



2008 Comparison Across Hospital Settings Hospital Utilization Report

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Vermont Department of Health

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2008

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

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

Department of Health

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Disclaimer

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

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

Hospital Data Files and Reports

Public use hospital discharge data files as well as this hospital utilization report and associated tables are available for download on the BISHCA website at: <http://www.bishca.state.vt.us/health-care/research-data-reports/research-data-reports>. 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 Hospital Setting Comparison Tables

Comparison Across Hospital Settings

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

Beginning in 2006 other types of hospital-based outpatient services were collected. These data did not meet the criteria of a procedure in the 0-86.99 range, nor have associated revenue codes that would indicate an emergency department visit or observation bed record. This additional data includes laboratory tests and other diagnostic and therapeutic services not classified elsewhere. Hospital setting comparisons, including this additional data, called expanded outpatient services are included in tables C1-C4, C9 and C11 of this report. The 2006 expanded outpatient data were inconsistently reported across hospitals for the first data year but with the mandatory requirement in 2007, 2008 data is more consistently reported and will continue to improve in future editions.

The tables comparing utilization by setting focus primarily on resident and non-resident discharges from the fourteen Vermont (VT) civilian acute care hospitals. The Veterans Administration (VA) hospital in White River Junction did not submit any data for calendar year 2008.

Table C10 compares data for Vermonters using hospitals in Vermont, Massachusetts (MA), New Hampshire (NH), and New York (NY). Since reporting year 2001, the NH Department of Health and Human Services has provided data from all three settings for Vermont residents using NH hospitals. Since reporting year 2006 the New York Department of Health also provides data across these three settings. The MA Division of Health Care Finance and Policy provides only inpatient records, ED records and observation bed data at this time. In 2008 New York did not provide ICD-9-CM procedure codes in their outpatient setting and could not be included in the outpatient procedure data.

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

Definitions

Charges

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

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

Recent Changes in Definitions for the Hospital Settings

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

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

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

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

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

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

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

Comparison to Previous Monographs

As described above, in data year 2003 multiple changes were made in the definitions for selecting outpatient procedure and ED records, resulting in differences in both the number of records included and the nature of the records. Because of these changes the hospital setting comparison tables presented in this Report are comparable to those published in the 2003-2007 Reports but cannot meaningfully be compared to the tables published in the 2001 or 2002 Monographs.

Clinical Classifications Software (CCS) Groupings

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

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

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

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

Hospital vs. Hospital Service Area Data

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

Table C1
Vermont Hospitals by Setting
2008 Vermont Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Vermont Hospital	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Count	Row %
Brattleboro Memorial Hospital	1,813	2.1	3,913	4.5	11,172	12.9	69,856	80.5	86,754	100.0
Central Vermont Medical Center	3,407	2.3	7,430	4.9	27,092	18.0	112,634	74.8	150,563	100.0
Copley Hospital	1,118	1.9	3,881	6.6	12,186	20.9	41,255	70.6	58,440	100.0
Fletcher Allen Health Care	20,805	2.4	44,346	5.2	48,873	5.7	741,524	86.7	855,548	100.0
Gifford Medical Center	1,188	1.1	2,435	2.3	6,193	5.8	97,485	90.9	107,301	100.0
Grace Cottage Hospital	173	1.3	4	0.0	2,575	19.2	10,686	79.5	13,438	100.0
Mt. Ascutney Hospital and Health Center	430	1.3	1,198	3.6	5,052	15.3	26,270	79.7	32,950	100.0
North Country Hospital	1,412	1.8	3,556	4.5	13,087	16.5	61,389	77.3	79,444	100.0
Northeastern Vermont Regional Hospital	1,599	2.0	3,489	4.4	10,838	13.8	62,749	79.8	78,675	100.0
Northwestern Medical Center	1,861	1.9	7,082	7.2	26,322	26.6	63,638	64.3	98,903	100.0
Porter Medical Center	1,462	2.0	3,685	5.1	13,281	18.4	53,841	74.5	72,269	100.0
Rutland Regional Medical Center	6,439	3.3	10,063	5.2	28,918	14.8	149,439	76.7	194,859	100.0
Southwestern Vermont Medical Center	4,582	3.7	6,260	5.1	19,370	15.8	92,459	75.4	122,671	100.0
Springfield Hospital	2,265	2.9	2,343	3.0	14,650	18.8	58,537	75.2	77,795	100.0
Total	48,554	2.4	99,685	4.9	239,609	11.8	1,641,762	80.9	2,029,610	100.0

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

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

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

Table C2a
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Record and Row Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Symptoms, signs & ill-defined conditions	2,033	0.6	15,510	4.3	25,919	7.2	314,950	87.9	358,412	100.0
Musculoskeletal system & connective tissue	3,208	1.4	13,476	6.0	16,679	7.4	192,449	85.2	225,812	100.0
Endocrine, nutritional, metabolic & immunity disorders	1,737	0.9	1,885	0.9	2,775	1.4	193,973	96.8	200,370	100.0
Diseases of the circulatory system	8,379	4.2	3,010	1.5	14,366	7.2	173,427	87.1	199,182	100.0
Diseases of the genitourinary system	2,264	1.4	7,203	4.4	11,818	7.3	140,762	86.9	162,047	100.0
Injury & poisoning	4,896	3.3	6,666	4.5	77,160	52.4	58,509	39.7	147,231	100.0
Diseases of the respiratory system	5,246	4.1	2,647	2.1	28,086	22.0	91,544	71.8	127,523	100.0
Diseases of the nervous system & sense organs	1,142	0.9	12,413	10.2	20,161	16.6	87,852	72.3	121,568	100.0
Neoplasms	2,565	2.3	12,807	11.7	304	0.3	93,784	85.7	109,460	100.0
Diseases of the digestive system	5,404	6.3	14,018	16.4	17,198	20.1	48,903	57.2	85,523	100.0
Mental disorders	2,979	4.7	222	0.4	9,036	14.3	50,833	80.6	63,070	100.0
Contraception & complications of pregnancy & childbirth	6,140	10.9	4,805	8.5	2,016	3.6	43,444	77.0	56,405	100.0
Diseases of the skin & subcutaneous tissue	942	2.1	2,254	5.0	8,086	17.9	33,831	75.0	45,113	100.0
Infectious & parasitic diseases	782	1.8	578	1.3	3,511	7.9	39,725	89.1	44,596	100.0
Residual codes, unclassified, all Ecodes	177	0.5	814	2.4	1,824	5.3	31,768	91.9	34,583	100.0
Diseases of the blood & blood-forming organs	472	1.5	650	2.0	350	1.1	30,971	95.5	32,443	100.0
Congenital anomalies	186	2.8	428	6.5	66	1.0	5,856	89.6	6,536	100.0
Conditions originating in the perinatal period	2	0.1	292	11.3	234	9.0	2,059	79.6	2,587	100.0
Records with invalid or missing primary diagnosis	0	0.0	7	0.1	20	0.3	7,122	99.6	7,149	100.0
Total	48,554	2.4	99,685	4.9	239,609	11.8	1,641,762	80.9	2,029,610	100.0

