



2009 Outpatient Hospital Utilization Report

Prepared by

Vermont Department of Health

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



2009

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

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Disclaimer

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

After receipt of the data files from VAHHS-NSO, the data undergo additional editing and processing by the Vermont Department of Health (VDH), under an agreement with BISHCA, before inclusion in the Vermont Uniform Hospital Discharge

Data Set. The Vermont Uniform Hospital Discharge Data Set is used to construct this Hospital Utilization Report and is the official state data file, available to the public. The Health Department does not assume responsibility for errors in the data due to coding or processing by hospitals, VAHHS-NSO Vermont EXPLOR, or other data providers.

Report Available in Electronic Format

This report is available on the BISHCA website:

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

and on the VDH website:

<http://healthvermont.gov/research/hospital-utilization.aspx>. To

obtain a hard copy of this report, or tables in Excel, Word or PDF formats, contact the Vermont Department of Health at (802) 863-7300 or (800) 869-2871.

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 (with non-public data elements not included in Public Use data files) can be found on the BISHCA website:

<http://www.bishca.state.vt.us/health-care/research-data-reports/vuhdds-frequently-asked-questions>. For any additional

information concerning the data sets, contact the Vermont Division of Health Care Administration at (802) 828-2900 or (800) 631-7788.

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Overview

- **Total health care spending** on Vermont residents increased 7.6% from 2008 to 2009 to \$4.71 billion while total spending on Vermont providers was \$4.66 billion and increased 5.2% during the same period, according to the [2009 Vermont Health Care Expenditure Analysis & Three Year Forecast](#).¹ In 2009, hospital spending on Vermont residents totaled \$1.7 billion and accounted for 37% of total health care spending as the largest provider category, followed by physician services at 14% of total health spending and drugs and supplies at 12%.
- **Vermont's Population is Aging:** From 1990-2009, the percent of Vermonters aged 45+ continued to grow. The percent of Vermonters 45 years or older in 2009 was 46.7% (*2009 Inpatient Hospitalization Report, Section I*). According to the [U.S. Census in 2009](#),² the national rate for those 45 years or older was 38.7%. As the Vermont population continues to age, the number of adults with age-related medical conditions and chronic diseases will continue to rise and require more health care services. Private Insurance continues to be the leading principal payer for hospital outpatient discharges at 45.3% of total discharges (O4).
- **Total hospital revenues continued to rise**, but outpatient revenues continued to significantly outpace inpatient revenues (See Figure 1). Between 2000 and 2009, inpatient revenues increased 80% and outpatient revenues increased 225%.³

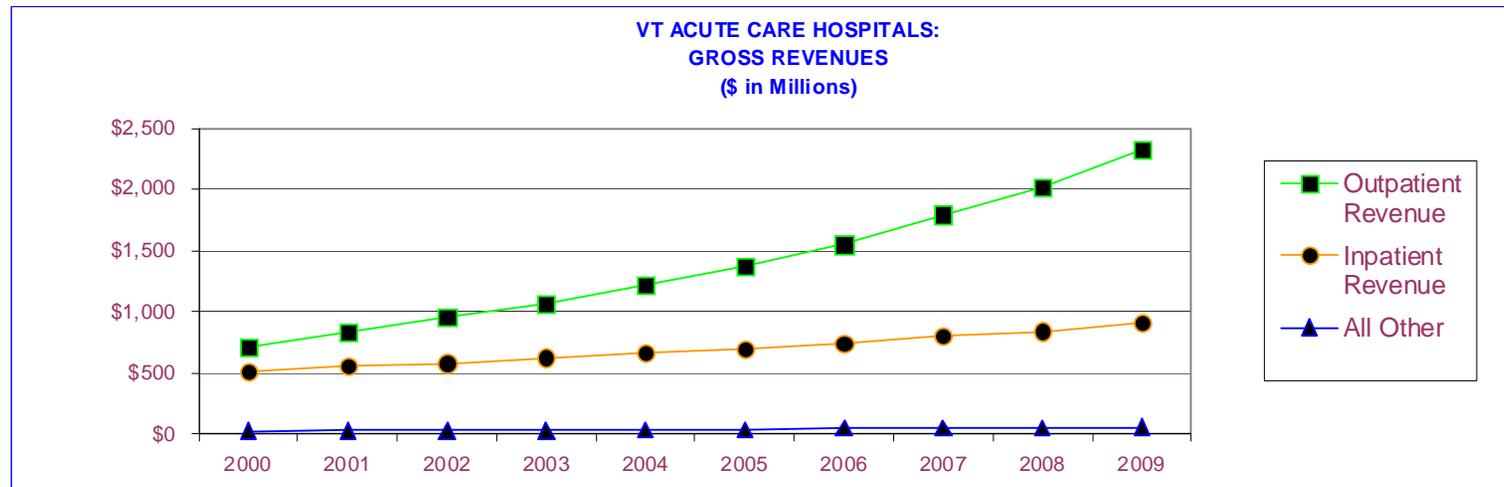


Figure 1

Data Source: HCA Annual Budget Submission.

¹ Information for the 2009 Vermont Health Care Expenditure Analysis is at: <http://www.bishca.state.vt.us/> under “Health Care” and then “Research Data and Reports”.

² Information for the 2009 U.S. Census is at <http://www.census.gov/popest/states/asrh/> under “Population by Selected Age Groups”.

³ For more information, see the *2010 Hospital Financial and Statistical Profile* at: <http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports>

Outpatient Highlights

Highlights of Vermont Outpatient Utilization

- **In 2009 there were 103,984 Vermont resident visits to hospitals** in Vermont, New Hampshire, and New York, for outpatient surgical procedures, similar to 101,741 in 2008 (O7).
- **There were 119,207 outpatient surgical visits to Vermont hospitals in 2009**, representing both Vermont residents and non-residents (O1a). Similar to the findings in 2008, about 15% of these records, or 17,488 of the total, originated in the Emergency Department (O1b).
- **The leading procedure group in 2009 for both males and females age 45 and older was Intestinal Incision, Excision, and Anastomosis**, including colonoscopy and endoscopic polypectomy of the large intestine. The leading procedure group in 2009 for both males and females age 15 and under was Other Middle and Inner Ear Operations. These findings are the same as in 2008 (O3).
- **Outpatient utilization continues to grow.** Factors influencing this increase include the continuing shift of treatment and procedures from the inpatient to the outpatient setting and changes in reimbursement and cost-containment strategies.
- **The top five CCS High Level Diagnosis Groups** account for more than 60% of all expanded outpatient visits in 2009, similar to findings in 2008 (O11).
- **In 2009, Rutland Regional Medical Center had the most Observation Bed records**, leading all hospitals at 17.0% of all Observation Bed records. **Fletcher Allen Health Care**, which led all hospitals in 2008 with 18.1% of Observation Bed records, decreased to 16.2% of Observation Bed records in 2009 (O13).

