

2006

Vermont Outpatient Hospital Utilization Report

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**Department of Banking, Insurance, Securities
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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/> under HEALTH INSURANCE / HEALTH CARE INDUSTRY > Data & Reports: Health Care, Health Insurance, Hospitals. Information on requesting research hospital discharge data sets is also provided on this website. For any additional information concerning the data sets contact the Vermont Division of Health Care Administration at (802) 828-2900 or (800) 631-7788. To obtain a hard copy of this report contact the Vermont Department of Health at (802) 863-7300 or (800) 869-2871.

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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 will become mandatory with consistent reporting required from all Vermont hospitals.

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 are outside the currently required reporting range, they are included in the analyses here and may be included in future reporting requirements for all hospitals.

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

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 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 this 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 is 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 will become 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. For example, skin suture procedures (ICD-9-CM code 8659) reported in Table O2 decreased from 2,850 in 2002 (with records originating in the ED included) to 533 in 2006 (with records originating in the ED excluded).

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 only includes 6 months of data from the VA for data year 2006.

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

- **Health care spending** increased 8.5 percent in Vermont from 2005 to 2006, totaling approximately \$3.9 billion in expenditures. Nationally, health care expenditures increased 6.7 percent in 2006. Health care spending accounted for about 16.3 percent of Vermont's Gross State Product (GSP) in 2006. A third (\$1.3 billion) of the total health spending for Vermont residents was for hospital-based services in 2006.
- **Vermont's population is aging.** From 1990-2006, the percent of Vermonters aged 45+ continued to grow. This was due, in part, to the aging of the post World War II Baby Boom generation born between 1946 and 1964. In 1990, none of the Baby Boomers had reached age 45. By 2006, more than half were in their upper 40's and 50's. As the Baby Boomers continue to age, the number of older adults with age-related medical problems and chronic diseases will continue to rise accordingly and require more health care services.
- **Total hospital revenues continue to rise.** Between 1997 and 2006, outpatient procedures revenue increased 354% (See Figure 1). The average charge for an outpatient procedure hospitalization in Vermont was \$3,298 compared to \$3,160 in 2005 (Table O2).

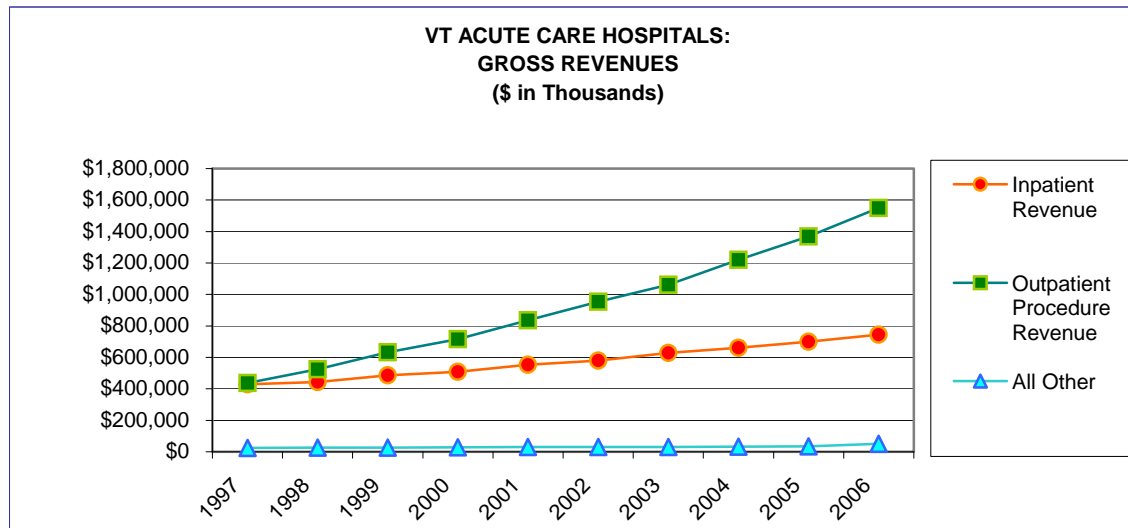


Figure 1
Data Source: 2006 HCA Annual Budget Submission

Outpatient Highlights

- In 2006 there were a total of 110,078 outpatient procedures from Vermont hospitals that included both Vermont residents and non-residents. Only 14.7% of outpatient procedures originated in the Emergency Department and these were ultimately categorized as ED records in the Vermont Uniform Hospital Discharge Data Set and not as Outpatient Procedure records. (Table O1)
- Private Insurance primarily paid for 49.2% or 46,152 of the 93,864 outpatient procedures that did not originate in the Emergency Department in Vermont Hospitals. (Table O4)
- New Hampshire and New York reported 11,926 Vermont resident outpatient procedures from out-of-state hospitals. The majority (8,321) of Vermont resident outpatient procedures were from Dartmouth Hitchcock Medical Center in NH and another 3,076 from other NH hospitals. There were another 529 Vermont resident procedures from New York hospitals. Massachusetts did not have data available for Vermont resident outpatient procedures. Unlike the inpatient discharge data, outpatient discharge data from other states is not directly comparable to Vermont hospital data due to differences in how outpatient services are defined in different data collection efforts. (Table O7)
- Females between the ages of 45 and 64 received 57.9% of Mammography expanded outpatient services. (Table O10)
- Males between the ages of 45 and 64 received 29.0% of Stress Test expanded outpatient services. (Table O10)

Outpatient Highlights

Patient Characteristics: Variations by Age and Sex

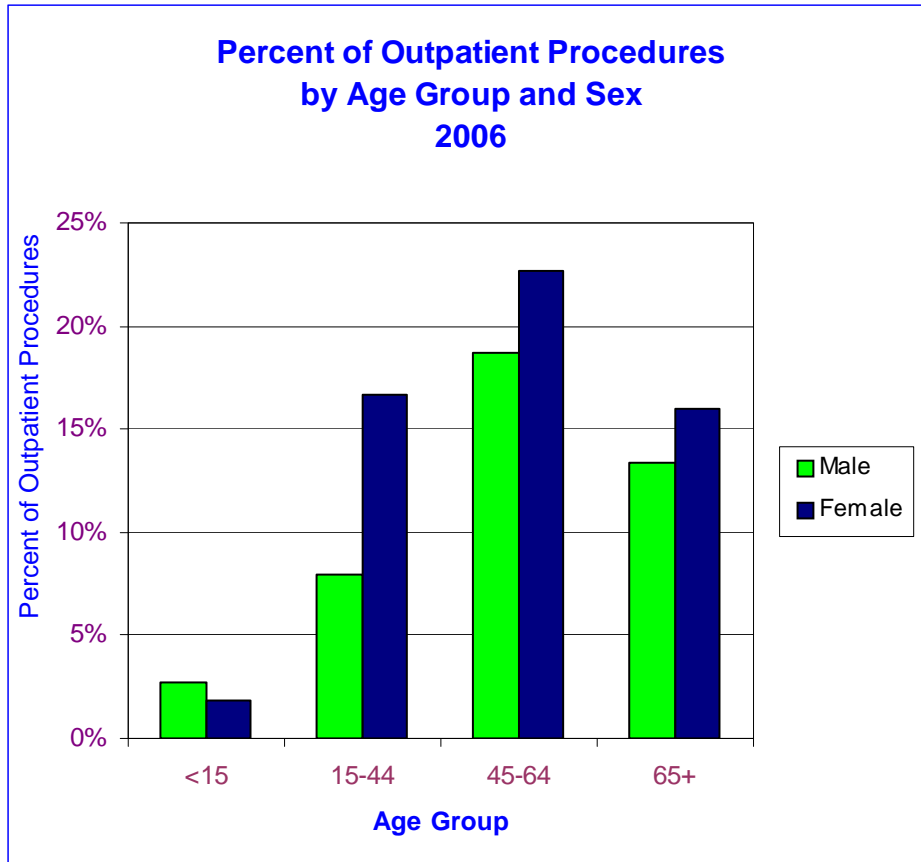


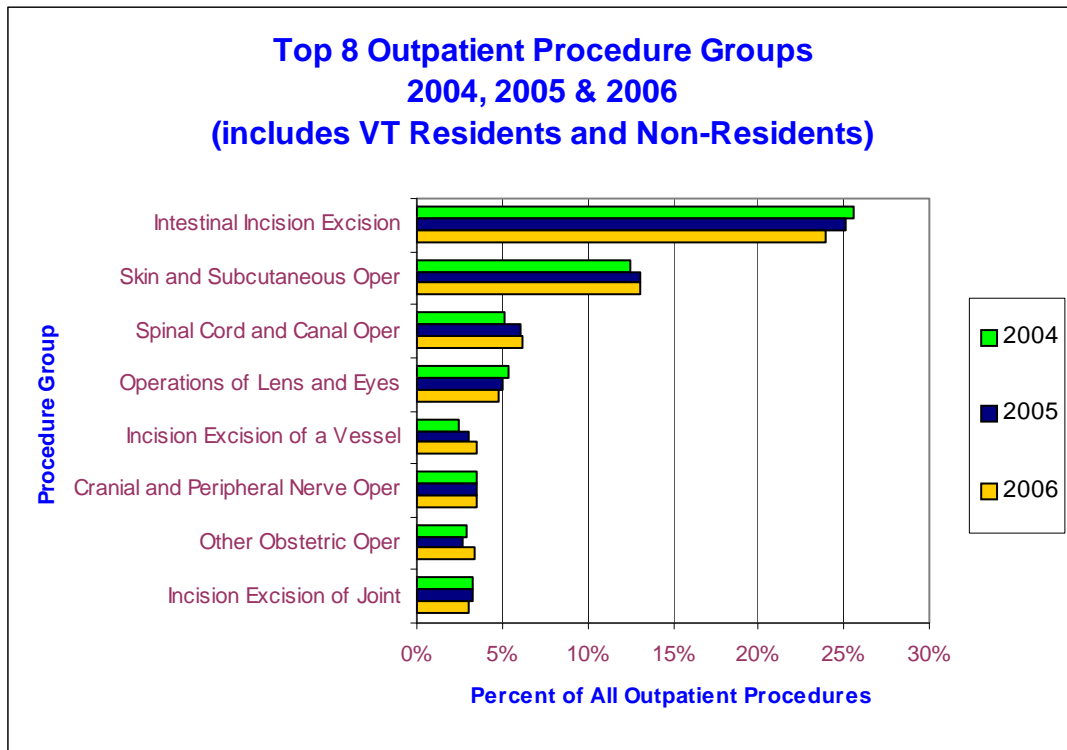
Figure 2
Data Source: VT Uniform Hospital Discharge Data Set

- Females comprised 57.1% or 53,643 of all outpatient procedures that did not originate in the emergency department in 2006.
- Overall, the 45-64 age group accounted for the highest share (41.4% of the total) of outpatient procedures.
- Females account for a higher rate of outpatient procedures than males except in the <15 age group.
- Major differences in the outpatient procedures rate between male and female in the 15-44 age group are attributed to Obstetric, and Gynecologic procedures.
- A major difference in the outpatient procedures rate between male and female in the 45-64 age group is attributed to Operations on the Breast.

Outpatient Highlights

Top ICD-9-CM Outpatient Procedure Groups for Residents and Non-Residents Using Vermont Hospitals

Hospitals report procedures using the International Classification of Disease Codes (9th Revision Clinical Modification, ICD-9-CM). Although up to 20 procedures can be listed on every outpatient discharge record, only the primary procedure code that is in the ICD-9-CM range 00.0-86.99 is included in the outpatient procedure analyses.

