5 | 6 | 8 | 10 | 8 | 113 |
| Col % | 0.3 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.2 | 0.1 | 0.2 | 0.1 | 0.2 | 0.3 | 0.1 |

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|---|------|------|------|-------|------|------|------|------|------|------|------|------|------|------|-------|
| 31 Larynx, Trachea Operations, NEC | | | | | | | | | | | | | | | |
| Num | 10 | 5 | 0 | 475 | 0 | 0 | 0 | 2 | 0 | 4 | 12 | 13 | 3 | 2 | 526 |
| Col % | 0.3 | 0.1 | 0.0 | 1.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.3 | 0.1 | 0.0 | 0.1 | 0.5 |
| 32 Lung & Bronchus Excision | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 33 Other Bronchial & Lung Operations | | | | | | | | | | | | | | | |
| Num | 20 | 40 | 0 | 335 | 0 | 0 | 0 | 26 | 2 | 3 | 1 | 62 | 63 | 5 | 557 |
| Col % | 0.5 | 0.6 | 0.0 | 0.8 | 0.0 | 0.0 | 0.0 | 0.8 | 0.1 | 0.0 | 0.0 | 0.6 | 1.0 | 0.2 | 0.6 |
| 34 Thorax Operations Except Lung | | | | | | | | | | | | | | | |
| Num | 12 | 12 | 4 | 115 | 3 | 0 | 5 | 7 | 5 | 9 | 4 | 10 | 18 | 1 | 205 |
| Col % | 0.3 | 0.2 | 0.1 | 0.3 | 0.1 | 0.0 | 0.5 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.3 | 0.0 | 0.2 |
| 35 Heart Valve & Septa Operations | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 36 Operations on Heart Vessels | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 37 Other Heart & Pericardium Operations | | | | | | | | | | | | | | | |
| Num | 0 | 7 | 0 | 1,087 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 91 | 17 | 1 | 1,206 |
| Col % | 0.0 | 0.1 | 0.0 | 2.4 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.9 | 0.3 | 0.0 | 1.2 |
| 38 Vessel Incision, Excision, Occlusion | | | | | | | | | | | | | | | |
| Num | 2 | 92 | 42 | 1,908 | 16 | 0 | 36 | 28 | 188 | 547 | 5 | 189 | 75 | 57 | 3,185 |
| Col % | 0.1 | 1.3 | 1.0 | 4.3 | 0.6 | 0.0 | 3.7 | 0.8 | 5.4 | 7.7 | 0.1 | 1.9 | 1.2 | 2.4 | 3.2 |
| 39 Other Operations on Vessels | | | | | | | | | | | | | | | |
| Num | 0 | 69 | 0 | 511 | 0 | 0 | 0 | 29 | 0 | 0 | 0 | 3 | 1 | 0 | 613 |
| Col % | 0.0 | 1.0 | 0.0 | 1.1 | 0.0 | 0.0 | 0.0 | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.6 |
| 40 Lymphatic System Operations | | | | | | | | | | | | | | | |
| Num | 20 | 27 | 10 | 116 | 5 | 0 | 2 | 11 | 9 | 14 | 8 | 37 | 19 | 7 | 285 |
| Col % | 0.5 | 0.4 | 0.2 | 0.3 | 0.2 | 0.0 | 0.2 | 0.3 | 0.3 | 0.2 | 0.2 | 0.4 | 0.3 | 0.3 | 0.3 |

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Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|--|-------|-------|------|-------|------|------|------|-------|------|-------|-------|-------|-------|------|--------|
| 41 Bone Marrow & Spleen Operations | | | | | | | | | | | | | | | |
| Num | 1 | 10 | 4 | 230 | 1 | 0 | 0 | 0 | 0 | 8 | 2 | 0 | 1 | 6 | 263 |
| Col % | 0.0 | 0.1 | 0.1 | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.2 | 0.3 |
| 42 Operations on Esophagus | | | | | | | | | | | | | | | |
| Num | 45 | 62 | 26 | 251 | 1 | 0 | 3 | 3 | 2 | 13 | 16 | 105 | 22 | 0 | 549 |
| Col % | 1.2 | 0.9 | 0.6 | 0.6 | 0.0 | 0.0 | 0.3 | 0.1 | 0.1 | 0.2 | 0.4 | 1.1 | 0.3 | 0.0 | 0.5 |
| 43 Incision, Excision of Stomach | | | | | | | | | | | | | | | |
| Num | 12 | 4 | 4 | 77 | 0 | 0 | 1 | 8 | 2 | 9 | 3 | 5 | 12 | 1 | 138 |
| Col % | 0.3 | 0.1 | 0.1 | 0.2 | 0.0 | 0.0 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 0.2 | 0.0 | 0.1 |
| 44 Other Operations on Stomach | | | | | | | | | | | | | | | |
| Num | 2 | 7 | 3 | 172 | 0 | 0 | 0 | 3 | 0 | 15 | 1 | 7 | 3 | 1 | 214 |
| Col % | 0.1 | 0.1 | 0.1 | 0.4 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 0.2 |
| 45 Intestinal Incision, Excision, Anastomosis | | | | | | | | | | | | | | | |
| Num | 1,169 | 2,727 | 857 | 9,257 | 625 | 0 | 393 | 1,143 | 963 | 2,207 | 1,193 | 3,034 | 2,489 | 857 | 26,914 |
| Col % | 31.0 | 38.1 | 20.9 | 20.8 | 23.9 | 0.0 | 39.9 | 33.0 | 27.4 | 30.9 | 30.6 | 30.4 | 39.3 | 35.5 | 26.9 |
| 46 Other Intestinal Operations | | | | | | | | | | | | | | | |
| Num | 0 | 1 | 0 | 23 | 0 | 0 | 1 | 2 | 1 | 3 | 0 | 1 | 1 | 1 | 34 |
| Col % | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 47 Operations on Appendix | | | | | | | | | | | | | | | |
| Num | 2 | 5 | 0 | 13 | 0 | 0 | 1 | 7 | 0 | 6 | 0 | 3 | 5 | 0 | 42 |
| Col % | 0.1 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.2 | 0.0 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 |
| 48 Other Rectal & Perirectal Operations | | | | | | | | | | | | | | | |
| Num | 93 | 208 | 100 | 455 | 43 | 0 | 3 | 57 | 58 | 130 | 103 | 130 | 217 | 44 | 1,641 |
| Col % | 2.5 | 2.9 | 2.4 | 1.0 | 1.6 | 0.0 | 0.3 | 1.6 | 1.7 | 1.8 | 2.6 | 1.3 | 3.4 | 1.8 | 1.6 |
| 49 Operations on Anus | | | | | | | | | | | | | | | |
| Num | 9 | 37 | 5 | 348 | 8 | 0 | 2 | 20 | 11 | 55 | 15 | 47 | 21 | 17 | 595 |
| Col % | 0.2 | 0.5 | 0.1 | 0.8 | 0.3 | 0.0 | 0.2 | 0.6 | 0.3 | 0.8 | 0.4 | 0.5 | 0.3 | 0.7 | 0.6 |
| 50 Operations on Liver | | | | | | | | | | | | | | | |
| Num | 18 | 7 | 1 | 260 | 0 | 0 | 6 | 1 | 0 | 1 | 1 | 23 | 8 | 1 | 327 |
| Col % | 0.5 | 0.1 | 0.0 | 0.6 | 0.0 | 0.0 | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.1 | 0.0 | 0.3 |

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2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|---|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| 51 Biliary Tract Operations | | | | | | | | | | | | | | | |
| Num | 47 | 130 | 66 | 398 | 21 | 0 | 15 | 70 | 47 | 196 | 41 | 120 | 119 | 31 | 1,301 |
| Col % | 1.2 | 1.8 | 1.6 | 0.9 | 0.8 | 0.0 | 1.5 | 2.0 | 1.3 | 2.7 | 1.1 | 1.2 | 1.9 | 1.3 | 1.3 |
| 52 Operations on Pancreas | | | | | | | | | | | | | | | |
| Num | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 13 |
| Col % | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| 53 Repair of Hernia | | | | | | | | | | | | | | | |
| Num | 115 | 223 | 77 | 762 | 30 | 0 | 20 | 108 | 102 | 199 | 108 | 254 | 175 | 84 | 2,257 |
| Col % | 3.1 | 3.1 | 1.9 | 1.7 | 1.1 | 0.0 | 2.0 | 3.1 | 2.9 | 2.8 | 2.8 | 2.5 | 2.8 | 3.5 | 2.3 |
| 54 Other Abdominal Region Operations | | | | | | | | | | | | | | | |
| Num | 35 | 34 | 29 | 323 | 6 | 0 | 5 | 22 | 24 | 21 | 15 | 15 | 48 | 27 | 604 |
| Col % | 0.9 | 0.5 | 0.7 | 0.7 | 0.2 | 0.0 | 0.5 | 0.6 | 0.7 | 0.3 | 0.4 | 0.2 | 0.8 | 1.1 | 0.6 |
| 55 Operations on Kidney | | | | | | | | | | | | | | | |
| Num | 1 | 3 | 0 | 156 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 13 | 2 | 180 |
| Col % | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.1 | 0.2 |
| 56 Operations on Ureter | | | | | | | | | | | | | | | |
| Num | 24 | 31 | 3 | 107 | 1 | 0 | 0 | 4 | 5 | 18 | 9 | 12 | 37 | 10 | 261 |
| Col % | 0.6 | 0.4 | 0.1 | 0.2 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.3 | 0.2 | 0.1 | 0.6 | 0.4 | 0.3 |
| 57 Urinary Bladder Operations | | | | | | | | | | | | | | | |
| Num | 33 | 225 | 123 | 861 | 2 | 0 | 7 | 10 | 29 | 63 | 14 | 72 | 43 | 25 | 1,507 |
| Col % | 0.9 | 3.1 | 3.0 | 1.9 | 0.1 | 0.0 | 0.7 | 0.3 | 0.8 | 0.9 | 0.4 | 0.7 | 0.7 | 1.0 | 1.5 |
| 58 Operations on Urethra | | | | | | | | | | | | | | | |
| Num | 2 | 25 | 8 | 129 | 0 | 0 | 0 | 2 | 0 | 10 | 8 | 24 | 6 | 9 | 223 |
| Col % | 0.1 | 0.3 | 0.2 | 0.3 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 | 0.2 | 0.2 | 0.1 | 0.4 | 0.2 |
| 59 Other Urinary Tract Operations | | | | | | | | | | | | | | | |
| Num | 21 | 16 | 15 | 362 | 6 | 0 | 3 | 15 | 6 | 20 | 15 | 67 | 40 | 11 | 597 |
| Col % | 0.6 | 0.2 | 0.4 | 0.8 | 0.2 | 0.0 | 0.3 | 0.4 | 0.2 | 0.3 | 0.4 | 0.7 | 0.6 | 0.5 | 0.6 |
| 60 Prostate & Seminal Vesicle Operations | | | | | | | | | | | | | | | |
| Num | 4 | 16 | 30 | 130 | 29 | 0 | 1 | 1 | 21 | 10 | 22 | 14 | 27 | 7 | 312 |
| Col % | 0.1 | 0.2 | 0.7 | 0.3 | 1.1 | 0.0 | 0.1 | 0.0 | 0.6 | 0.1 | 0.6 | 0.1 | 0.4 | 0.3 | 0.3 |