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

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

Outpatient Highlights

Reason for Hospitalization: Top Five Procedure Groups for Visits

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

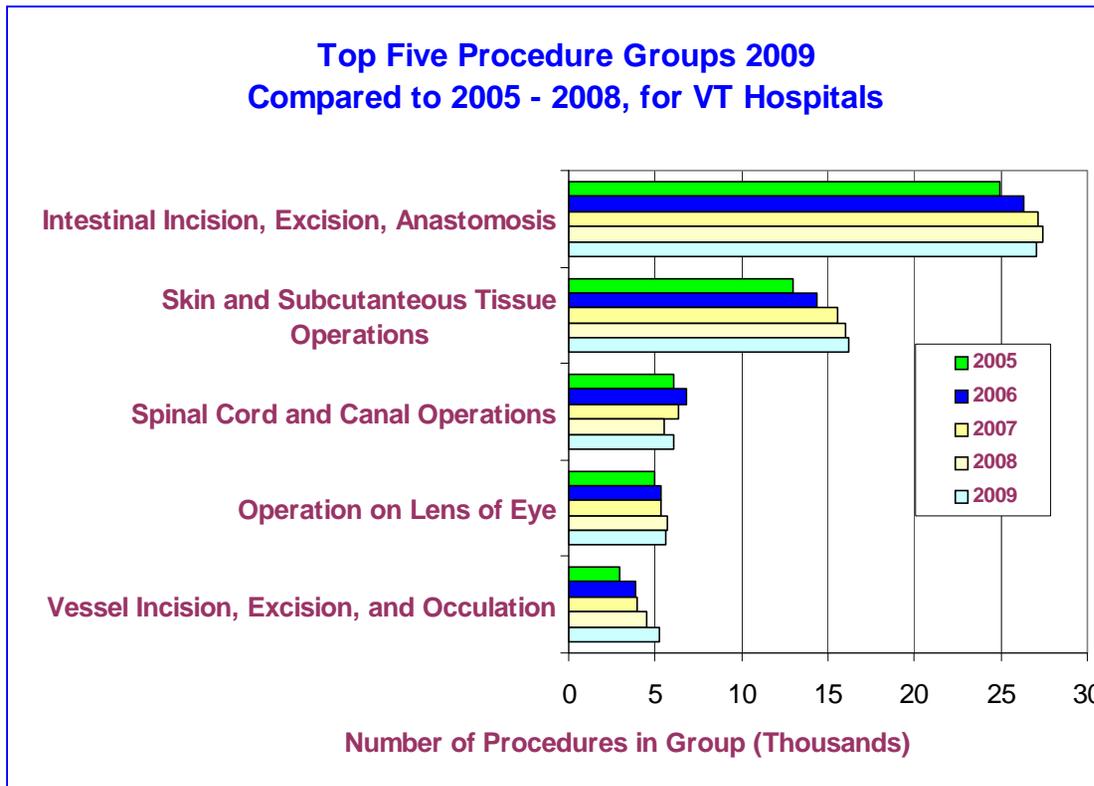


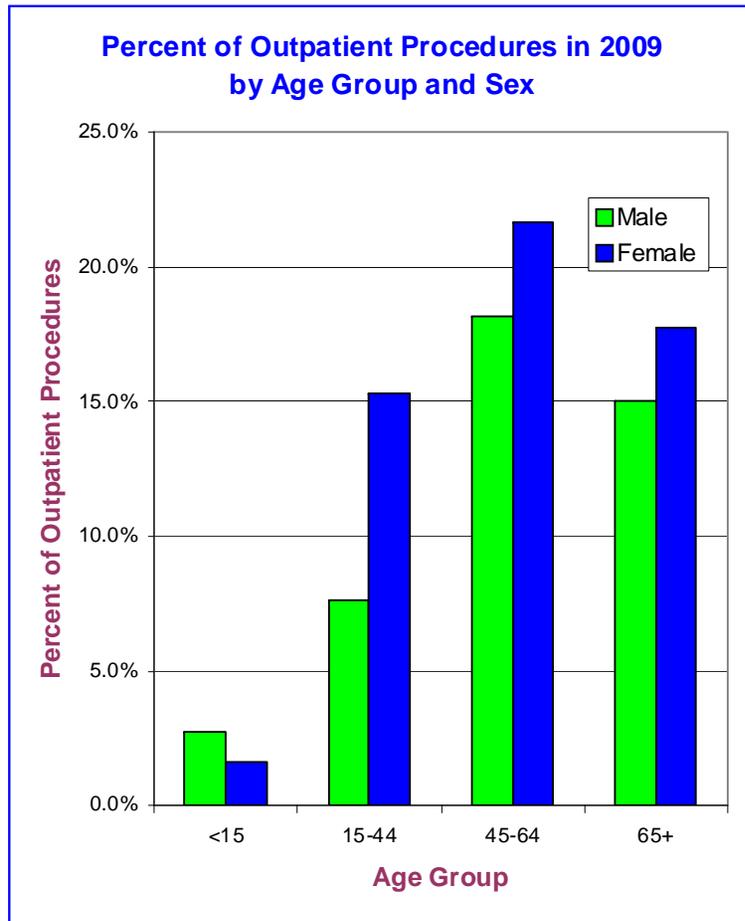
Figure 2

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

- **The top five Procedure Groups** account for more than 50% of all visits.
- **Intestinal Incision, Excision and Anastomosis** continues to lead all procedure groups with 22.7% of all outpatient visits, followed by Skin and Subcutaneous Tissue Operations with 13.6% of all outpatient visits.
- **Among these five Procedure Groups**, the numbers of Vessel, Incision, Excision and Occulation procedures and Skin and Subcutaneous Tissue Operations continued to increase.