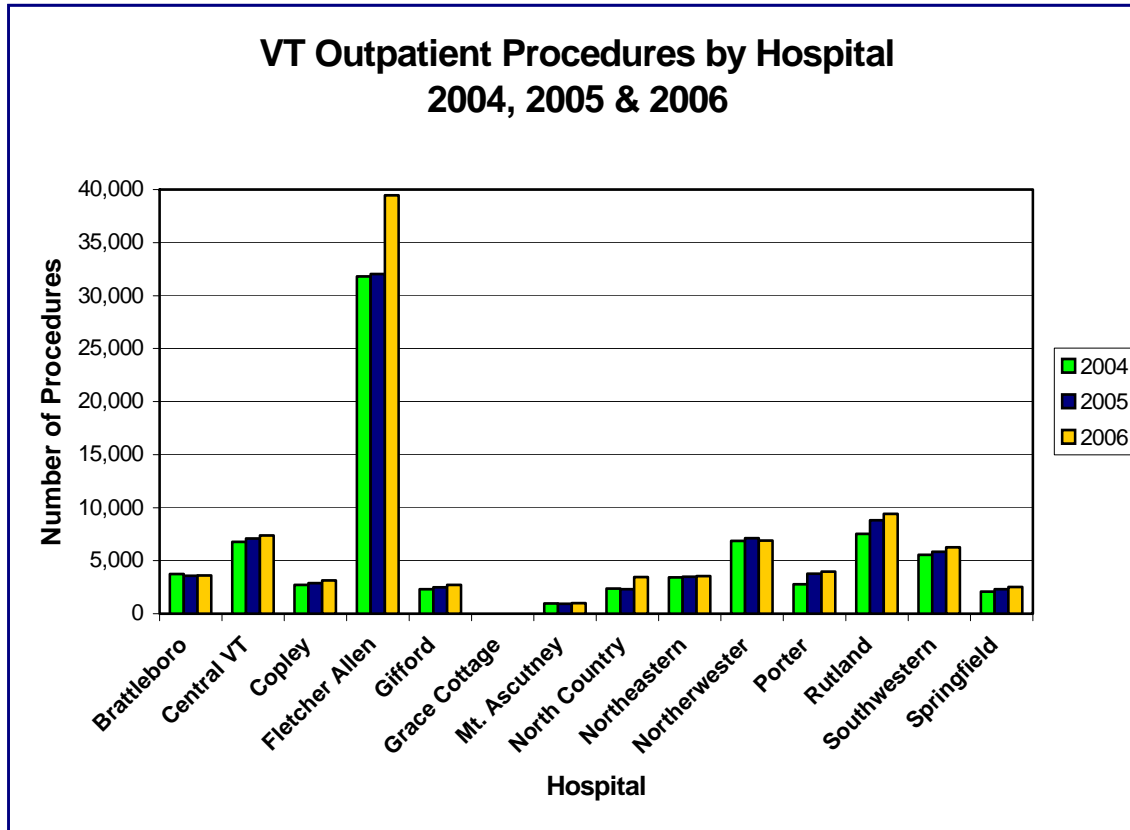


- **Intestinal Incision and Excision**, which includes colonoscopies, continued to be the most frequent procedure group at 23.9% in 2006.
- **Skin and Subcutaneous Operations** are the only group other than Intestinal Incision and Excision above 10% of outpatient procedures at 13.0% in 2006.
- **The Top 8 Outpatient Procedures Groups** have remained the same from 2004 to 2006, although the order in which they appear on the list has changed for all groups except Intestinal Incision and Excision & Skin and Subcutaneous Operations, the Top 2 Outpatient Procedure Groups.

Figure 3
Data Source: VT Uniform Hospital Discharge Data Set

Outpatient Highlights

Hospital Trends: Outpatient Procedures by Hospital



- Fletcher Allen Health Care continued** to have the highest number of outpatient procedures in 2006 with over 39,473 or 42.1% of all outpatient procedures across all Vermont hospitals, compared to 32,010 or 38.3% in 2005.
- The rise in outpatient procedures at Fletcher Allen Health Care is concentrated in Skin and Subcutaneous Tissues Operations, Intestinal Incisions, Operations on the Breast, and Posterior Eye Operations, accounting for over half of the increase.
- Grace Cottage** had no outpatient procedures in 2006.

Figure 4
Data Source: VT Uniform Hospital Discharge Data Set

Table O1
Outpatient Procedure Groups by Admission Source
2006 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	108	88.5	14	11.5	122
01 Incision, Excision of Brain, Skull	5	23.8	16	76.2	21
02 Other Brain, Skull Operations	4	66.7	2	33.3	6
03 Spinal Cord & Canal Operations	6,480	95.3	319	4.7	6,799
04 Cranial & Peripheral Nerve Operations	3,345	88.0	457	12.0	3,802
05 Sympathetic Nerve Operations	104	100.0	0	0.0	104
06 Thyroid, Parathyroid Operations	481	100.0	0	0.0	481
07 Other Endocrine Gland Operations	7	100.0	0	0.0	7
08 Eyelid Operations	383	49.4	393	50.6	776
09 Lacrimal System Operations	106	100.0	0	0.0	106
10 Conjunctival Operations	42	93.3	3	6.7	45
11 Operations on Cornea	50	64.9	27	35.1	77
12 Anterior Eye Segment Operations	342	99.1	3	0.9	345
13 Operations on Lens of Eye	5,325	99.9	6	0.1	5,331
14 Posterior Eye Segment Operations	713	99.6	3	0.4	716
15 Extraocular Muscle Operations	91	100.0	0	0.0	91
16 Orbit & Eyeball Operations	18	58.1	13	41.9	31
18 External Ear Operations	219	71.1	89	28.9	308
19 Middle Ear Reconstructions	147	100.0	0	0.0	147
20 Other Middle & Inner Ear Operations	1,290	99.9	1	0.1	1,291
21 Operations on Nose	863	62.3	523	37.7	1,386
22 Nasal Sinus Operations	185	98.4	3	1.6	188
23 Tooth Removal & Restoration	493	98.0	10	2.0	503
24 Other Operations on Teeth & Gums	7	10.6	59	89.4	66
25 Operations on Tongue	61	89.7	7	10.3	68
26 Salivary Gland Operations	77	100.0	0	0.0	77
27 Other Mouth & Face Operations	170	33.5	337	66.5	507
28 Tonsil & Adenoid Operations	1,009	94.3	61	5.7	1,070
29 Operations on Pharynx	33	80.5	8	19.5	41
30 Excision of Larynx	93	100.0	0	0.0	93
31 Larynx, Trachea Operations, NEC	376	88.5	49	11.5	425
32 Lung & Bronchus Excision	11	100.0	0	0.0	11

Table O1
Outpatient Procedure Groups by Admission Source
2006 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	585	98.3	10	1.7	595
34 Thorax Operations Except Lung	169	71.6	67	28.4	236
35 Heart Valve & Septa Operations	2	100.0	0	0.0	2
36 Operations on Heart Vessels	2	66.7	1	33.3	3
37 Other Heart & Pericardium Operations	1,259	94.0	81	6.0	1,340
38 Vessel Incision, Excision, Occlusion	3,054	78.2	851	21.8	3,905
39 Other Operations on Vessels	723	97.8	16	2.2	739
40 Lymphatic System Operations	264	100.0	0	0.0	264
41 Bone Marrow & Spleen Operations	159	98.8	2	1.2	161
42 Operations on Esophagus	596	96.3	23	3.7	619
43 Incision, Excision of Stomach	131	98.5	2	1.5	133
44 Other Operations on Stomach	196	97.0	6	3.0	202
45 Intestinal Incision, Excision, Anastomosis	26,111	99.1	226	0.9	26,337
46 Other Intestinal Operations	26	89.7	3	10.3	29
47 Operations on Appendix	48	18.0	218	82.0	266
48 Other Rectal & Perirectal Operations	1,666	98.1	32	1.9	1,698
49 Operations on Anus	555	81.9	123	18.1	678
50 Operations on Liver	354	98.9	4	1.1	358
51 Biliary Tract Operations	1,301	96.8	43	3.2	1,344
52 Operations on Pancreas	11	100.0	0	0.0	11
53 Repair of Hernia	2,219	98.4	35	1.6	2,254
54 Other Abdominal Region Operations	505	90.7	52	9.3	557
55 Operations on Kidney	196	98.0	4	2.0	200
56 Operations on Ureter	255	91.1	25	8.9	280
57 Urinary Bladder Operations	1,208	64.0	679	36.0	1,887
58 Operations on Urethra	179	96.2	7	3.8	186
59 Other Urinary Tract Operations	593	92.8	46	7.2	639
60 Prostate & Seminal Vesicle Operations	249	98.4	4	1.6	253
61 Scrotum & Tunica Vaginalis Operations	79	94.0	5	6.0	84
62 Operations on Testes	80	89.9	9	10.1	89
63 Spermatic Cord, Epididymis, Vas Deferens Operations	183	100.0	0	0.0	183
64 Operations on Penis	429	98.6	6	1.4	435

Table O1
Outpatient Procedure Groups by Admission Source
2006 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	465	94.9	25	5.1	490
66 Fallopian Tube Operations	506	96.7	17	3.3	523
67 Operations on Cervix	394	98.5	6	1.5	400
68 Other Uterine Incision, Excision	698	99.4	4	0.6	702
69 Other Uterus & Supporting Structure Operations	1,643	93.9	107	6.1	1,750
70 Vagina & Cul-de-Sac Operations	185	96.9	6	3.1	191
71 Vulvar & Perineal Operations	143	79.9	36	20.1	179
73 Assisting, Inducing Delivery, NEC	43	97.7	1	2.3	44
74 C-Section, Removal of Fetus	0	0.0	1	100.0	1
75 Other Obstetric Operations	3,586	97.9	77	2.1	3,663
76 Facial Bone & Joint Operations	80	85.1	14	14.9	94
77 Incision, Excision, Division of Bone, NEC	1,110	99.6	4	0.4	1,114
78 Other Bone Operations Except Face	685	95.8	30	4.2	715
79 Reduction of Fracture, Dislocation	975	39.3	1,508	60.7	2,483
80 Incision, Excision of Joint	3,313	98.7	43	1.3	3,356
81 Joint Repair & Plastic Operations	2,936	95.2	147	4.8	3,083
82 Hand Muscle, Tendon, Fascia Operations	1,142	95.9	49	4.1	1,191
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,571	94.7	88	5.3	1,659
84 Other Musculoskeletal Procedures	103	79.2	27	20.8	130
85 Operations on the Breast	2,922	99.3	22	0.7	2,944
86 Skin & Subcutaneous Tissue Operations	5,339	37.2	9,019	62.8	14,358
Total for All Procedures	93,864	85.3	16,214	14.7	110,078

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
2006 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	26,111	\$1,807	226	\$3,878	26,337	\$1,825
4523 Colonoscopy	10,638	\$1,527	25	\$3,926	10,663	\$1,533
4542 Endoscopic polypectomy of large intestine	6,518	\$2,078	6	\$4,629	6,524	\$2,080
4516 Esophagogastroduodenoscopy [EGD] with closed biopsy	3,552	\$2,065	49	\$4,862	3,601	\$2,103
4525 Closed [endoscopic] biopsy of large intestine	3,184	\$1,975	16	\$4,897	3,200	\$1,989
All Other Procedures in Group	2,219	1,703	130	3,338	2,349	\$1,794
86 Skin & Subcutaneous Tissue Operations	5,339	\$2,040	9,019	\$711	14,358	\$1,202
8659 Closure of skin and subcutaneous tissue of other sites	533	\$519	7,234	\$693	7,767	\$681
863 Other local excision/destruction of lesion/tissue of skin	2,559	\$1,382	25	\$442	2,584	\$1,373
All Other Procedures in Group	2,247	\$3,151	1,760	\$788	4,007	\$2,105
03 Spinal Cord & Canal Operations	6,480	\$1,340	319	\$2,508	6,799	\$1,395
0392 Injection of other agent into spinal canal	3,423	\$1,070	6	\$2,634	3,429	\$1,073
0391 Injection of anesthetic into spinal canal for analgesia	2,645	\$1,325	2	\$2,424	2,647	\$1,326
All Other Procedures in Group	412	\$3,686	311	\$2,506	723	\$3,177
13 Operations on Lens of Eye	5,325	\$3,716	6	\$5,056	5,331	\$3,718
1341 Phacoemulsification and aspiration of cataract	4,456	\$3,997	4	\$5,249	4,460	\$3,998
1364 Discission of secondary membrane [after cataract]	467	\$859	1	\$674	468	\$859
All Other Procedures in Group	402	\$4,006	1	\$8,665	403	\$4,018
38 Vessel Incision, Excision, Occlusion	3,054	\$1,506	851	\$1,823	3,905	\$1,586
3899 Other puncture of vein [phlebotomy]	1,978	\$397	161	\$1,428	2,139	\$479
3893 Venous catheterization, not elsewhere classified	697	\$3,706	675	\$1,801	1,372	\$2,342
All Other Procedures in Group	379	\$5,419	15	\$7,040	394	\$5,481
04 Cranial & Peripheral Nerve Operations	3,345	\$2,828	457	\$804	3,802	\$2,584
0443 Release of carpal tunnel	1,569	\$3,075	--	\$0	1,569	\$3,075
0481 Injection of anesthetic into peripheral nerve for analgesia	582	\$1,121	449	\$671	1,031	\$925
042 Destruction of cranial and peripheral nerves	818	\$2,272	--	\$0	818	\$2,272
All Other Procedures in Group	376	\$5,633	8	\$8,248	384	\$5,687

