

2010

Vermont Hospitals Report

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Disclaimer

Hospital discharge data for use in this publication were supplied by the VAHHS-NSO reporting system, Vermont EXPLOR, under a contract with DFR. 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 DFR, before inclusion in the Vermont Uniform Hospital Discharge Data Set (VUHDDS). The Vermont Uniform Hospital Discharge Data Set is used to construct this report and is the official state data file available to the public. VDH does not assume responsibility for errors in the data due to coding or processing by hospitals, VAHHS-NSO Vermont EXPLOR, or other data providers.

Requesting Hospital Data Files

Public Use data files are available on the VDH website:
<http://healthvermont.gov/research/hospital-utilization.aspx>.

Information on requesting research hospital discharge data sets (that include non-public data elements not found in Public Use data files) can be found on the VDH website:
http://healthvermont.gov/research/hospital-utilization/VHUR_FAQS.aspx.

For any additional information concerning the data sets, contact the Vermont Department of Financial Regulation at (802) 828-2900 or (800) 631-7788.

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2010 Vermont Hospitals Report

User's Guide

Introduction

The Vermont Hospitals Report presents information about patient health issues and hospital services provided in fourteen Vermont acute care hospitals within inpatient, outpatient and emergency department settings.

Hospital-based analyses are useful for understanding overall hospital utilization, and have applications for health system planning, cost containment, and resource development. Vermont hospitals near Vermont's borders may provide care to people in neighboring, non-Vermont towns. Hospital-based analyses include all people served by each hospital, regardless of their state of residency. This report focuses only on data from Vermont hospitals, and includes all patients who received services regardless of whether they were Vermont residents or residents of other states.

Analyses by hospital service area (HSA) can be used to compare data for residents of geographic regions of Vermont who were provided services in any Vermont, New Hampshire, New York, or Massachusetts hospital. With some caveats, population-based HSA analyses can help compare morbidity and practice variations across different regions of Vermont. Because data for Vermont residents using hospitals in bordering states are not available at the time of production of this report, it is not possible to calculate accurate population-based rates for Vermont residents for this report. ***This report is based only on data from Vermont hospitals: analyses by hospital service area are not available.***

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

exceeds the number of individuals who received hospital-based services during the reporting year.

Sources of Data

All fourteen of Vermont's civilian acute care hospitals, under an agreement with the Vermont Association of Hospitals and Health Systems - Network Services Organization (VAHHS-NSO), supply discharge abstracts directly to VAHHS-NSO in electronic format for processing and consolidation. Under a contract with the Vermont Department of Financial Regulation (DFR, formerly the Department of Banking, Insurance, Securities and Health Care Administration [BISHCA]), VAHHS-NSO provides data to the Vermont Department of Health (VDH).

Upon receipt of Vermont hospital discharge data from VAHHS-NSO, VDH edits the data and checks for completeness and internal consistency. Results of these analyses are shared with VAHHS-NSO and participating Vermont hospitals as part of an ongoing quality improvement process.

The Veterans Administration hospital in White River Junction submitted data until June 30, 2006. The Brattleboro Retreat in Brattleboro and the Vermont State Hospital are strictly psychiatric hospitals and do not participate in this data collection effort.

Exclusions

As in any data set of this size, there are a small number of records with incomplete or missing elements. These records must be excluded from particular analyses. The number of missing records is indicated in each table so that all totals can be reconciled.

Throughout the report, to avoid counting hospitalizations for delivery twice, the maternal record is included, but the newborn record is not. This is a standard practice in hospital utilization analysis. However, discharge records for newborns are retained in the Vermont Uniform

Hospital Discharge Data Set to support research and analyses that include this population.

Data Collection in Vermont

Inpatient discharge data have been the core of the Vermont hospital utilization reports since 1975. These data have been helpful in hospital planning and have provided a longitudinal view of hospital utilization and the health of Vermonters.

All fourteen of Vermont's civilian acute care hospitals participate in the Emergency Department reporting system. To improve understanding of utilization patterns in the health care system, ED data were selected as the next logical subset of outpatient data to be collected. ED usage is particularly of interest in a rural state that may have limited sites and hours available for provision of primary and urgent care in some areas. ED data also provide essential information for injury control studies since this is often the setting in which accidental and intentional injuries are evaluated and treated.

All fourteen of Vermont's civilian acute care hospitals submit outpatient data to the hospital discharge reporting system.

In 2006 additional types of hospital-based outpatient services were collected in the hospital discharge dataset, such as diagnostic tests and therapeutic services. This report continues to explore these expanded outpatient data and includes information on revenue codes and Primary Cost Centers.

Hospital Settings

Inpatient Discharges. The inpatient dataset includes all discharges that are billed as an inpatient stay, regardless of admission source. Maternal records are included, but newborns (MDC 15) are excluded from reports to avoid duplicate counts (although newborn charges are included in reports of total charges). Several tables provide comparisons of inpatient records that originated in the ED with those that did not.

Emergency Department (ED) Visits. ED data are defined as records that originated in the ED, as indicated by an associated revenue code of 450-459, Emergency Room. ED visits are reported in terms of admission or non-admission to the inpatient setting.

Outpatient Procedures. The outpatient procedure data include records that did not originate in the ED and that have a procedure code in the ICD-9-CM code range 00.0-86.99. Outpatient procedures may have been performed in an operating room or other hospital outpatient setting. The outpatient procedure data also include Observation Bed records, defined as records from all outpatient settings that had an associated revenue code of 760 or 762, Treatment/Observation Room.

Expanded Outpatient Services. The expanded outpatient data include records that do not have an associated ED or Observation Bed revenue code, and do not have a procedure code in the ICD-9-CM code range 00.0-86.99. These data include additional types of hospital-based outpatient services, such as diagnostic tests and therapeutic services not classified elsewhere. Collection of the expanded outpatient data began with the 2006 reporting year.

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

Classification of Inpatient Discharges and Outpatient Procedures and Services

Inpatient discharges are often grouped by diagnoses using Medicare Severity Diagnosis Related Groups (MS-DRGs) and Major Diagnostic

Categories (MDCs). MS-DRG groupings describe conditions and procedures related to similar body systems or etiologies, and are further grouped into 25 MDCs. However, for this report, inpatient discharges are grouped using the same Clinical Classifications Software (CCS) as used for outpatient procedures and services and emergency department visits in order to facilitate comparisons across hospital settings.

Hospitals currently report inpatient and outpatient procedures and services in multiple ways, by 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 revenue codes. Using Clinical Classifications Software (CCS), inpatient tables are based upon ICD-9-CM diagnosis groups. Outpatient tables also are based upon ICD-9-CM diagnosis and procedure groups, revenue groups, and CPT/HCPCS procedure groups. 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.

Clinical Classifications Software (CCS) Groupings. Clinical Classifications Software (CCS) is a tool that can collapse ICD-9-CM principal diagnosis (over 12,000) and procedure (over 3,500) codes into meaningful categories. The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 mutually exclusive categories. Similarly, the single-level procedure CCS aggregates procedures into 231 mutually exclusive categories, most representing single types of procedures. High level CCS groups further collapse single-level CCS groups into broad categories based on body systems or condition.

The CCS diagnosis and procedure groups are used in these tables to compare patient records within and across health care settings. CCS was developed at the Agency for Healthcare Research and Quality (AHRQ) and is available to the public at the website: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>

ICD-9-CM Procedure Groups. 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. ICD-9-CM procedures have been grouped into categories based on the first two digits of their ICD-9-CM codes.

Revenue Code Primary Cost Center Groups. Primary Cost Centers (PCCR) are used to group revenue codes into broader categories of services. Just a few of all possible Primary Cost Center categories are reported on individually in these tables. If a visit includes multiple revenue codes that are mapped to the same Primary Cost Center category, that PCCR category is counted only once for that visit.

CPT/HCPCS Procedure Groups. Clinical Classifications Software (CCS) groups CPT and HCPCS procedure and service codes. 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 PCCR groups that report at the visit level.

Additional Definitions

Average length of stay: Average length of stay is the total patient days divided by the number of discharges in a selected category. It is a rough measure of the amount of care provided during a typical hospital stay.

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.

Comparative analyses of hospital charges must take into account the limitations of charge data. The payments that hospitals receive for an episode of care rarely equal what is charged. All patients, or insurance plans, do not pay the same amount for similar treatments, supplies and services, even though they may be billed the same amount. Private

insurers generally negotiate separately with hospitals to set reimbursement rates. The federal and state governments set Medicare and Medicaid reimbursement rates independently. Variations in charges and reimbursement may be designed so services are cross-subsidized.

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.

Throughout this report, to avoid counting hospitalizations for delivery twice, the maternal record is included, but the newborn record is not. However, charges on the newborn record are included in summary calculations of charges.

Clinical Classifications Software (CCS) Grouper: CCS developed at the Agency for Healthcare Research and Quality (AHRQ) and available at the website: <http://www.hcup-us.ahrq.gov/toolssoftware/ccs/ccs.jsp>. CCS collapses ICD-9-CM 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 (CCS) for CPT and HCPCS Procedures: CCS 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 software can be used to collapse Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) codes into the same categories as the 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.

Discharge: The equivalent of a hospital admission, except that for a specified time period, only those cases discharged are counted. A count of discharges measures how often care is sought. The same individual will be counted as more than one discharge if hospitalized more than once during the time studied. Note that discharges do not necessarily reflect disease incidence or prevalence, just the fact of utilization of the hospital resource. Maternal records are included, but newborn records are excluded from the inpatient tables, to avoid duplicate counts. However, newborn records are retained in the Vermont Uniform Hospital Discharge Dataset.

Emergency Department (ED) Dataset: Consists of all records that have 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 or an associated ED or Observation Bed 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 and charges on the newborn record are included in summary calculations of charges.

Observation Bed: Outpatient records that have an associated revenue code of 760 or 762. A status recognized by third-party payers - e.g. Medicare, health insurance companies and others, in which a patient is

admitted to the hospital for a period of 23 hrs and 59 minutes or more, depending on the 3rd party, with either a specific 'rule/out' diagnostic consideration—e.g., appendicitis, angina, MI, or pneumonia; observation may also refer to a known patient status, in which a previously diagnosed condition is managed under observation - e.g., dehydration, anemia, etc; a popular term for a bed occupied by a person in an outpatient observation status. (McGraw-Hill Concise Dictionary of Modern Medicine. © 2002 by The McGraw-Hill Companies, Inc.)

Outpatient Procedures Dataset: Consists of outpatient records with a procedure in the ICD-9-CM code range of 00.0-86.99 that were performed in an operating room, ambulatory surgery area, or other outpatient setting.

Patient day: Defined as a stay in a hospital for all or part of a day. Patient days are one way of measuring the amount of care provided.

Population-based Rate: The rate of a population's use of hospital services. Because data for Vermont residents using hospitals in bordering states are not available at the time of production of this report, it is not possible to calculate accurate population-based rates for Vermont residents for this report.

Primary Cost Center: The Centers for Medicare and Medicaid Services (CMS) developed a 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.

Highlights

Highlights of Charges and In-migration to Vermont Hospitals

Total Charges

- **Total charges for inpatient discharges from Vermont hospitals** increased from 2009 to 2010: charges for Vermont residents increased by 4.9%, and charges for non-residents increased by 7.3%. However, the numbers of inpatient discharges for both Vermont residents and non-residents decreased slightly from 2009 to 2010.
- **Total charges for Vermont residents with ED visits to Vermont hospitals** increased by 17.4% from 2009 to 2010, less than the increase of 21.3% for non-residents. The number of Vermont residents' ED visits increased only slightly from 2009 to 2010, but the number of non-residents' ED visits increased by 5.7%.
- **Total charges for Vermont residents with outpatient procedures in ICD-9-CM range 00-86 at Vermont hospitals** increased by 8.9% from 2009 to 2010, slightly less than the increase of 10.2% for non-residents. At the same time, the numbers of outpatient procedures in range for both Vermont residents and non-residents decreased slightly from 2009 to 2010.

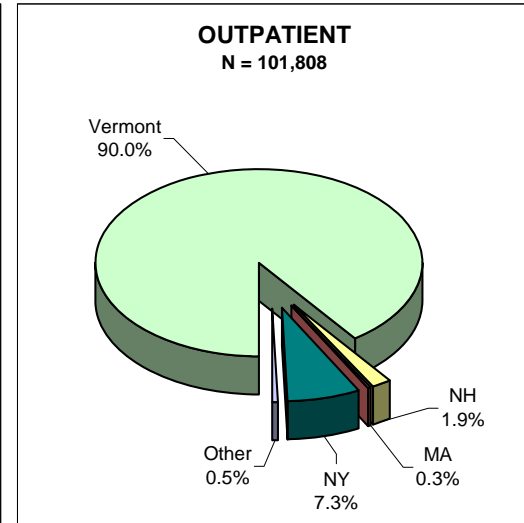
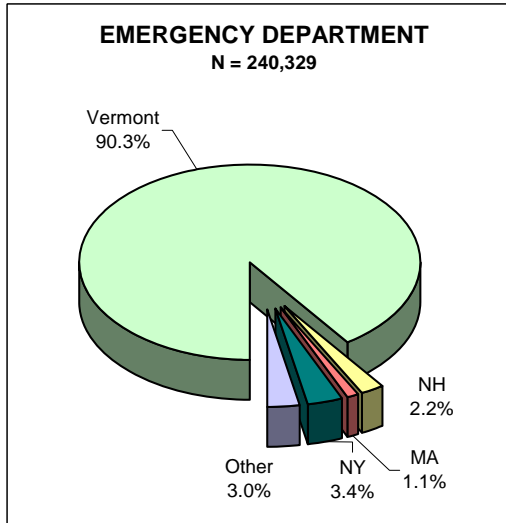
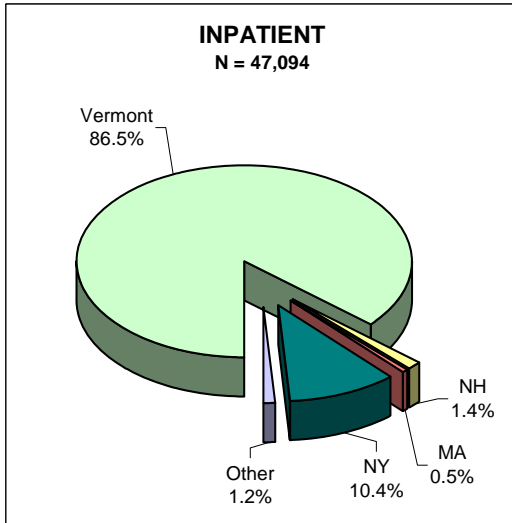
In-migration

- Most in-migration to Vermont hospitals by non-residents for inpatient care, ED visits, and outpatient procedures in range continues to be by New York residents.
- However, New York residents comprise a much smaller percent of all ED visits than that found in either the inpatient or outpatient settings (3.4% of ED visits, compared to 10.4% of inpatient discharges and 7.3% of outpatient procedures in range).

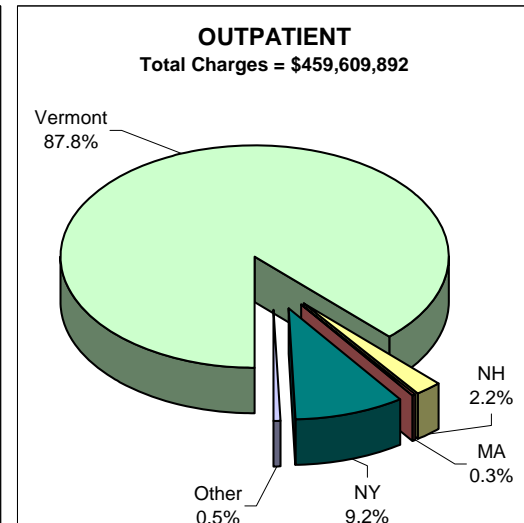
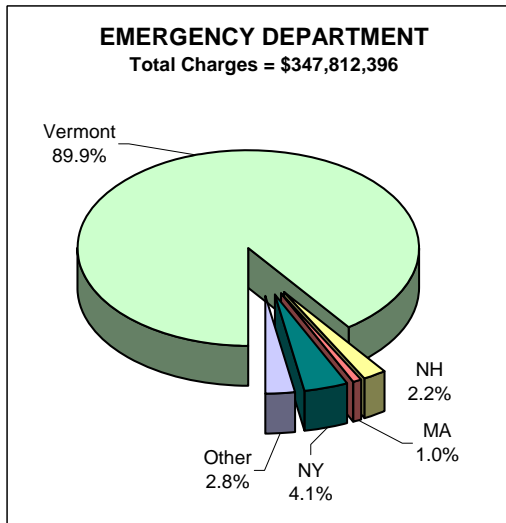
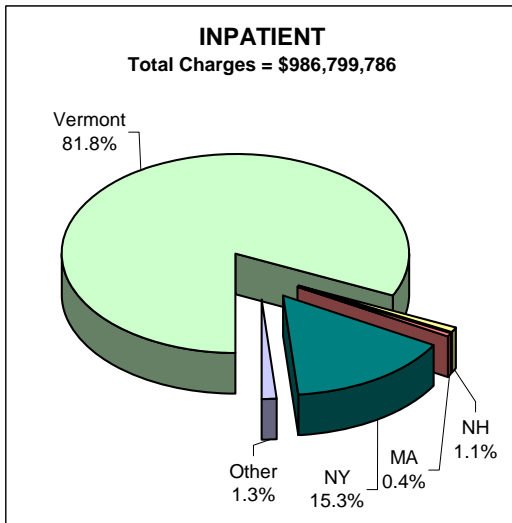
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2010 Vermont Hospitals Summary of Patients' State of Residence by Hospital Setting

Percent of Total Discharges



Percent of Total Charges

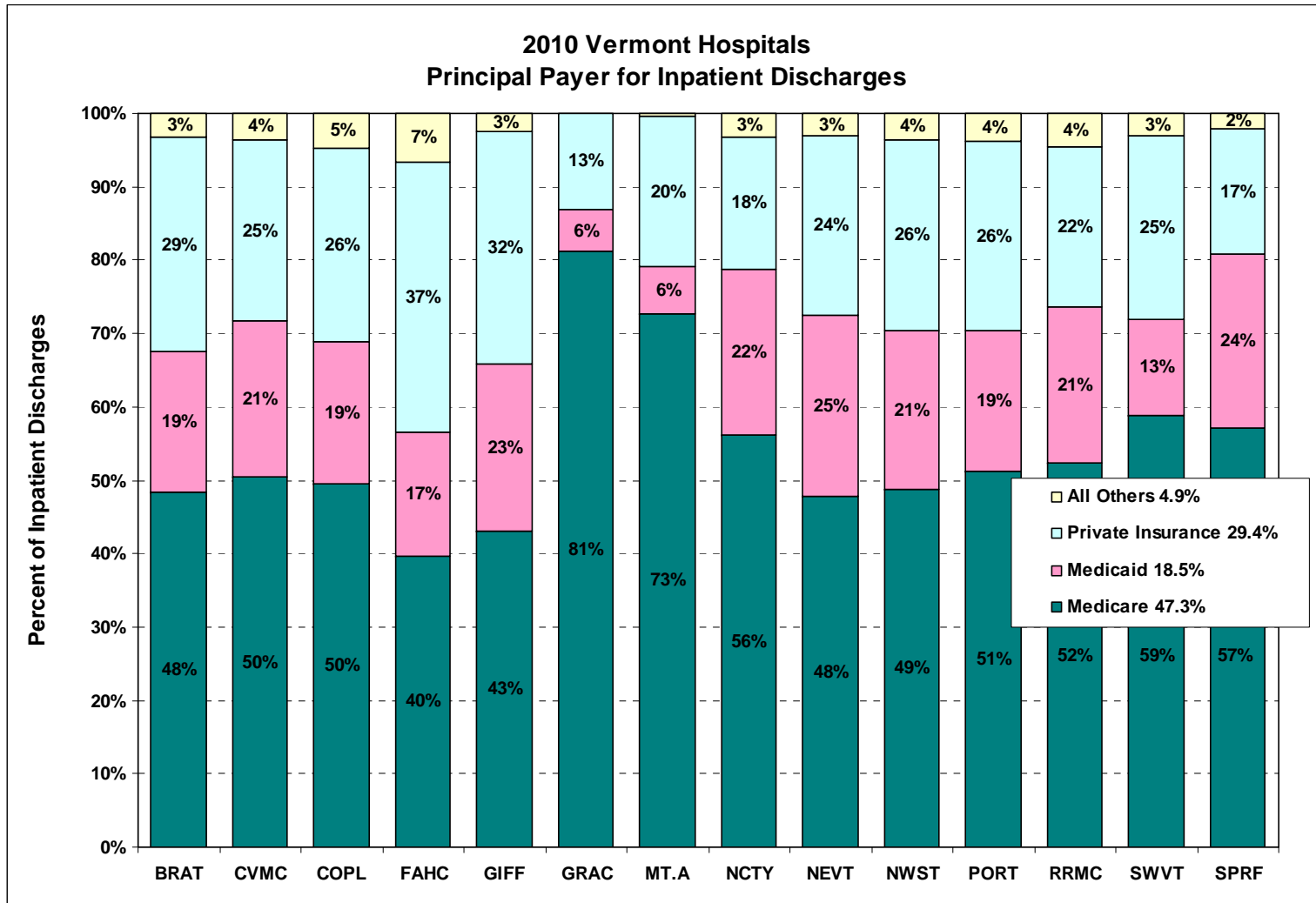


Numbers of discharges exclude newborns. Total charges include charges for newborns.

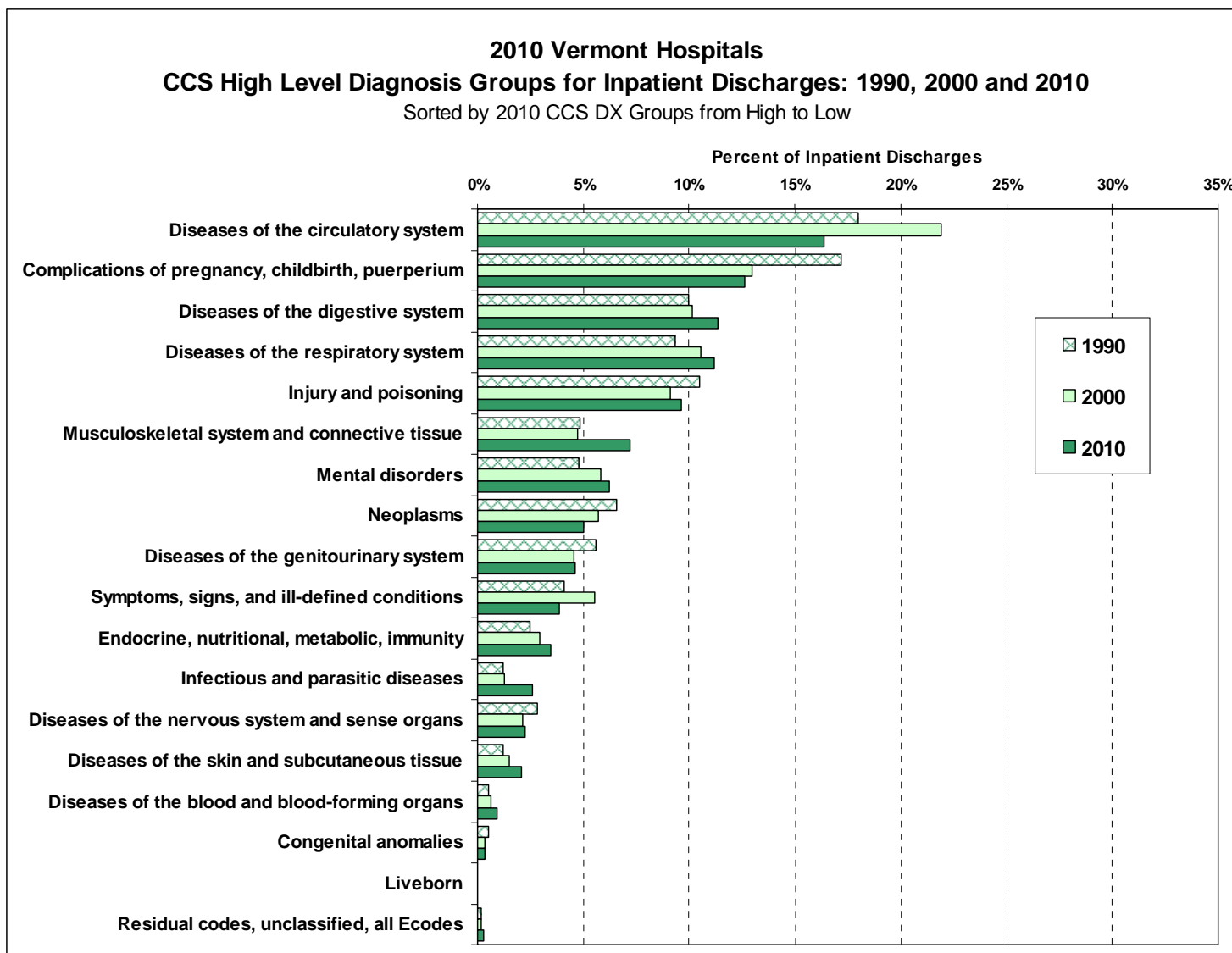
Highlights of Inpatient Discharges from Vermont Hospitals

- **In 2010 there were 47,094 inpatient discharges from Vermont hospitals**, excluding newborns but including maternal records. Of these, 86.5% were Vermont residents, and 13.5% were residents of New Hampshire, Massachusetts, New York or elsewhere. Records from the Veterans Administration hospital in White River Junction are not included in the annual data set.
- **The number of inpatient discharges from Vermont hospitals has declined 11.4% from 1990 and 6.2% from 2000**, including both Vermont residents and non-residents. The average length of stay for these discharges has declined from 6.5 days per discharge in 1990, to 4.9 in 2000, and 4.5 in 2010.
- **Similar to findings in recent years**, about half of the total inpatient discharges from Vermont hospitals in 2010 originated in the Emergency Department.
- **Fletcher Allen Health Care** continues to have the highest number of inpatient discharges at 20,097 in 2010 (42.7% of all inpatient discharges, compared to 34.6% in 1990 and 40.3% in 2000). Grace Cottage Hospital and Mt. Ascutney Hospital and Health Center have the lowest total numbers of inpatient discharges.
- **Fletcher Allen Health Care** continues to have the highest total number of patient days at 106,747 in 2010 (50.4% of all patient days), followed by Rutland Regional Medical Center with 14.7%. Grace Cottage Hospital has the lowest total number of patient days (598).
- **In 2010, average length of stay in Vermont hospitals varied** from 2.9 days per discharge at Grace Cottage Hospital and Northwestern Medical Center to 5.3 days per discharge at Fletcher Allen Health Care.
- **The 15-44 and 45-64 year old age groups** each accounted for 27% of all Vermont hospital inpatient discharges in 2010.
- **Females comprised more than half** of all Vermont hospital inpatient discharges in 2010 (58%), as in previous years. Compared to males, females had higher percents of discharges in the 15-44 and the 80+ age groups (74% and 61% respectively). The percent of discharges for males was highest for the <15 age group (58%). Percents of male and female discharges for age groups between 45 and 79 were comparable.

- **Medicare continues to be the leading principal payer** for inpatient discharges from Vermont hospitals at 47.3% of total discharges, followed by Private Insurance at 29.4% and Medicaid at 18.5%.



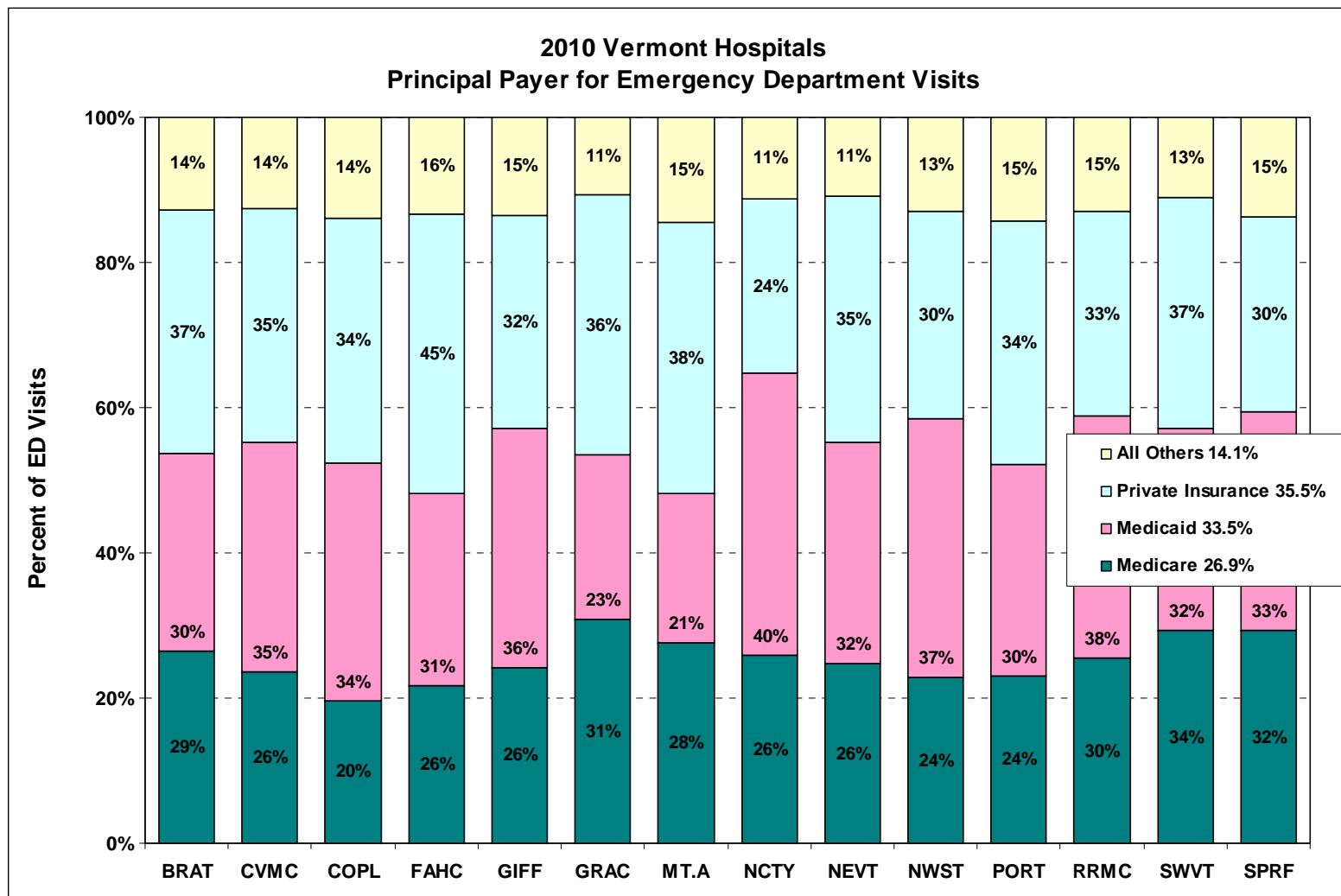
- **The most frequent reasons for hospitalization in 2010** were Diseases of the circulatory system, Complications of pregnancy, childbirth and the puerperium, Diseases of the digestive system, Diseases of the respiratory system, and Injury and poisoning, as in recent years.



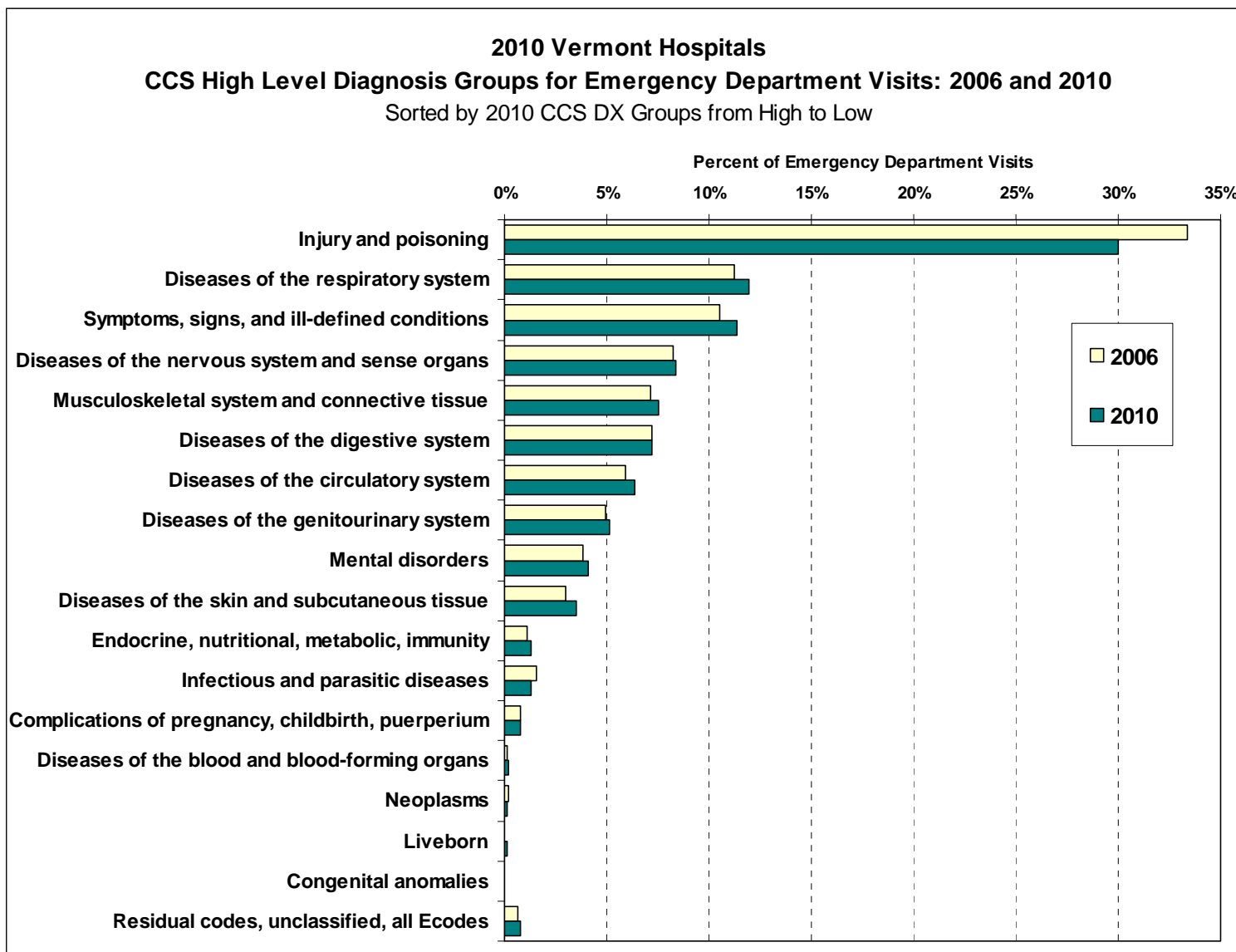
Highlights of Visits to Vermont Hospital Emergency Departments

- **In 2010 there were a total of 264,329 visits to Vermont hospital Emergency Departments**, including both Vermont residents and non-residents. About 91% of these ED visits were not admitted, while the remaining 9% of ED visits were admitted and categorized as inpatient discharges.
- **The number of all ED visits has increased** from 2006 to 2010 by 6.3%, both for ED visits not admitted and for those admitted as inpatients.
- **Fletcher Allen Health Care** continues to have the highest percent of visits to the ED in 2010, leading all Vermont hospitals with 22.0% of all ED visits. Of all ED visits to FAHC, 15.2% were admitted as inpatients.
- **The percent of ED visits that were not admitted in 2010** ranged from a low of 84.8% at Fletcher Allen Health Care to a high of 99.4% at Grace Cottage Hospital.
- **The 15-44 year old age group** accounted for 47.4% of ED visits not admitted to Vermont hospitals in 2010, followed by the 45-64 age group at 22.4%.
- **Females comprised 53.1%** of ED visits not admitted to Vermont hospitals in 2010, comparable recent years. Females had a higher percent of ED visits than males in all age groups except for the <15 age group, also similar to recent years.
- **Most Vermont hospitals saw an increase from 2006 to 2010 in the number of visits to the ED that were not admitted.** Only Mt. Ascutney Hospital and Health Center (-11.1%), Northeastern VT Regional Hospital (-8.5%), and Rutland Regional Medical Center (-7.8%) had decreases from 2006 to 2010 in the number of ED visits that did not result in hospital admission.