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Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| 61 Scrotum & Tunica Vaginalis Operations | | | | | | | | | | | | | | | |
| Num | 2 | 5 | 4 | 46 | 0 | 0 | 1 | 4 | 3 | 9 | 5 | 13 | 7 | 2 | 101 |
| Col % | 0.1 | 0.1 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 |
| 62 Operations on Testes | | | | | | | | | | | | | | | |
| Num | 8 | 2 | 0 | 68 | 2 | 0 | 2 | 2 | 3 | 3 | 6 | 5 | 1 | 1 | 103 |
| Col % | 0.2 | 0.0 | 0.0 | 0.2 | 0.1 | 0.0 | 0.2 | 0.1 | 0.1 | 0.0 | 0.2 | 0.1 | 0.0 | 0.0 | 0.1 |
| 63 Spermatic Cord, Epididymis, Vas Deferens Operations | | | | | | | | | | | | | | | |
| Num | 7 | 20 | 10 | 88 | 1 | 0 | 0 | 2 | 3 | 8 | 26 | 10 | 13 | 1 | 189 |
| Col % | 0.2 | 0.3 | 0.2 | 0.2 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.7 | 0.1 | 0.2 | 0.0 | 0.2 |
| 64 Operations on Penis | | | | | | | | | | | | | | | |
| Num | 5 | 118 | 6 | 127 | 41 | 0 | 1 | 6 | 16 | 23 | 9 | 24 | 19 | 41 | 436 |
| Col % | 0.1 | 1.6 | 0.1 | 0.3 | 1.6 | 0.0 | 0.1 | 0.2 | 0.5 | 0.3 | 0.2 | 0.2 | 0.3 | 1.7 | 0.4 |
| 65 Operations on Ovary | | | | | | | | | | | | | | | |
| Num | 23 | 26 | 32 | 247 | 1 | 0 | 1 | 20 | 12 | 16 | 5 | 15 | 19 | 36 | 453 |
| Col % | 0.6 | 0.4 | 0.8 | 0.6 | 0.0 | 0.0 | 0.1 | 0.6 | 0.3 | 0.2 | 0.1 | 0.2 | 0.3 | 1.5 | 0.5 |
| 66 Fallopian Tube Operations | | | | | | | | | | | | | | | |
| Num | 29 | 44 | 26 | 118 | 9 | 0 | 5 | 28 | 27 | 64 | 28 | 58 | 47 | 22 | 505 |
| Col % | 0.8 | 0.6 | 0.6 | 0.3 | 0.3 | 0.0 | 0.5 | 0.8 | 0.8 | 0.9 | 0.7 | 0.6 | 0.7 | 0.9 | 0.5 |
| 67 Operations on Cervix | | | | | | | | | | | | | | | |
| Num | 8 | 2 | 56 | 85 | 3 | 0 | 3 | 4 | 3 | 45 | 0 | 54 | 27 | 25 | 315 |
| Col % | 0.2 | 0.0 | 1.4 | 0.2 | 0.1 | 0.0 | 0.3 | 0.1 | 0.1 | 0.6 | 0.0 | 0.5 | 0.4 | 1.0 | 0.3 |
| 68 Other Uterine Incision, Excision | | | | | | | | | | | | | | | |
| Num | 49 | 26 | 36 | 318 | 3 | 0 | 10 | 40 | 51 | 106 | 43 | 111 | 85 | 58 | 936 |
| Col % | 1.3 | 0.4 | 0.9 | 0.7 | 0.1 | 0.0 | 1.0 | 1.2 | 1.5 | 1.5 | 1.1 | 1.1 | 1.3 | 2.4 | 0.9 |
| 69 Other Uterus & Supporting Structure Operations | | | | | | | | | | | | | | | |
| Num | 30 | 102 | 39 | 623 | 8 | 0 | 11 | 27 | 20 | 95 | 34 | 121 | 132 | 78 | 1,320 |
| Col % | 0.8 | 1.4 | 0.9 | 1.4 | 0.3 | 0.0 | 1.1 | 0.8 | 0.6 | 1.3 | 0.9 | 1.2 | 2.1 | 3.2 | 1.3 |
| 70 Vagina & Cul-de-Sac Operations | | | | | | | | | | | | | | | |
| Num | 4 | 5 | 7 | 154 | 0 | 0 | 0 | 14 | 3 | 21 | 1 | 8 | 18 | 8 | 243 |
| Col % | 0.1 | 0.1 | 0.2 | 0.3 | 0.0 | 0.0 | 0.0 | 0.4 | 0.1 | 0.3 | 0.0 | 0.1 | 0.3 | 0.3 | 0.2 |

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Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|--|------|------|------|-------|------|------|------|------|------|------|------|------|------|------|-------|
| 71 Vulvar & Perineal Operations | | | | | | | | | | | | | | | |
| Num | 6 | 7 | 1 | 103 | 1 | 0 | 1 | 2 | 2 | 17 | 6 | 9 | 13 | 3 | 171 |
| Col % | 0.2 | 0.1 | 0.0 | 0.2 | 0.0 | 0.0 | 0.1 | 0.1 | 0.1 | 0.2 | 0.2 | 0.1 | 0.2 | 0.1 | 0.2 |
| 73 Assisting, Inducing Delivery, NEC | | | | | | | | | | | | | | | |
| Num | 0 | 4 | 7 | 29 | 8 | 0 | 0 | 1 | 5 | 5 | 0 | 0 | 6 | 0 | 65 |
| Col % | 0.0 | 0.1 | 0.2 | 0.1 | 0.3 | 0.0 | 0.0 | 0.0 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.0 | 0.1 |
| 75 Other Obstetric Operations | | | | | | | | | | | | | | | |
| Num | 0 | 180 | 590 | 1,740 | 415 | 0 | 0 | 417 | 442 | 401 | 0 | 0 | 62 | 8 | 4,255 |
| Col % | 0.0 | 2.5 | 14.4 | 3.9 | 15.9 | 0.0 | 0.0 | 12.1 | 12.6 | 5.6 | 0.0 | 0.0 | 1.0 | 0.3 | 4.3 |
| 76 Facial Bone & Joint Operations | | | | | | | | | | | | | | | |
| Num | 1 | 8 | 0 | 48 | 1 | 0 | 0 | 0 | 0 | 6 | 1 | 4 | 10 | 0 | 79 |
| Col % | 0.0 | 0.1 | 0.0 | 0.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 | 0.0 | 0.2 | 0.0 | 0.1 |
| 77 Incision, Excision, Division of Bone, NEC | | | | | | | | | | | | | | | |
| Num | 62 | 38 | 46 | 376 | 84 | 0 | 6 | 32 | 93 | 69 | 73 | 79 | 136 | 38 | 1,132 |
| Col % | 1.6 | 0.5 | 1.1 | 0.8 | 3.2 | 0.0 | 0.6 | 0.9 | 2.6 | 1.0 | 1.9 | 0.8 | 2.1 | 1.6 | 1.1 |
| 78 Other Bone Operations Except Face | | | | | | | | | | | | | | | |
| Num | 33 | 56 | 26 | 221 | 23 | 0 | 1 | 20 | 14 | 46 | 45 | 52 | 69 | 18 | 624 |
| Col % | 0.9 | 0.8 | 0.6 | 0.5 | 0.9 | 0.0 | 0.1 | 0.6 | 0.4 | 0.6 | 1.2 | 0.5 | 1.1 | 0.7 | 0.6 |
| 79 Reduction of Fracture, Dislocation | | | | | | | | | | | | | | | |
| Num | 65 | 136 | 111 | 290 | 9 | 0 | 12 | 78 | 38 | 60 | 80 | 89 | 103 | 46 | 1,117 |
| Col % | 1.7 | 1.9 | 2.7 | 0.7 | 0.3 | 0.0 | 1.2 | 2.3 | 1.1 | 0.8 | 2.1 | 0.9 | 1.6 | 1.9 | 1.1 |