Outpatient Highlights

Patient Characteristics: Variations by Age and Sex



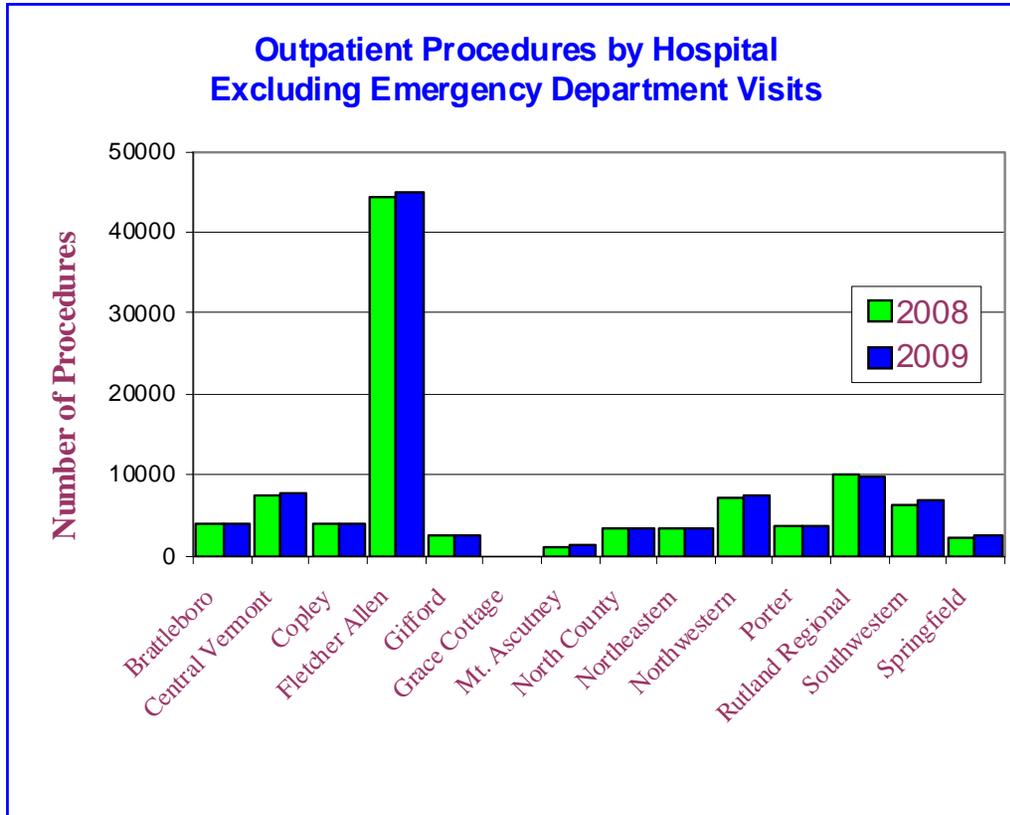
- **Females comprised 56.5% or 57,431 of all outpatient procedures** that did not originate in the emergency department in 2009, similar to overall female rates since 2005.
- **Females accounted for a higher rate of outpatient procedures than males, except for the <15 age group.** These rates have remained steady since 2005.
- **Overall, the 45-64 age group accounted for the highest share (39.8% of the total) of outpatient procedures** that did not originate in the emergency department in 2009, as it has since 2005.
- **Over time, the 65+ age group has experienced the only increase in share of outpatient procedures** that did not originate in the emergency department, from 27.8% in 2005 to 33.1% in 2009 (a 19% increase).
- **Obstetric and Gynecologic procedures** account for the large difference in the outpatient procedures rate between males and females in the 15-44 age group, consistent with the past four years.
- **Operations on the Breast** contributes to the difference in the outpatient procedures rate between males and females in the 45-64 age group, consistent with the past four years.

Figure 3

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

Outpatient Highlights

Outpatient Procedure Visits by Hospital, Excluding Emergency Department Visits



- **In 2009, Fletcher Allen had the most outpatient procedure visits.** Fletcher Allen has more than four times the number of outpatient procedure visits than the next highest Vermont hospital (Rutland Regional) with 44.3% of all outpatient procedure visits, excluding emergency department visits, similar to 2008.
- **Eleven of the fourteen Vermont Hospitals had an increase in the number of outpatient procedure visits** that did not originate in the emergency department from 2008 to 2009.

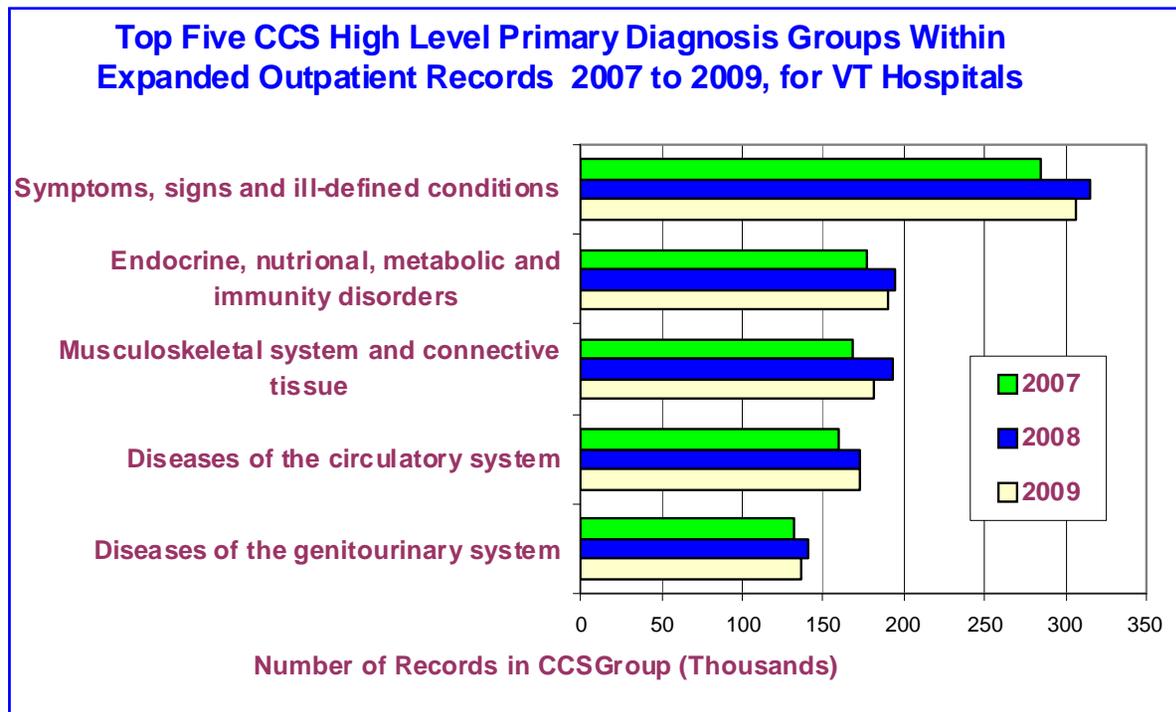
Figure 4

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

Outpatient Highlights

Expanded Outpatient Services⁴: CCS High Level Diagnostic Groups by Vermont Hospital

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



- **The top five CCS High Level Diagnosis Groups** account for more than 60% of all expanded outpatient visits in 2009, as in 2007 and 2008.
- **Symptoms, signs and ill-defined conditions include the largest number of expanded outpatient visits.**
- **All top five CCS High Level Diagnosis Groups increased from 2007 to 2008, and decreased slightly in 2009.** The gap between these five CCS High Level Diagnosis Groups and the sixth highest group has been growing for several years, indicating that the top five CCS High Level Diagnosis Groups will most likely maintain their rank position in future years.