- **Private Insurance was the leading principal payer for ED visits not admitted** at 35.5% of these visits in 2010, followed by Medicaid at 33.5% and Medicare at 26.9%.



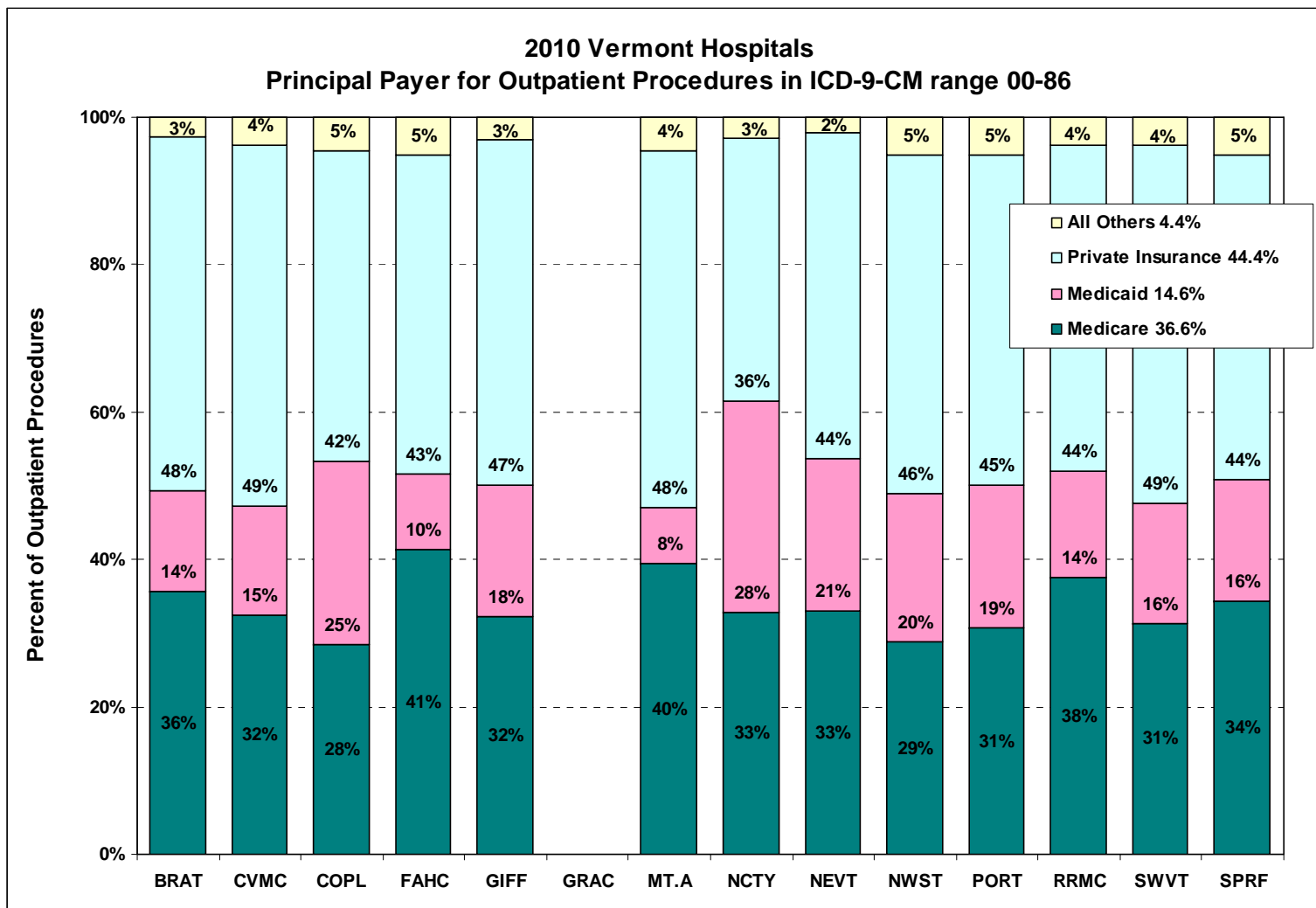
- **The most frequent reasons for ED visits not admitted in 2010** were Injury and Poisoning, Diseases of the respiratory system, Symptoms, signs and ill-defined conditions, Diseases of the nervous system and sense organs, and Musculoskeletal System & Connective Tissue, as in recent years.



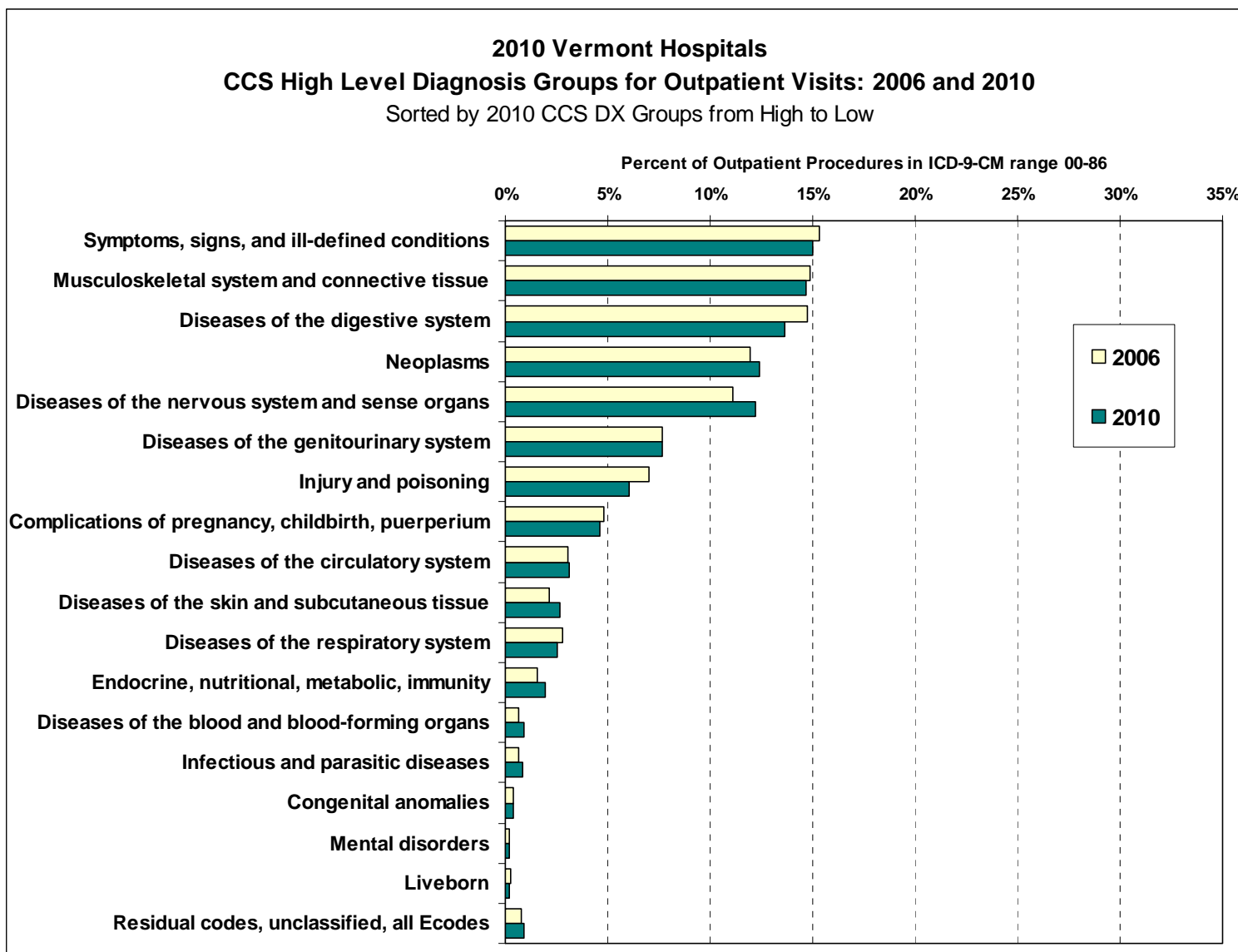
Highlights of Outpatient Procedures in Vermont Hospitals

- **In 2010, there were 101,808 visits to Vermont hospitals for outpatient procedures** with an ICD-9-CM procedure code in the range 00.00-86.99, representing both Vermont residents and non-residents. These outpatient visits did not originate in the Emergency Department.
- **The numbers of outpatient procedures in range in Vermont hospitals** have remained relatively consistent from 2007 to 2010.
- **The 45-64 year old age group** accounted for 39.5% of all outpatient procedures in range in Vermont hospitals in 2010, followed by the 65+ and the 15-44 age groups (34.0% and 22.2% respectively).
- **Females comprised 56.7% of all outpatient procedures in range** in Vermont hospitals in 2010, similar to recent years. Females had a higher percent of outpatient procedures in range than males in all age groups except for the <15 age group, also similar to recent years.
- **The most frequent reasons for expanded outpatient visits** in 2010 (those without a procedure in range or an associated ED flag or observation bed flag) were Symptoms, signs and ill-defined conditions; Endocrine, nutritional, metabolic, immunity; Diseases of the circulatory system; Musculoskeletal System & Connective Tissue; and Diseases of the genitourinary system. These diagnosis groups account for 65% of all expanded outpatient visits to Vermont hospitals, consistent with recent years.
- **In 2010, Rutland had the most Observation Bed records**, leading all hospitals at 17.6% of all Observation Bed records. **Fletcher Allen** followed closely with 17.2% of all Observation Bed records in 2010. These findings are similar to those in recent years.

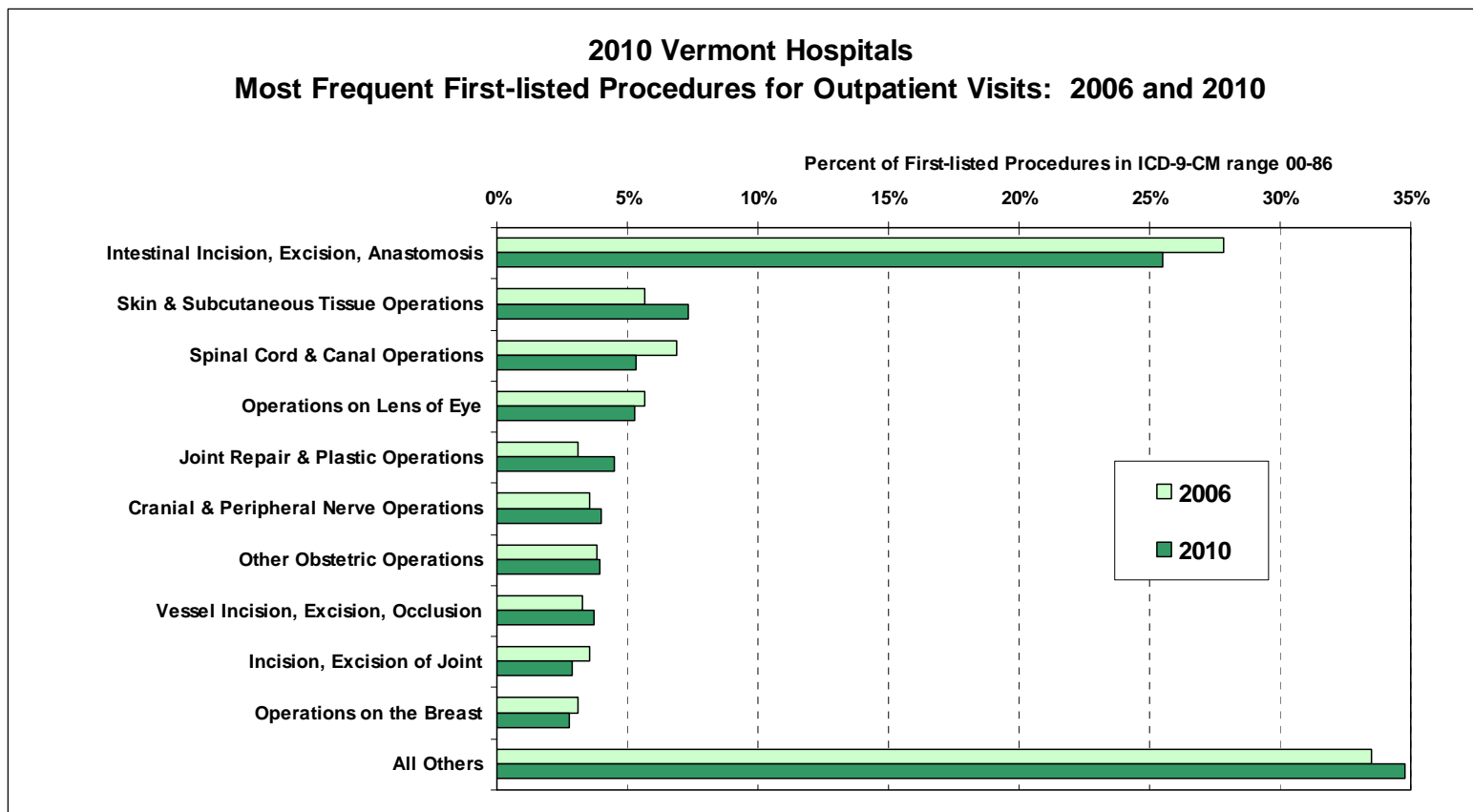
- **Private Insurance was the leading principal payer** for outpatient procedures in range at 44.4% of these procedures in 2010, followed by Medicare at 36.6% and Medicaid at 14.6%.



- **The most frequent reasons for outpatient procedures in range** in 2010 were Symptoms, signs and ill-defined conditions, Musculoskeletal System & Connective Tissue, Diseases of the digestive system, Neoplasms, and Diseases of the nervous system and sense organs, as in recent years.

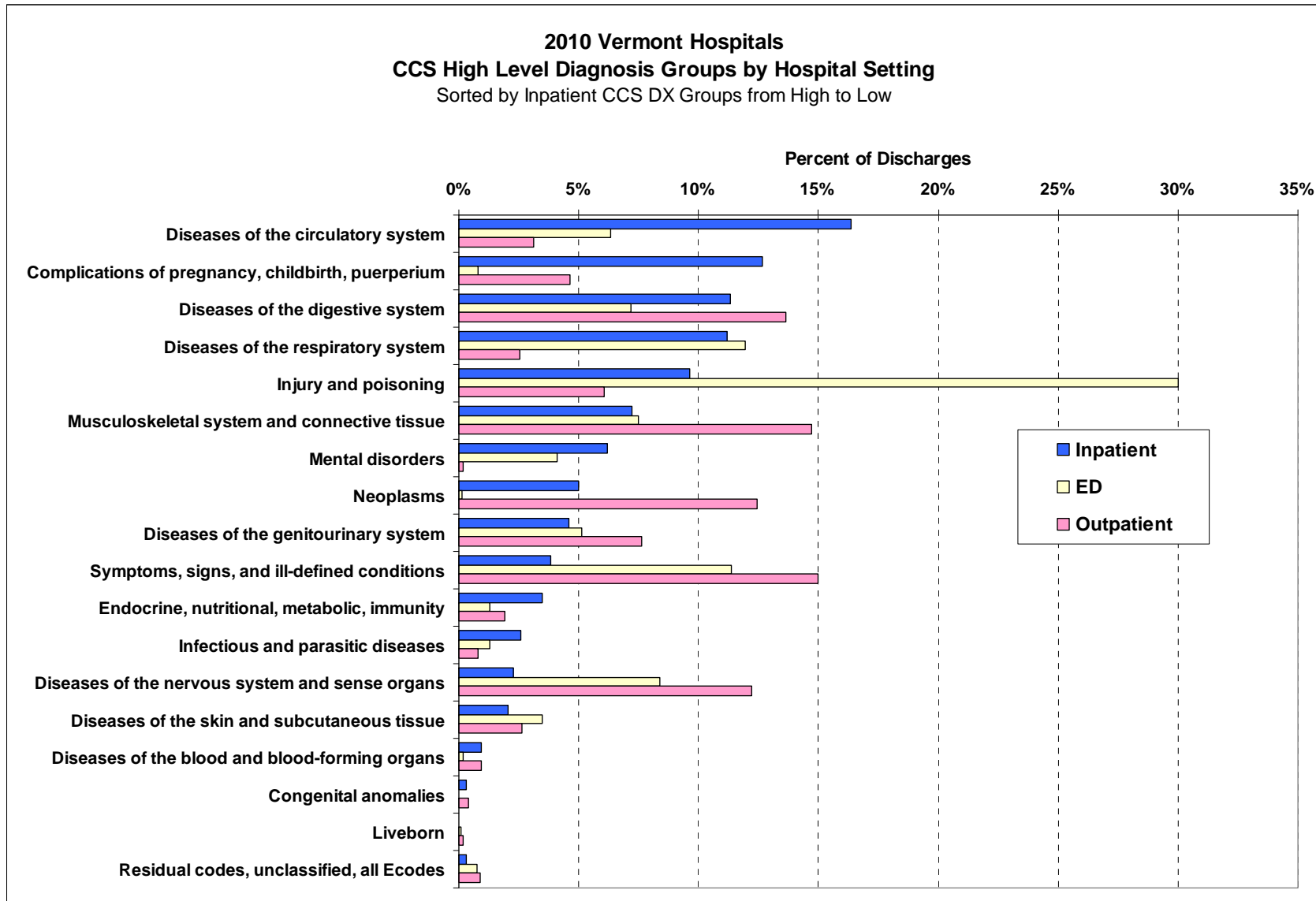


- **The leading first-listed outpatient procedure group in 2010 for both males and females in age groups 45 to 79** was Intestinal Incision, Excision, and Anastomosis. In the 80+ age group, the leading first-listed outpatient procedure group was Skin & Subcutaneous Tissue Operations for males, and Operations on Lens of the Eye for females. For both males and females under age 15, the leading first-listed outpatient procedure group was Other Middle and Inner Ear Operations. These findings are similar to findings in previous years.

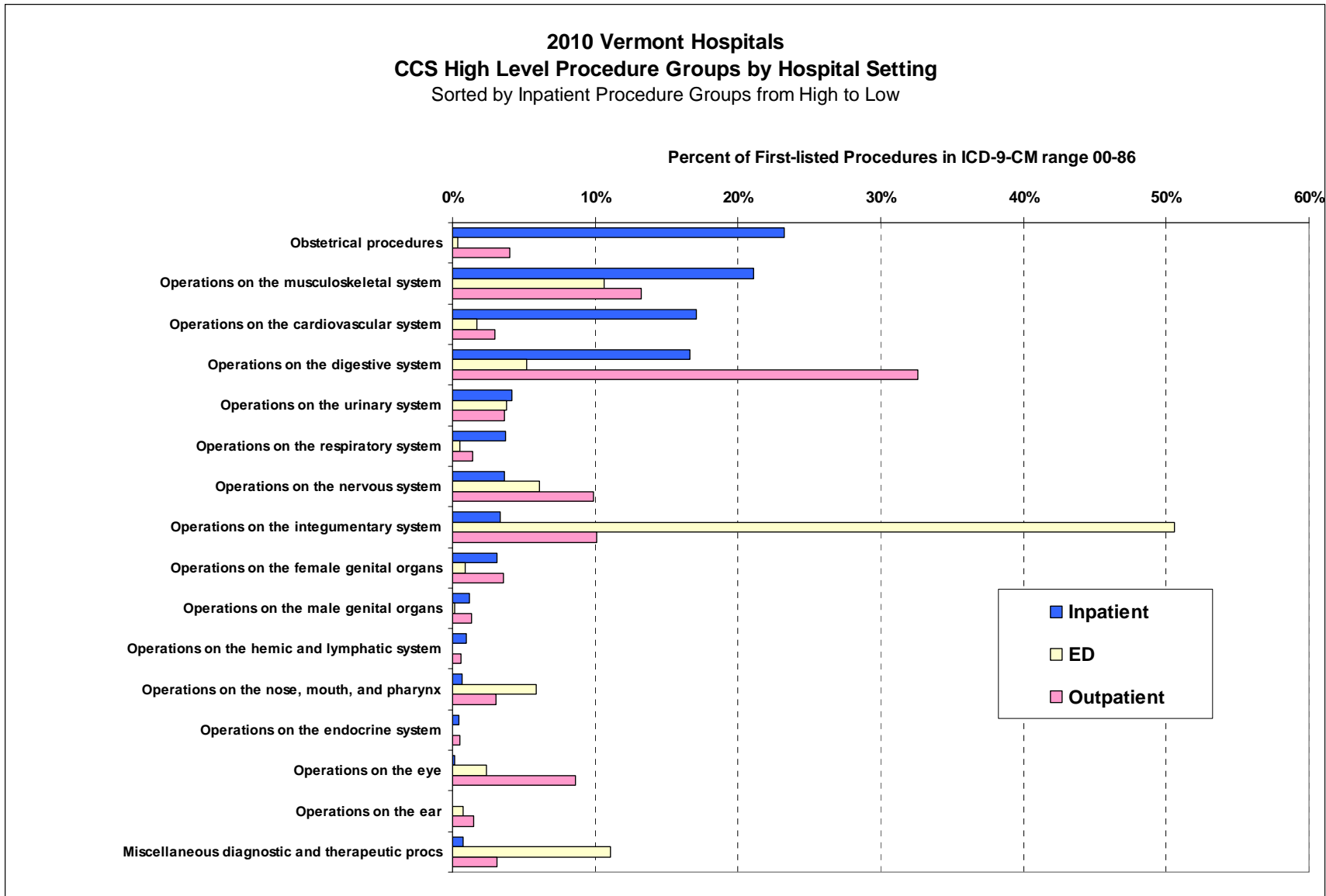


Highlights of Comparisons across Vermont Hospital Settings

- **The most frequent CCS high level diagnosis groups differ across Vermont hospital settings in 2010.** The most frequent diagnosis group for inpatients is Diseases of the circulatory system. The most frequent diagnosis group for ED visits is Injury and poisoning, and for outpatients, Symptoms, signs, and ill-defined conditions (followed closely by Musculoskeletal system and connective tissue).



- **The most frequent CCS high level procedure groups in 2010 differ across hospital settings.** The most frequent procedure group for inpatients is Obstetrical procedures, followed by Operations on the musculoskeletal system. The most frequent procedure group for ED visits is Operations on the integumentary system, and for outpatients, Operations on the digestive system.



Inpatient Discharges

Table I-1
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Type of Visit

Vermont Hospital	Inpatient Discharges Originating in ED		Inpatient Discharges NOT Originating in ED		All Inpatient Discharges	
	N	Row %	N	Row %	N	Col %
Brattleboro Memorial Hospital	1,001	56.6%	769	43.4%	1,770	3.8%
Central Vermont Medical Center	2,503	75.2%	827	24.8%	3,330	7.1%
Copley Hospital	292	21.1%	1,089	78.9%	1,381	2.9%
Fletcher Allen Health Care	8,842	44.0%	11,255	56.0%	20,097	42.7%
Gifford Medical Center	531	50.3%	525	49.7%	1,056	2.2%
Grace Cottage Hospital	17	8.2%	190	91.8%	207	0.4%
Mt. Ascutney Hospital and Health Center	65	14.9%	370	85.1%	435	0.9%
North Country Hospital	293	20.8%	1,114	79.2%	1,407	3.0%
Northeastern Vermont Regional Hospital	367	25.2%	1,091	74.8%	1,458	3.1%
Northwestern Medical Center	940	51.4%	889	48.6%	1,829	3.9%
Porter Medical Center	293	19.6%	1,201	80.4%	1,494	3.2%
Rutland Regional Medical Center	4,378	67.2%	2,137	32.8%	6,515	13.8%
Southwestern Vermont Medical Center	2,997	74.3%	1,035	25.7%	4,032	8.6%
Springfield Hospital	1,475	70.8%	608	29.2%	2,083	4.4%
Total	23,994	50.9%	23,100	49.1%	47,094	100.0%

Numbers of inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.

Table I-2a
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010

<u>Vermont Hospital</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Brattleboro Memorial Hospital	2,432	2,147	1,770	12,984	9,415	6,622	5.3	4.4	3.7
Central Vermont Medical Center	5,164	3,473	3,330	29,285	15,228	15,048	5.7	4.4	4.5
Copley Hospital	1,752	1,423	1,381	7,910	5,353	4,169	4.5	3.8	3.0
Fletcher Allen Health Care	18,401	20,221	20,097	134,782	121,718	106,747	7.3	6.0	5.3
Gifford Medical Center	1,249	1,017	1,056	5,867	3,781	3,196	4.7	3.7	3.0
Grace Cottage Hospital	192	254	207	604	753	598	3.1	3.0	2.9
Mt. Ascutney Hospital and Health Center	763	501	435	3,942	2,389	1,687	5.2	4.8	3.9
North Country Hospital	2,354	1,873	1,407	10,966	5,550	4,900	4.7	3.0	3.5
Northeastern Vermont Regional Hospital	2,340	1,621	1,458	18,039	5,590	4,507	7.7	3.4	3.1
Northwestern Medical Center	2,105	2,329	1,829	12,586	8,373	5,363	6.0	3.6	2.9
Porter Medical Center	1,807	1,436	1,494	8,962	5,792	4,639	5.0	4.0	3.1
Rutland Regional Medical Center	7,277	6,700	6,515	53,575	31,749	31,055	7.4	4.7	4.8
Southwestern Vermont Medical Center	5,170	4,439	4,032	34,901	17,627	14,311	6.8	4.0	3.5
Springfield Hospital	2,137	2,766	2,083	10,131	11,585	8,803	4.7	4.2	4.2
Total	53,143	50,200	47,094	344,534	244,903	211,645	6.5	4.9	4.5

Numbers of inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
All Vermont Hospitals									
Infectious and parasitic diseases	640	626	1,218	4,827	3,691	8,485	7.5	5.9	7.0
Neoplasms	3,495	2,856	2,354	27,448	17,027	13,047	7.9	6.0	5.5
Endocrine, nutritional, metabolic, immunity	1,305	1,480	1,634	10,090	7,837	7,890	7.7	5.3	4.8
Diseases of the blood and blood-forming organs	288	326	432	1,740	1,318	1,713	6.0	4.0	4.0
Mental disorders	2,556	2,930	2,921	32,712	21,098	23,013	12.8	7.2	7.9
Diseases of the nervous system and sense organs	1,500	1,072	1,067	8,493	4,455	4,731	5.7	4.2	4.4
Diseases of the circulatory system	9,569	11,013	7,711	72,847	49,295	29,336	7.6	4.5	3.8
Diseases of the respiratory system	4,959	5,306	5,273	34,818	28,507	24,448	7.0	5.4	4.6
Diseases of the digestive system	5,316	5,089	5,340	33,638	25,012	22,651	6.3	4.9	4.2
Diseases of the genitourinary system	2,972	2,287	2,161	13,449	8,252	6,995	4.5	3.6	3.2
Complications of pregnancy, childbirth, puerperium	9,146	6,519	5,957	24,594	15,344	15,129	2.7	2.4	2.5
Diseases of the skin and subcutaneous tissue	643	742	975	6,590	4,516	4,596	10.2	6.1	4.7
Musculoskeletal system and connective tissue	2,586	2,373	3,399	15,665	10,922	11,730	6.1	4.6	3.5
Congenital anomalies	290	170	157	1,101	780	778	3.8	4.6	5.0
Liveborn	36	-	4	239	-	171	6.6	-	42.8
Injury and poisoning	5,564	4,560	4,535	37,778	27,237	21,542	6.8	6.0	4.8
Symptoms, signs, and ill-defined conditions	2,172	2,770	1,809	18,052	19,283	14,942	8.3	7.0	8.3
Residual codes, unclassified, all Ecodes	106	81	147	453	329	448	4.3	4.1	3.0
Total	53,143	50,200	47,094	344,534	244,903	211,645	6.5	4.9	4.5

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Brattleboro Memorial Hospital									
Infectious and parasitic diseases	27	40	31	129	366	146	4.8	9.2	4.7
Neoplasms	161	133	72	1,300	715	347	8.1	5.4	4.8
Endocrine, nutritional, metabolic, immunity	90	69	62	663	306	282	7.4	4.4	4.5
Diseases of the blood and blood-forming organs	15	8	18	58	16	70	3.9	2.0	3.9
Mental disorders	38	25	30	314	173	119	8.3	6.9	4.0
Diseases of the nervous system and sense organs	69	39	26	338	264	88	4.9	6.8	3.4
Diseases of the circulatory system	289	391	227	2,212	1,557	874	7.7	4.0	3.9
Diseases of the respiratory system	201	206	207	1,236	1,277	949	6.1	6.2	4.6
Diseases of the digestive system	329	305	243	1,714	1,452	1,070	5.2	4.8	4.4
Diseases of the genitourinary system	137	113	83	618	368	270	4.5	3.3	3.3
Complications of pregnancy, childbirth, puerperium	602	342	388	1,635	804	967	2.7	2.4	2.5
Diseases of the skin and subcutaneous tissue	30	17	32	244	91	173	8.1	5.4	5.4
Musculoskeletal system and connective tissue	96	151	154	646	719	520	6.7	4.8	3.4
Congenital anomalies	8	6	1	25	19	2	3.1	3.2	2.0
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	278	249	159	1,596	1,064	636	5.7	4.3	4.0
Symptoms, signs, and ill-defined conditions	56	52	33	229	222	102	4.1	4.3	3.1
Residual codes, unclassified, all Ecodes	6	1	4	27	2	7	4.5	2.0	1.8
Total	2,432	2,147	1,770	12,984	9,415	6,622	5.3	4.4	3.7

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Central Vermont Medical Center									
Infectious and parasitic diseases	69	54	89	349	299	625	5.1	5.5	7.0
Neoplasms	347	195	81	2,721	1,041	436	7.8	5.3	5.4
Endocrine, nutritional, metabolic, immunity	126	84	94	793	296	312	6.3	3.5	3.3
Diseases of the blood and blood-forming organs	22	18	29	133	61	108	6.0	3.4	3.7
Mental disorders	314	503	561	3,077	3,187	4,698	9.8	6.3	8.4
Diseases of the nervous system and sense organs	138	62	54	537	295	209	3.9	4.8	3.9
Diseases of the circulatory system	848	580	408	4,801	1,918	1,322	5.7	3.3	3.2
Diseases of the respiratory system	574	460	544	3,309	2,371	2,368	5.8	5.2	4.4
Diseases of the digestive system	624	345	412	3,919	1,819	1,769	6.3	5.3	4.3
Diseases of the genitourinary system	480	198	131	2,116	624	425	4.4	3.2	3.2
Complications of pregnancy, childbirth, puerperium	779	445	399	2,086	962	930	2.7	2.2	2.3
Diseases of the skin and subcutaneous tissue	73	58	94	583	278	408	8.0	4.8	4.3
Musculoskeletal system and connective tissue	136	129	132	967	583	443	7.1	4.5	3.4
Congenital anomalies	4	2	-	19	10	-	4.8	5.0	-
Liveborn	2	-	-	6	-	-	3.0	-	-
Injury and poisoning	417	282	233	3,098	1,286	783	7.4	4.6	3.4
Symptoms, signs, and ill-defined conditions	193	51	57	687	180	172	3.6	3.5	3.0
Residual codes, unclassified, all Ecodes	18	7	12	84	18	40	4.7	2.6	3.3
Total	5,164	3,473	3,330	29,285	15,228	15,048	5.7	4.4	4.5

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Copley Hospital									
Infectious and parasitic diseases	17	12	14	110	62	67	6.5	5.2	4.8
Neoplasms	51	41	29	256	189	104	5.0	4.6	3.6
Endocrine, nutritional, metabolic, immunity	29	46	59	104	184	189	3.6	4.0	3.2
Diseases of the blood and blood-forming organs	6	4	10	38	9	35	6.3	2.3	3.5
Mental disorders	44	27	11	248	142	32	5.6	5.3	2.9
Diseases of the nervous system and sense organs	37	36	35	178	157	115	4.8	4.4	3.3
Diseases of the circulatory system	318	282	155	1,660	998	414	5.2	3.5	2.7
Diseases of the respiratory system	231	182	198	1,348	788	802	5.8	4.3	4.1
Diseases of the digestive system	228	194	199	1,016	792	683	4.5	4.1	3.4
Diseases of the genitourinary system	76	41	70	317	140	232	4.2	3.4	3.3
Complications of pregnancy, childbirth, puerperium	351	252	234	850	497	435	2.4	2.0	1.9
Diseases of the skin and subcutaneous tissue	25	21	33	157	95	105	6.3	4.5	3.2
Musculoskeletal system and connective tissue	61	75	171	353	436	416	5.8	5.8	2.4
Congenital anomalies	1	1	-	2	7	-	2.0	7.0	-
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	216	156	145	1,077	715	504	5.0	4.6	3.5
Symptoms, signs, and ill-defined conditions	59	52	17	191	141	35	3.2	2.7	2.1
Residual codes, unclassified, all Ecodes	2	1	1	5	1	1	2.5	1.0	1.0
Total	1,752	1,423	1,381	7,910	5,353	4,169	4.5	3.8	3.0

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Fletcher Allen Health Care									
Infectious and parasitic diseases	166	210	460	1,584	1,501	4,219	9.5	7.1	9.2
Neoplasms	1,567	1,477	1,545	12,810	10,249	9,037	8.2	6.9	5.8
Endocrine, nutritional, metabolic, immunity	355	576	694	3,008	3,984	4,469	8.5	6.9	6.4
Diseases of the blood and blood-forming organs	67	155	183	480	719	914	7.2	4.6	5.0
Mental disorders	841	834	923	11,301	8,584	9,478	13.4	10.3	10.3
Diseases of the nervous system and sense organs	625	495	579	4,058	2,186	3,013	6.5	4.4	5.2
Diseases of the circulatory system	3,488	5,106	4,113	31,916	28,116	17,916	9.2	5.5	4.4
Diseases of the respiratory system	1,073	1,378	1,260	8,214	9,699	7,379	7.7	7.0	5.9
Diseases of the digestive system	1,104	1,742	1,942	8,191	9,727	9,169	7.4	5.6	4.7
Diseases of the genitourinary system	831	750	837	4,346	3,314	2,922	5.2	4.4	3.5
Complications of pregnancy, childbirth, puerperium	3,461	2,438	2,408	10,512	6,726	6,909	3.0	2.8	2.9
Diseases of the skin and subcutaneous tissue	165	238	284	2,736	2,060	1,662	16.6	8.7	5.9
Musculoskeletal system and connective tissue	1,228	927	1,369	6,348	4,599	5,433	5.2	5.0	4.0
Congenital anomalies	201	139	132	793	683	690	3.9	4.9	5.2
Liveborn	26	-	1	225	-	164	8.7	-	164.0
Injury and poisoning	2,081	2,057	2,261	15,084	16,180	12,816	7.2	7.9	5.7
Symptoms, signs, and ill-defined conditions	1,093	1,670	1,043	13,028	13,269	10,387	11.9	7.9	10.0
Residual codes, unclassified, all Ecodes	29	29	63	148	122	170	5.1	4.2	2.7
Total	18,401	20,221	20,097	134,782	121,718	106,747	7.3	6.0	5.3