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Number of Procedures and Column Percents

| | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|--|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| 80 Incision, Excision of Joint | | | | | | | | | | | | | | | |
| Num | 272 | 167 | 160 | 1,291 | 86 | 0 | 35 | 57 | 108 | 132 | 95 | 506 | 233 | 150 | 3,292 |
| Col % | 7.2 | 2.3 | 3.9 | 2.9 | 3.3 | 0.0 | 3.5 | 1.6 | 3.1 | 1.8 | 2.4 | 5.1 | 3.7 | 6.2 | 3.3 |
| 81 Joint Repair & Plastic Operations | | | | | | | | | | | | | | | |
| Num | 119 | 131 | 437 | 1,989 | 112 | 0 | 40 | 63 | 63 | 139 | 74 | 306 | 214 | 39 | 3,726 |
| Col % | 3.2 | 1.8 | 10.6 | 4.5 | 4.3 | 0.0 | 4.1 | 1.8 | 1.8 | 1.9 | 1.9 | 3.1 | 3.4 | 1.6 | 3.7 |
| 82 Hand Muscle, Tendon, Fascia Operations | | | | | | | | | | | | | | | |
| Num | 80 | 89 | 54 | 637 | 20 | 0 | 21 | 23 | 54 | 73 | 27 | 131 | 58 | 28 | 1,295 |
| Col % | 2.1 | 1.2 | 1.3 | 1.4 | 0.8 | 0.0 | 2.1 | 0.7 | 1.5 | 1.0 | 0.7 | 1.3 | 0.9 | 1.2 | 1.3 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | | | | | | | | | | | | | | | |
| Num | 71 | 122 | 124 | 762 | 53 | 0 | 8 | 24 | 88 | 101 | 83 | 152 | 150 | 44 | 1,782 |
| Col % | 1.9 | 1.7 | 3.0 | 1.7 | 2.0 | 0.0 | 0.8 | 0.7 | 2.5 | 1.4 | 2.1 | 1.5 | 2.4 | 1.8 | 1.8 |
| 84 Other Musculoskeletal Procedures | | | | | | | | | | | | | | | |
| Num | 7 | 2 | 5 | 44 | 6 | 0 | 3 | 4 | 5 | 4 | 7 | 12 | 4 | 2 | 105 |
| Col % | 0.2 | 0.0 | 0.1 | 0.1 | 0.2 | 0.0 | 0.3 | 0.1 | 0.1 | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 |
| 85 Operations on the Breast | | | | | | | | | | | | | | | |
| Num | 55 | 291 | 113 | 1,209 | 8 | 0 | 22 | 53 | 24 | 158 | 75 | 248 | 339 | 29 | 2,624 |
| Col % | 1.5 | 4.1 | 2.8 | 2.7 | 0.3 | 0.0 | 2.2 | 1.5 | 0.7 | 2.2 | 1.9 | 2.5 | 5.3 | 1.2 | 2.6 |
| 86 Skin & Subcutaneous Tissue Operations | | | | | | | | | | | | | | | |
| Num | 76 | 256 | 159 | 3,836 | 41 | 0 | 49 | 100 | 90 | 415 | 577 | 428 | 281 | 39 | 6,347 |
| Col % | 2.0 | 3.6 | 3.9 | 8.6 | 1.6 | 0.0 | 5.0 | 2.9 | 2.6 | 5.8 | 14.8 | 4.3 | 4.4 | 1.6 | 6.3 |
| Hospital Totals | | | | | | | | | | | | | | | |
| Num | 3,768 | 7,166 | 4,109 | 44,599 | 2,616 | 0 | 986 | 3,460 | 3,511 | 7,136 | 3,900 | 9,984 | 6,339 | 2,414 | 99,988 |
| Col % | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0-86.99, grouped by the first two digits of the procedure code.

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O4.

Table O7
Top 20 Outpatient Procedure Groups by VT, NH and NY Hospitals for Visits Not Originating in the Emergency Department
2007 VT, NH and NY Hospital Data, VT Residents Only
Number of Procedures and Row Percents

| | BRAT | CVMC | COPL | DHMC | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Other NH | NY Hosp | Total |
|--|------|-------|------|-------|-------|------|------|------|-------|------|-------|-------|-------|-------|------|-------------|------------|--------|
| 45 Intestinal Incision, Excision, Anastomosis | | | | | | | | | | | | | | | | | | |
| Num | 995 | 2,717 | 854 | 2,906 | 8,618 | 622 | 0 | 307 | 1,131 | 880 | 2,193 | 1,121 | 2,898 | 1,913 | 763 | 882 | 38 | 28,838 |
| Row % | 3.5 | 9.4 | 3.0 | 10.1 | 29.9 | 2.2 | 0.0 | 1.1 | 3.9 | 3.1 | 7.6 | 3.9 | 10.0 | 6.6 | 2.6 | 3.1 | 0.1 | 100.0 |
| 86 Skin & Subcutaneous Tissue Operations | | | | | | | | | | | | | | | | | | |
| Num | 58 | 253 | 159 | 268 | 3,355 | 41 | 0 | 32 | 99 | 79 | 411 | 522 | 399 | 203 | 35 | 111 | 23 | 6,048 |
| Row % | 1.0 | 4.2 | 2.6 | 4.4 | 55.5 | 0.7 | 0.0 | 0.5 | 1.6 | 1.3 | 6.8 | 8.6 | 6.6 | 3.4 | 0.6 | 1.8 | 0.4 | 100.0 |
| 13 Operations on Lens of Eye | | | | | | | | | | | | | | | | | | |
| Num | 383 | 341 | 129 | 235 | 1,264 | 628 | 0 | 106 | 327 | 386 | 259 | 368 | 382 | 110 | 201 | 283 | 21 | 5,423 |
| Row % | 7.1 | 6.3 | 2.4 | 4.3 | 23.3 | 11.6 | 0.0 | 2.0 | 6.0 | 7.1 | 4.8 | 6.8 | 7.0 | 2.0 | 3.7 | 5.2 | 0.4 | 100.0 |
| 03 Spinal Cord & Canal Operations | | | | | | | | | | | | | | | | | | |
| Num | 106 | 478 | 176 | 57 | 1,831 | 58 | 0 | 7 | 157 | 13 | 698 | 1 | 1,590 | 33 | 22 | 163 | 17 | 5,407 |
| Row % | 2.0 | 8.8 | 3.3 | 1.1 | 33.9 | 1.1 | 0.0 | 0.1 | 2.9 | 0.2 | 12.9 | 0.0 | 29.4 | 0.6 | 0.4 | 3.0 | 0.3 | 100.0 |
| 75 Other Obstetric Operations | | | | | | | | | | | | | | | | | | |
| Num | 0 | 179 | 590 | 10 | 1,673 | 415 | 0 | 0 | 416 | 435 | 400 | 0 | 0 | 40 | 6 | 23 | 0 | 4,187 |
| Row % | 0.0 | 4.3 | 14.1 | 0.2 | 40.0 | 9.9 | 0.0 | 0.0 | 9.9 | 10.4 | 9.6 | 0.0 | 0.0 | 1.0 | 0.1 | 0.5 | 0.0 | 100.0 |
| 81 Joint Repair & Plastic Operations | | | | | | | | | | | | | | | | | | |
| Num | 91 | 129 | 435 | 139 | 1,746 | 112 | 0 | 22 | 63 | 60 | 138 | 70 | 273 | 163 | 35 | 84 | 16 | 3,576 |
| Row % | 2.5 | 3.6 | 12.2 | 3.9 | 48.8 | 3.1 | 0.0 | 0.6 | 1.8 | 1.7 | 3.9 | 2.0 | 7.6 | 4.6 | 1.0 | 2.3 | 0.4 | 100.0 |
| 04 Cranial & Peripheral Nerve Operations | | | | | | | | | | | | | | | | | | |
| Num | 70 | 184 | 199 | 151 | 1,591 | 72 | 0 | 21 | 139 | 115 | 269 | 88 | 342 | 67 | 67 | 170 | 14 | 3,559 |
| Row % | 2.0 | 5.2 | 5.6 | 4.2 | 44.7 | 2.0 | 0.0 | 0.6 | 3.9 | 3.2 | 7.6 | 2.5 | 9.6 | 1.9 | 1.9 | 4.8 | 0.4 | 100.0 |
| 80 Incision, Excision of Joint | | | | | | | | | | | | | | | | | | |
| Num | 218 | 167 | 156 | 287 | 1,176 | 85 | 0 | 26 | 57 | 103 | 131 | 88 | 466 | 169 | 130 | 183 | 8 | 3,450 |
| Row % | 6.3 | 4.8 | 4.5 | 8.3 | 34.1 | 2.5 | 0.0 | 0.8 | 1.7 | 3.0 | 3.8 | 2.6 | 13.5 | 4.9 | 3.8 | 5.3 | 0.2 | 100.0 |
| 38 Vessel Incision, Excision, Occlusion | | | | | | | | | | | | | | | | | | |
| Num | 1 | 91 | 41 | 53 | 1,772 | 15 | 0 | 36 | 28 | 177 | 545 | 5 | 182 | 59 | 34 | 12 | 53 | 3,104 |
| Row % | 0.0 | 2.9 | 1.3 | 1.7 | 57.1 | 0.5 | 0.0 | 1.2 | 0.9 | 5.7 | 17.6 | 0.2 | 5.9 | 1.9 | 1.1 | 0.4 | 1.7 | 100.0 |
| 85 Operations on the Breast | | | | | | | | | | | | | | | | | | |
| Num | 48 | 290 | 110 | 301 | 1,093 | 8 | 0 | 18 | 53 | 22 | 158 | 68 | 241 | 257 | 24 | 55 | 20 | 2,766 |
| Row % | 1.7 | 10.5 | 4.0 | 10.9 | 39.5 | 0.3 | 0.0 | 0.7 | 1.9 | 0.8 | 5.7 | 2.5 | 8.7 | 9.3 | 0.9 | 2.0 | 0.7 | 100.0 |

