



2008 Outpatient Hospital Utilization Report

Prepared by

Vermont Department of Health

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



2008

Vermont Outpatient Hospital Utilization Report

August 2010

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

Department of Health

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

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

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

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

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

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

Acknowledgments

The production of this document would not be possible without the assistance of many individuals and the cooperation of the hospitals.

The Vermont Department of Banking, Insurance, Securities and Health Care Administration (BISHCA) thanks the Vermont Association of Hospitals and Health Systems - Network Services Organization (VAHHS-NSO) for providing assistance under a contract with the department and for working with the hospitals to ensure timely and accurate reporting of the data. BISHCA also thanks the participating hospitals for their efforts in submitting the data and responding to requests for clarification and corrections. In addition, BISHCA appreciates the sharing of data by the New Hampshire Department of Health and Human Services, the Massachusetts Division of Health Care Finance and Policy and the New York Department of Health. These organizations provide data about Vermont residents using New Hampshire, Massachusetts and New York hospitals.

Disclaimer

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

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

Hospital Data Files and Reports

Public use hospital discharge data files as well as this hospital utilization report and associated tables are available for download on the BISHCA website at:

<http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur>

Information on requesting research 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.

Table of Contents

User’s Guide to Outpatient Tables	6	Table O7	46
Outpatient Overview and Highlights	10	Top 20 Outpatient Procedure Groups by Vermont, New Hampshire and New York Hospitals for Visits Not Originating in the ED, 2008	
Table O1a	17	Table O8	49
Outpatient Procedure Groups by Data Year, 2004-2008		Primary Cost Centers by Vermont Hospital, 2008 Expanded Outpatient Services in VT Hospitals	
Table O1b	20	Table O9	51
Outpatient Procedure Groups by Admission Source, 2008		Primary Cost Centers by Payer, 2008 Expanded Outpatient Services in VT Hospitals	
Table O2	23	Table O10	54
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source, 2008 Number of Procedures and Average Charges		Primary Cost Centers by Age and Sex, 2008 Expanded Outpatient Services in VT Hospitals	
Table O3	27	Table O11	57
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the ED, 2008		CCS High Level Diagnostic Groups, 2008 Expanded Outpatient Services in VT Hospitals	
Table O4	29	Table O12	58
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the ED, 2008 Number of Procedures, Average Charges, and Row and Column Percents		Primary Diagnostic Groups, 2008 Expanded Outpatient Services in VT Hospitals	
Table O5a	33	Table O13	59
Outpatient Visits to Vermont Hospitals, by Setting and Data Year, 2004-2008		Observation Bed Records by VT Hospital and Setting, 2008	
Table O5b	34	Table O14	60
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the ED, 2008 Number of Procedures and Average Charges		Observation Bed Records by CCS High and Single Level Diagnostic Groups, 2008	
Table O6	37	Table O15	62
Outpatient Procedure Groups by Vermont Hospitals, for Visits Not Originating in the ED, 2008		CCS High Level Procedure Groups, 2008 Outpatient Procedures Performed in Vermont Hospitals	

Table O16	63
CCS Single Level Group Within Higher Level CPT/HCPCS Procedure Groups, 2008 Outpatient Procedures Performed in Vermont Hospitals	
Table O17	72
CCS Single Level Group Within CPT/HCPCS Procedure Group 16, Misc. Diagnostic and Therapeutic Procedures 2008 Outpatient Procedures by Vermont Hospital	

Appendices

Appendix O1:.....	76
Definitions and Formulae	
Appendix O2:	77
2008 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnostic Groups	
Appendix O3:	82
Revenue Code to Primary Cost Center Source Crosswalk	
Appendix O4:.....	96
Hospitals in this Report	
Appendix O5:	100
2008 Clinical Classifications Software (CCS) High-Level and Single-Level CPT/HCPCS Procedure Groups	
Appendix O6:	104
History of Outpatient Data Collection	

User's Guide to Outpatient Tables

Outpatient Data Collection in Vermont

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

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

In 2006 additional types of hospital-based outpatient services such as diagnostic tests and therapeutic services, were collected in the hospital discharge dataset. This report continues to explore this expanded data and includes new tables looking at Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) codes across all outpatient records.

What procedures should be included in analyses?

With recent changes in technology, the definition of “outpatient procedures” has become a complicated issue. The Center for Disease Control’s National Center for Health Statistics notes that, “The distinction between surgical and non-surgical procedures has

become less meaningful in the last two decades with the development of minimally invasive and non-invasive procedures. The procedures classified as non-surgical may not have less operative or anesthetic risk or require less highly trained personnel or special equipment than those classified as surgical.”¹ As outpatient data collection evolves, revision of the definition of outpatient services and inclusion of new categories of outpatient services, such as magnetic resonance imaging (MRI) and other diagnostic services, will be required in order to measure changes in the health care delivery system. BISHCA and VDH are currently exploring the issues pertaining to categorizing outpatient data and included in this report are new attempts to examine all collected outpatient records.

Definitions

Outpatient Procedures and Services

Hospitals currently report outpatient procedures and services multiple ways, using the International Classification of Disease codes (9th Revision, Clinical Modification - ICD-9-CM), Current Procedural Terminology (CPT) and Health Care Procedure Coding System (HCPCS) codes and by revenue codes. This report includes tables based upon ICD-9-CM procedure groups, tables looking at revenue groups, and tables examining CPT/HCPCS procedure groups.

Reporting on ICD-9-CM procedure codes in the outpatient setting

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

will be phased out over the next two years and will be replaced with reports based on revenue codes and/or upon CPT/HCPCS coding.

ICD-9-CM Procedure Groups

This report, similar to previous years looks at ICD-9-CM procedure groups in tables O1-O7. Although up to twenty procedures (the principal and 19 secondary procedures) can be listed on every outpatient discharge record, only the first procedure that is in the ICD-9-CM range 00.0 – 86.99 is analyzed in these tables.

There are over 3,500 specific procedure codes in the ICD-9-CM coding system. These codes are composed of two digits, followed by a decimal, and two additional digits. The first two digits describe broad categories. For example, 13 is the category “Operations on Lens of Eye.” There are 100 two-digit ICD-9-CM categories. The two digits following the decimal provide greater specificity. For example, 13.41 is “Phacoemulsion and aspiration of cataract.” In the outpatient procedure tables O1-O7, procedures have been grouped into categories based on the first two digits of their ICD-9-CM codes.

Revenue Code Primary Cost Center Groups

With the expansion of outpatient reporting many new outpatient records lack a procedure in range as defined above. These records still provide valuable information on services performed in the outpatient setting. Tables O8-O10 explore these expanded outpatient records using Primary Cost Center Groups or PCCRs, which group revenue codes into broader categories of services. These tables include just a few of all possible Primary Cost Center categories based upon reported revenue codes in each record. If a visit includes multiple revenue codes that are mapped to the same Primary Cost Center category a flag is set and that PCCR category is counted only once for that visit.

CPT/HCPCS Procedure Groups

With the change from ICD-9-CM procedure reporting to CPT/HCPCS procedure reporting, new tables have been created to examine CPT/HCPCS procedure groups. Tables O15 through O17 examine Clinical Classification Software (CCS) categories that group CPT and HCPCS procedure and service codes. These tables report on **all** outpatient procedures or services performed in a hospital based, outpatient setting. These tables do not look at units of service for each CPT or HCPCS code, rather just the presence of each code. In these tables all outpatient records are included and all procedures are reported, not just primary procedures. Because of the inclusion of all outpatient records and the reporting of multiple procedures per visit, numbers reported in these tables for similar service categories will not match those found in tables using ICD-9-CM procedure groups or those using PCCR groups which report at the visit level. These tables represent an initial attempt to categorize all outpatient procedures by grouping CPT and HCPCS procedures and services, and will be expanded in future Utilization Reports.

Changes in Definition of Outpatient Procedures

The definition of outpatient procedures in the hospital monographs has undergone numerous changes in the last ten years, and will continue to evolve, a history of these changes can be found in Appendix O6.

Comparison to Previous Monographs

The outpatient procedure tables presented in this Report cannot meaningfully be compared to the tables published in the 2002 and earlier reports because the change in record selection rules described in Appendix O6 affected the nature of the records included.

Outpatient Procedure Reporting

Outpatient visits are reported several ways in the Outpatient tables. Records are presented at the visit level, one record per visit and at the procedure level, multiple records per visit. Some tables include records originating in the emergency department, and some do not.

The following table presents an overview of the tables in this report outlining the data selection criteria used for each table.

Record selection		ICD-9-CM Procedure Groups	ICD-9-CM Diagnostic Groups	PCCR, Revenue Groups	CPT/HCPCS CCSCPT Groups
		Tables			
ICD-9-CM First Procedure in range (0-86.99) Visit Level	Includes Emergency	O1a, O1b, O2, O5a			
	Not Originating in ED	O3, O4, O5b, O6, O7			
Expanded outpatient (no procedures in range, no ED flag and no Observation Bed Flag. Visit Level			O11, O12	O8-O10	
Observation Bed Records Visit Level	All		O13		
	OBS Flag only		O14		
All Outpatient, Emergency vs. Non Emergency visits, all procedures reported Procedure Level	All CCSCPT categories				O15, O16
	CCSCPT 16				O17

Charges

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

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

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

Sources of Data

Beginning with the new 2001 definition for outpatient procedures, all fourteen of Vermont's civilian acute care hospitals now submit outpatient data to the hospital discharge reporting system.

Under the definition in use from 1989-2000, Grace Cottage Hospital was excluded because it does not have an operating room. In 2001, the Veterans Administration hospital in White River Junction also began participating in the outpatient dataset but is not included in the monograph series until 2002. The Veterans Administration stopped providing outpatient data after June 30, 2006 so this report does not include any VA data.

Data for Vermont residents having outpatient procedures in New Hampshire have been available since 2001. These data are received from the New Hampshire Department of Health and Human Services. The New York Department of Health has provided outpatient data since 2004 but in 2008 their data no longer contained ICD-9-CM procedure codes and is not included in this report. Outpatient procedure data are not yet available from Massachusetts. The data from New Hampshire is included in Table O7.

Hospital vs. Hospital Service Area Data

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

Therefore, outpatient procedure rates cannot be calculated on a hospital service area or population basis.

Overview

- **Total health care spending** on Vermont residents increased 7.3 percent from 2007 to 2008 to \$4.6 billion while total spending on Vermont providers was \$4.4 billion and increased 6.7 percent during the same period according to the [2008 Vermont Health Care Expenditure Analysis](#)¹. In 2008, hospital spending on Vermont residents totaled \$1.6 billion and accounted for 35.6 percent of total health care spending as the largest provider category followed by physician services at 15.1 percent of total health spending.
- **Vermont's Population is Aging:** From 1990-2008, the percent of Vermonters aged 45+ continued to grow. The percent of Vermonters 45 years or older in 2008 was 44.3% (*2008 Inpatient Hospital Utilization Report, Section I*). According to the [U.S. Census in 2008](#)², the national rate for those 45 years or older was 40.3 percent. As the Vermont population continues to age, the number of adults with age-related medical conditions and chronic diseases will continue to rise and require more health care services. Private Insurance continues to be the leading principle payer for hospital outpatient discharges at 46.6 percent of total discharges (O4).
- **Total hospital revenues continued to rise**, but outpatient revenues continued to significantly outpace inpatient revenues (See Figure 1). Between 1999 and 2008, inpatient revenues increased 89.2% and outpatient revenues increased 248.5%. See the [2010 Hospital Financial and Statistical Profile](#) for more financial information.

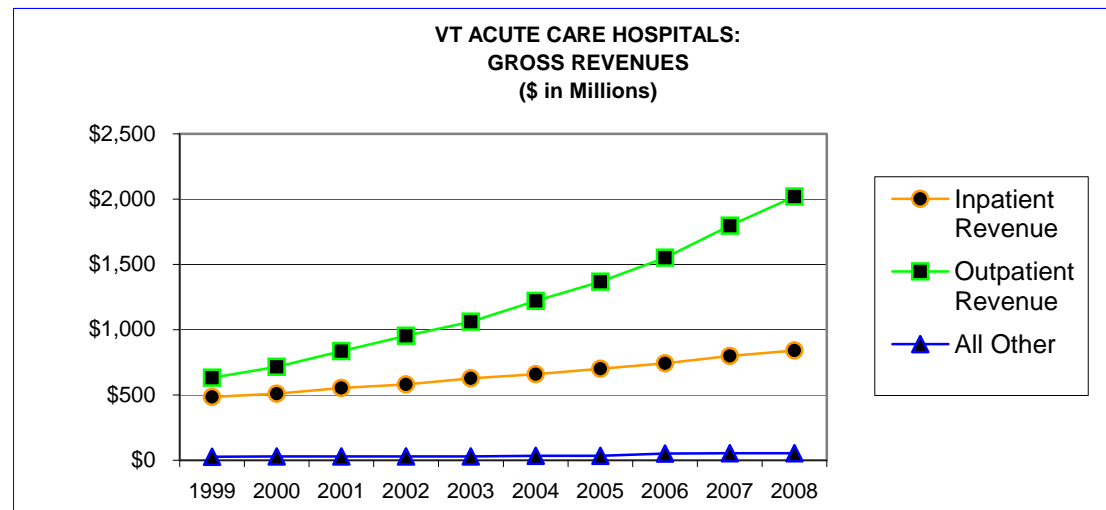


Figure 1

Data Source: HCA Annual Budget Submission.

¹ Information for the 2008 Vermont Health Care Expenditure Analysis is at: <http://www.bishca.state.vt.us/> under “Health Care” and then “Research Data and Reports”.

² Information for the 2008 U.S. Census is at <http://www.census.gov/popest/states/asrh/> under “Population by Selected Age Groups”.

Outpatient Highlights

Highlights of Vermont Outpatient Utilization

- **In 2008 there were 101,741 Vermont resident visits to hospitals** in Vermont, New Hampshire, and New York, for outpatient surgical procedures, similar to 101,804 in 2007 (O7).
- **There were 117,187 outpatient surgical visits to Vermont hospitals in 2008**, representing both Vermont residents and non-residents. Similar to the findings in 2007, about one in seven of these records, or 17,502 of the total, originated in the Emergency Department (O1).
- **The leading procedure groups in 2008 for both males and females age 45 and older were Intestinal Incision, Excision, and Anastomosis.** The leading procedure groups in 2008 for both males and females age 15 and under were Other Middle and Inner Ear Operations. These findings are the same as were found in 2007 (O3).
- **Outpatient utilization continues to grow.** Factors influencing this increase include the continuing shift of treatment and procedures from the inpatient to the outpatient setting and changes in reimbursement and cost-containment strategies.
- **The top five CCS High Level Diagnosis Groups** account for more than 60% of all expanded outpatient visits in 2008, similar to findings in 2007 (O11).
- **In 2008, Fletcher Allen had the most Observation Bed records**, leading all hospitals at 18.1 %. Rutland Regional, which maintained a continual upward trend until 2007 and lead with 19.1% at that time, decreased to 15.2% of Observation Bed records in 2008 (O13).

For information on utilization of inpatient hospital services or comparing hospital services across settings, see the “**Vermont Hospital Utilization Reports**” at: <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur>.

For more information on in-migration and out-migration for inpatient hospital services, see the “**Vermont Hospital Migration Reports**” at: <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-migration-report-vhmr>.

Outpatient Highlights

Reason for Hospitalization: Top Five Procedure Groups for Visits

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

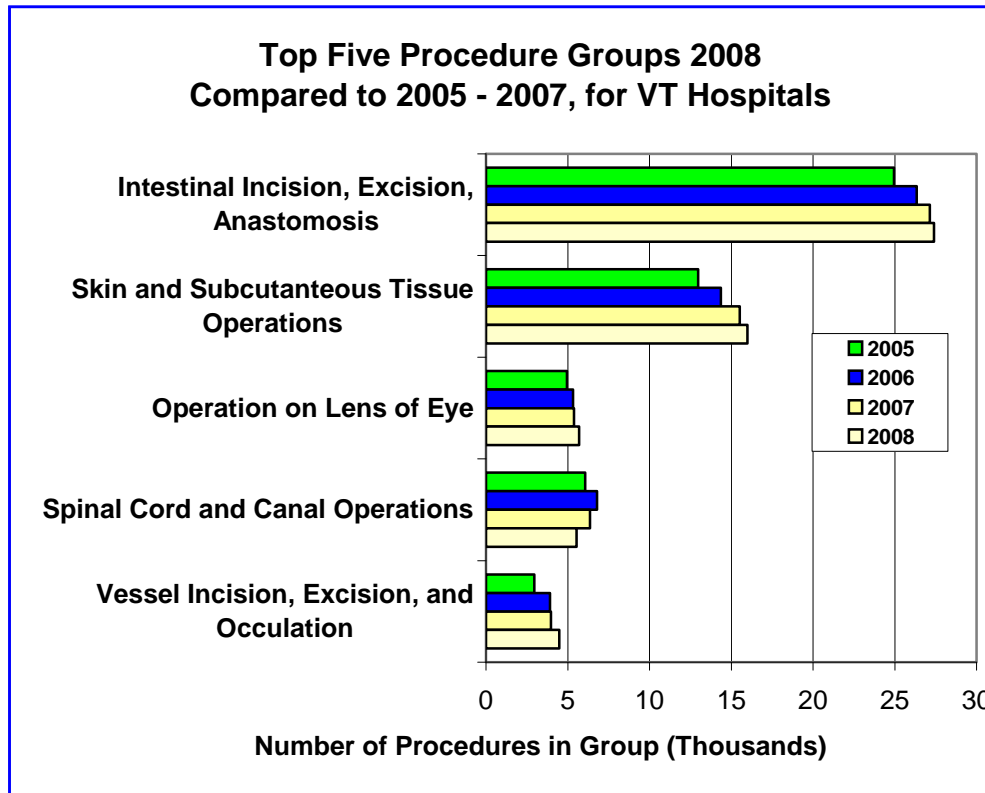


Figure 2

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

- **The top five Procedure Groups** account for more than 50% of all visits.
- **Intestinal Incision, Excision and Anastomosis** continues to lead all procedure groups, with 23.4% of all outpatient visits, almost double the next highest group. This is slightly up from 23.3% of all outpatient visits in 2007.
- **Among these five Procedure Groups, the most dramatic change since 2005** is the continued increase of Vessel, Incision, Excision and Occlusion. This group replaces Other Obstetric Operation in the top five from 2007.
- **Spinal Cord and Canal Operations**, although increasing in 2006, was the only procedure group in the top five showing a decrease in visits between 2005 and 2008.

Outpatient Highlights

Patient Characteristics: Variations by Age and Sex

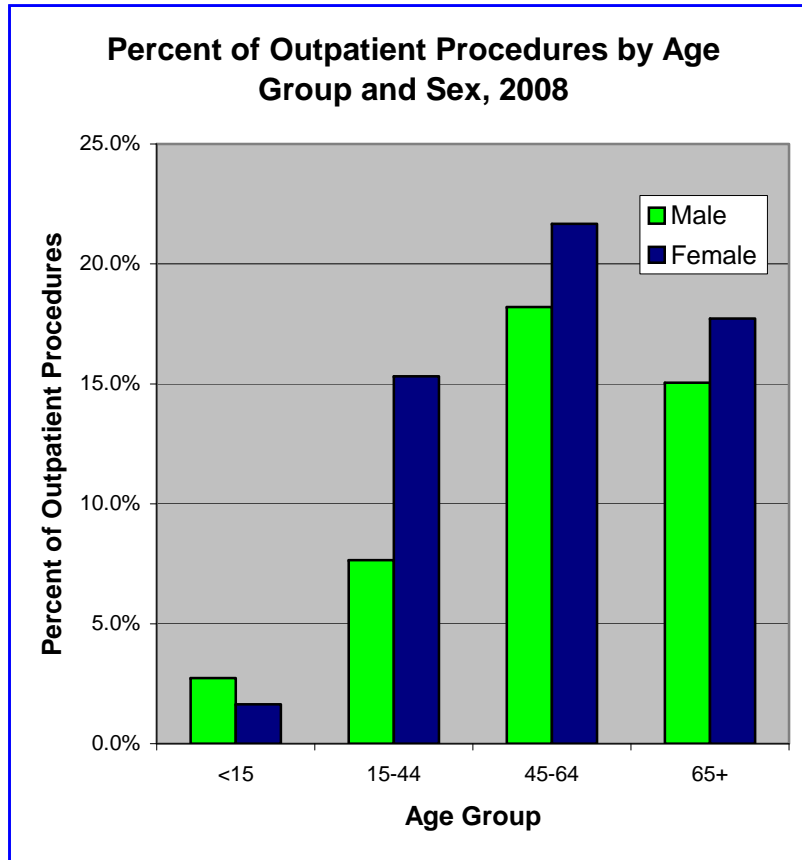


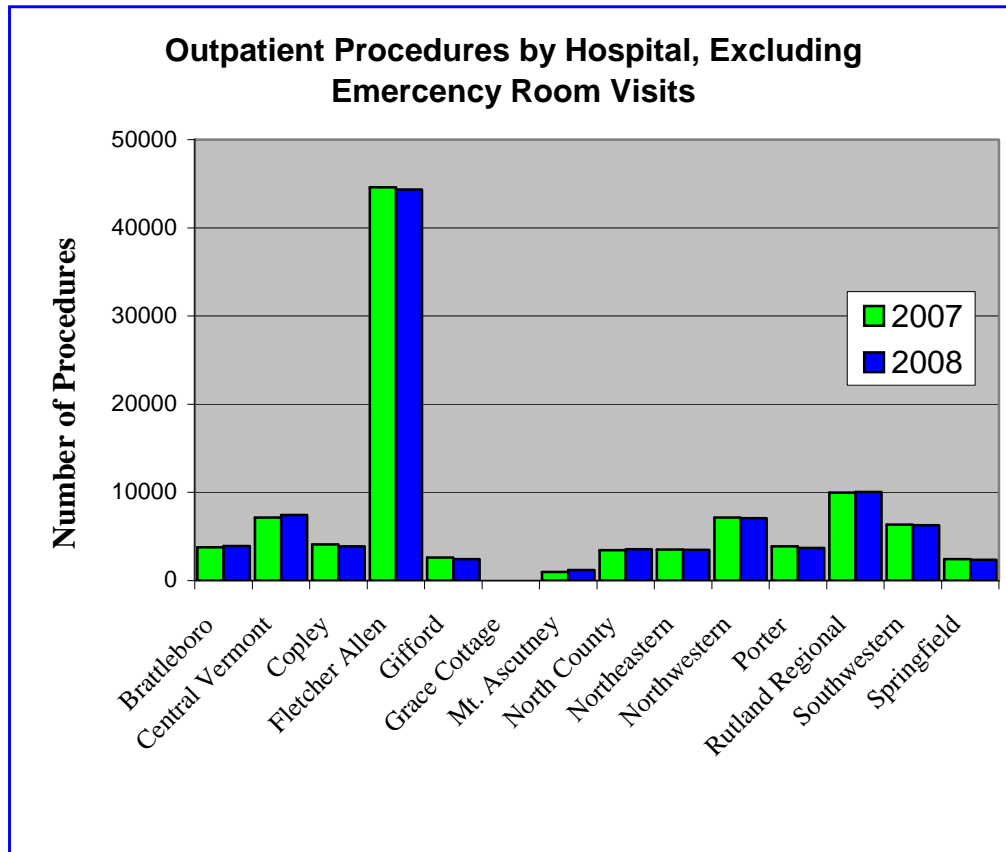
Figure 3

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

- **Females comprised 56.4% or 56,185 of all outpatient procedures** that did not originate in the emergency department in 2008, down slightly from 57.2% in 2007 and 57.1% in 2006.
- **Overall, the 45-64 age group accounted for the highest share (39.9% of the total) of outpatient procedures in 2008**, down from 40.1 in 2007 and 41.1% in 2006.
- **Females account for a higher rate of outpatient procedures than males except in the <15 age group.**
- **Obstetric, and Gynecologic procedures** account for the large difference in the outpatient procedures rate between male and female in the 15-44 age group, which remains constant over the past three years.
- **Operations on the Breast** contributes to the difference in procedures rate between male and female in the 45-64 age group, which remains a constant over the past three years.