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Gifford Medical Center									
Infectious and parasitic diseases	24	11	13	200	64	49	8.3	5.8	3.8
Neoplasms	43	47	20	378	195	107	8.8	4.1	5.4
Endocrine, nutritional, metabolic, immunity	41	35	30	222	140	85	5.4	4.0	2.8
Diseases of the blood and blood-forming organs	3	7	11	9	35	23	3.0	5.0	2.1
Mental disorders	21	8	17	80	35	60	3.8	4.4	3.5
Diseases of the nervous system and sense organs	12	19	30	35	62	83	2.9	3.3	2.8
Diseases of the circulatory system	169	165	131	869	678	369	5.1	4.1	2.8
Diseases of the respiratory system	133	114	144	816	567	496	6.1	5.0	3.4
Diseases of the digestive system	166	119	115	901	575	391	5.4	4.8	3.4
Diseases of the genitourinary system	55	67	68	197	229	207	3.6	3.4	3.0
Complications of pregnancy, childbirth, puerperium	400	276	256	823	548	620	2.1	2.0	2.4
Diseases of the skin and subcutaneous tissue	15	18	42	107	65	150	7.1	3.6	3.6
Musculoskeletal system and connective tissue	48	35	71	409	168	234	8.5	4.8	3.3
Congenital anomalies	1	-	-	3	-	-	3.0	-	-
Liveborn	-	-	1	-	-	4	-	-	4.0
Injury and poisoning	109	73	67	801	360	203	7.3	4.9	3.0
Symptoms, signs, and ill-defined conditions	9	21	33	17	56	92	1.9	2.7	2.8
Residual codes, unclassified, all Ecodes	-	2	7	-	4	23	-	2.0	3.3
Total	1,249	1,017	1,056	5,867	3,781	3,196	4.7	3.7	3.0

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Grace Cottage Hospital									
Infectious and parasitic diseases	1	5	4	4	10	11	4.0	2.0	2.8
Neoplasms	7	5	9	24	19	20	3.4	3.8	2.2
Endocrine, nutritional, metabolic, immunity	3	14	14	13	42	38	4.3	3.0	2.7
Diseases of the blood and blood-forming organs	1	1	1	2	4	3	2.0	4.0	3.0
Mental disorders	15	13	6	65	31	23	4.3	2.4	3.8
Diseases of the nervous system and sense organs	3	6	7	9	19	16	3.0	3.2	2.3
Diseases of the circulatory system	42	68	32	129	181	83	3.1	2.7	2.6
Diseases of the respiratory system	38	50	49	137	185	134	3.6	3.7	2.7
Diseases of the digestive system	17	18	17	49	59	50	2.9	3.3	2.9
Diseases of the genitourinary system	12	14	13	35	40	32	2.9	2.9	2.5
Complications of pregnancy, childbirth, puerperium	35	20	-	72	53	-	2.1	2.7	-
Diseases of the skin and subcutaneous tissue	3	7	7	13	21	18	4.3	3.0	2.6
Musculoskeletal system and connective tissue	6	10	15	27	32	69	4.5	3.2	4.6
Congenital anomalies	-	-	-	-	-	-	-	-	-
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	3	12	18	7	30	50	2.3	2.5	2.8
Symptoms, signs, and ill-defined conditions	6	10	12	18	24	40	3.0	2.4	3.3
Residual codes, unclassified, all Ecodes	-	1	3	-	3	11	-	3.0	3.7
Total	192	254	207	604	753	598	3.1	3.0	2.9

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Mt. Ascutney Hospital and Health Center									
Infectious and parasitic diseases	11	9	11	58	49	56	5.3	5.4	5.1
Neoplasms	70	28	16	388	103	72	5.5	3.7	4.5
Endocrine, nutritional, metabolic, immunity	20	13	19	85	51	64	4.3	3.9	3.4
Diseases of the blood and blood-forming organs	4	5	9	15	16	39	3.8	3.2	4.3
Mental disorders	65	15	6	778	124	29	12.0	8.3	4.8
Diseases of the nervous system and sense organs	20	13	11	56	43	49	2.8	3.3	4.5
Diseases of the circulatory system	103	138	82	494	506	319	4.8	3.7	3.9
Diseases of the respiratory system	118	80	94	462	413	379	3.9	5.2	4.0
Diseases of the digestive system	96	60	73	477	299	266	5.0	5.0	3.6
Diseases of the genitourinary system	53	28	32	186	77	102	3.5	2.8	3.2
Complications of pregnancy, childbirth, puerperium	-	-	-	-	-	-	-	-	-
Diseases of the skin and subcutaneous tissue	13	12	17	129	69	74	9.9	5.8	4.4
Musculoskeletal system and connective tissue	59	23	33	325	138	116	5.5	6.0	3.5
Congenital anomalies	23	1	-	38	4	-	1.7	4.0	-
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	90	52	26	391	245	102	4.3	4.7	3.9
Symptoms, signs, and ill-defined conditions	18	22	5	60	223	16	3.3	10.1	3.2
Residual codes, unclassified, all Ecodes	-	2	1	-	29	4	-	14.5	4.0
Total	763	501	435	3,942	2,389	1,687	5.2	4.8	3.9

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
North Country Hospital									
Infectious and parasitic diseases	56	36	16	287	108	56	5.1	3.0	3.5
Neoplasms	100	62	40	632	252	197	6.3	4.1	4.9
Endocrine, nutritional, metabolic, immunity	53	75	112	261	229	378	4.9	3.1	3.4
Diseases of the blood and blood-forming organs	13	13	17	77	36	68	5.9	2.8	4.0
Mental disorders	74	40	22	330	101	71	4.5	2.5	3.2
Diseases of the nervous system and sense organs	61	37	25	210	103	60	3.4	2.8	2.4
Diseases of the circulatory system	448	459	258	2,022	1,175	809	4.5	2.6	3.1
Diseases of the respiratory system	327	300	197	1,793	1,022	774	5.5	3.4	3.9
Diseases of the digestive system	311	231	193	1,711	769	858	5.5	3.3	4.4
Diseases of the genitourinary system	168	98	52	664	285	150	4.0	2.9	2.9
Complications of pregnancy, childbirth, puerperium	350	220	213	992	453	514	2.8	2.1	2.4
Diseases of the skin and subcutaneous tissue	39	31	46	233	112	224	6.0	3.6	4.9
Musculoskeletal system and connective tissue	52	62	62	344	260	214	6.6	4.2	3.5
Congenital anomalies	4	1	3	17	3	12	4.3	3.0	4.0
Liveborn	2	-	1	2	-	2	1.0	-	2.0
Injury and poisoning	213	155	130	1,055	521	461	5.0	3.4	3.5
Symptoms, signs, and ill-defined conditions	69	51	14	260	119	37	3.8	2.3	2.6
Residual codes, unclassified, all Ecodes	14	2	6	76	2	15	5.4	1.0	2.5
Total	2,354	1,873	1,407	10,966	5,550	4,900	4.7	3.0	3.5

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Northeastern Vermont Regional Hospital									
Infectious and parasitic diseases	33	28	38	173	104	147	5.2	3.7	3.9
Neoplasms	102	71	53	581	311	228	5.7	4.4	4.3
Endocrine, nutritional, metabolic, immunity	44	33	56	316	133	151	7.2	4.0	2.7
Diseases of the blood and blood-forming organs	12	10	19	53	21	52	4.4	2.1	2.7
Mental disorders	533	27	32	9,788	107	78	18.4	4.0	2.4
Diseases of the nervous system and sense organs	43	31	42	141	122	109	3.3	3.9	2.6
Diseases of the circulatory system	289	301	218	1,312	1,031	621	4.5	3.4	2.8
Diseases of the respiratory system	209	256	200	954	910	743	4.6	3.6	3.7
Diseases of the digestive system	262	195	229	1,292	719	714	4.9	3.7	3.1
Diseases of the genitourinary system	123	87	56	478	227	160	3.9	2.6	2.9
Complications of pregnancy, childbirth, puerperium	331	275	219	875	567	420	2.6	2.1	1.9
Diseases of the skin and subcutaneous tissue	24	31	32	136	109	159	5.7	3.5	5.0
Musculoskeletal system and connective tissue	89	93	90	648	420	339	7.3	4.5	3.8
Congenital anomalies	3	4	2	13	8	5	4.3	2.0	2.5
Liveborn	1	-	1	1	-	1	1.0	-	1.0
Injury and poisoning	194	143	133	1,114	688	494	5.7	4.8	3.7
Symptoms, signs, and ill-defined conditions	47	35	34	160	107	76	3.4	3.1	2.2
Residual codes, unclassified, all Ecodes	1	1	4	4	6	10	4.0	6.0	2.5
Total	2,340	1,621	1,458	18,039	5,590	4,507	7.7	3.4	3.1

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Northwestern Medical Center									
Infectious and parasitic diseases	28	35	40	227	151	159	8.1	4.3	4.0
Neoplasms	103	92	51	862	425	199	8.4	4.6	3.9
Endocrine, nutritional, metabolic, immunity	55	59	49	389	265	137	7.1	4.5	2.8
Diseases of the blood and blood-forming organs	11	18	14	78	40	55	7.1	2.2	3.9
Mental disorders	19	26	15	127	104	58	6.7	4.0	3.9
Diseases of the nervous system and sense organs	31	33	9	95	96	19	3.1	2.9	2.1
Diseases of the circulatory system	488	533	172	3,472	1,856	487	7.1	3.5	2.8
Diseases of the respiratory system	226	319	262	1,663	1,404	860	7.4	4.4	3.3
Diseases of the digestive system	332	296	193	1,867	1,273	615	5.6	4.3	3.2
Diseases of the genitourinary system	148	118	80	705	385	219	4.8	3.3	2.7
Complications of pregnancy, childbirth, puerperium	396	442	433	960	939	909	2.4	2.1	2.1
Diseases of the skin and subcutaneous tissue	49	43	33	325	187	129	6.6	4.3	3.9
Musculoskeletal system and connective tissue	25	106	322	273	415	879	10.9	3.9	2.7
Congenital anomalies	1	1	7	1	2	24	1.0	2.0	3.4
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	145	163	128	1,320	701	511	9.1	4.3	4.0
Symptoms, signs, and ill-defined conditions	45	40	18	215	111	99	4.8	2.8	5.5
Residual codes, unclassified, all Ecodes	3	5	3	7	19	4	2.3	3.8	1.3
Total	2,105	2,329	1,829	12,586	8,373	5,363	6.0	3.6	2.9

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	Discharges			Patient Days			Average Length of Stay		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Porter Medical Center									
Infectious and parasitic diseases	8	14	7	69	67	39	8.6	4.8	5.6
Neoplasms	87	72	32	573	283	84	6.6	3.9	2.6
Endocrine, nutritional, metabolic, immunity	40	50	53	195	269	163	4.9	5.4	3.1
Diseases of the blood and blood-forming organs	7	5	12	58	11	33	8.3	2.2	2.8
Mental disorders	10	15	36	25	193	100	2.5	12.9	2.8
Diseases of the nervous system and sense organs	17	17	18	72	54	40	4.2	3.2	2.2
Diseases of the circulatory system	279	282	144	1,660	1,157	410	5.9	4.1	2.8
Diseases of the respiratory system	278	180	236	1,337	905	978	4.8	5.0	4.1
Diseases of the digestive system	232	144	202	1,823	711	664	7.9	4.9	3.3
Diseases of the genitourinary system	108	85	77	421	316	215	3.9	3.7	2.8
Complications of pregnancy, childbirth, puerperium	488	354	311	1,025	688	710	2.1	1.9	2.3
Diseases of the skin and subcutaneous tissue	16	45	48	168	290	191	10.5	6.4	4.0
Musculoskeletal system and connective tissue	30	55	147	182	308	467	6.1	5.6	3.2
Congenital anomalies	-	-	1	-	-	1	-	-	1.0
Liveborn	5	-	-	5	-	-	1.0	-	-
Injury and poisoning	130	92	132	1,088	429	434	8.4	4.7	3.3
Symptoms, signs, and ill-defined conditions	65	24	28	253	82	72	3.9	3.4	2.6
Residual codes, unclassified, all Ecodes	7	2	10	8	29	38	1.1	14.5	3.8
Total	1,807	1,436	1,494	8,962	5,792	4,639	5.0	4.0	3.1

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Rutland Regional Medical Center									
Infectious and parasitic diseases	91	87	217	816	530	1,565	9.0	6.1	7.2
Neoplasms	431	359	249	4,097	1,929	1,451	9.5	5.4	5.8
Endocrine, nutritional, metabolic, immunity	257	210	192	2,488	1,024	966	9.7	4.9	5.0
Diseases of the blood and blood-forming organs	50	40	44	353	187	147	7.1	4.7	3.3
Mental disorders	332	743	849	4,039	3,649	5,200	12.2	4.9	6.1
Diseases of the nervous system and sense organs	217	134	119	1,577	526	540	7.3	3.9	4.5
Diseases of the circulatory system	1,394	1,187	845	12,553	4,997	2,949	9.0	4.2	3.5
Diseases of the respiratory system	744	797	889	6,628	4,181	4,466	8.9	5.2	5.0
Diseases of the digestive system	689	643	694	4,819	3,200	3,152	7.0	5.0	4.5
Diseases of the genitourinary system	431	310	356	1,922	999	1,147	4.5	3.2	3.2
Complications of pregnancy, childbirth, puerperium	978	652	457	2,335	1,370	1,096	2.4	2.1	2.4
Diseases of the skin and subcutaneous tissue	59	100	138	489	562	668	8.3	5.6	4.8
Musculoskeletal system and connective tissue	385	394	496	2,947	1,613	1,553	7.7	4.1	3.1
Congenital anomalies	24	9	4	106	31	15	4.4	3.4	3.8
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	882	540	590	6,291	2,848	2,657	7.1	5.3	4.5
Symptoms, signs, and ill-defined conditions	293	477	363	2,052	4,029	3,437	7.0	8.4	9.5
Residual codes, unclassified, all Ecodes	20	18	13	63	74	46	3.2	4.1	3.5
Total	7,277	6,700	6,515	53,575	31,749	31,055	7.4	4.7	4.8

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Southwestern Vermont Medical Center									
Infectious and parasitic diseases	78	46	247	628	227	1,217	8.1	4.9	4.9
Neoplasms	323	208	117	2,239	1,026	554	6.9	4.9	4.7
Endocrine, nutritional, metabolic, immunity	126	152	143	1,204	683	463	9.6	4.5	3.2
Diseases of the blood and blood-forming organs	69	19	54	350	65	130	5.1	3.4	2.4
Mental disorders	205	50	41	2,314	193	184	11.3	3.9	4.5
Diseases of the nervous system and sense organs	181	111	68	1,048	431	232	5.8	3.9	3.4
Diseases of the circulatory system	903	934	607	7,302	3,462	1,849	8.1	3.7	3.0
Diseases of the respiratory system	568	661	636	5,491	3,306	2,656	9.7	5.0	4.2
Diseases of the digestive system	662	553	588	4,289	2,656	2,341	6.5	4.8	4.0
Diseases of the genitourinary system	215	237	209	917	868	595	4.3	3.7	2.8
Complications of pregnancy, childbirth, puerperium	689	557	458	1,775	1,232	1,211	2.6	2.2	2.6
Diseases of the skin and subcutaneous tissue	84	76	119	1,014	400	413	12.1	5.3	3.5
Musculoskeletal system and connective tissue	305	241	243	1,803	962	740	5.9	4.0	3.0
Congenital anomalies	12	5	7	59	11	29	4.9	2.2	4.1
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	598	424	411	3,792	1,603	1,507	6.3	3.8	3.7
Symptoms, signs, and ill-defined conditions	150	161	73	664	494	162	4.4	3.1	2.2
Residual codes, unclassified, all Ecodes	2	4	11	12	8	28	6.0	2.0	2.5
Total	5,170	4,439	4,032	34,901	17,627	14,311	6.8	4.0	3.5

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-2b
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Summary Statistics for Vermont Hospitals: 1990, 2000 and 2010
Clinical Classifications Software (CCS) High Level Diagnosis Groups

<u>CCS Diagnosis Groups</u>	<u>Discharges</u>			<u>Patient Days</u>			<u>Average Length of Stay</u>		
	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
Springfield Hospital									
Infectious and parasitic diseases	31	39	31	193	153	129	6.2	3.9	4.2
Neoplasms	103	66	40	587	290	211	5.7	4.4	5.3
Endocrine, nutritional, metabolic, immunity	66	64	57	349	231	193	5.3	3.6	3.4
Diseases of the blood and blood-forming organs	8	23	11	36	98	36	4.5	4.3	3.3
Mental disorders	45	604	372	226	4,475	2,883	5.0	7.4	7.8
Diseases of the nervous system and sense organs	46	39	44	139	97	158	3.0	2.5	3.6
Diseases of the circulatory system	511	587	319	2,445	1,663	914	4.8	2.8	2.9
Diseases of the respiratory system	239	323	357	1,430	1,479	1,464	6.0	4.6	4.1
Diseases of the digestive system	264	244	240	1,570	961	909	5.9	3.9	3.8
Diseases of the genitourinary system	135	141	97	527	380	319	3.9	2.7	3.3
Complications of pregnancy, childbirth, puerperium	286	246	181	654	505	408	2.3	2.1	2.3
Diseases of the skin and subcutaneous tissue	48	45	50	256	177	222	5.3	3.9	4.4
Musculoskeletal system and connective tissue	66	72	94	393	269	307	6.0	3.7	3.3
Congenital anomalies	8	1	-	25	2	-	3.1	2.0	-
Liveborn	-	-	-	-	-	-	-	-	-
Injury and poisoning	208	162	102	1,064	567	384	5.1	3.5	3.8
Symptoms, signs, and ill-defined conditions	69	104	79	218	226	215	3.2	2.2	2.7
Residual codes, unclassified, all Ecodes	4	6	9	19	12	51	4.8	2.0	5.7
Total	2,137	2,766	2,083	10,131	11,585	8,803	4.7	4.2	4.2

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-3
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Age Group
Discharges, Patient Days and Average Length of Stay

<u>Vermont Hospitals</u>	Discharges by Age Group									
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	23	553	428	108	149	138	371	1,004	766	1,770
Central Vermont Medical Center	33	1,014	899	234	212	275	663	1,946	1,384	3,330
Copley Hospital	13	384	358	104	100	109	313	755	626	1,381
Fletcher Allen Health Care	1,000	5,766	6,049	1,679	1,504	1,531	2,568	12,815	7,282	20,097
Gifford Medical Center	18	366	263	63	59	82	205	647	409	1,056
Grace Cottage Hospital	2	15	32	18	12	26	102	49	158	207
Mt. Ascutney Hospital and Health Center	-	36	91	35	46	44	183	127	308	435
North Country Hospital	39	353	301	88	145	134	347	693	714	1,407
Northeastern Vermont Regional Hospital	103	378	323	95	104	130	325	804	654	1,458
Northwestern Medical Center	13	603	381	137	143	170	382	997	832	1,829
Porter Medical Center	15	447	315	99	108	143	367	777	717	1,494
Rutland Regional Medical Center	156	1,565	1,802	523	584	531	1,354	3,523	2,992	6,515
Southwestern Vermont Medical Center	60	851	901	335	353	418	1,114	1,812	2,220	4,032
Springfield Hospital	37	534	527	168	137	146	534	1,098	985	2,083
Total	1,512	12,865	12,670	3,686	3,656	3,877	8,828	27,047	20,047	47,094

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-3
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Age Group
Discharges, Patient Days and Average Length of Stay

<u>Vermont Hospitals</u>	Patient Days by Age Group									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	52	1,414	1,764	425	573	665	1,729	3,230	3,392	6,622
Central Vermont Medical Center	81	4,063	4,690	1,306	918	1,203	2,787	8,834	6,214	15,048
Copley Hospital	19	798	1,069	296	305	376	1,306	1,886	2,283	4,169
Fletcher Allen Health Care	4,619	26,034	35,548	9,593	8,215	8,638	14,100	66,201	40,546	106,747
Gifford Medical Center	39	929	896	197	190	269	676	1,864	1,332	3,196
Grace Cottage Hospital	4	34	109	47	28	74	302	147	451	598
Mt. Ascutney Hospital and Health Center		99	331	122	197	187	751	430	1,257	1,687
North Country Hospital	92	996	1,075	292	591	518	1,336	2,163	2,737	4,900
Northeastern Vermont Regional Hospital	169	814	1,075	345	319	472	1,313	2,058	2,449	4,507
Northwestern Medical Center	24	1,356	1,191	423	465	544	1,360	2,571	2,792	5,363
Porter Medical Center	25	1,010	953	335	391	509	1,416	1,988	2,651	4,639
Rutland Regional Medical Center	379	6,087	8,760	2,570	3,121	2,650	7,488	15,226	15,829	31,055
Southwestern Vermont Medical Center	134	2,324	3,193	1,245	1,292	1,645	4,478	5,651	8,660	14,311
Springfield Hospital	92	2,410	2,324	702	504	578	2,193	4,826	3,977	8,803
Total	5,729	48,368	62,978	17,898	17,109	18,328	41,235	117,075	94,570	211,645

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-3
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Age Group
Discharges, Patient Days and Average Length of Stay

Average Length of Stay by Age Group

<u>Vermont Hospitals</u>	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	<u>Total</u>
Brattleboro Memorial Hospital	2.3	2.6	4.1	3.9	3.8	4.8	4.7	3.2	4.4	3.7
Central Vermont Medical Center	2.5	4.0	5.2	5.6	4.3	4.4	4.2	4.5	4.5	4.5
Copley Hospital	1.5	2.1	3.0	2.8	3.1	3.4	4.2	2.5	3.6	3.0
Fletcher Allen Health Care	4.6	4.5	5.9	5.7	5.5	5.6	5.5	5.2	5.6	5.3
Gifford Medical Center	2.2	2.5	3.4	3.1	3.2	3.3	3.3	2.9	3.3	3.0
Grace Cottage Hospital	2.0	2.3	3.4	2.6	2.3	2.8	3.0	3.0	2.9	2.9
Mt. Ascutney Hospital and Health Center		2.8	3.6	3.5	4.3	4.3	4.1	3.4	4.1	3.9
North Country Hospital	2.4	2.8	3.6	3.3	4.1	3.9	3.9	3.1	3.8	3.5
Northeastern Vermont Regional Hospital	1.6	2.2	3.3	3.6	3.1	3.6	4.0	2.6	3.7	3.1
Northwestern Medical Center	1.8	2.2	3.1	3.1	3.3	3.2	3.6	2.6	3.4	2.9
Porter Medical Center	1.7	2.3	3.0	3.4	3.6	3.6	3.9	2.6	3.7	3.1
Rutland Regional Medical Center	2.4	3.9	4.9	4.9	5.3	5.0	5.5	4.3	5.3	4.8
Southwestern Vermont Medical Center	2.2	2.7	3.5	3.7	3.7	3.9	4.0	3.1	3.9	3.5
Springfield Hospital	2.5	4.5	4.4	4.2	3.7	4.0	4.1	4.4	4.0	4.2
Total	3.8	3.8	5.0	4.9	4.7	4.7	4.7	4.3	4.7	4.5

Numbers of inpatient discharges exclude newborns (MDC=15) and 10 records with missing or invalid diagnosis codes.

Table I-4
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Brattleboro Memorial Hospital	855	48.3%	340	19.2%	6	0.3%	5	0.3%	517	29.2%	45	2.5%	2	0.1%	1,770	3.8%
Central Vermont Medical Center	1,681	50.5%	710	21.3%	37	1.1%	9	0.3%	817	24.5%	76	2.3%	-	0.0%	3,330	7.1%
Copley Hospital	684	49.5%	268	19.4%	9	0.7%	15	1.1%	363	26.3%	36	2.6%	6	0.4%	1,381	2.9%
Fletcher Allen Health Care	7,982	39.7%	3,364	16.7%	274	1.4%	149	0.7%	7,406	36.9%	542	2.7%	380	1.9%	20,097	42.7%
Gifford Medical Center	455	43.1%	240	22.7%	5	0.5%	2	0.2%	334	31.6%	20	1.9%	-	0.0%	1,056	2.2%
Grace Cottage Hospital	168	81.2%	12	5.8%	-	0.0%	-	0.0%	27	13.0%	-	0.0%	-	0.0%	207	0.4%
Mt. Ascutney Hospital and Health Center	316	72.6%	28	6.4%	2	0.5%	-	0.0%	89	20.5%	-	0.0%	-	0.0%	435	0.9%
North Country Hospital	791	56.2%	316	22.5%	8	0.6%	4	0.3%	255	18.1%	33	2.3%	-	0.0%	1,407	3.0%
Northeastern Vermont Regional Hospital	696	47.7%	361	24.8%	3	0.2%	4	0.3%	356	24.4%	38	2.6%	-	0.0%	1,458	3.1%
Northwestern Medical Center	893	48.8%	393	21.5%	18	1.0%	15	0.8%	477	26.1%	33	1.8%	-	0.0%	1,829	3.9%
Porter Medical Center	766	51.3%	285	19.1%	7	0.5%	9	0.6%	387	25.9%	40	2.7%	-	0.0%	1,494	3.2%
Rutland Regional Medical Center	3,407	52.3%	1,384	21.2%	20	0.3%	21	0.3%	1,431	22.0%	252	3.9%	-	0.0%	6,515	13.8%
Southwestern Vermont Medical Center	2,370	58.8%	526	13.0%	22	0.5%	22	0.5%	1,012	25.1%	80	2.0%	-	0.0%	4,032	8.6%
Springfield Hospital	1,190	57.1%	493	23.7%	5	0.2%	4	0.2%	355	17.0%	36	1.7%	-	0.0%	2,083	4.4%
Total	22,254	47.3%	8,720	18.5%	416	0.9%	259	0.5%	13,826	29.4%	1,231	2.6%	388	0.8%	47,094	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
 Numbers of inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.

Table I-5
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Infectious and parasitic diseases	791	64.9%	126	10.3%	13	1.1%	1	0.1%	253	20.8%	14	1.1%	20	1.6%	1,218	2.6%
Neoplasms	1,093	46.4%	240	10.2%	29	1.2%	-	0.0%	957	40.7%	29	1.2%	6	0.3%	2,354	5.0%
Endocrine, nutritional, metabolic, immunity	807	49.4%	346	21.2%	10	0.6%	2	0.1%	377	23.1%	45	2.8%	47	2.9%	1,634	3.5%
Diseases of the blood and blood-forming organs	249	57.6%	42	9.7%	3	0.7%	1	0.2%	131	30.3%	5	1.2%	1	0.2%	432	0.9%
Mental disorders	865	29.6%	1,245	42.6%	24	0.8%	-	0.0%	598	20.5%	183	6.3%	6	0.2%	2,921	6.2%
Diseases of the nervous system and sense organs	458	42.9%	223	20.9%	8	0.7%	8	0.7%	333	31.2%	25	2.3%	12	1.1%	1,067	2.3%
Diseases of the circulatory system	5,079	65.9%	556	7.2%	64	0.8%	9	0.1%	1,728	22.4%	185	2.4%	90	1.2%	7,711	16.4%
Diseases of the respiratory system	3,606	68.4%	693	13.1%	25	0.5%	5	0.1%	816	15.5%	81	1.5%	47	0.9%	5,273	11.2%
Diseases of the digestive system	2,513	47.1%	835	15.6%	52	1.0%	11	0.2%	1,698	31.8%	194	3.6%	37	0.7%	5,340	11.3%
Diseases of the genitourinary system	1,271	58.8%	271	12.5%	8	0.4%	2	0.1%	547	25.3%	39	1.8%	23	1.1%	2,161	4.6%
Complications of pregnancy, childbirth, puerperium	59	1.0%	2,668	44.8%	92	1.5%	-	0.0%	3,067	51.5%	71	1.2%	-	0.0%	5,957	12.6%
Diseases of the skin and subcutaneous tissue	492	50.5%	173	17.7%	6	0.6%	11	1.1%	248	25.4%	33	3.4%	12	1.2%	975	2.1%
Musculoskeletal system and connective tissue	1,736	51.1%	361	10.6%	30	0.9%	82	2.4%	1,169	34.4%	16	0.5%	5	0.1%	3,399	7.2%
Congenital anomalies	16	10.2%	64	40.8%	3	1.9%	3	1.9%	68	43.3%	3	1.9%	-	0.0%	157	0.3%
Liveborn	-	0.0%	4	100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	4	0.0%
Injury and poisoning	2,179	48.0%	622	13.7%	30	0.7%	107	2.4%	1,351	29.8%	185	4.1%	61	1.3%	4,535	9.6%
Symptoms, signs, and ill-defined conditions	955	52.8%	234	12.9%	13	0.7%	17	0.9%	462	25.5%	109	6.0%	19	1.1%	1,809	3.8%
Residual codes, unclassified, all Ecodes	85	57.8%	17	11.6%	6	4.1%	-	0.0%	23	15.6%	14	9.5%	2	1.4%	147	0.3%
Total	22,254	47.3%	8,720	18.5%	416	0.9%	259	0.5%	13,826	29.4%	1,231	2.6%	388	0.8%	47,094	100.0%

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

Numbers of inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.

Table I-6
2010 Vermont Hospital Inpatient Discharges, including VT Residents and Non-residents
In-migration by Vermont Hospital

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-Vermonters</u>		<u>Total for Vermont Hospitals</u>	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	1,453	\$ 20,513,009	317	\$ 4,337,484	1,770	\$ 24,850,493
Central Vermont Medical Center	3,256	\$ 58,069,138	74	\$ 1,129,242	3,330	\$ 59,198,380
Copley Hospital	1,348	\$ 18,087,601	33	\$ 473,749	1,381	\$ 18,561,351
Fletcher Allen Health Care	16,427	\$411,949,528	3,670	\$135,519,616	20,097	\$547,469,144
Gifford Medical Center	1,046	\$ 15,526,621	10	\$ 248,432	1,056	\$ 15,775,053
Grace Cottage Hospital	201	\$ 1,172,139	6	\$ 39,618	207	\$ 1,211,757
Mt. Ascutney Hospital and Health Center	366	\$ 4,841,310	69	\$ 921,245	435	\$ 5,762,556
North Country Hospital	1,372	\$ 22,534,895	35	\$ 676,787	1,407	\$ 23,211,682
Northeastern Vermont Regional Hospital	1,413	\$ 23,497,155	45	\$ 735,622	1,458	\$ 24,232,777
Northwestern Medical Center	1,805	\$ 25,502,780	24	\$ 362,318	1,829	\$ 25,865,098
Porter Medical Center	1,392	\$ 18,107,730	102	\$ 1,344,481	1,494	\$ 19,452,211
Rutland Regional Medical Center	5,979	\$120,039,602	536	\$ 11,577,909	6,515	\$131,617,511
Southwestern Vermont Medical Center	2,857	\$ 45,000,692	1,175	\$ 18,425,743	4,032	\$ 63,426,435
Springfield Hospital	1,813	\$ 22,739,434	270	\$ 3,425,905	2,083	\$ 26,165,340
Total for 2010	40,728	\$807,581,635	6,366	\$179,218,150	47,094	\$986,799,786
Total for 2009	41,064	\$769,495,202	6,494	\$167,010,968	47,558	\$936,506,171

Numbers of inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.
Total inpatient charges include newborns. Inpatient charges of \$100 or less and outpatient charges of \$0 are considered missing.

Emergency Department Visits

Table E-1a
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Type of Visit

Vermont Hospital	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	1,001	8.0%	11,546	92.0%	12,547	4.7%
Central Vermont Medical Center	2,503	8.5%	26,852	91.5%	29,355	11.1%
Copley Hospital	292	2.3%	12,275	97.7%	12,567	4.8%
Fletcher Allen Health Care	8,842	15.2%	49,358	84.8%	58,200	22.0%
Gifford Medical Center	531	7.6%	6,499	92.4%	7,030	2.7%
Grace Cottage Hospital	17	0.6%	2,797	99.4%	2,814	1.1%
Mt. Ascutney Hospital and Health Center	65	1.3%	5,022	98.7%	5,087	1.9%
North Country Hospital	293	2.0%	14,501	98.0%	14,794	5.6%
Northeastern Vermont Regional Hospital	367	3.8%	9,232	96.2%	9,599	3.6%
Northwestern Medical Center	940	3.4%	26,602	96.6%	27,542	10.4%
Porter Medical Center	293	2.1%	13,427	97.9%	13,720	5.2%
Rutland Regional Medical Center	4,378	13.5%	28,055	86.5%	32,433	12.3%
Southwestern Vermont Medical Center	2,997	13.4%	19,402	86.6%	22,399	8.5%
Springfield Hospital	1,475	9.1%	14,761	90.9%	16,236	6.1%
Total	23,994	9.1%	240,329	90.9%	264,323	100.0%

ED visits include all hospital records (outpatient and inpatient) that originated in the ED.
 Inpatient discharges originating in the ED are reported here and in the hospital inpatient report.
 Inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.
 ED visits exclude 13 records with missing or invalid diagnosis codes.

Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
All Vermont Hospitals						
Infectious and parasitic diseases	963	23.8%	3,082	76.2%	4,045	1.5%
Neoplasms	599	64.7%	327	35.3%	926	0.4%
Endocrine, nutritional, metabolic, immunity	956	23.5%	3,118	76.5%	4,074	1.5%
Diseases of the blood and blood-forming organs	268	39.3%	414	60.7%	682	0.3%
Mental disorders	1,728	15.0%	9,817	85.0%	11,545	4.4%
Diseases of the nervous system and sense organs	669	3.2%	20,116	96.8%	20,785	7.9%
Diseases of the circulatory system	4,721	23.6%	15,249	76.4%	19,970	7.6%
Diseases of the respiratory system	4,004	12.2%	28,698	87.8%	32,702	12.4%
Diseases of the digestive system	3,837	18.2%	17,259	81.8%	21,096	8.0%
Diseases of the genitourinary system	1,175	8.7%	12,317	91.3%	13,492	5.1%
Complications of pregnancy, childbirth, puerperium	119	5.8%	1,946	94.2%	2,065	0.8%
Diseases of the skin and subcutaneous tissue	680	7.5%	8,381	92.5%	9,061	3.4%
Musculoskeletal system and connective tissue	448	2.4%	18,030	97.6%	18,478	7.0%
Congenital anomalies	28	30.8%	63	69.2%	91	0.0%
Liveborn	0	0.0%	249	100.0%	249	0.1%
Injury and poisoning	3,128	4.2%	72,115	95.8%	75,243	28.5%
Symptoms, signs, and ill-defined conditions	585	2.1%	27,295	97.9%	27,880	10.5%
Residual codes, unclassified, all Ecodes	86	4.4%	1,853	95.6%	1,939	0.7%
Total	23,994	9.1%	240,329	90.9%	264,323	100.0%

Inpatient discharges originating in the ED are reported here and in the hospital inpatient report, and exclude newborns (MDC 15) and 10 records with missing/invalid diagnosis codes. ED visits exclude 13 records with missing/invalid diagnosis codes.

Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital						
Infectious and parasitic diseases	28	22.8%	95	77.2%	123	1.0%
Neoplasms	31	53.4%	27	46.6%	58	0.5%
Endocrine, nutritional, metabolic, immunity	50	18.5%	220	81.5%	270	2.2%
Diseases of the blood and blood-forming organs	12	29.3%	29	70.7%	41	0.3%
Mental disorders	26	3.1%	803	96.9%	829	6.6%
Diseases of the nervous system and sense organs	20	2.2%	881	97.8%	901	7.2%
Diseases of the circulatory system	206	26.1%	584	73.9%	790	6.3%
Diseases of the respiratory system	172	11.2%	1,360	88.8%	1,532	12.2%
Diseases of the digestive system	196	18.1%	885	81.9%	1,081	8.6%
Diseases of the genitourinary system	51	8.0%	586	92.0%	637	5.1%
Complications of pregnancy, childbirth, puerperium	2	2.4%	83	97.6%	85	0.7%
Diseases of the skin and subcutaneous tissue	22	6.6%	311	93.4%	333	2.7%
Musculoskeletal system and connective tissue	16	2.4%	655	97.6%	671	5.3%
Congenital anomalies	0	0.0%	5	100.0%	5	0.0%
Liveborn	0	0.0%	14	100.0%	14	0.1%
Injury and poisoning	139	3.3%	4,012	96.7%	4,151	33.1%
Symptoms, signs, and ill-defined conditions	26	2.8%	913	97.2%	939	7.5%
Residual codes, unclassified, all Ecodes	4	4.6%	83	95.4%	87	0.7%
Total	1,001	8.0%	11,546	92.0%	12,547	100.0%

Inpatient discharges originating in the ED are reported here and in the hospital inpatient report, and exclude newborns (MDC 15) and 10 records with missing/invalid diagnosis codes. ED visits exclude 13 records with missing/invalid diagnosis codes.

Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Central Vermont Medical Center						
Infectious and parasitic diseases	89	14.6%	519	85.4%	608	2.1%
Neoplasms	39	60.0%	26	40.0%	65	0.2%
Endocrine, nutritional, metabolic, immunity	90	24.8%	273	75.2%	363	1.2%
Diseases of the blood and blood-forming organs	25	43.1%	33	56.9%	58	0.2%
Mental disorders	401	29.8%	944	70.2%	1,345	4.6%
Diseases of the nervous system and sense organs	51	2.1%	2,324	97.9%	2,375	8.1%
Diseases of the circulatory system	402	22.0%	1,429	78.0%	1,831	6.2%
Diseases of the respiratory system	531	12.6%	3,676	87.4%	4,207	14.3%
Diseases of the digestive system	380	15.5%	2,077	84.5%	2,457	8.4%
Diseases of the genitourinary system	95	6.8%	1,292	93.2%	1,387	4.7%
Complications of pregnancy, childbirth, puerperium	2	1.3%	157	98.7%	159	0.5%
Diseases of the skin and subcutaneous tissue	90	8.0%	1,040	92.0%	1,130	3.8%
Musculoskeletal system and connective tissue	32	1.2%	2,545	98.8%	2,577	8.8%
Congenital anomalies	0	0.0%	4	100.0%	4	0.0%
Liveborn	0	0.0%	35	100.0%	35	0.1%
Injury and poisoning	212	2.8%	7,411	97.2%	7,623	26.0%
Symptoms, signs, and ill-defined conditions	53	1.8%	2,873	98.2%	2,926	10.0%
Residual codes, unclassified, all Ecodes	11	5.4%	194	94.6%	205	0.7%
Total	2,503	8.5%	26,852	91.5%	29,355	100.0%

Inpatient discharges originating in the ED are reported here and in the hospital inpatient report, and exclude newborns (MDC 15) and 10 records with missing/invalid diagnosis codes. ED visits exclude 13 records with missing/invalid diagnosis codes.

Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Copley Hospital						
Infectious and parasitic diseases	0	0.0%	202	100.0%	202	1.6%
Neoplasms	3	18.8%	13	81.3%	16	0.1%
Endocrine, nutritional, metabolic, immunity	26	16.3%	134	83.8%	160	1.3%
Diseases of the blood and blood-forming organs	0	0.0%	19	100.0%	19	0.2%
Mental disorders	3	1.0%	288	99.0%	291	2.3%
Diseases of the nervous system and sense organs	14	1.6%	883	98.4%	897	7.1%
Diseases of the circulatory system	34	5.1%	631	94.9%	665	5.3%
Diseases of the respiratory system	46	2.7%	1,657	97.3%	1,703	13.6%
Diseases of the digestive system	78	8.1%	887	91.9%	965	7.7%
Diseases of the genitourinary system	13	2.0%	640	98.0%	653	5.2%
Complications of pregnancy, childbirth, puerperium	3	2.5%	118	97.5%	121	1.0%
Diseases of the skin and subcutaneous tissue	11	3.0%	355	97.0%	366	2.9%
Musculoskeletal system and connective tissue	5	0.6%	856	99.4%	861	6.9%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Liveborn	0	0.0%	8	100.0%	8	0.1%
Injury and poisoning	52	1.2%	4,243	98.8%	4,295	34.2%
Symptoms, signs, and ill-defined conditions	4	0.3%	1,251	99.7%	1,255	10.0%
Residual codes, unclassified, all Ecodes	0	0.0%	88	100.0%	88	0.7%
Total	292	2.3%	12,275	97.7%	12,567	100.0%

Inpatient discharges originating in the ED are reported here and in the hospital inpatient report, and exclude newborns (MDC 15) and 10 records with missing/invalid diagnosis codes. ED visits exclude 13 records with missing/invalid diagnosis codes.

Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Fletcher Allen Health Care						
Infectious and parasitic diseases	312	38.3%	503	61.7%	815	1.4%
Neoplasms	310	84.2%	58	15.8%	368	0.6%
Endocrine, nutritional, metabolic, immunity	309	30.5%	704	69.5%	1,013	1.7%
Diseases of the blood and blood-forming organs	111	60.3%	73	39.7%	184	0.3%
Mental disorders	510	15.3%	2,831	84.7%	3,341	5.7%
Diseases of the nervous system and sense organs	318	7.5%	3,945	92.5%	4,263	7.3%
Diseases of the circulatory system	2,034	38.6%	3,231	61.4%	5,265	9.0%
Diseases of the respiratory system	962	18.1%	4,342	81.9%	5,304	9.1%
Diseases of the digestive system	1,334	27.9%	3,445	72.1%	4,779	8.2%
Diseases of the genitourinary system	360	12.8%	2,459	87.2%	2,819	4.8%
Complications of pregnancy, childbirth, puerperium	61	8.4%	661	91.6%	722	1.2%
Diseases of the skin and subcutaneous tissue	221	13.0%	1,478	87.0%	1,699	2.9%
Musculoskeletal system and connective tissue	213	5.4%	3,701	94.6%	3,914	6.7%
Congenital anomalies	20	43.5%	26	56.5%	46	0.1%
Liveborn	0	0.0%	72	100.0%	72	0.1%
Injury and poisoning	1,541	9.4%	14,803	90.6%	16,344	28.1%
Symptoms, signs, and ill-defined conditions	198	2.9%	6,654	97.1%	6,852	11.8%
Residual codes, unclassified, all Ecodes	28	7.0%	372	93.0%	400	0.7%
Total	8,842	15.2%	49,358	84.8%	58,200	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Gifford Medical Center						
Infectious and parasitic diseases	7	4.9%	135	95.1%	142	2.0%
Neoplasms	8	57.1%	6	42.9%	14	0.2%
Endocrine, nutritional, metabolic, immunity	24	19.8%	97	80.2%	121	1.7%
Diseases of the blood and blood-forming organs	5	62.5%	3	37.5%	8	0.1%
Mental disorders	13	6.4%	191	93.6%	204	2.9%
Diseases of the nervous system and sense organs	21	3.3%	612	96.7%	633	9.0%
Diseases of the circulatory system	98	18.7%	427	81.3%	525	7.5%
Diseases of the respiratory system	110	12.1%	796	87.9%	906	12.9%
Diseases of the digestive system	97	15.4%	531	84.6%	628	8.9%
Diseases of the genitourinary system	47	12.7%	322	87.3%	369	5.2%
Complications of pregnancy, childbirth, puerperium	4	6.9%	54	93.1%	58	0.8%
Diseases of the skin and subcutaneous tissue	24	11.5%	185	88.5%	209	3.0%
Musculoskeletal system and connective tissue	6	1.3%	457	98.7%	463	6.6%
Congenital anomalies	0	0.0%	3	100.0%	3	0.0%
Liveborn	0	0.0%	9	100.0%	9	0.1%
Injury and poisoning	40	1.9%	2,092	98.1%	2,132	30.3%
Symptoms, signs, and ill-defined conditions	21	4.0%	508	96.0%	529	7.5%
Residual codes, unclassified, all Ecodes	6	7.8%	71	92.2%	77	1.1%
Total	531	7.6%	6,499	92.4%	7,030	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Grace Cottage Hospital						
Infectious and parasitic diseases	0	0.0%	55	100.0%	55	2.0%
Neoplasms	0	0.0%	1	100.0%	1	0.0%
Endocrine, nutritional, metabolic, immunity	1	2.0%	50	98.0%	51	1.8%
Diseases of the blood and blood-forming organs	0	0.0%	4	100.0%	4	0.1%
Mental disorders	0	0.0%	51	100.0%	51	1.8%
Diseases of the nervous system and sense organs	1	0.5%	210	99.5%	211	7.5%
Diseases of the circulatory system	0	0.0%	185	100.0%	185	6.6%
Diseases of the respiratory system	5	1.4%	363	98.6%	368	13.1%
Diseases of the digestive system	1	0.5%	181	99.5%	182	6.5%
Diseases of the genitourinary system	1	0.7%	136	99.3%	137	4.9%
Complications of pregnancy, childbirth, puerperium	0	0.0%	3	100.0%	3	0.1%
Diseases of the skin and subcutaneous tissue	3	3.5%	83	96.5%	86	3.1%
Musculoskeletal system and connective tissue	1	0.6%	178	99.4%	179	6.4%
Congenital anomalies	0	0.0%	2	100.0%	2	0.1%
Liveborn	0	0.0%	1	100.0%	1	0.0%
Injury and poisoning	3	0.3%	943	99.7%	946	33.6%
Symptoms, signs, and ill-defined conditions	1	0.3%	329	99.7%	330	11.7%
Residual codes, unclassified, all Ecodes	0	0.0%	22	100.0%	22	0.8%
Total	17	0.6%	2,797	99.4%	2,814	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Mt. Ascutney Hospital and Health Center						
Infectious and parasitic diseases	1	1.7%	58	98.3%	59	1.2%
Neoplasms	2	14.3%	12	85.7%	14	0.3%
Endocrine, nutritional, metabolic, immunity	4	7.8%	47	92.2%	51	1.0%
Diseases of the blood and blood-forming organs	0	0.0%	4	100.0%	4	0.1%
Mental disorders	2	1.2%	163	98.8%	165	3.2%
Diseases of the nervous system and sense organs	2	0.5%	409	99.5%	411	8.1%
Diseases of the circulatory system	5	1.2%	418	98.8%	423	8.3%
Diseases of the respiratory system	9	1.4%	612	98.6%	621	12.2%
Diseases of the digestive system	26	7.7%	311	92.3%	337	6.6%
Diseases of the genitourinary system	4	1.8%	216	98.2%	220	4.3%
Complications of pregnancy, childbirth, puerperium	0	0.0%	7	100.0%	7	0.1%
Diseases of the skin and subcutaneous tissue	3	1.3%	236	98.7%	239	4.7%
Musculoskeletal system and connective tissue	1	0.3%	291	99.7%	292	5.7%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Liveborn	0	0.0%	3	100.0%	3	0.1%
Injury and poisoning	4	0.2%	1,662	99.8%	1,666	32.8%
Symptoms, signs, and ill-defined conditions	2	0.4%	538	99.6%	540	10.6%
Residual codes, unclassified, all Ecodes	0	0.0%	35	100.0%	35	0.7%
Total	65	1.3%	5,022	98.7%	5,087	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
North Country Hospital						
Infectious and parasitic diseases	5	2.4%	201	97.6%	206	1.4%
Neoplasms	9	17.6%	42	82.4%	51	0.3%
Endocrine, nutritional, metabolic, immunity	33	13.5%	212	86.5%	245	1.7%
Diseases of the blood and blood-forming organs	6	10.3%	52	89.7%	58	0.4%
Mental disorders	13	2.8%	453	97.2%	466	3.1%
Diseases of the nervous system and sense organs	11	0.9%	1,191	99.1%	1,202	8.1%
Diseases of the circulatory system	33	3.4%	934	96.6%	967	6.5%
Diseases of the respiratory system	49	2.2%	2,161	97.8%	2,210	14.9%
Diseases of the digestive system	54	4.9%	1,043	95.1%	1,097	7.4%
Diseases of the genitourinary system	8	1.0%	783	99.0%	791	5.3%
Complications of pregnancy, childbirth, puerperium	6	4.8%	119	95.2%	125	0.8%
Diseases of the skin and subcutaneous tissue	12	2.1%	547	97.9%	559	3.8%
Musculoskeletal system and connective tissue	3	0.3%	1,118	99.7%	1,121	7.6%
Congenital anomalies	0	0.0%	4	100.0%	4	0.0%
Liveborn	0	0.0%	16	100.0%	16	0.1%
Injury and poisoning	46	1.1%	3,968	98.9%	4,014	27.1%
Symptoms, signs, and ill-defined conditions	5	0.3%	1,534	99.7%	1,539	10.4%
Residual codes, unclassified, all Ecodes	0	0.0%	123	100.0%	123	0.8%
Total	293	2.0%	14,501	98.0%	14,794	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Northeastern Vermont Regional Hospital						
Infectious and parasitic diseases	14	12.6%	97	87.4%	111	1.2%
Neoplasms	12	41.4%	17	58.6%	29	0.3%
Endocrine, nutritional, metabolic, immunity	14	10.0%	126	90.0%	140	1.5%
Diseases of the blood and blood-forming organs	2	8.0%	23	92.0%	25	0.3%
Mental disorders	15	3.3%	445	96.7%	460	4.8%
Diseases of the nervous system and sense organs	12	1.5%	810	98.5%	822	8.6%
Diseases of the circulatory system	52	7.9%	604	92.1%	656	6.8%
Diseases of the respiratory system	57	3.5%	1,556	96.5%	1,613	16.8%
Diseases of the digestive system	100	11.3%	786	88.7%	886	9.2%
Diseases of the genitourinary system	18	2.7%	638	97.3%	656	6.8%
Complications of pregnancy, childbirth, puerperium	6	10.9%	49	89.1%	55	0.6%
Diseases of the skin and subcutaneous tissue	7	2.3%	299	97.7%	306	3.2%
Musculoskeletal system and connective tissue	0	0.0%	537	100.0%	537	5.6%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Liveborn	0	0.0%	3	100.0%	3	0.0%
Injury and poisoning	36	1.7%	2,138	98.3%	2,174	22.6%
Symptoms, signs, and ill-defined conditions	21	2.0%	1,029	98.0%	1,050	10.9%
Residual codes, unclassified, all Ecodes	1	1.4%	73	98.6%	74	0.8%
Total	367	3.8%	9,232	96.2%	9,599	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Northwestern Medical Center						
Infectious and parasitic diseases	37	12.8%	252	87.2%	289	1.0%
Neoplasms	28	41.8%	39	58.2%	67	0.2%
Endocrine, nutritional, metabolic, immunity	44	11.0%	355	89.0%	399	1.4%
Diseases of the blood and blood-forming organs	13	16.5%	66	83.5%	79	0.3%
Mental disorders	11	1.6%	694	98.4%	705	2.6%
Diseases of the nervous system and sense organs	9	0.4%	2,241	99.6%	2,250	8.2%
Diseases of the circulatory system	162	9.2%	1,594	90.8%	1,756	6.4%
Diseases of the respiratory system	249	7.1%	3,265	92.9%	3,514	12.8%
Diseases of the digestive system	162	7.6%	1,973	92.4%	2,135	7.8%
Diseases of the genitourinary system	63	4.1%	1,467	95.9%	1,530	5.6%
Complications of pregnancy, childbirth, puerperium	2	1.0%	195	99.0%	197	0.7%
Diseases of the skin and subcutaneous tissue	28	2.6%	1,061	97.4%	1,089	4.0%
Musculoskeletal system and connective tissue	15	0.7%	2,077	99.3%	2,092	7.6%
Congenital anomalies	0	0.0%	2	100.0%	2	0.0%
Liveborn	0	0.0%	24	100.0%	24	0.1%
Injury and poisoning	105	1.3%	7,939	98.7%	8,044	29.2%
Symptoms, signs, and ill-defined conditions	9	0.3%	3,182	99.7%	3,191	11.6%
Residual codes, unclassified, all Ecodes	3	1.7%	176	98.3%	179	0.6%
Total	940	3.4%	26,602	96.6%	27,542	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Porter Medical Center						
Infectious and parasitic diseases	3	2.0%	149	98.0%	152	1.1%
Neoplasms	0	0.0%	15	100.0%	15	0.1%
Endocrine, nutritional, metabolic, immunity	15	6.2%	226	93.8%	241	1.8%
Diseases of the blood and blood-forming organs	2	14.3%	12	85.7%	14	0.1%
Mental disorders	24	5.3%	425	94.7%	449	3.3%
Diseases of the nervous system and sense organs	7	0.6%	1,091	99.4%	1,098	8.0%
Diseases of the circulatory system	32	3.4%	912	96.6%	944	6.9%
Diseases of the respiratory system	38	2.2%	1,678	97.8%	1,716	12.5%
Diseases of the digestive system	92	8.3%	1,017	91.7%	1,109	8.1%
Diseases of the genitourinary system	12	2.0%	588	98.0%	600	4.4%
Complications of pregnancy, childbirth, puerperium	3	4.2%	69	95.8%	72	0.5%
Diseases of the skin and subcutaneous tissue	13	2.7%	463	97.3%	476	3.5%
Musculoskeletal system and connective tissue	4	0.4%	996	99.6%	1,000	7.3%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Liveborn	0	0.0%	4	100.0%	4	0.0%
Injury and poisoning	37	0.9%	4,181	99.1%	4,218	30.7%
Symptoms, signs, and ill-defined conditions	8	0.5%	1,503	99.5%	1,511	11.0%
Residual codes, unclassified, all Ecodes	3	3.0%	98	97.0%	101	0.7%
Total	293	2.1%	13,427	97.9%	13,720	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Rutland Regional Medical Center						
Infectious and parasitic diseases	200	39.1%	312	60.9%	512	1.6%
Neoplasms	85	79.4%	22	20.6%	107	0.3%
Endocrine, nutritional, metabolic, immunity	167	33.5%	332	66.5%	499	1.5%
Diseases of the blood and blood-forming organs	33	46.5%	38	53.5%	71	0.2%
Mental disorders	576	35.7%	1,039	64.3%	1,615	5.0%
Diseases of the nervous system and sense organs	100	3.4%	2,884	96.6%	2,984	9.2%
Diseases of the circulatory system	778	30.0%	1,817	70.0%	2,595	8.0%
Diseases of the respiratory system	818	19.7%	3,327	80.3%	4,145	12.8%
Diseases of the digestive system	581	23.6%	1,886	76.4%	2,467	7.6%
Diseases of the genitourinary system	244	14.8%	1,400	85.2%	1,644	5.1%
Complications of pregnancy, childbirth, puerperium	16	6.9%	217	93.1%	233	0.7%
Diseases of the skin and subcutaneous tissue	108	9.6%	1,012	90.4%	1,120	3.5%
Musculoskeletal system and connective tissue	71	3.9%	1,769	96.1%	1,840	5.7%
Congenital anomalies	3	37.5%	5	62.5%	8	0.0%
Liveborn	0	0.0%	32	100.0%	32	0.1%
Injury and poisoning	496	5.4%	8,689	94.6%	9,185	28.3%
Symptoms, signs, and ill-defined conditions	91	2.9%	3,029	97.1%	3,120	9.6%
Residual codes, unclassified, all Ecodes	11	4.3%	245	95.7%	256	0.8%
Total	4,378	13.5%	28,055	86.5%	32,433	100.0%

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Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Southwestern Vermont Medical Center						
Infectious and parasitic diseases	239	47.5%	264	52.5%	503	2.2%
Neoplasms	51	63.0%	30	37.0%	81	0.4%
Endocrine, nutritional, metabolic, immunity	123	36.7%	212	63.3%	335	1.5%
Diseases of the blood and blood-forming organs	49	57.6%	36	42.4%	85	0.4%
Mental disorders	36	4.0%	863	96.0%	899	4.0%
Diseases of the nervous system and sense organs	61	4.0%	1,468	96.0%	1,529	6.8%
Diseases of the circulatory system	573	28.6%	1,434	71.4%	2,007	9.0%
Diseases of the respiratory system	612	24.1%	1,932	75.9%	2,544	11.4%
Diseases of the digestive system	512	30.8%	1,150	69.2%	1,662	7.4%
Diseases of the genitourinary system	169	14.8%	976	85.2%	1,145	5.1%
Complications of pregnancy, childbirth, puerperium	10	6.7%	139	93.3%	149	0.7%
Diseases of the skin and subcutaneous tissue	95	15.8%	506	84.2%	601	2.7%
Musculoskeletal system and connective tissue	51	2.4%	2,032	97.6%	2,083	9.3%
Congenital anomalies	5	38.5%	8	61.5%	13	0.1%
Liveborn	0	0.0%	18	100.0%	18	0.1%
Injury and poisoning	331	5.6%	5,598	94.4%	5,929	26.5%
Symptoms, signs, and ill-defined conditions	70	2.7%	2,549	97.3%	2,619	11.7%
Residual codes, unclassified, all Ecodes	10	5.1%	187	94.9%	197	0.9%
Total	2,997	13.4%	19,402	86.6%	22,399	100.0%

Inpatient discharges originating in the ED are reported here and in the hospital inpatient report, and exclude newborns (MDC 15) and 10 records with missing/invalid diagnosis codes. ED visits exclude 13 records with missing/invalid diagnosis codes.

Table E-1b
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups
Vermont Hospitals by Type of Visit

CCS Diagnosis Groups	Inpatient Discharges Originating in ED		ED Visits Not Admitted		All ED Visits	
	N	Row%	N	Row%	N	Col%
Springfield Hospital						
Infectious and parasitic diseases	28	10.4%	240	89.6%	268	1.2%
Neoplasms	21	52.5%	19	47.5%	40	0.2%
Endocrine, nutritional, metabolic, immunity	56	30.1%	130	69.9%	186	0.8%
Diseases of the blood and blood-forming organs	10	31.3%	22	68.8%	32	0.1%
Mental disorders	98	13.5%	627	86.5%	725	3.2%
Diseases of the nervous system and sense organs	42	3.5%	1,167	96.5%	1,209	5.4%
Diseases of the circulatory system	312	22.9%	1,049	77.1%	1,361	6.1%
Diseases of the respiratory system	346	14.9%	1,973	85.1%	2,319	10.4%
Diseases of the digestive system	224	17.1%	1,087	82.9%	1,311	5.9%
Diseases of the genitourinary system	90	10.0%	814	90.0%	904	4.0%
Complications of pregnancy, childbirth, puerperium	4	5.1%	75	94.9%	79	0.4%
Diseases of the skin and subcutaneous tissue	43	5.1%	805	94.9%	848	3.8%
Musculoskeletal system and connective tissue	30	3.5%	818	96.5%	848	3.8%
Congenital anomalies	0	0.0%	0	0.0%	0	0.0%
Liveborn	0	0.0%	10	100.0%	10	0.0%
Injury and poisoning	86	1.9%	4,436	98.1%	4,522	20.2%
Symptoms, signs, and ill-defined conditions	76	5.1%	1,403	94.9%	1,479	6.6%
Residual codes, unclassified, all Ecodes	9	9.5%	86	90.5%	95	0.4%
Total	1,475	9.1%	14,761	90.9%	16,236	72.5%

Inpatient discharges originating in the ED are reported here and in the hospital inpatient report, and exclude newborns (MDC 15) and 10 records with missing/invalid diagnosis codes. ED visits exclude 13 records with missing/invalid diagnosis codes.

Table E-2
2006-2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Type of Visit: 2006 through 2010

Inpatient Discharges Originating in ED	2006	2007	2008	2009	2010
Brattleboro Memorial Hospital	1,274	1,190	1,050	977	1,001
Central Vermont Medical Center	2,199	2,290	2,505	2,280	2,503
Copley Hospital	193	196	213	194	292
Fletcher Allen Health Care	8,007	8,219	8,536	8,652	8,842
Gifford Medical Center	453	629	634	686	531
Grace Cottage Hospital	2	1	4	15	17
Mt. Ascutney Hospital and Health Center	46	61	72	59	65
North Country Hospital	268	297	322	256	293
Northeastern Vermont Regional Hospital	252	318	404	375	367
Northwestern Medical Center	1,188	1,339	1,117	1,009	940
Porter Medical Center	289	239	232	304	293
Rutland Regional Medical Center	3,975	4,134	4,129	4,469	4,378
Southwestern Vermont Medical Center	3,327	3,451	3,426	2,958	2,997
Springfield Hospital	1,118	1,461	1,506	1,447	1,475
Total	22,591	23,825	24,150	23,681	23,994
ED Visits Not Admitted	2006	2007	2008	2009	2010
Brattleboro Memorial Hospital	10,682	11,015	11,171	11,430	11,546
Central Vermont Medical Center	25,546	25,414	27,092	27,564	26,852
Copley Hospital	11,567	11,557	12,186	12,121	12,275
Fletcher Allen Health Care	44,913	46,055	48,872	48,936	49,358
Gifford Medical Center	6,088	5,948	6,187	6,807	6,499
Grace Cottage Hospital	2,165	2,431	2,575	2,786	2,797
Mt. Ascutney Hospital and Health Center	5,647	5,273	5,050	4,996	5,022
North Country Hospital	11,184	12,307	13,083	13,740	14,501
Northeastern Vermont Regional Hospital	10,089	10,498	10,838	9,713	9,232
Northwestern Medical Center	23,513	25,664	26,316	26,270	26,602
Porter Medical Center	13,024	12,719	13,281	13,344	13,427
Rutland Regional Medical Center	30,441	29,585	28,918	29,573	28,055
Southwestern Vermont Medical Center	17,529	18,238	19,370	15,404	19,402
Springfield Hospital	13,616	14,060	14,650	14,792	14,761
Total	226,004	230,764	239,589	237,476	240,329

Table E-2
2006-2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Type of Visit: 2006 through 2010

All ED Visits, Including Those Admitted	2006	2007	2008	2009	2010
Brattleboro Memorial Hospital	11,956	12,205	12,221	12,407	12,547
Central Vermont Medical Center	27,745	27,704	29,597	29,844	29,355
Copley Hospital	11,760	11,753	12,399	12,315	12,567
Fletcher Allen Health Care	52,920	54,274	57,408	57,588	58,200
Gifford Medical Center	6,541	6,577	6,821	7,493	7,030
Grace Cottage Hospital	2,167	2,432	2,579	2,801	2,814
Mt. Ascutney Hospital and Health Center	5,693	5,334	5,122	5,055	5,087
North Country Hospital	11,452	12,604	13,405	13,996	14,794
Northeastern Vermont Regional Hospital	10,341	10,816	11,242	10,088	9,599
Northwestern Medical Center	24,701	27,003	27,433	27,279	27,542
Porter Medical Center	13,313	12,958	13,513	13,648	13,720
Rutland Regional Medical Center	34,416	33,719	33,047	34,042	32,433
Southwestern Vermont Medical Center	20,856	21,689	22,796	18,362	22,399
Springfield Hospital	14,734	15,521	16,156	16,239	16,236
Total	248,595	254,589	263,739	261,157	264,323

ED visits include all hospital records (outpatient and inpatient) that originated in the ED.
 Inpatient discharges originating in the ED are reported here as well as in the hospital inpatient report.
 Inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.
 ED visits exclude 13 records with missing or invalid diagnosis codes.

Table E-3
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Age Group

<u>Vermont Hospitals</u>	<u>Age Group</u>									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	1,479	5,367	2,741	430	355	333	841	9,587	1,959	11,546
Central Vermont Medical Center	4,372	12,542	5,940	894	735	777	1,592	22,854	3,998	26,852
Copley Hospital	2,238	5,614	2,447	430	362	356	828	10,299	1,976	12,275
Fletcher Allen Health Care	5,988	26,558	10,982	1,401	1,151	1,072	2,206	43,528	5,830	49,358
Gifford Medical Center	1,108	2,895	1,402	280	185	177	452	5,405	1,094	6,499
Grace Cottage Hospital	406	946	705	183	119	132	306	2,057	740	2,797
Mt. Ascutney Hospital and Health Center	687	1,910	1,180	224	213	210	598	3,777	1,245	5,022
North Country Hospital	2,081	6,418	3,022	679	610	485	1,206	11,521	2,980	14,501
Northeastern Vermont Regional Hospital	1,113	4,011	2,265	398	309	345	791	7,389	1,843	9,232
Northwestern Medical Center	3,807	12,678	6,052	890	834	788	1,553	22,537	4,065	26,602
Porter Medical Center	1,866	6,093	2,998	491	430	486	1,063	10,957	2,470	13,427
Rutland Regional Medical Center	4,126	13,470	6,351	981	779	737	1,611	23,947	4,108	28,055
Southwestern Vermont Medical Center	2,954	9,109	4,135	684	567	623	1,330	16,198	3,204	19,402
Springfield Hospital	2,351	6,345	3,574	621	463	392	1,015	12,270	2,491	14,761
Total	34,576	113,956	53,794	8,586	7,112	6,913	15,392	202,326	38,003	240,329

ED visits include all hospital records that originated in the ED and did not result in hospital admission.

Inpatient discharges originating in the ED are reported in the hospital inpatient report.

ED visits exclude 13 records with missing or invalid diagnosis codes.

Table E-4
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%		
Brattleboro Memorial Hospital	2,671	23.1%	3,314	28.7%	70	0.6%	389	3.4%	4,007	34.7%	1,083	9.4%	12	0.1%	11,546	4.8%
Central Vermont Medical Center	5,451	20.3%	8,850	33.0%	436	1.6%	655	2.4%	8,984	33.5%	2,476	9.2%	-	0.0%	26,852	11.2%
Copley Hospital	2,468	20.1%	4,020	32.7%	155	1.3%	205	1.7%	4,080	33.2%	1,305	10.6%	42	0.3%	12,275	5.1%
Fletcher Allen Health Care	8,348	16.9%	14,101	28.6%	771	1.6%	1,020	2.1%	19,808	40.1%	5,089	10.3%	221	0.4%	49,358	20.5%
Gifford Medical Center	1,398	21.5%	2,224	34.2%	87	1.3%	156	2.4%	1,937	29.8%	697	10.7%	-	0.0%	6,499	2.7%
Grace Cottage Hospital	868	31.0%	632	22.6%	9	0.3%	46	1.6%	998	35.7%	244	8.7%	-	0.0%	2,797	1.2%
Mt. Ascutney Hospital and Health Center	1,400	27.9%	1,038	20.7%	64	1.3%	163	3.2%	1,850	36.8%	507	10.1%	-	0.0%	5,022	2.1%
North Country Hospital	3,822	26.4%	5,617	38.7%	188	1.3%	326	2.2%	3,433	23.7%	1,115	7.7%	-	0.0%	14,501	6.0%
Northeastern Vermont Regional Hospital	2,342	25.4%	2,803	30.4%	16	0.2%	150	1.6%	3,064	33.2%	857	9.3%	-	0.0%	9,232	3.8%
Northwestern Medical Center	5,624	21.1%	9,725	36.6%	426	1.6%	551	2.1%	7,720	29.0%	2,554	9.6%	2	0.0%	26,602	11.1%
Porter Medical Center	3,138	23.4%	3,905	29.1%	113	0.8%	325	2.4%	4,457	33.2%	1,489	11.1%	-	0.0%	13,427	5.6%
Rutland Regional Medical Center	5,808	20.7%	9,946	35.5%	244	0.9%	807	2.9%	8,346	29.7%	2,904	10.4%	-	0.0%	28,055	11.7%
Southwestern Vermont Medical Center	4,515	23.3%	5,962	30.7%	141	0.7%	571	2.9%	6,550	33.8%	1,663	8.6%	-	0.0%	19,402	8.1%
Springfield Hospital	3,762	25.5%	4,634	31.4%	108	0.7%	188	1.3%	4,157	28.2%	1,911	12.9%	1	0.0%	14,761	6.1%
Total	51,615	21.5%	76,771	31.9%	2,828	1.2%	5,552	2.3%	79,391	33.0%	23,894	9.9%	278	0.1%	240,329	100.0%

"Other" payer includes self-pay, no charge, and other sources of payment.
ED visits include all hospital records that originated in the ED and did not result in hospital admission.
Inpatient discharges originating in the ED are reported in the hospital inpatient report.
ED visits exclude 13 records with missing or invalid diagnosis codes.

Table E-5
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Groups	Principal Payer														Total		
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%			
Infectious and parasitic diseases	485	15.7%	1,198	38.9%	51	1.7%	18	0.6%	964	31.3%	363	11.8%	3	0.1%	3,082	1.3%	
Neoplasms	159	48.6%	57	17.4%	9	2.8%	-	0.0%	87	26.6%	15	4.6%	-	0.0%	327	0.1%	
Endocrine, nutritional, metabolic, immunity	1,427	45.8%	649	20.8%	29	0.9%	7	0.2%	805	25.8%	187	6.0%	14	0.4%	3,118	1.3%	
Diseases of the blood and blood-forming organs	226	54.6%	51	12.3%	2	0.5%	2	0.5%	118	28.5%	12	2.9%	3	0.7%	414	0.2%	
Mental disorders	2,081	21.2%	4,090	41.7%	75	0.8%	19	0.2%	2,306	23.5%	1,244	12.7%	2	0.0%	9,817	4.1%	
Diseases of the nervous system and sense organs	3,884	19.3%	7,524	37.4%	269	1.3%	159	0.8%	6,535	32.5%	1,728	8.6%	17	0.1%	20,116	8.4%	
Diseases of the circulatory system	6,612	43.4%	2,316	15.2%	128	0.8%	35	0.2%	5,215	34.2%	908	6.0%	35	0.2%	15,249	6.3%	
Diseases of the respiratory system	6,537	22.8%	10,397	36.2%	375	1.3%	48	0.2%	8,615	30.0%	2,698	9.4%	28	0.1%	28,698	11.9%	
Diseases of the digestive system	3,545	20.5%	6,314	36.6%	185	1.1%	31	0.2%	4,742	27.5%	2,420	14.0%	22	0.1%	17,259	7.2%	
Diseases of the genitourinary system	3,086	25.1%	3,638	29.5%	169	1.4%	10	0.1%	4,157	33.8%	1,242	10.1%	15	0.1%	12,317	5.1%	
Complications of pregnancy, childbirth, puerperium	43	2.2%	1,107	56.9%	30	1.5%	2	0.1%	576	29.6%	187	9.6%	1	0.1%	1,946	0.8%	
Diseases of the skin and subcutaneous tissue	1,840	22.0%	2,787	33.3%	86	1.0%	71	0.8%	2,593	30.9%	994	11.9%	10	0.1%	8,381	3.5%	
Musculoskeletal system and connective tissue	4,531	25.1%	5,691	31.6%	197	1.1%	607	3.4%	5,122	28.4%	1,860	10.3%	22	0.1%	18,030	7.5%	
Congenital anomalies	18	28.6%	13	20.6%	1	1.6%	1	1.6%	25	39.7%	5	7.9%	-	0.0%	63	0.0%	
Liveborn	1	0.4%	149	59.8%	2	0.8%	-	0.0%	58	23.3%	39	15.7%	-	0.0%	249	0.1%	
Injury and poisoning	10,690	14.8%	20,910	29.0%	851	1.2%	4,310	6.0%	27,923	38.7%	7,378	10.2%	53	0.1%	72,115	30.0%	
Symptoms, signs, and ill-defined conditions	5,682	20.8%	9,457	34.6%	342	1.3%	163	0.6%	9,121	33.4%	2,481	9.1%	49	0.2%	27,295	11.4%	
Residual codes, unclassified, all Ecodes	768	41.4%	423	22.8%	27	1.5%	69	3.7%	429	23.2%	133	7.2%	4	0.2%	1,853	0.8%	
Total	51,615	21.5%	76,771	31.9%	2,828	1.2%	5,552	2.3%	79,391	33.0%	23,894	9.9%	278	0.1%	240,329	100.0%	

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

ED visits include all hospital records that originated in the ED and did not result in hospital admission.

Inpatient discharges originating in the ED are reported in the hospital inpatient report.

ED visits exclude 13 records with missing or invalid diagnosis codes.