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2006 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
75 Other Obstetric Operations	3,586	\$540	77	\$1,341	3,663	\$557
7534 Other fetal monitoring	2,944	\$567	71	\$1,329	3,015	\$585
7535 Other diagnostic procedures on fetus and amnion	622	\$376	5	\$1,501	627	\$385
All Other Procedures in Group	20	\$1,586	1	\$1,441	21	\$1,579
80 Incision, Excision of Joint	3,313	\$5,851	43	\$2,674	3,356	\$5,811
806 Excision of semilunar cartilage of knee	1,892	\$4,936	3	\$5,331	1,895	\$4,937
8051 Excision of intervertebral disc	352	\$7,899	2	\$10,706	354	\$7,915
All Other Procedures in Group	1,069	\$6,797	38	\$2,042	1,107	\$6,634
81 Joint Repair & Plastic Operations	2,936	\$6,439	147	\$1,882	3,083	\$6,220
8192 Injection of therapeutic substance into joint or ligament	1,103	\$875	23	\$1,523	1,126	\$889
8183 Other repair of shoulder	433	\$9,936	--	\$0	433	\$9,936
8145 Other repair of cruciate ligaments	415	\$12,239	--	\$0	415	\$12,239
All Other Procedures in Group	985	\$8,581	124	\$1,949	1,109	\$7,832
85 Operations on the Breast	2,922	\$4,283	22	\$2,190	2,944	\$4,267
8511 Closed [percutaneous] [needle] biopsy of breast	1,240	\$2,518	--	\$0	1,240	\$2,518
8521 Local excision of lesion of breast	826	\$4,262	1	\$497	827	\$4,257
All Other Procedures in Group	856	\$6,847	21	\$2,271	877	\$6,738
79 Reduction of Fracture, Dislocation	975	\$8,161	1,508	\$2,691	2,483	\$4,836
7902 Closed reduction of fracture w/o internal fixation--radius and ulna	71	\$4,322	365	\$2,069	436	\$2,432
7936 Open reduction of fracture, internal fixation--tibia & fibula	188	\$9,276	71	\$9,474	259	\$9,331
7932 Open reduction of fracture, internal fixation--carpals & metacarpals	215	\$10,437	42	\$10,035	257	\$10,371
All Other Procedures in Group	501	\$7,304	1,030	\$2,144	1,531	\$3,833
53 Repair of Hernia	2,219	\$5,653	35	\$7,479	2,254	\$5,682
5304 Repair of indirect inguinal hernia with graft or prosthesis	507	\$5,617	3	\$7,552	510	\$5,629
5303 Repair of direct inguinal hernia with graft or prosthesis	373	\$5,525	1	\$5,107	374	\$5,524
All Other Procedures in Group	1,339	\$5,703	31	\$7,548	1,370	\$5,745

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2006 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	1,208	\$3,350	679	\$1,971	1,887	\$2,843
5794 Insertion of indwelling urinary catheter	58	\$524	632	\$1,956	690	\$1,875
5732 Other cystoscopy	545	\$2,559	3	\$5,313	548	\$2,574
5749 Other transurethral excision/destruction of bladder lesion/tissue	352	\$4,430	3	\$10,651	355	\$4,483
All Other Procedures in Group	253	\$3,948	41	\$1,323	294	\$3,576
69 Other Uterus & Supporting Structure Operations	1,643	\$2,844	107	\$4,181	1,750	\$2,926
6909 Other dilation and curettage	792	\$3,504	19	\$5,000	811	\$3,539
6999 Other operations on cervix and uterus	399	\$525	--	\$0	399	\$525
6952 Aspiration curettage following delivery or abortion	164	\$2,836	31	\$3,607	195	\$2,959
6902 Dilation, curettage following delivery or abortion	132	\$3,518	51	\$4,027	183	\$3,660
All Other Procedures in Group	156	\$4,830	6	\$5,863	162	\$4,868
48 Other Rectal & Perirectal Operations	1,666	\$2,012	32	\$2,927	1,698	\$2,030
4836 [Endoscopic] polypectomy of rectum	1,053	\$1,979	--	\$0	1,053	\$1,979
4824 Closed [endoscopic] biopsy of rectum	503	\$1,688	1	\$5,713	504	\$1,696
All Other Procedures in Group	110	\$3,828	31	\$2,837	141	\$3,609
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,571	\$6,287	88	\$2,761	1,659	\$6,098
8363 Rotator cuff repair	464	\$11,797	--	\$0	464	\$11,797
All Other Procedures in Group	1,107	\$3,941	88	\$2,761	1,195	\$3,853
21 Operations on Nose	863	\$3,875	523	\$751	1,386	\$2,696
2188 Other septoplasty	252	\$5,400	1	\$11,872	253	\$5,425
2103 Control of epistaxis by cauterization (and packing)	19	\$2,070	177	\$549	196	\$689
2101 Control of epistaxis by anterior nasal packing	--	\$0	176	\$562	176	\$562
All Other Procedures in Group	592	\$3,281	169	\$1,095	761	\$2,796
51 Biliary Tract Operations	1,301	\$8,118	43	\$10,508	1,344	\$8,195
5123 Laparoscopic cholecystectomy	1,115	\$8,312	37	\$10,882	1,152	\$8,395
All Other Procedures in Group	186	\$6,912	6	\$8,204	192	\$6,954

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2006 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
37 Other Heart & Pericardium Operations	1,259	\$10,405	81	\$9,202	1,340	\$10,332
3722 Left heart cardiac catheterization	798	\$6,776	69	\$8,878	867	\$6,943
All Other Procedures in Group	461	\$16,688	12	\$11,065	473	\$16,545
20 Other Middle & Inner Ear Operations	1,290	\$2,850	1	\$6,761	1,291	\$2,853
2001 Myringotomy with insertion of tube	1,195	\$2,374	1	\$6,761	1,196	\$2,378
All Other Procedures in Group	95	\$8,830	--	\$0	95	\$8,830
Total for Above Procedures	76,406	\$2,972	14,264	\$1,305	90,670	\$2,707
Total for All Other Procedures	17,458	\$4,723	1,950	\$3,178	19,408	\$4,566
Total for All Procedures in Range 00.0 - 86.99	93,864	\$3,298	16,214	\$1,531	110,078	\$3,035

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.

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 O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2006 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	694	27.0		20 Other Middle & Inner Ear Operations	485	28.8	
64 Operations on Penis	323	12.5		28 Tonsil & Adenoid Operations	327	19.4	
28 Tonsil & Adenoid Operations	295	11.5		23 Tooth Removal & Restoration	184	10.9	
23 Tooth Removal & Restoration	246	9.6		86 Skin & Subcutaneous Tissue Operations	119	7.1	
86 Skin & Subcutaneous Tissue Operations	180	7.0		45 Intestinal Incision, Excision, Anastomosis	86	5.1	
53 Repair of Hernia	149	5.8		79 Reduction of Fracture, Dislocation	60	3.6	
79 Reduction of Fracture, Dislocation	96	3.7		53 Repair of Hernia	36	2.1	
45 Intestinal Incision, Excision, Anastomosis	93	3.6		19 Middle Ear Reconstructions	33	2.0	
19 Middle Ear Reconstructions	37	1.4		33 Other Bronchial & Lung Operations	29	1.7	
62 Operations on Testes	33	1.3		15 Extraocular Muscle Operations	27	1.6	
All Cases	2,575	100.0		All Cases	1,686	100.0	
Age Between 15 and 44				Age Between 15 and 44			
45 Intestinal Incision, Excision, Anastomosis	1,162	15.5		75 Other Obstetric Operations	3,576	22.8	
03 Spinal Cord & Canal Operations	821	10.9		45 Intestinal Incision, Excision, Anastomosis	1,860	11.9	
80 Incision, Excision of Joint	665	8.9		69 Other Uterus & Supporting Structure Operations	1,116	7.1	
86 Skin & Subcutaneous Tissue Operations	633	8.4		03 Spinal Cord & Canal Operations	784	5.0	
81 Joint Repair & Plastic Operations	589	7.9		85 Operations on the Breast	724	4.6	
53 Repair of Hernia	498	6.6		86 Skin & Subcutaneous Tissue Operations	568	3.6	
04 Cranial & Peripheral Nerve Operations	346	4.6		81 Joint Repair & Plastic Operations	556	3.5	
79 Reduction of Fracture, Dislocation	316	4.2		04 Cranial & Peripheral Nerve Operations	510	3.3	
83 Other Muscle, Tendon, Fascia, Bursa Operations	220	2.9		80 Incision, Excision of Joint	504	3.2	
38 Vessel Incision, Excision, Occlusion	207	2.8		66 Fallopian Tube Operations	474	3.0	
All Cases	7,501	100.0		All Cases	15,664	100.0	

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2006 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	7,345	41.8	45 Intestinal Incision, Excision, Anastomosis	8,131	38.2
03 Spinal Cord & Canal Operations	1,298	7.4	85 Operations on the Breast	1,523	7.2
80 Incision, Excision of Joint	921	5.2	03 Spinal Cord & Canal Operations	1,466	6.9
53 Repair of Hernia	750	4.3	04 Cranial & Peripheral Nerve Operations	1,037	4.9
38 Vessel Incision, Excision, Occlusion	693	3.9	80 Incision, Excision of Joint	836	3.9
86 Skin & Subcutaneous Tissue Operations	677	3.9	86 Skin & Subcutaneous Tissue Operations	771	3.6
04 Cranial & Peripheral Nerve Operations	628	3.6	81 Joint Repair & Plastic Operations	641	3.0
48 Other Rectal & Perirectal Operations	542	3.1	13 Operations on Lens of Eye	627	2.9
13 Operations on Lens of Eye	541	3.1	38 Vessel Incision, Excision, Occlusion	486	2.3
81 Joint Repair & Plastic Operations	483	2.8	48 Other Rectal & Perirectal Operations	470	2.2
All Cases	17,553	100.0	All Cases	21,262	100.0
Age 65 and Over			Age 65 and Over		
45 Intestinal Incision, Excision, Anastomosis	3,383	26.9	45 Intestinal Incision, Excision, Anastomosis	4,051	27.0
13 Operations on Lens of Eye	1,486	11.8	13 Operations on Lens of Eye	2,587	17.2
86 Skin & Subcutaneous Tissue Operations	1,277	10.1	03 Spinal Cord & Canal Operations	1,266	8.4
38 Vessel Incision, Excision, Occlusion	826	6.6	86 Skin & Subcutaneous Tissue Operations	1,114	7.4
03 Spinal Cord & Canal Operations	815	6.5	85 Operations on the Breast	604	4.0
57 Urinary Bladder Operations	529	4.2	38 Vessel Incision, Excision, Occlusion	528	3.5
04 Cranial & Peripheral Nerve Operations	354	2.8	04 Cranial & Peripheral Nerve Operations	468	3.1
53 Repair of Hernia	345	2.7	81 Joint Repair & Plastic Operations	403	2.7
37 Other Heart & Pericardium Operations	338	2.7	14 Posterior Eye Segment Operations	275	1.8
48 Other Rectal & Perirectal Operations	238	1.9	37 Other Heart & Pericardium Operations	257	1.7
All Cases	12,592	100.0	All Cases	15,031	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 1 case with sex missing.

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 O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2006 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							
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
45 Intestinal Incision, Excision, Anastomosis	7,976	1,894	197	9	15,569	436	30	26,111
03 Spinal Cord & Canal Operations	2,384	804	45	513	2,663	71	0	6,480
86 Skin & Subcutaneous Tissue Operations	2,589	525	38	127	1,846	211	3	5,339
13 Operations on Lens of Eye	4,023	175	20	3	1,039	62	3	5,325
75 Other Obstetric Operations	28	1,923	19	3	1,576	37	0	3,586
04 Cranial & Peripheral Nerve Operations	1,025	450	38	406	1,355	71	0	3,345
80 Incision, Excision of Joint	461	350	49	366	2,002	81	4	3,313
38 Vessel Incision, Excision, Occlusion	1,263	191	228	10	1,314	44	4	3,054
81 Joint Repair & Plastic Operations	768	294	33	302	1,465	70	4	2,936
85 Operations on the Breast	673	213	45	0	1,863	124	4	2,922
53 Repair of Hernia	492	318	26	116	1,168	96	3	2,219
48 Other Rectal & Perirectal Operations	495	117	11	1	1,015	25	2	1,666
69 Other Uterus & Supporting Structure Operations	130	202	11	0	1,077	220	3	1,643
83 Other Muscle, Tendon, Fascia, Bursa Operations	334	154	15	201	815	48	4	1,571
51 Biliary Tract Operations	281	215	13	1	742	45	4	1,301
20 Other Middle & Inner Ear Operations	43	625	15	0	596	11	0	1,290
37 Other Heart & Pericardium Operations	643	76	14	2	505	18	1	1,259
57 Urinary Bladder Operations	778	80	20	1	312	17	0	1,208
82 Hand Muscle, Tendon, Fascia Operations	275	111	15	92	607	41	1	1,142
77 Incision, Excision, Division of Bone, NEC	242	128	8	43	671	14	4	1,110
All Other Procedures	5,039	3,145	160	165	7,952	567	16	17,044
Totals	29,942	11,990	1,020	2,361	46,152	2,309	90	93,864