Outpatient Highlights

Outpatient Procedure Visits by Hospital, Excluding Emergency Room Visits



- **In 2008, Fletcher Allen had the most outpatient procedure visits.** Fletcher Allen has more than four times the amount of outpatient procedure visits than the next highest Vermont hospital (Rutland Regional) with 44.5% of all outpatient procedure visits, excluding emergency room visits, similar to 44.6% in 2007.
- **Eight of the Fourteen Vermont Hospitals had a decrease in outpatient procedure visits, excluding emergency room visits, between 2007 and 2008.** After steadily increasing for years, outpatient procedure visits, both including and excluding emergency room visits decreased between 2007 and 2008.
- **Grace Cottage** reported four outpatient procedure visits in 2008. This hospital reported no outpatient procedure visits in 2006 or 2007.

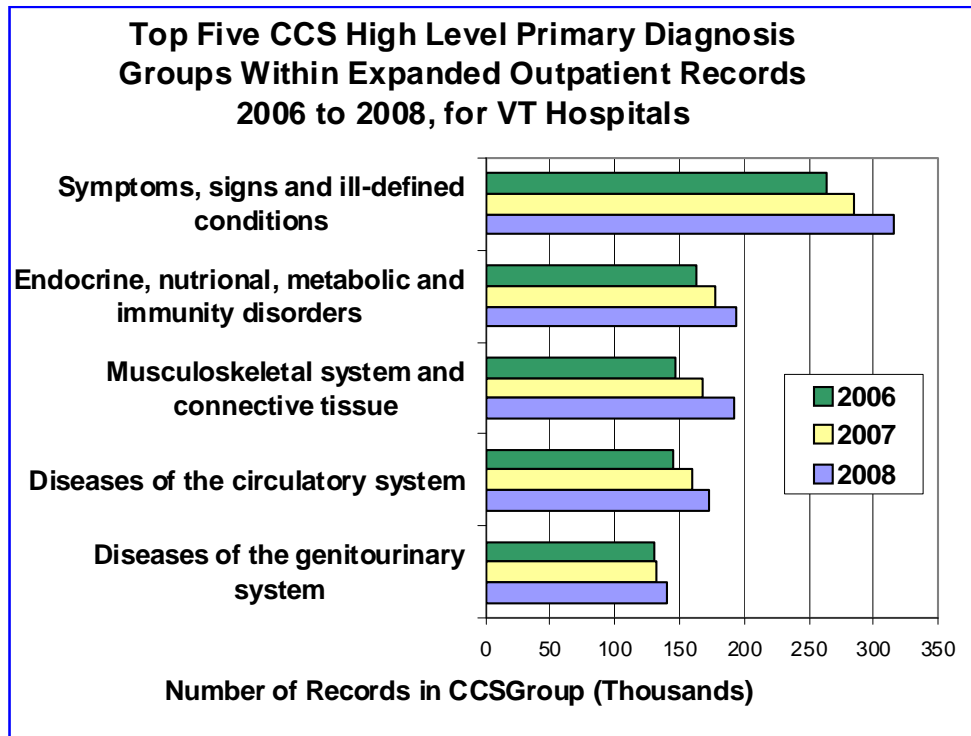
Figure 4

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

Outpatient Highlights

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

The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 categories. The High Level CCS groups further collapse single-level CCS into broad groups based on body systems or condition categories.



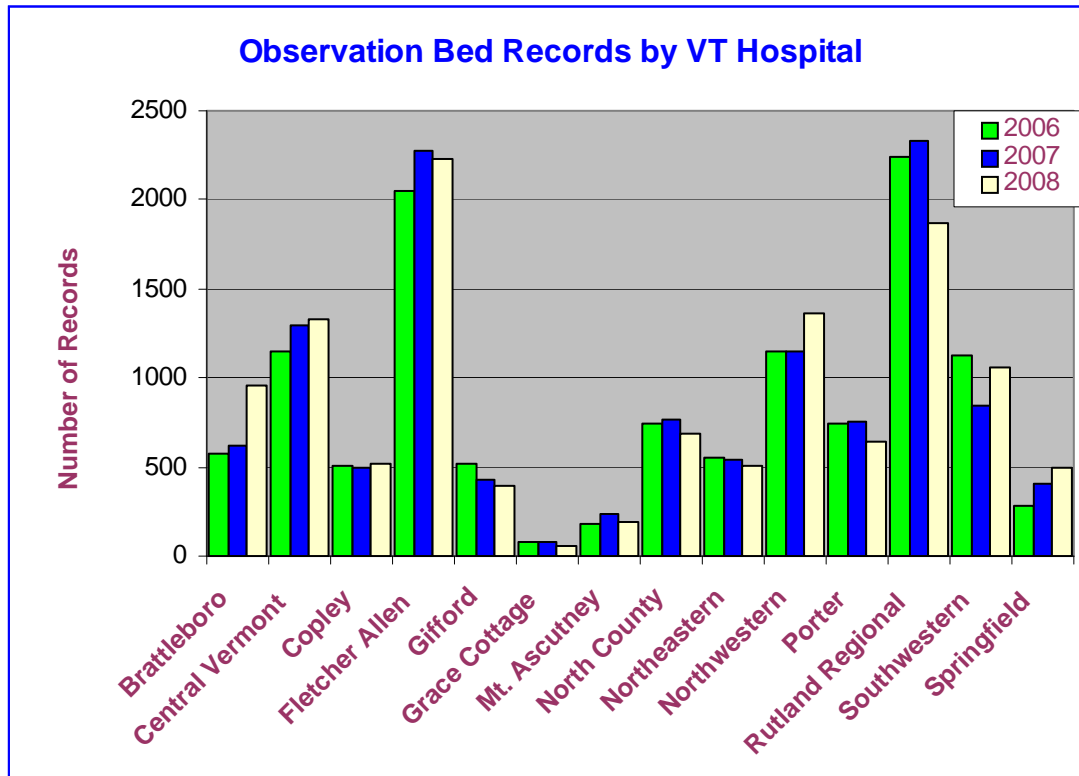
- **The top five CCS High Level Diagnosis Groups** account for more than 60% of all expanded outpatient visits in 2008, which is similar to 2006 and 2007.
- **Symptoms, signs and ill-defined conditions include the largest number of expanded outpatient visits and this CCS group** maintains a continual upward trend. It leads all expanded outpatient CCS groups at 19.2% of records in 2008, up from 18.9% in 2007.
- **All top five CCS High Level Diagnosis Groups have increased from 2006 to 2008.** The gap until the sixth highest group grew between 2007 and 2008, indicating that the top five CCS High Level Diagnosis Groups will most likely maintain their position rank in future years.

Figure 5

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

Outpatient Highlights

Observation Bed Records by VT Hospital



- **In 2008, Fletcher Allen had the most Observation Bed records**, leading all hospitals at 18.1%. Rutland Regional, which maintained a continual upward trend until 2007 and led with 19.1% at that time, decreased to 15.2% of Observation Bed records in 2008 (O13).
- **About 1 in 3 Observation Bed Records come from the top two hospitals** (Rutland Regional and Fletcher Allen).
- **Eight of the Fourteen Vermont Hospitals had a decrease in Observation Bed records between 2007 and 2008.** Although a majority of hospitals showed a decrease between 2007 and 2008, Observation Bed records have steadily increased in Vermont from 11,900 in 2006 and 12,194 in 2007 to 12,314 in 2008.

Figure 6

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

Table O1a
Outpatient Procedure Groups by Data Year
2004-2008 VT Hospital Data, Includes VT Residents and Non-Residents
Includes Outpatient Procedures Originating in the ED

ICD-9-CM Procedure Group	2004		2005		2006		2007		2008	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
45 Intestinal Incision, Excision, Anastomosis	24,298	25.4	24,958	25.1	26,337	23.9	27,134	23.3	27,393	23.4
86 Skin & Subcutaneous Tissue Operations	12,475	13.0	12,975	13.1	14,358	13.0	15,513	13.3	15,993	13.6
13 Operations on Lens of Eye	5,039	5.3	4,959	5.0	5,331	4.8	5,382	4.6	5,702	4.9
03 Spinal Cord & Canal Operations	4,849	5.1	6,066	6.1	6,799	6.2	6,356	5.5	5,542	4.7
38 Vessel Incision, Excision, Occlusion	2,319	2.4	2,963	3.0	3,905	3.5	3,966	3.4	4,483	3.8
81 Joint Repair & Plastic Operations	2,258	2.4	2,435	2.5	3,083	2.8	3,873	3.3	4,141	3.5
04 Cranial & Peripheral Nerve Operations	3,346	3.5	3,506	3.5	3,802	3.5	4,258	3.7	4,122	3.5
75 Other Obstetric Operations	2,787	2.9	2,708	2.7	3,663	3.3	4,324	3.7	4,061	3.5
80 Incision, Excision of Joint	3,090	3.2	3,252	3.3	3,356	3.0	3,334	2.9	3,038	2.6
85 Operations on the Breast	2,256	2.4	2,054	2.1	2,944	2.7	2,636	2.3	2,699	2.3
79 Reduction of Fracture, Dislocation	2,224	2.3	2,286	2.3	2,483	2.3	2,679	2.3	2,568	2.2
57 Urinary Bladder Operations	1,929	2.0	1,622	1.6	1,887	1.7	2,317	2.0	2,565	2.2
53 Repair of Hernia	2,171	2.3	2,247	2.3	2,254	2.0	2,289	2.0	2,141	1.8
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,230	1.3	1,331	1.3	1,659	1.5	1,849	1.6	2,039	1.7
14 Posterior Eye Segment Operations	237	0.2	220	0.2	716	0.7	1,838	1.6	1,901	1.6
21 Operations on Nose	1,171	1.2	1,184	1.2	1,386	1.3	1,610	1.4	1,714	1.5
48 Other Rectal & Perirectal Operations	1,839	1.9	1,860	1.9	1,698	1.5	1,684	1.4	1,676	1.4
37 Other Heart & Pericardium Operations	1,278	1.3	1,259	1.3	1,340	1.2	1,291	1.1	1,415	1.2
51 Biliary Tract Operations	1,243	1.3	1,248	1.3	1,344	1.2	1,369	1.2	1,382	1.2
82 Hand Muscle, Tendon, Fascia Operations	1,132	1.2	1,227	1.2	1,191	1.1	1,359	1.2	1,376	1.2
69 Other Uterus & Supporting Structure Operations	1,460	1.5	1,427	1.4	1,750	1.6	1,403	1.2	1,267	1.1
20 Other Middle & Inner Ear Operations	1,332	1.4	1,251	1.3	1,291	1.2	1,258	1.1	1,229	1.0
77 Incision, Excision, Division of Bone, NEC	1,045	1.1	1,140	1.1	1,114	1.0	1,136	1.0	1,084	0.9
28 Tonsil & Adenoid Operations	1,045	1.1	993	1.0	1,070	1.0	1,047	0.9	922	0.8
68 Other Uterine Incision, Excision	507	0.5	575	0.6	702	0.6	938	0.8	887	0.8
08 Eyelid Operations	717	0.7	741	0.7	776	0.7	883	0.8	858	0.7
59 Other Urinary Tract Operations	469	0.5	522	0.5	639	0.6	653	0.6	676	0.6
54 Other Abdominal Region Operations	513	0.5	580	0.6	557	0.5	672	0.6	672	0.6
39 Other Operations on Vessels	474	0.5	564	0.6	739	0.7	634	0.5	661	0.6
23 Tooth Removal & Restoration	579	0.6	577	0.6	503	0.5	644	0.6	652	0.6
78 Other Bone Operations Except Face	682	0.7	677	0.7	715	0.6	655	0.6	620	0.5
49 Operations on Anus	551	0.6	541	0.5	678	0.6	701	0.6	619	0.5
' Other Mouth & Face Operations						0.0	542	0.5	598	0.5
33 Other Bronchial & Lung Operations	507	0.5	538	0.5	595	0.5	564	0.5	587	0.5

Table O1a
Outpatient Procedure Groups by Data Year
2004-2008 VT Hospital Data, Includes VT Residents and Non-Residents
Includes Outpatient Procedures Originating in the ED

ICD-9-CM Procedure Group	2004		2005		2006		2007		2008	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
06 Thyroid, Parathyroid Operations	305	0.3	279	0.3	481	0.4	527	0.5	575	0.5
42 Operations on Esophagus	584	0.6	574	0.6	619	0.6	580	0.5	564	0.5
31 Larynx Trachea Operations, NEC	152	0.2	165	0.2	425	0.4	567	0.5	560	0.5
64 Operations on Penis	333	0.3	378	0.4	435	0.4	444	0.4	508	0.4
65 Operations on Ovary	485	0.5	459	0.5	490	0.4	471	0.4	468	0.4
66 Fallopian Tube Operations	593	0.6	542	0.5	523	0.5	529	0.5	459	0.4
44 Other Operations on Stomach	252	0.3	206	0.2	202	0.2	222	0.2	377	0.3
47 Operations on Appendix	211	0.2	240	0.2	266	0.2	310	0.3	369	0.3
56 Operations on Ureter	258	0.3	297	0.3	280	0.3	300	0.3	344	0.3
18 External Ear Operations	228	0.2	266	0.3	308	0.3	340	0.3	342	0.3
60 Prostate & Seminal Vesicle Operations	98	0.1	125	0.1	253	0.2	313	0.3	333	0.3
12 Anterior Eye Segment Operations	295	0.3	290	0.3	345	0.3	357	0.3	323	0.3
50 Operations on Liver	357	0.4	334	0.3	358	0.3	327	0.3	307	0.3
40 Lymphatic System Operations	247	0.3	259	0.3	264	0.2	290	0.2	300	0.3
67 Operations on Cervix	422	0.4	319	0.3	400	0.4	319	0.3	298	0.3
41 Bone Marrow & Spleen Operations	93	0.1	90	0.1	161	0.1	270	0.2	292	0.2
34 Thorax Operations Except Lung	173	0.2	244	0.2	236	0.2	261	0.2	244	0.2
70 Vagina & Cul-de-sac Operations	207	0.2	190	0.2	191	0.2	250	0.2	244	0.2
55 Operations on Kidney	129	0.1	178	0.2	200	0.2	182	0.2	217	0.2
22 Nasal Sinus Operations	190	0.2	218	0.2	188	0.2	222	0.2	215	0.2
71 Vulvar & Perineal Operations	164	0.2	180	0.2	179	0.2	209	0.2	207	0.2
58 Operations on Urethra	159	0.2	199	0.2	186	0.2	231	0.2	200	0.2
63 Spermatic Cord, Epididymis, Vas Deferens Operator	284	0.3	214	0.2	183	0.2	189	0.2	185	0.2
84 Other Musculoskeletal Procedure	122	0.1	151	0.2	130	0.1	121	0.1	181	0.2
00 Procedures and Interventions, NEC	9	0.0	64	0.1	122	0.1	192	0.2	169	0.1
43 Incision, Excision of Stomach	144	0.2	164	0.2	133	0.1	141	0.1	147	0.1
19 Middle Ear Reconstructions	122	0.1	142	0.1	147	0.1	132	0.1	120	0.1
09 Lacrimal System Operations	68	0.1	79	0.1	106	0.1	159	0.1	114	0.1
61 Scrotum & Tunica Vaginalis Operations	115	0.1	95	0.1	84	0.1	120	0.1	104	0.1
76 Facial Bone & Joint Operations	73	0.1	75	0.1	94	0.1	107	0.1	103	0.1
62 Operations on Testes	118	0.1	113	0.1	89	0.1	110	0.1	102	0.1
24 Other Operations on Teeth & Gums	81	0.1	77	0.1	66	0.1	75	0.1	96	0.1
30 Excision of Larynx	95	0.1	111	0.1	93	0.1	113	0.1	90	0.1
15 Extraocular Muscle Operations	135	0.1	121	0.1	91	0.1	83	0.1	82	0.1

Table O1a
Outpatient Procedure Groups by Data Year
2004-2008 VT Hospital Data, Includes VT Residents and Non-Residents
Includes Outpatient Procedures Originating in the ED

ICD-9-CM Procedure Group	2004		2005		2006		2007		2008	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
11 Operations on Cornea	106	0.1	109	0.1	77	0.1	93	0.1	81	0.1
26 Salivary Gland Operations	70	0.1	68	0.1	77	0.1	71	0.1	81	0.1
05 Sympathetic Nerve Operations	210	0.2	363	0.4	104	0.1	90	0.1	75	0.1
25 Operations on Tongue	76	0.1	52	0.1	68	0.1	65	0.1	72	0.1
10 Conjunctival Operations	23	0.0	10	0.0	45	0.0	99	0.1	66	0.1
29 Operations on Pharynx	36	0.0	52	0.1	41	0.0	50	0.0	52	0.0
73 Assisting, Inducing Delivery, NEC	64	0.1	72	0.1	44	0.0	65	0.1	49	0.0
46 Other Intestinal Operations	23	0.0	21	0.0	29	0.0	35	0.0	36	0.0
16 Orbit & Eyeball Operations	31	0.0	19	0.0	31	0.0	44	0.0	35	0.0
36 Operations on Heart Vessels	78	0.1	81	0.1	3	0.0	16	0.0	19	0.0
32 Lung & Bronchus Excision	4	0.0	3	0.0	11	0.0	14	0.0	16	0.0
52 Operations on Pancreas	16	0.0	8	0.0	11	0.0	14	0.0	15	0.0
01 Incision, Excision of Brain, Skull	4	0.0	10	0.0	21	0.0	18	0.0	13	0.0
35 Heart Valve & Septa Operations	0	0.0	0	0.0	2	0.0	5	0.0	6	0.0
07 Other Endocrine Gland Operations	5	0.0	5	0.0	7	0.0	8	0.0	5	0.0
02 Other Brain, Skull Operations	4	0.0	4	0.0	6	0.0	8	0.0	4	0.0
74 C-Section, Removal of Fetus	2	0.0	0	0.0	1	0.0	0	0.0	4	0.0
Total	95,618	100.0	99,301	100.0	110,078	100.0	116,549	100.0	117,187	100.0

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

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

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

Table O1b
Outpatient Procedure Groups by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Row Percents

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total Number
	Number	Row %	Number	Row %	
45 Intestinal Incision, Excision, Anastomosis	27,182	99.2	211	0.8	27,393
86 Skin & Subcutaneous Tissue Operations	6,837	42.7	9,156	57.3	15,993
13 Operations on Lens of Eye	5,696	99.9	6	0.1	5,702
03 Spinal Cord & Canal Operations	5,186	93.6	356	6.4	5,542
75 Other Obstetric Operations	3,974	97.9	87	2.1	4,061
81 Joint Repair & Plastic Operations	3,905	94.3	236	5.7	4,141
04 Cranial & Peripheral Nerve Operations	3,482	84.5	640	15.5	4,122
38 Vessel Incision, Excision, Occlusion	3,215	71.7	1,268	28.3	4,483
80 Incision, Excision of Joint	3,020	99.4	18	0.6	3,038
85 Operations on the Breast	2,670	98.9	29	1.1	2,699
53 Repair of Hernia	2,102	98.2	39	1.8	2,141
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,926	94.5	113	5.5	2,039
14 Posterior Eye Segment Operations	1,894	99.6	7	0.4	1,901
57 Urinary Bladder Operations	1,780	69.4	785	30.6	2,565
48 Other Rectal & Perirectal Operations	1,629	97.2	47	2.8	1,676
37 Other Heart & Pericardium Operations	1,322	93.4	93	6.6	1,415
51 Biliary Tract Operations	1,320	95.5	62	4.5	1,382
82 Hand Muscle, Tendon, Fascia Operations	1,320	95.9	56	4.1	1,376
20 Other Middle & Inner Ear Operations	1,226	99.8	3	0.2	1,229
21 Operations on Nose	1,190	69.4	524	30.6	1,714
69 Other Uterus & Supporting Structure Operations	1,165	91.9	102	8.1	1,267
77 Incision, Excision, Division of Bone, NEC	1,082	99.8	2	0.2	1,084
79 Reduction of Fracture, Dislocation	1,047	40.8	1,521	59.2	2,568
68 Other Uterine Incision, Excision	885	99.8	2	0.2	887
28 Tonsil & Adenoid Operations	868	94.1	54	5.9	922
39 Other Operations on Vessels	645	97.6	16	2.4	661
23 Tooth Removal & Restoration	632	96.9	20	3.1	652
59 Other Urinary Tract Operations	630	93.2	46	6.8	676
54 Other Abdominal Region Operations	615	91.5	57	8.5	672
78 Other Bone Operations Except Face	609	98.2	11	1.8	620
33 Other Bronchial & Lung Operations	581	99.0	6	1.0	587
06 Thyroid, Parathyroid Operations	574	99.8	1	0.2	575