Table E-6
2010 Vermont Hospital Emergency Department Visits, including VT Residents and Non-Residents
In-migration by Vermont Hospital

<u>Vermont Hospital</u>	<u>Vermont Residents</u>		<u>Non-Vermonters</u>		<u>Total for Vermont Hospitals</u>	
	<u>Visits</u>	<u>Total Charges</u>	<u>Visits</u>	<u>Total Charges</u>	<u>Visits</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	8,582	\$ 9,864,405	2,964	\$ 3,155,799	11,546	\$ 13,020,203
Central Vermont Medical Center	25,584	\$ 35,455,663	1,268	\$ 1,661,335	26,852	\$ 37,116,997
Copley Hospital	11,489	\$ 10,901,882	786	\$ 762,482	12,275	\$ 11,664,364
Fletcher Allen Health Care	46,430	\$ 85,270,859	2,928	\$ 6,011,707	49,358	\$ 91,282,566
Gifford Medical Center	6,221	\$ 11,190,942	278	\$ 429,631	6,499	\$ 11,620,573
Grace Cottage Hospital	2,363	\$ 2,142,014	434	\$ 334,196	2,797	\$ 2,476,210
Mt. Ascutney Hospital and Health Center	3,834	\$ 6,874,032	1,188	\$ 2,135,031	5,022	\$ 9,009,063
North Country Hospital	13,712	\$ 19,907,423	789	\$ 1,205,282	14,501	\$ 21,112,705
Northeastern Vermont Regional Hospital	8,689	\$ 9,604,376	543	\$ 599,296	9,232	\$ 10,203,673
Northwestern Medical Center	25,988	\$ 33,507,699	614	\$ 778,381	26,602	\$ 34,286,080
Porter Medical Center	12,401	\$ 15,187,914	1,026	\$ 1,054,690	13,427	\$ 16,242,604
Rutland Regional Medical Center	25,212	\$ 32,050,293	2,843	\$ 4,016,812	28,055	\$ 36,067,104
Southwestern Vermont Medical Center	14,286	\$ 21,398,419	5,116	\$ 8,554,443	19,402	\$ 29,952,862
Springfield Hospital	12,123	\$ 19,292,396	2,638	\$ 4,464,995	14,761	\$ 23,757,391
Total for 2010	216,914	\$312,648,316	23,415	\$ 35,164,080	240,329	\$347,812,396
Total for 2009	215,235	\$266,198,620	22,160	\$ 28,984,897	237,395	\$295,183,517

ED visits include all hospital records that originated in the ED and did not result in hospital admission.
 Inpatient discharges originating in the ED are reported in the hospital inpatient report.
 ED visits exclude 13 records with missing or invalid diagnosis codes.
 Inpatient charges of \$100 or less and outpatient charges of \$0 are considered missing.

Outpatient Procedures and Services

Table O-1
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by State of Residence

Vermont Hospital	Vermont Residents		Non-residents		All Outpatient Procedures	
	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	3,007	84.0%	571	16.0%	3,578	3.5%
Central Vermont Medical Center	8,119	99.5%	37	0.5%	8,156	8.0%
Copley Hospital	3,767	99.2%	29	0.8%	3,796	3.7%
Fletcher Allen Health Care	39,416	87.7%	5,538	12.3%	44,954	44.2%
Gifford Medical Center	2,949	96.0%	122	4.0%	3,071	3.0%
Grace Cottage Hospital	-	0%	-	0%	-	0.0%
Mt. Ascutney Hospital and Health Center	928	66.2%	474	33.8%	1,402	1.4%
North Country Hospital	3,768	99.1%	33	0.9%	3,801	3.7%
Northeastern Vermont Regional Hospital	3,210	89.0%	396	11.0%	3,606	3.5%
Northwestern Medical Center	7,311	98.8%	86	1.2%	7,397	7.3%
Porter Medical Center	3,253	93.0%	245	7.0%	3,498	3.4%
Rutland Regional Medical Center	8,623	93.6%	585	6.4%	9,208	9.0%
Southwestern Vermont Medical Center	5,329	76.2%	1,663	23.8%	6,992	6.9%
Springfield Hospital	1,975	84.1%	374	15.9%	2,349	2.3%
Total	91,655	90.0%	10,153	10.0%	101,808	100.0%

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-2
2006-2010 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Data Year

<u>Outpatient Procedures</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Brattleboro Memorial Hospital	3,590	3,768	3,913	4,055	3,578
Central Vermont Medical Center	7,363	7,166	7,430	7,702	8,156
Copley Hospital	3,121	4,109	3,881	3,920	3,796
Fletcher Allen Health Care	39,473	44,599	44,346	45,034	44,954
Gifford Medical Center	2,723	2,616	2,435	2,471	3,071
Grace Cottage Hospital	-	-	4	-	-
Mt. Ascutney Hospital and Health Center	985	986	1,198	1,380	1,402
North Country Hospital	3,451	3,460	3,556	3,460	3,801
Northeastern Vermont Regional Hospital	3,527	3,511	3,489	3,551	3,606
Northwestern Medical Center	6,881	7,136	7,082	7,388	7,397
Porter Medical Center	3,940	3,900	3,685	3,804	3,498
Rutland Regional Medical Center	9,424	9,984	10,063	9,682	9,208
Southwestern Vermont Medical Center	6,258	6,339	6,260	6,834	6,992
Springfield Hospital	2,517	2,414	2,343	2,438	2,349
Total	93,253	99,988	99,685	101,719	101,808

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-3
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Age Group

<u>Vermont Hospitals</u>	<u>Age Group</u>									<u>Total</u>
	<u>Under 15</u>	<u>15-44</u>	<u>45-64</u>	<u>65-69</u>	<u>70-74</u>	<u>75-79</u>	<u>80+</u>	<u>0-64</u>	<u>65+</u>	
Brattleboro Memorial Hospital	135	662	1,599	334	286	234	328	2,396	1,182	3,578
Central Vermont Medical Center	238	1,972	3,536	720	582	519	589	5,746	2,410	8,156
Copley Hospital	150	1,214	1,418	299	253	210	252	2,782	1,014	3,796
Fletcher Allen Health Care	2,442	8,651	16,626	4,859	3,953	3,556	4,867	27,719	17,235	44,954
Gifford Medical Center	47	932	1,102	292	260	215	223	2,081	990	3,071
Grace Cottage Hospital	-	-	-	-	-	-	-	-	-	-
Mt. Ascutney Hospital and Health Center	14	195	662	146	126	106	153	871	531	1,402
North Country Hospital	73	1,348	1,239	307	291	233	310	2,660	1,141	3,801
Northeastern Vermont Regional Hospital	88	947	1,378	370	255	251	317	2,413	1,193	3,606
Northwestern Medical Center	181	2,200	3,072	609	442	425	468	5,453	1,944	7,397
Porter Medical Center	356	660	1,432	320	265	199	266	2,448	1,050	3,498
Rutland Regional Medical Center	207	1,711	4,144	908	741	663	834	6,062	3,146	9,208
Southwestern Vermont Medical Center	279	1,618	3,008	664	535	420	468	4,905	2,087	6,992
Springfield Hospital	149	450	1,024	219	178	152	177	1,623	726	2,349
Total	4,359	22,560	40,240	10,047	8,167	7,183	9,252	67,159	34,649	101,808

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-4
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Principal Payer

Vermont Hospital	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	1,275	35.6%	489	13.7%	13	0.4%	60	1.7%	1,716	48.0%	20	0.6%	5	0.1%	3,578	3.5%
Central Vermont Medical Center	2,639	32.4%	1,222	15.0%	91	1.1%	135	1.7%	3,987	48.9%	82	1.0%	-	0.0%	8,156	8.0%
Copley Hospital	1,080	28.5%	941	24.8%	24	0.6%	103	2.7%	1,601	42.2%	41	1.1%	6	0.2%	3,796	3.7%
Fletcher Allen Health Care	18,582	41.3%	4,657	10.4%	504	1.1%	781	1.7%	19,401	43.2%	458	1.0%	571	1.3%	44,954	44.2%
Gifford Medical Center	989	32.2%	551	17.9%	30	1.0%	37	1.2%	1,438	46.8%	26	0.8%	-	0.0%	3,071	3.0%
Grace Cottage Hospital	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Mt. Ascutney Hospital and Health Center	554	39.5%	106	7.6%	5	0.4%	45	3.2%	679	48.4%	13	0.9%	-	0.0%	1,402	1.4%
North Country Hospital	1,251	32.9%	1,083	28.5%	37	1.0%	33	0.9%	1,358	35.7%	39	1.0%	-	0.0%	3,801	3.7%
Northeastern Vermont Regional Hospital	1,190	33.0%	749	20.8%	3	0.1%	23	0.6%	1,594	44.2%	47	1.3%	-	0.0%	3,606	3.5%
Northwestern Medical Center	2,139	28.9%	1,485	20.1%	123	1.7%	191	2.6%	3,392	45.9%	67	0.9%	-	0.0%	7,397	7.3%
Porter Medical Center	1,076	30.8%	679	19.4%	28	0.8%	63	1.8%	1,566	44.8%	86	2.5%	-	0.0%	3,498	3.4%
Rutland Regional Medical Center	3,464	37.6%	1,318	14.3%	45	0.5%	189	2.1%	4,083	44.3%	109	1.2%	-	0.0%	9,208	9.0%
Southwestern Vermont Medical Center	2,183	31.2%	1,151	16.5%	32	0.5%	108	1.5%	3,396	48.6%	122	1.7%	-	0.0%	6,992	6.9%
Springfield Hospital	807	34.4%	386	16.4%	10	0.4%	26	1.1%	1,036	44.1%	84	3.6%	-	0.0%	2,349	2.3%
Total	37,229	36.6%	14,817	14.6%	945	0.9%	1,794	1.8%	45,247	44.4%	1,194	1.2%	582	0.6%	101,808	100.0%

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

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-5
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-Residents
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Principal Payer

CCS Diagnosis Groups	Principal Payer														Total	
	Medicare		Medicaid		Other Govt		Workers Comp.		Private Insurance		Other		Unknown		N	Col%
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Infectious and parasitic diseases	135	16.1%	391	46.6%	11	1.3%	1	0.1%	232	27.7%	66	7.9%	3	0.4%	839	0.8%
Neoplasms	6,715	53.1%	845	6.7%	106	0.8%	3	0.0%	4,874	38.5%	80	0.6%	34	0.3%	12,657	12.4%
Endocrine, nutritional, metabolic, immunity	809	41.4%	175	8.9%	15	0.8%	1	0.1%	921	47.1%	21	1.1%	14	0.7%	1,956	1.9%
Diseases of the blood and blood-forming organs	519	55.2%	64	6.8%	1	0.1%	-	0.0%	351	37.3%	4	0.4%	2	0.2%	941	0.9%
Mental disorders	28	13.7%	140	68.6%	-	0.0%	-	0.0%	35	17.2%	-	0.0%	1	0.5%	204	0.2%
Diseases of the nervous system and sense organs	7,423	59.7%	1,414	11.4%	69	0.6%	239	1.9%	3,194	25.7%	74	0.6%	12	0.1%	12,425	12.2%
Diseases of the circulatory system	1,421	44.5%	310	9.7%	24	0.8%	4	0.1%	1,265	39.6%	22	0.7%	147	4.6%	3,193	3.1%
Diseases of the respiratory system	930	35.8%	535	20.6%	21	0.8%	2	0.1%	1,079	41.5%	23	0.9%	7	0.3%	2,597	2.6%
Diseases of the digestive system	4,299	31.0%	2,285	16.5%	124	0.9%	108	0.8%	6,874	49.5%	156	1.1%	29	0.2%	13,875	13.6%
Diseases of the genitourinary system	2,379	30.6%	1,034	13.3%	104	1.3%	8	0.1%	3,993	51.3%	98	1.3%	165	2.1%	7,781	7.6%
Complications of pregnancy, childbirth, puerperium	49	1.0%	2,517	53.4%	57	1.2%	1	0.0%	2,026	43.0%	66	1.4%	1	0.0%	4,717	4.6%
Diseases of the skin and subcutaneous tissue	1,733	64.5%	255	9.5%	13	0.5%	7	0.3%	635	23.6%	36	1.3%	9	0.3%	2,688	2.6%
Musculoskeletal system and connective tissue	5,567	37.2%	1,970	13.2%	133	0.9%	862	5.8%	6,325	42.2%	97	0.6%	19	0.1%	14,973	14.7%
Congenital anomalies	32	7.7%	147	35.6%	12	2.9%	1	0.2%	216	52.3%	5	1.2%	-	0.0%	413	0.4%
Liveborn	-	0.0%	85	42.7%	4	2.0%	-	0.0%	59	29.6%	51	25.6%	-	0.0%	199	0.2%
Injury and poisoning	1,090	17.7%	957	15.5%	69	1.1%	502	8.1%	3,259	52.9%	168	2.7%	119	1.9%	6,164	6.1%
Symptoms, signs, and ill-defined conditions	3,866	25.3%	1,585	10.4%	173	1.1%	53	0.3%	9,476	62.1%	85	0.6%	18	0.1%	15,256	15.0%
Residual codes, unclassified, all Ecodes	234	25.2%	108	11.6%	9	1.0%	2	0.2%	433	46.6%	142	15.3%	2	0.2%	930	0.9%
Total	37,229	36.6%	14,817	14.6%	945	0.9%	1,794	1.8%	45,247	44.4%	1,194	1.2%	582	0.6%	101,808	100.0%

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

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
00 Procedures and Interventions, NEC															
N	11	-	-	270	2	-	4	-	2	-	-	3	-	1	293
Avg\$	\$9,501	\$0	\$0	\$29,801	\$48,540	\$0	\$12,409	\$0	\$12,847	\$0	\$0	\$47,134	\$0	\$21,065	\$28,961
01 Incision, Excision of Brain, Skull															
N	-	-	-	7	-	-	-	-	-	-	-	-	-	-	7
Avg\$	\$0	\$0	\$0	\$6,329	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,329
02 Other Brain, Skull Operations															
N	-	-	-	7	-	-	-	-	-	-	-	-	-	-	7
Avg\$	\$0	\$0	\$0	\$9,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,696
03 Spinal Cord & Canal Operations															
N	15	585	96	1,521	140	-	160	196	2	760	1	1,709	256	4	5,445
Avg\$	\$4,135	\$1,470	\$911	\$2,579	\$2,327	\$0	\$2,735	\$2,107	\$1,979	\$882	\$424	\$2,034	\$1,851	\$2,367	\$1,965
04 Cranial & Peripheral Nerve Operations															
N	111	227	155	2,280	112	-	130	96	61	303	91	240	153	88	4,047
Avg\$	\$3,210	\$3,006	\$4,298	\$3,746	\$8,079	\$0	\$8,124	\$3,988	\$4,995	\$1,843	\$6,032	\$2,844	\$3,321	\$2,526	\$3,809
05 Sympathetic Nerve Operations															
N	-	20	-	89	1	-	3	-	-	3	-	15	-	-	131
Avg\$	\$0	\$1,793	\$0	\$3,227	\$2,090	\$0	\$3,305	\$0	\$0	\$762	\$0	\$1,095	\$0	\$0	\$2,671
06 Thyroid, Parathyroid Operations															
N	8	19	2	347	59	-	-	3	1	2	6	4	97	2	550
Avg\$	\$12,325	\$5,458	\$7,303	\$5,825	\$2,356	\$0	\$0	\$1,763	\$18,757	\$10,761	\$2,604	\$12,381	\$1,116	\$1,921	\$4,727
07 Other Endocrine Gland Operations															
N	-	-	-	5	-	-	-	-	-	-	-	1	1	-	7
Avg\$	\$0	\$0	\$0	\$8,605	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,098	\$312	\$0	\$6,491
08 Eyelid Operations															
N	14	7	1	411	1	-	-	4	1	5	71	22	21	2	560
Avg\$	\$3,713	\$1,632	\$2,002	\$3,053	\$3,973	\$0	\$0	\$1,617	\$1,373	\$2,313	\$3,362	\$2,611	\$10,593	\$1,060	\$3,330
09 Lacrimal System Operations															
N	-	-	-	110	4	-	-	-	-	3	3	3	1	4	128
Avg\$	\$0	\$0	\$0	\$3,090	\$2,850	\$0	\$0	\$0	\$0	\$4,638	\$2,594	\$2,554	\$1,752	\$2,411	\$3,063
10 Conjunctival Operations															
N	-	-	-	11	2	-	-	1	-	1	2	1	-	-	18
Avg\$	\$0	\$0	\$0	\$5,630	\$3,846	\$0	\$0	\$4,757	\$0	\$3,244	\$3,970	\$862	\$0	\$0	\$4,802
11 Operations on Cornea															
N	-	-	-	64	-	-	-	2	-	6	3	-	1	5	81
Avg\$	\$0	\$0	\$0	\$9,514	\$0	\$0	\$0	\$4,720	\$0	\$8,218	\$3,616	\$0	\$7,194	\$10,092	\$9,088

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
12 Anterior Eye Segment Operations															
N	5	39	-	196	-	-	-	17	57	1	6	64	12	2	399
Avg\$	\$1,805	\$479	\$0	\$5,294	\$0	\$0	\$0	\$9,085	\$1,838	\$4,276	\$7,569	\$1,444	\$1,737	\$3,607	\$3,746
13 Operations on Lens of Eye															
N	386	440	144	1,110	757	-	214	352	560	102	417	588	95	216	5,381
Avg\$	\$3,675	\$3,233	\$5,579	\$4,727	\$5,635	\$0	\$9,930	\$6,186	\$6,014	\$5,360	\$5,044	\$4,522	\$3,148	\$3,567	\$5,056
14 Posterior Eye Segment Operations															
N	1	1	1	2,006	2	-	-	1	-	-	-	1	1	2	2,016
Avg\$	\$600	\$780	\$7,781	\$4,758	\$10,177	\$0	\$0	\$8,123	\$0	\$0	\$0	\$1,207	\$1,338	\$3,577	\$4,758
15 Extraocular Muscle Operations															
N	4	-	-	51	37	-	-	-	-	4	1	-	-	1	98
Avg\$	\$4,408	\$0	\$0	\$4,436	\$12,285	\$0	\$0	\$0	\$0	\$4,207	\$9,104	\$0	\$0	\$3,693	\$7,429
16 Orbit & Eyeball Operations															
N	-	-	-	76	-	-	-	1	-	-	-	-	-	1	78
Avg\$	\$0	\$0	\$0	\$2,213	\$0	\$0	\$0	\$3,977	\$0	\$0	\$0	\$0	\$0	\$7,456	\$2,303
17 Other Miscellaneous Procedures															
N	-	24	-	28	-	-	8	-	3	20	1	5	57	1	147
Avg\$	\$0	\$9,305	\$0	\$12,893	\$0	\$0	\$16,656	\$0	\$23,915	\$8,364	\$9,453	\$8,234	\$9,077	\$6,465	\$10,416
18 External Ear Operations															
N	4	9	3	117	1	-	1	4	1	21	8	21	13	-	203
Avg\$	\$5,297	\$3,657	\$972	\$1,883	\$6,462	\$0	\$867	\$4,507	\$4,941	\$1,394	\$3,117	\$5,304	\$2,369	\$0	\$2,483
19 Middle Ear Reconstructions															
N	4	13	-	60	-	-	-	6	2	1	18	13	8	3	128
Avg\$	\$7,877	\$6,134	\$0	\$11,498	\$0	\$0	\$0	\$11,768	\$11,276	\$5,159	\$5,075	\$4,702	\$4,632	\$3,172	\$8,582
20 Other Middle & Inner Ear Operations															
N	48	67	3	671	-	-	-	20	32	60	130	55	51	24	1,161
Avg\$	\$2,647	\$3,049	\$5,385	\$3,456	\$0	\$0	\$0	\$3,516	\$5,318	\$2,742	\$4,852	\$3,493	\$1,963	\$2,025	\$3,483
21 Operations on Nose															
N	34	18	10	633	-	-	1	51	19	45	58	71	41	20	1,001
Avg\$	\$6,971	\$6,780	\$3,595	\$3,499	\$0	\$0	\$6,791	\$6,343	\$9,089	\$4,196	\$4,946	\$4,557	\$4,209	\$7,176	\$4,222
22 Nasal Sinus Operations															
N	11	26	-	87	-	-	1	11	4	2	17	24	5	3	191
Avg\$	\$10,977	\$7,425	\$0	\$13,658	\$0	\$0	\$11,899	\$5,948	\$9,830	\$4,298	\$8,949	\$8,323	\$4,812	\$10,523	\$10,653
23 Tooth Removal & Restoration															
N	18	2	117	331	-	-	-	-	4	-	-	36	132	45	685
Avg\$	\$7,964	\$3,480	\$8,538	\$7,269	\$0	\$0	\$0	\$0	\$10,331	\$0	\$0	\$8,441	\$3,062	\$3,058	\$6,485

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
24 Other Operations on Teeth & Gums															
N	-	1	2	3	-	-	-	1	-	-	1	1	-	-	9
Avg\$	\$0	\$7,164	\$7,664	\$7,250	\$0	\$0	\$0	\$4,173	\$0	\$0	\$3,344	\$4,626	\$0	\$0	\$6,265
25 Operations on Tongue															
N	6	4	-	22	-	-	-	3	-	3	4	1	2	1	46
Avg\$	\$3,557	\$6,925	\$0	\$5,761	\$0	\$0	\$0	\$3,117	\$0	\$2,470	\$5,972	\$4,739	\$4,450	\$3,297	\$5,073
26 Salivary Gland Operations															
N	7	11	3	28	-	-	-	4	1	-	2	10	3	1	70
Avg\$	\$9,973	\$9,202	\$8,621	\$11,959	\$0	\$0	\$0	\$9,404	\$26,387	\$0	\$6,613	\$11,610	\$7,250	\$12,526	\$10,848
27 Other Mouth & Face Operations															
N	14	1	4	105	1	-	-	16	2	7	19	12	3	-	184
Avg\$	\$6,515	\$10,289	\$4,412	\$3,320	\$7,531	\$0	\$0	\$8,474	\$7,538	\$1,638	\$1,526	\$6,363	\$3,196	\$0	\$4,089
28 Tonsil & Adenoid Operations															
N	77	87	13	288	-	-	5	58	31	84	131	62	21	31	888
Avg\$	\$5,558	\$5,014	\$7,070	\$4,298	\$0	\$0	\$8,540	\$5,557	\$6,453	\$3,763	\$6,441	\$4,453	\$2,799	\$5,652	\$4,988
29 Operations on Pharynx															
N	4	3	-	12	-	-	-	1	1	1	2	5	5	-	34
Avg\$	\$7,913	\$6,975	\$0	\$4,181	\$0	\$0	\$0	\$4,230	\$4,921	\$4,000	\$7,568	\$4,790	\$4,147	\$0	\$5,168
30 Excision of Larynx															
N	13	7	-	31	-	-	-	4	4	2	2	14	8	3	88
Avg\$	\$4,522	\$4,902	\$0	\$6,959	\$0	\$0	\$0	\$5,945	\$5,309	\$3,432	\$5,508	\$5,917	\$5,721	\$4,242	\$5,830
31 Larynx Trachea Operations, NEC															
N	3	14	-	541	-	-	-	6	-	3	9	11	3	-	590
Avg\$	\$4,690	\$5,520	\$0	\$1,364	\$0	\$0	\$0	\$5,318	\$0	\$3,375	\$5,634	\$5,477	\$4,475	\$0	\$1,687
32 Lung & Bronchus Excision															
N	-	-	-	3	-	-	-	-	-	-	-	1	-	-	4
Avg\$	\$0	\$0	\$0	\$19,602	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,012	\$0	\$0	\$18,205
33 Other Bronchial & Lung Operations															
N	7	53	-	333	-	-	2	16	-	-	1	54	79	7	552
Avg\$	\$4,763	\$3,602	\$0	\$4,911	\$0	\$0	\$6,178	\$9,111	\$0	\$0	\$2,547	\$3,615	\$3,631	\$2,851	\$4,573
34 Thorax Operations Except Lung															
N	7	5	2	104	-	-	1	14	8	5	-	9	15	1	171
Avg\$	\$3,016	\$7,113	\$2,208	\$3,924	\$0	\$0	\$1,961	\$2,953	\$1,708	\$1,053	\$0	\$2,927	\$2,577	\$2,067	\$3,503
35 Heart Valve & Septa Operations															
N	-	-	-	5	-	-	-	-	-	-	1	-	-	-	6
Avg\$	\$0	\$0	\$0	\$19,184	\$0	\$0	\$0	\$0	\$0	\$0	\$392	\$0	\$0	\$0	\$16,052

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
36 Operations on Heart Vessels															
N	-	-	-	58	-	-	-	-	-	-	-	-	-	-	58
Avg\$	\$0	\$0	\$0	\$28,776	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,776
37 Other Heart & Pericardium Operations															
N	-	21	-	1,188	-	-	-	-	3	-	-	101	23	2	1,338
Avg\$	\$0	\$11,804	\$0	\$18,926	\$0	\$0	\$0	\$0	\$18,536	\$0	\$0	\$14,404	\$15,994	\$11,744	\$18,411
38 Vessel Incision, Excision, Occlusion															
N	6	162	42	1,610	9	-	64	62	338	1,177	21	177	47	58	3,773
Avg\$	\$5,366	\$1,222	\$3,212	\$2,107	\$16,383	\$0	\$535	\$3,496	\$1,727	\$368	\$2,458	\$1,552	\$3,415	\$1,249	\$1,519
39 Other Operations on Vessels															
N	20	49	2	680	-	-	-	7	-	-	-	11	14	-	783
Avg\$	\$6,208	\$8,781	\$11,225	\$17,567	\$0	\$0	\$0	\$8,877	\$0	\$0	\$0	\$14,909	\$8,318	\$0	\$16,431
40 Lymphatic System Operations															
N	14	25	5	126	3	-	6	13	3	11	15	27	33	8	289
Avg\$	\$6,469	\$5,241	\$6,900	\$7,280	\$9,264	\$0	\$9,747	\$7,384	\$6,332	\$2,992	\$7,865	\$4,699	\$4,457	\$6,329	\$6,408
41 Bone Marrow & Spleen Operations															
N	1	6	8	260	1	-	1	6	2	2	-	3	-	6	296
Avg\$	\$1,604	\$4,238	\$1,291	\$4,753	\$1,098	\$0	\$0	\$4,246	\$5,619	\$799	\$0	\$7,819	\$0	\$2,438	\$4,577
42 Operations on Esophagus															
N	26	104	18	238	8	-	10	5	4	13	2	88	15	5	536
Avg\$	\$1,724	\$3,377	\$2,308	\$5,023	\$4,595	\$0	\$2,390	\$3,307	\$2,817	\$3,665	\$4,694	\$2,543	\$1,267	\$2,882	\$3,801
43 Incision, Excision of Stomach															
N	7	7	4	59	2	-	2	8	5	7	2	13	14	5	135
Avg\$	\$3,897	\$3,628	\$3,111	\$5,062	\$4,632	\$0	\$2,737	\$3,621	\$4,160	\$1,416	\$6,442	\$2,368	\$2,269	\$2,579	\$3,900
44 Other Operations on Stomach															
N	6	6	-	188	-	-	7	1	-	15	-	8	8	1	240
Avg\$	\$2,471	\$3,170	\$0	\$7,964	\$0	\$0	\$6,631	\$3,765	\$0	\$15,143	\$0	\$8,780	\$6,165	\$3,457	\$8,048
45 Intestinal Incision, Excision, Anastomosis															
N	1,215	2,663	897	8,655	530	-	387	1,090	914	2,077	1,170	2,733	2,677	955	25,963
Avg\$	\$2,168	\$2,856	\$2,003	\$3,100	\$3,994	\$0	\$2,608	\$3,171	\$2,976	\$1,624	\$2,091	\$2,390	\$1,946	\$1,919	\$2,602
46 Other Intestinal Operations															
N	-	-	-	27	-	-	1	1	-	-	1	4	1	-	35
Avg\$	\$0	\$0	\$0	\$5,605	\$0	\$0	\$22,954	\$1,335	\$0	\$0	\$3,115	\$2,460	\$3,302	\$0	\$5,482
47 Operations on Appendix															
N	2	4	2	14	2	-	3	2	-	4	2	1	4	-	40
Avg\$	\$13,448	\$8,440	\$14,774	\$10,699	\$25,063	\$0	\$15,685	\$13,726	\$0	\$9,924	\$15,427	\$13,908	\$9,491	\$0	\$12,176

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
48 Other Rectal & Perirectal Operations															
N	106	147	10	472	5	-	26	44	55	108	75	111	207	17	1,383
Avg\$	\$2,294	\$3,456	\$1,786	\$3,099	\$4,077	\$0	\$3,750	\$3,428	\$2,983	\$1,915	\$2,439	\$2,816	\$1,981	\$2,330	\$2,760
49 Operations on Anus															
N	28	29	8	330	13	-	12	22	15	35	10	33	28	7	570
Avg\$	\$4,048	\$4,984	\$3,430	\$1,887	\$10,020	\$0	\$8,571	\$3,980	\$7,818	\$2,572	\$6,884	\$5,938	\$3,606	\$5,734	\$3,251
50 Operations on Liver															
N	22	22	-	163	1	-	1	6	-	-	-	19	13	-	247
Avg\$	\$2,252	\$4,132	\$0	\$4,662	\$24,175	\$0	\$4,366	\$2,774	\$0	\$0	\$0	\$1,745	\$2,110	\$0	\$4,073
51 Biliary Tract Operations															
N	70	143	48	455	33	-	18	59	30	185	46	111	138	41	1,377
Avg\$	\$7,545	\$8,534	\$13,509	\$11,481	\$24,489	\$0	\$13,006	\$10,550	\$17,580	\$9,934	\$12,956	\$7,564	\$7,814	\$10,196	\$10,582
52 Operations on Pancreas															
N	-	-	-	8	-	-	-	-	-	-	-	-	1	-	9
Avg\$	\$0	\$0	\$0	\$6,523	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,617	\$0	\$6,089
53 Repair of Hernia															
N	84	166	78	651	51	-	44	97	84	170	92	231	121	83	1,952
Avg\$	\$5,896	\$6,333	\$9,687	\$7,118	\$13,229	\$0	\$10,572	\$8,644	\$10,174	\$6,917	\$9,569	\$7,276	\$5,636	\$7,603	\$7,592
54 Other Abdominal Region Operations															
N	26	34	9	317	4	-	1	37	25	39	6	22	34	8	562
Avg\$	\$4,184	\$5,211	\$5,045	\$5,965	\$12,337	\$0	\$8,200	\$7,580	\$8,153	\$5,698	\$9,048	\$4,710	\$3,610	\$8,564	\$5,932
55 Operations on Kidney															
N	4	6	-	161	1	-	-	-	-	-	-	9	2	-	183
Avg\$	\$10,800	\$11,411	\$0	\$5,531	\$16,163	\$0	\$0	\$0	\$0	\$0	\$0	\$3,148	\$5,818	\$0	\$5,783
56 Operations on Ureter															
N	18	57	5	172	17	-	1	-	23	32	12	29	44	8	418
Avg\$	\$9,215	\$11,368	\$10,107	\$8,456	\$13,047	\$0	\$17,288	\$0	\$17,478	\$7,210	\$9,823	\$6,261	\$9,012	\$11,700	\$9,530
57 Urinary Bladder Operations															
N	48	264	140	1,482	10	-	4	4	11	40	36	79	56	25	2,199
Avg\$	\$5,387	\$3,837	\$1,253	\$1,977	\$10,442	\$0	\$8,138	\$2,847	\$7,145	\$4,670	\$8,030	\$4,560	\$4,736	\$6,045	\$2,672
58 Operations on Urethra															
N	8	30	1	120	1	-	-	-	4	11	7	14	9	6	211
Avg\$	\$5,218	\$4,905	\$6,552	\$5,797	\$7,404	\$0	\$0	\$0	\$6,465	\$3,484	\$9,338	\$3,936	\$5,024	\$3,896	\$5,459
59 Other Urinary Tract Operations															
N	11	29	33	415	12	-	3	18	14	38	12	42	22	32	681
Avg\$	\$5,741	\$7,053	\$10,566	\$6,463	\$15,617	\$0	\$11,936	\$13,209	\$12,677	\$7,370	\$8,137	\$7,556	\$7,608	\$8,045	\$7,432

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
60 Prostate & Seminal Vesicle Operations															
N	3	39	36	271	38	-	-	-	28	5	9	11	15	7	462
Avg\$	\$7,837	\$10,037	\$5,589	\$3,607	\$11,887	\$0	\$0	\$0	\$3,135	\$7,478	\$11,328	\$11,473	\$5,224	\$13,270	\$5,563
61 Scrotum & Tunica Vaginalis Operations															
N	1	14	7	42	1	-	-	1	4	6	10	11	10	2	109
Avg\$	\$4,118	\$6,675	\$7,430	\$6,481	\$13,473	\$0	\$0	\$6,465	\$7,812	\$5,981	\$8,101	\$4,650	\$4,788	\$4,160	\$6,396
62 Operations on Testes															
N	1	10	1	88	-	-	1	4	-	1	-	6	5	3	120
Avg\$	\$7,577	\$7,792	\$7,914	\$7,032	\$0	\$0	\$8,138	\$6,720	\$0	\$4,774	\$0	\$7,064	\$5,082	\$6,468	\$6,994
63 Spermatic Cord, Epididymis, Vas Deferens Operations															
N	6	33	18	112	2	-	2	5	1	5	26	11	10	4	235
Avg\$	\$6,254	\$4,009	\$1,693	\$4,669	\$11,969	\$0	\$2,548	\$6,801	\$17,822	\$3,809	\$2,832	\$4,887	\$3,207	\$3,948	\$4,249
64 Operations on Penis															
N	6	84	3	127	1	-	-	9	28	15	23	33	38	35	402
Avg\$	\$6,027	\$1,472	\$1,228	\$7,088	\$6,656	\$0	\$0	\$5,354	\$2,307	\$2,292	\$2,265	\$6,844	\$809	\$1,414	\$3,920
65 Operations on Ovary															
N	21	17	4	286	5	-	2	26	17	28	4	8	16	15	449
Avg\$	\$8,208	\$8,248	\$14,600	\$8,705	\$16,669	\$0	\$15,338	\$11,533	\$16,608	\$7,560	\$13,570	\$8,390	\$11,321	\$11,501	\$9,451
66 Fallopian Tube Operations															
N	19	27	18	85	6	-	-	28	14	50	24	47	56	23	397
Avg\$	\$5,522	\$5,386	\$10,767	\$7,715	\$14,017	\$0	\$0	\$8,430	\$9,485	\$6,082	\$8,561	\$5,631	\$5,261	\$5,844	\$6,942
67 Operations on Cervix															
N	9	16	41	68	3	-	4	12	7	39	1	35	36	17	288
Avg\$	\$4,516	\$4,599	\$2,097	\$4,240	\$9,803	\$0	\$6,076	\$4,646	\$6,790	\$980	\$7,176	\$2,128	\$3,324	\$3,899	\$3,303
68 Other Uterine Incision, Excision															
N	66	47	24	365	11	-	5	56	54	184	33	39	64	52	1,000
Avg\$	\$7,321	\$9,736	\$9,923	\$12,332	\$20,263	\$0	\$16,076	\$14,374	\$14,207	\$7,666	\$9,307	\$6,175	\$9,072	\$10,756	\$10,654
69 Other Uterus & Supporting Structure Operations															
N	38	126	18	451	33	-	2	29	14	65	31	87	136	26	1,056
Avg\$	\$4,753	\$3,671	\$6,212	\$4,421	\$8,216	\$0	\$8,411	\$6,439	\$5,548	\$3,833	\$6,533	\$4,287	\$3,624	\$3,062	\$4,449
70 Vagina & Cul-de-sac Operations															
N	6	11	11	167	4	-	-	9	3	17	1	8	17	9	263
Avg\$	\$5,907	\$5,669	\$11,391	\$8,464	\$22,144	\$0	\$0	\$13,083	\$7,946	\$7,437	\$7,981	\$7,027	\$6,705	\$6,204	\$8,468
71 Vulvar & Perineal Operations															
N	8	1	5	81	1	-	3	11	2	11	3	13	17	4	160
Avg\$	\$4,309	\$5,814	\$6,914	\$4,268	\$12,206	\$0	\$5,998	\$4,645	\$5,318	\$3,311	\$10,381	\$2,445	\$4,600	\$2,754	\$4,381

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
73 Assisting, Inducing Delivery, NEC															
N	-	1	2	12	2	-	-	-	12	7	1	1	1	5	44
Avg\$	\$0	\$1,941	\$4,191	\$2,786	\$1,132	\$0	\$0	\$0	\$3,726	\$2,739	\$761	\$1,662	\$5,597	\$3,373	\$3,064
74 C-Section, Removal of Fetus															
N	-	-	1	-	-	-	-	-	-	-	-	-	-	1	2
Avg\$	\$0	\$0	\$13,502	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,422	\$11,962
75 Other Obstetric Operations															
N	1	637	544	498	489	-	-	670	536	323	14	-	277	4	3,993
Avg\$	\$1,098	\$364	\$643	\$1,053	\$574	\$0	\$0	\$634	\$552	\$555	\$117	\$0	\$770	\$1,613	\$628
76 Facial Bone & Joint Operations															
N	1	3	-	85	-	-	-	-	-	5	-	3	5	-	102
Avg\$	\$6,557	\$6,393	\$0	\$10,525	\$0	\$0	\$0	\$0	\$0	\$8,138	\$0	\$12,130	\$8,886	\$0	\$10,215
77 Incision, Excision, Division of Bone, NEC															
N	43	36	36	433	185	-	31	15	100	80	42	47	128	40	1,216
Avg\$	\$6,124	\$5,985	\$12,899	\$6,532	\$13,980	\$0	\$11,428	\$9,166	\$9,050	\$5,696	\$9,758	\$5,571	\$5,965	\$5,860	\$8,126
78 Other Bone Operations Except Face															
N	32	46	28	276	20	-	6	12	20	23	25	38	39	18	583
Avg\$	\$3,448	\$6,215	\$9,756	\$6,926	\$13,347	\$0	\$9,281	\$9,018	\$7,484	\$6,570	\$7,879	\$4,944	\$7,275	\$6,748	\$7,037
79 Reduction of Fracture, Dislocation															
N	49	117	73	338	22	-	17	73	45	49	69	86	102	36	1,076
Avg\$	\$8,854	\$9,661	\$15,686	\$11,809	\$18,279	\$0	\$13,224	\$16,001	\$12,093	\$8,955	\$13,168	\$8,303	\$8,449	\$10,572	\$11,472
80 Incision, Excision of Joint															
N	246	177	157	1,216	138	-	17	80	103	130	109	263	219	75	2,930
Avg\$	\$4,267	\$6,563	\$9,922	\$7,815	\$15,182	\$0	\$12,560	\$11,615	\$10,885	\$9,482	\$9,959	\$6,082	\$5,744	\$5,478	\$7,924
81 Joint Repair & Plastic Operations															
N	123	221	436	2,132	71	-	57	148	45	303	73	640	263	52	4,564
Avg\$	\$10,105	\$6,413	\$8,331	\$5,156	\$19,518	\$0	\$9,772	\$7,006	\$11,175	\$6,285	\$13,099	\$5,176	\$7,662	\$10,796	\$6,479
82 Hand Muscle, Tendon, Fascia Operations															
N	78	87	64	571	7	-	38	8	60	61	38	149	97	26	1,284
Avg\$	\$2,830	\$3,456	\$6,346	\$2,823	\$11,990	\$0	\$7,418	\$4,402	\$2,575	\$2,575	\$5,394	\$2,306	\$3,360	\$2,844	\$3,275
83 Other Muscle, Tendon, Fascia, Bursa Operations															
N	94	106	145	820	88	-	27	39	60	108	58	157	168	47	1,917
Avg\$	\$7,241	\$9,187	\$14,456	\$6,385	\$19,088	\$0	\$12,746	\$13,901	\$9,261	\$7,707	\$12,152	\$5,303	\$8,003	\$7,490	\$8,452
84 Other Musculoskeletal Procedure															
N	10	8	11	63	20	-	1	13	9	10	4	12	9	-	170
Avg\$	\$9,045	\$5,318	\$8,809	\$4,523	\$7,333	\$0	\$3,239	\$4,589	\$6,837	\$3,386	\$5,776	\$8,637	\$4,095	\$0	\$5,785

Table O-6
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99 and Average Charges by Vermont Hospitals

CCS First-listed Procedure Groups

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
85 Operations on the Breast															
N	113	348	85	1,384	12	-	16	55	21	73	103	192	375	54	2,831
Avg\$	\$7,121	\$3,883	\$5,970	\$5,805	\$10,317	\$0	\$11,329	\$7,542	\$7,857	\$3,855	\$6,252	\$4,772	\$4,573	\$7,032	\$5,481
86 Skin & Subcutaneous Tissue Operations															
N	70	287	162	5,171	90	-	52	128	97	391	283	389	294	59	7,473
Avg\$	\$4,792	\$3,458	\$2,576	\$2,802	\$7,390	\$0	\$5,629	\$5,027	\$5,792	\$1,350	\$1,406	\$2,642	\$4,551	\$4,648	\$2,937
Total															
N	3,578	8,156	3,796	44,954	3,071	-	1,402	3,801	3,606	7,397	3,498	9,208	6,992	2,349	101,808
Avg\$	\$4,214	\$3,626	\$5,028	\$5,046	\$7,138	\$0	\$6,319	\$4,950	\$4,772	\$2,706	\$4,821	\$3,614	\$3,599	\$4,066	\$4,538

Outpatient procedures include all outpatient records with any procedure in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.
 Procedure groups are created from the first two digits of the first procedure in the ICD-9-CM code range 00.0-86.99 on each record.
 Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix G.