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

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

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

Table C2b
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Symptoms, signs & ill-defined conditions	2,033	4.2	15,510	15.6	25,919	10.8	314,950	19.2	358,412	17.7
Musculoskeletal system & connective tissue	3,208	6.6	13,476	13.5	16,679	7.0	192,449	11.7	225,812	11.1
Endocrine, nutritional, metabolic & immunity disorders	1,737	3.6	1,885	1.9	2,775	1.2	193,973	11.8	200,370	9.9
Diseases of the circulatory system	8,379	17.3	3,010	3.0	14,366	6.0	173,427	10.6	199,182	9.8
Diseases of the genitourinary system	2,264	4.7	7,203	7.2	11,818	4.9	140,762	8.6	162,047	8.0
Injury & poisoning	4,896	10.1	6,666	6.7	77,160	32.2	58,509	3.6	147,231	7.3
Diseases of the respiratory system	5,246	10.8	2,647	2.7	28,086	11.7	91,544	5.6	127,523	6.3
Diseases of the nervous system & sense organs	1,142	2.4	12,413	12.5	20,161	8.4	87,852	5.4	121,568	6.0
Neoplasms	2,565	5.3	12,807	12.8	304	0.1	93,784	5.7	109,460	5.4
Diseases of the digestive system	5,404	11.1	14,018	14.1	17,198	7.2	48,903	3.0	85,523	4.2
Mental disorders	2,979	6.1	222	0.2	9,036	3.8	50,833	3.1	63,070	3.1
Contraception & complications of pregnancy & childbirth	6,140	12.6	4,805	4.8	2,016	0.8	43,444	2.6	56,405	2.8
Diseases of the skin & subcutaneous tissue	942	1.9	2,254	2.3	8,086	3.4	33,831	2.1	45,113	2.2
Infectious & parasitic diseases	782	1.6	578	0.6	3,511	1.5	39,725	2.4	44,596	2.2
Residual codes, unclassified, all Ecodes	177	0.4	814	0.8	1,824	0.8	31,768	1.9	34,583	1.7
Diseases of the blood & blood-forming organs	472	1.0	650	0.7	350	0.1	30,971	1.9	32,443	1.6
Congenital anomalies	186	0.4	428	0.4	66	0.0	5,856	0.4	6,536	0.3
Conditions originating in the perinatal period	2	0.0	292	0.3	234	0.1	2,059	0.1	2,587	0.1
Records with invalid or missing primary diagnosis	0	0.0	7	0.0	20	0.0	7,122	0.4	7,149	0.4
Total	48,554	100.0	99,685	100.0	239,609	100.0	1,641,762	100.0	2,029,610	100.0

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

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

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

Table C3
Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Symptoms, signs, and ill-defined conditions	2,033	4.2	15,510	15.6	25,919	10.8	314,950	19.2	358,412	17.7
258 Other screening (not MH or infectious disease)	3		11,466		353		99,476		111,298	
256 Medical examination/evaluation	114		559		418		81,888		82,979	
257 Other aftercare	10		1,343		1,326		51,646		54,325	
251 Abdominal pain	266		1,155		10,966		27,743		40,130	
All other subgroups within this CCS category	1,640		987		12,856		54,197		69,680	
Musculoskeletal system and connective tissue	3,208	6.6	13,476	13.5	16,679	7.0	192,449	11.7	225,812	11.1
205 Spondylosis, disc disorders, other back problems	691		6,441		7,415		58,779		73,326	
204 Other non-traumatic joint disorders	57		1,065		3,938		54,501		59,561	
211 Other connective tissue disease	183		3,394		4,704		39,077		47,358	
All other subgroups within this CCS category	2,277		2,576		622		40,092		45,567	
Endocrine, nutritional, metabolic and immunity disorders	1,737	3.6	1,885	1.9	2,775	1.2	193,973	11.8	200,370	9.9
53 Disorders of lipid metabolism	1		49		8		63,269		63,327	
49 Diabetes mellitus without complication	23		88		293		55,224		55,628	
48 Thyroid disorders	49		450		37		30,921		31,457	
All other subgroups within this CCS category	1,664		1,298		2,437		44,559		49,958	
Diseases of the circulatory system	8,379	17.3	3,010	3.0	14,366	6.0	173,427	10.6	199,182	9.8
106 Cardiac dysrhythmias	1,314		259		2,455		45,273		49,301	
98 Essential hypertension	31		100		396		47,512		48,039	
All other subgroups within this CCS category	7,034		2,651		11,515		80,642		101,842	
Diseases of the genitourinary system	2,264	4.7	7,203	7.2	11,818	4.9	140,762	8.6	162,047	8.0
163 Genitourinary symptoms & ill-defined conditions	36		593		1,502		25,987		28,118	
159 Urinary tract infections	725		186		4,529		20,211		25,651	
167 Nonmalignant breast conditions	17		1,613		187		20,793		22,610	
All other subgroups within this CCS category	1,486		4,811		5,600		73,771		85,668	
Injury and poisoning	4,896	10.1	6,666	6.7	77,160	32.2	58,509	3.6	147,231	7.3
232 Sprains & strains	46		950		17,760		10,815		29,571	
239 Superficial injury, contusion	54		69		16,182		4,534		20,839	
229 Fracture of upper limb	208		699		5,611		11,091		17,609	
244 Other injuries & conditions due to external causes	103		114		8,802		5,895		14,914	
All other subgroups within this CCS category	4,485		4,834		28,805		26,174		64,298	

Table C3
Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Diseases of the respiratory system	5,246	10.8	2,647	2.7	28,086	11.7	91,544	5.6	127,523	6.3
126 Other upper respiratory infections	97		269		9,316		31,004		40,686	
133 Other lower respiratory disease	218		435		4,851		27,520		33,024	
127 Chronic obstructive pulmonary disease & bronchiectasis	1,043		52		3,264		10,241		14,600	
All other subgroups within this CCS category	3,888		1,891		10,655		22,779		39,213	
Diseases of the nervous system and sense organs	1,142	2.4	12,413	12.5	20,161	8.4	87,852	5.4	121,568	6.0
95 Other nervous system disorders	336		2,194		2,814		20,247		25,591	
84 Headache, including migraine	76		109		5,420		9,942		15,547	
92 Otitis media & related conditions	14		1,304		3,301		8,330		12,949	
All other subgroups within this CCS category	716		8,806		8,626		49,333		67,481	
Neoplasms	2,565	5.3	12,807	12.8	304	0.1	93,784	5.7	109,460	5.4
24 Cancer of breast	99		882		18		13,972		14,971	
44 Neoplasms of unspecified nature	61		966		38		11,652		12,717	
47 Other & unspecified benign neoplasm	222		6,083		36		6,225		12,566	
All other subgroups within this CCS category	2,183		4,876		212		61,935		69,206	
Diseases of the digestive system	5,404	11.1	14,018	14.1	17,198	7.2	48,903	3.0	85,523	4.2
155 Other gastrointestinal disorders	359		2,018		2,445		16,155		20,977	
136 Disorders of teeth & jaw	78		573		6,803		1,628		9,082	
All other subgroups within this CCS category	4,967		11,427		7,950		31,120		55,464	
Mental disorders	2,979	6.1	222	0.2	9,036	3.8	50,833	3.1	63,070	3.1
657 MHA: Mood disorders	1,342		21		2,257		16,903		20,523	
651 MHA: Anxiety disorders	231		110		2,087		7,768		10,196	
661 MHA: Substance related disorders	250		8		844		6,902		8,004	
All other subgroups within this CCS category	1,156		83		3,848		19,260		24,347	
Contraception and complications of pregnancy and childbirth	6,140	12.6	4,805	4.8	2,016	0.8	43,444	2.6	56,405	2.8
196 Normal pregnancy and/or delivery	245		136		51		28,061		28,493	
195 Other complications of birth, puerperium affecting mother	979		688		100		4,729		6,496	
All other subgroups within this CCS category	4,916		3,981		1,865		10,654		21,416	
Diseases of the skin and subcutaneous tissue	942	1.9	2,254	2.3	8,086	3.4	33,831	2.1	45,113	2.2
200 Other skin disorders	16		1,754		1,791		18,731		22,292	
197 Skin & subcutaneous tissue infections	822		356		5,901		7,907		14,986	
198 Other inflammatory condition of skin	15		89		277		5,063		5,444	
All other subgroups within this CCS category	89		55		117		2,130		2,391	