Table O1b
Outpatient Procedure Groups by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Row Percents

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total Number
	Number	Row %	Number	Row %	
42 Operations on Esophagus					
31 Larynx, Trachea Operations, NEC	527	94.1	33	5.9	560
64 Operations on Penis	501	98.6	7	1.4	508
49 Operations on Anus	500	80.8	119	19.2	619
65 Operations on Ovary	450	96.2	18	3.8	468
66 Fallopian Tube Operations	437	95.2	22	4.8	459
08 Eyelid Operations	407	47.4	451	52.6	858
44 Other Operations on Stomach	365	96.8	12	3.2	377
60 Prostate & Seminal Vesicle Operations	333	100.0	0	0.0	333
12 Anterior Eye Segment Operations	320	99.1	3	0.9	323
56 Operations on Ureter	305	88.7	39	11.3	344
50 Operations on Liver	304	99.0	3	1.0	307
40 Lymphatic System Operations	298	99.3	2	0.7	300
67 Operations on Cervix	295	99.0	3	1.0	298
41 Bone Marrow & Spleen Operations	286	97.9	6	2.1	292
18 External Ear Operations	240	70.2	102	29.8	342
70 Vagina & Cul-de-Sac Operations	239	98.0	5	2.0	244
27 Other Mouth & Face Operations	214	35.8	384	64.2	598
55 Operations on Kidney	213	98.2	4	1.8	217
22 Nasal Sinus Operations	212	98.6	3	1.4	215
58 Operations on Urethra	195	97.5	5	2.5	200
63 Spermatic Cord, Epididymis, Vas Deferens Operations	183	98.9	2	1.1	185
34 Thorax Operations Except Lung	175	71.7	69	28.3	244
71 Vulvar & Perineal Operations	162	78.3	45	21.7	207
00 Procedures and Interventions, NEC	156	92.3	13	7.7	169
84 Other Musculoskeletal Procedures	149	82.3	32	17.7	181
43 Incision, Excision of Stomach	144	98.0	3	2.0	147
19 Middle Ear Reconstructions	120	100.0	0	0.0	120
09 Lacrimal System Operations	113	99.1	1	0.9	114
61 Scrotum & Tunica Vaginalis Operations	93	89.4	11	10.6	104
62 Operations on Testes	91	89.2	11	10.8	102
30 Excision of Larynx	90	100.0	0	0.0	90

Table O1b
Outpatient Procedure Groups by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Row Percents

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total Number
	Number	Row %	Number	Row %	
15 Extraocular Muscle Operations	82	100.0	0	0.0	82
26 Salivary Gland Operations	81	100.0	0	0.0	81
76 Facial Bone & Joint Operations	79	76.7	24	23.3	103
05 Sympathetic Nerve Operations	75	100.0	0	0.0	75
10 Conjunctival Operations	66	100.0	0	0.0	66
25 Operations on Tongue	60	83.3	12	16.7	72
47 Operations on Appendix	58	15.7	311	84.3	369
11 Operations on Cornea	49	60.5	32	39.5	81
73 Assisting, Inducing Delivery, NEC	49	100.0	0	0.0	49
29 Operations on Pharynx	36	69.2	16	30.8	52
46 Other Intestinal Operations	34	94.4	2	5.6	36
16 Orbit & Eyeball Operations	32	91.4	3	8.6	35
36 Operations on Heart Vessels	17	89.5	2	10.5	19
32 Lung & Bronchus Excision	16	100.0	0	0.0	16
52 Operations on Pancreas	15	100.0	0	0.0	15
01 Incision, Excision of Brain, Skull	10	76.9	3	23.1	13
24 Other Operations on Teeth & Gums	9	9.4	87	90.6	96
35 Heart Valve & Septa Operations	6	100.0	0	0.0	6
07 Other Endocrine Gland Operations	5	100.0	0	0.0	5
02 Other Brain, Skull Operations	4	100.0	0	0.0	4
74 C-Section, Removal of Fetus	3	75.0	1	25.0	4
72 Forceps, Vacuum, Breech Delivery	0	0.0	0	0.0	0
Total for All Procedures	99,685	85.1	17,502	14.9	117,187

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

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

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

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
45 Intestinal Incision, Excision, Anastomosis	27,182	\$2,259	211	\$5,037	27,393	\$2,281
4523 Colonoscopy	10,332	\$1,913	22	\$5,039	10,354	\$1,919
4542 Endoscopic polypectomy of large intestine	7,612	\$2,504	11	\$5,483	7,623	\$2,508
4516 Esophagogastroduodenoscopy [EGD] with closed biopsy	4,061	\$2,579	43	\$6,265	4,104	\$2,618
4525 Closed [endoscopic] biopsy of large intestine	2,999	\$2,426	15	\$6,735	3,014	\$2,447
All Other Procedures in Group	2,178	2,223	120	4,343	2,298	\$2,334
86 Skin & Subcutaneous Tissue Operations	6,837	\$2,253	9,156	\$899	15,993	\$1,473
8659 Closure of skin and subcutaneous tissue of other sites	556	\$759	7,037	\$861	7,593	\$854
863 Other local excision/destruction of lesion/tissue of skin	2,850	\$1,579	24	\$1,489	2,874	\$1,578
All Other Procedures in Group	3,431	\$3,049	2,095	\$1,021	5,526	\$2,275
13 Operations on Lens of Eye	5,696	\$4,334	6	\$5,829	5,702	\$4,336
1341 Phacoemulsification and aspiration of cataract	4,871	\$4,623	6	\$5,829	4,877	\$4,624
All Other Procedures in Group	825	\$2,629	0	--	825	\$2,629
03 Spinal Cord & Canal Operations	5,186	\$1,754	356	\$3,661	5,542	\$1,877
0392 Injection of other agent into spinal canal	3,344	\$1,454	7	\$4,839	3,351	\$1,461
0391 Injection of anesthetic into spinal canal for analgesia	1,389	\$1,408	2	\$1,749	1,391	\$1,409
All Other Procedures in Group	453	\$5,021	347	\$3,648	800	\$4,425
38 Vessel Incision, Excision, Occlusion	3,215	\$1,522	1,268	\$1,809	4,483	\$1,603
3899 Other puncture of vein [phlebotomy]	2,504	\$454	488	\$1,378	2,992	\$606
3893 Venous catheterization, not elsewhere classified	270	\$4,374	772	\$2,014	1,042	\$2,624
All Other Procedures in Group	441	\$5,822	8	\$8,242	449	\$5,865
81 Joint Repair & Plastic Operations	3,905	\$6,201	236	\$2,082	4,141	\$5,959
8192 Injection of therapeutic substance into joint or ligament	1,746	\$948	36	\$1,570	1,782	\$961
8191 Arthrocentesis	284	\$934	189	\$1,651	473	\$1,252
8183 Other repair of shoulder	465	\$10,262	0	--	465	\$10,262
8145 Other repair of cruciate ligaments	424	\$14,588	3	\$16,045	427	\$14,598
All Other Procedures in Group	986	\$10,915	8	\$9,338	994	\$10,902

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
04 Cranial & Peripheral Nerve Operations	3,482	\$3,462	640	\$858	4,122	\$3,049
0443 Release of carpal tunnel	1,531	\$3,425	2	\$5,431	1,533	\$3,428
0481 Injection of anesthetic into peripheral nerve for analgesia	694	\$1,582	635	\$816	1,329	\$1,214
042 Destruction of cranial and peripheral nerves	867	\$3,866	1	\$2,469	868	\$3,865
All Other Procedures in Group						\$6,127
75 Other Obstetric Operations	3,974	\$626	87	\$1,643	4,061	\$648
7534 Other fetal monitoring	3,271	\$637	81	\$1,681	3,352	\$662
7535 Other diagnostic procedures on fetus and amnion	686	\$540	6	\$1,134	692	\$545
All Other Procedures in Group	17	\$2,126	0	--	17	\$2,126
80 Incision, Excision of Joint	3,020	\$6,482	18	\$4,104	3,038	\$6,468
806 Excision of semilunar cartilage of knee	1,860	\$5,555	1	\$7,735	1,861	\$5,556
8051 Excision of intervertebral disc	337	\$9,992	1	\$16,995	338	\$10,012
All Other Procedures in Group	823	\$7,142	16	\$3,072	839	\$7,064
85 Operations on the Breast	2,670	\$5,071	29	\$2,291	2,699	\$5,041
8511 Closed [percutaneous] [needle] biopsy of breast	878	\$3,177	0	--	878	\$3,177
8521 Local excision of lesion of breast	723	\$5,316	3	\$4,386	726	\$5,312
8519 Other diagnostic procedures on breast	382	\$4,479	1	\$6,435	383	\$4,484
All Other Procedures in Group	687	\$7,562	25	\$1,874	712	\$7,363
79 Reduction of Fracture, Dislocation	1,047	\$9,494	1,521	\$2,930	2,568	\$5,607
7902 Closed reduction of fracture w/o internal fixation--radius and ulna	54	\$4,446	381	\$2,432	435	\$2,682
7971 Closed reduction of dislocation of shoulder	3	\$1,242	284	\$1,570	287	\$1,567
7932 Open reduction of fracture, internal fixation--carpals & metacarpals	252	\$11,524	32	\$11,874	284	\$11,564
7936 Open reduction of fracture, internal fixation--tibia & fibula	223	\$10,366	57	\$11,279	280	\$10,551
All Other Procedures in Group	515	\$8,701	767	\$2,688	1,282	\$5,104
57 Urinary Bladder Operations	1,780	\$2,641	785	\$2,180	2,565	\$2,495
5732 Other cystoscopy	998	\$1,810	3	\$4,649	1,001	\$1,819
5794 Insertion of indwelling urinary catheter	215	\$702	691	\$2,293	906	\$1,956
5749 Other transurethral excision/destruction of bladder lesion/tissue	309	\$5,295	5	\$8,136	314	\$5,340
All Other Procedures in Group	258	\$3,933	86	\$847	344	\$3,145

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
53 Repair of Hernia	2,102	\$6,748	39	\$9,801	2,141	\$6,804
5304 Repair of indirect inguinal hernia with graft or prosthesis	495	\$6,487	8	\$10,293	503	\$6,548
5303 Repair of direct inguinal hernia with graft or prosthesis	362	\$6,395	6	\$8,916	368	\$6,436
5341 Other and open repair of umbilical hernia with graft or prosthesis	241	\$6,350	3	\$14,022	244	\$6,444
All Other Procedures in Group	1,004	\$7,100	22	\$9,289	1,026	\$7,147
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,926	\$7,066	113	\$3,865	2,039	\$6,884
8363 Rotator cuff repair	557	\$13,460	3	\$17,403	560	\$13,481
All Other Procedures in Group	1,369	\$4,364	110	\$3,496	1,479	\$4,297
14 Posterior Eye Segment Operations	1,894	\$5,511	7	\$10,539	1,901	\$5,532
149 Other operations on retina, choroid, and posterior chamber	1,428	\$5,127	1	\$3,311	1,429	\$5,125
All Other Procedures in Group	466	\$6,837	6	\$11,744	472	\$6,915
21 Operations on Nose	1,190	\$3,773	524	\$1,164	1,714	\$2,969
2188 Other septoplasty	290	\$6,740	5	\$6,874	295	\$6,742
2103 Control of epistaxis by cauterization (and packing)	36	\$2,516	173	\$866	209	\$1,150
2121 Rhinoscopy	194	\$627	0	--	194	\$627
2132 Local excision or desctruction of other lesion of nose	172	\$1,674	2	\$655	174	\$1,662
All Other Procedures in Group	498	\$4,043	344	\$1,234	842	\$2,890
48 Other Rectal & Perirectal Operations	1,629	\$2,382	47	\$2,575	1,676	\$2,387
4836 [Endoscopic] polypectomy of rectum	1,114	\$2,384	1	\$6,336	1,115	\$2,388
4824 Closed [endoscopic] biopsy of rectum	381	\$1,935	3	\$3,875	384	\$1,951
All Other Procedures in Group	134	\$3,631	43	\$2,397	177	\$3,331
37 Other Heart & Pericardium Operations	1,322	\$14,255	93	\$12,473	1,415	\$14,138
3722 Left heart cardiac catheterization	752	\$8,291	77	\$11,539	829	\$8,593
3723 Combined right and left heart cardiac catheterization	141	\$8,127	2	\$10,977	143	\$8,166
All Other Procedures in Group	429	\$26,722	14	\$17,825	443	\$26,441
51 Biliary Tract Operations	1,320	\$9,298	62	\$12,139	1,382	\$9,426
5123 Laparoscopic cholecystectomy	1,061	\$9,363	48	\$12,591	1,109	\$9,503
All Other Procedures in Group	259	\$9,029	14	\$10,590	273	\$9,110

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
82 Hand Muscle, Tendon, Fascia Operations	1,320	\$2,744	56	\$3,924	1,376	\$2,793
8201 Exploration of tendon sheath of hand	643	\$1,902	5	\$5,723	648	\$1,931
8221 Excision of lesion of muscle of hand	334	\$3,016	0	--	334	\$3,016
All Other Procedures in Group	343	\$4,103	51	\$3,747	394	\$4,056
Total for Above Procedures	80,697	3,503	15,254	1,585	95,951	3,196
Total for All Other Procedures	18,988	\$5,342	2,248	\$3,911	21,236	\$5,190
Total for All Procedures in Range 00.0 - 86.99	99,685	\$3,856	17,502	\$1,884	117,187	\$3,559

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

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

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

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

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

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

MALES				FEMALES			
ICD-9 Procedure	Number	Col %		ICD-9 Procedure	Number	Col %	
Age Under 15				Age Under 15			
20 Other Middle & Inner Ear Operations	645	23.7		20 Other Middle & Inner Ear Operations	449	27.4	
64 Operations on Penis	379	13.9		23 Tooth Removal & Restoration	256	15.6	
23 Tooth Removal & Restoration	307	11.3		28 Tonsil & Adenoid Operations	243	14.8	
28 Tonsil & Adenoid Operations	259	9.5		86 Skin & Subcutaneous Tissue Operations	118	7.2	
86 Skin & Subcutaneous Tissue Operations	171	6.3		45 Intestinal Incision, Excision, Anastomosis	109	6.7	
53 Repair of Hernia	136	5.0		79 Reduction of Fracture, Dislocation	41	2.5	
45 Intestinal Incision, Excision, Anastomosis	122	4.5		33 Other Bronchial & Lung Operations	26	1.6	
79 Reduction of Fracture, Dislocation	89	3.3		53 Repair of Hernia	25	1.5	
62 Operations on Testes	53	1.9		83 Other Muscle, Tendon, Fascia, Bursa Operations	23	1.4	
33 Other Bronchial & Lung Operations	51	1.9		09 Lacrimal System Operations	22	1.3	
All Cases	2,725	100.0		All Cases	1,637	100.0	
Age Between 15 and 44				Age Between 15 and 44			
45 Intestinal Incision, Excision, Anastomosis	1,381	18.1		75 Other Obstetric Operations	3,970	26.0	
81 Joint Repair & Plastic Operations	637	8.4		45 Intestinal Incision, Excision, Anastomosis	2,019	13.2	
80 Incision, Excision of Joint	620	8.1		69 Other Uterus & Supporting Structure Operations	674	4.4	
86 Skin & Subcutaneous Tissue Operations	596	7.8		85 Operations on the Breast	650	4.3	
03 Spinal Cord & Canal Operations	579	7.6		03 Spinal Cord & Canal Operations	599	3.9	
53 Repair of Hernia	439	5.8		81 Joint Repair & Plastic Operations	584	3.8	
04 Cranial & Peripheral Nerve Operations	342	4.5		04 Cranial & Peripheral Nerve Operations	569	3.7	
79 Reduction of Fracture, Dislocation	319	4.2		86 Skin & Subcutaneous Tissue Operations	550	3.6	
38 Vessel Incision, Excision, Occlusion	318	4.2		68 Other Uterine Incision, Excision	495	3.2	
83 Other Muscle, Tendon, Fascia, Bursa Operations	262	3.4		51 Biliary Tract Operations	441	2.9	
All Cases	7,622	100.0		All Cases	15,272	100.0	

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

MALES				FEMALES			
ICD-9 Procedure	Number	Col %		ICD-9 Procedure	Number	Col %	
Age Between 45 and 64				Age Between 45 and 64			
45 Intestinal Incision, Excision, Anastomosis	7,606	41.9		45 Intestinal Incision, Excision, Anastomosis	8,365	38.7	
03 Spinal Cord & Canal Operations	1,065	5.9		85 Operations on the Breast	1,292	6.0	
80 Incision, Excision of Joint	858	4.7		03 Spinal Cord & Canal Operations	1,161	5.4	
86 Skin & Subcutaneous Tissue Operations	749	4.1		04 Cranial & Peripheral Nerve Operations	994	4.6	
53 Repair of Hernia	722	4.0		81 Joint Repair & Plastic Operations	860	4.0	
38 Vessel Incision, Excision, Occlusion	646	3.6		86 Skin & Subcutaneous Tissue Operations	827	3.8	
04 Cranial & Peripheral Nerve Operations	644	3.5		80 Incision, Excision of Joint	724	3.4	
81 Joint Repair & Plastic Operations	614	3.4		13 Operations on Lens of Eye	618	2.9	
48 Other Rectal & Perirectal Operations	532	2.9		38 Vessel Incision, Excision, Occlusion	537	2.5	
13 Operations on Lens of Eye	521	2.9		83 Other Muscle, Tendon, Fascia, Bursa Operations	504	2.3	
All Cases	18,145	100.0		All Cases	21,610	100.0	
Age 65 and Over				Age 65 and Over			
45 Intestinal Incision, Excision, Anastomosis	3,577	23.8		45 Intestinal Incision, Excision, Anastomosis	4,002	22.7	
86 Skin & Subcutaneous Tissue Operations	2,056	13.7		13 Operations on Lens of Eye	2,747	15.5	
13 Operations on Lens of Eye	1,737	11.6		86 Skin & Subcutaneous Tissue Operations	1,770	10.0	
57 Urinary Bladder Operations	818	5.5		03 Spinal Cord & Canal Operations	1,074	6.1	
03 Spinal Cord & Canal Operations	680	4.5		14 Posterior Eye Segment Operations	1,018	5.8	
38 Vessel Incision, Excision, Occlusion	595	4.0		81 Joint Repair & Plastic Operations	755	4.3	
14 Posterior Eye Segment Operations	516	3.4		38 Vessel Incision, Excision, Occlusion	739	4.2	
81 Joint Repair & Plastic Operations	428	2.9		85 Operations on the Breast	657	3.7	
53 Repair of Hernia	392	2.6		04 Cranial & Peripheral Nerve Operations	525	3.0	
04 Cranial & Peripheral Nerve Operations	369	2.5		57 Urinary Bladder Operations	382	2.2	
All Cases	15,007	100.0		All Cases	17,666	100.0	

Procedure groups are created from first procedure in ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of procedure code.
Total for age/sex groups do not equal total for all outpatient procedures due to 1 case missing sex.