Table O7
Top 20 Outpatient Procedure Groups by VT, NH and NY Hospitals for Visits Not Originating in the Emergency Department
2007 VT, NH and NY Hospital Data, VT Residents Only
Number of Procedures and Row Percents

| | BRAT | CVMC | COPL | DHMC | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Other NH | NY Hosp | Total |
|---|------|------|------|------|-------|------|------|------|------|------|------|------|------|------|------|-------------|------------|-------|
| 53 Repair of Hernia | | | | | | | | | | | | | | | | | | |
| Num | 94 | 222 | 75 | 149 | 677 | 29 | 0 | 15 | 106 | 79 | 196 | 89 | 243 | 128 | 81 | 93 | 4 | 2,280 |
| Row % | 4.1 | 9.7 | 3.3 | 6.5 | 29.7 | 1.3 | 0.0 | 0.7 | 4.6 | 3.5 | 8.6 | 3.9 | 10.7 | 5.6 | 3.6 | 4.1 | 0.2 | 100.0 |
| 14 Posterior Eye Segment Operations | | | | | | | | | | | | | | | | | | |
| Num | 14 | 1 | 0 | 79 | 1,651 | 3 | 0 | 0 | 1 | 5 | 2 | 0 | 4 | 0 | 1 | 29 | 15 | 1,805 |
| Row % | 0.8 | 0.1 | 0.0 | 4.4 | 91.5 | 0.2 | 0.0 | 0.0 | 0.1 | 0.3 | 0.1 | 0.0 | 0.2 | 0.0 | 0.1 | 1.6 | 0.8 | 100.0 |
| 83 Other Muscle, Tendon, Fascia, Bursa Operations | | | | | | | | | | | | | | | | | | |
| Num | 55 | 122 | 123 | 124 | 663 | 51 | 0 | 6 | 23 | 78 | 100 | 77 | 146 | 122 | 41 | 54 | 7 | 1,792 |
| Row % | 3.1 | 6.8 | 6.9 | 6.9 | 37.0 | 2.8 | 0.0 | 0.3 | 1.3 | 4.4 | 5.6 | 4.3 | 8.1 | 6.8 | 2.3 | 3.0 | 0.4 | 100.0 |
| 48 Other Rectal & Perirectal Operations | | | | | | | | | | | | | | | | | | |
| Num | 81 | 208 | 100 | 102 | 395 | 43 | 0 | 2 | 57 | 54 | 130 | 93 | 123 | 173 | 43 | 29 | 4 | 1,637 |
| Row % | 4.9 | 12.7 | 6.1 | 6.2 | 24.1 | 2.6 | 0.0 | 0.1 | 3.5 | 3.3 | 7.9 | 5.7 | 7.5 | 10.6 | 2.6 | 1.8 | 0.2 | 100.0 |
| 57 Urinary Bladder Operations | | | | | | | | | | | | | | | | | | |
| Num | 29 | 225 | 123 | 95 | 772 | 2 | 0 | 6 | 10 | 25 | 57 | 10 | 70 | 32 | 21 | 42 | 4 | 1,523 |
| Row % | 1.9 | 14.8 | 8.1 | 6.2 | 50.7 | 0.1 | 0.0 | 0.4 | 0.7 | 1.6 | 3.7 | 0.7 | 4.6 | 2.1 | 1.4 | 2.8 | 0.3 | 100.0 |
| 37 Other Heart & Pericardium Operations | | | | | | | | | | | | | | | | | | |
| Num | 0 | 7 | 0 | 449 | 809 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 84 | 13 | 1 | 7 | 6 | 1,379 |
| Row % | 0.0 | 0.5 | 0.0 | 32.6 | 58.7 | 0.0 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 6.1 | 0.9 | 0.1 | 0.5 | 0.4 | 100.0 |
| 51 Biliary Tract Operations | | | | | | | | | | | | | | | | | | |
| Num | 37 | 130 | 65 | 155 | 326 | 21 | 0 | 10 | 69 | 46 | 195 | 29 | 112 | 80 | 28 | 58 | 1 | 1,362 |
| Row % | 2.7 | 9.5 | 4.8 | 11.4 | 23.9 | 1.5 | 0.0 | 0.7 | 5.1 | 3.4 | 14.3 | 2.1 | 8.2 | 5.9 | 2.1 | 4.3 | 0.1 | 100.0 |
| 82 Hand Muscle, Tendon, Fascia Operations | | | | | | | | | | | | | | | | | | |
| Num | 65 | 89 | 53 | 78 | 583 | 20 | 0 | 14 | 23 | 51 | 73 | 25 | 121 | 46 | 23 | 37 | 3 | 1,304 |
| Row % | 5.0 | 6.8 | 4.1 | 6.0 | 44.7 | 1.5 | 0.0 | 1.1 | 1.8 | 3.9 | 5.6 | 1.9 | 9.3 | 3.5 | 1.8 | 2.8 | 0.2 | 100.0 |
| 69 Other Uterus & Supporting Structure Operations | | | | | | | | | | | | | | | | | | |
| Num | 22 | 102 | 39 | 41 | 566 | 8 | 0 | 11 | 27 | 20 | 95 | 26 | 113 | 103 | 68 | 28 | 7 | 1,276 |
| Row % | 1.7 | 8.0 | 3.1 | 3.2 | 44.4 | 0.6 | 0.0 | 0.9 | 2.1 | 1.6 | 7.4 | 2.0 | 8.9 | 8.1 | 5.3 | 2.2 | 0.5 | 100.0 |
| 20 Other Middle & Inner Ear Operations | | | | | | | | | | | | | | | | | | |
| Num | 34 | 77 | 1 | 115 | 559 | 0 | 0 | 4 | 26 | 13 | 67 | 111 | 84 | 66 | 26 | 27 | 3 | 1,213 |
| Row % | 2.8 | 6.3 | 0.1 | 9.5 | 46.1 | 0.0 | 0.0 | 0.3 | 2.1 | 1.1 | 5.5 | 9.2 | 6.9 | 5.4 | 2.1 | 2.2 | 0.2 | 100.0 |

Table O7
Top 20 Outpatient Procedure Groups by VT, NH and NY Hospitals for Visits Not Originating in the Emergency Department
2007 VT, NH and NY Hospital Data, VT Residents Only
Number of Procedures and Row Percents

| | BRAT | CVMC | COPL | DHMC | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Other NH | NY Hosps | Total |
|-----------------|-------|-------|-------|-------|--------|-------|------|------|-------|-------|-------|-------|-------|-------|-------|-------------|-------------|---------|
| All Other | | | | | | | | | | | | | | | | | | |
| Num | 692 | 1,126 | 655 | 2,322 | 8,218 | 303 | 0 | 65 | 607 | 469 | 925 | 757 | 1,485 | 1,103 | 453 | 621 | 74 | 19,875 |
| Row % | 3.5 | 5.7 | 3.3 | 11.7 | 41.3 | 1.5 | 0.0 | 0.3 | 3.1 | 2.4 | 4.7 | 3.8 | 7.5 | 5.5 | 2.3 | 3.1 | 0.4 | 100.0 |
| Hospital Totals | | | | | | | | | | | | | | | | | | |
| Num | 3,093 | 7,138 | 4,083 | 8,116 | 39,338 | 2,536 | 0 | 708 | 3,419 | 3,113 | 7,042 | 3,548 | 9,358 | 4,880 | 2,103 | 2,991 | 338 | 101,804 |
| Row % | 3.0 | 7.0 | 4.0 | 8.0 | 38.6 | 2.5 | 0.0 | 0.7 | 3.4 | 3.1 | 6.9 | 3.5 | 9.2 | 4.8 | 2.1 | 2.9 | 0.3 | 100.0 |

Top 20 procedure groups are based on the combined Vermont, New Hampshire, and New York outpatient procedure totals.

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0-86.99, grouped by the first two digits of the procedure code.

New Hampshire data are provided by the New Hampshire Department of Health and Human Services.

New Hampshire outpatient data do not include admission source information. Therefore, all outpatient records with a procedure in the correct ICD-9-CM code range are included.

New York data are provided by the New York Department of Health.

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O4.