Table O-7
2010 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents
Primary Cost Centers by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3390 Laboratory - Clinical	41,394	81,919	23,957	229,237	29,160	10,192	17,109	37,738	38,255	52,455	40,694	83,644	43,620	36,608	765,982
4100 Radiology - Diagnostic	9,738	9,352	6,011	48,332	8,135	1,856	3,332	5,097	6,432	11,905	4,769	9,358	7,108	6,238	137,663
3440 Mammography	6,063	9,447	2,627	27,604	2,910	-	1,320	3,329	3,644	5,415	4,162	9,857	7,174	3,309	86,861
Screening	4,830	8,087	1,951	22,491	2,176	-	1,079	2,835	2,792	4,411	3,584	8,731	5,463	2,976	71,406
Diagnostic	1,245	1,360	676	5,247	734	-	243	494	862	1,006	578	1,170	1,713	333	15,661
3240 Cytology	1,708	-	-	23,853	2,279	-	77	1,221	-	3,025	138	8,545	5,362	-	46,208
3630 Ultra Sound	2,360	4,448	1,837	11,736	2,100	214	518	1,614	1,037	3,837	1,423	4,762	5,614	1,980	43,480
3420 Laboratory - Pathological	1,210	1,608	526	18,364	975	156	1,084	1,470	4,054	2,177	4,636	2,174	1,560	954	40,948
5000 Physical Therapy	3,191	3,757	941	10,561	1,339	49	521	3,101	5,180	2,430	28	2,342	65	302	33,807
3430 Magnetic Resonance Imaging (MRI)	1,653	2,313	705	10,142	1,287	-	380	1,316	896	2,151	1,069	3,928	2,934	1,126	29,900
3230 CAT Scan	1,322	2,587	864	10,513	731	303	404	1,279	636	2,123	1,143	3,007	2,616	924	28,452
3280 EKG and EEG	1,188	1,408	499	7,293	1,103	622	278	1,526	495	390	242	1,882	2,336	324	19,586
EKG	1,137	1,295	285	5,284	1,035	622	278	901	420	390	242	1,056	1,725	324	14,994
EEG	51	113	214	2,013	68	-	-	625	76	-	-	827	611	-	4,598
4800 Intravenous Therapy	755	1,657	445	123	82	157	-	2,744	236	498	131	1,336	4,643	497	13,304
3190 Chemotherapy	512	260	210	6,613	46	-	491	610	-	-	-	894	1,800	278	11,714
3560 Pulmonary Function Testing	360	658	85	4,574	203	11	121	1,242	359	404	311	857	650	182	10,017
3450 Nuclear Medicine - Diagnostic	640	627	242	4,033	244	-	-	233	389	598	378	818	1,210	386	9,798
Pet Scan	-	105	-	147	-	-	-	-	-	-	-	310	377	-	939
All other	640	627	242	4,033	244	-	-	233	389	598	378	785	833	386	9,388
3650 Vascular Lab	509	877	339	3,868	243	24	65	430	185	645	299	1,147	776	363	9,770

Table O-7
2010 Vermont Hospital Expanded Outpatient Services, including VT Residents and Non-residents
Primary Cost Centers by Vermont Hospitals

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3260 Echocardiography	742	644	17	4,369	376	-	140	885	215	423	389	507	254	404	9,365
3480 Oncology	1,810	-	-	9	59	-	-	1,114	-	-	-	5,419	-	-	8,411
5100 Occupational Therapy	824	562	163	3,262	240	13	189	541	11	356	-	383	15	53	6,612
3620 Stress Test	553	264	347	2,525	232	-	-	357	342	636	371	171	531	247	6,576
3140 Cardiology	355	245	34	3,470	1	-	15	120	440	81	31	403	40	3	5,238
3370 Holter Monitor	292	187	-	1,968	82	31	53	254	176	201	12	241	-	91	3,588
5700 Renal Dialysis	-	-	-	3,492	-	-	-	-	-	-	-	-	-	-	3,492
4200 Radiology - Therapeutic	-	345	-	1,670	-	-	-	-	-	-	-	498	-	-	2,513

Only Expanded Outpatient Records are included in this table.

Outpatient visits with an ICD-9-CM procedure code in range 00-86.99 or an associated ED or Observation Bed revenue record are excluded.

The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix F for all cost centers and associated revenue codes.

Visits with multiple revenue codes within a Primary Cost Center are counted only once in that cost center per visit.

Visits may have more than one Primary Cost Center and can 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

Column headers denote hospitals: key to the hospital abbreviations can be found in Appendix G.

Table O-8
2010 Vermont Hospital Outpatient Data, including VT Residents and Non-residents
Observation Bed Records by Vermont Hospital and Setting
Discharges and Average Charges

Vermont Hospital	Inpatient Obs Bed Records		Outpatient Obs Bed Records						Total Obs Bed Records			
	N	Avg\$	with ED only		with ED and Proc in Range		with Proc in Range only		Obs Bed only			
			N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$		
Brattleboro Memorial Hospital	66	\$ 12,428	226	\$ 7,346	36	\$ 9,357	42	\$ 9,236	116	\$ 3,709	486	\$ 7,481
Central Vermont Medical Center	312	\$ 18,307	977	\$ 7,259	138	\$ 12,417	162	\$ 11,675	36	\$ 4,333	1,625	\$ 10,193
Copley Hospital	111	\$ 7,915	349	\$ 4,028	53	\$ 10,323	145	\$ 10,370	46	\$ 2,619	704	\$ 6,329
Fletcher Allen Health Care	364	\$ 20,970	1,198	\$ 6,768	248	\$ 13,188	342	\$ 15,558	174	\$ 5,028	2,326	\$ 10,837
Gifford Medical Center	46	\$ 13,516	331	\$ 9,199	19	\$ 27,626	68	\$ 18,741	55	\$ 6,846	519	\$ 11,257
Grace Cottage Hospital	1	\$ 10,833	36	\$ 3,311	-	\$ -	-	\$ -	2	\$ 1,681	39	\$ 3,420
Mt. Ascutney Hospital and Health Center	11	\$ 10,554	138	\$ 6,865	15	\$ 8,493	2	\$ 29,297	14	\$ 3,303	180	\$ 7,198
North Country Hospital	50	\$ 16,487	339	\$ 5,555	73	\$ 15,054	154	\$ 12,269	58	\$ 3,408	674	\$ 8,744
Northeastern Vermont Regional Hospital	109	\$ 13,587	109	\$ 4,077	15	\$ 10,315	74	\$ 17,688	103	\$ 1,818	410	\$ 8,734
Northwestern Medical Center	190	\$ 11,206	894	\$ 5,332	154	\$ 10,548	232	\$ 11,783	137	\$ 2,357	1,607	\$ 7,204
Porter Medical Center	54	\$ 10,678	399	\$ 5,716	48	\$ 11,544	43	\$ 12,918	123	\$ 1,559	667	\$ 6,235
Rutland Regional Medical Center	366	\$ 18,149	1,574	\$ 6,436	140	\$ 12,597	47	\$ 13,923	257	\$ 3,452	2,384	\$ 8,422
Southwestern Vermont Medical Center	158	\$ 12,277	1,278	\$ 5,264	52	\$ 8,072	12	\$ 11,242	40	\$ 4,531	1,540	\$ 6,106
Springfield Hospital	51	\$ 9,008	224	\$ 5,023	32	\$ 10,282	67	\$ 12,952	9	\$ 2,399	383	\$ 7,318
All Vermont Hospitals	1,889	\$ 15,798	8,072	\$ 6,161	1,023	\$ 12,185	1,390	\$ 13,368	1,170	\$ 3,416	13,544	\$ 8,464

Observation Bed records have an associated revenue code 760 or 762.

Emergency Department visits have an associated revenue codes between 450 and 459.

Numbers of inpatient discharges exclude newborns (MDC 15), but average charges include newborns.

Procedure in Range records include all outpatient records with any procedure in the ICD-9-CM procedure range of 00 - 86.99.

Charge data should be used with caution. Inpatient charges of \$100 or less and outpatient charges of \$0 are considered missing.

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

Table O-9

**2010 Vermont Hospital Outpatient and Expanded Outpatient Procedures, including VT Residents and Non-residents
In-migration by Vermont Hospital**

Outpatient Procedures Not Originating in the ED <u>Vermont Hospital</u>	Vermont Residents		Non-residents		Total	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	3,007	\$ 12,394,047	571	\$ 2,674,210	3,578	\$ 15,068,257
Central Vermont Medical Center	8,119	\$ 29,349,054	37	\$ 221,019	8,156	\$ 29,570,074
Copley Hospital	3,767	\$ 18,721,119	29	\$ 329,146	3,796	\$ 19,050,265
Fletcher Allen Health Care	39,416	\$ 189,820,872	5,538	\$ 35,575,362	44,954	\$ 225,396,233
Gifford Medical Center	2,949	\$ 21,017,935	122	\$ 817,513	3,071	\$ 21,835,448
Grace Cottage Hospital	-	\$ -	-	\$ -	-	\$ -
Mt. Ascutney Hospital and Health Center	928	\$ 5,648,010	474	\$ 3,167,196	1,402	\$ 8,815,206
North Country Hospital	3,768	\$ 17,595,866	33	\$ 247,820	3,801	\$ 17,843,686
Northeastern Vermont Regional Hospital	3,210	\$ 15,296,521	396	\$ 1,912,741	3,606	\$ 17,209,262
Northwestern Medical Center	7,311	\$ 19,684,019	86	\$ 335,473	7,397	\$ 20,019,492
Porter Medical Center	3,253	\$ 15,609,343	245	\$ 1,249,119	3,498	\$ 16,858,462
Rutland Regional Medical Center	8,623	\$ 31,047,083	585	\$ 2,190,225	9,208	\$ 33,237,308
Southwestern Vermont Medical Center	5,329	\$ 19,400,555	1,663	\$ 5,766,037	6,992	\$ 25,166,592
Springfield Hospital	1,975	\$ 7,803,544	374	\$ 1,736,063	2,349	\$ 9,539,607
Total for 2010	91,655	\$ 403,387,969	10,153	\$ 56,221,922	101,808	\$ 459,609,892
Total for 2009	92,807	\$ 370,560,367	10,269	\$ 51,009,570	103,076	\$ 421,569,938

Expanded Outpatient Procedures <u>Vermont Hospital</u>	Vermont Residents		Non-residents		Total	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	62,229	\$ 32,004,006	11,420	\$ 6,512,281	73,649	\$ 38,516,287
Central Vermont Medical Center	132,611	\$ 65,089,615	876	\$ 347,998	133,487	\$ 65,437,613
Copley Hospital	39,950	\$ 14,907,961	381	\$ 82,098	40,331	\$ 14,990,059
Fletcher Allen Health Care	458,170	\$ 351,113,063	32,000	\$ 38,566,078	490,170	\$ 389,679,141
Gifford Medical Center	114,453	\$ 38,352,815	3,038	\$ 1,041,035	117,491	\$ 39,393,850
Grace Cottage Hospital	11,790	\$ 4,975,914	309	\$ 190,459	12,099	\$ 5,166,374
Mt. Ascutney Hospital and Health Center	18,816	\$ 12,464,593	5,441	\$ 4,263,027	24,257	\$ 16,727,621
North Country Hospital	63,135	\$ 39,333,924	717	\$ 562,013	63,852	\$ 39,895,937
Northeastern Vermont Regional Hospital	62,050	\$ 25,890,900	1,971	\$ 846,289	64,021	\$ 26,737,189
Northwestern Medical Center	86,209	\$ 31,024,085	784	\$ 267,809	86,993	\$ 31,291,894
Porter Medical Center	53,540	\$ 20,624,260	2,691	\$ 1,023,313	56,231	\$ 21,647,572
Rutland Regional Medical Center	165,837	\$ 92,499,668	9,866	\$ 5,078,744	175,703	\$ 97,578,412
Southwestern Vermont Medical Center	100,865	\$ 42,266,824	19,491	\$ 12,938,861	120,356	\$ 55,205,685
Springfield Hospital	49,746	\$ 21,417,418	6,490	\$ 3,045,360	56,236	\$ 24,462,778
Total for 2010	1,419,401	\$ 791,965,046	95,475	\$ 74,765,366	1,514,876	\$ 866,730,412
Total for 2009	1,440,748	\$ 734,114,803	101,686	\$ 69,723,220	1,542,434	\$ 803,838,023

Table O-9
2010 Vermont Hospital Outpatient and Expanded Outpatient Procedures, including VT Residents and Non-residents
In-migration by Vermont Hospital

All Outpatient Procedures <u>Vermont Hospital</u>	Vermont Residents		Non-residents		Total	
	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>	<u>Discharges</u>	<u>Total Charges</u>
Brattleboro Memorial Hospital	65,236	\$ 44,398,052	11,991	\$ 9,186,491	77,227	\$ 53,584,544
Central Vermont Medical Center	140,730	\$ 94,438,669	913	\$ 569,017	141,643	\$ 95,007,687
Copley Hospital	43,717	\$ 33,629,080	410	\$ 411,244	44,127	\$ 34,040,324
Fletcher Allen Health Care	497,586	\$ 540,933,934	37,538	\$ 74,141,440	535,124	\$ 615,075,374
Gifford Medical Center	117,402	\$ 59,370,750	3,160	\$ 1,858,547	120,562	\$ 61,229,298
Grace Cottage Hospital	11,790	\$ 4,975,914	309	\$ 190,459	12,099	\$ 5,166,374
Mt. Ascutney Hospital and Health Center	19,744	\$ 18,112,603	5,915	\$ 7,430,224	25,659	\$ 25,542,827
North Country Hospital	66,903	\$ 56,929,791	750	\$ 809,833	67,653	\$ 57,739,623
Northeastern Vermont Regional Hospital	65,260	\$ 41,187,421	2,367	\$ 2,759,030	67,627	\$ 43,946,451
Northwestern Medical Center	93,520	\$ 50,708,104	870	\$ 603,282	94,390	\$ 51,311,386
Porter Medical Center	56,793	\$ 36,233,602	2,936	\$ 2,272,432	59,729	\$ 38,506,034
Rutland Regional Medical Center	174,460	\$ 123,546,751	10,451	\$ 7,268,969	184,911	\$ 130,815,720
Southwestern Vermont Medical Center	106,194	\$ 61,667,379	21,154	\$ 18,704,897	127,348	\$ 80,372,276
Springfield Hospital	51,721	\$ 29,220,962	6,864	\$ 4,781,423	58,585	\$ 34,002,385
Total for 2010	1,511,056	\$ 1,195,353,015	105,628	\$ 130,987,288	1,616,684	\$ 1,326,340,304
Total for 2009	1,533,555	\$ 1,104,675,170	111,955	\$ 120,732,790	1,645,510	\$ 1,225,407,961

Outpatient procedures include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED.

Expanded Outpatient procedure records include outpatient records that have no procedure in the ICD-9-CM code range 00.0-86.99, and no associated ED or ObsBed revenue record.

Comparisons across Hospital Settings

Table C-1
2010 Vermont Hospital Data, including VT Residents and Non-residents
Summary of Vermont Hospitals by Setting

Vermont Hospital	Inpatient NOT Originating in ED		Inpatient Originating in ED		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Col%
Brattleboro Memorial Hospital	769	0.8%	1,001	1.1%	3,578	4.0%	11,546	12.8%	73,649	81.3%	90,543	4.8%
Central Vermont Medical Center	827	0.5%	2,503	1.5%	8,156	4.7%	26,852	15.6%	133,487	77.7%	171,825	9.0%
Copley Hospital	1,089	1.9%	292	0.5%	3,796	6.6%	12,275	21.2%	40,331	69.8%	57,783	3.0%
Fletcher Allen Health Care	11,255	1.9%	8,842	1.5%	44,954	7.4%	49,358	8.2%	490,170	81.1%	604,579	31.8%
Gifford Medical Center	525	0.4%	531	0.4%	3,071	2.4%	6,499	5.1%	117,491	91.7%	128,117	6.7%
Grace Cottage Hospital	190	1.3%	17	0.1%	0	0.0%	2,797	18.5%	12,099	80.1%	15,103	0.8%
Mt. Ascutney Hospital and Health Center	370	1.2%	65	0.2%	1,402	4.5%	5,022	16.1%	24,257	78.0%	31,116	1.6%
North Country Hospital	1,114	1.3%	293	0.4%	3,801	4.5%	14,501	17.4%	63,852	76.4%	83,561	4.4%
Northeastern Vermont Regional Hospital	1,091	1.4%	367	0.5%	3,606	4.6%	9,232	11.8%	64,021	81.7%	78,317	4.1%
Northwestern Medical Center	889	0.7%	940	0.8%	7,397	6.0%	26,602	21.7%	86,993	70.8%	122,821	6.5%
Porter Medical Center	1,201	1.6%	293	0.4%	3,498	4.7%	13,427	18.0%	56,231	75.3%	74,650	3.9%
Rutland Regional Medical Center	2,137	1.0%	4,378	2.0%	9,208	4.2%	28,055	12.8%	175,703	80.1%	219,481	11.5%
Southwestern Vermont Medical Center	1,035	0.7%	2,997	2.0%	6,992	4.6%	19,402	12.9%	120,356	79.8%	150,782	7.9%
Springfield Hospital	608	0.8%	1,475	2.0%	2,349	3.1%	14,761	19.6%	56,236	74.6%	75,429	4.0%
Total	23,100	1.2%	23,994	1.3%	101,808	5.3%	240,329	12.6%	1,514,876	79.6%	1,904,107	100.0%

Numbers of inpatient discharges exclude newborns (MDC 15) and 10 records with missing or invalid diagnosis codes.

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

Emergency department visits include all outpatient visits that originated in the ED and did not result in an inpatient stay, and exclude 13 visits with a missing or invalid diagnosis code.

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99, and no associated ED or ObsBed revenue record.

Table C-2
2010 Vermont Hospital Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Diagnosis Groups by Hospital Setting
Summary of Discharges and Average Charges

CCS Diagnosis Group	Inpatient		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$
Symptoms, signs, and ill-defined conditions	1,809	\$ 19,976	15,256	\$ 2,409	27,295	\$ 1,762	310,914	\$ 345	355,274	\$ 656
Musculoskeletal system and connective tissue	3,399	\$ 34,649	14,973	\$ 4,386	18,030	\$ 1,066	176,680	\$ 762	213,082	\$ 1,617
Diseases of the circulatory system	7,711	\$ 23,401	3,193	\$ 14,034	15,249	\$ 3,076	177,756	\$ 426	203,909	\$ 1,740
Endocrine, nutritional, metabolic, immunity	1,634	\$ 18,402	1,956	\$ 2,383	3,118	\$ 2,072	186,750	\$ 336	193,458	\$ 540
Diseases of the genitourinary system	2,161	\$ 14,528	7,781	\$ 5,758	12,317	\$ 1,899	137,433	\$ 656	159,692	\$ 1,202
Injury and poisoning	4,535	\$ 26,925	6,164	\$ 8,924	72,115	\$ 1,175	46,893	\$ 541	129,707	\$ 2,246
Diseases of the respiratory system	5,273	\$ 17,127	2,597	\$ 4,949	28,698	\$ 1,123	82,313	\$ 414	118,881	\$ 1,443
Neoplasms	2,354	\$ 30,059	12,657	\$ 4,162	327	\$ 3,863	88,989	\$ 2,293	104,327	\$ 3,192
Diseases of the nervous system and sense organs	1,067	\$ 19,685	12,425	\$ 4,583	20,116	\$ 1,202	55,606	\$ 812	89,214	\$ 1,676
Diseases of the digestive system	5,340	\$ 18,769	13,875	\$ 4,610	17,259	\$ 1,787	44,135	\$ 674	80,609	\$ 2,858
Complications of pregnancy, childbirth, puerperium	5,957	\$ 8,370	4,717	\$ 1,470	1,946	\$ 1,677	43,933	\$ 421	56,553	\$ 1,555
Mental disorders	2,921	\$ 12,488	204	\$ 2,863	9,817	\$ 1,340	36,811	\$ 416	49,753	\$ 1,376
Infectious and parasitic diseases	1,218	\$ 31,691	839	\$ 1,602	3,082	\$ 862	33,394	\$ 293	38,533	\$ 1,398
Diseases of the skin and subcutaneous tissue	975	\$ 13,521	2,688	\$ 1,704	8,381	\$ 783	26,092	\$ 324	38,136	\$ 879
Diseases of the blood and blood-forming organs	432	\$ 19,909	941	\$ 2,796	414	\$ 3,092	32,612	\$ 635	34,399	\$ 977
Congenital anomalies	157	\$ 30,274	413	\$ 6,896	63	\$ 1,925	4,026	\$ 1,159	4,659	\$ 2,718
Liveborn	4	\$ 5,574	199	\$ 869	249	\$ 819	1,701	\$ 158	2,153	\$ 4,170
Residual codes, unclassified, all Ecodes	147	\$ 14,389	930	\$ 4,512	1,853	\$ 1,836	28,838	\$ 857	31,768	\$ 1,108
Total Discharges and Average Charges	47,094	\$ 18,632	101,808	\$ 4,538	240,329	\$ 1,448	1,514,876	\$ 600	1,904,107	\$ 1,447
Total Charges		\$ 986,799,786		\$ 459,609,892		\$ 347,812,396		\$ 866,730,412		\$ 2,660,952,486

Numbers of inpatient discharges exclude newborns (MDC 15), but charges include newborns.

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

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

Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99, and no associated ED or Observation Bed revenue record.

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

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

Total charges of \$0.00 or less are considered missing for outpatient records and total charges of \$100 or less are considered missing for inpatient records.

Table C-3
2010 Vermont Hospital Data, including VT Residents and Non-residents
Clinical Classifications Software (CCS) High Level Procedure Groups by Hospital Setting
Summary of Discharges and Average Charges

CCS First-listed Procedure Group	Inpatient		Outpatient Procedures		Emergency Department		Expanded Outpatient		Total	
	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$	N	Avg\$
Operations on the digestive system	3,840	\$ 28,512	33,078	\$ 3,411	1,000	\$ 9,592	110	\$ 1,882	38,028	\$ 6,112
Operations on the musculoskeletal system	5,064	\$ 36,348	13,406	\$ 7,272	2,016	\$ 3,748	27	\$ 1,231	20,513	\$ 14,121
Operations on the integumentary system	748	\$ 25,556	9,423	\$ 3,516	8,999	\$ 1,123	-	\$ -	19,170	\$ 3,260
Operations on the nervous system	808	\$ 34,228	9,891	\$ 3,158	1,024	\$ 1,899	-	\$ -	11,723	\$ 5,261
Obstetrical procedures	5,570	\$ 8,298	4,007	\$ 690	67	\$ 3,518	-	\$ -	9,644	\$ 5,194
Operations on the eye	27	\$ 33,692	8,756	\$ 4,828	423	\$ 1,666	-	\$ -	9,206	\$ 4,768
Operations on the cardiovascular system	3,597	\$ 39,980	2,751	\$16,197	236	\$ 8,611	56	\$ 8,164	6,640	\$ 28,789
Operations on the urinary system	836	\$ 26,509	3,554	\$ 4,488	585	\$ 3,662	727	\$ 7,461	5,702	\$ 8,043
Operations on the female genital organs	743	\$ 19,645	3,562	\$ 7,274	175	\$ 6,259	53	\$ 783	4,533	\$ 9,187
Operations on the nose, mouth, and pharynx	143	\$ 20,613	3,034	\$ 5,536	1,052	\$ 1,504	9	\$ 5,661	4,238	\$ 5,143
Operations on the respiratory system	782	\$ 46,589	1,388	\$ 3,362	83	\$ 4,512	10	\$ 1,307	2,263	\$ 18,427
Operations on the ear	12	\$ 22,453	1,502	\$ 3,768	286	\$ 1,046	417	\$ 370	2,217	\$ 2,879
Operations on the male genital organs	285	\$ 5,087	1,328	\$ 5,031	31	\$ 4,997	-	\$ -	1,644	\$ 5,064
Operations on the hemic and lymphatic system	212	\$ 37,935	581	\$ 5,492	6	\$ 3,592	-	\$ -	799	\$ 14,129
Operations on the endocrine system	104	\$ 22,644	554	\$ 4,762	-	\$ -	-	\$ -	658	\$ 7,588
Miscellaneous diagnostic and therapeutic procs	8,011	\$ 19,287	4,990	\$ 3,091	38,330	\$ 2,489	53,531	\$ 2,218	104,862	\$ 3,794
Total	30,782	\$ 23,928	101,805	\$ 4,538	54,313	\$ 2,454	54,940	\$ 2,277	241,840	\$ 6,236
Total Charges		\$ 802,724,926		\$ 459,606,948		\$ 133,253,148		\$ 124,307,184		\$ 1,519,892,206

Numbers of inpatient discharges exclude newborns (MDC 15) and records with no procedure code in range; charges include charges of newborns with a procedure in range. Outpatient procedure records include only those with a procedure code in the ICD-9-CM code range 00.0-86.99 that did not originate in the ED. Emergency department visits include all outpatient visits that originated in the ED and did not result in an inpatient stay. Expanded Outpatient records include all outpatient records with no ICD-9-CM procedure code in range 00-86.99, and no associated ED or Observation Bed revenue record. Charge data should be used with caution. See discussion in the User's Guide to Vermont Hospital Tables for details. Records with missing charges are included in the number of procedures reported but excluded from the average charges. Total charges of \$0.00 or less are considered missing for outpatient records and total charges of \$100 or less are considered missing for inpatient records.

Appendices

APPENDIX A
Major Diagnostic Categories (MDCs)

- 1 Diseases and disorders of the nervous system
- 2 Diseases and disorders of the eye
- 3 Diseases and disorders of the ear, nose, mouth and throat
- 4 Diseases and disorders of the respiratory system
- 5 Diseases and disorders of the circulatory system
- 6 Diseases and disorders of the digestive system
- 7 Diseases and disorders of the hepatobiliary system (liver) and pancreas
- 8 Diseases and disorders of the musculoskeletal system and connective tissue
- 9 Diseases and disorders of the skin, subcutaneous tissue and breast
- 10 Endocrine, nutritional and metabolic diseases and disorders
- 11 Diseases and disorders of the kidney and urinary tract
- 12 Diseases and disorders of the male reproductive system
- 13 Diseases and disorders of the female reproductive system
- 14 Pregnancy, childbirth, and the puerperium
- 15 Newborns and other neonates with conditions originating in the perinatal period
- 16 Diseases and disorders of the blood and blood-forming organs and immunological disorders
- 17 Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- 18 Infectious and parasitic diseases
- 19 Mental diseases and disorders
- 20 Alcohol/drug use and alcohol/drug-induced organic mental disorders
- 21 Injuries, poisonings, and toxic effects of drugs
- 22 Burns
- 23 Factors influencing health status and other contacts with health services
- 24 Multiple significant trauma
- 25 Human immunodeficiency virus infections

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 1: Diseases and Disorders of the Nervous System

20	S	Intracranial vascular procedures w PDX hemorrhage w MCC	64	M	Intracranial hemorrhage or cerebral infarction w MCC
21	S	Intracranial vascular procedures w PDX hemorrhage w CC	65	M	Intracranial hemorrhage or cerebral infarction w CC
22	S	Intracranial vascular procedures w PDX hemorrhage w/o CC/MCC	66	M	Intracranial hemorrhage or cerebral infarction w/o CC/MCC
23	S	Cranio w major dev impl/acute complex CNS PDX w MCC or chemo implant	67	M	Nonspecific cva & precerebral occlusion w/o infarct w MCC
24	S	Cranio w major dev impl/acute complex CNS PDX w/o MCC	68	M	Nonspecific cva & precerebral occlusion w/o infarct w/o MCC
25	S	Craniotomy & endovascular intracranial procedures w MCC	69	M	Transient ischemia
26	S	Craniotomy & endovascular intracranial procedures w CC	70	M	Nonspecific cerebrovascular disorders w MCC
27	S	Craniotomy & endovascular intracranial procedures w/o CC/ MCC	71	M	Nonspecific cerebrovascular disorders w CC
28	S	Spinal procedures w MCC	72	M	Nonspecific cerebrovascular disorders w/o CC/MCC
29	S	Spinal procedures w CC or spinal neurostimulators	73	M	Cranial & peripheral nerve disorders w MCC
30	S	Spinal procedures w/o CC/MCC	74	M	Cranial & peripheral nerve disorders w/o MCC
31	S	Ventricular shunt procedures w MCC	75	M	Viral meningitis w CC/MCC
32	S	Ventricular shunt procedures w CC	76	M	Viral meningitis w/o CC/MCC
33	S	Ventricular shunt procedures w/o CC/ MCC	77	M	Hypertensive encephalopathy w MCC
34	S	Carotid artery stent procedure w MCC	78	M	Hypertensive encephalopathy w CC
35	S	Carotid artery stent procedure w CC ..	79	M	Hypertensive encephalopathy w/o CC/ MCC
36	S	Carotid artery stent procedure w/o CC/MCC	80	M	Nontraumatic stupor & coma w MCC
37	S	Extracranial procedures w MCC	81	M	Nontraumatic stupor & coma w/o MCC
38	S	Extracranial procedures w CC	82	M	Traumatic stupor & coma, coma >= 1 hr w MCC
39	S	Extracranial procedures w/o CC/MCC	83	M	Traumatic stupor & coma, coma >= 1 hr w CC
40	S	Periph/cranial nerve & other nerv syst proc w MCC	84	M	Traumatic stupor & coma, coma >= 1 hr w/o CC/MCC
41	S	Periph/cranial nerve & other nerv syst proc w CC or periph neurostim	85	M	Traumatic stupor & coma, coma <1 hr w MCC
42	S	Periph/cranial nerve & other nerv syst proc w/o CC/MCC	86	M	Traumatic stupor & coma, coma <1 hr w CC
52	M	Spinal disorders & injuries w CC/MCC	87	M	Traumatic stupor & coma, coma <1 hr w/o CC/MCC
53	M	Spinal disorders & injuries w/o CC/ MCC	88	M	Concussion w MCC
54	M	Nervous system neoplasms w MCC	89	M	Concussion w CC
55	M	Nervous system neoplasms w/o MCC	90	M	Concussion w/o CC/MCC
56	M	Degenerative nervous system disorders w MCC	91	M	Other disorders of nervous system w MCC
57	M	Degenerative nervous system disorders w/o MCC	92	M	Other disorders of nervous system w CC
58	M	Multiple sclerosis & cerebellar ataxia w MCC	93	M	Other disorders of nervous system w/o CC/MCC
59	M	Multiple sclerosis & cerebellar ataxia w CC	94	M	Bacterial & tuberculous infections of nervous system w MCC
60	M	Multiple sclerosis & cerebellar ataxia w/o CC/MCC	95	M	Bacterial & tuberculous infections of nervous system w CC
61	M	Acute ischemic stroke w use of thrombolytic agent w MCC	96	M	Bacterial & tuberculous infections of nervous system w/o CC/MCC
62	M	Acute ischemic stroke w use of thrombolytic agent w CC	97	M	Non-bacterial infect of nervous sys exc viral meningitis w MCC
63	M	Acute ischemic stroke w use of thrombolytic agent w/o CC/MCC	98	M	Non-bacterial infect of nervous sys exc viral meningitis w CC
			99	M	Non-bacterial infect of nervous sys exc viral meningitis w/o CC/MCC

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 1: Diseases and Disorders of the Nervous System (cont.)