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

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 O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2006 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	\$1,841	\$1,866	\$1,923	\$1,438	\$1,782	\$1,816	\$1,403	\$1,807
03 Spinal Cord & Canal Operations	\$1,323	\$1,325	\$1,141	\$1,291	\$1,375	\$1,198	--	\$1,340
86 Skin & Subcutaneous Tissue Operations	\$1,570	\$2,411	\$3,203	\$1,412	\$2,533	\$2,813	\$3,509	\$2,040
13 Operations on Lens of Eye	\$3,696	\$4,069	\$3,521	\$8,480	\$3,675	\$4,661	\$5,338	\$3,716
75 Other Obstetric Operations	\$557	\$538	\$611	\$1,090	\$539	\$617	--	\$540
04 Cranial & Peripheral Nerve Operations	\$2,733	\$2,861	\$2,442	\$2,765	\$2,855	\$4,057	--	\$2,828
80 Incision, Excision of Joint	\$5,585	\$6,085	\$5,509	\$6,414	\$5,707	\$7,590	\$6,210	\$5,851
38 Vessel Incision, Excision, Occlusion	\$1,217	\$2,377	\$4,482	\$2,138	\$1,678	\$1,637	\$128	\$1,506
81 Joint Repair & Plastic Operations	\$2,660	\$7,184	\$6,994	\$7,275	\$7,857	\$11,331	\$7,328	\$6,439
85 Operations on the Breast	\$3,871	\$3,925	\$4,018	--	\$4,271	\$7,477	\$2,072	\$4,283
53 Repair of Hernia	\$6,018	\$5,432	\$4,501	\$5,195	\$5,581	\$6,114	\$7,385	\$5,653
48 Other Rectal & Perirectal Operations	\$1,997	\$1,931	\$2,770	\$1,701	\$2,015	\$2,304	\$1,598	\$2,012
69 Other Uterus & Supporting Structure Operations	\$3,300	\$4,028	\$3,115	--	\$2,913	\$1,136	\$2,883	\$2,844
83 Other Muscle, Tendon, Fascia, Bursa Operations	\$5,573	\$5,035	\$5,370	\$8,124	\$6,252	\$8,322	\$6,615	\$6,287
51 Biliary Tract Operations	\$8,004	\$8,311	\$7,805	\$7,599	\$8,064	\$9,108	\$5,319	\$8,118
20 Other Middle & Inner Ear Operations	\$7,408	\$2,773	\$2,830	--	\$2,608	\$2,528	--	\$2,850
37 Other Heart & Pericardium Operations	\$9,631	\$10,663	\$11,821	\$6,191	\$11,318	\$10,675	\$11,687	\$10,405
57 Urinary Bladder Operations	\$2,998	\$3,429	\$3,051	\$2,801	\$4,298	\$3,131	--	\$3,350
82 Hand Muscle, Tendon, Fascia Operations	\$2,286	\$2,601	\$1,803	\$2,659	\$2,408	\$4,465	\$3,543	\$2,485
77 Incision, Excision, Division of Bone, NEC	\$5,128	\$6,162	\$6,082	\$6,319	\$5,700	\$7,545	\$6,767	\$5,683
All Other Procedures	\$4,546	\$4,665	\$5,557	\$5,256	\$5,284	\$5,746	\$4,514	\$4,966
Totals	\$3,019	\$3,197	\$3,763	\$4,330	\$3,395	\$4,316	\$3,643	\$3,298

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

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 O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2006 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	30.6	7.3	0.8	0.0	59.6	1.7	0.1	100.0	
03 Spinal Cord & Canal Operations	36.8	12.4	0.7	7.9	41.1	1.1	0.0	100.0	
86 Skin & Subcutaneous Tissue Operations	48.5	9.8	0.7	2.4	34.6	4.0	0.1	100.0	
13 Operations on Lens of Eye	75.6	3.3	0.4	0.1	19.5	1.2	0.1	100.0	
75 Other Obstetric Operations	0.8	53.6	0.5	0.1	44.0	1.0	0.0	100.0	
04 Cranial & Peripheral Nerve Operations	30.6	13.5	1.1	12.1	40.5	2.1	0.0	100.0	
80 Incision, Excision of Joint	13.9	10.6	1.5	11.1	60.4	2.4	0.1	100.0	
38 Vessel Incision, Excision, Occlusion	41.4	6.3	7.5	0.3	43.0	1.4	0.1	100.0	
81 Joint Repair & Plastic Operations	26.2	10.0	1.1	10.3	49.9	2.4	0.1	100.0	
85 Operations on the Breast	23.0	7.3	1.5	0.0	63.8	4.2	0.1	100.0	
53 Repair of Hernia	22.2	14.3	1.2	5.2	52.6	4.3	0.1	100.0	
48 Other Rectal & Perirectal Operations	29.7	7.0	0.7	0.1	60.9	1.5	0.1	100.0	
69 Other Uterus & Supporting Structure Operations	7.9	12.3	0.7	0.0	65.6	13.4	0.2	100.0	
83 Other Muscle, Tendon, Fascia, Bursa Operations	21.3	9.8	1.0	12.8	51.9	3.1	0.3	100.0	
51 Biliary Tract Operations	21.6	16.5	1.0	0.1	57.0	3.5	0.3	100.0	
20 Other Middle & Inner Ear Operations	3.3	48.5	1.2	0.0	46.2	0.9	0.0	100.0	
37 Other Heart & Pericardium Operations	51.1	6.0	1.1	0.2	40.1	1.4	0.1	100.0	
57 Urinary Bladder Operations	64.4	6.6	1.7	0.1	25.8	1.4	0.0	100.0	
82 Hand Muscle, Tendon, Fascia Operations	24.1	9.7	1.3	8.1	53.2	3.6	0.1	100.0	
77 Incision, Excision, Division of Bone, NEC	21.8	11.5	0.7	3.9	60.5	1.3	0.4	100.0	
All Other Procedures	29.6	18.5	0.9	1.0	46.7	3.3	0.1	100.0	
Totals	31.9	12.8	1.1	2.5	49.2	2.5	0.1	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

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 O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2006 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	26.6	15.8	19.3	0.4	33.7	18.9	33.3	27.8
03 Spinal Cord & Canal Operations	8.0	6.7	4.4	21.7	5.8	3.1	0.0	6.9
86 Skin & Subcutaneous Tissue Operations	8.7	4.4	3.7	5.4	4.0	9.1	3.3	5.7
13 Operations on Lens of Eye	13.4	1.5	2.0	0.1	2.3	2.7	3.3	5.7
75 Other Obstetric Operations	0.1	16.0	1.9	0.1	3.4	1.6	0.0	3.8
04 Cranial & Peripheral Nerve Operations	3.4	3.8	3.7	17.2	2.9	3.1	0.0	3.6
80 Incision, Excision of Joint	1.5	2.9	4.8	15.5	4.3	3.5	4.4	3.5
38 Vessel Incision, Excision, Occlusion	4.2	1.6	22.4	0.4	2.9	1.9	4.4	3.3
81 Joint Repair & Plastic Operations	2.6	2.5	3.2	12.8	3.2	3.0	4.4	3.1
85 Operations on the Breast	2.3	1.8	4.4	0.0	4.0	5.4	4.4	3.1
53 Repair of Hernia	1.6	2.7	2.6	4.9	2.5	4.2	3.3	2.4
48 Other Rectal & Perirectal Operations	1.7	1.0	1.1	0.0	2.2	1.1	2.2	1.8
69 Other Uterus & Supporting Structure Operations	0.4	1.7	1.1	0.0	2.3	9.5	3.3	1.8
83 Other Muscle, Tendon, Fascia, Bursa Operations	1.1	1.3	1.5	8.5	1.8	2.1	4.4	1.7
51 Biliary Tract Operations	0.9	1.8	1.3	0.0	1.6	2.0	4.4	1.4
20 Other Middle & Inner Ear Operations	0.1	5.2	1.5	0.0	1.3	0.5	0.0	1.4
37 Other Heart & Pericardium Operations	2.2	0.6	1.4	0.1	1.1	0.8	1.1	1.3
57 Urinary Bladder Operations	2.6	0.7	2.0	0.0	0.7	0.7	0.0	1.3
82 Hand Muscle, Tendon, Fascia Operations	0.9	0.9	1.5	3.9	1.3	1.8	1.1	1.2
77 Incision, Excision, Division of Bone, NEC	0.8	1.1	0.8	1.8	1.5	0.6	4.4	1.2
All Other Procedures	16.8	26.2	15.7	7.0	17.2	24.6	17.8	18.2
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

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 O5
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
45 Intestinal Incision, Excision, Anastomosis																
Num	1,185	2,904	814	8,830	564	0	375	1,064	1,008	1,941	1,117	2,891	2,452	965	1	26,111
\$	1,527	1,832	1,553	2,095	3,535	--	1,987	3,036	1,898	1,273	1,760	1,140	1,412	1,266	--	1,807
03 Spinal Cord & Canal Operations																
Num	67	462	89	3,307	117	0	1	161	16	729	3	1,464	51	12	1	6,480
\$	2,620	1,123	689	1,403	802	--	1,760	1,944	1,748	979	218	1,388	1,934	259	--	1,340
86 Skin & Subcutaneous Tissue Operations																
Num	59	248	172	2,778	52	0	60	58	70	403	655	466	237	67	14	5,339
\$	3,747	2,762	1,513	2,107	4,733	--	2,810	4,151	3,878	988	662	2,185	3,190	4,766	--	2,040
13 Operations on Lens of Eye																
Num	428	323	156	1,183	806	0	157	334	552	286	452	314	118	216	0	5,325
\$	2,854	2,902	3,750	3,459	3,918	--	5,584	5,160	4,184	3,901	3,711	3,312	3,160	3,285	--	3,716
75 Other Obstetric Operations																
Num	3	116	164	1,667	256	0	0	447	396	427	0	0	109	1	0	3,586
\$	2,031	528	844	603	412	--	--	503	418	404	--	--	513	1,679	--	540
04 Cranial & Peripheral Nerve Operations																
Num	91	188	118	1,556	74	0	57	191	110	276	100	406	97	81	0	3,345
\$	2,622	2,789	3,366	2,581	6,464	--	5,559	2,745	4,445	2,147	4,360	2,357	3,391	1,953	--	2,828
80 Incision, Excision of Joint																
Num	210	219	170	1,367	59	0	41	34	116	195	112	430	221	139	0	3,313
\$	4,170	4,792	10,605	5,722	10,243	--	7,662	8,467	7,940	5,763	7,420	4,388	5,313	5,009	--	5,851
38 Vessel Incision, Excision, Occlusion																
Num	5	88	55	1,155	17	0	19	47	199	463	15	200	198	46	547	3,054
\$	2,799	940	1,958	1,929	10,775	--	4,487	2,879	1,762	333	2,304	911	989	535	--	1,506
81 Joint Repair & Plastic Operations																
Num	109	154	192	1,450	145	0	38	59	78	135	65	275	171	64	1	2,936
\$	7,581	7,281	9,137	5,719	2,676	--	14,126	11,352	9,024	6,508	10,743	4,549	7,514	7,389	--	6,439
85 Operations on the Breast																
Num	56	261	77	1,531	13	0	33	60	32	184	81	256	311	27	0	2,922
\$	5,753	3,860	4,712	4,683	7,511	--	6,446	5,435	5,421	1,965	5,118	3,740	3,202	4,286	--	4,283

Table O5
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
53 Repair of Hernia																
Num	116	198	82	759	43	0	26	110	81	178	108	247	192	71	8	2,219
\$	4,453	5,486	7,515	5,277	11,080	--	7,467	7,058	7,580	4,705	7,491	4,901	5,172	5,115	--	5,653
48 Other Rectal & Perirectal Operations																
Num	95	211	52	553	45	0	3	63	47	129	85	132	203	48	0	1,666
\$	1,479	1,875	1,859	2,403	3,751	--	6,355	3,233	2,049	1,410	1,979	1,413	1,479	1,392	--	2,012
69 Other Uterus & Supporting Structure Operations																
Num	24	129	46	842	21	0	1	30	34	84	42	128	142	120	0	1,643
\$	4,027	2,993	4,551	2,097	5,917	--	5,023	4,716	4,279	2,560	4,303	3,002	3,581	4,237	--	2,844
83 Other Muscle, Tendon, Fascia, Bursa Operations																
Num	99	132	93	596	57	0	19	28	79	86	84	107	147	42	2	1,571
\$	6,955	6,979	11,646	5,146	6,652	--	11,775	5,256	7,304	5,038	8,978	4,066	5,742	6,993	--	6,287
51 Biliary Tract Operations																
Num	89	138	54	397	21	0	20	58	53	125	41	133	134	32	6	1,301
\$	6,037	7,398	11,015	8,281	15,927	--	9,042	9,200	13,682	7,353	11,705	5,742	6,182	9,773	--	8,118
20 Other Middle & Inner Ear Operations																
Num	42	87	9	663	2	0	0	30	30	106	115	104	63	39	0	1,290
\$	3,157	2,725	4,025	2,875	6,674	--	--	3,155	3,884	2,041	3,742	2,588	2,167	2,252	--	2,850
37 Other Heart & Pericardium Operations																
Num	1	9	0	1,126	0	0	0	0	9	0	0	89	23	2	0	1,259
\$	5,904	11,034	--	10,205	--	--	--	--	18,735	--	--	11,293	13,652	8,430	--	10,405
57 Urinary Bladder Operations																
Num	37	231	88	480	61	0	8	15	25	55	12	95	58	26	17	1,208
\$	4,736	2,616	1,107	3,305	5,267	--	5,648	8,832	5,868	3,086	7,118	3,260	3,960	3,467	--	3,350
82 Hand Muscle, Tendon, Fascia Operations																
Num	76	96	40	490	11	0	31	14	54	90	27	126	64	23	0	1,142
\$	2,148	2,357	5,633	2,043	2,041	--	5,998	4,257	2,486	2,767	4,572	1,790	2,787	1,815	--	2,485
77 Incision, Excision, Division of Bone, NEC																
Num	72	39	41	303	106	0	7	35	97	84	88	94	109	35	0	1,110
\$	4,911	4,985	11,768	4,261	8,306	--	11,205	6,717	6,766	3,875	7,428	4,518	5,150	4,834	--	5,683

Table O5
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
All Other Procedures																
Num	726	1,130	609	8,440	253	0	89	613	441	905	738	1,467	1,158	461	14	17,044
\$	4,826	4,293	6,005	5,227	6,680	--	9,424	6,668	5,936	3,244	5,295	3,558	4,016	5,559	--	4,966
Totals																
Num	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
\$	3,350	2,897	4,433	3,503	4,331	--	5,106	4,081	3,783	2,102	3,575	2,446	2,919	3,272	--	3,298

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.