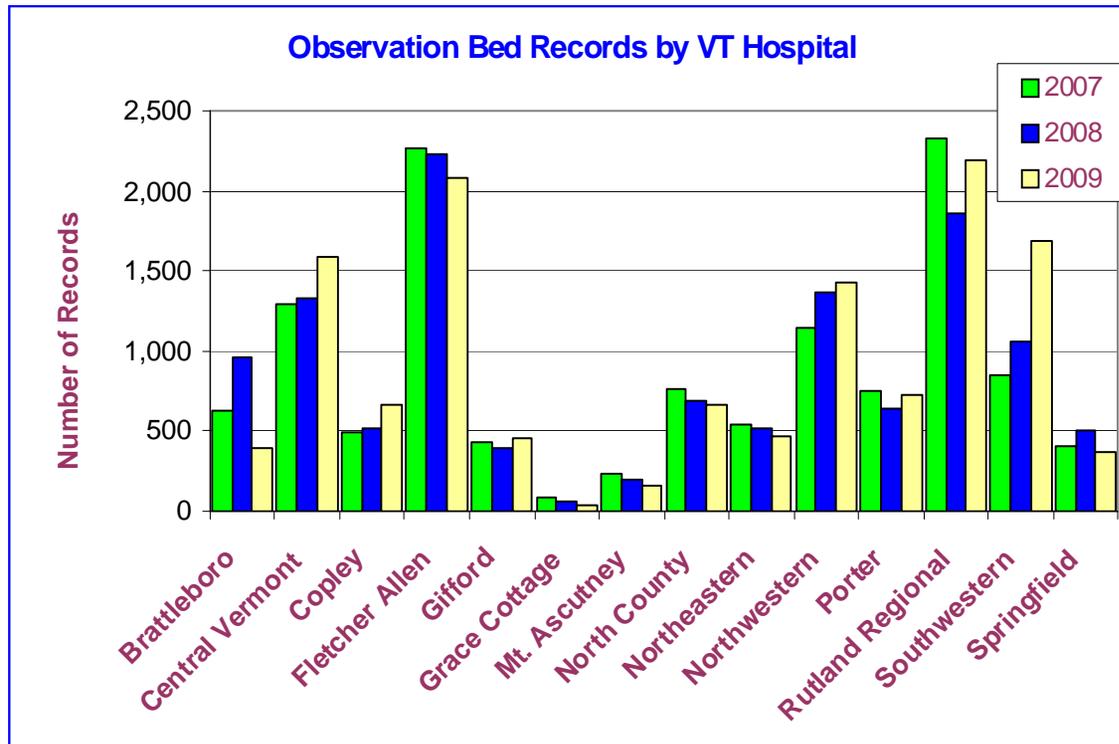
Figure 5

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

⁴ **Expanded Outpatient Services** consist of all outpatient records that do not have a procedure in the ICD-9-CM code range of 00.0-86.00 or an ED-associated revenue code. Dataset includes all other diagnostic and therapeutic services such as laboratory and radiological services.

Outpatient Highlights

Observation Bed Records⁵ by Vermont Hospital



- In 2009, Rutland Regional had the most Observation Bed records.
- About 1 in 3 Observation Bed Records come from the top two hospitals (Rutland Regional and Fletcher Allen).
- Five of the fourteen Vermont Hospitals had an increase in Observation Bed records between 2007 and 2009. Observation Bed records have steadily increased in Vermont from 12,194 in 2007 to 12,314 in 2008 and 12,883 in 2009.

Figure 6

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

⁵ **Observation Bed:** A status recognized by third-party payers-eg Medicare, health insurance companies and others, in which a Pt 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-eg, appendicitis, angina, MI, or pneumonia; observation may also refer to a known Pt status, in which a previously diagnosed condition is managed under observation-eg, 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.)

User's Guide to Outpatient Tables

Outpatient Data Collection in Vermont

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

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

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

What procedures should be included in analyses?

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

“The distinction between surgical and non-surgical procedures has become less meaningful in the last two decades with the development of minimally invasive and non-invasive procedures. The procedures classified as non-surgical may not have less operative or anesthetic risk or require less highly trained personnel or special equipment than those classified as surgical.”¹

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

Definitions

Outpatient Procedures and Services

Hospitals currently report outpatient procedures and services 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 by using revenue codes. This report includes tables based upon ICD-9-CM procedure groups, tables looking at

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

revenue groups, and tables examining CPT/HCPCS procedure groups. **Reporting on ICD-9-CM procedure codes in the outpatient setting will be phased out over the next two years and will be replaced with reports based on revenue codes and/or upon CPT/HCPCS coding.**

ICD-9-CM Procedure Groups

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

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

Revenue Code Primary Cost Center Groups

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

CPT/HCPCS Procedure Groups

With the change from ICD-9-CM procedure reporting to CPT/HCPCS procedure reporting, tables have been created to examine CPT/HCPCS procedure groups. Tables O15 through O17 examine Clinical Classification Software (CCS) categories that group CPT and HCPCS procedure and service codes. These tables report on **all** outpatient procedures or services performed in a hospital-based outpatient setting.

These tables do not look at units of service for each CPT or HCPCS code, rather just the presence of each code. In these tables all outpatient records are included and all procedures are reported, not just primary procedures. Because of the inclusion of all outpatient records and the reporting of multiple procedures per visit, numbers reported in these tables for similar service categories will not match those found in tables using ICD-9-CM procedure groups or those using PCCR groups which report at the visit level. These tables represent an initial attempt to categorize all outpatient procedures by grouping CPT and HCPCS procedures and services, and will be expanded in future Utilization Reports.