Table C3
Clinical Classifications Software (CCS) High Level and Leading Single Level Diagnosis Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Infectious and parasitic diseases	782	1.6	578	0.6	3,511	1.5	39,725	2.4	44,596	2.2
10 Immunizations & screening for infectious disease	0		21		276		22,003		22,300	
7 Viral infection	97		168		2,433		5,096		7,794	
6 Hepatitis	29		157		33		4,257		4,476	
All other subgroups within this CCS category	656		232		769		8,369		10,026	
Residual codes, unclassified, all Ecodes	177	0.4	814	0.8	1,824	0.8	31,768	1.9	34,583	1.7
259 Residual codes, unclassified	177		814		1,824		31,768		34,583	
Diseases of the blood and blood-forming organs	472	1.0	650	0.7	350	0.1	30,971	1.9	32,443	1.6
59 Deficiency & other anemia	206		548		211		22,610		23,575	
62 Coagulation & hemorrhagic disorders	54		45		77		5,038		5,214	
All other subgroups within this CCS category	212		57		62		3,323		3,654	
Congenital anomalies	186	0.4	428	0.4	66	0.0	5,856	0.4	6,536	0.3
217 Other congenital anomalies	77		224		30		2,762		3,093	
213 Cardiac & circulatory congenital anomalies	27		32		5		1,511		1,575	
215 Genitourinary congenital anomalies	20		123		14		1,020		1,177	
All other subgroups within this CCS category	62		49		17		563		691	
Conditions originating in the perinatal period	2	0.0	292	0.3	234	0.1	2,059	0.1	2,587	0.1
222 Hemolytic jaundice & perinatal jaundice	0		1		12		992		1,005	
224 Other perinatal conditions	2		288		220		460		970	
219 Short gestation, low birth weight & fetal growth retardation	0		0		0		370		370	
All other subgroups within this CCS category	0		3		2		237		242	
Records with invalid or missing primary diagnosis	0	0.0	7	0.0	20	0.0	7,122	0.4	7,149	0.4
Total	48,554	100.0	99,685	100.0	239,609	100.0	1,641,762	100.0	2,029,610	100.0

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

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

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

Table C4
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Average Charges

Diagnosis Group	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Ave. Charges	Number	Ave. Charges	Number	Ave. Charges	Number	Ave. Charges	Number	Ave. Charges
Symptoms, signs & ill-defined conditions	2,033	\$16,335	15,510	\$2,093	25,919	\$1,356	314,950	\$300	358,412	\$575
Musculoskeletal system & connective tissue	3,208	\$30,089	13,476	\$3,786	16,679	\$774	192,449	\$721	225,812	\$1,478
Endocrine, nutritional, metabolic & immunity disorders	1,737	\$15,101	1,885	\$2,347	2,775	\$1,453	193,973	\$286	200,370	\$469
Diseases of the circulatory system	8,379	\$21,514	3,010	\$10,165	14,366	\$2,433	173,427	\$396	199,182	\$1,714
Diseases of the genitourinary system	2,264	\$13,476	7,203	\$4,973	11,818	\$1,480	140,762	\$613	162,047	\$1,102
Injury & poisoning	4,896	\$23,511	6,666	\$7,155	77,160	\$875	58,509	\$513	147,231	\$1,940
Diseases of the respiratory system	5,246	\$14,537	2,647	\$4,378	28,086	\$858	91,544	\$400	127,523	\$1,355
Diseases of the nervous system & sense organs	1,142	\$15,021	12,413	\$4,055	20,161	\$936	87,852	\$780	121,568	\$1,513
Neoplasms	2,565	\$24,072	12,807	\$3,491	304	\$2,972	93,784	\$2,025	109,460	\$2,848
Diseases of the digestive system	5,404	\$17,056	14,018	\$4,000	17,198	\$1,250	48,903	\$600	85,523	\$2,629
Mental disorders	2,979	\$10,417	222	\$2,180	9,036	\$972	50,833	\$376	63,070	\$1,307
Contraception & complications of pregnancy & childbirth	6,140	\$6,794	4,805	\$1,350	2,016	\$1,423	43,444	\$294	56,405	\$1,355
Diseases of the skin & subcutaneous tissue	942	\$11,186	2,254	\$1,499	8,086	\$603	33,831	\$300	45,113	\$798
Infectious & parasitic diseases	782	\$29,480	578	\$1,937	3,511	\$634	39,725	\$284	44,596	\$1,147
Residual codes, unclassified, all Ecodes	177	\$14,677	814	\$4,349	1,824	\$1,413	31,768	\$660	34,583	\$916
Diseases of the blood & blood-forming organs	472	\$15,409	650	\$2,408	350	\$2,486	30,971	\$536	32,443	\$827
Congenital anomalies	186	\$26,057	428	\$6,389	66	\$1,699	5,856	\$968	6,536	\$2,549
Conditions originating in the perinatal period	2	\$8,962	292	\$760	234	\$499	2,059	\$137	2,587	\$298
Records with invalid or missing primary diagnosis	0	\$0	7	\$222	20	\$1,679	7,122	\$722	7,149	\$733
Total	48,554	\$17,512	99,685	\$3,856	239,609	\$1,085	1,641,762	\$541	2,029,610	\$1,302
Total charges	\$850,186,568		\$381,127,794		\$259,823,387		\$701,096,258		\$2,192,234,007	

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

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

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

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

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

Table C5
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Inpatient Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Diagnosis Group	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		Total Inpatient Discharges	
	Number	Row %	Number	Row %	Number	Row %
Diseases of the circulatory system	3,305	39.4	5,074	60.6	8,379	100.0
Contraception & complications of pregnancy & childbirth	5,983	97.4	157	2.6	6,140	100.0
Diseases of the digestive system	1,666	30.8	3,738	69.2	5,404	100.0
Diseases of the respiratory system	1,329	25.3	3,917	74.7	5,246	100.0
Injury & poisoning	1,531	31.3	3,365	68.7	4,896	100.0
Musculoskeletal system & connective tissue	2,652	82.7	556	17.3	3,208	100.0
Mental disorders	1,349	45.3	1,630	54.7	2,979	100.0
Neoplasms	2,023	78.9	542	21.1	2,565	100.0
Diseases of the genitourinary system	1,121	49.5	1,143	50.5	2,264	100.0
Symptoms, signs & ill-defined conditions	1,368	67.3	665	32.7	2,033	100.0
Endocrine, nutritional, metabolic & immunity disorders	718	41.3	1,019	58.7	1,737	100.0
Diseases of the nervous system & sense organs	437	38.3	705	61.7	1,142	100.0
Diseases of the skin & subcutaneous tissue	295	31.3	647	68.7	942	100.0
Infectious & parasitic diseases	221	28.3	561	71.7	782	100.0
Diseases of the blood & blood-forming organs	173	36.7	299	63.3	472	100.0
Congenital anomalies	147	79.0	39	21.0	186	100.0
Residual codes, unclassified, all Ecodes	85	48.0	92	52.0	177	100.0
Conditions originating in the perinatal period	1	50.0	1	50.0	2	100.0
Records with invalid or missing primary diagnosis	0	0.0	0	0.0	0	100.0
Total	24,404	50.3	24,150	49.7	48,554	100.0

Inpatient discharges exclude newborns (MDC 15).