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Number of Procedures							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	7,941	2,179	304	3	16,397	356	2	27,182
86 Skin & Subcutaneous Tissue Operations	4,244	570	33	82	1,729	179	0	6,837
13 Operations on Lens of Eye	4,347	196	17	4	1,080	51	1	5,696
03 Spinal Cord & Canal Operations	1,974	653	30	345	2,086	98	0	5,186
75 Other Obstetric Operations	55	2,156	37	0	1,618	108	0	3,974
81 Joint Repair & Plastic Operations	1,429	379	37	317	1,666	77	0	3,905
04 Cranial & Peripheral Nerve Operations	1,222	474	30	332	1,361	63	0	3,482
38 Vessel Incision, Excision, Occlusion	1,540	292	25	16	1,273	69	0	3,215
80 Incision, Excision of Joint	482	299	30	307	1,844	58	0	3,020
85 Operations on the Breast	720	237	43	0	1,548	122	0	2,670
53 Repair of Hernia	525	293	17	91	1,119	57	0	2,102
83 Other Muscle, Tendon, Fascia, Bursa Operations	450	207	20	214	989	46	0	1,926
14 Posterior Eye Segment Operations	1,563	36	5	4	274	12	0	1,894
57 Urinary Bladder Operations	1,241	93	8	3	418	17	0	1,780
48 Other Rectal & Perirectal Operations	465	120	17	1	1,002	24	0	1,629
37 Other Heart & Pericardium Operations	628	99	8	1	568	17	1	1,322
51 Biliary Tract Operations	293	234	10	0	727	56	0	1,320
82 Hand Muscle, Tendon, Fascia Operations	347	136	12	85	708	32	0	1,320
20 Other Middle & Inner Ear Operations	49	609	8	0	554	6	0	1,226
21 Operations on Nose	636	120	9	4	400	21	0	1,190
All Other Procedures	5,294	3,500	168	216	9,089	538	4	18,809
Totals	35,445	12,882	868	2,025	46,450	2,007	8	99,685

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of the procedure code.
 "Other" payer includes self-pay, no charge, and other sources of payment

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Mean Charges							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	\$2,279	\$2,391	\$2,371	\$3,265	\$2,232	\$2,185	\$1,867	\$2,259
86 Skin & Subcutaneous Tissue Operations	\$1,795	\$2,831	\$3,686	\$2,204	\$2,949	\$4,394	--	\$2,253
13 Operations on Lens of Eye	\$4,327	\$4,629	\$5,343	\$6,406	\$4,292	\$4,195	\$3,373	\$4,334
03 Spinal Cord & Canal Operations	\$1,732	\$1,925	\$1,899	\$1,833	\$1,703	\$1,822	--	\$1,754
75 Other Obstetric Operations	\$682	\$604	\$592 --		\$651	\$684	--	\$626
81 Joint Repair & Plastic Operations	\$2,186	\$8,132	\$8,672	\$8,386	\$8,703	\$9,017	--	\$6,201
04 Cranial & Peripheral Nerve Operations	\$3,436	\$3,485	\$3,837	\$3,685	\$3,363	\$4,573	--	\$3,462
38 Vessel Incision, Excision, Occlusion	\$1,387	\$2,046	\$840	\$1,440	\$1,588	\$1,336	--	\$1,522
80 Incision, Excision of Joint	\$5,984	\$6,955	\$6,871	\$6,997	\$6,430	\$6,909	--	\$6,482
85 Operations on the Breast	\$4,809	\$4,662	\$5,354	--	\$5,002	\$8,184	--	\$5,071
53 Repair of Hernia	\$7,270	\$6,278	\$6,825	\$6,368	\$6,664	\$6,601	--	\$6,748
83 Other Muscle, Tendon, Fascia, Bursa Operations	\$5,899	\$6,881	\$7,248	\$9,141	\$7,130	\$8,130	--	\$7,066
14 Posterior Eye Segment Operations	\$5,151	\$10,905	\$8,194	\$15,563	\$10,189	\$12,237 --		\$5,511
57 Urinary Bladder Operations	\$2,186	\$4,567	\$5,915	\$14,689	\$3,746	\$1,866	--	\$2,641
48 Other Rectal & Perirectal Operations	\$2,343	\$2,270	\$3,059	\$3,880	\$2,406	\$2,137	--	\$2,382
37 Other Heart & Pericardium Operations	\$13,637	\$14,355	\$16,419	\$6,911	\$15,108	\$7,466	\$12,939	\$14,255
51 Biliary Tract Operations	\$9,648	\$9,143	\$9,521 --		\$9,183	\$9,595	--	\$9,298
82 Hand Muscle, Tendon, Fascia Operations	\$2,353	\$3,591	\$2,685	\$3,379	\$2,593	\$5,054	--	\$2,744
20 Other Middle & Inner Ear Operations	\$3,668	\$2,587	\$2,389	--	\$2,535	\$5,506	--	\$2,619
21 Operations on Nose	\$1,560	\$5,647	\$5,693	\$10,945	\$6,410	\$6,948	--	\$3,773
All Other Procedures	\$4,975	\$5,513	\$5,300	\$7,133	\$6,259	\$6,009	\$1,534	\$5,752
Totals	\$3,440	\$3,769	\$4,052	\$5,628	\$4,076	\$4,824	\$3,521	\$3,856

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

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

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

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

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Row Percents							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	29.2	8.0	1.1	0.0	60.3	1.3	0.0	100.0
86 Skin & Subcutaneous Tissue Operations	62.1	8.3	0.5	1.2	25.3	2.6	0.0	100.0
13 Operations on Lens of Eye	76.3	3.4	0.3	0.1	19.0	0.9	0.0	100.0
03 Spinal Cord & Canal Operations	38.1	12.6	0.6	6.7	40.2	1.9	0.0	100.0
75 Other Obstetric Operations	1.4	54.3	0.9	0.0	40.7	2.7	0.0	100.0
81 Joint Repair & Plastic Operations	36.6	9.7	0.9	8.1	42.7	2.0	0.0	100.0
04 Cranial & Peripheral Nerve Operations	35.1	13.6	0.9	9.5	39.1	1.8	0.0	100.0
38 Vessel Incision, Excision, Occlusion	47.9	9.1	0.8	0.5	39.6	2.1	0.0	100.0
80 Incision, Excision of Joint	16.0	9.9	1.0	10.2	61.1	1.9	0.0	100.0
85 Operations on the Breast	27.0	8.9	1.6	0.0	58.0	4.6	0.0	100.0
53 Repair of Hernia	25.0	13.9	0.8	4.3	53.2	2.7	0.0	100.0
83 Other Muscle, Tendon, Fascia, Bursa Operations	23.4	10.7	1.0	11.1	51.3	2.4	0.0	100.0
14 Posterior Eye Segment Operations	82.5	1.9	0.3	0.2	14.5	0.6	0.0	100.0
57 Urinary Bladder Operations	69.7	5.2	0.4	0.2	23.5	1.0	0.0	100.0
48 Other Rectal & Perirectal Operations	28.5	7.4	1.0	0.1	61.5	1.5	0.0	100.0
37 Other Heart & Pericardium Operations	47.5	7.5	0.6	0.1	43.0	1.3	0.1	100.0
51 Biliary Tract Operations	22.2	17.7	0.8	0.0	55.1	4.2	0.0	100.0
82 Hand Muscle, Tendon, Fascia Operations	26.3	10.3	0.9	6.4	53.6	2.4	0.0	100.0
20 Other Middle & Inner Ear Operations	4.0	49.7	0.7	0.0	45.2	0.5	0.0	100.0
21 Operations on Nose	53.4	10.1	0.8	0.3	33.6	1.8	0.0	100.0
All Other Procedures	28.1	18.6	0.9	1.1	48.3	2.9	0.0	100.0
Totals	35.6	12.9	0.9	2.0	46.6	2.0	0.0	100.0

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0 - 86.99, grouped by first two digits of the procedure code.
 "Other" payer includes self-pay, no charge, and other sources of payment

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Column Percents							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	22.4	16.9	35.0	0.1	35.3	17.7	25.0	27.3
86 Skin & Subcutaneous Tissue Operations	12.0	4.4	3.8	4.0	3.7	8.9	0.0	6.9
13 Operations on Lens of Eye	12.3	1.5	2.0	0.2	2.3	2.5	12.5	5.7
03 Spinal Cord & Canal Operations	5.6	5.1	3.5	17.0	4.5	4.9	0.0	5.2
75 Other Obstetric Operations	0.2	16.7	4.3	0.0	3.5	5.4	0.0	4.0
81 Joint Repair & Plastic Operations	4.0	2.9	4.3	15.7	3.6	3.8	0.0	3.9
04 Cranial & Peripheral Nerve Operations	3.4	3.7	3.5	16.4	2.9	3.1	0.0	3.5
38 Vessel Incision, Excision, Occlusion	4.3	2.3	2.9	0.8	2.7	3.4	0.0	3.2
80 Incision, Excision of Joint	1.4	2.3	3.5	15.2	4.0	2.9	0.0	3.0
85 Operations on the Breast	2.0	1.8	5.0	0.0	3.3	6.1	0.0	2.7
53 Repair of Hernia	1.5	2.3	2.0	4.5	2.4	2.8	0.0	2.1
83 Other Muscle, Tendon, Fascia, Bursa Operations	1.3	1.6	2.3	10.6	2.1	2.3	0.0	1.9
14 Posterior Eye Segment Operations	4.4	0.3	0.6	0.2	0.6	0.6	0.0	1.9
57 Urinary Bladder Operations	3.5	0.7	0.9	0.1	0.9	0.8	0.0	1.8
48 Other Rectal & Perirectal Operations	1.3	0.9	2.0	0.0	2.2	1.2	0.0	1.6
37 Other Heart & Pericardium Operations	1.8	0.8	0.9	0.0	1.2	0.8	12.5	1.3
51 Biliary Tract Operations	0.8	1.8	1.2	0.0	1.6	2.8	0.0	1.3
82 Hand Muscle, Tendon, Fascia Operations	1.0	1.1	1.4	4.2	1.5	1.6	0.0	1.3
20 Other Middle & Inner Ear Operations	0.1	4.7	0.9	0.0	1.2	0.3	0.0	1.2
21 Operations on Nose	1.8	0.9	1.0	0.2	0.9	1.0	0.0	1.2
All Other Procedures	14.9	27.2	19.4	10.7	19.6	26.8	50.0	18.9
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

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

Table O5a
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Setting and Data Year
2004-2008 VT Hospital Data, Includes VT Residents and Non-Residents

Outpatient Procedures NOT Originating in ED

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	VA	Total
2004 Count	3,729	6,774	2,698	31,787	2,315	3	952	2,355	3,399	6,863	3,619	7,522	5,552	2,070	954	80,592
Row %	4.6	8.4	3.3	39.4	2.9	0.0	1.2	2.9	4.2	8.5	4.5	9.3	6.9	2.6	1.2	100.0
2005 Count	3,573	7,076	2,876	32,010	2,483	4	928	2,301	3,474	7,117	3,774	8,798	5,839	2,312	911	83,476
Row %	4.3	8.5	3.4	38.3	3.0	0.0	1.1	2.8	4.2	8.5	4.5	10.5	7.0	2.8	1.1	100.0
2006 Count	3,590	7,363	3,121	39,473	2,723	0	985	3,451	3,527	6,881	3,940	9,424	6,258	2,517	611	93,864
Row %	3.8	7.8	3.3	42.1	2.9	0.0	1.0	3.7	3.8	7.3	4.2	10.0	6.7	2.7	0.7	100.0
2007 Count	3,768	7,166	4,109	44,599	2,616	0	986	3,460	3,511	7,136	3,900	9,984	6,339	2,414	0	99,988
Row %	3.8	7.2	4.1	44.6	2.6	0.0	1.0	3.5	3.5	7.1	3.9	10.0	6.3	2.4	0.0	100.0
2008 Count	3,913	7,430	3,881	44,346	2,435	4	1,198	3,556	3,489	7,082	3,685	10,063	6,260	2,343	0	99,685
Row %	3.9	7.5	3.9	44.5	2.4	0.0	1.2	3.6	3.5	7.1	3.7	10.1	6.3	2.4	0.0	100.0

Outpatient Procedures Originating in the ED

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	VA	Total
2004 Count	425	1,607	816	5,282	422	2	347	698	103	1,592	623	192	2,042	862	13	15,026
Row %	2.8	10.7	5.4	35.2	2.8	0.0	2.3	4.6	0.7	10.6	4.1	1.3	13.6	5.7	0.1	100.0
2005 Count	920	1,614	802	5,072	352	0	385	706	70	1,646	642	185	2,600	826	5	15,825
Row %	5.8	10.2	5.1	32.1	2.2	0.0	2.4	4.5	0.4	10.4	4.1	1.2	16.4	5.2	0.0	100.0
2006 Count	1,007	1,543	870	4,879	56	1	547	766	73	1,696	801	186	2,881	905	3	16,214
Row %	6.2	9.5	5.4	30.1	0.3	0.0	3.4	4.7	0.5	10.5	4.9	1.1	17.8	5.6	0.0	100.0
2007 Count	908	1,644	886	5,197	16	0	549	729	69	1,801	795	207	2,742	1,018	0	16,561
Row %	5.5	9.9	5.3	31.4	0.1	0.0	3.3	4.4	0.4	10.9	4.8	1.2	16.6	6.1	0.0	100.0
2008 Count	1,010	1,982	925	5,870	16	0	452	719	49	1,641	933	183	2,779	943	0	17,502
Row %	5.8	11.3	5.3	33.5	0.1	0.0	2.6	4.1	0.3	9.4	5.3	1.0	15.9	5.4	0.0	100.0

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

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

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
45 Intestinal Incision, Excision, Anastomosis															
Num	1,250	2,626	923	9,664	593	0	348	1,174	917	2,335	1,247	2,905	2,343	857	27,182
\$	1,686	2,290	1,940	2,729	3,060	--	2,163	2,921	2,557	1,602	1,788	1,926	1,684	1,487	2,259
86 Skin & Subcutaneous Tissue Operations															
Num	69	256	197	4,376	27	0	54	104	89	388	509	413	295	60	6,837
\$	5,033	3,206	1,768	2,129	5,950	--	2,292	4,569	4,657	1,292	953	2,532	3,770	4,014	2,253
13 Operations on Lens of Eye															
Num	442	279	117	1,368	719	0	210	321	611	341	389	526	143	230	5,696
\$	3,761	3,023	4,628	4,613	4,131	--	5,920	5,584	4,953	4,616	4,066	3,605	3,199	3,424	4,334
03 Spinal Cord & Canal Operations															
Num	162	534	161	1,389	98	0	134	152	21	573	0	1,912	19	31	5,186
\$	2,825	1,610	780	1,956	2,048	--	2,486	2,242	2,622	1,047	--	1,732	2,645	1,529	1,754
75 Other Obstetric Operations															
Num	11	284	409	1,431	380	0	0	372	421	421	0	0	234	11	3,974
\$	2,078	683	577	713	464	--	--	616	512	554	--	--	619	1,519	626
81 Joint Repair & Plastic Operations															
Num	102	176	441	1,981	153	0	40	76	59	139	82	416	201	39	3,905
\$	9,171	8,921	6,828	5,084	3,088	--	10,347	12,889	9,552	8,785	11,243	5,325	6,967	8,038	6,201
04 Cranial & Peripheral Nerve Operations															
Num	84	164	215	1,778	31	0	66	213	91	197	86	382	99	76	3,482
\$	3,259	2,798	2,755	3,721	4,142	--	5,587	3,345	4,950	2,286	4,878	2,831	3,710	2,053	3,462
38 Vessel Incision, Excision, Occlusion															
Num	9	114	46	1,673	17	0	47	26	195	719	6	264	48	51	3,215
\$	3,026	1,673	1,130	1,917	10,540	--	629	2,716	1,701	429	3,361	1,295	2,292	653	1,522
80 Incision, Excision of Joint															
Num	256	161	129	1,265	43	0	44	50	92	127	127	414	211	101	3,020
\$	4,399	5,375	8,149	6,780	8,821	--	8,094	11,009	9,435	7,564	7,847	5,374	5,190	5,194	6,482
85 Operations on the Breast															
Num	87	406	90	1,186	4	0	24	72	24	121	55	177	358	66	2,670
\$	5,634	4,493	5,448	5,758	9,283	--	7,713	6,890	5,997	2,918	4,545	4,384	3,793	4,656	5,071

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
53 Repair of Hernia															
Num	113	230	66	695	26	0	36	90	83	187	91	238	169	78	2,102
\$	5,237	5,806	8,197	6,720	11,162	--	8,212	8,376	8,953	6,066	8,767	6,499	6,040	5,948	6,748
83 Other Muscle, Tendon, Fascia, Bursa Operations															
Num	98	134	174	823	23	0	14	48	77	90	61	165	172	47	1,926
\$	7,967	7,116	10,127	5,358	15,222	--	6,675	13,717	9,441	6,164	12,877	5,035	7,187	8,065	7,066
14 Posterior Eye Segment Operations															
Num	4	2	0	1,861	4	0	0	1	5	1	0	16	0	0	1,894
\$	500	310	--	5,577	6,774	--	--	12,663	1,632	3,831	--	1,304	--	--	5,511
57 Urinary Bladder Operations															
Num	36	286	113	1,078	11	4	8	4	32	38	36	65	41	28	1,780
\$	4,713	2,604	1,073	2,061	7,266	3,884	6,815	5,017	7,110	3,758	7,527	4,532	3,676	5,005	2,641
48 Other Rectal & Perirectal Operations															
Num	72	230	69	513	32	0	1	52	56	155	95	138	191	25	1,629
\$	1,786	2,394	1,902	3,008	3,269	--	4,066	3,184	2,635	1,747	1,838	2,039	1,765	1,635	2,382
37 Other Heart & Pericardium Operations															
Num	0	7	0	1,182	0	0	0	0	2	0	0	112	17	2	1,322
\$	--	14,663	--	14,454	--	--	--	--	10,926	--	--	12,397	14,170	2,974	14,255
51 Biliary Tract Operations															
Num	55	153	62	420	7	0	24	52	45	171	43	134	124	30	1,320
\$	7,360	7,713	11,612	10,076	19,872	--	10,749	10,308	15,135	8,540	13,082	6,719	7,225	10,205	9,298
82 Hand Muscle, Tendon, Fascia Operations															
Num	75	95	39	660	3	0	37	23	66	35	37	123	96	31	1,320
\$	2,995	2,822	5,385	2,351	1,434	--	6,398	5,829	2,471	2,340	3,389	2,246	2,942	1,911	2,744
20 Other Middle & Inner Ear Operations															
Num	69	73	1	692	0	0	4	31	18	53	111	83	64	27	1,226
\$	2,882	2,707	4,365	2,196	--	--	3,766	4,093	5,153	1,942	4,132	3,340	2,319	2,549	2,619
21 Operations on Nose															
Num	43	18	8	743	0	0	8	64	18	52	67	113	41	15	1,190
\$	8,371	7,059	3,152	2,830	--	--	8,695	6,297	8,485	2,406	4,903	4,730	3,639	6,896	3,773

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Average Charges

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
All Other Procedures															
Num	876	1,202	621	9,568	264	0	99	631	567	939	643	1,467	1,394	538	18,809
\$	5,218	4,660	6,887	6,147	5,105	--	6,390	8,788	6,518	4,258	6,089	4,786	4,328	5,125	5,752
Totals															
Num	3,913	7,430	3,881	44,346	2,435	4	1,198	3,556	3,489	7,082	3,685	10,063	6,260	2,343	99,685
\$	3,804	3,325	4,134	4,276	3,639	3,884	4,561	4,907	4,327	2,516	3,887	3,166	3,280	3,427	3,856

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

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

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

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

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
00 Procedures and Interventions, NEC															
Num	0	0	6	139	0	0	0	0	0	9	0	2	0	0	156
Col %	0.0	0.0	0.2	0.3	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.2
01 Incision, Excision of Brain, Skull															
Num	0	0	0	8	0	0	0	0	0	0	0	0	1	1	10
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
02 Other Brain, Skull Operations															
Num	0	0	0	4	0	0	0	0	0	0	0	0	0	0	4
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
03 Spinal Cord & Canal Operations															
Num	162	534	161	1,389	98	0	134	152	21	573	0	1,912	19	31	5,186
Col %	4.1	7.2	4.1	3.1	4.0	0.0	11.2	4.3	0.6	8.1	0.0	19.0	0.3	1.3	5.2
04 Cranial & Peripheral Nerve Operations															
Num	84	164	215	1,778	31	0	66	213	91	197	86	382	99	76	3,482
Col %	2.1	2.2	5.5	4.0	1.3	0.0	5.5	6.0	2.6	2.8	2.3	3.8	1.6	3.2	3.5
05 Sympathetic Nerve Operations															
Num	0	6	2	41	5	0	5	0	0	8	0	8	0	0	75
Col %	0.0	0.1	0.1	0.1	0.2	0.0	0.4	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1
06 Thyroid, Parathyroid Operations															
Num	14	9	1	360	46	0	1	5	0	4	9	17	97	11	574
Col %	0.4	0.1	0.0	0.8	1.9	0.0	0.1	0.1	0.0	0.1	0.2	0.2	1.5	0.5	0.6
07 Other Endocrine Gland Operations															
Num	0	0	0	4	0	0	0	0	0	0	0	1	0	0	5
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
08 Eyelid Operations															
Num	25	9	0	272	0	0	1	6	0	10	53	11	18	2	407
Col %	0.6	0.1	0.0	0.6	0.0	0.0	0.1	0.2	0.0	0.1	1.4	0.1	0.3	0.1	0.4
09 Lacrimal System Operations															
Num	3	0	0	85	0	0	0	0	0	11	1	3	10	0	113
Col %	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.2	0.0	0.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
10 Conjunctival Operations															
Num	0	2	0	57	0	0	0	0	0	2	5	0	0	0	66
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
11 Operations on Cornea															
Num	0	0	0	30	3	0	0	1	0	6	0	1	5	3	49
Col %	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.0
12 Anterior Eye Segment Operations															
Num	10	39	0	33	2	0	0	45	74	4	6	88	8	11	320
Col %	0.3	0.5	0.0	0.1	0.1	0.0	0.0	1.3	2.1	0.1	0.2	0.9	0.1	0.5	0.3
13 Operations on Lens of Eye															
Num	442	279	117	1,368	719	0	210	321	611	341	389	526	143	230	5,696
Col %	11.3	3.8	3.0	3.1	29.5	0.0	17.5	9.0	17.5	4.8	10.6	5.2	2.3	9.8	5.7
14 Posterior Eye Segment Operations															
Num	4	2	0	1,861	4	0	0	1	5	1	0	16	0	0	1,894
Col %	0.1	0.0	0.0	4.2	0.2	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	1.9
15 Extraocular Muscle Operations															
Num	2	0	0	56	9	0	0	0	0	9	1	0	0	5	82
Col %	0.1	0.0	0.0	0.1	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.1
16 Orbit & Eyeball Operations															
Num	0	0	0	29	0	0	0	1	0	1	1	0	0	0	32
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
18 External Ear Operations															
Num	15	4	3	152	0	0	3	3	1	17	16	15	9	2	240
Col %	0.4	0.1	0.1	0.3	0.0	0.0	0.3	0.1	0.0	0.2	0.4	0.1	0.1	0.1	0.2
19 Middle Ear Reconstructions															
Num	3	16	0	42	0	0	0	5	1	0	18	18	15	2	120
Col %	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.5	0.2	0.2	0.1	0.1
20 Other Middle & Inner Ear Operations															
Num	69	73	1	692	0	0	4	31	18	53	111	83	64	27	1,226
Col %	1.8	1.0	0.0	1.6	0.0	0.0	0.3	0.9	0.5	0.7	3.0	0.8	1.0	1.2	1.2