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).

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O5.

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
00 Procedures and Interventions, NEC																
Num	0	0	0	99	0	0	0	0	0	0	1	7	1	0	0	108
Col %	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
01 Incision, Excision of Brain, Skull																
Num	0	0	0	4	0	0	0	0	0	0	1	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	0.0
02 Other Brain, Skull Operations																
Num	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
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	0.0
03 Spinal Cord & Canal Operations																
Num	67	462	89	3,307	117	0	1	161	16	729	3	1,464	51	12	1	6,480
Col %	1.9	6.3	2.9	8.4	4.3	0.0	0.1	4.7	0.5	10.6	0.1	15.5	0.8	0.5	0.2	6.9
04 Cranial & Peripheral Nerve Operations																
Num	91	188	118	1,556	74	0	57	191	110	276	100	406	97	81	0	3,345
Col %	2.5	2.6	3.8	3.9	2.7	0.0	5.8	5.5	3.1	4.0	2.5	4.3	1.6	3.2	0.0	3.6
05 Sympathetic Nerve Operations																
Num	0	10	0	63	1	0	0	0	0	8	0	21	0	0	1	104
Col %	0.0	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	0.0	0.0	0.2	0.1
06 Thyroid, Parathyroid Operations																
Num	13	6	1	278	0	0	3	3	2	2	13	64	95	1	0	481
Col %	0.4	0.1	0.0	0.7	0.0	0.0	0.3	0.1	0.1	0.0	0.3	0.7	1.5	0.0	0.0	0.5
07 Other Endocrine Gland Operations																
Num	0	0	0	6	0	0	0	0	0	0	0	1	0	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	0.0
08 Eyelid Operations																
Num	19	20	2	231	2	0	0	5	1	16	61	11	12	3	0	383
Col %	0.5	0.3	0.1	0.6	0.1	0.0	0.0	0.1	0.0	0.2	1.5	0.1	0.2	0.1	0.0	0.4
09 Lacrimal System Operations																
Num	2	1	0	75	0	0	0	1	3	13	0	0	10	1	0	106
Col %	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.2	0.0	0.0	0.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
10 Conjunctival Operations																
Num	1	0	0	35	0	0	0	0	2	2	1	0	1	0	0	42
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11 Operations on Cornea																
Num	0	0	0	31	6	0	0	0	1	5	3	0	1	3	0	50
Col %	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.1
12 Anterior Eye Segment Operations																
Num	8	24	0	69	1	0	0	37	55	6	4	119	14	5	0	342
Col %	0.2	0.3	0.0	0.2	0.0	0.0	0.0	1.1	1.6	0.1	0.1	1.3	0.2	0.2	0.0	0.4
13 Operations on Lens of Eye																
Num	428	323	156	1,183	806	0	157	334	552	286	452	314	118	216	0	5,325
Col %	11.9	4.4	5.0	3.0	29.6	0.0	15.9	9.7	15.7	4.2	11.5	3.3	1.9	8.6	0.0	5.7
14 Posterior Eye Segment Operations																
Num	4	3	0	686	2	0	0	2	9	1	0	6	0	0	0	713
Col %	0.1	0.0	0.0	1.7	0.1	0.0	0.0	0.1	0.3	0.0	0.0	0.1	0.0	0.0	0.0	0.8
15 Extraocular Muscle Operations																
Num	6	1	0	65	11	0	0	0	0	4	0	0	1	3	0	91
Col %	0.2	0.0	0.0	0.2	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1
16 Orbit & Eyeball Operations																
Num	0	0	0	17	0	0	0	0	0	0	0	0	0	1	0	18
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	0.0
18 External Ear Operations																
Num	10	8	4	132	3	0	2	3	1	21	22	7	6	0	0	219
Col %	0.3	0.1	0.1	0.3	0.1	0.0	0.2	0.1	0.0	0.3	0.6	0.1	0.1	0.0	0.0	0.2
19 Middle Ear Reconstructions																
Num	8	22	0	61	0	0	0	5	3	0	19	23	6	0	0	147
Col %	0.2	0.3	0.0	0.2	0.0	0.0	0.0	0.1	0.1	0.0	0.5	0.2	0.1	0.0	0.0	0.2
20 Other Middle & Inner Ear Operations																
Num	42	87	9	663	2	0	0	30	30	106	115	104	63	39	0	1,290
Col %	1.2	1.2	0.3	1.7	0.1	0.0	0.0	0.9	0.9	1.5	2.9	1.1	1.0	1.5	0.0	1.4

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
21 Operations on Nose																
Num	54	8	12	435	0	0	0	45	6	72	37	130	46	17	1	863
Col %	1.5	0.1	0.4	1.1	0.0	0.0	0.0	1.3	0.2	1.0	0.9	1.4	0.7	0.7	0.2	0.9
22 Nasal Sinus Operations																
Num	9	18	0	71	0	0	0	15	5	5	26	26	10	0	0	185
Col %	0.3	0.2	0.0	0.2	0.0	0.0	0.0	0.4	0.1	0.1	0.7	0.3	0.2	0.0	0.0	0.2
23 Tooth Removal & Restoration																
Num	1	4	120	240	0	0	1	1	0	3	0	28	90	5	0	493
Col %	0.0	0.1	3.8	0.6	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.3	1.4	0.2	0.0	0.5
24 Other Operations on Teeth & Gums																
Num	0	0	0	7	0	0	0	0	0	0	0	0	0	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	0.0
25 Operations on Tongue																
Num	14	5	2	19	0	0	0	4	2	3	7	2	0	3	0	61
Col %	0.4	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.0	0.0	0.1	0.0	0.1
26 Salivary Gland Operations																
Num	11	11	1	32	0	0	0	1	2	3	3	7	4	2	0	77
Col %	0.3	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1
27 Other Mouth & Face Operations																
Num	15	3	4	64	1	0	0	18	1	9	27	14	13	0	1	170
Col %	0.4	0.0	0.1	0.2	0.0	0.0	0.0	0.5	0.0	0.1	0.7	0.1	0.2	0.0	0.2	0.2
28 Tonsil & Adenoid Operations																
Num	118	60	7	259	6	0	0	49	42	116	142	102	84	24	0	1,009
Col %	3.3	0.8	0.2	0.7	0.2	0.0	0.0	1.4	1.2	1.7	3.6	1.1	1.3	1.0	0.0	1.1
29 Operations on Pharynx																
Num	2	3	1	16	0	0	0	2	0	2	1	3	1	1	1	33
Col %	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.0
30 Excision of Larynx																
Num	8	7	0	40	0	0	0	6	2	9	0	9	9	2	1	93
Col %	0.2	0.1	0.0	0.1	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.1	0.1	0.1	0.2	0.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
31 Larynx, Trachea Operations, NEC																
Num	9	6	12	285	0	0	0	6	9	5	8	14	18	3	1	376
Col %	0.3	0.1	0.4	0.7	0.0	0.0	0.0	0.2	0.3	0.1	0.2	0.1	0.3	0.1	0.2	0.4
32 Lung & Bronchus Excision																
Num	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	11
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	0.0
33 Other Bronchial & Lung Operations																
Num	12	59	0	344	0	0	0	29	1	3	1	61	70	5	0	585
Col %	0.3	0.8	0.0	0.9	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.6	1.1	0.2	0.0	0.6
34 Thorax Operations Except Lung																
Num	4	10	6	82	1	0	2	5	7	6	6	16	23	1	0	169
Col %	0.1	0.1	0.2	0.2	0.0	0.0	0.2	0.1	0.2	0.1	0.2	0.2	0.4	0.0	0.0	0.2
35 Heart Valve & Septa Operations																
Num	0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
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	0.0
36 Operations on Heart Vessels																
Num	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
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	0.0
37 Other Heart & Pericardium Operations																
Num	1	9	0	1,126	0	0	0	0	9	0	0	89	23	2	0	1,259
Col %	0.0	0.1	0.0	2.9	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.9	0.4	0.1	0.0	1.3
38 Vessel Incision, Excision, Occlusion																
Num	5	88	55	1,155	17	0	19	47	199	463	15	200	198	46	547	3,054
Col %	0.1	1.2	1.8	2.9	0.6	0.0	1.9	1.4	5.6	6.7	0.4	2.1	3.2	1.8	89.5	3.3
39 Other Operations on Vessels																
Num	0	51	0	632	0	0	0	16	1	0	0	21	2	0	0	723
Col %	0.0	0.7	0.0	1.6	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.8
40 Lymphatic System Operations																
Num	17	27	9	81	2	0	2	18	9	22	10	37	22	8	0	264
Col %	0.5	0.4	0.3	0.2	0.1	0.0	0.2	0.5	0.3	0.3	0.3	0.4	0.4	0.3	0.0	0.3

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
41 Bone Marrow & Spleen Operations																
Num	2	11	6	124	0	0	0	1	3	4	2	0	0	6	0	159
Col %	0.1	0.1	0.2	0.3	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.2	0.0	0.2
42 Operations on Esophagus																
Num	30	70	31	302	3	0	4	7	2	7	8	112	18	2	0	596
Col %	0.8	1.0	1.0	0.8	0.1	0.0	0.4	0.2	0.1	0.1	0.2	1.2	0.3	0.1	0.0	0.6
43 Incision, Excision of Stomach																
Num	5	7	7	65	1	0	0	8	2	16	4	3	5	8	0	131
Col %	0.1	0.1	0.2	0.2	0.0	0.0	0.0	0.2	0.1	0.2	0.1	0.0	0.1	0.3	0.0	0.1
44 Other Operations on Stomach																
Num	2	4	2	160	0	0	0	1	3	11	0	8	4	1	0	196
Col %	0.1	0.1	0.1	0.4	0.0	0.0	0.0	0.0	0.1	0.2	0.0	0.1	0.1	0.0	0.0	0.2
45 Intestinal Incision, Excision, Anastomosis																
Num	1,185	2,904	814	8,830	564	0	375	1,064	1,008	1,941	1,117	2,891	2,452	965	1	26,111
Col %	33.0	39.4	26.1	22.4	20.7	0.0	38.1	30.8	28.6	28.2	28.4	30.7	39.2	38.3	0.2	27.8
46 Other Intestinal Operations																
Num	1	3	0	18	1	0	0	1	0	1	0	0	1	0	0	26
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	0.0
47 Operations on Appendix																
Num	5	6	0	13	1	0	3	4	2	3	1	2	6	2	0	48
Col %	0.1	0.1	0.0	0.0	0.0	0.0	0.3	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.1
48 Other Rectal & Perirectal Operations																
Num	95	211	52	553	45	0	3	63	47	129	85	132	203	48	0	1,666
Col %	2.6	2.9	1.7	1.4	1.7	0.0	0.3	1.8	1.3	1.9	2.2	1.4	3.2	1.9	0.0	1.8
49 Operations on Anus																
Num	17	47	7	273	4	0	6	35	20	47	24	35	20	16	4	555
Col %	0.5	0.6	0.2	0.7	0.1	0.0	0.6	1.0	0.6	0.7	0.6	0.4	0.3	0.6	0.7	0.6
50 Operations on Liver																
Num	23	18	1	247	0	0	5	0	0	1	0	47	11	1	0	354
Col %	0.6	0.2	0.0	0.6	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5	0.2	0.0	0.0	0.4

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
51 Biliary Tract Operations																
Num	89	138	54	397	21	0	20	58	53	125	41	133	134	32	6	1,301
Col %	2.5	1.9	1.7	1.0	0.8	0.0	2.0	1.7	1.5	1.8	1.0	1.4	2.1	1.3	1.0	1.4
52 Operations on Pancreas																
Num	0	1	0	7	0	0	0	0	0	0	0	0	2	1	0	11
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	0.0
53 Repair of Hernia																
Num	116	198	82	759	43	0	26	110	81	178	108	247	192	71	8	2,219
Col %	3.2	2.7	2.6	1.9	1.6	0.0	2.6	3.2	2.3	2.6	2.7	2.6	3.1	2.8	1.3	2.4
54 Other Abdominal Region Operations																
Num	21	37	22	247	4	0	2	31	21	24	11	27	44	14	0	505
Col %	0.6	0.5	0.7	0.6	0.1	0.0	0.2	0.9	0.6	0.3	0.3	0.3	0.7	0.6	0.0	0.5
55 Operations on Kidney																
Num	3	2	0	173	1	0	0	1	2	0	2	4	8	0	0	196
Col %	0.1	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.2
56 Operations on Ureter																
Num	19	36	4	96	8	0	1	7	2	6	6	27	34	9	0	255
Col %	0.5	0.5	0.1	0.2	0.3	0.0	0.1	0.2	0.1	0.1	0.2	0.3	0.5	0.4	0.0	0.3
57 Urinary Bladder Operations																
Num	37	231	88	480	61	0	8	15	25	55	12	95	58	26	17	1,208
Col %	1.0	3.1	2.8	1.2	2.2	0.0	0.8	0.4	0.7	0.8	0.3	1.0	0.9	1.0	2.8	1.3
58 Operations on Urethra																
Num	5	21	5	89	5	0	1	6	0	11	9	14	9	3	1	179
Col %	0.1	0.3	0.2	0.2	0.2	0.0	0.1	0.2	0.0	0.2	0.2	0.1	0.1	0.1	0.2	0.2
59 Other Urinary Tract Operations																
Num	15	40	8	311	15	0	7	22	10	32	16	40	48	26	3	593
Col %	0.4	0.5	0.3	0.8	0.6	0.0	0.7	0.6	0.3	0.5	0.4	0.4	0.8	1.0	0.5	0.6
60 Prostate & Seminal Vesicle Operations																
Num	7	54	17	58	53	0	0	1	10	10	8	7	16	8	0	249
Col %	0.2	0.7	0.5	0.1	1.9	0.0	0.0	0.0	0.3	0.1	0.2	0.1	0.3	0.3	0.0	0.3