Table C6
Vermont Hospitals by Inpatient Admission Source
2008 Vermont Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Vermont Hospital	Inpatient Discharges NOT Originating in ED		Inpatient Discharges Originating in ED		Total Inpatient Discharges	
	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	763	42.1	1,050	57.9	1,813	100.0
Central Vermont Medical Center	902	26.5	2,505	73.5	3,407	100.0
Copley Hospital	905	80.9	213	19.1	1,118	100.0
Fletcher Allen Health Care	12,269	59.0	8,536	41.0	20,805	100.0
Gifford Medical Center	554	46.6	634	53.4	1,188	100.0
Grace Cottage Hospital	169	97.7	4	2.3	173	100.0
Mt. Ascutney Hospital and Health Center	358	83.3	72	16.7	430	100.0
North Country Hospital	1,090	77.2	322	22.8	1,412	100.0
Northeastern Vermont Regional Hospital	1,195	74.7	404	25.3	1,599	100.0
Northwestern Medical Center	744	40.0	1,117	60.0	1,861	100.0
Porter Medical Center	1,230	84.1	232	15.9	1,462	100.0
Rutland Regional Medical Center	2,310	35.9	4,129	64.1	6,439	100.0
Southwestern Vermont Medical Center	1,156	25.2	3,426	74.8	4,582	100.0
Springfield Hospital	759	33.5	1,506	66.5	2,265	100.0
Total	24,404	50.3	24,150	49.7	48,554	100.0

Inpatient discharges exclude newborns (MDC 15).

Table C7a
Clinical Classifications Software (CCS) High Level Procedure Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Row Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Operations on the digestive system	4,394	11.0	34,840	86.8	893	2.2	40,127	100.0
Operations on the musculoskeletal system	4,870	24.8	12,779	65.0	2,012	10.2	19,661	100.0
Operations on the integumentary system	803	4.1	9,484	48.7	9,184	47.2	19,471	100.0
Operations on the nervous system	992	8.9	9,138	82.1	1,001	9.0	11,131	100.0
Obstetrical procedures	5,824	58.4	4,046	40.6	103	1.0	9,973	100.0
Operations on the eye	42	0.5	8,659	94.1	503	5.5	9,204	100.0
Operations on the cardiovascular system	4,680	55.7	2,820	33.6	900	10.7	8,400	100.0
Operations on the female genital organs	999	20.8	3,613	75.4	182	3.8	4,794	100.0
Operations on the urinary system	706	15.0	3,123	66.3	879	18.7	4,708	100.0
Operations on the nose, mouth & pharynx	182	4.0	3,302	72.0	1,100	24.0	4,584	100.0
Miscellaneous diagnostic & therapeutic procedures	227	7.0	2,541	77.9	492	15.1	3,260	100.0
Operations on the respiratory system	913	37.9	1,389	57.6	108	4.5	2,410	100.0
Operations on the ear	27	1.6	1,586	92.3	105	6.1	1,718	100.0
Operations on the male genital organs	353	22.3	1,201	75.8	31	2.0	1,585	100.0
Operations on the hemic & lymphatic system	215	26.6	585	72.4	8	1.0	808	100.0
Operations on the endocrine system	87	13.0	579	86.8	1	0.1	667	100.0
Total	25,314	17.8	99,685	70.0	17,502	12.3	142,501	100.0

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

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

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

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

Table C7b
Clinical Classifications Software (CCS) High Level Procedure Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the digestive system	4,394	17.4	34,840	35.0	893	5.1	40,127	28.2
Operations on the musculoskeletal system	4,870	19.2	12,779	12.8	2,012	11.5	19,661	13.8
Operations on the integumentary system	803	3.2	9,484	9.5	9,184	52.5	19,471	13.7
Operations on the nervous system	992	3.9	9,138	9.2	1,001	5.7	11,131	7.8
Obstetrical procedures	5,824	23.0	4,046	4.1	103	0.6	9,973	7.0
Operations on the eye	42	0.2	8,659	8.7	503	2.9	9,204	6.5
Operations on the cardiovascular system	4,680	18.5	2,820	2.8	900	5.1	8,400	5.9
Operations on the female genital organs	999	3.9	3,613	3.6	182	1.0	4,794	3.4
Operations on the urinary system	706	2.8	3,123	3.1	879	5.0	4,708	3.3
Operations on the nose, mouth & pharynx	182	0.7	3,302	3.3	1,100	6.3	4,584	3.2
Miscellaneous diagnostic & therapeutic procedures	227	0.9	2,541	2.5	492	2.8	3,260	2.3
Operations on the respiratory system	913	3.6	1,389	1.4	108	0.6	2,410	1.7
Operations on the ear	27	0.1	1,586	1.6	105	0.6	1,718	1.2
Operations on the male genital organs	353	1.4	1,201	1.2	31	0.2	1,585	1.1
Operations on the hemic & lymphatic system	215	0.8	585	0.6	8	0.0	808	0.6
Operations on the endocrine system	87	0.3	579	0.6	1	0.0	667	0.5
Total	25,314	100.0	99,685	100.0	17,502	100.0	142,501	100.0

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

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

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

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

Table C8
Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the digestive system	4,394	17.4	34,840	35.0	893	5.1	40,127	28.2
76 Colonoscopy and biopsy	258		13,630		41		13,929	
95 Other non-OR lower GI therapeutic procedures	99		8,857		22		8,978	
70 Upper gastrointestinal endoscopy, biopsy	678		5,870		172		6,720	
All other subgroups within this CCS category	3,359		6,483		658		10,500	
Operations on the musculoskeletal system	4,870	19.2	12,779	12.8	2,012	11.5	19,661	13.8
160 Other therapeutic procedures on muscles and tendons	197		2,692		149		3,038	
All other subgroups within this CCS category	4,673		10,087		1,863		16,623	
Operations on the integumentary system	803	3.2	9,484	9.5	9,184	52.5	19,471	13.7
171 Suture of skin and subcutaneous tissue	99		556		7,038		7,693	
170 Excision of skin lesion	25		3,036		24		3,085	
174 Other non-OR therapeutic procedures on skin a	124		1,602		660		2,386	
All other subgroups within this CCS category	555		4,290		1,462		6,307	
Operations on the nervous system	992	3.9	9,138	9.2	1,001	5.7	11,131	7.8
5 Insertion of catheter/spinal stimulator and injection into spinal canal	69		4,754		9		4,832	
6 Decompression peripheral nerve	3		1,650		2		1,655	
8 Other non-OR or closed therapeutic nervous system procedures	14		982		658		1,654	
9 Other OR therapeutic nervous system procedure	140		1,174		4		1,318	
All other subgroups within this CCS category	766		578		328		1,672	
Obstetrical procedures	5,824	23.0	4,046	4.1	103	0.6	9,973	7.0
139 Fetal monitoring	510		3,957		87		4,554	
137 Other procedures to assist delivery	1,565		49		0		1,614	
134 Cesarean section	1,576		2		0		1,578	
140 Repair of current obstetric laceration	1,262		1		0		1,263	
All other subgroups within this CCS category	911		37		16		964	