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
21 Operations on Nose															
Num	43	18	8	743	0	0	8	64	18	52	67	113	41	15	1,190
Col %	1.1	0.2	0.2	1.7	0.0	0.0	0.7	1.8	0.5	0.7	1.8	1.1	0.7	0.6	1.2
22 Nasal Sinus Operations															
Num	8	19	0	110	0	0	0	11	5	6	18	26	7	2	212
Col %	0.2	0.3	0.0	0.2	0.0	0.0	0.0	0.3	0.1	0.1	0.5	0.3	0.1	0.1	0.2
23 Tooth Removal & Restoration															
Num	22	4	119	302	0	0	0	0	8	1	0	31	107	38	632
Col %	0.6	0.1	3.1	0.7	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.3	1.7	1.6	0.6
24 Other Operations on Teeth & Gums															
Num	0	1	2	3	0	0	1	0	0	1	0	1	0	0	9
Col %	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25 Operations on Tongue															
Num	12	0	1	24	0	0	0	7	0	3	3	6	1	3	60
Col %	0.3	0.0	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0	0.1	0.1	0.0	0.1	0.1
26 Salivary Gland Operations															
Num	6	5	3	28	0	0	1	5	4	2	3	14	5	5	81
Col %	0.2	0.1	0.1	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.2	0.1
27 Other Mouth & Face Operations															
Num	15	1	1	106	0	0	1	15	1	9	25	24	11	5	214
Col %	0.4	0.0	0.0	0.2	0.0	0.0	0.1	0.4	0.0	0.1	0.7	0.2	0.2	0.2	0.2
28 Tonsil & Adenoid Operations															
Num	105	72	1	288	0	0	17	46	54	48	99	59	50	29	868
Col %	2.7	1.0	0.0	0.6	0.0	0.0	1.4	1.3	1.5	0.7	2.7	0.6	0.8	1.2	0.9
29 Operations on Pharynx															
Num	2	2	0	23	0	0	0	0	0	0	2	5	2	0	36
Col %	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0
30 Excision of Larynx															
Num	15.0	7.0	0	32	0	0	0	5	3	6	6	1	12	3	90
Col %	0.4	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.2	0.0	0.2	0.1	0.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
31 Larynx, Trachea Operations, NEC															
Num	3	5	0	482	0	0	0	5	3	3	8	10	6	2	527
Col %	0.1	0.1	0.0	1.1	0.0	0.0	0.0	0.1	0.1	0.0	0.2	0.1	0.1	0.1	0.5
32 Lung & Bronchus Excision															
Num	0	0	0	14	0	0	0	0	0	0	0	1	1	0	16
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
33 Other Bronchial & Lung Operations															
Num	7	36	0	386	0	0	1	19	0	0	0	54	72	6	581
Col %	0.2	0.5	0.0	0.9	0.0	0.0	0.1	0.5	0.0	0.0	0.0	0.5	1.2	0.3	0.6
34 Thorax Operations Except Lung															
Num	14	8	4	73	0	0	1	5	7	16	2	22	19	4	175
Col %	0.4	0.1	0.1	0.2	0.0	0.0	0.1	0.1	0.2	0.2	0.1	0.2	0.3	0.2	0.2
35 Heart Valve & Septa Operations															
Num	0	0	0	6	0	0	0	0	0	0	0	0	0	0	6
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36 Operations on Heart Vessels															
Num	0	0	0	17	0	0	0	0	0	0	0	0	0	0	17
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
37 Other Heart & Pericardium Operations															
Num	0	7	0	1,182	0	0	0	0	2	0	0	112	17	2	1,322
Col %	0.0	0.1	0.0	2.7	0.0	0.0	0.0	0.0	0.1	0.0	0.0	1.1	0.3	0.1	1.3
38 Vessel Incision, Excision, Occlusion															
Num	9	114	46	1,673	17	0	47	26	195	719	6	264	48	51	3,215
Col %	0.2	1.5	1.2	3.8	0.7	0.0	3.9	0.7	5.6	10.2	0.2	2.6	0.8	2.2	3.2
39 Other Operations on Vessels															
Num	4	48	0	569	0	0	0	16	0	0	2	4	2	0	645
Col %	0.1	0.6	0.0	1.3	0.0	0.0	0.0	0.4	0.0	0.0	0.1	0.0	0.0	0.0	0.6
40 Lymphatic System Operations															
Num	29	28	8	112	7	0	5	15	5	11	11	37	24	6	298
Col %	0.7	0.4	0.2	0.3	0.3	0.0	0.4	0.4	0.1	0.2	0.3	0.4	0.4	0.3	0.3

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
41 Bone Marrow & Spleen Operations															
Num	1	2	5	263	0	0	0	0	0	9	0	2	1	3	286
Col %	0.0	0.0	0.1	0.6	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.3
42 Operations on Esophagus															
Num	36	85	12	253	1	0	10	4	5	8	5	94	23	1	537
Col %	0.9	1.1	0.3	0.6	0.0	0.0	0.8	0.1	0.1	0.1	0.1	0.9	0.4	0.0	0.5
43 Incision, Excision of Stomach															
Num	6	11	8	69	2	0	0	10	4	5	4	6	17	2	144
Col %	0.2	0.1	0.2	0.2	0.1	0.0	0.0	0.3	0.1	0.1	0.1	0.1	0.3	0.1	0.1
44 Other Operations on Stomach															
Num	1	5	1	329	0	0	1	1	1	14	0	5	7	0	365
Col %	0.0	0.1	0.0	0.7	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.1	0.0	0.4
45 Intestinal Incision, Excision, Anastomosis															
Num	1,250	2,626	923	9,664	593	0	348	1,174	917	2,335	1,247	2,905	2,343	857	27,182
Col %	31.9	35.3	23.8	21.8	24.4	0.0	29.0	33.0	26.3	33.0	33.8	28.9	37.4	36.6	27.3
46 Other Intestinal Operations															
Num	0	2	0	21	0	0	0	1	0	0	0	4	5	1	34
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0
47 Operations on Appendix															
Num	4	9	1	13	0	0	0	13	0	5	0	5	6	2	58
Col %	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.4	0.0	0.1	0.0	0.0	0.1	0.1	0.1
48 Other Rectal & Perirectal Operations															
Num	72	230	69	513	32	0	1	52	56	155	95	138	191	25	1,629
Col %	1.8	3.1	1.8	1.2	1.3	0.0	0.1	1.5	1.6	2.2	2.6	1.4	3.1	1.1	1.6
49 Operations on Anus															
Num	18	39	2	262	6	0	11	24	11	46	17	37	20	7	500
Col %	0.5	0.5	0.1	0.6	0.2	0.0	0.9	0.7	0.3	0.6	0.5	0.4	0.3	0.3	0.5
50 Operations on Liver															
Num	27	13	0	213	0	0	2	3	0	0	0	37	8	1	304
Col %	0.7	0.2	0.0	0.5	0.0	0.0	0.2	0.1	0.0	0.0	0.0	0.4	0.1	0.0	0.3

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
51 Biliary Tract Operations															
Num	55	153	62	420	7	0	24	52	45	171	43	134	124	30	1,320
Col %	1.4	2.1	1.6	0.9	0.3	0.0	2.0	1.5	1.3	2.4	1.2	1.3	2.0	1.3	1.3
52 Operations on Pancreas															
Num	0	0	0	13	0	0	0	0	0	0	0	1	1	0	15
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
53 Repair of Hernia															
Num	113	230	66	695	26	0	36	90	83	187	91	238	169	78	2,102
Col %	2.9	3.1	1.7	1.6	1.1	0.0	3.0	2.5	2.4	2.6	2.5	2.4	2.7	3.3	2.1
54 Other Abdominal Region Operations															
Num	77	32	18	305	2	0	0	33	12	27	4	29	46	30	615
Col %	2.0	0.4	0.5	0.7	0.1	0.0	0.0	0.9	0.3	0.4	0.1	0.3	0.7	1.3	0.6
55 Operations on Kidney															
Num	1	1	0	198	0	0	0	0	0	1	0	9	1	2	213
Col %	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.2
56 Operations on Ureter															
Num	18	32	7	146	3	0	1	0	9	24	10	16	36	3	305
Col %	0.5	0.4	0.2	0.3	0.1	0.0	0.1	0.0	0.3	0.3	0.3	0.2	0.6	0.1	0.3
57 Urinary Bladder Operations															
Num	36	286	113	1,078	11	4	8	4	32	38	36	65	41	28	1,780
Col %	0.9	3.8	2.9	2.4	0.5	100.0	0.7	0.1	0.9	0.5	1.0	0.6	0.7	1.2	1.8
58 Operations on Urethra															
Num	2	22	4	121	1	0	1	0	5	7	6	20	2	4	195
Col %	0.1	0.3	0.1	0.3	0.0	0.0	0.1	0.0	0.1	0.1	0.2	0.2	0.0	0.2	0.2
59 Other Urinary Tract Operations															
Num	26	9	17	405	7	0	0	15	4	27	17	60	25	18	630
Col %	0.7	0.1	0.4	0.9	0.3	0.0	0.0	0.4	0.1	0.4	0.5	0.6	0.4	0.8	0.6
60 Prostate & Seminal Vesicle Operations															
Num	4	16	18	144	56	0	0	0	34	7	9	22	17	6	333
Col %	0.1	0.2	0.5	0.3	2.3	0.0	0.0	0.0	1.0	0.1	0.2	0.2	0.3	0.3	0.3

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
61 Scrotum & Tunica Vaginalis Operations															
Num	4	7	7	43	1	0	1	2	2	5	3	13	2	3	93
Col %	0.1	0.1	0.2	0.1	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1
62 Operations on Testes															
Num	1	3	0	64	0	0	0	2	3	3	2	7	3	3	91
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1
63 Spermatic Cord, Epididymis, Vas Deferens Operations															
Num	4	26	12	80	1	0	2	1	2	8	24	9	9	5	183
Col %	0.1	0.3	0.3	0.2	0.0	0.0	0.2	0.0	0.1	0.1	0.7	0.1	0.1	0.2	0.2
64 Operations on Penis															
Num	9	117	12	133	40	0	2	13	26	19	15	33	35	47	501
Col %	0.2	1.6	0.3	0.3	1.6	0.0	0.2	0.4	0.7	0.3	0.4	0.3	0.6	2.0	0.5
65 Operations on Ovary															
Num	25	14	17	270	2	0	1	20	18	24	2	20	21	16	450
Col %	0.6	0.2	0.4	0.6	0.1	0.0	0.1	0.6	0.5	0.3	0.1	0.2	0.3	0.7	0.5
66 Fallopian Tube Operations															
Num	30	36	27	94	2	0	2	19	29	50	10	61	48	29	437
Col %	0.8	0.5	0.7	0.2	0.1	0.0	0.2	0.5	0.8	0.7	0.3	0.6	0.8	1.2	0.4
67 Operations on Cervix															
Num	10	5	46	75	0	0	2	4	7	46	1	45	29	25	295
Col %	0.3	0.1	1.2	0.2	0.0	0.0	0.2	0.1	0.2	0.6	0.0	0.4	0.5	1.1	0.3
68 Other Uterine Incision, Excision															
Num	52	22	27	330	1	0	4	73	37	133	30	85	58	33	885
Col %	1.3	0.3	0.7	0.7	0.0	0.0	0.3	2.1	1.1	1.9	0.8	0.8	0.9	1.4	0.9
69 Other Uterus & Supporting Structure Operations															
Num	38	122	58	505	4	0	6	38	19	77	30	92	123	53	1,165
Col %	1.0	1.6	1.5	1.1	0.2	0.0	0.5	1.1	0.5	1.1	0.8	0.9	2.0	2.3	1.2
70 Vagina & Cul-de-Sac Operations															
Num	8	6	7	162	0	0	0	9	1	13	3	10	16	4	239
Col %	0.2	0.1	0.2	0.4	0.0	0.0	0.0	0.3	0.0	0.2	0.1	0.1	0.3	0.2	0.2

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
71 Vulvar & Perineal Operations															
Num	7	13	5	85	0	0	0	2	2	20	1	13	11	3	162
Col %	0.2	0.2	0.1	0.2	0.0	0.0	0.0	0.1	0.1	0.3	0.0	0.1	0.2	0.1	0.2
73 Assisting, Inducing Delivery, NEC															
Num	1	2	2	15	1	0	0	2	3	2	4	4	11	2	49
Col %	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.2	0.1	0.0
74 C-Section, Removal of Fetus															
Num	0	0	0	1	0	0	0	0	0	0	0	0	0	2	3
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0
75 Other Obstetric Operations															
Num	11	284	409	1,431	380	0	0	372	421	421	0	0	234	11	3,974
Col %	0.3	3.8	10.5	3.2	15.6	0.0	0.0	10.5	12.1	5.9	0.0	0.0	3.7	0.5	4.0
76 Facial Bone & Joint Operations															
Num	0	3	0	57	0	0	0	0	0	6	0	1	11	1	79
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.1
77 Incision, Excision, Division of Bone, NEC															
Num	54	33	33	402	46	0	5	31	104	73	54	72	133	42	1,082
Col %	1.4	0.4	0.9	0.9	1.9	0.0	0.4	0.9	3.0	1.0	1.5	0.7	2.1	1.8	1.1
78 Other Bone Operations Except Face															
Num	34	57	31	245	5	0	3	16	14	30	23	69	66	16	609
Col %	0.9	0.8	0.8	0.6	0.2	0.0	0.3	0.4	0.4	0.4	0.6	0.7	1.1	0.7	0.6
79 Reduction of Fracture, Dislocation															
Num	43	123	90	296	3	0	7	76	38	45	74	116	102	34	1,047
Col %	1.1	1.7	2.3	0.7	0.1	0.0	0.6	2.1	1.1	0.6	2.0	1.2	1.6	1.5	1.1
80 Incision, Excision of Joint															
Num	256	161	129	1,265	43	0	44	50	92	127	127	414	211	101	3,020
Col %	6.5	2.2	3.3	2.9	1.8	0.0	3.7	1.4	2.6	1.8	3.4	4.1	3.4	4.3	3.0
81 Joint Repair & Plastic Operations															
Num	102	176	441	1,981	153	0	40	76	59	139	82	416	201	39	3,905
Col %	2.6	2.4	11.4	4.5	6.3	0.0	3.3	2.1	1.7	2.0	2.2	4.1	3.2	1.7	3.9

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
82 Hand Muscle, Tendon, Fascia Operations															
Num	75	95	39	660	3	0	37	23	66	35	37	123	96	31	1,320
Col %	1.9	1.3	1.0	1.5	0.1	0.0	3.1	0.6	1.9	0.5	1.0	1.2	1.5	1.3	1.3
83 Other Muscle, Tendon, Fascia, Bursa Operations															
Num	98	134	174	823	23	0	14	48	77	90	61	165	172	47	1,926
Col %	2.5	1.8	4.5	1.9	0.9	0.0	1.2	1.3	2.2	1.3	1.7	1.6	2.7	2.0	1.9
84 Other Musculoskeletal Procedures															
Num	21	8	3	62	8	0	0	4	11	9	6	11	6	0	149
Col %	0.5	0.1	0.1	0.1	0.3	0.0	0.0	0.1	0.3	0.1	0.2	0.1	0.1	0.0	0.1
85 Operations on the Breast															
Num	87	406	90	1,186	4	0	24	72	24	121	55	177	358	66	2,670
Col %	2.2	5.5	2.3	2.7	0.2	0.0	2.0	2.0	0.7	1.7	1.5	1.8	5.7	2.8	2.7
86 Skin & Subcutaneous Tissue Operations															
Num	69	256	197	4,376	27	0	54	104	89	388	509	413	295	60	6,837
Col %	1.8	3.4	5.1	9.9	1.1	0.0	4.5	2.9	2.6	5.5	13.8	4.1	4.7	2.6	6.9
Hospital Totals															
Num	3,913	7,430	3,881	44,346	2,435	4	1,198	3,556	3,489	7,082	3,685	10,063	6,260	2,343	99,685

Procedure groups are created using the first procedure on each record which is in the ICD-9-CM code range 00.0-86.99, grouped by the first two digits of the procedure code. Columns headers denote hospitals, key to the hospital abbreviations can be found in Appendix O4.

Table O7
Top 20 Outpatient Procedure Groups by VT and NH Hospitals for Visits Not Originating in the Emergency Department
2008 VT and NH Hospital Data, VT Residents Only
Number of Procedures and Row Percents

	BRAT	CVMC	COPL	DHMC	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Other NH	Total
45 Intestinal Incision, Excision, Anastomosis																	
Num	1,076	2,616	919	2,983	8,958	592	0	286	1,168	831	2,316	1,161	2,746	1,805	761	932	29,150
Row %	3.7	9.0	3.2	10.2	30.7	2.0	0.0	1.0	4.0	2.9	7.9	4.0	9.4	6.2	2.6	3.2	100.0
86 Skin & Subcutaneous Tissue Operations																	
Num	55	255	196	284	3,800	25	0	44	103	82	382	451	397	220	42	94	6,430
Row %	0.9	4.0	3.0	4.4	59.1	0.4	0.0	0.7	1.6	1.3	5.9	7.0	6.2	3.4	0.7	1.5	100.0
13 Operations on Lens of Eye																	
Num	387	279	117	281	1,345	648	0	114	320	380	341	363	504	120	210	252	5,661
Row %	6.8	4.9	2.1	5.0	23.8	11.4	0.0	2.0	5.7	6.7	6.0	6.4	8.9	2.1	3.7	4.5	100.0
03 Spinal Cord & Canal Operations																	
Num	137	531	161	56	1,006	97	0	83	145	21	564	0	1,713	16	25	137	4,692
Row %	2.9	11.3	3.4	1.2	21.4	2.1	0.0	1.8	3.1	0.4	12.0	0.0	36.5	0.3	0.5	2.9	100.0
75 Other Obstetric Operations																	
Num	9	283	409	16	1,395	379	0	0	371	412	420	0	0	177	9	17	3,897
Row %	0.2	7.3	10.5	0.4	35.8	9.7	0.0	0.0	9.5	10.6	10.8	0.0	0.0	4.5	0.2	0.4	100.0
81 Joint Repair & Plastic Operations																	
Num	87	174	441	148	1,718	153	0	27	75	58	137	74	374	158	31	127	3,782
Row %	2.3	4.6	11.7	3.9	45.4	4.0	0.0	0.7	2.0	1.5	3.6	2.0	9.9	4.2	0.8	3.4	100.0
04 Cranial & Peripheral Nerve Operations																	
Num	71	163	214	172	1,497	31	0	44	208	87	194	77	336	79	64	158	3,395
Row %	2.1	4.8	6.3	5.1	44.1	0.9	0.0	1.3	6.1	2.6	5.7	2.3	9.9	2.3	1.9	4.7	100.0
80 Incision, Excision of Joint																	
Num	207	161	127	299	1,158	42	0	29	50	89	127	118	382	161	90	209	3,249
Row %	6.4	5.0	3.9	9.2	35.6	1.3	0.0	0.9	1.5	2.7	3.9	3.6	11.8	5.0	2.8	6.4	100.0
38 Vessel Incision, Excision, Occlusion																	
Num	7	114	46	52	1,545	17	0	47	26	177	712	6	261	39	46	20	3,115
Row %	0.2	3.7	1.5	1.7	49.6	0.5	0.0	1.5	0.8	5.7	22.9	0.2	8.4	1.3	1.5	0.6	100.0
85 Operations on the Breast																	
Num	77	404	89	281	1,087	4	0	18	72	22	121	48	164	280	55	59	2,781
Row %	2.8	14.5	3.2	10.1	39.1	0.1	0.0	0.6	2.6	0.8	4.4	1.7	5.9	10.1	2.0	2.1	100.0

Table O7
Top 20 Outpatient Procedure Groups by VT and NH Hospitals for Visits Not Originating in the Emergency Department
2008 VT and NH Hospital Data, VT Residents Only
Number of Procedures and Row Percents

	BRAT	CVMC	COPL	DHMC	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Other NH	Total
53 Repair of Hernia																	
Num	98	229	66	156	613	26	0	29	88	68	184	72	223	122	70	80	2,124
Row %	4.6	10.8	3.1	7.3	28.9	1.2	0.0	1.4	4.1	3.2	8.7	3.4	10.5	5.7	3.3	3.8	100.0
83 Other Muscle, Tendon, Fascia, Bursa Operations																	
Num	81	134	174	161	719	23	0	9	48	74	90	58	154	132	39	56	1,952
Row %	4.1	6.9	8.9	8.2	36.8	1.2	0.0	0.5	2.5	3.8	4.6	3.0	7.9	6.8	2.0	2.9	100.0
14 Posterior Eye Segment Operations																	
Num	3	1	0	81	1,692	2	0	0	1	2	1	0	16	0	0	26	1,825
Row %	0.2	0.1	0.0	4.4	92.7	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.9	0.0	0.0	1.4	100.0
57 Urinary Bladder Operations																	
Num	31	285	113	119	941	11	4	5	4	31	34	34	63	29	23	59	1,786
Row %	1.7	16.0	6.3	6.7	52.7	0.6	0.2	0.3	0.2	1.7	1.9	1.9	3.5	1.6	1.3	3.3	100.0
48 Other Rectal & Perirectal Operations																	
Num	53	228	69	93	462	32	0	0	52	52	155	90	129	144	23	40	1,622
Row %	3.3	14.1	4.3	5.7	28.5	2.0	0.0	0.0	3.2	3.2	9.6	5.5	8.0	8.9	1.4	2.5	100.0
37 Other Heart & Pericardium Operations																	
Num	0	7	0	478	872	0	0	0	0	2	0	0	108	12	2	6	1,487
Row %	0.0	0.5	0.0	32.1	58.6	0.0	0.0	0.0	0.0	0.1	0.0	0.0	7.3	0.8	0.1	0.4	100.0
51 Biliary Tract Operations																	
Num	44	153	61	194	348	7	0	17	52	45	168	38	128	90	27	47	1,419
Row %	3.1	10.8	4.3	13.7	24.5	0.5	0.0	1.2	3.7	3.2	11.8	2.7	9.0	6.3	1.9	3.3	100.0
82 Hand Muscle, Tendon, Fascia Operations																	
Num	56	94	38	90	598	3	0	22	21	61	35	35	118	68	24	37	1,300
Row %	4.3	7.2	2.9	6.9	46.0	0.2	0.0	1.7	1.6	4.7	2.7	2.7	9.1	5.2	1.8	2.8	100.0
21 Operations on Nose																	
Num	34	18	8	78	641	0	0	7	64	17	52	61	109	37	13	39	1,178
Row %	2.9	1.5	0.7	6.6	54.4	0.0	0.0	0.6	5.4	1.4	4.4	5.2	9.3	3.1	1.1	3.3	100.0
69 Other Uterus & Supporting Structure Operations																	
Num	30	122	58	48	468	4	0	5	37	17	75	29	85	102	47	41	1,168
Row %	2.6	10.4	5.0	4.1	40.1	0.3	0.0	0.4	3.2	1.5	6.4	2.5	7.3	8.7	4.0	3.5	100.0

Table O7
Top 20 Outpatient Procedure Groups by VT and NH Hospitals for Visits Not Originating in the Emergency Department
2008 VT and NH Hospital Data, VT Residents Only
Number of Procedures and Row Percents

	BRAT	CVMC	COPL	DHMC	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Other NH	Total
All Other																	
Num	746	1,143	558	2,653	8,180	253	0	80	615	503	901	637	1,344	1,029	431	655	19,728
Row %	3.8	5.8	2.8	13.4	41.5	1.3	0.0	0.4	3.1	2.5	4.6	3.2	6.8	5.2	2.2	3.3	100.0
Hospital Totals																	
Num	3,289	7,394	3,864	8,723	39,043	2,349	4	866	3,520	3,031	7,009	3,352	9,354	4,820	2,032	3,091	101,741
Row %	3.2	7.3	3.8	8.6	38.4	2.3	0.0	0.9	3.5	3.0	6.9	3.3	9.2	4.7	2.0	3.0	100.0