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
61 Scrotum & Tunica Vaginalis Operations																
Num	8	4	1	30	5	0	0	5	3	1	3	10	6	3	0	79
Col %	0.2	0.1	0.0	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.0	0.1
62 Operations on Testes																
Num	5	1	1	46	1	0	1	2	3	3	4	4	3	6	0	80
Col %	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.2	0.0	0.1
63 Spermatic Cord, Epididymis, Vas Deferens Operations																
Num	5	20	8	80	3	0	4	2	1	9	23	14	13	1	0	183
Col %	0.1	0.3	0.3	0.2	0.1	0.0	0.4	0.1	0.0	0.1	0.6	0.1	0.2	0.0	0.0	0.2
64 Operations on Penis																
Num	14	83	12	132	48	0	1	8	11	17	10	26	18	49	0	429
Col %	0.4	1.1	0.4	0.3	1.8	0.0	0.1	0.2	0.3	0.2	0.3	0.3	0.3	1.9	0.0	0.5
65 Operations on Ovary																
Num	15	44	26	241	3	0	1	15	20	29	6	9	24	32	0	465
Col %	0.4	0.6	0.8	0.6	0.1	0.0	0.1	0.4	0.6	0.4	0.2	0.1	0.4	1.3	0.0	0.5
66 Fallopian Tube Operations																
Num	25	44	19	137	4	0	1	31	21	45	31	77	42	29	0	506
Col %	0.7	0.6	0.6	0.3	0.1	0.0	0.1	0.9	0.6	0.7	0.8	0.8	0.7	1.2	0.0	0.5
67 Operations on Cervix																
Num	15	13	63	106	5	0	0	9	4	50	3	45	44	37	0	394
Col %	0.4	0.2	2.0	0.3	0.2	0.0	0.0	0.3	0.1	0.7	0.1	0.5	0.7	1.5	0.0	0.4
68 Other Uterine Incision, Excision																
Num	57	20	20	211	2	0	5	52	46	97	43	54	58	33	0	698
Col %	1.6	0.3	0.6	0.5	0.1	0.0	0.5	1.5	1.3	1.4	1.1	0.6	0.9	1.3	0.0	0.7
69 Other Uterus & Supporting Structure Operations																
Num	24	129	46	842	21	0	1	30	34	84	42	128	142	120	0	1,643
Col %	0.7	1.8	1.5	2.1	0.8	0.0	0.1	0.9	1.0	1.2	1.1	1.4	2.3	4.8	0.0	1.8
70 Vagina & Cul-de-Sac Operations																
Num	4	6	16	84	3	0	2	11	4	16	4	7	16	12	0	185
Col %	0.1	0.1	0.5	0.2	0.1	0.0	0.2	0.3	0.1	0.2	0.1	0.1	0.3	0.5	0.0	0.2

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
71 Vulvar & Perineal Operations																
Num	4	10	6	65	2	0	0	3	7	18	3	16	6	3	0	143
Col %	0.1	0.1	0.2	0.2	0.1	0.0	0.0	0.1	0.2	0.3	0.1	0.2	0.1	0.1	0.0	0.2
73 Assisting, Inducing Delivery, NEC																
Num	0	2	0	20	5	0	0	2	4	2	0	5	3	0	0	43
Col %	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.1	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0
75 Other Obstetric Operations																
Num	3	116	164	1,667	256	0	0	447	396	427	0	0	109	1	0	3,586
Col %	0.1	1.6	5.3	4.2	9.4	0.0	0.0	13.0	11.2	6.2	0.0	0.0	1.7	0.0	0.0	3.8
76 Facial Bone & Joint Operations																
Num	0	1	0	49	0	0	0	1	0	19	1	4	4	1	0	80
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.1	0.0	0.0	0.1
77 Incision, Excision, Division of Bone, NEC																
Num	72	39	41	303	106	0	7	35	97	84	88	94	109	35	0	1,110
Col %	2.0	0.5	1.3	0.8	3.9	0.0	0.7	1.0	2.8	1.2	2.2	1.0	1.7	1.4	0.0	1.2
78 Other Bone Operations Except Face																
Num	25	51	43	265	18	0	7	17	22	54	36	58	74	15	0	685
Col %	0.7	0.7	1.4	0.7	0.7	0.0	0.7	0.5	0.6	0.8	0.9	0.6	1.2	0.6	0.0	0.7
79 Reduction of Fracture, Dislocation																
Num	45	102	100	280	14	0	27	54	48	29	77	72	74	53	0	975
Col %	1.3	1.4	3.2	0.7	0.5	0.0	2.7	1.6	1.4	0.4	2.0	0.8	1.2	2.1	0.0	1.0
80 Incision, Excision of Joint																
Num	210	219	170	1,367	59	0	41	34	116	195	112	430	221	139	0	3,313
Col %	5.8	3.0	5.4	3.5	2.2	0.0	4.2	1.0	3.3	2.8	2.8	4.6	3.5	5.5	0.0	3.5
81 Joint Repair & Plastic Operations																
Num	109	154	192	1,450	145	0	38	59	78	135	65	275	171	64	1	2,936
Col %	3.0	2.1	6.2	3.7	5.3	0.0	3.9	1.7	2.2	2.0	1.6	2.9	2.7	2.5	0.2	3.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Total
82 Hand Muscle, Tendon, Fascia Operations																
Num	76	96	40	490	11	0	31	14	54	90	27	126	64	23	0	1,142
Col %	2.1	1.3	1.3	1.2	0.4	0.0	3.1	0.4	1.5	1.3	0.7	1.3	1.0	0.9	0.0	1.2
83 Other Muscle, Tendon, Fascia, Bursa Operations																
Num	99	132	93	596	57	0	19	28	79	86	84	107	147	42	2	1,571
Col %	2.8	1.8	3.0	1.5	2.1	0.0	1.9	0.8	2.2	1.2	2.1	1.1	2.3	1.7	0.3	1.7
84 Other Musculoskeletal Procedures																
Num	4	5	3	35	8	0	1	5	6	5	10	11	8	2	0	103
Col %	0.1	0.1	0.1	0.1	0.3	0.0	0.1	0.1	0.2	0.1	0.3	0.1	0.1	0.1	0.0	0.1
85 Operations on the Breast																
Num	56	261	77	1,531	13	0	33	60	32	184	81	256	311	27	0	2,922
Col %	1.6	3.5	2.5	3.9	0.5	0.0	3.4	1.7	0.9	2.7	2.1	2.7	5.0	1.1	0.0	3.1
86 Skin & Subcutaneous Tissue Operations																
Num	59	248	172	2,778	52	0	60	58	70	403	655	466	237	67	14	5,339
Col %	1.6	3.4	5.5	7.0	1.9	0.0	6.1	1.7	2.0	5.9	16.6	4.9	3.8	2.7	2.3	5.7
Hospital Totals																
Num	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
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	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.

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).

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O5.

Table O7
Top 20 Outpatient Procedure Groups by VT, NH and NY Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Other NH	NY Hosps	Total
45 Intestinal Incision, Excision, Anastomosis																			
Num	1,027	2,894	812	3,139	8,266	562	0	293	1,053	951	1,928	1,051	2,740	1,846	858	1	786	40	28,247
Row %	3.6	10.2	2.9	11.1	29.3	2.0	0.0	1.0	3.7	3.4	6.8	3.7	9.7	6.5	3.0	0.0	2.8	0.1	100.0
03 Spinal Cord & Canal Operations																			
Num	46	459	89	58	2,496	113	0	1	160	15	684	3	1,335	40	10	1	272	21	5,803
Row %	0.8	7.9	1.5	1.0	43.0	1.9	0.0	0.0	2.8	0.3	11.8	0.1	23.0	0.7	0.2	0.0	4.7	0.4	100.0
13 Operations on Lens of Eye																			
Num	361	322	156	245	1,169	754	0	105	323	424	285	440	308	99	198	0	271	42	5,502
Row %	6.6	5.9	2.8	4.5	21.2	13.7	0.0	1.9	5.9	7.7	5.2	8.0	5.6	1.8	3.6	0.0	4.9	0.8	100.0
86 Skin & Subcutaneous Tissue Operations																			
Num	50	245	172	286	2,427	51	0	47	58	63	402	579	448	179	53	9	98	32	5,199
Row %	1.0	4.7	3.3	5.5	46.7	1.0	0.0	0.9	1.1	1.2	7.7	11.1	8.6	3.4	1.0	0.2	1.9	0.6	100.0
75 Other Obstetric Operations																			
Num	2	115	164	26	1,632	250	0	0	445	388	427	0	0	88	1	0	21	0	3,559
Row %	0.1	3.2	4.6	0.7	45.9	7.0	0.0	0.0	12.5	10.9	12.0	0.0	0.0	2.5	0.0	0.0	0.6	0.0	100.0
80 Incision, Excision of Joint																			
Num	168	218	168	313	1,215	58	0	30	34	106	194	108	405	184	117	0	188	16	3,522
Row %	4.8	6.2	4.8	8.9	34.5	1.6	0.0	0.9	1.0	3.0	5.5	3.1	11.5	5.2	3.3	0.0	5.3	0.5	100.0
04 Cranial & Peripheral Nerve Operations																			
Num	69	188	118	94	1,278	68	0	36	188	99	270	94	352	85	61	0	191	10	3,201
Row %	2.2	5.9	3.7	2.9	39.9	2.1	0.0	1.1	5.9	3.1	8.4	2.9	11.0	2.7	1.9	0.0	6.0	0.3	100.0
85 Operations on the Breast																			
Num	47	260	77	279	1,402	13	0	21	60	28	184	71	242	232	25	0	50	18	3,009
Row %	1.6	8.6	2.6	9.3	46.6	0.4	0.0	0.7	2.0	0.9	6.1	2.4	8.0	7.7	0.8	0.0	1.7	0.6	100.0
81 Joint Repair & Plastic Operations																			
Num	80	154	191	125	1,269	145	0	31	57	68	133	58	251	126	45	1	132	20	2,886
Row %	2.8	5.3	6.6	4.3	44.0	5.0	0.0	1.1	2.0	2.4	4.6	2.0	8.7	4.4	1.6	0.0	4.6	0.7	100.0
38 Vessel Incision, Excision, Occlusion																			
Num	3	88	55	81	1,062	16	0	9	47	191	460	14	199	168	39	298	9	7	2,746
Row %	0.1	3.2	2.0	2.9	38.7	0.6	0.0	0.3	1.7	7.0	16.8	0.5	7.2	6.1	1.4	10.9	0.3	0.3	100.0