Changes in Definition of Outpatient Procedures

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

Comparison to Previous Monographs

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

Outpatient Procedure Reporting

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

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

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

Charges

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

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

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

Sources of Data

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

Under the definition in use from 1989-2000, Grace Cottage Hospital was excluded because it does not have an operating room. In 2001, the Veterans Administration hospital in White River Junction also began

participating in the outpatient dataset, but is not included in the monograph series until 2002. The Veterans Administration stopped providing outpatient data after June 30, 2006.

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

Hospital vs. Hospital Service Area Data

In the tables that follow, outpatient procedures data are reported by hospital, but not by hospital service area (HSA). Each HSA is defined by the geographically distinct population of Vermonters who are highly dependent on a hospital or group of hospitals. Statistics for HSA analyses include population-based rates that are adjusted for differences in population characteristics, such as age distribution, from one HSA to another. Using population-based rates, especially age-adjusted rates, differences in hospitalization patterns for residents of different regions of the state can be identified. However, unlike the inpatient dataset, the outpatient procedures dataset does not include all records for Vermont residents who had outpatient procedures in neighboring states. Therefore, outpatient procedure rates cannot be calculated on a hospital service area or population basis with accuracy.

Table O1a
Outpatient Procedure Groups by Data Year
2005-2009 VT Hospital Data, including VT Residents and Non-Residents

ICD-9-CM Procedure Group	2005		2006		2007		2008		2009	
	Number	Col %								
00 Procedures and Interventions, NEC	64	0.1	122	0.1	192	0.2	169	0.1	245	0.2
01 Incision, Excision of Brain, Skull	10	0.0	21	0.0	18	0.0	13	0.0	8	0.0
02 Other Brain, Skull Operations	4	0.0	6	0.0	8	0.0	4	0.0	5	0.0
03 Spinal Cord & Canal Operations	6,066	6.1	6,799	6.2	6,356	5.5	5,542	4.7	6,037	5.1
04 Cranial & Peripheral Nerve Operations	3,506	3.5	3,802	3.5	4,258	3.7	4,122	3.5	4,950	4.2
05 Sympathetic Nerve Operations	363	0.4	104	0.1	90	0.1	75	0.1	101	0.1
06 Thyroid, Parathyroid Operations	279	0.3	481	0.4	527	0.5	575	0.5	626	0.5
07 Other Endocrine Gland Operations	5	0.0	7	0.0	8	0.0	5	0.0	6	0.0
08 Eyelid Operations	741	0.7	776	0.7	883	0.8	858	0.7	813	0.7
09 Lacrimal System Operations	79	0.1	106	0.1	159	0.1	114	0.1	94	0.1
10 Conjunctival Operations	10	0.0	45	0.0	99	0.1	66	0.1	28	0.0
11 Operations on Cornea	109	0.1	77	0.1	93	0.1	81	0.1	86	0.1
12 Anterior Eye Segment Operations	290	0.3	345	0.3	357	0.3	323	0.3	339	0.3
13 Operations on Lens of Eye	4,959	5.0	5,331	4.8	5,382	4.6	5,702	4.9	5,655	4.7
14 Posterior Eye Segment Operations	220	0.2	716	0.7	1,838	1.6	1,901	1.6	1,825	1.5
15 Extraocular Muscle Operations	121	0.1	91	0.1	83	0.1	82	0.1	63	0.1
16 Orbit & Eyeball Operations	19	0.0	31	0.0	44	0.0	35	0.0	80	0.1
17 Other Miscellaneous Procedures	0	0.0	0	0.0	0	0.0	0	0.0	134	0.1
18 External Ear Operations	266	0.3	308	0.3	340	0.3	342	0.3	353	0.3
19 Middle Ear Reconstructions	142	0.1	147	0.1	132	0.1	120	0.1	128	0.1
20 Other Middle & Inner Ear Operations	1,251	1.3	1,291	1.2	1,258	1.1	1,229	1.0	1,301	1.1
21 Operations on Nose	1,184	1.2	1,386	1.3	1,610	1.4	1,714	1.5	1,499	1.3
22 Nasal Sinus Operations	218	0.2	188	0.2	222	0.2	215	0.2	196	0.2
23 Tooth Removal & Restoration	577	0.6	503	0.5	644	0.6	652	0.6	689	0.6
24 Other Operations on Teeth & Gums	77	0.1	66	0.1	75	0.1	96	0.1	124	0.1
25 Operations on Tongue	52	0.1	68	0.1	65	0.1	72	0.1	70	0.1
26 Salivary Gland Operations	68	0.1	77	0.1	71	0.1	81	0.1	74	0.1
27 Other Mouth & Face Operations	500	0.5	507	0.5	542	0.5	598	0.5	558	0.5
28 Tonsil & Adenoid Operations	993	1.0	1,070	1.0	1,047	0.9	922	0.8	857	0.7
29 Operations on Pharynx	52	0.1	41	0.0	50	0.0	52	0.0	63	0.1
30 Excision of Larynx	111	0.1	93	0.1	113	0.1	90	0.1	89	0.1
31 Larynx Trachea Operations, NEC	165	0.2	425	0.4	567	0.5	560	0.5	652	0.5

Table O1a
Outpatient Procedure Groups by Data Year
2005-2009 VT Hospital Data, including VT Residents and Non-Residents