Table C8
Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Operations on the eye	42	0.2	8,659	8.7	503	2.9	9,204	6.5
15 Lens and cataract procedures	0		5,696		6		5,702	
20 Other intraocular therapeutic procedures	3		1,706		3		1,712	
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	22		591		484		1,097	
All other subgroups within this CCS category	17		666		10		693	
Operations on the cardiovascular system	4,680	18.5	2,820	2.8	900	5.1	8,400	5.9
54 Other vascular catheterization, not heart	1,037		282		772		2,091	
47 Diagnostic cardiac catheterization, coronary arteriography	550		921		79		1,550	
45 Percutaneous transluminal coronary angioplasty, PTCA	1,083		116		9		1,208	
All other subgroups within this CCS category	2,010		1,501		40		3,551	
Operations on the female genital organs	999	3.9	3,613	3.6	182	1.0	4,794	3.4
124 Hysterectomy, abdominal and vaginal	667		275		0		942	
125 Other excision of cervix and uterus	25		806		0		831	
128 Diagnostic dilatation and curettage, D&C	11		659		15		685	
All other subgroups within this CCS category	296		1,873		167		2,336	
Operations on the urinary system	706	2.8	3,123	3.1	879	5.0	4,708	3.3
100 Endoscopy and endoscopic biopsy of the urinary tract	28		1,130		6		1,164	
108 Indwelling catheter	68		215		691		974	
101 Transurethral excision, drainage, or removal urinary obstruction	153		620		41		814	
All other subgroups within this CCS category	457		1,158		141		1,756	
Operations on the nose, mouth and pharynx	182	0.7	3,302	3.3	1,100	6.3	4,584	3.2
32 Other non-OR therapeutic procedures on nose, mouth and pharynx	14		420		470		904	
30 Tonsillectomy and/or adenoidectomy	23		857		13		893	
33 Other OR therapeutic procedures on nose, mouth and pharynx	94		493		74		661	
29 Dental procedures	5		632		20		657	
28 Plastic procedures on nose	9		429		126		564	
27 Control of epistaxis	22		86		381		489	
All other subgroups within this CCS category	15		385		16		416	

Table C8
Clinical Classifications Software (CCS) High Level and Leading Single Level Procedure Groups by Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Column Percents

Procedure Group	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
Miscellaneous diagnostic and therapeutic procedures	227	0.9	2,541	2.5	492	2.8	3,260	2.3
231 Other therapeutic procedures	223		2,535		491		3,249	
All other subgroups within this CCS category	4		6		1		11	
Operations on the respiratory system	913	3.6	1,389	1.4	108	0.6	2,410	1.7
37 Diagnostic bronchoscopy and biopsy of bronchus	216		575		3		794	
39 Incision of pleura, thoracentesis, chest drainage	369		142		69		580	
35 Tracheoscopy and laryngoscopy with biopsy	37		492		31		560	
All other subgroups within this CCS category	291		180		5		476	
Operations on the ear	27	0.1	1,586	1.6	105	0.6	1,718	1.2
23 Myringotomy	18		1,151		2		1,171	
26 Other therapeutic ear procedures	7		300		102		409	
All other subgroups within this CCS category	2		135		1		138	
Operations on the male genital organs	353	1.4	1,201	1.2	31	0.2	1,585	1.1
115 Circumcision	1		402		1		404	
118 Other OR therapeutic procedures, male genital	15		320		17		352	
113 Transurethral resection of prostate, TURP	198		128		0		326	
116 Diagnostic procedures, male genital	5		203		0		208	
117 Other non-OR therapeutic procedures, male genital	10		143		13		166	
All other subgroups within this CCS category	124		5		0		129	
Operations on the hemic and lymphatic systems	215	0.8	585	0.6	8	0.0	808	0.6
67 Other therapeutic procedures, hemic & lymphatic system	99		301		6		406	
65 Bone marrow biopsy	58		273		2		333	
All other subgroups within this CCS category	58		11		0		69	
Operations on the endocrine system	87	0.3	579	0.6	1	0.0	667	0.5
11 Diagnostic endocrine procedures	2		334		1		337	
10 Thyroidectomy, partial or complete	56		179		0		235	
All other subgroups within this CCS category	29		66		0		95	
Total	25,314	100.0	99,685	100.0	17,502	100.0	142,501	100.0

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

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

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

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

Table C9
Primary Cost Centers by Hospital Setting
2008 Vermont Hospital Data, Includes VT Residents and Non-Residents

Primary Cost Center	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	Number
3390 Laboratory - Clinical	46,196	5.0	20,520	2.2	93,961	10.2	756,527	82.5	917,204
4100 Radiology - Diagnostic	28,406	10.8	13,389	5.1	84,427	32.1	136,524	52.0	262,746
3440 Mammography	31	0.0	502	0.6	14	0.0	82,475	99.3	83,022
Diagnostic	20	0.1	493	3.2	3	0.0	14,808	96.6	15,324
Screening	12	0.0	9	0.0	11	0.0	67,975	100.0	68,007
3420 Laboratory - Pathological	7,919	9.9	30,367	38.1	1,123	1.4	40,205	50.5	79,614
3280 EKG/EEG	22,724	29.6	3,134	4.1	32,456	42.3	18,334	23.9	76,648
EKG	22,397	31.1	3,118	4.3	32,422	45.1	14,004	19.5	71,941
EEG	818	15.6	16	0.3	75	1.4	4,341	82.7	5,250
3230 CAT Scan	12,758	18.6	944	1.4	23,694	34.5	31,276	45.5	68,672
3630 Ultra Sound	5,392	10.2	3,022	5.7	4,647	8.8	39,893	75.3	52,954
5000 Physical Therapy	14,885	29.1	470	0.9	956	1.9	34,843	68.1	51,154
3240 Cytology	25	0.1	60	0.1	30	0.1	48,669	99.8	48,784
4800 Intravenous Therapy	12,154	25.0	4,817	9.9	23,969	49.2	7,763	15.9	48,703
3430 MRI	2,540	7.0	125	0.3	997	2.7	32,855	90.0	36,517
3560 Pulmonary Function	7,373	28.9	464	1.8	8,858	34.7	8,853	34.7	25,548
3140 Cardiology	5,510	27.4	544	2.7	870	4.3	13,154	65.5	20,078
3650 Vascular Lab	3,124	20.4	390	2.6	2,774	18.1	9,006	58.9	15,294
5100 Occupational Therapy	6,084	42.5	60	0.4	217	1.5	7,951	55.6	14,312
3450 Nuclear Medicine - Diagnostic	1,784	13.3	293	2.2	774	5.8	10,547	78.7	13,398
Pet Scan	25	1.9	19	1.5	2	0.2	1,241	96.4	1,287
All other	1,775	13.6	293	2.2	774	5.9	10,223	78.2	13,065
3620 Stress Test	977	10.2	8	0.1	946	9.8	7,688	79.9	9,619
3190 Chemotherapy	56	0.6	132	1.4	13	0.1	8,951	97.8	9,152
3480 Oncology	88	1.1	79	1.0	36	0.5	7,719	97.4	7,922