Table O8
Primary Cost Centers by Vermont Hospitals
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|------------------------------------|------|--------|--------|---------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 3390 Laboratory - Clinical | 241 | 72,000 | 25,038 | 227,224 | 23,263 | 8,018 | 18,717 | 33,748 | 32,671 | 38,661 | 36,338 | 77,949 | 65,974 | 11,835 | 671,677 |
| 4100 Radiology - Diagnostic | 64 | 9,395 | 5,721 | 44,566 | 5,195 | 1,519 | 3,925 | 5,637 | 5,288 | 9,747 | 5,156 | 10,738 | 7,444 | 5,986 | 120,381 |
| 3440 Mammography | 0 | 8,632 | 2,886 | 26,410 | 1,978 | 0 | 1,539 | 3,133 | 3,785 | 1,391 | 4,064 | 9,695 | 7,148 | 2,867 | 73,528 |
| Diagnostic | 0 | 1,275 | 709 | 3,458 | 299 | 0 | 296 | 578 | 954 | 1,169 | 461 | 2,066 | 1,591 | 341 | 13,197 |
| Screening | 0 | 7,358 | 2,182 | 23,128 | 1,690 | 0 | 1,244 | 2,555 | 2,836 | 283 | 3,604 | 7,769 | 5,579 | 2,535 | 60,763 |
| 3240 Cytology | 0 | 0 | 0 | 36,849 | 6 | 0 | 114 | 1,232 | 0 | 6 | 5 | 4,847 | 5,979 | 0 | 49,038 |
| 3630 Ultra Sound | 2 | 3,975 | 1,690 | 10,440 | 1,476 | 0 | 581 | 1,973 | 843 | 2,837 | 1,356 | 4,831 | 4,795 | 1,377 | 36,176 |
| 3420 Laboratory - Pathological | 7 | 1,503 | 481 | 18,311 | 3,122 | 0 | 1,271 | 637 | 4,700 | 568 | 785 | 1,848 | 821 | 241 | 34,295 |
| 5000 Physical Therapy | 0 | 2,931 | 3,086 | 9,348 | 1,412 | 416 | 908 | 2,505 | 4,809 | 2,249 | 96 | 2,867 | 918 | 1,196 | 32,741 |
| 3230 CAT Scan | 12 | 3,625 | 964 | 11,254 | 654 | 9 | 528 | 1,688 | 724 | 1,961 | 1,167 | 3,694 | 3,493 | 1,130 | 30,903 |
| 3430 MRI | 0 | 2,685 | 1,030 | 10,246 | 671 | 0 | 420 | 1,352 | 807 | 1,527 | 1,094 | 4,928 | 2,834 | 909 | 28,503 |
| 3280 EKG/EEG | 8 | 1,145 | 351 | 8,066 | 840 | 356 | 467 | 1,209 | 747 | 515 | 157 | 2,100 | 262 | 423 | 16,646 |
| EKG | 8 | 1,035 | 243 | 5,819 | 796 | 356 | 467 | 859 | 615 | 515 | 157 | 1,088 | 262 | 423 | 12,643 |
| EEG | 0 | 112 | 108 | 2,252 | 44 | 0 | 0 | 350 | 134 | 0 | 0 | 1,014 | 0 | 0 | 4,014 |
| 3140 Cardiology | 2 | 255 | 135 | 6,332 | 350 | 0 | 222 | 844 | 915 | 428 | 263 | 970 | 304 | 457 | 11,477 |
| 3450 Nuclear Medicine - Diagnostic | 0 | 531 | 340 | 4,461 | 426 | 0 | 0 | 286 | 492 | 523 | 489 | 1,188 | 1,002 | 424 | 10,162 |
| Pet Scan | 0 | 105 | 0 | 570 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 276 | 182 | 0 | 1,133 |
| All other | 0 | 426 | 340 | 4,406 | 426 | 0 | 0 | 286 | 492 | 523 | 489 | 1,172 | 820 | 424 | 9,804 |
| 3560 Pulmonary Function | 1 | 460 | 81 | 4,168 | 234 | 21 | 160 | 1,233 | 1,920 | 301 | 227 | 1,023 | 0 | 137 | 9,966 |

**Table O8
Primary Cost Centers by Vermont Hospitals
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents**

| Primary Cost Center | BRAT | CVMC | COPL | FAHC | GIFF | GRAC | MT.A | NCTY | NEVT | NWST | PORT | RRMC | SWVT | SPRF | Total |
|----------------------------|------|------|------|-------|------|------|------|-------|------|------|------|-------|------|------|-------|
| 3650 Vascular Lab | 3 | 954 | 244 | 3,593 | 178 | 0 | 106 | 476 | 204 | 492 | 315 | 1,249 | 0 | 358 | 8,172 |
| 3190 Chemotherapy | 5 | 0 | 309 | 5,709 | 14 | 4 | 430 | 159 | 0 | 0 | 0 | 845 | 0 | 251 | 7,726 |
| 5100 Occupational Therapy | 0 | 553 | 330 | 4,366 | 240 | 56 | 287 | 550 | 4 | 194 | 1 | 662 | 228 | 186 | 7,657 |
| 3620 Stress Test | 0 | 222 | 396 | 4,056 | 358 | 0 | 77 | 346 | 0 | 552 | 394 | 286 | 478 | 269 | 7,434 |
| 3480 Oncology | 3 | 0 | 0 | 57 | 18 | 0 | 0 | 1,537 | 0 | 0 | 0 | 5,035 | 0 | 5 | 6,655 |
| 4800 Intravenous Therapy | 337 | 13 | 381 | 2,232 | 117 | 178 | 0 | 963 | 202 | 170 | 11 | 903 | 1 | 428 | 5,936 |
| 5700 Renal Dialysis | 0 | 0 | 0 | 3,483 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3,483 |
| 3370 Holter Monitor | 1 | 96 | 0 | 1,718 | 65 | 29 | 61 | 164 | 182 | 149 | 39 | 370 | 0 | 76 | 2,950 |
| 4200 Radiology-Therapeutic | 0 | 0 | 0 | 2,010 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 602 | 0 | 0 | 2,613 |
| 3260 Echocardiography | 0 | 371 | 0 | 1,326 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 235 | 0 | 1,932 |

Only the new Expanded Outpatient Records are included in this table, other outpatient records having any procedure in the ICD-9-CM procedure range 00-86.99 or records having associated Emergency Room or Observation Bed revenue records are excluded.

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix O3 for all cost centers along with the associated revenue codes.

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

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O4.

Table O9
Primary Cost Centers by Payer
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | Total |
|--------------------------------|-------|----------|----------|------------|------------------|--------------|--------|---------|---------|
| 3390 Laboratory - Clinical | Num | 256,506 | 82,558 | 4,510 | 1,065 | 298,357 | 26,963 | 1,718 | 671,677 |
| | Row % | 38.2 | 12.3 | 0.7 | 0.2 | 44.4 | 4.0 | 0.3 | 100.0 |
| 4100 Radiology - Diagnostic | Num | 36,744 | 16,554 | 1,029 | 3,421 | 56,580 | 5,808 | 245 | 120,381 |
| | Row % | 30.5 | 13.8 | 0.9 | 2.8 | 47.0 | 4.8 | 0.2 | 100.0 |
| 3440 Mammography | Num | 20,303 | 3,999 | 942 | 0 | 46,677 | 1,357 | 250 | 73,528 |
| | Row % | 27.6 | 5.4 | 1.3 | 0.0 | 63.5 | 1.8 | 0.3 | 100.0 |
| Diagnostic | Num | 3,529 | 1,442 | 140 | 0 | 7,707 | 327 | 52 | 13,197 |
| | Row % | 26.7 | 10.9 | 1.1 | 0.0 | 58.4 | 2.5 | 0.4 | 100.0 |
| Screening | Num | 16,890 | 2,574 | 809 | 0 | 39,257 | 1,034 | 199 | 60,763 |
| | Row % | 27.8 | 4.2 | 1.3 | 0.0 | 64.6 | 1.7 | 0.3 | 100.0 |
| 3240 Cytology | Num | 3,829 | 5,036 | 776 | 6 | 37,365 | 1,812 | 214 | 49,038 |
| | Row % | 7.8 | 10.3 | 1.6 | 0.0 | 76.2 | 3.7 | 0.4 | 100.0 |
| 3630 Ultra Sound | Num | 7,753 | 6,902 | 348 | 36 | 19,603 | 1,385 | 149 | 36,176 |
| | Row % | 21.4 | 19.1 | 1.0 | 0.1 | 54.2 | 3.8 | 0.4 | 100.0 |
| 3420 Laboratory - Pathological | Num | 6,413 | 4,501 | 328 | 17 | 20,942 | 2,070 | 24 | 34,295 |
| | Row % | 18.7 | 13.1 | 1.0 | 0.0 | 61.1 | 6.0 | 0.1 | 100.0 |
| 5000 Physical Therapy | Num | 10,250 | 5,155 | 443 | 2,580 | 12,404 | 1,893 | 16 | 32,741 |
| | Row % | 31.3 | 15.7 | 1.4 | 7.9 | 37.9 | 5.8 | 0.0 | 100.0 |
| 3230 CAT Scan | Num | 12,347 | 3,570 | 228 | 285 | 13,515 | 852 | 106 | 30,903 |
| | Row % | 40.0 | 11.6 | 0.7 | 0.9 | 43.7 | 2.8 | 0.3 | 100.0 |
| 3430 MRI | Num | 6,404 | 4,188 | 302 | 1,584 | 15,169 | 767 | 89 | 28,503 |
| | Row % | 22.5 | 14.7 | 1.1 | 5.6 | 53.2 | 2.7 | 0.3 | 100.0 |