Table O7
Top 20 Outpatient Procedure Groups by VT, NH and NY Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Other NH	NY Hosp	Total
53 Repair of Hernia																			
Num	100	197	82	180	694	43	0	22	107	74	175	95	233	128	66	3	93	4	2,296
Row %	4.4	8.6	3.6	7.8	30.2	1.9	0.0	1.0	4.7	3.2	7.6	4.1	10.1	5.6	2.9	0.1	4.1	0.2	100.0
48 Other Rectal & Perirectal Operations																			
Num	85	211	52	102	509	45	0	3	63	46	128	72	121	140	41	0	34	2	1,654
Row %	5.1	12.8	3.1	6.2	30.8	2.7	0.0	0.2	3.8	2.8	7.7	4.4	7.3	8.5	2.5	0.0	2.1	0.1	100.0
83 Other Muscle, Tendon, Fascia, Bursa Operations																			
Num	84	131	92	113	527	53	0	14	28	73	86	80	99	119	35	1	60	9	1,604
Row %	5.2	8.2	5.7	7.0	32.9	3.3	0.0	0.9	1.7	4.6	5.4	5.0	6.2	7.4	2.2	0.1	3.7	0.6	100.0
69 Other Uterus & Supporting Structure Operations																			
Num	18	129	45	52	767	21	0	1	30	34	83	37	120	101	106	0	31	7	1,582
Row %	1.1	8.2	2.8	3.3	48.5	1.3	0.0	0.1	1.9	2.1	5.2	2.3	7.6	6.4	6.7	0.0	2.0	0.4	100.0
37 Other Heart & Pericardium Operations																			
Num	1	9	0	448	806	0	0	0	0	9	0	0	82	16	2	0	11	117	1,501
Row %	0.1	0.6	0.0	29.8	53.7	0.0	0.0	0.0	0.0	0.6	0.0	0.0	5.5	1.1	0.1	0.0	0.7	7.8	100.0
51 Biliary Tract Operations																			
Num	75	138	54	155	335	21	0	13	58	52	123	35	127	84	29	3	51	4	1,357
Row %	5.5	10.2	4.0	11.4	24.7	1.5	0.0	1.0	4.3	3.8	9.1	2.6	9.4	6.2	2.1	0.2	3.8	0.3	100.0
20 Other Middle & Inner Ear Operations																			
Num	30	87	9	136	532	2	0	0	30	24	106	107	101	53	37	0	19	3	1,276
Row %	2.4	6.8	0.7	10.7	41.7	0.2	0.0	0.0	2.4	1.9	8.3	8.4	7.9	4.2	2.9	0.0	1.5	0.2	100.0
57 Urinary Bladder Operations																			
Num	31	231	88	85	436	59	0	7	15	24	52	10	87	42	24	6	39	6	1,242
Row %	2.5	18.6	7.1	6.8	35.1	4.8	0.0	0.6	1.2	1.9	4.2	0.8	7.0	3.4	1.9	0.5	3.1	0.5	100.0
82 Hand Muscle, Tendon, Fascia Operations																			
Num	55	95	40	63	457	11	0	14	14	51	90	27	117	49	17	0	48	7	1,155
Row %	4.8	8.2	3.5	5.5	39.6	1.0	0.0	1.2	1.2	4.4	7.8	2.3	10.1	4.2	1.5	0.0	4.2	0.6	100.0
77 Incision, Excision, Division of Bone, NEC																			
Num	57	39	40	64	271	93	0	3	35	90	84	84	90	81	32	0	57	10	1,130
Row %	5.0	3.5	3.5	5.7	24.0	8.2	0.0	0.3	3.1	8.0	7.4	7.4	8.0	7.2	2.8	0.0	5.0	0.9	100.0

Table O7
Top 20 Outpatient Procedure Groups by VT, NH and NY Hospitals for Visits Not Originating in the Emergency Department
2006 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	VA	Other NH	NY Hosp	Total
All Other																			
Num	582	1,120	605	2,277	7,323	249	0	62	600	395	893	660	1,361	897	403	5	615	154	18,201
Row %	3.2	6.2	3.3	12.5	40.2	1.4	0.0	0.3	3.3	2.2	4.9	3.6	7.5	4.9	2.2	0.0	3.4	0.8	100.0
Hospital Totals																			
Num	2,971	7,330	3,109	8,321	34,873	2,627	0	712	3,405	3,205	6,787	3,625	8,818	4,757	2,199	328	3,076	529	96,672
Row %	3.1	7.6	3.2	8.6	36.1	2.7	0.0	0.7	3.5	3.3	7.0	3.7	9.1	4.9	2.3	0.3	3.2	0.5	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.

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).

Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O5.

Table O8
Primary Cost Centers by Vermont Hospitals
2006 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	3,370	69,261	14,586	217,327	10,877	7,874	14,936	34,723	32,863	38,294	38,585	58,539	70,682	5,871	617,788
4100 Radiology - Diagnostic	984	9,424	5,413	41,810	2,373	1,521	2,754	6,497	5,464	10,181	5,388	8,589	8,748	5,209	114,355
3440 Mammography	397	7,961	3,214	28,567	2,091	0	1,468	3,283	3,830	1,283	4,142	7,159	4,897	3,099	71,391
Diagnostic	87	980	868	7,261	254	0	116	687	1,002	1,120	574	1,608	1,175	356	16,088
Screening	313	6,981	2,348	21,469	1,844	0	1,352	2,596	2,836	212	3,569	5,679	3,767	2,760	55,726
3240 Cytology	213	0	0	29,318	0	0	97	1,098	0	14	3	3,740	4,898	0	39,381
3420 Laboratory - Pathological	175	1,524	160	27,104	130	0	836	601	3,877	635	891	1,486	745	62	38,226
3630 Ultra Sound	152	3,590	1,821	10,624	1,126	0	440	1,921	797	2,836	1,375	3,688	4,309	1,312	33,991
3230 CAT Scan	168	3,869	893	10,892	555	0	470	1,611	595	1,924	1,203	2,783	3,427	1,220	29,610
5000 Physical Therapy	235	3,521	1,187	8,618	1,496	378	862	1,874	4,744	2,025	131	2,089	380	1,214	28,754
3430 MRI	164	2,599	977	10,112	646	0	328	1,059	708	1,427	1,050	3,593	2,681	894	26,238
3280 EKG/EEG	88	1,270	367	6,805	332	309	441	1,119	766	562	123	1,580	149	375	14,286
EKG	87	1,172	302	4,881	260	309	441	942	642	562	123	846	149	375	11,091
EEG	1	99	66	1,929	72	0	0	177	124	0	0	734	0	0	3,202
3140 Cardiology	78	267	61	6,243	381	0	182	855	1,142	425	331	803	266	474	11,508
3450 Nuclear Medicine - Diagnostic	50	611	196	4,666	336	0	0	303	508	526	770	965	1,111	491	10,533
Pet Scan	0	100	0	483	0	0	0	0	0	0	0	215	125	0	923
All other	50	511	196	4,470	336	0	0	303	508	526	770	750	986	491	9,897
3560 Pulmonary Function	26	474	90	3,451	281	22	239	1,337	1,013	285	217	1,307	3	117	8,862

Table O8
Primary Cost Centers by Vermont Hospitals
2006 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
3620 Stress Test	53	277	101	4,120	314	0	87	404	0	579	701	243	618	324	7,821
5100 Occupational Therapy	66	532	128	4,289	87	52	292	465	278	203	2	571	55	188	7,208
3650 Vascular Lab	34	897	248	2,372	162		73	362	175	504	314	914	219	367	6,641
3190 Chemotherapy	36	0	233	4,225	35	3	402	168	0	0	0	613	0	158	5,873
3480 Oncology	166	0	0	46	0	0	0	1,081	0	0	0	3,806	0	20	5,119
4800 Intravenous Therapy	353	0	382	1,842	146	53	0	853	186	116	19	625	5	290	4,870
5700 Renal Dialysis	0	0	0	3,474	0	0	0	0	0	0	0	0	3	0	3,477
3370 Holter Monitor	24	123	0	1,803	73	33	59	175	149	209	43	219	0	78	2,988
4200 Radiology-Therapeutic	0	0	0	1,901	0	0	0	0	2	0	0	422	0	0	2,325
3260 Echocardiography	0	377	0	1,627	0	0	0	0	0	0	0	0	213	0	2,217

Expanded outpatient data were inconsistently reported across hospitals for this first data year, the reporting will improve over time to become more consistent and complete. The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix O4 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 O5.

Table O9
Primary Cost Centers by Payer
2006 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	237,327	74,892	4,244	1,201	276,171	23,307	646	617,788
	Row %	38.4	12.1	0.7	0.2	44.7	3.8	0.1	100.0
4100 Radiology - Diagnostic	Num	34,622	16,152	926	3,714	53,905	4,928	108	114,355
	Row %	30.3	14.1	0.8	3.2	47.1	4.3	0.1	100.0
3440 Mammography	Num	19,038	3,876	939	2	46,176	1,297	63	71,391
	Row %	26.7	5.4	1.3	0.0	64.7	1.8	0.1	100.0
Diagnostic	Num	4,104	1,401	220	0	10,067	277	19	16,088
	Row %	25.5	8.7	1.4	0.0	62.6	1.7	0.1	100.0
Screening	Num	15,029	2,490	725	2	36,412	1,023	45	55,726
	Row %	27.0	4.5	1.3	0.0	65.3	1.8	0.1	100.0
3240 Cytology	Num	3,576	3,783	677	2	29,703	1,578	62	39,381
	Row %	9.1	9.6	1.7	0.0	75.4	4.0	0.2	100.0
3420 Laboratory - Pathological	Num	6,227	4,776	531	11	24,789	1,888	4	38,226
	Row %	16.3	12.5	1.4	0.0	64.8	4.9	0.0	100.0
3630 Ultra Sound	Num	6,721	6,415	355	31	19,109	1,302	58	33,991
	Row %	19.8	18.9	1.0	0.1	56.2	3.8	0.2	100.0
3230 CAT Scan	Num	11,688	3,328	190	245	13,356	760	43	29,610
	Row %	39.5	11.2	0.6	0.8	45.1	2.6	0.1	100.0
5000 Physical Therapy	Num	8,160	4,286	374	2,430	11,788	1,711	5	28,754
	Row %	28.4	14.9	1.3	8.5	41.0	6.0	0.0	100.0
3430 MRI	Num	5,748	3,687	270	1,523	14,256	717	37	26,238
	Row %	21.9	14.1	1.0	5.8	54.3	2.7	0.1	100.0

Table O9
Primary Cost Centers by Payer
2006 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	4,954	2,125	139	154	6,514	395	5	14,286
	Row %	34.7	14.9	1.0	1.1	45.6	2.8	0.0	100.0
EKG	Num	4,268	1,464	78	146	4,782	349	4	11,091
	Row %	38.5	13.2	0.7	1.3	43.1	3.1	0.0	100.0
EEG	Num	687	665	61	8	1,734	46	1	3,202
	Row %	21.5	20.8	1.9	0.2	54.2	1.4	0.0	100.0
3140 Cardiology	Num	5,184	1,153	101	7	4,536	524	3	11,508
	Row %	45.0	10.0	0.9	0.1	39.4	4.6	0.0	100.0
3450 Nuclear Medicine - Diagnostic	Num	4,508	1,017	101	93	4,595	192	27	10,533
	Row %	42.8	9.7	1.0	0.9	43.6	1.8	0.3	100.0
Pet Scan	Num	431	75	11	0	387	15	4	923
	Row %	46.7	8.1	1.2	0.0	41.9	1.6	0.4	100.0
All other	Num	4,079	979	101	93	4,435	187	23	9,897
	Row %	41.2	9.9	1.0	0.9	44.8	1.9	0.2	100.0
3560 Pulmonary Function	Num	3,613	1,137	60	30	3,614	407	1	8,862
	Row %	40.8	12.8	0.7	0.3	40.8	4.6	0.0	100.0
3620 Stress Test	Num	3,099	610	99	17	3,814	173	9	7,821
	Row %	39.6	7.8	1.3	0.2	48.8	2.2	0.1	100.0
5100 Occupational Therapy	Num	1,428	1,026	112	1,118	3,082	442	0	7,208
	Row %	19.8	14.2	1.6	15.5	42.8	6.1	0.0	100.0
3650 Vascular Lab	Num	4,268	422	27	42	1,753	129	0	6,641
	Row %	64.3	6.4	0.4	0.6	26.4	1.9	0.0	100.0
3190 Chemotherapy	Num	2,301	453	60		2,885	174	0	5,873
	Row %	39.2	7.7	1.0	0.0	49.1	3.0	0.0	100.0

Table O9
Primary Cost Centers by Payer
2006 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	2,875	345	29	5	1,796	69	0	5,119
	Row %	56.2	6.7	0.6	0.1	35.1	1.3	0.0	100.0
4800 Intravenous Therapy	Num	2,325	523	32	55	1,787	147	1	4,870
	Row %	47.7	10.7	0.7	1.1	36.7	3.0	0.0	100.0
5700 Renal Dialysis	Num	2,914	128	27		388	20	0	3,477
	Row %	83.8	3.7	0.8	0.0	11.2	0.6	0.0	100.0
3370 Holter Monitor	Num	1,082	329	47	3	1,437	90	0	2,988
	Row %	36.2	11.0	1.6	0.1	48.1	3.0	0.0	100.0
4200 Radiology-Therapeutic	Num	1,066	154	29	1	1,042	33	0	2,325
	Row %	45.8	6.6	1.2	0.0	44.8	1.4	0.0	100.0
3260 Echocardiography	Num	1,869	53	6	1	281	5	2	2,217
	Row %	84.3	2.4	0.3	0.0	12.7	0.2	0.1	100.0

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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
2006 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	11,562	13,739	44,369	118,973	94,141	113,301	97,074	124,613	617,772
	Row %	1.9	2.2	7.2	19.3	15.2	18.3	15.7	20.2	100.0
4100 Radiology - Diagnostic*	Num	5,718	5,074	15,327	16,113	16,412	23,916	11,841	19,953	114,354
	Row %	5.0	4.4	13.4	14.1	14.4	20.9	10.4	17.4	100.0
3440 Mammography*	Num	1	5	57	11,829	89	41,344	77	17,988	71,390
	Row %	0.0	0.0	0.1	16.6	0.1	57.9	0.1	25.2	100.0
Diagnostic*	Num	0	1	47	3,605	81	8,503	70	3,780	16,087
	Row %	0.0	0.0	0.3	22.4	0.5	52.9	0.4	23.5	100.0
Screening	Num	1	5	10	8,311	8	33,086	7	14,298	55,726
	Row %	0.0	0.0	0.0	14.9	0.0	59.4	0.0	25.7	100.0
3240 Cytology*	Num	17	28	3	21,440	1	14,865	5	3,019	39,378
	Row %	0.0	0.1	0.0	54.4	0.0	37.7	0.0	7.7	100.0
3420 Laboratory - Pathological	Num	293	366	2,209	14,941	3,484	11,024	2,693	3,216	38,226
	Row %	0.8	1.0	5.8	39.1	9.1	28.8	7.0	8.4	100.0
3630 Ultra Sound*	Num	794	1,009	1,495	13,168	2,114	9,573	2,023	3,813	33,989
	Row %	2.3	3.0	4.4	38.7	6.2	28.2	6.0	11.2	100.0
3230 CAT Scan	Num	325	338	2,692	4,086	4,926	6,539	4,873	5,831	29,610
	Row %	1.1	1.1	9.1	13.8	16.6	22.1	16.5	19.7	100.0
5000 Physical Therapy	Num	445	507	3,787	5,585	4,365	7,115	2,534	4,416	28,754
	Row %	1.5	1.8	13.2	19.4	15.2	24.7	8.8	15.4	100.0
3430 MRI	Num	364	409	4,242	5,269	4,881	6,277	1,997	2,799	26,238
	Row %	1.4	1.6	16.2	20.1	18.6	23.9	7.6	10.7	100.0