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

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

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

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

Table O8
Primary Cost Centers by Vermont Hospitals
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3390 Laboratory - Clinical	38,814	78,711	24,970	235,042	25,444	8,604	18,259	34,210	36,163	40,371	38,470	79,069	64,342	34,058	756,527
4100 Radiology - Diagnostic	9,645	8,971	5,699	48,143	6,832	1,629	4,099	5,610	5,642	9,747	4,967	10,178	7,003	8,359	136,524
3440 Mammography	5,925	10,141	2,941	27,170	2,375	0	1,511	3,271	3,745	1,439	4,212	9,015	7,539	3,191	82,475
Diagnostic	866	1,912	746	3,204	554	0	243	641	953	1,120	477	1,712	1,723	657	14,808
Screening	5,070	8,229	2,196	24,137	1,821	0	1,268	2,643	2,797	335	3,736	7,372	5,831	2,540	67,975
3240 Cytology	2,297	0	0	31,449	1,631	0	93	1,466	0	144	10	6,088	5,491	0	48,669
3420 Laboratory - Pathological	1,807	1,583	587	19,204	1,677	0	1,193	1,524	4,811	752	3,858	1,578	719	912	40,205
3630 Ultra Sound	1,903	4,474	1,830	10,847	1,408	0	583	2,029	941	2,816	1,360	4,937	5,088	1,677	39,893
5000 Physical Therapy	2,884	3,116	2,879	8,968	1,689	459	777	2,911	5,118	2,232	75	2,579	0	1,156	34,843
3430 MRI	1,763	2,803	1,096	11,714	962	0	426	1,343	927	1,737	1,227	4,665	3,125	1,067	32,855
3230 CAT Scan	1,510	2,925	992	11,520	679	279	460	1,514	725	2,018	1,083	3,283	3,276	1,012	31,276
3280 EKG/EEG	1,144	1,166	563	8,547	980	516	353	1,281	556	466	160	1,884	369	349	18,334
EKG	1,077	1,064	375	6,113	891	516	353	872	450	466	160	949	369	349	14,004
EEG	68	104	189	2,437	91	0	0	409	107	0	0	936	0	0	4,341
3140 Cardiology	1,081	248	66	6,765	340	0	222	972	1,004	414	218	1,089	291	444	13,154
3450 Nuclear Medicine - Diagnostic	678	502	287	4,541	390	0	0	250	448	547	322	1,067	1,077	438	10,547
Pet Scan	0	90	0	598	0	0	0	0	0	0	0	296	257	0	1,241
All other	678	457	287	4,541	390	0	0	250	448	547	322	1,045	820	438	10,223
3650 Vascular Lab	535	912	300	3,877	203	0	78	506	229	521	307	1,246	0	292	9,006

Table O8
Primary Cost Centers by Vermont Hospitals
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3190 Chemotherapy	455	0	273	6,272	23	0	405	273	0	0	0	863	0	387	8,951
3560 Pulmonary Function	354	496	97	4,049	210	21	147	1,297	393	373	277	988	0	151	8,853
5100 Occupational Therapy	781	540	264	4,236	321	64	354	572	2	205	0	462	0	150	7,951
4800 Intravenous Therapy	796	8	370	2,479	96	170	0	1,874	214	386	33	915	1	421	7,763
3480 Oncology	1,759	0	0	8	46	0	0	799	0	0	0	5,107	0	0	7,719
3620 Stress Test	605	164	364	3,998	301	0	21	356	0	599	279	221	515	265	7,688
5700 Renal Dialysis	0	0	0	3,417	0	0	0	0	0	0	0	0	0	0	3,417
3370 Holter Monitor	282	103	0	1,755	63	15	55	235	161	195	52	415	0	84	3,415
4200 Radiology-Therapeutic	0	0	0	1,880	0	0	0	0	0	0	0	585	0	0	2,465
3260 Echocardiography	0	356	0	1,319	0	0	0	0	0	0	0	0	245	0	1,920

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

Records having multiple revenue codes within a Primary Cost Center are aggregated up to the visit level and would be counted just once in that cost center per visit.

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

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

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

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

Pet Scan = revenue code 404

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

Table O9
Primary Cost Centers by Payer
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center		Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
3390 Laboratory - Clinical	Num	288,175	96,773	5,429	1,249	335,118	29,698	85	756,527
	Row %	38.1	12.8	0.7	0.2	44.3	3.9	0.0	100.0
4100 Radiology - Diagnostic	Num	41,168	19,143	1,406	3,850	65,110	5,840	7	136,524
	Row %	30.2	14.0	1.0	2.8	47.7	4.3	0.0	100.0
3440 Mammography	Num	22,402	4,937	977	1	52,938	1,218	2	82,475
	Row %	27.2	6.0	1.2	0.0	64.2	1.5	0.0	100.0
Diagnostic	Num	3,757	1,660	153	1	8,954	282	1	14,808
	Row %	25.4	11.2	1.0	0.0	60.5	1.9	0.0	100.0
Screening	Num	18,720	3,287	826	0	44,202	939	1	67,975
	Row %	27.5	4.8	1.2	0.0	65.0	1.4	0.0	100.0
3240 Cytology	Num	3,961	5,596	704	0	36,919	1,487	2	48,669
	Row %	8.1	11.5	1.4	0.0	75.9	3.1	0.0	100.0
3420 Laboratory - Pathological	Num	7,226	5,574	422	13	24,865	2,104	1	40,205
	Row %	18.0	13.9	1.0	0.0	61.8	5.2	0.0	100.0
3630 Ultra Sound	Num	8,585	7,966	371	44	21,655	1,271	1	39,893
	Row %	21.5	20.0	0.9	0.1	54.3	3.2	0.0	100.0
5000 Physical Therapy	Num	10,877	5,612	484	2,569	13,728	1,573	0	34,843
	Row %	31.2	16.1	1.4	7.4	39.4	4.5	0.0	100.0
3430 MRI	Num	7,298	4,998	358	1,816	17,595	789	1	32,855
	Row %	22.2	15.2	1.1	5.5	53.6	2.4	0.0	100.0
3230 CAT Scan	Num	12,424	3,675	240	290	13,910	729	8	31,276
	Row %	39.7	11.8	0.8	0.9	44.5	2.3	0.0	100.0

Table O9
Primary Cost Centers by Payer
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center		Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
3280 EKG/EEG	Num	6,875	2,819	210	156	7,911	363	0	18,334
	Row %	37.5	15.4	1.1	0.9	43.1	2.0	0.0	100.0
EKG	Num	5,964	1,879	130	144	5,601	286	0	14,004
	Row %	42.6	13.4	0.9	1.0	40.0	2.0	0.0	100.0
EEG	Num	911	944	80	12	2,317	77	0	4,341
	Row %	21.0	21.7	1.8	0.3	53.4	1.8	0.0	100.0
3140 Cardiology	Num	5,817	1,395	158	9	5,186	589	0	13,154
	Row %	44.2	10.6	1.2	0.1	39.4	4.5	0.0	100.0
3450 Nuclear Medicine - Diagnostic	Num	4,285	1,084	104	79	4,784	210	1	10,547
	Row %	40.6	10.3	1.0	0.7	45.4	2.0	0.0	100.0
Pet Scan	Num	635	117	12	0	465	12	0	1,241
	Row %	51.2	9.4	1.0	0.0	37.5	1.0	0.0	100.0
All other	Num	4,122	1,046	103	79	4,664	208	1	10,223
	Row %	40.3	10.2	1.0	0.8	45.6	2.0	0.0	100.0
3650 Vascular Lab	Num	5,910	606	44	49	2,224	172	1	9,006
	Row %	65.6	6.7	0.5	0.5	24.7	1.9	0.0	100.0
3190 Chemotherapy	Num	3,620	663	41	0	4,465	162	0	8,951
	Row %	40.4	7.4	0.5	0.0	49.9	1.8	0.0	100.0
3560 Pulmonary Function	Num	4,045	1,115	74	11	3,345	263	0	8,853
	Row %	45.7	12.6	0.8	0.1	37.8	3.0	0.0	100.0
5100 Occupational Therapy	Num	1,771	1,162	99	1,224	3,254	441	0	7,951
	Row %	22.3	14.6	1.2	15.4	40.9	5.5	0.0	100.0
4800 Intravenous Therapy	Num	4,082	848	33	24	2,665	111	0	7,763
	Row %	52.6	10.9	0.4	0.3	34.3	1.4	0.0	100.0

Table O9
Primary Cost Centers by Payer
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center		Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
3480 Oncology	Num	4,250	684	57	0	2,661	65	2	7,719
	Row %	55.1	8.9	0.7	0.0	34.5	0.8	0.0	100.0
3620 Stress Test	Num	2,951	641	96	17	3,808	175	0	7,688
	Row %	38.4	8.3	1.2	0.2	49.5	2.3	0.0	100.0
5700 Renal Dialysis	Num	2,805	158	55	0	376	23	0	3,417
	Row %	82.1	4.6	1.6	0.0	11.0	0.7	0.0	100.0
3370 Holter Monitor	Num	1,331	348	34	2	1,605	94	1	3,415
	Row %	39.0	10.2	1.0	0.1	47.0	2.8	0.0	100.0
4200 Radiology-Therapeutic	Num	1,049	243	19	2	1,127	23	2	2,465
	Row %	42.6	9.9	0.8	0.1	45.7	0.9	0.1	100.0
3260 Echocardiography	Num	1,542	47	6	0	320	5	0	1,920
	Row %	80.3	2.4	0.3	0.0	16.7	0.3	0.0	100.0

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

Records having multiple revenue codes within a Primary Cost Center are aggregated up to the visit level and would be counted just once in that cost center per visit.

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

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

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

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

Pet Scan = revenue code 404

Table O10
Primary Cost Centers by Age and Sex
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center		Age Under 15		Age Between 15 and 44		Age Between 45 and 64		Age 65 and Over		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
3390 Laboratory - Clinical*	Num	14,112	16,600	51,893	143,748	113,234	140,259	121,034	155,627	756,507
	Row %	1.9	2.2	6.9	19.0	15.0	18.5	16.0	20.6	100.0
4100 Radiology - Diagnostic*	Num	6,747	6,022	17,035	18,420	19,963	29,973	14,131	24,226	136,517
	Row %	4.9	4.4	12.5	13.5	14.6	22.0	10.4	17.7	100.0
3440 Mammography*	Num	1	2	29	11,866	82	48,548	60	21,885	82,473
	Row %	0.0	0.0	0.0	14.4	0.1	58.9	0.1	26.5	100.0
Diagnostic	Num	1	0	29	2,945	75	8,134	57	3,567	14,808
	Row %	0.0	0.0	0.2	19.9	0.5	54.9	0.4	24.1	100.0
Screening*	Num	0	2	0	8,972	7	40,601	3	18,388	67,973
	Row %	0.0	0.0	0.0	13.2	0.0	59.7	0.0	27.1	100.0
3240 Cytology	Num	0	31	12	26,708	11	18,497	3	3,407	48,669
	Row %	0.0	0.1	0.0	54.9	0.0	38.0	0.0	7.0	100.0
3420 Laboratory - Pathological*	Num	343	293	2,774	13,435	4,469	11,707	3,132	4,048	40,201
	Row %	0.9	0.7	6.9	33.4	11.1	29.1	7.8	10.1	100.0
3630 Ultra Sound	Num	824	1,133	1,743	15,135	2,572	10,879	2,586	5,021	39,893
	Row %	2.1	2.8	4.4	37.9	6.4	27.3	6.5	12.6	100.0
5000 Physical Therapy	Num	506	637	3,962	6,152	5,370	8,696	3,412	6,108	34,843
	Row %	1.5	1.8	11.4	17.7	15.4	25.0	9.8	17.5	100.0
3430 MRI	Num	401	522	5,031	6,523	6,084	8,051	2,589	3,654	32,855
	Row %	1.2	1.6	15.3	19.9	18.5	24.5	7.9	11.1	100.0
3230 CAT Scan*	Num	341	335	2,777	3,997	5,348	6,898	5,291	6,288	31,275
	Row %	1.1	1.1	8.9	12.8	17.1	22.1	16.9	20.1	100.0

Table O10
Primary Cost Centers by Age and Sex
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center		Age Under 15		Age Between 15 and 44		Age Between 45 and 64		Age 65 and Over		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
3280 EKG/EEG	Num	1,377	1,074	1,508	1,708	3,290	3,165	2,963	3,249	18,334
	Row %	7.5	5.9	8.2	9.3	17.9	17.3	16.2	17.7	100.0
EKG	Num	1,105	858	812	987	2,334	2,312	2,624	2,972	14,004
	Row %	7.9	6.1	5.8	7.0	16.7	16.5	18.7	21.2	100.0
EEG	Num	274	219	696	724	957	854	340	277	4,341
	Row %	6.3	5.0	16.0	16.7	22.0	19.7	7.8	6.4	100.0
3140 Cardiology*	Num	626	549	858	892	2,380	1,792	3,265	2,791	13,153
	Row %	4.8	4.2	6.5	6.8	18.1	13.6	24.8	21.2	100.0
3450 Nuclear Medicine - Diagnostic*	Num	101	115	631	1,103	2,016	2,541	2,024	2,015	10,546
	Row %	1.0	1.1	6.0	10.5	19.1	24.1	19.2	19.1	100.0
Pet Scan	Num	3	1	78	51	271	223	328	286	1,241
	Row %	0.2	0.1	6.3	4.1	21.8	18.0	26.4	23.0	100.0
All other*	Num	101	115	621	1,096	1,944	2,467	1,943	1,935	10,222
	Row %	1.0	1.1	6.1	10.7	19.0	24.1	19.0	18.9	100.0
3650 Vascular Lab	Num	44	14	397	590	1,204	1,347	2,531	2,879	9,006
	Row %	0.5	0.2	4.4	6.6	13.4	15.0	28.1	32.0	100.0
3190 Chemotherapy	Num	2	12	401	884	1,449	2,823	1,832	1,548	8,951
	Row %	0.0	0.1	4.5	9.9	16.2	31.5	20.5	17.3	100.0
3560 Pulmonary Function	Num	295	253	613	842	1,397	1,733	1,767	1,953	8,853
	Row %	3.3	2.9	6.9	9.5	15.8	19.6	20.0	22.1	100.0
5100 Occupational Therapy	Num	245	171	1,390	1,349	1,393	1,931	623	849	7,951
	Row %	3.1	2.2	17.5	17.0	17.5	24.3	7.8	10.7	100.0
4800 Intravenous Therapy	Num	32	35	421	895	1,309	1,700	1,548	1,823	7,763
	Row %	0.4	0.5	5.4	11.5	16.9	21.9	19.9	23.5	100.0

Table O10
Primary Cost Centers by Age and Sex
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

Primary Cost Center		Age Under 15		Age Between 15 and 44		Age Between 45 and 64		Age 65 and Over		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
3480 Oncology*	Num	11	11	186	367	1,097	2,146	1,567	2,331	7,716
	Row %	0.1	0.1	2.4	4.8	14.2	27.8	20.3	30.2	100.0
3620 Stress Test*	Num	21	13	529	440	2,282	1,548	1,621	1,233	7,687
	Row %	0.3	0.2	6.9	5.7	29.7	20.1	21.1	16.0	100.0
5700 Renal Dialysis	Num	11	0	230	173	703	404	1,026	870	3,417
	Row %	0.3	0.0	6.7	5.1	20.6	11.8	30.0	25.5	100.0
3370 Holter Monitor	Num	123	97	284	540	478	585	579	729	3,415
	Row %	3.6	2.8	8.3	15.8	14.0	17.1	17.0	21.3	100.0
4200 Radiology-Therapeutic	Num	16	8	41	124	436	782	541	517	2,465
	Row %	0.6	0.3	1.7	5.0	17.7	31.7	21.9	21.0	100.0
3260 Echocardiography	Num	4	1	61	83	179	198	674	720	1,920
	Row %	0.2	0.1	3.2	4.3	9.3	10.3	35.1	37.5	100.0

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

Records having multiple revenue codes within a Primary Cost Center are aggregated up to the visit level and would be counted just once in that cost center per visit.

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

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

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

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

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

Pet Scan = revenue code 404

Table O11
CCS High Level Diagnostic Groups
2008 Expanded Outpatient Services in VT Hospitals, Includes VT Residents and Non-Residents

<u>Clinical Classification System (CCS) High-Level Diagnostic Group</u>	<u># Records</u>	<u>%</u>
Symptoms, signs & ill-defined conditions	314,950	19.2
Endocrine, nutritional, metabolic & immunity disorders	193,973	11.8
Musculoskeletal system & connective tissue	192,449	11.7
Diseases of the circulatory system	173,427	10.6
Diseases of the genitourinary system	140,762	8.6
Neoplasms	93,784	5.7
Diseases of the respiratory system	91,544	5.6
Diseases of the nervous system & sense organs	87,852	5.4
Injury & poisoning	58,509	3.6
Mental disorders	50,833	3.1
Diseases of the digestive system	48,903	3.0
Contraception & complications of pregnancy & childbirth	43,444	2.6
Infectious & parasitic diseases	39,725	2.4
Diseases of the skin & subcutaneous tissue	33,831	2.1
Residual codes, unclassified, all Ecodes	31,768	1.9
Diseases of the blood & blood-forming organs	30,971	1.9
Congenital anomalies	5,856	0.4
Conditions originating in the perinatal period	2,059	0.1
Missing	7,122	0.4
Total	1,641,762	100.0

Only the new Expanded Outpatient Records are included in this table, other outpatient records having any ICD-9-CM procedure range 00-86.99 or records having associated Emergency Room or Observation Bed revenue records are excluded. CCS High Level Diagnostic Group assigned using Primary Diagnosis only, one group for each outpatient visit.

Table O12
Primary Diagnostic Groups
2008 Expanded Outpatient Services in VT Hospitals and 2006 United States Outpatient Department Visits

Primary Diagnosis Group	ICD-9-CM code range	VT Expanded Outpt.		United States 2006 Data	
		# Records	%	# Records (rounded to thousands)	%
Arthropathies and related disorders	710-719	81,064	4.9	2,562,000	2.5
Diabetes mellitus	250	67,313	4.1	4,342,000	4.2
Specific Procedures and aftercare	V50-V59.9	63,970	3.9	1,768,000	1.7
Malignant neoplasms	140-208, 230-234	60,964	3.7	3,484,000	3.4
Spinal disorders	720-724	59,062	3.6	2,255,000	2.2
Heart disease excluding ischemic	420-429	57,682	3.5	1,168,000	1.1
Essential hypertension	401	47,650	2.9	3,892,000	3.8
Rheumatism, excluding back	725-729	36,955	2.3	1,667,000	1.6
General medical exam	V70	34,977	2.1	1,265,000	1.2
Gynecological exam	V72.3	30,989	1.9	1,245,000	1.2
Normal pregnancy	V22	26,223	1.6	3,045,000	3.0
Acute pharyngitis	462	17,532	1.1	1,315,000	1.3
Potential health hazards related to communicable diseases	V01-V09	15,603	1.0	1,786,000	1.7
Acute Upper Respiratory, excluding pharyngitis	460-461, 463-466	13,367	0.8	3,846,000	3.8
Psychoses, excluding major depressive disorders	290-295, 296.0-296.1, 296.4-299	10,649	0.6	1,851,000	1.8
Routine infant or child health check	V20.2	10,555	0.6	3,654,000	3.6
Potential health hazards related to personal and family history	V10-V19	9,913	0.6	1,252,000	1.2
Complications of pregnancy, childbirth, and the puerperium	630-677	9,774	0.6	1,405,000	1.4
Otitis media and eustachian tube disorders	381-382	7,941	0.5	1,562,000	1.5
Chronic sinusitis	473	2,062	0.1	1,448,000	1.4
All other including missing		977,517	59.5	57,398,000	56.2
Total		1,641,762	100.0	102,210,000	100.0

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

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

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

Table O13
Observation Bed Records by VT Hospital and Setting
2008 VT Hospital Data, Includes VT Residents and Non-Residents
Number of Records and Average Charges

Hospital	Outpatient											
	Inpatient		ED Flag only		ED FLAG and Procedure in Range		Procedure in Range Only		No Flag		Total Records with Observation Flag	
	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg
BRATTLEBORO MEMORIAL HOSPITAL	140	\$7,208	109	\$5,860	39	\$8,364	347	\$7,574	325	\$1,108	960	\$5,166
CENTRAL VERMONT MEDICAL CENTER	166	\$12,731	602	\$5,538	139	\$10,132	273	\$5,373	147	\$1,905	1,327	\$6,483
COPLEY HOSPITAL	14	\$12,996	390	\$3,261	31	\$6,015	37	\$9,215	45	\$2,983	517	\$4,091
FLETCHER ALLEN HEALTH CARE	355	\$18,118	1,276	\$5,671	180	\$11,483	310	\$16,088	113	\$4,071	2,234	\$9,482
GIFFORD MEDICAL CENTER	77	\$10,934	167	\$5,410	11	\$6,798	86	\$3,606	57	\$2,383	398	\$5,694
GRACE COTTAGE HOSPITAL	0	--	42	\$3,257	0	--	0	--	10	\$2,807	52	\$3,171
MT. ASCUTNEY HOSPITAL AND HEALTH CTR.	6	\$6,707	143	\$4,718	24	\$7,145	4	\$6,368	15	\$4,363	192	\$5,090
NORTH COUNTRY HOSPITAL	44	\$12,285	310	\$4,776	48	\$11,146	193	\$10,131	93	\$3,715	688	\$7,060
NORTHEASTERN VERMONT REGIONAL HOSPITAL	131	\$9,864	144	\$3,058	26	\$9,943	79	\$14,965	131	\$1,349	511	\$6,556
NORTHWESTERN MEDICAL CENTER	188	\$11,171	682	\$4,816	174	\$8,615	214	\$9,148	110	\$1,828	1,368	\$6,610
PORTER MEDICAL CENTER	44	\$13,172	436	\$4,471	34	\$10,110	19	\$9,762	110	\$1,930	643	\$5,086
RUTLAND REGIONAL MEDICAL CENTER	250	\$15,595	1,203	\$4,885	103	\$10,076	52	\$8,205	258	\$2,363	1,866	\$6,351
SOUTHWESTERN VT. MEDICAL CENTER	72	\$12,050	884	\$4,860	43	\$6,317	16	\$7,082	46	\$3,130	1,061	\$5,366
SPRINGFIELD HOSPITAL	72	\$10,849	305	\$4,313	31	\$7,035	68	\$12,163	21	\$3,285	497	\$6,460
Total VT Hospitals	1,559	\$13,264	6,693	\$4,906	883	\$9,511	1,698	\$9,664	1,481	\$2,176	12,314	\$6,622

Inpatient records exclude MDC 15 (newborns).