Table O9
Primary Cost Centers by Payer
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | Total |
|------------------------------------|-------|----------|----------|------------|------------------|--------------|-------|---------|--------|
| 3280 EKG/EEG | Num | 6,352 | 2,352 | 148 | 145 | 7,186 | 454 | 9 | 16,646 |
| | Row % | 38.2 | 14.1 | 0.9 | 0.9 | 43.2 | 2.7 | 0.1 | 100.0 |
| EKG | Num | 5,437 | 1,574 | 93 | 135 | 5,042 | 353 | 9 | 12,643 |
| | Row % | 43.0 | 12.4 | 0.7 | 1.1 | 39.9 | 2.8 | 0.1 | 100.0 |
| EEG | Num | 917 | 783 | 55 | 10 | 2,148 | 101 | 0 | 4,014 |
| | Row % | 22.8 | 19.5 | 1.4 | 0.2 | 53.5 | 2.5 | 0.0 | 100.0 |
| 3140 Cardiology | Num | 5,205 | 1,139 | 105 | 13 | 4,454 | 550 | 11 | 11,477 |
| | Row % | 45.4 | 9.9 | 0.9 | 0.1 | 38.8 | 4.8 | 0.1 | 100.0 |
| 3450 Nuclear Medicine - Diagnostic | Num | 4,394 | 942 | 77 | 67 | 4,440 | 214 | 28 | 10,162 |
| | Row % | 43.2 | 9.3 | 0.8 | 0.7 | 43.7 | 2.1 | 0.3 | 100.0 |
| Pet Scan | Num | 588 | 84 | 12 | 0 | 424 | 21 | 4 | 1,133 |
| | Row % | 51.9 | 7.4 | 1.1 | 0.0 | 37.4 | 1.9 | 0.4 | 100.0 |
| All other | Num | 4,185 | 902 | 74 | 67 | 4,341 | 211 | 24 | 9,804 |
| | Row % | 42.7 | 9.2 | 0.8 | 0.7 | 44.3 | 2.2 | 0.2 | 100.0 |
| 3560 Pulmonary Function | Num | 3,947 | 1,375 | 75 | 32 | 4,002 | 535 | 0 | 9,966 |
| | Row % | 39.6 | 13.8 | 0.8 | 0.3 | 40.2 | 5.4 | 0.0 | 100.0 |
| 3650 Vascular Lab | Num | 5,596 | 470 | 29 | 55 | 1,878 | 143 | 1 | 8,172 |
| | Row % | 68.5 | 5.8 | 0.4 | 0.7 | 23.0 | 1.7 | 0.0 | 100.0 |
| 3190 Chemotherapy | Num | 3,106 | 648 | 54 | | 3,686 | 232 | 0 | 7,726 |
| | Row % | 40.2 | 8.4 | 0.7 | 0.0 | 47.7 | 3.0 | 0.0 | 100.0 |
| 5100 Occupational Therapy | Num | 1,903 | 1,073 | 75 | 1,087 | 3,051 | 467 | 1 | 7,657 |
| | Row % | 24.9 | 14.0 | 1.0 | 14.2 | 39.8 | 6.1 | 0.0 | 100.0 |
| 3620 Stress Test | Num | 2,915 | 505 | 73 | 10 | 3,707 | 213 | 11 | 7,434 |
| | Row % | 39.2 | 6.8 | 1.0 | 0.1 | 49.9 | 2.9 | 0.1 | 100.0 |

Table O9
Primary Cost Centers by Payer
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | | Medicare | Medicaid | Other Gov. | Workers Comp. | Private Ins. | Other | Unknown | Total |
|----------------------------|-------|----------|----------|------------|------------------|--------------|-------|---------|-------|
| 3480 Oncology | Num | 3,831 | 604 | 39 | 3 | 2,045 | 132 | 1 | 6,655 |
| | Row % | 57.6 | 9.1 | 0.6 | 0.0 | 30.7 | 2.0 | 0.0 | 100.0 |
| 4800 Intravenous Therapy | Num | 3,142 | 647 | 39 | 3 | 1,942 | 163 | 0 | 5,936 |
| | Row % | 52.9 | 10.9 | 0.7 | 0.1 | 32.7 | 2.7 | 0.0 | 100.0 |
| 5700 Renal Dialysis | Num | 2,865 | 148 | 66 | 0 | 384 | 20 | 0 | 3,483 |
| | Row % | 82.3 | 4.2 | 1.9 | 0.0 | 11.0 | 0.6 | 0.0 | 100.0 |
| 3370 Holter Monitor | Num | 1,034 | 355 | 29 | 1 | 1,450 | 81 | 0 | 2,950 |
| | Row % | 35.1 | 12.0 | 1.0 | 0.0 | 49.2 | 2.7 | 0.0 | 100.0 |
| 4200 Radiology-Therapeutic | Num | 1,292 | 152 | 27 | 0 | 1,112 | 30 | 0 | 2,613 |
| | Row % | 49.4 | 5.8 | 1.0 | 0.0 | 42.6 | 1.1 | 0.0 | 100.0 |
| 3260 Echocardiography | Num | 1,578 | 56 | 0 | 0 | 283 | 6 | 0 | 1,932 |
| | Row % | 81.7 | 2.9 | 0.0 | 0.0 | 14.6 | 0.3 | 0.0 | 100.0 |

Only the new Expanded Outpatient Records are included in this table, other outpatient records having any procedure in the ICD-9-CM procedure range 00-86.99 or records having associated Emergency Room or Observation Bed revenue records are excluded.

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix O3 for all cost centers along with the associated revenue codes.

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 O10
Primary Cost Centers by Age and Sex
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | | Age Under 15 | | Age Between 15 and 44 | | Age Between 45 and 64 | | Age 65 and Over | | Total |
|---------------------------------|-------|--------------|--------|-----------------------|---------|-----------------------|---------|-----------------|---------|---------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | |
| 3390 Laboratory - Clinical* | Num | 12,749 | 14,581 | 47,041 | 129,485 | 102,198 | 124,824 | 104,992 | 135,781 | 671,651 |
| | Row % | 1.9 | 2.2 | 7.0 | 19.3 | 15.2 | 18.6 | 15.6 | 20.2 | 100.0 |
| 4100 Radiology - Diagnostic* | Num | 5,923 | 5,492 | 15,411 | 16,506 | 17,542 | 25,707 | 12,215 | 21,579 | 120,375 |
| | Row % | 4.9 | 4.6 | 12.8 | 13.7 | 14.6 | 21.4 | 10.1 | 17.9 | 100.0 |
| 3440 Mammography | Num | 0 | 1 | 28 | 11,100 | 66 | 42,846 | 50 | 19,437 | 73,528 |
| | Row % | 0.0 | 0.0 | 0.0 | 15.1 | 0.1 | 58.3 | 0.1 | 26.4 | 100.0 |
| Diagnostic* | Num | 0 | 0 | 26 | 2,791 | 60 | 7,044 | 46 | 3,230 | 13,197 |
| | Row % | 0.0 | 0.0 | 0.2 | 21.1 | 0.5 | 53.4 | 0.3 | 24.5 | 100.0 |
| Screening | Num | 0 | 1 | 2 | 8,394 | 6 | 36,039 | 4 | 16,317 | 60,763 |
| | Row % | 0.0 | 0.0 | 0.0 | 13.8 | 0.0 | 59.3 | 0.0 | 26.9 | 100.0 |
| 3240 Cytology | Num | 0 | 36 | 24 | 27,236 | 23 | 18,466 | 3 | 3,250 | 49,038 |
| | Row % | 0.0 | 0.1 | 0.0 | 55.5 | 0.0 | 37.7 | 0.0 | 6.6 | 100.0 |
| 3420 Laboratory - Pathological* | Num | 272 | 298 | 2,289 | 11,450 | 3,924 | 10,006 | 2,612 | 3,443 | 34,294 |
| | Row % | 0.8 | 0.9 | 6.7 | 33.4 | 11.4 | 29.2 | 7.6 | 10.0 | 100.0 |
| 3630 Ultra Sound | Num | 814 | 1,062 | 1,601 | 13,849 | 2,267 | 9,750 | 2,384 | 4,449 | 36,176 |
| | Row % | 2.3 | 2.9 | 4.4 | 38.3 | 6.3 | 27.0 | 6.6 | 12.3 | 100.0 |
| 3230 CAT Scan* | Num | 342 | 301 | 2,763 | 4,128 | 5,083 | 6,926 | 5,194 | 6,163 | 30,900 |
| | Row % | 1.1 | 1.0 | 8.9 | 13.4 | 16.4 | 22.4 | 16.8 | 19.9 | 100.0 |
| 5000 Physical Therapy* | Num | 427 | 528 | 3,993 | 6,141 | 4,749 | 7,900 | 3,268 | 5,734 | 32,740 |
| | Row % | 1.3 | 1.6 | 12.2 | 18.8 | 14.5 | 24.1 | 10.0 | 17.5 | 100.0 |
| 3430 MRI* | Num | 333 | 405 | 4,486 | 5,765 | 5,216 | 6,809 | 2,292 | 3,196 | 28,502 |
| | Row % | 1.2 | 1.4 | 15.7 | 20.2 | 18.3 | 23.9 | 8.0 | 11.2 | 100.0 |