ICD-9-CM Procedure Group	2005		2006		2007		2008		2009	
	Number	Col %								
32 Lung & Bronchus Excision	3	0.0	11	0.0	14	0.0	16	0.0	10	0.0
33 Other Bronchial & Lung Operations	538	0.5	595	0.5	564	0.5	587	0.5	545	0.5
34 Thorax Operations Except Lung	244	0.2	236	0.2	261	0.2	244	0.2	215	0.2
35 Heart Valve & Septa Operations	0	0.0	2	0.0	5	0.0	6	0.0	2	0.0
36 Operations on Heart Vessels	81	0.1	3	0.0	16	0.0	19	0.0	50	0.0
37 Other Heart & Pericardium Operations	1,259	1.3	1,340	1.2	1,291	1.1	1,415	1.2	1,447	1.2
38 Vessel Incision, Excision, Occlusion	2,963	3.0	3,905	3.5	3,966	3.4	4,483	3.8	5,232	4.4
39 Other Operations on Vessels	564	0.6	739	0.7	634	0.5	661	0.6	692	0.6
40 Lymphatic System Operations	259	0.3	264	0.2	290	0.2	300	0.3	257	0.2
41 Bone Marrow & Spleen Operations	90	0.1	161	0.1	270	0.2	292	0.2	285	0.2
42 Operations on Esophagus	574	0.6	619	0.6	580	0.5	564	0.5	546	0.5
43 Incision, Excision of Stomach	164	0.2	133	0.1	141	0.1	147	0.1	122	0.1
44 Other Operations on Stomach	206	0.2	202	0.2	222	0.2	377	0.3	329	0.3
45 Intestinal Incision, Excision, Anastomosis	24,958	25.1	26,337	23.9	27,134	23.3	27,393	23.4	27,044	22.7
46 Other Intestinal Operations	21	0.0	29	0.0	35	0.0	36	0.0	45	0.0
47 Operations on Appendix	240	0.2	266	0.2	310	0.3	369	0.3	322	0.3
48 Other Rectal & Perirectal Operations	1,860	1.9	1,698	1.5	1,684	1.4	1,676	1.4	1,513	1.3
49 Operations on Anus	541	0.5	678	0.6	701	0.6	619	0.5	732	0.6
50 Operations on Liver	334	0.3	358	0.3	327	0.3	307	0.3	265	0.2
51 Biliary Tract Operations	1,248	1.3	1,344	1.2	1,369	1.2	1,382	1.2	1,525	1.3
52 Operations on Pancreas	8	0.0	11	0.0	14	0.0	15	0.0	21	0.0
53 Repair of Hernia	2,247	2.3	2,254	2.0	2,289	2.0	2,141	1.8	1,980	1.7
54 Other Abdominal Region Operations	580	0.6	557	0.5	672	0.6	672	0.6	635	0.5
55 Operations on Kidney	178	0.2	200	0.2	182	0.2	217	0.2	202	0.2
56 Operations on Ureter	297	0.3	280	0.3	300	0.3	344	0.3	383	0.3
57 Urinary Bladder Operations	1,622	1.6	1,887	1.7	2,317	2.0	2,565	2.2	2,733	2.3
58 Operations on Urethra	199	0.2	186	0.2	231	0.2	200	0.2	211	0.2
59 Other Urinary Tract Operations	522	0.5	639	0.6	653	0.6	676	0.6	715	0.6
60 Prostate & Seminal Vesicle Operations	125	0.1	253	0.2	313	0.3	333	0.3	376	0.3
61 Scrotum & Tunica Vaginalis Operations	95	0.1	84	0.1	120	0.1	104	0.1	107	0.1
62 Operations on Testes	113	0.1	89	0.1	110	0.1	102	0.1	120	0.1
63 Spermatic Cord, Epididymis, Vas Deferens Operatio	214	0.2	183	0.2	189	0.2	185	0.2	184	0.2

Table O1a
Outpatient Procedure Groups by Data Year
2005-2009 VT Hospital Data, including VT Residents and Non-Residents

ICD-9-CM Procedure Group	2005		2006		2007		2008		2009	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %	Number	Col %
64 Operations on Penis	378	0.4	435	0.4	444	0.4	508	0.4	508	0.4
65 Operations on Ovary	459	0.5	490	0.4	471	0.4	468	0.4	482	0.4
66 Fallopian Tube Operations	542	0.5	523	0.5	529	0.5	459	0.4	437	0.4
67 Operations on Cervix	319	0.3	400	0.4	319	0.3	298	0.3	298	0.2
68 Other Uterine Incision, Excision	575	0.6	702	0.6	938	0.8	887	0.8	988	0.8
69 Other Uterus & Supporting Structure Operations	1,427	1.4	1,750	1.6	1,403	1.2	1,267	1.1	1,274	1.1
70 Vagina & Cul-de-sac Operations	190	0.2	191	0.2	250	0.2	244	0.2	323	0.3
71 Vulvar & Perineal Operations	180	0.2	179	0.2	209	0.2	207	0.2	217	0.2
72 Forceps, Vacuum, Breech Delivery	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
73 Assisting, Inducing Delivery, NEC	72	0.1	44	0.0	65	0.1	49	0.0	41	0.0
74 C-Section, Removal of Fetus	0	0.0	1	0.0	0	0.0	4	0.0	3	0.0
75 Other Obstetric Operations	2,708	2.7	3,663	3.3	4,324	3.7	4,061	3.5	4,138	3.5
76 Facial Bone & Joint Operations	75	0.1	94	0.1	107	0.1	103	0.1	108	0.1
77 Incision, Excision, Division of Bone, NEC	1,140	1.1	1,114	1.0	1,136	1.0	1,084	0.9	1,008	0.8
78 Other Bone Operations Except Face	677	0.7	715	0.6	655	0.6	620	0.5	635	0.5
79 Reduction of Fracture, Dislocation	2,286	2.3	2,483	2.3	2,679	2.3	2,568	2.2	2,611	2.2
80 Incision, Excision of Joint	3,252	3.3	3,356	3.0	3,334	2.9	3,038	2.6	3,012	2.5
81 Joint Repair & Plastic Operations	2,435	2.5	3,083	2.8	3,873	3.3	4,141	3.5	4,370	3.7
82 Hand Muscle, Tendon, Fascia Operations	1,227	1.2	1,191	1.1	1,359	1.2	1,376	1.2	1,268	1.1
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,331	1.3	1,659	1.5	1,849	1.6	2,039	1.7	1,942	1.6
84 Other Musculoskeletal Procedure	151	0.2	130	0.1	121	0.1	181	0.2	175	0.1
85 Operations on the Breast	2,054	2.1	2,944	2.7	2,636	2.3	2,699	2.3	2,561	2.1
86 Skin & Subcutaneous Tissue Operations	12,975	13.1	14,358	13.0	15,513	13.3	15,993	13.7	16,214	13.6
Total for All Procedures	99,301	100.0	110,078	100.0	116,549	100.0	117,151	100.0	119,207	100.0

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

This includes outpatient procedures originating in the ED and outpatient procedures not originating in the ED.

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

The Veterans Administration in White River Junction stopped submitting records June 30, 2006.