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

Records missing charges are excluded from the calculation of average charge but are included in the number of visits/hospitalizations.

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2008 VT Hospital Data, Includes VT Residents and Non-Residents

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

Clinical Classification System, High and Single Level Diagnostic Group	# Records	%
Contraception and complications of pregnancy and childbirth	504	34.0
196 Normal pregnancy and/or delivery	230	
184 Early or threatened labor	125	
181 Other complications of pregnancy	97	
Other	52	
Diseases of the respiratory system	178	12.0
128 Asthma	55	
125 Acute bronchitis	29	
122 Pneumonia (except TB or STD related)	27	
133 Other lower respiratory disease	24	
Other	43	
Diseases of the circulatory system	128	8.6
102 Nonspecific chest pain	45	
106 Cardiac dysrhythmias	41	
Other	42	
Diseases of the digestive system	123	8.3
154 Noninfectious gastroenteritis	25	
145 Intestinal obstruction without hernia	36	
155 Other gastrointestinal disorders	16	
Other	46	
Endocrine, nutritional, metabolic and immunity disorders	116	7.8
55 Fluid & electrolyte disorders	95	
Other	21	
Symptoms, signs and ill-defined conditions	101	6.8
Conditions originating in the perinatal period	47	3.2
Diseases of the genitourinary system	46	3.1

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2008 VT Hospital Data, Includes VT Residents and Non-Residents

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

Clinical Classification System, High and Single Level Diagnostic Group	# Records	%
Diseases of the nervous system and sense organs	41	2.8
Diseases of the blood and blood-forming organs	39	2.6
Injury and poisoning	39	2.6
Musculoskeletal system and connective tissue	34	2.3
Neoplasms	21	1.4
Mental disorders	19	1.3
Diseases of the skin and subcutaneous tissue	15	1.0
Infectious and parasitic diseases	14	0.9
Residual codes, unclassified, all Ecodes	9	0.6
Congenital anomalies	0	0.0
Records with invalid or missing primary diagnosis	7	0.5
Total	1,481	100.0

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

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

**Table O15
Clinical Classification Software (CCS) Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals**

CPT Procedure Groups	Non- Emergency Department Procedures		Emergency Department Procedures		Total Outpatient Procedures	
	Count	Col %	Count	Col %	Count	Col %
1 Operations on the nervous system	18,414	0.4	1,293	0.1	19,707	0.3
2 Operations on the endocrine system	448	0.0	0	0.0	448	0.0
3 Operations on the eye	7,646	0.2	95	0.0	7,741	0.1
4 Operations on the ear	1,968	0.0	237	0.0	2,205	0.0
5 Operations on the nose, mouth and pharynx	3,865	0.1	737	0.1	4,602	0.1
6 Operations on the respiratory system	14,586	0.3	436	0.0	15,022	0.3
7 Operations on the cardiovascular system	16,859	0.4	2,232	0.2	19,091	0.3
8 Operations on the hemic and lymphatic system	969	0.0	11	0.0	980	0.0
9 Operations on the digestive system	76,410	1.7	1,152	0.1	77,562	1.4
10 Operations on the urinary system	4,157	0.1	3,221	0.3	7,378	0.1
11 Operations on the male genital organs	1,299	0.0	20	0.0	1,319	0.0
12 Operations on the female genital organs	11,108	0.2	165	0.0	11,273	0.2
13 Obstetrical procedures	5,817	0.1	228	0.0	6,045	0.1
14 Operations on the musculoskeletal system	13,876	0.3	2,188	0.2	16,064	0.3
15 Operations on the integumentary system	21,089	0.5	11,357	0.9	32,446	0.6
16 Miscellaneous diagnostic and therapeutic procs	1,857,542	41.5	728,729	58.5	2,586,271	45.2
17 New categories added to effectively represent codes specific to CPT/HCPCS	2,413,594	54.0	492,524	39.6	2,906,118	50.8
99 CPT/HCPCS present but no assigned CCS group	2,242	0.1	11	0.0	2,253	0.0
Total	4,471,889	100.0	1,244,636	100.0	5,716,525	100.0

All 2008 Outpatient CPT/HCPCS procedures and services, includes Emergency visits not resulting in an inpatient stay, and outpatient visits with or without a procedure in range. This table attempts to categorize all CPT/CPCS procedures for each visit, not just primary procedure.

CCS Groups using CPT/HCPCS can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

	Non- Emergency Department Procedures		Emergency Department Procedures	
CPT Procedure Group 1, Operations on the nervous system				
CCS Category and Description	Count	Group %	Count	Group %
2 Insertion, replacement, removal of extracranial ventricular shunt	4	0.0	1	0.1
3 Laminectomy, excision intervertebral disc	467	2.5	2	0.2
4 Diagnostic spinal tap	114	0.6	358	27.7
5 Insert cath, spinal stimulator, inject into spinal canal	7,077	38.4	13	1.0
6 Decompression peripheral nerve	1,580	8.6	3	0.2
7 Other diagnostic nervous system procedures	6,013	32.7	8	0.6
8 Other non-OR or closed therapeutic nerv syst procs	1,209	6.6	900	69.6
9 Other OR therapeutic nervous system procedures	1,950	10.6	8	0.6
Total	18,414	100.0	1,293	100.0
CPT Procedure Group 2, Operations on the endocrine system				
CCS Category and Description	Count	Group %	Count	Group %
10 Thyroidectomy, partial or complete	162	36.2	0	--
11 Diagnostic endocrine procedures	81	18.1	0	--
12 Other therapeutic endocrine procedures	205	45.8	0	--
Total	448	100.0	0	--
CPT Procedure Group 3, Operations on the eye				
CCS Category and Description	Count	Group %	Count	Group %
13 Corneal transplant	13	0.2	0	0.0
14 Glaucoma procedures	259	3.4	0	0.0
15 Lens & cataract procedures	4,806	62.9	6	6.3
16 Repair of retinal tear, detachment	145	1.9	3	3.2
17 Destruction of lesion of retina & choroid	130	1.7	1	1.1
18 Diagnostic procedures on eye	36	0.5	1	1.1
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	635	8.3	80	84.2
20 Other intraocular therapeutic procedures	1,471	19.2	3	3.2
21 Other extraocular muscle & orbit therapeutic procedures	151	2.0	1	1.1
Total	7,646	100.0	95	100.0
CPT Procedure Group 4, Operations on the ear				
CCS Category and Description	Count	Group %	Count	Group %
22 Tympanoplasty	104	5.3	0	0.0
23 Myringotomy	1,123	57.1	3	1.3
24 Mastoidectomy	22	1.1	0	0.0

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

	Non- Emergency Department Procedures		Emergency Department Procedures	
CPT Procedure Group 4, Operations on the ear continued				
CCS Category and Description	Count	Group %	Count	Group %
25 Diagnostic procedures on ear	5	0.3	0	0.0
26 Other therapeutic ear procedures	714	36.3	234	98.7
Total	1,968	100.0	237	100.0
CPT Procedure Group 5, Operations on the nose, mouth and pharynx				
CCS Category and Description	Count	Group %	Count	Group %
27 Control of epistaxis	98	2.5	455	61.7
28 Plastic procedures on nose	356	9.2	4	0.5
29 Dental procedures	198	5.1	126	17.1
30 Tonsillectomy and/or adenoidectomy	965	25.0	4	0.5
31 Diagnostic procedures on nose, mouth & pharynx	1,177	30.5	59	8.0
32 Other non-OR therapeutic procedures on nose, mouth & pharynx	36	0.9	26	3.5
33 Other OR therapeutic procedures on nose, mouth & pharynx	1,035	26.8	63	8.5
Total	3,865	100.0	737	100.0
CPT Procedure Group 6, Operations on the respiratory system				
CCS Category and Description	Count	Group %	Count	Group %
34 Tracheostomy, temporary & permanent	2	0.0	2	0.5
35 Tracheoscopy & laryngoscopy with biopsy	574	3.9	35	8.0
36 Lobectomy or pneumonectomy	1	0.0	0	0.0
37 Diagnostic bronchoscopy & biopsy of bronchus	448	3.1	2	0.5
38 Other diagnostic procedures on lung & bronchus	12,960	88.9	141	32.3
39 Incision of pleura, thoracentesis, chest drainage	150	1.0	67	15.4
40 Other diagnostic proc of respiratory tract & mediastinum	33	0.2	0	0.0
41 Other non-OR therapeutic procedures on respiratory system	258	1.8	174	39.9
42 Other OR therapeutic procedures on respiratory system	160	1.1	15	3.4
Total	14,586	100.0	436	100.0
CPT Procedure Group 7, Operations on the cardiovascular system				
CCS Category and Description	Count	Group %	Count	Group %
45 Percutaneous transluminal coronary angioplasty (PTCA)	194	1.2	18	0.8
46 Coronary thrombolysis	0	0.0	16	0.7
47 Diagnostic cardiac catheterization, coronary arteriography	5,160	30.6	447	20.0
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	380	2.3	9	0.4
49 Other OR heart procedures	10	0.1	3	0.1

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

CPT Procedure Group 7, Operations on the cardiovascular system continued	Non- Emergency Department Procedures		Emergency Department Procedures	
	Count	Group %	Count	Group %
CCS Category and Description				
50 Extracorporeal circ auxiliary to open heart procedures	0	0.0	1	0.0
51 Endarterectomy, vessel of head & neck	2	0.0	0	0.0
53 Varicose vein stripping, lower limb	211	1.3	0	0.0
54 Other vascular catheterization, not heart	3,653	21.7	1,191	53.4
56 Other vascular bypass & shunt, not heart	7	0.0	0	0.0
57 Creat, revis, rem of arteriof fistula or cannula for dialys	192	1.1	28	1.3
59 Other OR procedures on vessels of head & neck	80	0.5	0	0.0
60 Embolectomy & endarterectomy of lower limbs	58	0.3	0	0.0
61 Other OR procedures on vessels other than head & neck	1,325	7.9	75	3.4
62 Other diagnostic cardiovascular procedures	1,901	11.3	24	1.1
63 Other non-OR therapeutic cardiovascular procedures	3,686	21.9	420	18.8
Total	16,859	100.0	2,232	100.0
CPT Procedure Group 8, Operations on the hemic and lymphatic system				
CCS Category and Description	Count	Group %	Count	Group %
64 Bone marrow transplant	70	7.2	0	0.0
65 Bone marrow biopsy	459	47.4	1	9.1
66 Procedures on spleen	1	0.1	0	0.0
67 Other therap procedures, hemic & lymphatic system	439	45.3	10	90.9
Total	969	100.0	11	100.0
CPT Procedure Group 9, Operations on the digestive system				
CCS Category and Description	Count	Group %	Count	Group %
68 Injection or ligation of esophageal varices	47	0.1	0	0.0
69 Esophageal dilatation	595	0.8	16	1.4
70 Upper gastrointestinal endoscopy, biopsy	7,013	9.2	212	18.4
71 Gastrostomy, temporary & permanent	154	0.2	38	3.3
72 Colostomy, temporary & permanent	3	0.0	0	0.0
73 Ileostomy & other enterostomy	25	0.0	2	0.2
76 Colonoscopy & biopsy	22,771	29.8	56	4.9
77 Proctoscopy & anorectal biopsy	782	1.0	35	3.0
78 Colorectal resection	1	0.0	0	0.0
80 Appendectomy	60	0.1	302	26.2
81 Hemorrhoid procedures	259	0.3	40	3.5
82 Endoscopic retrograde cannulation of pancreas (ERCP)	586	0.8	26	2.3

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

CPT Procedure Group 9, Operations on the digestive system continued	Non- Emergency Department Procedures		Emergency Department Procedures	
	Count	Group %	Count	Group %
CCS Category and Description				
83 Biopsy of liver	255	0.3	6	0.5
84 Cholecystectomy & common duct exploration	988	1.3	50	4.3
85 Inguinal & femoral hernia repair	1,203	1.6	26	2.3
86 Other hernia repair	923	1.2	19	1.6
87 Laparoscopy	267	0.3	10	0.9
88 Abdominal paracentesis	240	0.3	45	3.9
89 Exploratory laparotomy	10	0.0	2	0.2
91 Peritoneal dialysis	38,808	50.8	0	0.0
93 Other non-OR upper GI therapeutic procedures	224	0.3	90	7.8
94 Other OR upper GI therapeutic procedures	103	0.1	3	0.3
95 Other non-OR lower GI therapeutic procedures	69	0.1	1	0.1
96 Other OR lower GI therapeutic procedures	317	0.4	81	7.0
97 Other gastrointestinal diagnostic procedures	488	0.6	2	0.2
98 Other non-OR gastrointestinal therapeutic procedures	73	0.1	70	6.1
99 Other OR gastrointestinal therapeutic procedures	146	0.2	20	1.7
Total	76,410	100.0	1,152	100.0
CPT Procedure Group 10, Operations on the urinary system				
CCS Category and Description	Count	Group %	Count	Group %
100 Endoscopy & endoscopic biopsy of the urinary tract	1,193	28.7	11	0.3
101 Transurethral excision, drainage, rem urinary obstruction	496	11.9	28	0.9
102 Ureteral catheterization	434	10.4	50	1.6
103 Nephrotomy & nephrostomy	6	0.1	0	0.0
104 Nephrectomy, partial or complete	1	0.0	0	0.0
106 Genitourinary incontinence procedures	334	8.0	1	0.0
107 Extracorporeal lithotripsy, urinary	594	14.3	17	0.5
108 Indwelling catheter	404	9.7	2,712	84.2
109 Procedures on the urethra	122	2.9	3	0.1
110 Other diagnostic procedures of urinary tract	104	2.5	354	11.0
111 Other non-OR therapeutic procedures of urinary tract	267	6.4	38	1.2
112 Other OR therapeutic procedures of urinary tract	202	4.9	7	0.2
Total	4,157	100.0	3,221	100.0

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

	Non- Emergency Department Procedures		Emergency Department Procedures	
CPT Procedure Group 11, Operations on the male genital organs				
CCS Category and Description	Count	Group %	Count	Group %
113 Transurethral resection of prostate (TURP)	74	5.7	0	0.0
114 Open prostatectomy	4	0.3	0	0.0
115 Circumcision	343	26.4	0	0.0
116 Diagnostic procedures, male genital	303	23.3	1	5.0
117 Other non-OR therapeutic procedures, male genital	134	10.3	4	20.0
118 Other OR therapeutic procedures, male genital	441	33.9	15	75.0
Total	1,299	100.0	20	100.0
CPT Procedure Group 12, Operations on the female genital organs				
CCS Category and Description	Count	Group %	Count	Group %
119 Oophorectomy, unilateral & bilateral	170	1.5	8	4.8
120 Other operations on ovary	102	0.9	1	0.6
121 Ligation of fallopian tubes	295	2.7	1	0.6
123 Other operations on fallopian tubes	74	0.7	0	0.0
124 Hysterectomy, abdominal & vaginal	226	2.0	0	0.0
125 Other excision of cervix & uterus	561	5.1	1	0.6
126 Abortion (termination of pregnancy)	26	0.2	0	0.0
127 D&C, aspiration after delivery or abortion	243	2.2	67	40.6
128 Diagnostic dilatation & curettage (D&C)	141	1.3	11	6.7
129 Repair cystocele & rectocele, oblit of vaginal vault	137	1.2	0	0.0
130 Other diagnostic procedures, female organs	8,076	72.7	5	3.0
131 Other non-OR therapeutic procedures, female organs	596	5.4	16	9.7
132 Other OR therapeutic procedures, female organs	461	4.2	55	33.3
Total	11,108	100.0	165	100.0
CPT Procedure Group 13, Obstetrical procedures				
CCS Category and Description	Count	Group %	Count	Group %
122 Removal of ectopic pregnancy	16	0.3	21	9.2
135 Forceps, vacuum & breech delivery	3	0.1	0	0.0
137 Other procedures to assist delivery	44	0.8	0	0.0
138 Diagnostic amniocentesis	22	0.4	0	0.0
139 Fetal monitoring	5,632	96.8	207	90.8
140 Repair of current obstetric laceration	1	0.0	0	0.0
141 Other therapeutic obstetrical procedures	99	1.7	0	0.0
Total	5,817	100.0	228	100.0

**Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals**

CPT Procedure Group 14, Operations on the musculoskeletal system	Non- Emergency Department Procedures		Emergency Department Procedures	
	Count	Group %	Count	Group %
CCS Category and Description				
142 Partial excision bone	652	4.7	0	0.0
143 Bunionectomy or repair of toe deformities	598	4.3	2	0.1
144 Treatment, facial fracture or dislocation	104	0.7	33	1.5
145 Treatment, fracture or disloc of radius & ulna	317	2.3	643	29.4
146 Treatment, fracture or disloc of hip & femur	8	0.1	66	3.0
147 Treatment, fracture or disloc of lower extremity	293	2.1	290	13.3
148 Other fracture & dislocation procedure	361	2.6	675	30.9
149 Arthroscopy	617	4.4	5	0.2
150 Division of joint capsule, ligament or cartilage	116	0.8	1	0.0
151 Excision of semilunar cartilage of knee	1,846	13.3	3	0.1
152 Arthroplasty knee	39	0.3	0	0.0
153 Hip replacement, total & partial	1	0.0	0	0.0
154 Arthroplasty other than hip or knee	657	4.7	0	0.0
155 Arthrocentesis	2,324	16.7	251	11.5
156 Injections & aspirations of muscles, tendons, etc.	620	4.5	8	0.4
157 Amputation of lower extremity	91	0.7	0	0.0
158 Spinal fusion	82	0.6	0	0.0
159 Other diagnostic procedures on musculoskeletal system	152	1.1	5	0.2
160 Other therapeutic procedures on muscles & tendons	2,599	18.7	120	5.5
161 Other OR therapeutic procedures on bone	809	5.8	9	0.4
162 Other OR therapeutic procedures on joints	1,411	10.2	10	0.5
163 Other non-OR therapeutic procedures on musc system	2	0.0	14	0.6
164 Other OR therapeutic procedures on musc system	177	1.3	53	2.4
Total	13,876	100.0	2,188	100.0
 CPT Procedure Group 15, Operations on the integumentary system				
CCS Category and Description	Count	Group %	Count	Group %
165 Breast biopsy & other diagnostic procedures on breast	2,868	13.6	6	0.1
166 Lumpectomy, quadrantectomy of breast	849	4.0	2	0.0
167 Mastectomy	68	0.3	0	0.0
168 Incision & drainage, skin & subcutaneous tissue	254	1.2	1,465	12.9
169 Debridement of wound, infection or burn	536	2.5	395	3.5
170 Excision of skin lesion	6,590	31.2	139	1.2

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

CPT Procedure Group 15, Operations on the integumentary system continued	Non- Emergency Department Procedures		Emergency Department Procedures	
	Count	Group %	Count	Group %
CCS Category and Description				
171 Suture of skin & subcutaneous tissue	1,838	8.7	8,644	76.1
172 Skin graft	484	2.3	9	0.1
173 Other diagnostic proc on skin & subcutaneous tissue	2,374	11.3	10	0.1
174 Other non-OR therapeutic procedures on skin & breast	4,583	21.7	533	4.7
175 Other OR therapeutic procedures on skin & breast	645	3.1	154	1.4
Total	21,089	100.0	11,357	100.0
CPT Procedure Group 16, Misc. diagnostic and therapeutic procedures				
CCS Category and Description	Count	Group %	Count	Group %
177 Computerized axial tomography (CT) scan head	6,905	0.4	12,234	1.7
178 CT scan chest	9,183	0.5	2,581	0.4
179 CT scan abdomen	25,759	1.4	17,942	2.5
180 Other CT scan	5,840	0.3	3,355	0.5
181 Myelogram	323	0.0	0	0.0
182 Mammography	77,096	4.2	13	0.0
183 Routine chest X-ray	32,923	1.8	35,014	4.8
184 Intraoperative cholangiogram	270	0.0	6	0.0
185 Upper gastrointestinal X-ray	4,231	0.2	81	0.0
186 Lower gastrointestinal X-ray	374	0.0	13	0.0
187 Intravenous pyelogram	168	0.0	5	0.0
188 Cerebral arteriogram	224	0.0	13	0.0
189 Contrast aortogram	326	0.0	11	0.0
190 Contrast arteriogram of femoral & lower extremity arteries	42	0.0	3	0.0
191 Arterio- or venogram (not heart & head)	1,499	0.1	199	0.0
192 Diagnostic ultrasound of head & neck	6,736	0.4	310	0.0
193 Diagnostic ultrasound of heart (echocardiogram)	27,949	1.5	2,760	0.4
195 Diagnostic ultrasound of urinary tract	13	0.0	8	0.0
196 Diagnostic ultrasound of abdomen or retroperitoneum	13,209	0.7	3,001	0.4
197 Other diagnostic ultrasound	36,942	2.0	5,456	0.7
198 Magnetic resonance imaging	37,611	2.0	1,327	0.2
199 Electroencephalogram (EEG)	1,949	0.1	94	0.0
200 Nonoperative urinary system measurements	30,810	1.7	25,503	3.5
201 Cardiac stress tests	8,070	0.4	965	0.1
202 Electrocardiogram	17,960	1.0	38,002	5.2

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

CPT Procedure Group 16, Misc. diagnostic and therapeutic procedures continued	Non- Emergency Department Procedures		Emergency Department Procedures	
	Count	Group %	Count	Group %
203 Electrographic cardiac monitoring	7,798	0.4	949	0.1
205 Arterial blood gases	755	0.0	1,544	0.2
206 Microscopic exam (bacterial smear, culture, toxicology)	298,855	16.1	85,977	11.8
207 Radioisotope bone scan	2,868	0.2	24	0.0
208 Radioisotope pulmonary scan	101	0.0	42	0.0
209 Radioisotope scan & function studies	17,663	1.0	2,261	0.3
210 Other radioisotope scan	999	0.1	158	0.0
211 Therapeutic radiology	33,818	1.8	22	0.0
212 Diagnostic physical therapy	30,612	1.6	1,114	0.2
213 Physical therapy exercises, manipulation & other proc	222,131	12.0	935	0.1
214 Traction, splints & other wound care	4,946	0.3	7,012	1.0
215 Other physical therapy & rehabilitation	23,585	1.3	137	0.0
216 Respiratory intubation & mechanical ventilation	34	0.0	352	0.0
217 Other respiratory therapy	1,822	0.1	6,533	0.9
218 Psychological & psychiatric evaluation & therapy	9,923	0.5	53	0.0
219 Alcohol & drug rehabilitation/detoxification	344	0.0	0	0.0
220 Ophthalmologic & otologic diagnosis & treatment	9,449	0.5	69	0.0
221 Nasogastric tube	1	0.0	2	0.0
222 Blood transfusion	4,715	0.3	699	0.1
224 Cancer chemotherapy	18,438	1.0	14	0.0
225 Conversion of cardiac rhythm	126	0.0	2	0.0
226 Other diagnostic radiology & related techniques	193,014	10.4	69,225	9.5
227 Other diagnostic procedures (interview, eval, consult)	159,174	8.6	245,480	33.7
228 Prophylactic vaccinations & inoculations	21,278	1.1	9,910	1.4
229 Nonoperative removal of foreign body	74	0.0	397	0.1
230 Extracorporeal shock wave lithotripsy, other than urinary	16,037	0.9	4,421	0.6
231 Other therapeutic procedures	432,570	23.3	142,501	19.6
Total	1,857,542	100.0	728,729	100.0