Table O10
Primary Cost Centers by Age and Sex
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | | Age Under 15 | | Age Between 15 and 44 | | Age Between 45 and 64 | | Age 65 and Over | | Total |
|------------------------------------|-------|--------------|--------|-----------------------|--------|-----------------------|--------|-----------------|--------|--------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | |
| 3280 EKG/EEG | Num | 1,075 | 978 | 1,325 | 1,495 | 3,222 | 2,886 | 2,726 | 2,939 | 16,646 |
| | Row % | 6.5 | 5.9 | 8.0 | 9.0 | 19.4 | 17.3 | 16.4 | 17.7 | 100.0 |
| EKG | Num | 864 | 792 | 661 | 839 | 2,306 | 2,127 | 2,381 | 2,673 | 12,643 |
| | Row % | 6.8 | 6.3 | 5.2 | 6.6 | 18.2 | 16.8 | 18.8 | 21.1 | 100.0 |
| EEG | Num | 216 | 186 | 665 | 657 | 918 | 759 | 346 | 267 | 4,014 |
| | Row % | 5.4 | 4.6 | 16.6 | 16.4 | 22.9 | 18.9 | 8.6 | 6.7 | 100.0 |
| 3140 Cardiology | Num | 455 | 413 | 717 | 804 | 2,161 | 1,505 | 3,020 | 2,402 | 11,477 |
| | Row % | 4.0 | 3.6 | 6.2 | 7.0 | 18.8 | 13.1 | 26.3 | 20.9 | 100.0 |
| 3450 Nuclear Medicine - Diagnostic | Num | 63 | 75 | 553 | 1,079 | 1,908 | 2,394 | 1,991 | 2,099 | 10,162 |
| | Row % | 0.6 | 0.7 | 5.4 | 10.6 | 18.8 | 23.6 | 19.6 | 20.7 | 100.0 |
| Pet Scan | Num | 1 | 1 | 64 | 54 | 242 | 211 | 298 | 262 | 1,133 |
| | Row % | 0.1 | 0.1 | 5.6 | 4.8 | 21.4 | 18.6 | 26.3 | 23.1 | 100.0 |
| All other | Num | 63 | 75 | 540 | 1,068 | 1,852 | 2,328 | 1,880 | 1,998 | 9,804 |
| | Row % | 0.6 | 0.8 | 5.5 | 10.9 | 18.9 | 23.7 | 19.2 | 20.4 | 100.0 |
| 3560 Pulmonary Function * | Num | 415 | 375 | 859 | 1,334 | 1,526 | 1,903 | 1,712 | 1,841 | 9,965 |
| | Row % | 4.2 | 3.8 | 8.6 | 13.4 | 15.3 | 19.1 | 17.2 | 18.5 | 100.0 |
| 3620 Stress Test | Num | 23 | 16 | 528 | 392 | 2,208 | 1,457 | 1,570 | 1,240 | 7,434 |
| | Row % | 0.3 | 0.2 | 7.1 | 5.3 | 29.7 | 19.6 | 21.1 | 16.7 | 100.0 |
| 5100 Occupational Therapy | Num | 290 | 192 | 1,395 | 1,319 | 1,160 | 1,760 | 634 | 907 | 7,657 |
| | Row % | 3.8 | 2.5 | 18.2 | 17.2 | 15.1 | 23.0 | 8.3 | 11.8 | 100.0 |
| 3650 Vascular Lab* | Num | 26 | 12 | 338 | 436 | 1,052 | 1,148 | 2,344 | 2,815 | 8,171 |
| | Row % | 0.3 | 0.1 | 4.1 | 5.3 | 12.9 | 14.0 | 28.7 | 34.5 | 100.0 |
| 3190 Chemotherapy | Num | 10 | 3 | 554 | 681 | 1,230 | 2,566 | 1,266 | 1,416 | 7,726 |
| | Row % | 0.1 | 0.0 | 7.2 | 8.8 | 15.9 | 33.2 | 16.4 | 18.3 | 100.0 |

Table O10
Primary Cost Centers by Age and Sex
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| Primary Cost Center | | Age Under 15 | | Age Between 15 and 44 | | Age Between 45 and 64 | | Age 65 and Over | | Total |
|----------------------------|-------|--------------|--------|-----------------------|--------|-----------------------|--------|-----------------|--------|-------|
| | | Male | Female | Male | Female | Male | Female | Male | Female | |
| 3480 Oncology | Num | 3 | 0 | 178 | 360 | 985 | 1,710 | 1,470 | 1,949 | 6,655 |
| | Row % | 0.0 | 0.0 | 2.7 | 5.4 | 14.8 | 25.7 | 22.1 | 29.3 | 100.0 |
| 4800 Intravenous Therapy | Num | 35 | 45 | 332 | 670 | 964 | 1,268 | 1,124 | 1,498 | 5,936 |
| | Row % | 0.6 | 0.8 | 5.6 | 11.3 | 16.2 | 21.4 | 18.9 | 25.2 | 100.0 |
| 5700 Renal Dialysis | Num | 19 | 0 | 164 | 177 | 638 | 440 | 1,142 | 903 | 3,483 |
| | Row % | 0.5 | 0.0 | 4.7 | 5.1 | 18.3 | 12.6 | 32.8 | 25.9 | 100.0 |
| 3370 Holter Monitor | Num | 115 | 99 | 277 | 520 | 407 | 513 | 483 | 536 | 2,950 |
| | Row % | 3.9 | 3.4 | 9.4 | 17.6 | 13.8 | 17.4 | 16.4 | 18.2 | 100.0 |
| 4200 Radiology-Therapeutic | Num | 5 | 5 | 89 | 148 | 414 | 727 | 635 | 590 | 2,613 |
| | Row % | 0.2 | 0.2 | 3.4 | 5.7 | 15.8 | 27.8 | 24.3 | 22.6 | 100.0 |
| 3260 Echocardiography | Num | 2 | 1 | 52 | 97 | 169 | 218 | 679 | 714 | 1,932 |
| | Row % | 0.1 | 0.1 | 2.7 | 5.0 | 8.7 | 11.3 | 35.1 | 37.0 | 100.0 |

Only the new Expanded Outpatient Records are included in this table, other outpatient records having any procedure in the ICD-9-CM procedure range 00-86.99 or records having associated Emergency Room or Observation Bed revenue records are excluded.

*Total does not equal total for cost center because of missing sex or age.

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix O3 for all cost centers along with the associated revenue codes.

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 O11
CCS High Level Diagnostic Groups
2007 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

| <u>Clinical Classification System (CCS) High-Level Diagnostic Group</u> | <u># Records</u> | <u>%</u> |
|---|------------------|----------|
| Symptoms, signs & ill-defined conditions | 284,902 | 18.9 |
| Endocrine, nutritional, metabolic & immunity disorders | 177,712 | 11.8 |
| Musculoskeletal system & connective tissue | 167,631 | 11.1 |
| Diseases of the circulatory system | 159,065 | 10.6 |
| Diseases of the genitourinary system | 132,244 | 8.8 |
| Diseases of the respiratory system | 87,505 | 5.8 |
| Neoplasms | 87,171 | 5.8 |
| Diseases of the nervous system & sense organs | 79,760 | 5.3 |
| Injury & poisoning | 55,671 | 3.7 |
| Mental disorders | 48,205 | 3.2 |
| Diseases of the digestive system | 46,120 | 3.1 |
| Contraception & complications of pregnancy & childbirth | 41,058 | 2.7 |
| Infectious & parasitic diseases | 34,654 | 2.3 |
| Diseases of the skin & subcutaneous tissue | 31,204 | 2.1 |
| Residual codes, unclassified, all Ecodes | 30,781 | 2.0 |
| Diseases of the blood & blood-forming organs | 28,102 | 1.9 |
| Congenital anomalies | 5,375 | 0.4 |
| Conditions originating in the perinatal period | 2,309 | 0.2 |
| Missing | 7,502 | 0.5 |
| Total | 1,506,971 | 100.0 |

Only the new Expanded Outpatient Records are included in this table, other outpatient records having any ICD-9-CM procedure range 00-86.99 or records having associated Emergency Room or Observation Bed revenue records are excluded.

Table O12
Primary Diagnostic Groups
2007 Expanded Outpatient Services in VT Hospitals and 2006 United States Outpatient Department Visits

| Primary Diagnosis Group | ICD-9-CM code range | VT Expanded Outpt. | | United States 2006 Data | |
|---|---------------------------------|--------------------|-------|--|-------|
| | | # Records | % | # Records (rounded to thousands) | % |
| Arthropathies and related disorders | 710-719 | 68,401 | 4.5 | 2,562,000 | 2.5 |
| Diabetes mellitus | 250 | 61,671 | 4.1 | 4,342,000 | 4.2 |
| Malignant neoplasms | 140-208, 230-234 | 60,706 | 4.0 | 3,484,000 | 3.4 |
| Spinal disorders | 720-724 | 53,104 | 3.5 | 2,255,000 | 2.2 |
| Specific Procedures and aftercare | V50-V59.9 | 52,362 | 3.5 | 1,768,000 | 1.7 |
| Heart disease excluding ischemic | 420-429 | 51,604 | 3.4 | 1,168,000 | 1.1 |
| Essential hypertension | 401 | 43,734 | 2.9 | 3,892,000 | 3.8 |
| Gynecological exam | V72.3 | 33,840 | 2.2 | 1,245,000 | 1.2 |
| Rheumatism, excluding back | 725-729 | 33,247 | 2.2 | 1,667,000 | 1.6 |
| General medical exam | V70 | 29,799 | 2.0 | 1,265,000 | 1.2 |
| Normal pregnancy | V22 | 25,174 | 1.7 | 3,045,000 | 3.0 |
| Acute pharyngitis | 462 | 16,270 | 1.1 | 1,315,000 | 1.3 |
| Acute Upper Respiratory, excluding pharyngitis | 460-461, 463-466 | 13,532 | 0.9 | 3,846,000 | 3.8 |
| Potential health hazards related to communicable diseases | V01-V09 | 13,257 | 0.9 | 1,786,000 | 1.7 |
| Routine infant or child health check | V20.2 | 10,475 | 0.7 | 3,654,000 | 3.6 |
| Psychoses, excluding major depressive disorders | 290-295, 296.0-296.1, 296.4-299 | 9,392 | 0.6 | 1,851,000 | 1.8 |
| Complications of pregnancy, childbirth, and the puerperium | 630-677 | 9,231 | 0.6 | 1,405,000 | 1.4 |
| Potential health hazards related to personal and family history | V10-V19 | 8,089 | 0.5 | 1,252,000 | 1.2 |
| Otitis media and eustachian tube disorders | 381-382 | 7,372 | 0.5 | 1,562,000 | 1.5 |
| Chronic sinusitis | 473 | 2,197 | 0.1 | 1,448,000 | 1.4 |
| All other including missing | | 903,514 | 60.0 | 57,398,000 | 56.2 |
| Total | | 1,506,971 | 100.0 | 102,210,000 | 100.0 |

Only the new Expanded Outpatient Records are included in this table, other outpatient records having any procedure in the ICD-9-CM procedure range 00-86.99 or records having associated Emergency Room or Observation Bed revenue records are excluded.