Table C9
Primary Cost Centers by Hospital Setting
2008 Vermont Hospital Data, Includes VT Residents and Non-Residents

Primary Cost Center	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total Number
	Number	Row %	Number	Row %	Number	Row %	Number	Row %	
3260 Echocardiography	3,294	59.3	36	0.6	308	5.5	1,920	34.5	5,558
5700 Renal Dialysis	542	13.7	0	0.0	0	0.0	3,417	86.3	3,959
3370 Holter Monitor	43	1.1	9	0.2	357	9.3	3,415	89.3	3,824
4200 Radiology-Therapeutic	226	8.3	20	0.7	4	0.1	2,465	90.8	2,715

Inpatient discharges exclude newborns (MDC 15).

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

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

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

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

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

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

Pet Scan = revenue code 404

Table C10
Vermont, Massachusetts, New Hampshire and New York Hospitals by Setting
2008 Hospital Data, Vermont Residents Only
Number of Records and Row Percents

Vermont, New Hampshire or New York Hospital	Inpatient		Outpatient Proc.		Emergency Dept.		Total	
	Number	Row %	Number	Row %	Number	Row %	Number	Row %
Brattleboro Memorial Hospital	1,492	11.4	3,289	25.0	8,358	63.6	13,139	100.0
Central Vermont Medical Center	3,359	9.2	7,394	20.2	25,883	70.6	36,636	100.0
Copley Hospital	1,106	6.6	3,864	22.9	11,882	70.5	16,852	100.0
Dartmouth Hitchcock Medical Center	7,952	29.9	8,723	32.8	9,923	37.3	26,598	100.0
Fletcher Allen Health Care	16,793	16.5	39,043	38.4	45,815	45.1	101,651	100.0
Gifford Medical Center	1,162	12.4	2,349	25.1	5,853	62.5	9,364	100.0
Grace Cottage Hospital	165	7.0	4	0.2	2,189	92.8	2,358	100.0
Mt. Ascutney Hospital and Health Center	338	6.6	866	16.8	3,939	76.6	5,143	100.0
North Country Hospital	1,383	8.0	3,520	20.4	12,345	71.6	17,248	100.0
Northeastern Vermont Regional Hospital	1,530	10.3	3,031	20.5	10,240	69.2	14,801	100.0
Northwestern Medical Center	1,841	5.3	7,009	20.3	25,653	74.4	34,503	100.0
Porter Medical Center	1,324	8.0	3,352	20.3	11,796	71.6	16,472	100.0
Rutland Regional Medical Center	5,969	14.5	9,354	22.7	25,887	62.8	41,210	100.0
Southwestern Vermont Medical Center	3,328	14.9	4,820	21.5	14,240	63.6	22,388	100.0
Springfield Hospital	1,939	12.2	2,032	12.8	11,944	75.0	15,915	100.0
Other New Hampshire Hospitals	1,480	9.2	3,091	19.1	11,588	71.7	16,159	100.0
Total	51,161	13.1	101,741	26.1	237,535	60.8	390,437	100.0
Massachusetts Hospitals	1,037		N/A		2,113		N/A	
New York Hospitals	868		N/A		1,101		N/A	

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

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

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

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

Table C11
Vermont Hospitals by Setting
2008 Vermont Hospital Data, Includes VT Residents and Non-Residents
Primary Payer

Primary Payer	Inpatient		Outpatient Proc.		Emergency Dept.		Expanded Outpt.		Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Count	Col %
Private Insurance	14,984	30.9	46,450	46.6	85,123	35.5	795,661	48.5	942,218	46.4
Medicare	22,665	46.7	35,445	35.6	48,642	20.3	527,243	32.1	633,995	31.2
Medicaid	8,380	17.3	12,882	12.9	66,897	27.9	221,411	13.5	309,570	15.3
Other (includes Self Pay, Other Source, No Char	1,755	3.6	2,007	2.0	29,714	12.4	61,257	3.7	94,733	4.7
Workers Compensation	292	0.6	2,025	2.0	6,966	2.9	19,000	1.2	28,283	1.4
Other Government	451	0.9	868	0.9	2,214	0.9	16,395	1.0	19,928	1.0
Unknown	27	0.1	8	0.0	53	0.0	795	0.0	883	0.0
Total	48,554	100.0	99,685	100.0	239,609	100.0	1,641,762	100.0	2,029,610	100.0

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

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

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

APPENDIX C1 Definitions and Formulae

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

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

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

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

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

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

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

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

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

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

APPENDIX C2
2008 Clinical Classifications Software (CCS) High Level Diagnostic and Procedure Categories

CCS High Level Diagnosis Groups

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

CCS High Level Procedure Groups

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

APPENDIX C3

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

CCS High Level Diagnosis Group 1: Infectious and Parasitic Diseases

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

CCS High Level Diagnosis Group 2: Neoplasms

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

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

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

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

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

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

APPENDIX C3

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

CCS High Level Diagnosis Group 5: Mental Disorders

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

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

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

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

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

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

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

APPENDIX C3

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

APPENDIX C3

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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
- 252 Malaise & fatigue