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2008 Outpatient Procedures Performed in Vermont Hospitals

	Non- Emergency Department Procedures		Emergency Department Procedures	
CPT Procedure Group 17, Group of new categories added to effectively represent codes specific to CPT/HCPCS				
CCS Category and Description	Count	Group %	Count	Group %
232 Anesthesia	6,282	0.3	802	0.2
233 Laboratory - Chemistry and Hematology	1,592,453	66.0	379,844	77.1
234 Pathology	131,735	5.5	1,029	0.2
CCS Category and Description	Count	Group %	Count	Group %
235 Other Laboratory	408,199	16.9	27,528	5.6
237 Ancillary Services	11,999	0.5	6,991	1.4
239 Transportation - patient, provider, equipment	38	0.0	0	0.0
240 Medications, Injections, infusions and other forms	223,046	9.2	68,106	13.8
241 Visual aids and other optical supplies	707	0.0	1	0.0
243 DME and supplies	39,097	1.6	8,223	1.7
244 Gastric bypass and volume reduction	38	0.0	0	0.0
Total	2,413,594	100.0	492,524	100.0
CPT Procedure Group 99, Missing				
CCS Category and Description	Count	Group %	Count	Group %
CPT/HCPCS present but no assigned CCS group	2,242	100.0	11	100.0

All 2008 Outpatient CPT/HCPCS procedures and services, each outpatient visit may have multiple CPT/HCPCS codes per visit.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16 Misc. Diagnostic and Therapeutic Procedures
2008 Outpatient Procedures By VT Hospital

Non-Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
177 Computerized axial tomography (CT) scan head	343	637	315	2626	193	75	124	350	164	324	228	605	676	245	6905
178 CT scan chest	301	766	205	4174	130	79	109	521	266	334	265	793	1038	202	9183
179 CT scan abdomen	1305	2533	722	9471	602	285	416	1197	662	1317	995	2777	2579	898	25759
180 Other CT scan	633	343	161	2794	80	28	53	145	41	205	124	677	418	138	5840
181 Myelogram	17	0	0	299	0	0	0	0	0	0	0	7	0	0	323
182 Mammography	5976	10455	2949	27345	2378	0	1513	3263	3748	1132	4225	9114	1796	3202	77096
183 Routine chest X-ray	2134	2896	1027	9417	1031	512	1051	1932	1792	1415	1346	3936	2636	1798	32923
184 Intraoperative cholangiogram	1	47	0	103	3	0	3	4	26	58	1	1	6	17	270
185 Upper gastrointestinal X-ray	332	288	79	1335	91	0	63	147	205	135	340	612	485	119	4231
186 Lower gastrointestinal X-ray	26	9	5	188	6	0	4	9	18	25	16	48	13	7	374
187 Intravenous pyelogram	1	11	2	41	0	0	0	0	2	7	13	57	4	30	168
188 Cerebral arteriogram	0	0	0	224	0	0	0	0	0	0	0	0	0	0	224
189 Contrast aortogram	0	7	0	245	6	0	0	0	0	0	0	68	0	0	326
190 Contrast arteriogram of femoral & lower extremity arteries	0	0	0	40	0	0	0	0	0	0	0	2	0	0	42
191 Arterio- or venogram (not heart & head)	2	35	18	1354	3	0	0	11	0	0	0	33	41	2	1499
192 Diagnostic ultrasound of head & neck	453	543	143	2689	216	0	32	370	137	231	273	982	472	195	6736
193 Diagnostic ultrasound of heart (echocardiogram)	2578	1038	81	14298	1004	0	648	2490	468	615	795	1842	835	1257	27949
195 Diagnostic ultrasound of urinary tract	0	0	0	13	0	0	0	0	0	0	0	0	0	0	13
196 Diagnostic ultrasound of abdomen or retroperitoneum	733	1301	630	4232	262	0	221	601	393	951	571	1525	1322	467	13209
197 Other diagnostic ultrasound	1806	3663	1973	10604	1654	0	621	2258	817	2006	1106	4103	4425	1906	36942
198 Magnetic resonance imaging	1930	2998	1175	14507	1050	0	472	1444	979	1598	1319	5133	3630	1376	37611
199 Electroencephalogram (EEG)	144	208	378	741	112	0	0	53	107	0	0	206	0	0	1949
200 Nonoperative urinary system measurements	3230	1528	1101	10660	1754	38	232	29	1743	537	870	6315	1702	1071	30810
201 Cardiac stress tests	611	166	365	4028	371	0	21	337	407	466	292	222	518	266	8070
202 Electrocardiogram	1155	1169	491	7646	1180	668	463	970	427	715	346	1099	1207	424	17960
203 Electrographic cardiac monitoring	573	103	16	4563	180	30	55	568	242	384	85	804	0	195	7798
205 Arterial blood gases	104	137	27	170	14	1	8	33	74	21	22	69	22	53	755
206 Microscopic exam (bacterial smear, culture, toxicology)	11449	28696	9695	118661	10122	3964	7224	11098	14969	11182	12998	22127	25659	11011	298855
207 Radioisotope bone scan	208	228	56	1278	109	0	0	119	86	86	115	246	191	146	2868
208 Radioisotope pulmonary scan	4	3	2	33	4	0	0	14	8	0	6	7	14	6	101
209 Radioisotope scan & function studies	1329	253	861	9368	793	0	0	118	940	446	396	910	1478	771	17663
210 Other radioisotope scan	31	92	28	218	17	0	0	61	31	141	25	202	138	15	999
211 Therapeutic radiology	0	0	0	25591	0	0	0	0	0	0	0	8227	0	0	33818
212 Diagnostic physical therapy	1657	3984	2018	7352	2162	1090	856	2100	3589	2332	54	1754	29	1635	30612

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16 Misc. Diagnostic and Therapeutic Procedures
2008 Outpatient Procedures By VT Hospital

Non-Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
213 Physical therapy exercises, manipulation & other proc	18300	8732	23685	40941	14253	7036	14014	13455	34069	17034	5	15642	18	14947	222131
214 Traction, splints & other wound care	148	238	1100	910	311	111	68	707	202	357	5	651	2	136	4946
215 Other physical therapy & rehabilitation	2086	843	1822	7565	1017	95	664	1616	2560	796	0	3873	0	648	23585
216 Respiratory intubation & mechanical ventilation	0	1	1	9	10	0	0	2	2	2	0	7	0	0	34
217 Other respiratory therapy	115	118	143	367	416	9	18	206	40	91	12	189	12	86	1822
218 Psychological & psychiatric evaluation & therapy	11	12	0	7761	0	0	1	0	0	0	0	604	0	1534	9923
219 Alcohol & drug rehabilitation/detoxification	0	0	0	0	0	0	0	0	0	0	0	0	0	344	344
220 Ophthalmologic & otologic diagnosis & treatment	45	69	62	8659	67	6	56	264	19	33	10	102	19	38	9449
221 Nasogastric tube	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
222 Blood transfusion	549	237	82	2360	51	6	17	127	177	102	101	663	7	236	4715
224 Cancer chemotherapy	1508	3	487	11341	314	0	392	541	0	0	1	3272	0	579	18438
225 Conversion of cardiac rhythm	0	0	0	126	0	0	0	0	0	0	0	0	0	0	126
226 Other diagnostic radiology & related techniques	17584	15595	8704	78660	8853	1460	3484	5623	8406	10332	4298	9396	8791	11828	193014
227 Other diagnostic procedures (interview, eval, consult)	5797	1129	1793	93386	16390	7	2702	1630	6343	229	4726	15984	69	8989	159174
228 Prophylactic vaccinations & inoculations	26	3025	109	12340	3337	2	178	35	91	110	583	212	296	934	21278
229 Nonoperative removal of foreign body	4	2	0	61	1	0	0	1	0	1	0	1	3	0	74
230 Extracorporeal shock wave lithotripsy, oth than urinary	226	895	572	6900	283	135	279	448	469	772	1043	2201	1592	222	16037
231 Other therapeutic procedures	34005	38953	17901	115640	20373	7700	13209	26555	15675	12614	18834	58259	30747	22105	432570
Total	119470	133989	80984	683334	91203	23337	49271	81452	100394	69136	56444	185560	92890	90078	1857542

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16 Misc. Diagnostic and Therapeutic Procedures
2008 Outpatient Procedures By VT Hospital

Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
177 Computerized axial tomography (CT) scan head	481	1264	434	2547	361	49	238	663	269	1201	439	1644	1627	1017	12234
178 CT scan chest	70	343	38	638	31	7	51	94	33	196	83	338	436	223	2581
179 CT scan abdomen	599	2090	874	3778	318	117	301	780	298	1842	678	2273	2676	1318	17942
180 Other CT scan	146	509	133	853	88	4	48	145	30	249	94	485	172	399	3355
181 Myelogram	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
182 Mammography	0	5	3	0	0	0	0	2	0	0	1	1	1	0	13
183 Routine chest X-ray	1720	3676	1701	5347	985	266	916	2638	1623	3412	1761	4220	3851	2898	35014
184 Intraoperative cholangiogram	0	4	0	1	0	0	0	0	0	1	0	0	0	0	6
185 Upper gastrointestinal X-ray	3	2	2	38	2	0	2	0	7	4	8	8	2	3	81
186 Lower gastrointestinal X-ray	0	0	0	7	0	0	0	0	0	0	1	1	3	1	13
187 Intravenous pyelogram	0	0	1	1	0	0	0	0	2	1	0	0	0	0	5
188 Cerebral arteriogram	0	0	0	13	0	0	0	0	0	0	0	0	0	0	13
189 Contrast aortogram	0	1	0	4	1	0	0	0	0	0	0	4	0	1	11
190 Contrast arteriogram of femoral & lower extremity arteries	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3
191 Arterio- or venogram (not heart & head)	0	6	27	95	1	0	1	1	0	0	0	4	60	4	199
192 Diagnostic ultrasound of head & neck	13	25	13	35	7	0	0	14	3	38	12	82	29	39	310
193 Diagnostic ultrasound of heart (echocardiogram)	97	404	6	466	97	0	15	52	30	147	45	909	348	144	2760
195 Diagnostic ultrasound of urinary tract	0	0	0	8	0	0	0	0	0	0	0	0	0	0	8
196 Diagnostic ultrasound of abdomen or retroperitoneum	47	132	95	1355	31	0	34	46	31	164	78	328	549	111	3001
197 Other diagnostic ultrasound	71	417	204	2073	57	0	81	161	43	349	95	779	900	226	5456
198 Magnetic resonance imaging	14	39	14	910	10	0	8	6	1	48	21	100	119	37	1327
199 Electroencephalogram (EEG)	4	8	20	39	0	0	0	0	1	0	0	11	11	0	94
200 Nonoperative urinary system measurements	1687	54	1302	6670	858	174	265	251	517	5229	1629	4710	1899	258	25503
201 Cardiac stress tests	7	141	18	334	39	0	2	5	7	5	7	122	230	48	965
202 Electrocardiogram	1248	3340	1369	6396	1047	341	1562	2312	1453	3550	5484	3891	3577	2432	38002
203 Electrographic cardiac monitoring	31	6	130	49	14	16	4	60	55	120	324	110	0	30	949
205 Arterial blood gases	65	301	60	121	20	5	47	228	42	156	116	91	163	129	1544
206 Microscopic exam (bacterial smear, culture, toxicology)	4783	8840	4227	13091	2245	756	2707	6767	4558	5261	5865	8069	9861	8947	85977
207 Radioisotope bone scan	1	1	1	8	0	0	0	0	1	0	2	5	1	4	24
208 Radioisotope pulmonary scan	0	0	1	16	0	0	0	2	2	0	0	1	14	6	42
209 Radioisotope scan & function studies	16	497	15	1031	103	0	0	2	9	0	4	222	242	120	2261
210 Other radioisotope scan	0	10	1	25	0	0	0	2	0	0	3	79	36	2	158
211 Therapeutic radiology	0	0	0	5	0	0	0	0	0	0	0	14	3	0	22
212 Diagnostic physical therapy	54	96	59	258	38	0	32	26	12	49	25	321	122	22	1114

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16 Misc. Diagnostic and Therapeutic Procedures
2008 Outpatient Procedures By VT Hospital

Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
213 Physical therapy exercises, manipulation & other proc	136	150	91	181	6	0	32	9	17	91	13	104	88	17	935
214 Traction, splints & other wound care	2	603	5	2257	6	0	2	423	791	592	96	729	1506	0	7012
215 Other physical therapy & rehabilitation	0	0	58	35	0	0	6	1	1	0	0	31	5	0	137
216 Respiratory intubation & mechanical ventilation	5	67	2	71	4	0	11	8	11	50	25	29	44	25	352
217 Other respiratory therapy	6	1193	191	1765	203	4	155	629	320	953	153	172	35	754	6533
218 Psychological & psychiatric evaluation & therapy	0	0	0	53	0	0	0	0	0	0	0	0	0	0	53
219 Alcohol & drug rehabilitation/detoxification	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
220 Ophthalmologic & otologic diagnosis & treatment	0	0	4	44	4	0	1	1	0	0	0	12	3	0	69
221 Nasogastric tube	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
222 Blood transfusion	43	34	29	143	18	8	13	62	18	91	24	86	67	63	699
224 Cancer chemotherapy	1	0	1	12	0	0	0	0	0	0	0	0	0	0	14
225 Conversion of cardiac rhythm	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
226 Other diagnostic radiology & related techniques	4326	8075	3642	12685	2034	589	1473	4475	3190	7408	3713	7590	5574	4451	69225
227 Other diagnostic procedures (interview, eval, consult)	11917	27133	12224	49418	7913	2596	5109	13078	10880	21469	18933	29640	20044	15126	245480
228 Prophylactic vaccinations & inoculations	181	1674	478	2252	189	7	446	304	537	449	365	803	1721	504	9910
229 Nonoperative removal of foreign body	11	85	0	80	0	0	0	2	33	48	15	73	50	0	397
230 Extracorporeal shock wave lithotripsy, oth than urinary	29	521	243	963	44	14	99	121	146	530	440	494	475	302	4421
231 Other therapeutic procedures	6036	16273	3356	27621	4225	1398	3367	5031	7259	16899	6771	21324	14011	8930	142501
Total	33850	78019	31072	143797	21001	6351	17028	38401	32230	70602	47323	89909	70555	48591	728729

APPENDIX O1 Definitions and Formulae

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

Clinical Classifications Software (CCS) Grouper: CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available at the website:

<http://www.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.

Clinical Classifications Software for CPT and HCPCS Procedures: CCS classification developed at the Agency for Healthcare Research and Quality (AHRQ) and available at the website:

http://www.hcup-us.ahrq.gov/toolssoftware/ccs_svcsproc/ccssvcproc.jsp This can be used to classify Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes into the same categories as the proceeding CCS categories for ICD-9-CM procedures. Additional categories are added to effectively represent codes specific to CPT/HCPCS procedures and services.

Diagnosis: The condition, determined after study, which occasioned the patient's admission to the hospital. The accuracy or reliability of the diagnosis depends on several factors including the physician's understanding of the problem and the recorder's ability to fit this to

established coding conventions. For those cases with multiple problems, the primary diagnosis may not be the reason for surgery or cause of death.

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

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

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

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

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

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

APPENDIX O2

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 O2

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

CCS High Level Diagnosis Group 5: Mental Disorders

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

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

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

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

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

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

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

APPENDIX O2

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

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

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

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

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

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

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

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

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

APPENDIX O2

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

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

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

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

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

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

CCS High Level Diagnosis Group 14: Congenital Anomalies

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

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

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

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

CCS High Level Diagnosis Group 16: Injury and Poisoning

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

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

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

APPENDIX O2

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

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

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

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

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

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

APPENDIX O4
Hospitals in this Report

Vermont Acute Care Hospitals

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX O4
Hospitals in this Report

New Hampshire Hospitals

Alice Peck Day Memorial Hospital (NH-Alice Day) Lebanon, New Hampshire	Exeter Hospital (NH-Exeter) Exeter, New Hampshire	Parkland Medical Center (NH-Parkland) Derry, New Hampshire
Androscoggin Valley Hospital (NH-Androscoggin) Berlin, New Hampshire	Franklin Regional Hospital (NH-Franklin) Franklin, New Hampshire	Portsmouth Regional Hospital (NH-Portsmouth) Portsmouth, New Hampshire
Catholic Medical Center (NH-Catholic) Manchester, New Hampshire	Frisbie Memorial Hospital (NH-Frisbie) Rochester, New Hampshire	Southern New Hampshire Medical Center (NH-Southern NH) Nashua, New Hampshire
Cheshire Medical Center (NH-Cheshire) Keene, New Hampshire	Huggins Hospital (NH-Huggins) Wolfeboro, New Hampshire	St. Joseph's Hospital (NH-St. Joseph's) Nashua, New Hampshire
Concord Hospital (NH-Concord) Concord, New Hampshire	Lakes Region General Hospital (NH-Lakes Region) Laconia, New Hampshire	Speare Memorial Hospital (NH-Speare) Plymouth, New Hampshire
Cottage Hospital (NH-Cottage) Woodsville, New Hampshire	Littleton Hospital (NH-Littleton) Littleton, New Hampshire	Upper Connecticut Valley Hospital (NH-Upper CT Val) Colebrook, New Hampshire
Dartmouth Hitchcock Medical Center (NH-Hitchcock) Lebanon, New Hampshire	Memorial Hospital (NH-Memorial) North Conway, New Hampshire	Valley Regional Hospital (NH-Valley Reg.) Claremont, New Hampshire
Dartmouth Hitchcock Psychiatric Unit* (NH-Hitch. Psych) Lebanon, New Hampshire	Monadnock Community Hospital (NH-Monadnock) Peterborough, New Hampshire	Weeks Medical Center Hospital (NH-Weeks) Lancaster, New Hampshire
Elliot Hospital (NH-Elliot) Manchester, New Hampshire	New London Hospital (NH-New London) New London, 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 O4
Hospitals in this Report

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center
(MA-Baystate)
Springfield, Massachusetts

Berkshire Medical Center
(MA-Berkshire)
Pittsfield, Massachusetts

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

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

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

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

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

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

Hillcrest Hospital
(MA-Hillcrest)
Pittsfield, Massachusetts

Lahey Clinic Hospital
(MA-Lahey)
Burlington, Massachusetts

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

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

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

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

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

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

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

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

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

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

APPENDIX O4
Hospitals in this Report

New York Hospitals Most Frequently Used by Vermont Residents

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

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

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

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

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

Samaritan Hospital
(NY-Samaritan)
Troy, New York

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

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

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

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

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

Leonard Hospital
(NY-Leonard)
Troy, New York

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

APPENDIX O5

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 O5

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

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

- 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 O5

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 O5

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

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

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

CCS High Level Procedure Group 17: Group of new categories added to effectively represent codes specific to CPT

- 232 Anesthesia
- 233 Laboratory - Chemistry and Hematology
- 234 Pathology
- 235 Other Laboratory
- 237 Ancillary Services
- 239 Transportation - patient, provider, equipment
- 240 Medications, Injections, infusions and other forms
- 241 Visual aids and other optical supplies
- 243 DME and supplies
- 244 Gastric bypass and volume reduction

APPENDIX O6 History of Outpatient Data Collection

History in Outpatient data collection and identification

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

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

In reporting year 2002 a small number of procedures in the new ICD-9-CM code range beginning 00, began to appear in the outpatient procedures dataset. While these procedures were outside the required reporting range, they have been included in the reports since 2003. With the expansion of the outpatient data in 2006 these procedures are now required to be reported and outpatient procedures are defined as records having any procedure within the ICD-9-CM code range 00-86.99.

Beginning with reporting year 2003, two changes were made to the records selected for inclusion in outpatient procedure analyses. Records with certain patient types (observation bed records “O” and series patient records “X”) in addition to those designated as ambulatory surgery (patient type “A”) were included if they had a procedure in the defined range. At the same time, records that originated in the emergency department (ED) were excluded from most analyses, even if they had a procedure in the defined range. In 2005, records with patient

type E, not having an emergency room revenue code (450-459), were included in the outpatient data if the record had any procedure in range. The expansion of patient types was made for the following reasons:

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

A decrease in records occurred due to the exclusion of records that originated in the ED from most tables. Records originating in the ED were excluded from most outpatient procedure analyses in order to handle an apparent inconsistency in how hospitals code ED patients who require a procedure in the ICD-9-CM range 00.0-86.99 (such as skin suturing, for example). Some hospitals label these patients as patient type “A” and some as patient type “E.” Limiting most outpatient procedure analyses to only those records not originating in the ED has focused the analyses on what might be called “planned” procedures.

Beginning in 2004, outpatient procedure data also became available from the New York Department of Health for Vermont residents using New York hospitals and free-standing ambulatory

surgery centers. New York uses a stricter definition for outpatient procedures than Vermont. New York limits collection of outpatient procedure records to those procedures which require anesthesia and take place in an operating room.

Beginning with reporting year 2006, additional records were collected on all outpatient visits, including diagnostic and therapeutic services and tests at Vermont's acute care hospitals.

Tables O8-O12 examine this expanded dataset, looking at specific primary cost centers, or diagnostic groups and are included as examples of the type of information that can be extracted.

Beginning with reporting year 2008, categorizing outpatient visits by CPT/HCPCS procedures and services codes in addition to primary ICD-9-CM procedures are reported in preparation for a shift away from reporting ICD-9-CM procedures in the outpatient setting.