Table O1b
Outpatient Procedure Groups by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Row Percents

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total Number
	Number	Row %	Number	Row %	
45 Intestinal Incision, Excision, Anastomosis	26,812	99.1%	232	0.9%	27,044
86 Skin & Subcutaneous Tissue Operations	7,423	45.8%	8,791	54.2%	16,214
03 Spinal Cord & Canal Operations	5,677	94.0%	360	6.0%	6,037
13 Operations on Lens of Eye	5,652	99.9%	3	0.1%	5,655
38 Vessel Incision, Excision, Occlusion	3,452	66.0%	1,780	34.0%	5,232
04 Cranial & Peripheral Nerve Operations	4,239	85.6%	711	14.4%	4,950
81 Joint Repair & Plastic Operations	4,146	94.9%	224	5.1%	4,370
75 Other Obstetric Operations	4,072	98.4%	66	1.6%	4,138
80 Incision, Excision of Joint	2,995	99.4%	17	0.6%	3,012
57 Urinary Bladder Operations	2,015	73.7%	718	26.3%	2,733
79 Reduction of Fracture, Dislocation	1,064	40.8%	1,547	59.2%	2,611
85 Operations on the Breast	2,543	99.3%	18	0.7%	2,561
53 Repair of Hernia	1,953	98.6%	27	1.4%	1,980
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,876	96.6%	66	3.4%	1,942
14 Posterior Eye Segment Operations	1,816	99.5%	9	0.5%	1,825
51 Biliary Tract Operations	1,460	95.7%	65	4.3%	1,525
48 Other Rectal & Perirectal Operations	1,480	97.8%	33	2.2%	1,513
21 Operations on Nose	986	65.8%	513	34.2%	1,499
37 Other Heart & Pericardium Operations	1,362	94.1%	85	5.9%	1,447
20 Other Middle & Inner Ear Operations	1,301	100.0%	0	0.0%	1,301
69 Other Uterus & Supporting Structure Operations	1,191	93.5%	83	6.5%	1,274
82 Hand Muscle, Tendon, Fascia Operations	1,225	96.6%	43	3.4%	1,268
77 Incision, Excision, Division of Bone, NEC	1,001	99.3%	7	0.7%	1,008
68 Other Uterine Incision, Excision	982	99.4%	6	0.6%	988
28 Tonsil & Adenoid Operations	778	90.8%	79	9.2%	857
08 Eyelid Operations	393	48.3%	420	51.7%	813
49 Operations on Anus	619	84.6%	113	15.4%	732
59 Other Urinary Tract Operations	664	92.9%	51	7.1%	715
39 Other Operations on Vessels	676	97.7%	16	2.3%	692
23 Tooth Removal & Restoration	665	96.5%	24	3.5%	689
31 Larynx Trachea Operations, NEC	602	92.3%	50	7.7%	652
54 Other Abdominal Region Operations	576	90.7%	59	9.3%	635

Table O1b
Outpatient Procedure Groups by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Row Percents

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total Number
	Number	Row %	Number	Row %	
78 Other Bone Operations Except Face	627	98.7%	8	1.3%	635
06 Thyroid, Parathyroid Operations	624	99.7%	2	0.3%	626
27 Other Mouth & Face Operations	212	38.0%	346	62.0%	558
42 Operations on Esophagus	521	95.4%	25	4.6%	546
33 Other Bronchial & Lung Operations	538	98.7%	7	1.3%	545
64 Operations on Penis	501	98.6%	7	1.4%	508
65 Operations on Ovary	469	97.3%	13	2.7%	482
66 Fallopian Tube Operations	422	96.6%	15	3.4%	437
56 Operations on Ureter	347	90.6%	36	9.4%	383
60 Prostate & Seminal Vesicle Operations	374	99.5%	2	0.5%	376
18 External Ear Operations	258	73.1%	95	26.9%	353
12 Anterior Eye Segment Operations	333	98.2%	6	1.8%	339
44 Other Operations on Stomach	318	96.7%	11	3.3%	329
70 Vagina & Cul-de-sac Operations	308	95.4%	15	4.6%	323
47 Operations on Appendix	35	10.9%	287	89.1%	322
67 Operations on Cervix	296	99.3%	2	0.7%	298
41 Bone Marrow & Spleen Operations	279	97.9%	6	2.1%	285
50 Operations on Liver	264	99.6%	1	0.4%	265
40 Lymphatic System Operations	254	98.8%	3	1.2%	257
00 Procedures and Interventions, NEC	241	98.4%	4	1.6%	245
71 Vulvar & Perineal Operations	167	77.0%	50	23.0%	217
34 Thorax Operations Except Lung	160	74.4%	55	25.6%	215
58 Operations on Urethra	204	96.7%	7	3.3%	211
55 Operations on Kidney	201	99.5%	1	0.5%	202
22 Nasal Sinus Operations	196	100.0%	0	0.0%	196
63 Spermatic Cord, Epididymis, Vas Deferens Operations	183	99.5%	1	0.5%	184
84 Other Musculoskeletal Procedure	148	84.6%	27	15.4%	175
17 Other Misc Procedures	131	97.8%	3	2.2%	134
19 Middle Ear Reconstructions	128	100.0%	0	0.0%	128
24 Other Operations on Teeth & Gums	10	8.1%	114	91.9%	124
43 Incision, Excision of Stomach	116	95.1%	6	4.9%	122
62 Operations on Testes	112	93.3%	8	6.7%	120

Table O1b
Outpatient Procedure Groups by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Row Percents

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total Number
	Number	Row %	Number	Row %	
76 Facial Bone & Joint Operations	72	66.7%	36	33.3%	108
61 Scrotum & Tunica Vaginalis Operations	95	88.8%	12	11.2%	107
05 Sympathetic Nerve Operations	99	98.0%	2	2.0%	101
09 Lacrimal System Operations	94	100.0%	0	0.0%	94
30 Excision of Larynx	89	100.0%	0	0.0%	89
11 Operations on Cornea	66	76.7%	20	23.3%	86
16 Orbit & Eyeball Operations	80	100.0%	0	0.0%	80
26 Salivary Gland Operations	73	98.6%	1	1.4%	74
25 Operations on Tongue	55	78.6%	15	21.4%	70
15 Extraocular Muscle Operations	63	100.0%	0	0.0%	63
29 Operations on Pharynx	46	73.0%	17	27.0%	63
36 Operations on Heart Vessels	48	96.0%	2	4.0%	50
46 Other Intestinal Operations	44	97.8%	1	2.2%	45
73 Assisting, Inducing Delivery, NEC	41	100.0%	0	0.0%	41
10 Conjunctival Operations	28	100.0%	0	0.0%	28
52 Operations on Pancreas	20	95.2%	1	4.8%	21
32 Lung & Bronchus Excision	10	100.0%	0	0.0%	10
01 Incision, Excision of Brain, Skull	7	87.5%	1	12.5%	8
07 Other Endocrine Gland Operations	6	100.0%	0	0.0%	6
02 Other Brain, Skull Operations	5	100.0%	0	0.0%	5
74 C-Section, Removal of Fetus	2	66.7%	1	33.3%	3
35 Heart Valve & Septa Operations	2	100.0%	0	0.0%	2
72 Forceps, Vacuum, Breech Delivery	1	100.0%	0	0.0%	1
Total for All Procedures	101,719	85.3%	17,488	14.7%	119,207