APPENDIX C3

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

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

259 Residual codes; unclassified

2601 E codes: Cut/pierce

2602 E codes: Drowning/submersion

2603 E codes: Fall

2604 E codes: Fire/burn

2605 E codes: Firearm

2606 E codes: Machinery

2607 E codes: Motor vehicle traffic (MVT)

2608 E codes: Pedal cyclist; not MVT

2609 E codes: Pedestrian; not MVT

2610 E codes: Transport; not MVT

2611 E codes: Natural/environment

2612 E codes: Overexertion

2613 E codes: Poisoning

2614 E codes: Struck by; against

2615 E codes: Suffocation

2616 E codes: Adverse effects of medical care

2617 E codes: Adverse effects of medical drugs

2618 E codes: Other specified and classifiable

2619 E codes: Other specified; not elsewhere classified (NEC)

2620 E codes: Unspecified

2621 E codes: Place of occurrence

APPENDIX C4

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

CCS High Level Procedure Group 3: Operations on the Eye

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

CCS High Level Procedure Group 4: Operations on the Ear

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

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

- 27 Control of epistaxis

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

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

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

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

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

APPENDIX C4

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

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

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

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

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

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

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

APPENDIX C4

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

Organs

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

CCS High Level Procedure Group 13: Obstetrical Procedures

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

CCS High Level Procedure Group 14: Operations on the Musculoskeletal

System

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

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

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

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

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

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

APPENDIX C4

2008 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0321	Radiology - Diagnostic: Angiocardiology	3030	Angiocardiology
0470	Audiology	3040	Audiology
0471	Audiology: Diagnostic	3040	Audiology
0479	Audiology: Other audiology	3040	Audiology
0472	Audiology: Treatment	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
0335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
0332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
0723	Labor Room: Circumcision	3220	Circumcision
0350	CT Scan	3230	CAT Scan
0352	CT Scan: Body	3230	CAT Scan
0351	CT Scan: Head	3230	CAT Scan
0359	CT Scan: Other CT scans	3230	CAT Scan
0311	Laboratory - Pathology: Cytology	3240	Laboratory - Pathological
0923	Other Diagnostic Services: Pap smear	3240	Cytology
0512	Clinic: Dental clinic	3250	Dental Services
0483	Cardiology: Echocardiology	3260	Echocardiography
0740	EEG	3280	EKG and EEG
0730	EKG/ECG	3280	EKG and EEG
0739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
0732	EKG/ECG: Telemetry	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
0305	Laboratory - Clinical Diagnostic: Hematology	3350	Hematology
0312	Laboratory - Pathology: Histology	3360	Histology
0731	EKG/ECG: Holter monitor	3370	Holter Monitor
0302	Laboratory - Clinical Diagnostic: Immunology	3380	Immunology
0924	Other Diagnostic Services: Allergy test	3380	Immunology

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
0309	Laboratory - Clinical Diagnostic: Other laboratory	3390	Laboratory - Clinical
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
0307	Laboratory - Clinical Diagnostic: Urology	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)
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)
0614	Magnetic Resonance Tech. (MRT): MRI - Other	3430	Magnetic Resonance Imaging (MRI)
0619	Magnetic Resonance Tech. (MRT): Other MRT	3430	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	3430	Magnetic Resonance Imaging (MRI)
0401	Other Imaging Services: Diagnostic mammography	3440	Mammography
0403	Other Imaging Services: Screening mammography	3440	Mammography
0343	Diagnostic Radiopharms	3450	Nuclear Medicine - Diagnostic
0340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
0341	Nuclear Medicine: Diagnostic	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
0276	Medical/Surgical Supplies: Intraocular lens	3540	Prosthetic Devices
0275	Medical/Surgical Supplies: Pacemaker	3540	Prosthetic Devices
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	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
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0360	Operating Room Services	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0710	Recovery Room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room
0370	Anesthesia	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology
0517	Clinic: Family clinic	4040	Family Practice

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
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
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	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
0381	Blood: Packed red cells	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
0382	Blood: Whole blood	4600	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	4700	Blood Storing, Processing, & Trans.
0391	Blood: Administration (e.g. Transfusion)	4700	Blood Storing, Processing, & Trans.
0392	Blood: Processing and Storage	4700	Blood Storing, Processing, & Trans.
0399	Other blood handling	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
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0948	Pulmonary Rehabilitation	4900	respiratory
0410	Respiratory Services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy
0420	Physical Therapy	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile 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
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
0623	Surgical dressings	5500	Med Supplies Charged to Patient
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	5600	Drugs Charged to Patients
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
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-c	5600	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients
0250	Pharmacy	5600	Drugs Charged to Patients
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	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
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
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
0820	Hemo OPD/Home	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0800	Inpatient Dialysis	5700	Renal Dialysis
0803	inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0801	Inpatient Hemodialysis	5700	Renal Dialysis
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0700	Cast Room	6000	Clinic
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0514	Clinic: OB/GYN clinic	6000	Clinic
0519	Clinic: Other clinic	6000	Clinic
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0942	Other Therapeutic Serv: Educ/training	6000	Clinic
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic
0770	Preventive Care Services	6000	Clinic
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0760	Treatment/Observation Room	6000	Clinic
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
0456	Emergency Room: Urgent care	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)
0299	Durable Medical Equipment: Other equipment	6700	Durable Medical Equip. - Sold
0810	Organ Acquisition	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other 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)
0989	Private duty nurse	N/A	
0528	RHC/FQHC visit to other non RHC/FQHC site	N/A	
2102	acupressure	N/A	
0374	Acupuncture	N/A	
2101	acupuncture	N/A	
0221	Admission charge	N/A	
0997	admission kits	N/A	
3103	Adult day care, medical and social, daily	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3104	Adult day care, social, daily	N/A	
3102	Adult day care, social, hourly	N/A	
3105	Adult foster care, daily	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0545	Air ambulance	N/A	
0240	All inclusive Ancillary	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
2100	Alternative therapy services	N/A	
0540	Ambulance	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0583	Assessment	N/A	
0241	Basic	N/A	
0998	Beauty shop/barber	N/A	
1000	Behavioral health accomodations	N/A	
2105	biofeedback	N/A	
0207	Burn care	N/A	
0991	Cafeteria/guest tray	N/A	
0234	CCU	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0946	Complex medical equipment-Routine	N/A	
0242	Comprehensive	N/A	
0652	continuous home care	N/A	
0672	Contracted	N/A	
0210	Coronary care	N/A	
0663	Daily Respite Charge	N/A	
0116	Detoxification	N/A	
0126	Detoxification	N/A	
0136	Detoxification	N/A	
0146	Detoxification	N/A	
0156	Detoxification	N/A	
0291	DME Rental	N/A	
0290	Durable Medical Equipment	N/A	
0292	Durable Medical Equipment: Purchase - new equipment	N/A	
0523	Family Practice Clinic	N/A	
0520	Free-Standing Clinic	N/A	
0529	Free-Standing Clinic: Other	N/A	
0656	general inpatient care (non-respite)	N/A	
1005	group home	N/A	
1004	halfway house	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0543	Heart Mobile	N/A	
0213	Heart Transplant	N/A	
0022	HIPPS	N/A	
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0882	Home dialysis aid visit	N/A	
0833	Home equipment	N/A	
0843	Home equipment	N/A	
0853	Home equipment	N/A	
0560	Home Health (HH) -- Medical Social Services	N/A	
0562	Home Health (HH) Medical Social Services: Hourly charge	N/A	
0569	Home Health (HH) Medical Social Services: Other Medical Social Services	N/A	
0570	Home health-Home health aide	N/A	
0580	Home health-other visits	N/A	
0600	Home health-oxygen	N/A	
0590	Home health-units of service	N/A	
0561	Home Health (HH) Medical Social Services: Visit charge	N/A	
0640	Home IV Therapy Services	N/A	
0832	Home supplies	N/A	
0842	Home supplies	N/A	
0852	Home supplies	N/A	
0115	Hospice	N/A	
0125	Hospice	N/A	
0135	Hospice	N/A	
0145	Hospice	N/A	
0155	Hospice	N/A	
0235	Hospice	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	
0650	Hospice service	N/A	
0671	Hospital based	N/A	
0185	Hospitalization	N/A	
0552	Hourly charge	N/A	
0572	Hourly charge	N/A	
0582	Hourly charge	N/A	
0661	Hourly Repite Care Charge Nursing	N/A	
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	N/A	
2106	hypnosis	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0233	ICU	N/A	
0230	Incremental nursing charge rate	N/A	
0655	inpatient respite care	N/A	
0200	Intensive care	N/A	
0214	Intermediate CCU	N/A	
0206	Intermediate ICU	N/A	
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0996	Late discharge charge	N/A	
0224	Late discharge, medically necessary	N/A	
0180	Leave of Absence	N/A	
0834	Maintenance/100%	N/A	
0844	Maintenance/100%	N/A	
0854	Maintenance/100%	N/A	
2103	massage	N/A	
0202	Medical	N/A	
0932	Medical rehab; full day	N/A	
0931	Medical rehab; half day	N/A	
0542	Medical Transport	N/A	
0111	Medical/Surgical/Gyn	N/A	
0121	Medical/Surgical/Gyn	N/A	
0131	Medical/Surgical/Gyn	N/A	
0141	Medical/Surgical/Gyn	N/A	
0151	Medical/Surgical/Gyn	N/A	
0211	Myocardial Infarction	N/A	
0546	Neonatal ambulance services	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	
0995	Nonpatient room rentals	N/A	
0641	Nonroutine nursing, central line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0680	Not Used	N/A	
0527	Nurse visit to home in a HH shortage area	N/A	
0170	Nursery	N/A	
0231	Nursery	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0112	OB	N/A	
0122	OB	N/A	
0132	OB	N/A	
0142	OB	N/A	
0152	OB	N/A	
0232	OB	N/A	
0117	Oncology	N/A	
0127	Oncology	N/A	
0137	Oncology	N/A	
0147	Oncology	N/A	
0157	Oncology	N/A	
0962	Ophthalmology	N/A	
0119	Other	N/A	
0129	Other	N/A	
0139	Other	N/A	
0149	Other	N/A	
0159	Other	N/A	
0169	Other	N/A	
0239	Other	N/A	
3109	Other adult care	N/A	
0249	Other all inclusive ancillary	N/A	
2109	Other alternative therapy services	N/A	
0549	Other ambulance	N/A	
0219	Other Coronary Care	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	
0579	Other home health aide	N/A	
0589	Other home health visit	N/A	
0659	Other hospice service	N/A	
0209	Other intensive care	N/A	
0649	Other IV therapy services	N/A	
0189	Other leave of absence	N/A	
0179	Other Nursery	N/A	
0509	Other Outpatient	N/A	
0609	Other oxygen	N/A	
0999	Other patient convenience item	N/A	
0969	Other professional fee	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0669	Other respite care	N/A	
0559	Other skilled nursing	N/A	
0229	Other special charges	N/A	
0679	Other special residence charge	N/A	
0199	Other subacute care	N/A	
0940	Other Therapeutic Serv	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	
0500	Outpatient services	N/A	
0670	Outpatient Special Residence Charges	N/A	
0544	Oxygen	N/A	
0604	Oxygen-Portable Add-on	N/A	
0603	Oxygen-state/equip/over 4 LPM	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
0277	Oxygen-Take home	N/A	
0182	Patient Convenience	N/A	
0990	Patient convenience items	N/A	
0113	Pediatric	N/A	
0123	Pediatric	N/A	
0133	Pediatric	N/A	
0143	Pediatric	N/A	
0153	Pediatric	N/A	
0203	Pediatric	N/A	
0547	Pharmacy	N/A	
0657	physician services	N/A	
0992	private linen service	N/A	
0960	Professional fees	N/A	
0983	Professional fees (096x) clinic	N/A	
0988	Professional fees (096x) Consultation	N/A	
0986	Professional fees (096x) EEK	N/A	
0985	Professional fees (096x) EKG	N/A	
0981	Professional fees (096x) Emergency room	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0984	Professional fees (096x) medical social services	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0978	Professional fees (096x) Occupational therapy	N/A	
0975	Professional fees (096x) Operating room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0976	Professional fees (096x) Respiratory Therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0114	Psychiatric	N/A	
0124	Psychiatric	N/A	
0134	Psychiatric	N/A	
0144	Psychiatric	N/A	
0154	Psychiatric	N/A	
0204	Psychiatric	N/A	
0961	Psychiatric	N/A	
0212	Pulmonary Care	N/A	
0293	Purchase of used DME	N/A	
2104	reflexology	N/A	
0118	Rehab	N/A	
0128	Rehab	N/A	
0138	Rehab	N/A	
0148	Rehab	N/A	
0158	Rehab	N/A	
1002	residential treatment-chemical dependency	N/A	
1001	Residential treatment-psychiatric	N/A	
0660	Respite Care	N/A	
0525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	N/A	
0524	RHC/FQHC visit in Part A covered SNF	N/A	
0160	Room & Board (other)	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0110	Room & Board (Private)	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0150	Room & Board (Ward)	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0651	routine home care	N/A	
0521	Rural health-clinic	N/A	