Primary Diagnosis Groups and United States Data are taken from the National Health Statistics Reports: Number 4, August 6, 2008.

Ref: Hing E, Hall MJ, Xu J. National Hospital Ambulatory Medical Care Survey: 2006 outpatient department summary. National health statistics reports; no 4. Hyattsville, MD: National Center for Health Statistics. 2008.

Table O13
Observation Bed Records by VT Hospital and Setting
2007 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Average Charges

| Hospital | Outpatient | | | | | | | | | | | |
|--|------------|----------|--------------|----------|--------------------------------|----------|-------------------------|----------|---------|----------|-------------------------------------|----------|
| | Inpatient | | ED Flag only | | ED FLAG and Procedure in Range | | Procedure in Range Only | | No Flag | | Total Records with Observation Flag | |
| | Num | Avg Chrg | Num | Avg Chrg | Num | Avg Chrg | Num | Avg Chrg | Num | Avg Chrg | Num | Avg Chrg |
| BRATTLEBORO MEMORIAL HOSPITAL | 93 | \$8,037 | 62 | \$3,875 | 16 | \$6,095 | 393 | \$7,354 | 58 | \$2,067 | 622 | \$6,584 |
| CENTRAL VERMONT MEDICAL CENTER | 151 | \$11,072 | 574 | \$4,449 | 136 | \$8,122 | 245 | \$4,841 | 189 | \$1,351 | 1,295 | \$5,229 |
| COPLEY HOSPITAL | 11 | \$7,657 | 358 | \$3,159 | 47 | \$5,846 | 16 | \$9,795 | 61 | \$2,816 | 493 | \$3,689 |
| FLETCHER ALLEN HEALTH CARE | 234 | \$16,650 | 1,338 | \$5,048 | 177 | \$8,846 | 402 | \$15,590 | 120 | \$4,160 | 2,271 | \$8,358 |
| GIFFORD MEDICAL CENTER | 93 | \$9,228 | 169 | \$3,978 | 11 | \$9,728 | 105 | \$6,426 | 46 | \$3,124 | 424 | \$5,792 |
| GRACE COTTAGE HOSPITAL | 0 | -- | 67 | \$2,744 | 0 | -- | 0 | -- | 10 | \$1,799 | 77 | \$2,622 |
| MT. ASCUTNEY HOSPITAL AND HEALTH CTR. | 2 | \$9,344 | 156 | \$4,404 | 44 | \$7,646 | 4 | \$6,270 | 26 | \$3,487 | 232 | \$4,991 |
| NORTH COUNTRY HOSPITAL | 42 | \$15,878 | 377 | \$4,415 | 50 | \$10,818 | 214 | \$7,999 | 79 | \$3,095 | 762 | \$6,337 |
| NORTHEASTERN VERMONT REGIONAL HOSPITAL | 125 | \$9,061 | 180 | \$3,015 | 32 | \$8,494 | 122 | \$10,351 | 77 | \$1,213 | 536 | \$6,163 |
| NORTHWESTERN MEDICAL CENTER | 176 | \$9,464 | 569 | \$3,763 | 137 | \$7,697 | 167 | \$8,595 | 98 | \$1,593 | 1,147 | \$5,626 |
| PORTER MEDICAL CENTER | 65 | \$10,530 | 448 | \$4,017 | 55 | \$7,302 | 25 | \$5,682 | 163 | \$1,676 | 756 | \$4,366 |
| RUTLAND REGIONAL MEDICAL CENTER | 464 | \$14,739 | 1,349 | \$4,550 | 123 | \$9,460 | 54 | \$9,566 | 337 | \$3,344 | 2,327 | \$6,783 |
| SOUTHWESTERN VT. MEDICAL CENTER | 78 | \$9,248 | 674 | \$4,008 | 22 | \$6,965 | 12 | \$13,750 | 58 | \$2,461 | 844 | \$4,602 |
| SPRINGFIELD HOSPITAL | 55 | \$8,677 | 229 | \$4,108 | 32 | \$6,805 | 79 | \$12,728 | 13 | \$2,495 | 408 | \$6,553 |
| Total VT Hospitals | 1,589 | \$12,249 | 6,550 | \$4,298 | 882 | \$8,265 | 1,838 | \$9,488 | 1,335 | \$2,523 | 12,194 | \$6,209 |

Inpatient records exclude MDC 15 (newborns).

Emergency Department records are flagged using revenue codes between 450 and 459, Observation records are flagged using revenue code 760 or 762. Procedure in Range records include all outpatient records with any procedure in the ICD-9-CM procedure range of 00 - 86.99.

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2007 VT Hospital Data, Includes VT Residents and Non-Residents

Outpatient Observation Bed Records Without a Procedure in Range or Associated ED Revenue Record

| Clinical Classification System, High and Single Level Diagnostic Group | # Records | % |
|--|------------|-------------|
| Contraception and complications of pregnancy and childbirth | 275 | 20.6 |
| 184 Early or threatened labor | 130 | |
| 181 Other complications of pregnancy | 62 | |
| 196 Normal pregnancy and/or delivery | 47 | |
| Other | 36 | |
| Diseases of the respiratory system | 148 | 11.1 |
| 128 Asthma | 28 | |
| 125 Acute bronchitis | 24 | |
| 122 Pneumonia (except TB or STD related) | 30 | |
| 126 Other upper respiratory infections | 18 | |
| Other | 48 | |
| Diseases of the digestive system | 142 | 10.6 |
| 144 Regional enteritis & ulcerative colitis | 29 | |
| 154 Noninfectious gastroenteritis | 23 | |
| 145 Intestinal obstruction without hernia | 22 | |
| 155 Other gastrointestinal disorders | 18 | |
| Other | 50 | |
| Diseases of the circulatory system | 138 | 10.3 |
| 102 Nonspecific chest pain | 58 | |
| 106 Cardiac dysrhythmias | 40 | |
| Other | 40 | |
| Endocrine, nutritional, metabolic and immunity disorders | 111 | 8.3 |
| 55 Fluid & electrolyte disorders | 91 | |
| Other | 20 | |
| Symptoms, signs and ill-defined conditions | 93 | 7.0 |
| Diseases of the blood and blood-forming organs | 73 | 5.5 |

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2007 VT Hospital Data, Includes VT Residents and Non-Residents

Outpatient Observation Bed Records Without a Procedure in Range or Associated ED Revenue Record

| Clinical Classification System, High and Single Level Diagnostic Group | # Records | % |
|--|--------------|--------------|
| Diseases of the nervous system and sense organs | 64 | 4.8 |
| Musculoskeletal system and connective tissue | 50 | 3.7 |
| Diseases of the genitourinary system | 47 | 3.5 |
| Injury and poisoning | 46 | 3.4 |
| Conditions originating in the perinatal period | 40 | 3.0 |
| Neoplasms | 39 | 2.9 |
| Infectious and parasitic diseases | 29 | 2.2 |
| Diseases of the skin and subcutaneous tissue | 20 | 1.5 |
| Residual codes, unclassified, all Ecodes | 8 | 0.6 |
| Mental disorders | 6 | 0.4 |
| Congenital anomalies | 0 | 0.0 |
| Records with invalid or missing primary diagnosis | 6 | 0.4 |
| Total | 1,335 | 100.0 |

Observation Bed records are flagged using revenue codes 760 or 762.

This table only includes those Outpatient Observation Bed Records that are not considered outpatient procedure records because they do not have any procedure in the ICD-9-CM procedure range of 00-86.99, nor do they have an associated ED revenue record.

APPENDIX O1 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.

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>.

Principal Payer: The anticipated principal source of payment of the patient's hospital bill recorded by the hospital on each discharge record.

APPENDIX O2

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 O2

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

CCS High Level Diagnosis Group 5: Mental Disorders

- 65 Mental retardation
- 66 Alcohol-related mental disorders
- 67 Substance-related mental disorders
- 68 Senility & organic mental disorders
- 69 Affective disorders
- 70 Schizophrenia & related disorders
- 71 Other psychoses
- 72 Anxiety, somatoform, dissociative & personality disorders
- 73 Preadult disorders
- 74 Other mental conditions
- 75 Personal history of mental disorder, mental & behavioral problems, observation & screening for mental condition

CCS High Level Diagnosis Group 6: Diseases 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 O2

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 O2

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 O2

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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O3
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 O4
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 O4
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 O4
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 O4
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