100	M	Seizures w MCC
101	M	Seizures w/o MCC
102	M	Headaches w MCC
103	M	Headaches w/o MCC

MDC 2: Diseases and Disorders of the Eye

113	S	Orbital procedures w CC/MCC
114	S	Orbital procedures w/o CC/MCC
115	S	Extraocular procedures except orbit
116	S	Intraocular procedures w CC/MCC
117	S	Intraocular procedures w/o CC/MCC
121	M	Acute major eye infections w CC/MCC
122	M	Acute major eye infections w/o CC/ MCC
123	M	Neurological eye disorders
124	M	Other disorders of the eye w MCC
125	M	Other disorders of the eye w/o MCC

MDC 3: Diseases and Disorders of the Ear, Nose, Mouth, and Throat

129	S	Major head & neck procedures w CC/ MCC or major device
130	S	Major head & neck procedures w/o CC/MCC
131	S	Cranial/facial procedures w CC/MCC
132	S	Cranial/facial procedures w/o CC/ MCC
133	S	Other ear, nose, mouth & throat O.R. procedures w CC/MCC
134	S	Other ear, nose, mouth & throat O.R. procedures w/o CC/MCC
135	S	Sinus & mastoid procedures w CC/ MCC
136	S	Sinus & mastoid procedures w/o CC/ MCC
137	S	Mouth procedures w CC/MCC
138	S	Mouth procedures w/o CC/MCC
139	S	Salivary gland procedures
146	M	Ear, nose, mouth & throat malignancy w MCC
147	M	Ear, nose, mouth & throat malignancy w CC
148	M	Ear, nose, mouth & throat malignancy w/o CC/MCC
149	M	Dysequilibrium
150	M	Epistaxis w MCC
151	M	Epistaxis w/o MCC

MDC 3: Diseases and Disorders of the Ear, Nose, Mouth, and Throat (cont.)

152	M	Otitis media & URI w MCC
153	M	Otitis media & URI w/o MCC
154	M	Nasal trauma & deformity w MCC
155	M	Nasal trauma & deformity w CC
156	M	Nasal trauma & deformity w/o CC/ MCC
157	M	Dental & Oral Diseases w MCC
158	M	Dental & Oral Diseases w CC
159	M	Dental & Oral Diseases w/o CC/MCC

MDC 4: Diseases and Disorders of the Respiratory System

163	S	Major chest procedures w MCC
164	S	Major chest procedures w CC
165	S	Major chest procedures w/o CC/MCC
166	S	Other resp system O.R. procedures w MCC
167	S	Other resp system O.R. procedures w CC
168	S	Other resp system O.R. procedures w/o CC/MCC
175	M	Pulmonary embolism w MCC
176	M	Pulmonary embolism w/o MCC
177	M	Respiratory infections & inflammations w MCC
178	M	Respiratory infections & inflammations w CC
179	M	Respiratory infections & inflammations w/o CC/MCC
180	M	Respiratory neoplasms w MCC
181	M	Respiratory neoplasms w CC
182	M	Respiratory neoplasms w/o CC/MCC
183	M	Major chest trauma w MCC
184	M	Major chest trauma w CC
185	M	Major chest trauma w/o CC/MCC
186	M	Pleural effusion w MCC
187	M	Pleural effusion w CC
188	M	Pleural effusion w/o CC/MCC
189	M	Pulmonary edema & respiratory failure
190	M	Chronic obstructive pulmonary disease w MCC
191	M	Chronic obstructive pulmonary disease w CC
192	M	Chronic obstructive pulmonary disease w/o CC/MCC
193	M	Simple pneumonia & pleurisy w MCC

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MDC 4: Diseases and Disorders of the Respiratory System (cont.)

194	M	Simple pneumonia & pleurisy w CC
195	M	Simple pneumonia & pleurisy w/o CC/ MCC
196	M	Interstitial lung disease w MCC
197	M	Interstitial lung disease w CC
198	M	Interstitial lung disease w/o CC/MCC
199	M	Pneumothorax w MCC
200	M	Pneumothorax w CC
201	M	Pneumothorax w/o CC/MCC
202	M	Bronchitis & asthma w CC/MCC
203	M	Bronchitis & asthma w/o CC/MCC
204	M	Respiratory signs & symptoms
205	M	Other respiratory system diagnoses w MCC
206	M	Other respiratory system diagnoses w/o MCC
207	M	Respiratory system diagnosis w ventilator support 96+ hours
208	M	Respiratory system diagnosis w ventilator support 96 hours

MDC 5: Diseases and Disorders of the Circulatory System

215	S	Other heart assist system implant
216	S	Cardiac valve & oth maj cardiothoracic proc w card cath w MCC
217	S	Cardiac valve & oth maj cardiothoracic proc w card cath w CC
218	S	Cardiac valve & oth maj cardiothoracic proc w card cath w/o CC/MCC
219	S	Cardiac valve & oth maj cardiothoracic proc w/o card cath w MCC
220	S	Cardiac valve & oth maj cardiothoracic proc w/o card cath w CC
221	S	Cardiac valve & oth maj cardiothoracic proc w/o card cath w/o CC/MCC
222	S	Cardiac defib implant w cardiac cath w AMI/HF/shock w MCC
223	S	Cardiac defib implant w cardiac cath w AMI/HF/shock w/o MCC
224	S	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w MCC
225	S	Cardiac defib implant w cardiac cath w/o AMI/HF/shock w/o MCC
226	S	Cardiac defibrillator implant w/o cardiac cath w MCC
227	S	Cardiac defibrillator implant w/o cardiac cath w/o MCC
228	S	Other cardiothoracic procedures w MCC
229	S	Other cardiothoracic procedures w CC
230	S	Other cardiothoracic procedures w/o CC/MCC
231	S	Coronary bypass w PTCA w MCC
232	S	Coronary bypass w PTCA w/o MCC
233	S	Coronary bypass w cardiac cath w MCC

MDC 5: Diseases and Disorders of the Circulatory System (cont.)

234	S	Coronary bypass w cardiac cath w/o MCC
235	S	Coronary bypass w/o cardiac cath w MCC
236	S	Coronary bypass w/o cardiac cath w/o MCC
237	S	Major cardiovasc procedures w MCC or thoracic aortic aneurysm repair
238	S	Major cardiovasc procedures w/o MCC
239	S	Amputation for circ sys disorders exc upper limb & toe w MCC
240	S	Amputation for circ sys disorders exc upper limb & toe w CC
241	S	Amputation for circ sys disorders exc upper limb & toe w/o CC/MCC
242	S	Permanent cardiac pacemaker implant w MCC
243	S	Permanent cardiac pacemaker implant w CC
244	S	Permanent cardiac pacemaker implant w/o CC/MCC
245	S	AICD Generator Procedures
246	S	Perc cardiovasc proc w drug-eluting stent w MCC or 4+ vessels/stents
247	S	Perc cardiovasc proc w drug-eluting stent w/o MCC
248	S	Perc cardiovasc proc w non-drug-eluting stent w MCC or 4+ ves/stents
249	S	Perc cardiovasc proc w non-drug-eluting stent w/o MCC
250	S	Perc cardiovasc proc w/o coronary artery stent or AMI w MCC
251	S	Perc cardiovasc proc w/o coronary artery stent or AMI w/o MCC
252	S	Other vascular procedures w MCC
253	S	Other vascular procedures w CC
254	S	Other vascular procedures w/o CC/ MCC
255	S	Upper limb & toe amputation for circ system disorders w MCC
256	S	Upper limb & toe amputation for circ system disorders w CC
257	S	Upper limb & toe amputation for circ system disorders w/o CC/MCC
258	S	Cardiac pacemaker device replacement w MCC
259	S	Cardiac pacemaker device replacement w/o MCC
260	S	Cardiac pacemaker revision except device replacement w MCC
261	S	Cardiac pacemaker revision except device replacement w CC
262	S	Cardiac pacemaker revision except device replacement w/o CC/MCC
263	S	Vein ligation & stripping
264	S	Other circulatory system O.R. procedures
265	S	AICD Lead Procedures
280	M	Acute myocardial infarction, discharged alive w MCC
281	M	Acute myocardial infarction, discharged alive w CC
282	M	Acute myocardia infarction, discharged alive w/o CC/MCC
283	M	Acute myocardial infarction, expired w MCC
284	M	Acute myocardial infarction, expired w CC

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Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 5: Diseases and Disorders of the Circulatory System (cont.)

285	M	Acute myocardial infarction, expired w/o CC/MCC
286	M	Circulatory disorders except AMI, w card cath w MCC
287	M	Circulatory disorders except AMI, w card cath w/o MCC
288	M	Acute & subacute endocarditis w MCC
289	M	Acute & subacute endocarditis w CC
290	M	Acute & subacute endocarditis w/o CC/MCC
291	M	Heart failure & shock w MCC
292	M	Heart failure & shock w CC
293	M	Heart failure & shock w/o CC/MCC
294	M	Deep vein thrombophlebitis w CC/ MCC
295	M	Deep vein thrombophlebitis w/o CC/ MCC
296	M	Cardiac arrest, unexplained w MCC
297	M	Cardiac arrest, unexplained w CC
298	M	Cardiac arrest, unexplained w/o CC/ MCC
299	M	Peripheral vascular disorders w MCC
300	M	Peripheral vascular disorders w CC
301	M	Peripheral vascular disorders w/o CC/ MCC
302	M	Atherosclerosis w MCC
303	M	Atherosclerosis w/o MCC
304	M	Hypertension w MCC
305	M	Hypertension w/o MCC
306	M	Cardiac congenital & valvular disorders w MCC
307	M	Cardiac congenital & valvular disorders w/o MCC
308	M	Cardiac arrhythmia & conduction disorders w MCC
309	M	Cardiac arrhythmia & conduction disorders w CC
310	M	Cardiac arrhythmia & conduction disorders w/o CC/MCC
311	M	Angina pectoris
312	M	Syncope & collapse
313	M	Chest pain
314	M	Other circulatory system diagnoses w MCC
315	M	Other circulatory system diagnoses w CC
316	M	Other circulatory system diagnoses w/o CC/MCC

MDC 6: Diseases and Disorders of the Digestive System

326	S	Stomach, esophageal & duodenal proc w MCC
327	S	Stomach, esophageal & duodenal proc w CC

MDC 6: Diseases and Disorders of the Digestive System (cont.)

328	S	Stomach, esophageal & duodenal proc w/o CC/MCC
329	S	Major small & large bowel procedures w MCC
330	S	Major small & large bowel procedures w CC
331	S	Major small & large bowel procedures w/o CC/MCC
332	S	Rectal resection w MCC
333	S	Rectal resection w CC
334	S	Rectal resection w/o CC/MCC
335	S	Peritoneal adhesiolysis w MCC
336	S	Peritoneal adhesiolysis w CC
337	S	Peritoneal adhesiolysis w/o CC/MCC
338	S	Appendectomy w complicated principal diag w MCC
339	S	Appendectomy w complicated principal diag w CC
340	S	Appendectomy w complicated principal diag w/o CC/MCC
341	S	Appendectomy w/o complicated principal diag w MCC
342	S	Appendectomy w/o complicated principal diag w CC
343	S	Appendectomy w/o complicated principal diag w/o CC/MCC
344	S	Minor small & large bowel procedures w MCC
345	S	Minor small & large bowel procedures w CC
346	S	Minor small & large bowel procedures w/o CC/MCC
347	S	Anal & stomal procedures w MCC
348	S	Anal & stomal procedures w CC
349	S	Anal & stomal procedures w/o CC/ MCC
350	S	Inguinal & femoral hernia procedures w MCC
351	S	Inguinal & femoral hernia procedures w CC
352	S	Inguinal & femoral hernia procedures w/o CC/MCC
353	S	Hernia procedures except inguinal & femoral w MCC
354	S	Hernia procedures except inguinal & femoral w CC
355	S	Hernia procedures except inguinal & femoral w/o CC/MCC
356	S	Other digestive system O.R. procedures w MCC
357	S	Other digestive system O.R. procedures w CC
358	S	Other digestive system O.R. procedures w/o CC/MCC
368	M	Major esophageal disorders w MCC
369	M	Major esophageal disorders w CC
370	M	Major esophageal disorders w/o CC/ MCC
371	M	Major gastrointestinal disorders & peritoneal infections w MCC
372	M	Major gastrointestinal disorders & peritoneal infections w CC

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MDC 6: Diseases and Disorders of the Digestive System (cont.)

373	M	Major gastrointestinal disorders & peritoneal infections w/o CC/MCC
374	M	Digestive malignancy w MCC
375	M	Digestive malignancy w CC
376	M	Digestive malignancy w/o CC/MCC
377	M	G.I. hemorrhage w MCC
378	M	G.I. hemorrhage w CC
379	M	G.I. hemorrhage w/o CC/MCC
380	M	Complicated peptic ulcer w MCC
381	M	Complicated peptic ulcer w CC
382	M	Complicated peptic ulcer w/o CC/MCC
383	M	Uncomplicated peptic ulcer w MCC
384	M	Uncomplicated peptic ulcer w/o MCC
385	M	Inflammatory bowel disease w MCC
386	M	Inflammatory bowel disease w CC
387	M	Inflammatory bowel disease w/o CC/ MCC
388	M	G.I. obstruction w MCC
389	M	G.I. obstruction w CC
390	M	G.I. obstruction w/o CC/MCC
391	M	Esophagitis, gastroent & misc digest disorders w MCC
392	M	Esophagitis, gastroent & misc digest disorders w/o MCC
393	M	Other digestive system diagnoses w MCC
394	M	Other digestive system diagnoses w CC
395	M	Other digestive system diagnoses w/o CC/MCC

MDC 7: Diseases and Disorders of the Hepatobiliary (Liver) System and Pancreas

405	S	Pancreas, liver & shunt procedures w MCC
406	S	Pancreas, liver & shunt procedures w CC
407	S	Pancreas, liver & shunt procedures w/o CC/MCC
408	S	Biliary tract proc except only cholecyst w or w/o c.d.e. w MCC
409	S	Biliary tract proc except only cholecyst w or w/o c.d.e. w CC
410	S	Biliary tract proc except only cholecyst w or w/o c.d.e. w/o CC/MCC
411	S	Cholecystectomy w c.d.e. w MCC
412	S	Cholecystectomy w c.d.e. w CC
413	S	Cholecystectomy w c.d.e. w/o CC/MCC
414	S	Cholecystectomy except by laparoscope w/o c.d.e. w MCC
415	S	Cholecystectomy except by laparoscope w/o c.d.e. w CC

MDC 7: Diseases and Disorders of the Hepatobiliary (Liver) System and Pancreas (cont.)

416	S	Cholecystectomy except by laparoscope w/o c.d.e. w/o CC/MCC
417	S	Laparoscopic cholecystectomy w/o c.d.e. w MCC
418	S	Laparoscopic cholecystectomy w/o c.d.e. w CC
419	S	Laparoscopic cholecystectomy w/o c.d.e. w/o CC/MCC
420	S	Hepatobiliary diagnostic procedures w MCC
421	S	Hepatobiliary diagnostic procedures w CC
422	S	Hepatobiliary diagnostic procedures w/o CC/MCC
423	S	Other hepatobiliary or pancreas O.R. procedures w MCC
424	S	Other hepatobiliary or pancreas O.R. procedures w CC
425	S	Other hepatobiliary or pancreas O.R. procedures w/o CC/MCC
432	M	Cirrhosis & alcoholic hepatitis w MCC
433	M	Cirrhosis & alcoholic hepatitis w CC
434	M	Cirrhosis & alcoholic hepatitis w/o CC/ MCC
435	M	Malignancy of hepatobiliary system or pancreas w MCC
436	M	Malignancy of hepatobiliary system or pancreas w CC
437	M	Malignancy of hepatobiliary system or pancreas w/o CC/MCC
438	M	Disorders of pancreas except malignancy w MCC
439	M	Disorders of pancreas except malignancy w CC
440	M	Disorders of pancreas except malignancy w/o CC/MCC
441	M	Disorders of liver except malig,cirr,alchepa w MCC
442	M	Disorders of liver except malig,cirr,alchepa w CC
443	M	Disorders of liver except malig,cirr,alchepa w/o CC/MCC
444	M	Disorders of the biliary tract w MCC
445	M	Disorders of the biliary tract w CC
446	M	Disorders of the biliary tract w/o CC/ MCC

MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue

453	S	Combined anterior/posterior spinal fusion w MCC
454	S	Combined anterior/posterior spinal fusion w CC
455	S	Combined anterior/posterior spinal fusion w/o CC/MCC
456	S	Spinal fus exc cerv w spinal curv/ malig/infec or 9+ fus w MCC
457	S	Spinal fus exc cerv w spinal curv/ malig/infec or 9+ fus w CC
458	S	Spinal fus exc cerv w spinal curv/ malig/infec or 9+ fus w/o CC/MCC
459	S	Spinal fusion except cervical w MCC
460	S	Spinal fusion except cervical w/o MCC

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M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue (cont.)

461	S	Bilateral or multiple major joint procs of lower extremity w MCC
462	S	Bilateral or multiple major joint procs of lower extremity w/o MCC
463	S	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w MCC
464	S	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w CC
465	S	Wnd debrid & skn grft exc hand, for musculo-conn tiss dis w/o CC/MCC
466	S	Revision of hip or knee replacement w MCC
467	S	Revision of hip or knee replacement w CC
468	S	Revision of hip or knee replacement w/o CC/MCC
469	S	Major joint replacement or reattachment of lower extremity w MCC
470	S	Major joint replacement or reattachment of lower extremity w/o MCC
471	S	Cervical spinal fusion w MCC
472	S	Cervical spinal fusion w CC
473	S	Cervical spinal fusion w/o CC/MCC
474	S	Amputation for musculoskeletal sys & conn tissue dis w MCC
475	S	Amputation for musculoskeletal sys & conn tissue dis w CC
476	S	Amputation for musculoskeletal sys & conn tissue dis w/o CC/MCC
477	S	Biopsies of musculoskeletal system & connective tissue w MCC
478	S	Biopsies of musculoskeletal system & connective tissue w CC
479	S	Biopsies of musculoskeletal system & connective tissue w/o CC/MCC
480	S	Hip & femur procedures except major joint w MCC
481	S	Hip & femur procedures except major joint w CC
482	S	Hip & femur procedures except major joint w/o CC/MCC
483	S	Major joint & limb reattachment proc of upper extremity w CC/MCC
484	S	Major joint & limb reattachment proc of upper extremity w/o CC/MCC
485	S	Knee procedures w pdx of infection w MCC
486	S	Knee procedures w pdx of infection w CC
487	S	Knee procedures w pdx of infection w/o CC/MCC
488	S	Knee procedures w/o pdx of infection w CC/MCC
489	S	Knee procedures w/o pdx of infection w/o CC/MCC
490	S	Back & neck proc exc spinal fusion w CC/MCC or disc device/neurostim
491	S	Back & neck proc exc spinal fusion w/ o CC/MCC
492	S	Lower extrem & humer proc except hip,foot,femur w MCC
493	S	Lower extrem & humer proc except hip,foot,femur w CC
494	S	Lower extrem & humer proc except hip,foot,femur w/o CC/MCC
495	S	Local excision & removal int fix devices exc hip & femur w MCC

MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue (cont.)

496	S	Local excision & removal int fix devices exc hip & femur w CC
497	S	Local excision & removal int fix devices exc hip & femur w/o CC/MCC
498	S	Local excision & removal int fix devices of hip & femur w CC/MCC
499	S	Local excision & removal int fix devices of hip & femur w/o CC/MCC
500	S	Soft tissue procedures w MCC
501	S	Soft tissue procedures w CC
502	S	Soft tissue procedures w/o CC/MCC
503	S	Foot procedures w MCC
504	S	Foot procedures w CC
505	S	Foot procedures w/o CC/MCC
506	S	Major thumb or joint procedures
507	S	Major shoulder or elbow joint procedures w CC/MCC
508	S	Major shoulder or elbow joint procedures w/o CC/MCC
509	S	Arthroscopy
510	S	Shoulder,elbow or forearm proc,exc major joint proc w MCC
511	S	Shoulder,elbow or forearm proc,exc major joint proc w CC
512	S	Shoulder,elbow or forearm proc,exc major joint proc w/o CC/MCC
513	S	Hand or wrist proc, except major thumb or joint proc w CC/MCC
514	S	Hand or wrist proc, except major thumb or joint proc w/o CC/MCC
515	S	Other musculoskelet sys & conn tiss O.R. proc w MCC
516	S	Other musculoskelet sys & conn tiss O.R. proc w CC
517	S	Other musculoskelet sys & conn tiss O.R. proc w/o CC/MCC
533	M	Fractures of femur w MCC
534	M	Fractures of femur w/o MCC
535	M	Fractures of hip & pelvis w MCC
536	M	Fractures of hip & pelvis w/o MCC
537	M	Sprains, strains, & dislocations of hip, pelvis & thigh w CC/MCC
538	M	Sprains, strains, & dislocations of hip, pelvis & thigh w/o CC/MCC
539	M	Osteomyelitis w MCC
540	M	Osteomyelitis w CC
541	M	Osteomyelitis w/o CC/MCC
542	M	Pathological fractures & musculoskelet & conn tiss malig w MCC
543	M	Pathological fractures & musculoskelet & conn tiss malig w CC
544	M	Pathological fractures & musculoskelet & conn tiss malig w/o CC/MCC
545	M	Connective tissue disorders w MCC

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MDC 8: Diseases and Disorders of the Musculoskeletal System and Connective Tissue (cont.)

- 546 M Connective tissue disorders w CC
- 547 M Connective tissue disorders w/o CC/ MCC
- 548 M Septic arthritis w MCC .
- 549 M Septic arthritis w CC
- 550 M Septic arthritis w/o CC/MCC
- 551 M Medical back problems w MCC
- 552 M Medical back problems w/o MCC
- 553 M Bone diseases & arthropathies w MCC
- 554 M Bone diseases & arthropathies w/o MCC
- 555 M Signs & symptoms of musculoskeletal system & conn tissue w MCC
- 556 M Signs & symptoms of musculoskeletal system & conn tissue w/o MCC
- 557 M Tendonitis, myositis & bursitis w MCC
- 558 M Tendonitis, myositis & bursitis w/o MCC
- 559 M Aftercare, musculoskeletal system & connective tissue w MCC
- 560 M Aftercare, musculoskeletal system & connective tissue w CC
- 561 M Aftercare, musculoskeletal system & connective tissue w/o CC/MCC
- 562 M Fx, sprn, strn & disl except femur, hip, pelvis & thigh w MCC
- 563 M Fx, sprn, strn & disl except femur, hip, pelvis & thigh w/o MCC
- 564 M Other musculoskeletal sys & connective tissue diagnoses w MCC
- 565 M Other musculoskeletal sys & connective tissue diagnoses w CC
- 566 M Other musculoskeletal sys & connective tissue diagnoses w/o CC/MCC

MDC 9: Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast

- 573 S Skin graft &/or debrid for skn ulcer or cellulitis w MCC
- 574 S Skin graft &/or debrid for skn ulcer or cellulitis w CC
- 575 S Skin graft &/or debrid for skn ulcer or cellulitis w/o CC/MCC
- 576 S Skin graft &/or debrid exc for skin ulcer or cellulitis w MCC
- 577 S Skin graft &/or debrid exc for skin ulcer or cellulitis w CC
- 578 S Skin graft &/or debrid exc for skin ulcer or cellulitis w/o CC/MCC
- 579 S Other skin, subcut tiss & breast proc w MCC
- 580 S Other skin, subcut tiss & breast proc w CC
- 581 S Other skin, subcut tiss & breast proc w/o CC/MCC
- 582 S Mastectomy for malignancy w CC/ MCC
- 583 S Mastectomy for malignancy w/o CC/ MCC
- 584 S Breast biopsy, local excision & other breast procedures w CC/MCC

MDC 9: Diseases and Disorders of the Skin, Subcutaneous Tissue and Breast (cont.)

- 585 S Breast biopsy, local excision & other breast procedures w/o CC/MCC
- 592 M Skin ulcers w MCC
- 593 M Skin ulcers w CC
- 594 M Skin ulcers w/o CC/MCC
- 595 M Major skin disorders w MCC
- 596 M Major skin disorders w/o MCC
- 597 M Malignant breast disorders w MCC
- 598 M Malignant breast disorders w CC
- 599 M Malignant breast disorders w/o CC/ MCC
- 600 M Non-malignant breast disorders w CC/ MCC
- 601 M Non-malignant breast disorders w/o CC/MCC
- 602 M Cellulitis w MCC
- 603 M Cellulitis w/o MCC.
- 604 M Trauma to the skin, subcut tiss & breast w MCC
- 605 M Trauma to the skin, subcut tiss & breast w/o MCC
- 606 M Minor skin disorders w MCC
- 607 M Minor skin disorders w/o MCC

MDC 10: Endocrine, Nutritional and Metabolic Diseases and Disorders

- 614 S Adrenal & pituitary procedures w CC/ MCC
- 615 S Adrenal & pituitary procedures w/o CC/MCC
- 616 S Amputat of lower limb for endocrine,nutrit,& metabol dis w MCC
- 617 S Amputat of lower limb for endocrine,nutrit,& metabol dis w CC
- 618 S Amputat of lower limb for endocrine,nutrit,& metabol dis w/o CC/MCC
- 619 S O.R. procedures for obesity w MCC
- 620 S O.R. procedures for obesity w CC
- 621 S O.R. procedures for obesity w/o CC/ MCC
- 622 S Skin grafts & wound debrid for endoc, nutrit & metab dis w MCC
- 623 S Skin grafts & wound debrid for endoc, nutrit & metab dis w CC
- 624 S Skin grafts & wound debrid for endoc, nutrit & metab dis w/o CC/MCC
- 625 S Thyroid, parathyroid & thyroglossal procedures w MCC
- 626 S Thyroid, parathyroid & thyroglossal procedures w CC
- 627 S Thyroid, parathyroid & thyroglossal procedures w/o CC/MCC
- 628 S Other endocrine, nutrit & metab O.R. proc w MCC
- 629 S Other endocrine, nutrit & metab O.R. proc w CC
- 630 S Other endocrine, nutrit & metab O.R. proc w/o CC/MCC

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 10: Endocrine, Nutritional and Metabolic Diseases and Disorders (cont.)

637	M	Diabetes w MCC
638	M	Diabetes w CC
639	M	Diabetes w/o CC/MCC
640	M	Nutritional & misc metabolic disorders w MCC
641	M	Nutritional & misc metabolic disorders w/o MCC
642	M	Inborn errors of metabolism
643	M	Endocrine disorders w MCC
644	M	Endocrine disorders w CC
645	M	Endocrine disorders w/o CC/MCC

MDC 11: Diseases and Disorders of the Kidney and Urinary Tract

652	S	Kidney transplant
653	S	Major bladder procedures w MCC
654	S	Major bladder procedures w CC
655	S	Major bladder procedures w/o CC/ MCC
656	S	Kidney & ureter procedures for neoplasm w MCC
657	S	Kidney & ureter procedures for neoplasm w CC
658	S	Kidney & ureter procedures for neoplasm w/o CC/MCC
659	S	Kidney & ureter procedures for nonneoplasm w MCC
660	S	Kidney & ureter procedures for non-neoplasm w CC
661	S	Kidney & ureter procedures for non-neoplasm w/o CC/MCC
662	S	Minor bladder procedures w MCC
663	S	Minor bladder procedures w CC
664	S	Minor bladder procedures w/o CC/ MCC
665	S	Prostatectomy w MCC
666	S	Prostatectomy w CC
667	S	Prostatectomy w/o CC/MCC
668	S	Transurethral procedures w MCC
669	S	Transurethral procedures w CC
670	S	Transurethral procedures w/o CC/ MCC
671	S	Urethral procedures w CC/MCC
672	S	Urethral procedures w/o CC/MCC
673	S	Other kidney & urinary tract procedures w MCC
674	S	Other kidney & urinary tract procedures w CC
675	S	Other kidney & urinary tract procedures w/o CC/MCC
682	M	Renal failure w MCC

MDC 11: Diseases and Disorders of the Kidney and Urinary Tract (cont.)

683	M	Renal failure w CC
684	M	Renal failure w/o CC/MCC
685	M	Admit for renal dialysis
686	M	Kidney & urinary tract neoplasms w MCC
687	M	Kidney & urinary tract neoplasms w CC
688	M	Kidney & urinary tract neoplasms w/o CC/MCC
689	M	Kidney & urinary tract infections w MCC
690	M	Kidney & urinary tract infections w/o MCC
691	M	Urinary stones w esw lithotripsy w CC/MCC
692	M	Urinary stones w esw lithotripsy w/o CC/MCC
693	M	Urinary stones w/o esw lithotripsy w MCC
694	M	Urinary stones w/o esw lithotripsy w/o MCC
695	M	Kidney & urinary tract signs & symptoms w MCC
696	M	Kidney & urinary tract signs & symptoms w/o MCC
697	M	Urethral stricture
698	M	Other kidney & urinary tract diagnoses w MCC
699	M	Other kidney & urinary tract diagnoses w CC
700	M	Other kidney & urinary tract diagnoses w/o CC/MCC

MDC 12: Diseases and Disorders of the Male Reproductive System

707	S	Major male pelvic procedures w CC/ MCC
708	S	Major male pelvic procedures w/o CC/ MCC
709	S	Penis procedures w CC/MCC
710	S	Penis procedures w/o CC/MCC
711	S	Testes procedures w CC/MCC
712	S	Testes procedures w/o CC/MCC
713	S	Transurethral prostatectomy w CC/ MCC
714	S	Transurethral prostatectomy w/o CC/ MCC
715	S	Other male reproductive system O.R. proc for malignancy w CC/MCC
716	S	Other male reproductive system O.R. proc for malignancy w/o CC/MCC
717	S	Other male reproductive system O.R. proc exc malignancy w CC/MCC
718	S	Other male reproductive system O.R. proc exc malignancy w/o CC/MCC
722	M	Malignancy, male reproductive system w MCC
723	M	Malignancy, male reproductive system w CC
724	M	Malignancy, male reproductive system w/o CC/MCC
725	M	Benign prostatic hypertrophy w MCC

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 12: Diseases and Disorders of the Male Reproductive System (cont.)

- 726 M Benign prostatic hypertrophy w/o MCC
- 727 M Inflammation of the male reproductive system w MCC
- 728 M Inflammation of the male reproductive system w/o MCC
- 729 M Other male reproductive system diagnoses w CC/MCC
- 730 M Other male reproductive system diagnoses w/o CC/MCC

MDC 13: Diseases and Disorders of the Female Reproductive System

- 734 S Pelvic evisceration, rad hysterectomy & rad vulvectomy w CC/MCC
- 735 S Pelvic evisceration, rad hysterectomy & rad vulvectomy w/o CC/MCC
- 736 S Uterine & adnexa proc for ovarian or adnexal malignancy w MCC
- 737 S Uterine & adnexa proc for ovarian or adnexal malignancy w CC
- 738 S Uterine & adnexa proc for ovarian or adnexal malignancy w/o CC/MCC
- 739 S Uterine,adnexa proc for non-ovarian/ adnexal malig w MCC
- 740 S Uterine,adnexa proc for non-ovarian/ adnexal malig w CC
- 741 S Uterine,adnexa proc for non-ovarian/ adnexal malig w/o CC/MCC
- 742 S Uterine & adnexa proc for non-malignancy w CC/MCC
- 743 S Uterine & adnexa proc for non-malignancy w/o CC/MCC
- 744 S D&C, conization, laparoscopy & tubal interruption w CC/MCC
- 745 S D&C, conization, laparoscopy & tubal interruption w/o CC/MCC
- 746 S Vagina, cervix & vulva procedures w CC/MCC
- 747 S Vagina, cervix & vulva procedures w/o CC/MCC
- 748 S Female reproductive system reconstructive procedures
- 749 S Other female reproductive system O.R. procedures w CC/MCC
- 750 S Other female reproductive system O.R. procedures w/o CC/MCC
- 754 M Malignancy, female reproductive system w MCC
- 755 M Malignancy, female reproductive system w CC
- 756 M Malignancy, female reproductive system w/o CC/MCC
- 757 M Infections, female reproductive system w MCC
- 758 M Infections, female reproductive system w CC
- 759 M Infections, female reproductive system w/o CC/MCC
- 760 M Menstrual & other female reproductive system disorders w CC/MCC
- 761 M Menstrual & other female reproductive system disorders w/o CC/MCC

MDC 14: Pregnancy, Childbirth, and the Puerperium

- 765 S Cesarean section w CC/MCC
- 766 S Cesarean section w/o CC/MCC
- 767 S Vaginal delivery w sterilization &/or D&C

MDC 14: Pregnancy, Childbirth, and the Puerperium (cont.)

- 768 S Vaginal delivery w O.R. proc except steril &/or D&C
- 769 S Postpartum & post abortion diagnoses w O.R. procedure
- 770 S Abortion w D&C, aspiration curettage or hysterotomy
- 774 M Vaginal delivery w complicating diagnoses
- 775 M Vaginal delivery w/o complicating diagnoses
- 776 M Postpartum & post abortion diagnoses w/o O.R. procedure
- 777 M Ectopic pregnancy
- 778 M Threatened abortion
- 779 M Abortion w/o D&C
- 780 M False labor
- 781 M Other antepartum diagnoses w medical complications
- 782 M Other antepartum diagnoses w/o medical complications

MDC 15: Newborns and Other Neonates with Conditions Originating in the Perinatal Period — Excluded from Inpatient tables

- 789 M Neonates, died or transferred to another acute care facility
- 790 M Extreme immaturity or respiratory distress syndrome, neonate
- 791 M Prematurity w major problems
- 792 M Prematurity w/o major problems
- 793 M Full term neonate w major problems ..
- 794 M Neonate w other significant problems
- 795 M Normal newborn

MDC 16: Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders

- 799 S Splenectomy w MCC
- 800 S Splenectomy w CC
- 801 S Splenectomy w/o CC/MCC
- 802 S Other O.R. proc of the blood & blood forming organs w MCC
- 803 S Other O.R. proc of the blood & blood forming organs w CC
- 804 S Other O.R. proc of the blood & blood forming organs w/o CC/MCC
- 808 M Major hematomol/immun diag exc sickle cell crisis & coagul w MCC
- 809 M Major hematomol/immun diag exc sickle cell crisis & coagul w CC
- 810 M Major hematomol/immun diag exc sickle cell crisis & coagul w/o CC/MCC
- 811 M Red blood cell disorders w MCC
- 812 M Red blood cell disorders w/o MCC
- 813 M Coagulation disorders

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 16: Diseases and Disorders of the Blood and Blood Forming Organs and Immunological Disorders (cont.)