Table O10
Primary Cost Centers by Age and Sex
2006 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	1,118	991	1,116	1,356	2,871	2,384	2,163	2,287	14,286
	Row %	7.8	6.9	7.8	9.5	20.1	16.7	15.1	16.0	100.0
EKG	Num	881	811	616	797	2,168	1,829	1,908	2,081	11,091
	Row %	7.9	7.3	5.6	7.2	19.5	16.5	17.2	18.8	100.0
EEG	Num	238	183	501	559	703	556	255	207	3,202
	Row %	7.4	5.7	15.6	17.5	22.0	17.4	8.0	6.5	100.0
3140 Cardiology	Num	474	418	722	867	2,204	1,528	2,904	2,391	11,508
	Row %	4.1	3.6	6.3	7.5	19.2	13.3	25.2	20.8	100.0
3450 Nuclear Medicine - Diagnostic*	Num	82	112	612	1,094	1,993	2,417	2,013	2,209	10,532
	Row %	0.8	1.1	5.8	10.4	18.9	22.9	19.1	21.0	100.0
Pet Scan	Num	3	6	61	48	196	196	221	192	923
	Row %	0.3	0.7	6.6	5.2	21.2	21.2	23.9	20.8	100.0
All other*	Num	82	112	590	1,068	1,897	2,320	1,805	2,022	9,896
	Row %	0.8	1.1	6.0	10.8	19.2	23.4	18.2	20.4	100.0
3560 Pulmonary Function	Num	355	269	696	993	1,476	1,842	1,452	1,779	8,862
	Row %	4.0	3.0	7.9	11.2	16.7	20.8	16.4	20.1	100.0
3620 Stress Test*	Num	21	19	558	448	2,270	1,539	1,638	1,327	7,820
	Row %	0.3	0.2	7.1	5.7	29.0	19.7	20.9	17.0	100.0
5100 Occupational Therapy*	Num	288	164	1,493	1,325	1,114	1,602	473	748	7,207
	Row %	4.0	2.3	20.7	18.4	15.5	22.2	6.6	10.4	100.0
3650 Vascular Lab	Num	23	17	255	489	875	1,043	1,789	2,150	6,641
	Row %	0.3	0.3	3.8	7.4	13.2	15.7	26.9	32.4	100.0
3190 Chemotherapy	Num	4	26	382	537	922	1,983	1,056	963	5,873
	Row %	0.1	0.4	6.5	9.1	15.7	33.8	18.0	16.4	100.0

Table O10
Primary Cost Centers by Age and Sex
2006 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	0	7	132	299	676	1,421	1,184	1,400	5,119
	Row %	0.0	0.1	2.6	5.8	13.2	27.8	23.1	27.3	100.0
4800 Intravenous Therapy	Num	20	34	300	590	828	1,183	985	930	4,870
	Row %	0.4	0.7	6.2	12.1	17.0	24.3	20.2	19.1	100.0
5700 Renal Dialysis	Num	0	9	139	180	681	409	1,124	935	3,477
	Row %	0.0	0.3	4.0	5.2	19.6	11.8	32.3	26.9	100.0
3370 Holter Monitor	Num	124	125	247	495	389	571	463	574	2,988
	Row %	4.1	4.2	8.3	16.6	13.0	19.1	15.5	19.2	100.0
4200 Radiology-Therapeutic	Num	3	0	54	121	412	682	573	480	2,325
	Row %	0.1	0.0	2.3	5.2	17.7	29.3	24.6	20.6	100.0
3260 Echocardiography	Num	1	6	50	80	211	213	838	818	2,217
	Row %	0.0	0.3	2.3	3.6	9.5	9.6	37.8	36.9	100.0

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

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

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix O4 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
2006 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	264,496	19.2
Endocrine, nutritional, metabolic & immunity disorders	163,307	11.9
Musculoskeletal system & connective tissue	146,285	10.6
Diseases of the circulatory system	144,601	10.5
Diseases of the genitourinary system	130,703	9.5
Neoplasms	83,913	6.1
Diseases of the respiratory system	75,864	5.5
Diseases of the nervous system & sense organs	73,359	5.3
Injury & poisoning	48,896	3.6
Diseases of the digestive system	42,197	3.1
Mental disorders	40,304	2.9
Contraception & complications of pregnancy & childbirth	37,552	2.7
Diseases of the skin & subcutaneous tissue	27,697	2.0
Infectious & parasitic diseases	27,628	2.0
Residual codes, unclassified, all Ecodes	27,579	2.0
Diseases of the blood & blood-forming organs	25,802	1.9
Congenital anomalies	5,229	0.4
Conditions originating in the perinatal period	2,646	0.2
Missing	6,697	0.5
Total	1,374,755	100.0

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

Includes only 6 months of data from the Veterans Administration, 979 records.

Table O12
Primary Diagnostic Groups
2006 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	
		# Records	%	# Records (rounded to thousands)	%
Arthropathies and related disorders	710-719	62,090	4.5	2,562,000	2.5
Malignant neoplasms	140-208, 230-234	58,038	4.2	3,484,000	3.4
Diabetes mellitus	250	54,727	4.0	4,342,000	4.2
Specific Procedures and aftercare	V50-V59.9	54,039	3.9	1,768,000	1.7
Heart disease excluding ischemic	420-429	50,916	3.7	1,168,000	1.1
Spinal disorders	720-724	47,866	3.5	2,255,000	2.2
Essential hypertension	401	37,750	2.7	3,892,000	3.8
Gynecological exam	V72.3	33,238	2.4	1,245,000	1.2
Rheumatism, excluding back	725-729	27,439	2.0	1,667,000	1.6
General medical exam	V70	23,558	1.7	1,265,000	1.2
Normal pregnancy	V22	23,001	1.7	3,045,000	3.0
Acute pharyngitis	462	13,464	1.0	1,315,000	1.3
Acute Upper Respiratory, excluding pharyngitis	460-461, 463-466	11,313	0.8	3,846,000	3.8
Potential health hazards related to communicable diseases	V01-V09	8,426	0.6	1,786,000	1.7
Complications of pregnancy, childbirth, and the puerperium	630-677	8,399	0.6	1,405,000	1.4
Psychoses, excluding major depressive disorders	290-295, 296.0-296.1, 296.4-299	8,258	0.6	1,851,000	1.8
Routine infant or child health check	V20.2	7,545	0.5	3,654,000	3.6
Potential health hazards related to personal and family history	V10-V19	7,443	0.5	1,252,000	1.2
Otitis media and eustachian tube disorders	381-382	6,359	0.5	1,562,000	1.5
Chronic sinusitis	473	1,963	0.1	1,448,000	1.4
All other including missing		828,923	60.3	57,398,000	56.2
Total		1,374,755	100.0	102,210,000	100.0

Primary Diagnosis Groups and United States 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.

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

**Table O13
Observation Bed Records by VT Hospital and Setting
2006 VT Hospital Data, Includes VT Residents and Non-Residents**

Hospital	Outpatient											
	Inpatient		ED Flag only		ED FLAG and Procedure in Range		Procedure in Range Only		No Flag		Total Records with Observation Flag	
BRATTLEBORO MEMORIAL HOSPITAL	114	\$7,291	25	\$3,064	15	\$6,669	385	\$6,874	36	\$1,759	575	\$6,466
CENTRAL VERMONT MEDICAL CENTER	125	\$10,235	529	\$4,065	137	\$8,356	218	\$5,098	143	\$1,531	1,152	\$5,126
COPLEY HOSPITAL	6	\$13,355	373	\$3,051	29	\$6,101	29	\$6,881	68	\$2,259	505	\$3,462
FLETCHER ALLEN HEALTH CARE	175	\$12,930	1,187	\$4,260	153	\$7,799	402	\$14,124	130	\$3,697	2,047	\$7,167
GIFFORD MEDICAL CENTER	140	\$8,702	239	\$3,727	21	\$9,848	71	\$4,813	51	\$2,761	522	\$5,379
GRACE COTTAGE HOSPITAL	2	\$3,458	51	\$2,149	0	--	0	--	29	\$1,524	82	\$1,960
MT. ASCUTNEY HOSPITAL AND HEALTH CTR.	1	\$11,058	142	\$4,506	18	\$5,259	5	\$8,302	19	\$3,209	185	\$4,584
NORTH COUNTRY HOSPITAL	58	\$12,331	323	\$4,237	51	\$8,507	227	\$5,338	82	\$2,697	741	\$5,331
NORTHEASTERN VERMONT REGIONAL HOSPITAL	83	\$10,940	212	\$2,981	32	\$9,097	128	\$13,462	93	\$1,737	548	\$6,781
NORTHWESTERN MEDICAL CENTER	167	\$8,398	517	\$3,434	149	\$7,009	179	\$7,369	138	\$1,628	1,150	\$5,014
PORTER MEDICAL CENTER	57	\$8,927	458	\$3,676	40	\$7,210	36	\$7,198	154	\$1,444	745	\$3,976
RUTLAND REGIONAL MEDICAL CENTER	408	\$13,082	1,309	\$4,161	134	\$7,733	78	\$7,672	311	\$3,121	2,240	\$5,978
SOUTHWESTERN VT. MEDICAL CENTER	94	\$7,999	860	\$3,867	44	\$5,762	21	\$9,458	106	\$2,400	1,125	\$4,252
SPRINGFIELD HOSPITAL	40	\$9,760	161	\$3,840	19	\$7,036	38	\$11,771	25	\$3,310	283	\$5,909
Total VT Hospitals	1,470	\$10,684	6,386	\$3,901	842	\$7,598	1,817	\$8,682	1,385	\$2,382	11,900	\$5,555

Inpatient records exclude MDC 15 (newborns).

The Veterans Administration in White River Junction is excluded from this table because they do not provide Emergency Department visits.

Emergency Department records are flagged using revenue codes between 450 and 459, Observation records are flagged using revenue code 760, 762 or 769. 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
2006 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	265	19.1
184 Early or threatened labor	92	
181 Other complications of pregnancy	81	
196 Normal pregnancy and/or delivery	43	
Other	49	
Diseases of the circulatory system	152	11.0
102 Nonspecific chest pain	70	
106 Cardiac dysrhythmias	28	
Other	54	
Diseases of the digestive system	152	11.0
154 Noninfectious gastroenteritis	33	
144 Regional enteritis & ulcerative colitis	26	
135 Intestinal infection	24	
155 Other gastrointestinal disorders	20	
Other	49	
Diseases of the respiratory system	143	10.3
128 Asthma	35	
125 Acute bronchitis	33	
122 Pneumonia (except TB or STD related)	21	
Other	54	
Endocrine, nutritional, metabolic and immunity disorders	137	9.9
55 Fluid & electrolyte disorders	94	
Other	43	
Symptoms, signs and ill-defined conditions	106	7.7
251 Abdominal pain	32	
250 Nausea & vomiting	25	
Other	49	

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2006 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	60	4.3
Musculoskeletal system and connective tissue	59	4.3
Injury and poisoning	53	3.8
Diseases of the blood and blood-forming organs	53	3.8
Diseases of the genitourinary system	50	3.6
Conditions originating in the perinatal period	35	2.5
Diseases of the skin and subcutaneous tissue	32	2.3
Neoplasms	30	2.2
Infectious and parasitic diseases	23	1.7
Mental disorders	14	1.0
Residual codes, unclassified, all Ecodes	9	0.6
Congenital anomalies	1	0.1
Records with invalid or missing primary diagnosis	11	0.8
Total	1,385	100.0

Observation Bed records are flagged using revenue codes 760, 762 or 769.

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

2006 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

CCS High Level Procedure Group 3: Operations on the Eye

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

CCS High Level Procedure Group 4: Operations on the Ear

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

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

- 27 Control of epistaxis

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

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

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

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

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

APPENDIX O2

2006 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

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

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

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

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

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

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

APPENDIX O2

2006 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

CCS High Level Procedure Group 13: Obstetrical Procedures

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

CCS High Level Procedure Group 14: Operations on the Musculoskeletal System

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

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

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

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

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

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

APPENDIX O2

2006 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

APPENDIX O3

2006 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 O3

2006 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 O3

2006 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 O3

2006 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 O3

2006 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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 O4
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 05
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 O5
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 O5
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 O5
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