APPENDIX C5
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0522	Rural health-home	N/A	
0167	Self care	N/A	
0550	Skilled nursing	N/A	
0220	Special charges	N/A	
0243	Specialty	N/A	
0164	Sterile Environment	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	
1003	Supervised living	N/A	
0541	Supplies	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0835	Support services	N/A	
0845	Support services	N/A	
0855	Support services	N/A	
0201	Surgical	N/A	
0253	Take home drugs	N/A	
0222	Technical support charge	N/A	
0780	Telemedicine	N/A	
0548	Telephone Transmission EKG	N/A	
0993	telephone/telegraph	N/A	
0183	Therapeutic Leave	N/A	
0001	Total Charge	N/A	
0645	Training patient/caregiver, central line	N/A	
0646	Training, Disabled patient, central line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0647	Training, patient/caregiver, peripheral line	N/A	
0208	Trauma	N/A	
0994	TV/radio	N/A	
0223	U.R. service charge	N/A	
0526	Urgent Care Clinic	N/A	
0551	Visit charge	N/A	
0571	Visit charge	N/A	
0581	Visit charge	N/A	

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

APPENDIX C6
Hospitals in this Report

Vermont Acute Care Hospitals

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX C6
Hospitals in this Report

New Hampshire Hospitals

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

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

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

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

Concord Hospital
(NH-Concord)
Concord, New Hampshire

Cottage Hospital
(NH-Cottage)
Woodsville, New Hampshire

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

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

Elliot Hospital
(NH-Elliot)
Manchester, New Hampshire

Exeter Hospital
(NH-Exeter)
Exeter, New Hampshire

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

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

Huggins Hospital
(NH-Huggins)
Wolfeboro, New Hampshire

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

Littleton Hospital
(NH-Littleton)
Littleton, New Hampshire

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

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

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

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

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

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

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

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

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

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

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

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

* Records from the Dartmouth Hitchcock Psychiatric Unit are combined with the Dartmouth Hitchcock Medical Center beginning 2008.

APPENDIX C6
Hospitals in this Report

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center
(MA-Baystate)
Springfield, Massachusetts

Berkshire Medical Center
(MA-Berkshire)
Pittsfield, Massachusetts

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

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

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

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

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

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

Hillcrest Hospital
(MA-Hillcrest)
Pittsfield, Massachusetts

Lahey Clinic Hospital
(MA-Lahey)
Burlington, Massachusetts

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

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

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

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

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

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

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

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

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

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

APPENDIX C6
Hospitals in this Report

New York Hospitals Most Frequently Used by Vermont Residents

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

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

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

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

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

Samaritan Hospital
(NY-Samaritan)
Troy, New York

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

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

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

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

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

Leonard Hospital
(NY-Leonard)
Troy, New York

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