- 814 M Reticuloendothelial & immunity disorders w MCC
- 815 M Reticuloendothelial & immunity disorders w CC
- 816 M Reticuloendothelial & immunity disorders w/o CC/MCC

MDC 17: Myeloproliferative Diseases and Disorders and Poorly Differentiated Neoplasms

- 820 S Lymphoma & leukemia w major O.R. procedure w MCC
- 821 S Lymphoma & leukemia w major O.R. procedure w CC
- 822 S Lymphoma & leukemia w major O.R. procedure w/o CC/MCC
- 823 S Lymphoma & non-acute leukemia w other O.R. proc w MCC
- 824 S Lymphoma & non-acute leukemia w other O.R. proc w CC
- 825 S Lymphoma & non-acute leukemia w other O.R. proc w/o CC/MCC
- 826 S Myeloprolif disord or poorly diff neopl w maj O.R. proc w MCC
- 827 S Myeloprolif disord or poorly diff neopl w maj O.R. proc w CC
- 828 S Myeloprolif disord or poorly diff neopl w maj O.R. proc w/o CC/MCC
- 829 S Myeloprolif disord or poorly diff neopl w other O.R. proc w CC/MCC
- 830 S Myeloprolif disord or poorly diff neopl w other O.R. proc w/o CC/MCC
- 834 M Acute leukemia w/o major O.R. procedure w MCC
- 835 M Acute leukemia w/o major O.R. procedure w CC
- 836 M Acute leukemia w/o major O.R. procedure w/o CC/MCC
- 837 M Chemo w acute leukemia as sdx or w high dose chemo agent w MCC
- 838 M Chemo w acute leukemia as sdx w CC or high dose chemo agent
- 839 M Chemo w acute leukemia as sdx w/o CC/MCC
- 840 M Lymphoma & non-acute leukemia w MCC
- 841 M Lymphoma & non-acute leukemia w CC
- 842 M Lymphoma & non-acute leukemia w/o CC/MCC
- 843 M Other myeloprolif dis or poorly diff neopl diag w MCC
- 844 M Other myeloprolif dis or poorly diff neopl diag w CC
- 845 M Other myeloprolif dis or poorly diff neopl diag w/o CC/MCC
- 846 M Chemotherapy w/o acute leukemia as secondary diagnosis w MCC
- 847 M Chemotherapy w/o acute leukemia as secondary diagnosis w CC
- 848 M Chemotherapy w/o acute leukemia as secondary diagnosis w/o CC/MCC
- 849 M Radiotherapy

MDC 18: Infectious and Parasitic Diseases (Systemic or Unspecified Sites)

- 853 S Infectious & parasitic diseases w O.R. procedure w MCC
- 854 S Infectious & parasitic diseases w O.R. procedure w CC
- 855 S Infectious & parasitic diseases w O.R. procedure w/o CC/MCC

MDC 18: Infectious and Parasitic Diseases (Systemic or Unspecified Sites)

- 856 S Postoperative or post-traumatic infections w O.R. proc w MCC
- 857 S Postoperative or post-traumatic infections w O.R. proc w CC
- 858 S Postoperative or post-traumatic infections w O.R. proc w/o CC/MCC
- 862 M Postoperative & post-traumatic infections w MCC
- 863 M Postoperative & post-traumatic infections w/o MCC
- 864 M Fever of unknown origin
- 865 M Viral illness w MCC
- 866 M Viral illness w/o MCC
- 867 M Other infectious & parasitic diseases diagnoses w MCC
- 868 M Other infectious & parasitic diseases diagnoses w CC
- 869 M Other infectious & parasitic diseases diagnoses w/o CC/MCC
- 870 M Septicemia w MV 96+ hours
- 871 M Septicemia w/o MV 96+ hours w MCC
- 872 M Septicemia w/o MV 96+ hours w/o MCC

MDC 19: Mental Diseases and Disorders

- 876 S O.R. procedure w principal diagnoses of mental illness
- 880 M Acute adjustment reaction & psychosocial dysfunction
- 881 M Depressive neuroses
- 882 M Neuroses except depressive
- 883 M Disorders of personality & impulse control
- 884 M Organic disturbances & mental retardation
- 885 M Psychoses
- 886 M Behavioral & developmental disorders
- 887 M Other mental disorder diagnoses

MDC 20: Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental

- 894 M Alcohol/drug abuse or dependence, left ama
- 895 M Alcohol/drug abuse or dependence w rehabilitation therapy
- 896 M Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC
- 897 M Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC

MDC 21: Injuries, Poisonings, and Toxic Effects of Drugs

- 901 S Wound debridements for injuries w MCC
- 902 S Wound debridements for injuries w CC
- 903 S Wound debridements for injuries w/o CC/MCC
- 904 S Skin grafts for injuries w CC/MCC
- 905 S Skin grafts for injuries w/o CC/MCC
- 906 S Hand procedures for injuries

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MDC 21: Injuries, Poisonings, and Toxic Effects of Drugs

907	S	Other O.R. procedures for injuries w MCC
908	S	Other O.R. procedures for injuries w CC
909	S	Other O.R. procedures for injuries w/o CC/MCC
913	M	Traumatic injury w MCC
914	M	Traumatic injury w/o MCC
915	M	Allergic reactions w MCC
916	M	Allergic reactions w/o MCC
917	M	Poisoning & toxic effects of drugs w MCC
918	M	Poisoning & toxic effects of drugs w/o MCC
919	M	Complications of treatment w MCC
920	M	Complications of treatment w CC
921	M	Complications of treatment w/o CC/ MCC
922	M	Other injury, poisoning & toxic effect diag w MCC
923	M	Other injury, poisoning & toxic effect diag w/o MCC

MDC 22: Burns

927	S	Extensive burns or full thickness burns w MV 96+ hrs w skin graft
928	S	Full thickness burn w skin graft or inhal inj w CC/MCC
929	S	Full thickness burn w skin graft or inhal inj w/o CC/MCC
933	M	Extensive burns or full thickness burns w MV 96+ hrs w/o skin graft
934	M	Full thickness burn w/o skin grft or inhal inj
935	M	Non-extensive burns

MDC 23: Factors Influencing Health Status and Other Contacts with Health Services

939	S	O.R. proc w diagnoses of other contact w health services w MCC
940	S	O.R. proc w diagnoses of other contact w health services w CC
941	S	O.R. proc w diagnoses of other contact w health services w/o CC/MCC
945	M	Rehabilitation w CC/MCC
946	M	Rehabilitation w/o CC/MCC
947	M	Signs & symptoms w MCC
948	M	Signs & symptoms w/o MCC
949	M	Aftercare w CC/MCC
950	M	Aftercare w/o CC/MCC
951	M	Other factors influencing health status

MDC 24: Multiple Significant Trauma

955	S	Craniotomy for multiple significant trauma
956	S	Limb reattachment, hip & femur proc for multiple significant trauma
957	S	Other O.R. procedures for multiple significant trauma w MCC
958	S	Other O.R. procedures for multiple significant trauma w CC
959	S	Other O.R. procedures for multiple significant trauma w/o CC/MCC
963	M	Other multiple significant trauma w MCC
964	M	Other multiple significant trauma w CC
965	M	Other multiple significant trauma w/o CC/MCC

MDC 25: Human Immunodeficiency Virus Infections

969	S	HIV w extensive O.R. procedure w MCC
970	S	HIV w extensive O.R. procedure w/o MCC
974	M	HIV w major related condition w MCC
975	M	HIV w major related condition w CC
976	M	HIV w major related condition w/o CC/MCC
977	M	HIV w or w/o other related condition

Pre-MDC

1	S	Heart transplant or implant of heart assist system w MCC.
2	S	Heart transplant or implant of heart assist system w/o MCC.
3	S	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R
4	S	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R
5	S	Liver transplant w MCC or intestinal transplant
6	S	Liver transplant w/o MCC
7	S	Lung transplant
8	S	Simultaneous pancreas/kidney transplant
9	S	Bone marrow transplant
10	S	Pancreas transplant
11	S	Tracheostomy for face,mouth & neck diagnoses w MCC
12	S	Tracheostomy for face,mouth & neck diagnoses w CC
13	S	Tracheostomy for face,mouth & neck diagnoses w/o CC/MCC
14	S	Allogeneic Bone Marrow Transplnt
15	S	Autologous Bone Marrow Transplant

MS-DRGs classified as Pre-MDC are not assigned a specific MDC and these MS-DRGs may be associated with multiple MDCs.

APPENDIX B

Major Diagnostic Categories (MDCs) and Diagnosis Related Groups (MS-DRGs), Effective 10/1/2007 - 9/30/2011

M= Medical S= Surgical CC=Complications or Comorbidities MCC=Major Complications or Comorbidities

MS-DRGs Assigned to More than One MDC

981	S	Extensive O.R. procedure unrelated to principal diagnosis w MCC
982	S	Extensive O.R. procedure unrelated to principal diagnosis w CC
983	S	Extensive O.R. procedure unrelated to principal diagnosis w/o CC/MCC
984	S	Prostatic O.R. procedure unrelated to principal diagnosis w MCC
985	S	Prostatic O.R. procedure unrelated to principal diagnosis w CC
986	S	Prostatic O.R. procedure unrelated to principal diagnosis w/o CC/MCC
987	S	Non-extensive O.R. proc unrelated to principal diagnosis w MCC
988	S	Non-extensive O.R. proc unrelated to principal diagnosis w CC
989	S	Non-extensive O.R. proc unrelated to principal diagnosis w/o CC/MCC

MS-DRGs that contain cases not assigned to valid MS-DRGs.

998	**	Principal diagnosis invalid as discharge diagnosis
999	**	Ungroupable

APPENDIX C
2010 Clinical Classifications Software (CCS) High Level Diagnostic and Procedure Categories

CCS High Level Diagnosis Groups

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

CCS High Level Procedure Groups

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

APPENDIX D

2010 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 D

2010 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
- 129 Aspiration pneumonitis, food/vomitus

APPENDIX D

2010 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

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

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

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

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

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

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

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

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

APPENDIX D

2010 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

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

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

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

CCS High Level Diagnosis Group 14: Congenital Anomalies

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

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

- 218 Liveborn
- 219 Short gestation, low birth weight & fetal growth retardation
- 220 Intrauterine hypoxia & birth asphyxia
- 221 Respiratory distress syndrome

- 222 Hemolytic jaundice & perinatal jaundice
- 223 Birth trauma
- 224 Other perinatal conditions

CCS High Level Diagnosis Group 16: Injury and Poisoning

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

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

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

APPENDIX D

2010 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

- 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 E

2010 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 E

2010 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

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

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

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

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

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

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

APPENDIX E

2010 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 E

2010 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0321	Radiology - Diagnostic: Angiocardiology	3030	Angiocardiology
0470	Audiology	3040	Audiology
0471	Audiology: Diagnostic	3040	Audiology
0479	Audiology: Other audiology	3040	Audiology
0472	Audiology: Treatment	3040	Audiology
0306	Laboratory - Clinical Diagnostic: Bacteriology/microbiology	3050	Bacteriology and Microbiology
0314	Laboratory - Pathology: Biopsy	3060	Biopsy
0724	Labor Room: Birthing center	3070	Birthing Center
0481	Cardiology: Cardiac catheter lab	3120	Cardiac Catheterization Laboratory
0480	Cardiology	3140	Cardiology
0489	Cardiology: Other cardiology	3140	Cardiology
0943	Other Therapeutic Serv: Cardiac rehab	3140	cardiology
0301	Laboratory - Clinical Diagnostic: Chemistry	3180	Chemistry
0331	Radiology - Therapeutic: Chemotherapy - injected	3190	Chemotherapy
0335	Radiology - Therapeutic: Chemotherapy - IV	3190	Chemotherapy
0332	Radiology - Therapeutic: Chemotherapy - oral	3190	Chemotherapy
0723	Labor Room: Circumcision	3220	Circumcision
0350	CT Scan	3230	CAT Scan
0352	CT Scan: Body	3230	CAT Scan
0351	CT Scan: Head	3230	CAT Scan
0359	CT Scan: Other CT scans	3230	CAT Scan
0311	Laboratory - Pathology: Cytology	3240	Laboratory - Pathological
0923	Other Diagnostic Services: Pap smear	3240	Cytology
0512	Clinic: Dental clinic	3250	Dental Services
0483	Cardiology: Echocardiology	3260	Echocardiography
0740	EEG	3280	EKG and EEG
0730	EKG/ECG	3280	EKG and EEG
0739	EKG/ECG: Other EKG/ECG	3280	EKG and EEG
0732	EKG/ECG: Telemetry	3280	EKG and EEG
0922	Other Diagnostic Services: Electromyogram	3290	Electromyography
0901	Psychiatric/Psychological Trt: Electroshock treatment	3320	Electroshock Therapy
0750	Gastrointestinal	3340	Gastro Intestinal Services
0305	Laboratory - Clinical Diagnostic: Hematology	3350	Hematology
0312	Laboratory - Pathology: Histology	3360	Histology
0731	EKG/ECG: Holter monitor	3370	Holter Monitor
0302	Laboratory - Clinical Diagnostic: Immunology	3380	Immunology
0924	Other Diagnostic Services: Allergy test	3380	Immunology
0300	Laboratory - Clinical Diagnostic	3390	Laboratory - Clinical
0304	Laboratory - Clinical Diagnostic: Nonroutine dialysis	3390	Laboratory - Clinical
0309	Laboratory - Clinical Diagnostic: Other laboratory	3390	Laboratory - Clinical

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0303	Laboratory - Clinical Diagnostic: Renal patient (home)	3390	Laboratory - Clinical
0307	Laboratory - Clinical Diagnostic: Urology	3390	Laboratory - Clinical
0925	Other Diagnostic Services: Pregnancy test	3390	Laboratory - Clinical
0310	Laboratory - Pathology	3420	Laboratory - Pathological
0319	Laboratory - Pathology: Other	3420	Laboratory - Pathological
0610	Magnetic Resonance Tech. (MRT)	3430	Magnetic Resonance Imaging (MRI)
0611	Magnetic Resonance Tech. (MRT): Brain (incl. Brainstem)	3430	Magnetic Resonance Imaging (MRI)
0615	Magnetic Resonance Tech. (MRT): MRA - Head and Neck	3430	Magnetic Resonance Imaging (MRI)
0616	Magnetic Resonance Tech. (MRT): MRA - Lower Ext	3430	Magnetic Resonance Imaging (MRI)
0618	Magnetic Resonance Tech. (MRT): MRA - Other	3430	Magnetic Resonance Imaging (MRI)
0614	Magnetic Resonance Tech. (MRT): MRI - Other	3430	Magnetic Resonance Imaging (MRI)
0619	Magnetic Resonance Tech. (MRT): Other MRT	3430	Magnetic Resonance Imaging (MRI)
0612	Magnetic Resonance Tech. (MRT): Spinal cord (incl. spine)	3430	Magnetic Resonance Imaging (MRI)
0401	Other Imaging Services: Diagnostic mammography	3440	Mammography
0403	Other Imaging Services: Screening mammography	3440	Mammography
0343	Diagnostic Radiopharms	3450	Nuclear Medicine - Diagnostic
0340	Nuclear Medicine	3450	Nuclear Medicine - Diagnostic
0341	Nuclear Medicine: Diagnostic	3450	Nuclear Medicine - Diagnostic
0349	Nuclear Medicine: Other	3450	Nuclear Medicine - Diagnostic
0404	Other Imaging Services: PET scan	3450	Nuclear Medicine-Diagnostic
0342	Nuclear Medicine: Therapeutic	3470	Nuclear Medicine - Therapeutic
0344	Therapeutic Radiopharms	3470	Nuclear Medicine - Therapeutic
0280	Oncology	3480	Oncology
0289	Oncology: Other oncology	3480	Oncology
0530	Osteopathic Services	3530	Osteopathic Therapy
0531	Osteopathic Services: Osteopathic therapy	3530	Osteopathic Therapy
0539	Osteopathic Services: Other osteopathic services	3530	Osteopathic Therapy
0276	Medical/Surgical Supplies: Intraocular lens	3540	Prosthetic Devices
0275	Medical/Surgical Supplies: Pacemaker	3540	Prosthetic Devices
0274	Medical/Surgical Supplies: Prosthetic/Orthotic devices	3540	Prosthetic Devices
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services
0460	Pulmonary Function	3560	Pulmonary Function Testing
0469	Pulmonary Function: Other	3560	Pulmonary Function Testing
0904	Psychiatric/Psychological Trt: Activity therapy	3580	Recreational Therapy
0482	Cardiology: Stress test	3620	Stress Test
0402	Other Imaging Services: Ultrasound	3630	Ultra Sound
0790	Extra-Corp Shock Wave Therapy	3640	Urology
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0360	Operating Room Services	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0710	Recovery Room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room
0370	Anesthesia	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology
0517	Clinic: Family clinic	4040	Family Practice
0400	Other Imaging Services	4100	Radiology - Diagnostic
0409	Other Imaging Services: Other imaging services	4100	Radiology - Diagnostic
0320	Radiology - Diagnostic	4100	Radiology-Diagnostic
0322	Radiology - Diagnostic: Arthrography	4100	Radiology-Diagnostic
0324	Radiology - Diagnostic: Chest X-ray	4100	Radiology-Diagnostic
0329	Radiology - Diagnostic: Other	4100	Radiology-Diagnostic
0330	Radiology - Therapeutic	4200	Radiology-Therapeutic
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	4600	Whole Blood & Packed Red Blood Cells
0386	Blood: Other components	4600	Whole Blood & Packed Red Blood Cells
0387	Blood: Other derivatives	4600	Whole Blood & Packed Red Blood Cells
0381	Blood: Packed red cells	4600	Whole Blood & Packed Red Blood Cells
0383	Blood: Plasma	4600	Whole Blood & Packed Red Blood Cells
0384	Blood: Platelets	4600	Whole Blood & Packed Red Blood Cells
0382	Blood: Whole blood	4600	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	4700	Blood Storing, Processing, & Trans.
0391	Blood: Administration (e.g. Transfusion)	4700	Blood Storing, Processing, & Trans.
0392	Blood: Processing and Storage	4700	Blood Storing, Processing, & Trans.
0399	Other blood handling	4700	Blood Storing, Processing, & Trans.
0260	IV Therapy	4800	Intravenous Therapy
0261	IV Therapy: Infusion pump	4800	Intravenous Therapy
0262	IV Therapy: IV Therapy, pharm services	4800	Intravenous Therapy
0263	IV Therapy: IV Therapy/drug/supp/delivery	4800	Intravenous Therapy
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0948	Pulmonary Rehabilitation	4900	respiratory
0410	Respiratory Services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy
0420	Physical Therapy	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile supplies	5500	Med Supplies Charged to Patient
0278	Medical/Surgical Supplies: Other implants	5500	Med Supplies Charged to Patient
0279	Medical/Surgical Supplies: Other supplies/devices	5500	Med Supplies Charged to Patient
0272	Medical/Surgical Supplies: Sterile supplies	5500	Med Supplies Charged to Patient
0273	Medical/Surgical Supplies: Take home supplies	5500	Med Supplies Charged to Patient
0623	Surgical dressings	5500	Med Supplies Charged to Patient
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	5600	Drugs Charged to Patients
0632	Drugs Require Specific ID: Multiple source drug	5600	Drugs Charged to Patients
0633	Drugs Require Specific ID: Restrictive prescription	5600	Drugs Charged to Patients
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes)	5600	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients
0250	Pharmacy	5600	Drugs Charged to Patients
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	5600	Drugs Charged to Patients
0254	Pharmacy: Incident to other diagnostic services	5600	Drugs Charged to Patients
0255	Pharmacy: Incident to radiology	5600	Drugs Charged to Patients
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
0840	CAPD OPD/Home	5700	Renal Dialysis
0841	CAPD OPD/Home: CAPD comp or other rate	5700	Renal Dialysis
0849	CAPD OPD/Home: Other CAPD dialysis	5700	Renal Dialysis
0850	CCPD OPD/Home	5700	Renal Dialysis
0851	CCPD OPD/Home: CCPD comp or other rate	5700	Renal Dialysis
0859	CCPD OPD/Home: Other CCPD dialysis	5700	Renal Dialysis
0820	Hemo OPD/Home	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0800	Inpatient Dialysis	5700	Renal Dialysis
0803	inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0801	Inpatient Hemodialysis	5700	Renal Dialysis
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0700	Cast Room	6000	Clinic
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0514	Clinic: OB/GYN clinic	6000	Clinic
0519	Clinic: Other clinic	6000	Clinic
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic
0942	Other Therapeutic Serv: Educ/training	6000	Clinic
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic
0770	Preventive Care Services	6000	Clinic
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0760	Treatment/Observation Room	6000	Clinic
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
0456	Emergency Room: Urgent care	6100	Emergency
0681	Trauma Response: Level I	6100	Emergency
0682	Trauma Response: Level II	6100	Emergency
0683	Trauma Response: Level III	6100	Emergency
0684	Trauma Response: Level IV	6100	Emergency
0689	Trauma Response: Other	6100	Emergency
0762	Treatment/Observation Room: Observation room	6201	Observation Beds (Distinct Part)

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0299	Durable Medical Equipment: Other equipment	6700	Durable Medical Equip. - Sold
0810	Organ Acquisition	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other donor	8600	Other Organ Acquisition (Specify)
0813	Organ Acquisition: Unknown donor	8600	Other Organ Acquisition (Specify)
0814	Organ Acquisition: Unsuccessful Organ Search Donor Bank Charges	8600	Other Organ Acquisition (Specify)
0989	Private duty nurse	N/A	
0528	RHC/FQHC visit to other non RHC/FQHC site	N/A	
2102	Acupressure	N/A	
0374	Acupuncture	N/A	
2101	Acupuncture	N/A	
0221	Admission charge	N/A	
0997	Admission kits	N/A	
3103	Adult day care, medical and social, daily	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3104	Adult day care, social, daily	N/A	
3102	Adult day care, social, hourly	N/A	
3105	Adult foster care, daily	N/A	
0545	Air ambulance	N/A	
0240	All inclusive Ancillary	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
2100	Alternative therapy services	N/A	
0540	Ambulance	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0583	Assessment	N/A	
0241	Basic	N/A	
0998	Beauty shop/barber	N/A	
1000	Behavioral health accommodations	N/A	
2105	Biofeedback	N/A	
0207	Burn care	N/A	
0991	Cafeteria/guest tray	N/A	
0234	CCU	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0946	Complex medical equipment-Routine	N/A	
0242	Comprehensive	N/A	
0652	Continuous home care	N/A	
0672	Contracted	N/A	

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0210	Coronary care	N/A	
0663	Daily Respite Charge	N/A	
0116	Detoxification	N/A	
0126	Detoxification	N/A	
0136	Detoxification	N/A	
0146	Detoxification	N/A	
0156	Detoxification	N/A	
0291	DME Rental	N/A	
0290	Durable Medical Equipment	N/A	
0292	Durable Medical Equipment: Purchase - new equipment	N/A	
0523	Family Practice Clinic	N/A	
0520	Free-Standing Clinic	N/A	
0529	Free-Standing Clinic: Other	N/A	
0656	General inpatient care (non-respite)	N/A	
1005	Group home	N/A	
1004	Halfway house	N/A	
0543	Heart Mobile	N/A	
0213	Heart Transplant	N/A	
0022	HIPPS	N/A	
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0882	Home dialysis aid visit	N/A	
0833	Home equipment	N/A	
0843	Home equipment	N/A	
0853	Home equipment	N/A	
0560	Home Health (HH) -- Medical Social Services	N/A	
0562	Home Health (HH) Medical Social Services: Hourly charge	N/A	
0569	Home Health (HH) Medical Social Services: Other Medical Social Services	N/A	
0570	Home health-Home health aide	N/A	
0580	Home health-other visits	N/A	
0600	Home health-oxygen	N/A	
0590	Home health-units of service	N/A	
0561	Home Health (HH) Medical Social Services: Visit charge	N/A	
0640	Home IV Therapy Services	N/A	
0832	Home supplies	N/A	
0842	Home supplies	N/A	
0852	Home supplies	N/A	
0115	Hospice	N/A	
0125	Hospice	N/A	
0135	Hospice	N/A	

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0145	Hospice	N/A	
0155	Hospice	N/A	
0235	Hospice	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	
0650	Hospice service	N/A	
0671	Hospital based	N/A	
0185	Hospitalization	N/A	
0552	Hourly charge	N/A	
0572	Hourly charge	N/A	
0582	Hourly charge	N/A	
0661	Hourly Repite Care Charge Nursing	N/A	
0662	Hourly Respite Care Charge Aide/Homemaker/Companion	N/A	
2106	Hypnosis	N/A	
0233	ICU	N/A	
0230	Incremental nursing charge rate	N/A	
0655	Inpatient respite care	N/A	
0200	Intensive care	N/A	
0214	Intermediate CCU	N/A	
0206	Intermediate ICU	N/A	
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0996	Late discharge charge	N/A	
0224	Late discharge, medically necessary	N/A	
0180	Leave of Absence	N/A	
0834	Maintenance/100%	N/A	
0844	Maintenance/100%	N/A	
0854	Maintenance/100%	N/A	
2103	Massage	N/A	
0202	Medical	N/A	
0932	Medical rehab; full day	N/A	
0931	Medical rehab; half day	N/A	
0542	Medical Transport	N/A	
0111	Medical/Surgical/Gyn	N/A	
0121	Medical/Surgical/Gyn	N/A	
0131	Medical/Surgical/Gyn	N/A	
0141	Medical/Surgical/Gyn	N/A	
0151	Medical/Surgical/Gyn	N/A	
0211	Myocardial Infarction	N/A	
0546	Neonatal ambulance services	N/A	
0171	Newborn-Level I	N/A	

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0172	Newborn-Level II	N/A	
0173	Newborn-Level III	N/A	
0174	Newborn-Level IV	N/A	
0995	Nonpatient room rentals	N/A	
0641	Nonroutine nursing, central line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0680	Not Used	N/A	
0527	Nurse visit to home in a HH shortage area	N/A	
0170	Nursery	N/A	
0231	Nursery	N/A	
0112	OB	N/A	
0122	OB	N/A	
0132	OB	N/A	
0142	OB	N/A	
0152	OB	N/A	
0232	OB	N/A	
0117	Oncology	N/A	
0127	Oncology	N/A	
0137	Oncology	N/A	
0147	Oncology	N/A	
0157	Oncology	N/A	
0962	Ophthalmology	N/A	
0119	Other	N/A	
0129	Other	N/A	
0139	Other	N/A	
0149	Other	N/A	
0159	Other	N/A	
0169	Other	N/A	
0239	Other	N/A	
3109	Other adult care	N/A	
0249	Other all inclusive ancillary	N/A	
2109	Other alternative therapy services	N/A	
0549	Other ambulance	N/A	
0219	Other Coronary Care	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	
0579	Other home health aide	N/A	
0589	Other home health visit	N/A	
0659	Other hospice service	N/A	
0209	Other intensive care	N/A	

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0649	Other IV therapy services	N/A	
0189	Other leave of absence	N/A	
0179	Other Nursery	N/A	
0509	Other Outpatient	N/A	
0609	Other oxygen	N/A	
0999	Other patient convenience item	N/A	
0969	Other professional fee	N/A	
0669	Other respite care	N/A	
0559	Other skilled nursing	N/A	
0229	Other special charges	N/A	
0679	Other special residence charge	N/A	
0199	Other subacute care	N/A	
0940	Other Therapeutic Serv	N/A	
0949	Other Therapeutic Serv: Additional RX SVS	N/A	
0951	Other therapeutic services-(940x) Athletic training	N/A	
0952	Other therapeutic services-(940x) Kinesiotherapy	N/A	
0500	Outpatient services	N/A	
0670	Outpatient Special Residence Charges	N/A	
0544	Oxygen	N/A	
0604	Oxygen-Portable Add-on	N/A	
0603	Oxygen-state/equip/over 4 LPM	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
0277	Oxygen-Take home	N/A	
0182	Patient Convenience	N/A	
0990	Patient convenience items	N/A	
0113	Pediatric	N/A	
0123	Pediatric	N/A	
0133	Pediatric	N/A	
0143	Pediatric	N/A	
0153	Pediatric	N/A	
0203	Pediatric	N/A	
0547	Pharmacy	N/A	
0657	Physician services	N/A	
0992	Private linen service	N/A	
0960	Professional fees	N/A	
0983	Professional fees (096x) clinic	N/A	
0988	Professional fees (096x) Consultation	N/A	
0986	Professional fees (096x) EEK	N/A	
0985	Professional fees (096x) EKG	N/A	

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0981	Professional fees (096x) Emergency room	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0984	Professional fees (096x) medical social services	N/A	
0978	Professional fees (096x) Occupational therapy	N/A	
0975	Professional fees (096x) Operating room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0976	Professional fees (096x) Respiratory Therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0114	Psychiatric	N/A	
0124	Psychiatric	N/A	
0134	Psychiatric	N/A	
0144	Psychiatric	N/A	
0154	Psychiatric	N/A	
0204	Psychiatric	N/A	
0961	Psychiatric	N/A	
0212	Pulmonary Care	N/A	
0293	Purchase of used DME	N/A	
2104	Reflexology	N/A	
0118	Rehab	N/A	
0128	Rehab	N/A	
0138	Rehab	N/A	
0148	Rehab	N/A	
0158	Rehab	N/A	
1002	Residential treatment-chemical dependency	N/A	
1001	Residential treatment-psychiatric	N/A	
0660	Respite Care	N/A	
0525	RHC/FQHC visit in noncovered SNF, NF, ICFMR or other	N/A	
0524	RHC/FQHC visit in Part A covered SNF	N/A	
0160	Room & Board (other)	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0110	Room & Board (Private)	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0150	Room & Board (Ward)	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0651	Routine home care	N/A	

APPENDIX F
Crosswalk for Revenue Code to Primary Cost Center

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0521	Rural health-clinic	N/A	
0522	Rural health-home	N/A	
0167	Self care	N/A	
0550	Skilled nursing	N/A	
0220	Special charges	N/A	
0243	Specialty	N/A	
0164	Sterile Environment	N/A	
0190	Subacute care	N/A	
0191	Subacute care-Level I	N/A	
0192	Subacute care-Level II	N/A	
0193	Subacute care-Level III	N/A	
0194	Subacute care-Level IV	N/A	
1003	Supervised living	N/A	
0541	Supplies	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0835	Support services	N/A	
0845	Support services	N/A	
0855	Support services	N/A	
0201	Surgical	N/A	
0253	Take home drugs	N/A	
0222	Technical support charge	N/A	
0780	Telemedicine	N/A	
0548	Telephone Transmission EKG	N/A	
0993	Telephone/telegraph	N/A	
0183	Therapeutic Leave	N/A	
0001	Total Charge	N/A	
0645	Training patient/caregiver, central line	N/A	
0646	Training, Disabled patient, central line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0647	Training, patient/caregiver, peripheral line	N/A	
0208	Trauma	N/A	
0994	TV/radio	N/A	
0223	U.R. service charge	N/A	
0526	Urgent Care Clinic	N/A	
0551	Visit charge	N/A	
0571	Visit charge	N/A	
0581	Visit charge	N/A	

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

APPENDIX G
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 G
Hospitals in this Report

New Hampshire Hospitals

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

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

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

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

Concord Hospital
(NH-Concord)
Concord, New Hampshire

Cottage Hospital
(NH-Cottage)
Woodsville, New Hampshire

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

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

Elliot Hospital
(NH-Elliot)
Manchester, New Hampshire

Exeter Hospital
(NH-Exeter)
Exeter, New Hampshire

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

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

Huggins Hospital
(NH-Huggins)
Wolfeboro, New Hampshire

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

Littleton Hospital
(NH-Littleton)
Littleton, New Hampshire

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX G
Hospitals in this Report

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center
(MA-Baystate)
Springfield, Massachusetts

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

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

Berkshire Medical Center
(MA-Berkshire)
Pittsfield, Massachusetts

Hillcrest Hospital
(MA-Hillcrest)
Pittsfield, Massachusetts

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

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

Lahey Clinic Hospital
(MA-Lahey)
Burlington, Massachusetts

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX G
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 H
Vermont Hospital Discharge Data Elements
Public / Non-Public Data Elements and Availability of Data Elements in Datasets

Attribute	Description	Public Use Data Element	Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Admission Date	--	N	Y	Y	Y
Admission Hour	--	N	Y	Y	Y
Admission Quarter	--	Y	Y	Y	Y
Admission Source	Transfer, referral, newborn and court/law enforcement	Y	Y	Y	Y
Admission Type	Emergency, urgent, elective, newborns.	Y	Y	Y	Y
Age	Single-year age at discharge.	N	Y	Y	Y
Age Groups	Under 1, 1-17, 18-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 and over.	Y	Y	Y	Y
Ambulatory Flag	Record having any procedure in the 00.00 - 86.99 range: This flag not used for inpatient records.	Y	N	Y	Y
Attending physician	Hospital-specific code for attending physician at time of discharge.	N	Y	Y	Y
Bill Type	Bill type as designated by the hospital.	Y	Y	Y	Y
Birth Weight	Birth weight of newborns in grams.	N	Y	N	N
Charges, Charges_HCIA	Total facility charges. See description in Users Guide.	Y	Y	Y	Y
Clinical Classifications Software (CCS) Single Level Diagnosis Groups	Principal diagnosis collapsed into more than 260 categories. See description in Users Guide.	Y	Y	Y	Y
Clinical Classifications Software (CCS) High Level Diagnosis Groups	CCS single level diagnosis groups collapsed into 18 high level categories. See description in Users Guide.	Y	Y	Y	Y
Clinical Classifications Software (CCS) Single Level Procedure Groups	Principal procedure collapsed into 231 categories. See description in Users Guide.	Y	Y	Y	Y
Clinical Classifications Software (CCS) High Level Procedure Groups	CCS single level procedure groups collapsed into 16 high level categories. See description in Users Guide.	Y	Y	Y	Y
County-Town Code	Patient county and town of residence with first two digits representing the county and the second two digits the town.	N	Y	Y	Y
Critical Access Hospital	Coded for VT hospitals only	Y	Y	Y	Y
Date of Birth	--	N	Y	Y	Y
Diagnosis Related Group (DRG)	Medicare classification system that groups inpatient discharges into more than 900 categories based on diagnosis, type of treatment, age and other relevant criteria. See listing in Appendix B.	Y	Y	N	N

APPENDIX H
Vermont Hospital Discharge Data Elements
Public / Non-Public Data Elements and Availability of Data Elements in Datasets

Attribute	Description	Public Use Data Element	Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Discharge Date	--	N	Y	Y	Y
Discharge Quarter	--	Y	Y	Y	Y
Discharge Status	Categories indicating destination and type of services required at time of discharge, left against medical advice, or death.	Y	Y	Y	Y
Ecode	Code for external causes of injury and poisoning; primary Ecode appears in this field, secondary Ecodes may be entered as secondary diagnoses.	Y	Y	Y	Y
ERFLAG	Set to 1 if record has an associated revenue code beginning 45, Emergency Room.	Y	Y	Y	Y
Grouper	Grouper version used to assign DRG and MDC.	Y	Y	Y	Y
Hospital	--	Y	Y	Y	Y
Hospital Service Area	Defined by the geographically distinct population of Vermont residents who are highly dependent on a hospital or group of hospitals. See description in Users Guide.	Y	Y	Y	Y
Major Diagnostic Category (MDC)	An aggregation of DRGs (see definition of DRGs above) into 25 groups that define major body systems. See listings in Appendix A and Appendix B.	Y	Y	N	N
Other Physician 1 & 2	Hospital-specific code for other physicians performing procedures.	N	Y	Y	Y
Patient Days	Length of stay; maximum 255 days.	Y	Y	Y	Y
Primary Payer	The anticipated principal source of payment for the patient's hospital bill as coded by the hospital.	Y	Y	Y	Y
Principal and Secondary Procedure Dates	Date of procedure.	N	Y	Y	Y
Principal Diagnosis and Up to 19 Secondary Diagnoses	ICD-9-CM diagnosis code.	Y	Y	Y	Y
Principal Procedure and Up to 19 Secondary Procedures	ICD-9-CM procedure code.	Y	Y	Y	Y
Race	--	N	Y	Y	Y
Readmission indicator	Any patient readmitted to the same hospital within 30 days.	N	Y	Y	Y

APPENDIX H
Vermont Hospital Discharge Data Elements
Public / Non-Public Data Elements and Availability of Data Elements in Datasets

Attribute	Description	Public Use Data Element	Inpatient Dataset	Outpatient Dataset	Emergency Department Dataset
Same Day Flag	Admission and discharge were on the same day: not an overnight stay.	Y	Y	Y	N
Sex	--	Y	Y	Y	Y
Special Care Unit Days	Number of days spent in a special care unit: Inpatient only.	Y	Y	N	N
Year of Discharge	--	Y	Y	Y	Y
ZIP Code	5-digit ZIP code.	N	Y	Y	Y
ZIP Code Groups	3-digit ZIP for most of Vermont ; combined 058 and 059 area; 5-digit ZIP for areas with a population over 10,000 in Vermont and combined zips in other states.	Y	Y	Y	Y
ZipTown Code	Groups of towns that share ZIP code(s).	N	Y	Y	Y

Public use data for resident and non-resident discharges from Vermont hospitals are available online by calendar year.
<http://healthvermont.gov/research/hospital-utilization.aspx>

For additional information, contact:

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

Non-public data elements are available for research purposes only. To request non-public data elements, contact:

Green Mountain Care Board
89 Main Street, Drawer 20
Montpelier, VT 05620-3601
(802) 828-2900 or (800) 631-7788