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

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

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

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
45 Intestinal Incision, Excision, Anastomosis	26,812	\$2,412	232	\$5,440	27,044	\$2,438
4523 Colonoscopy	10,438	\$1,987	17	\$6,790	10,455	\$1,995
4542 Endoscopic polypectomy of large intestine	6,724	\$2,793	11	\$5,461	6,735	\$2,797
4516 Esophagogastroduodenoscopy [EGD] with closed biopsy	4,383	\$2,742	73	\$6,109	4,456	\$2,797
4525 Closed [endoscopic] biopsy of large intestine	3,130	\$2,627	7	\$7,189	3,137	\$2,637
All Other Procedures in Group	2,137	\$2,291	124	\$4,761	2,261	\$2,427
86 Skin & Subcutaneous Tissue Operations	7,423	\$2,512	8,791	\$1,021	16,214	\$1,702
8659 Closure of skin and subcutaneous tissue of other sites	568	\$908	6,598	\$1,015	7,166	\$1,006
863 Other local excision or destruction of lesion or tissue of skin and subcuta	3,143	\$1,746	30	\$1,562	3,173	\$1,744
All Other Procedures in Group	3,712	\$3,404	2,163	\$1,032	5,875	\$2,529
03 Spinal Cord & Canal Operations	5,677	\$1,883	360	\$4,101	6,037	\$2,017
0392 Injection of other agent into spinal canal	4,138	\$1,568	10	\$6,127	4,148	\$1,579
0391 Injection of anesthetic into spinal canal for analgesia	1,110	\$1,543	3	\$5,291	1,113	\$1,554
All Other Procedures in Group	429	\$5,779	347	\$4,032	776	\$4,993
13 Operations on Lens of Eye	5,652	\$4,541	3	\$6,052	5,655	\$4,541
1341 Phacoemulsification and aspiration of cataract	4,864	\$4,710	3	\$6,052	4,867	\$4,711
All Other Procedures in Group	788	\$3,495	0	\$0	788	\$3,495
38 Vessel Incision, Excision, Occlusion	3,452	\$1,494	1,780	\$1,773	5,232	\$1,589
3899 Other puncture of vein	2,870	\$613	1,302	\$1,536	4,172	\$902
3893 Venous catheterization, not elsewhere classified	232	\$4,685	471	\$2,310	703	\$3,092
All Other Procedures in Group	350	\$6,625	7	\$9,728	357	\$6,686
04 Cranial & Peripheral Nerve Operations	4,239	\$3,380	711	\$891	4,950	\$3,015
0481 Injection of anesthetic into peripheral nerve for analgesia	1,420	\$1,659	699	\$851	2,119	\$1,384
0443 Release of carpal tunnel	1,472	\$3,688	3	\$7,146	1,475	\$3,695
042 Destruction of cranial and peripheral nerves	951	\$4,250	1	\$3,728	952	\$4,249
All Other Procedures in Group	396	\$6,118	8	\$1,653	404	\$6,030
81 Joint Repair & Plastic Operations	4,146	\$6,752	224	\$2,214	4,370	\$6,516
8192 Injection of therapeutic substance into joint or ligament	1,923	\$1,011	39	\$2,288	1,962	\$1,037
8191 Arthrocentesis	267	\$1,077	176	\$1,746	443	\$1,356
All Other Procedures in Group	1,956	\$13,003	9	\$11,039	1,965	\$12,994

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
75 Other Obstetric Operations	4,072	\$630	66	\$1,857	4,138	\$650
7534 Other fetal monitoring	3,406	\$648	60	\$1,909	3,466	\$670
7535 Other diagnostic procedures on fetus and amnion	655	\$518	4	\$997	659	\$521
All Other Procedures in Group	11	\$1,697	2	\$2,005	13	\$1,744
80 Incision, Excision of Joint	2,995	\$7,170	17	\$6,309	3,012	\$7,166
806 Excision of semilunar cartilage of knee	1,729	\$5,904	1	\$5,568	1,730	\$5,903
8051 Excision of intervertebral disc	350	\$10,919	2	\$14,244	352	\$10,938
All Other Procedures in Group	916	\$8,130	14	\$5,228	930	\$8,086
57 Urinary Bladder Operations	2,015	\$2,754	718	\$2,527	2,733	\$2,693
5732 Other cystoscopy	1,114	\$1,905	6	\$8,033	1,120	\$1,939
5794 Insertion of indwelling urinary catheter	182	\$891	630	\$2,576	812	\$2,210
5749 Other transurethral excision or destruction of lesion or tissue of bladder	325	\$5,645	3	\$5,431	328	\$5,643
All Other Procedures in Group	394	\$3,540	79	\$1,606	473	\$3,213
79 Reduction of Fracture, Dislocation	1,064	\$10,374	1,547	\$3,333	2,611	\$6,203
7902 Closed reduction of fracture without internal fixation, radius and ulna	51	\$4,457	371	\$2,745	422	\$2,952
7932 Open reduction of fracture with internal fixation, radius and ulna	262	\$12,528	34	\$13,497	296	\$12,639
7971 Closed reduction of dislocation of shoulder	0	\$0	294	\$1,966	294	\$1,966
7936 Open reduction of fracture with internal fixation, tibia and fibula	216	\$11,163	52	\$12,750	268	\$11,471
All Other Procedures in Group	535	\$9,565	796	\$3,062	1,331	\$5,678
85 Operations on the Breast	2,543	\$5,589	18	\$2,043	2,561	\$5,564
8511 Closed [percutaneous] [needle] biopsy of breast	793	\$3,416	0	\$0	793	\$3,416
8521 Local excision of lesion of breast	662	\$5,863	0	\$0	662	\$5,863
8519 Other diagnostic procedures on breast	394	\$4,277	1	\$3,547	395	\$4,275
All Other Procedures in Group	694	\$8,554	17	\$1,955	711	\$8,396
53 Repair of Hernia	1,953	\$6,942	27	\$11,205	1,980	\$7,000
5304 Other and open repair of indirect inguinal hernia with graft or prosthesis	432	\$6,779	4	\$9,204	436	\$6,801
5303 Other and open repair of direct inguinal hernia with graft or prosthesis	359	\$6,696	1	\$12,768	360	\$6,713
5341 Other and open repair of umbilical hernia with graft or prosthesis	241	\$6,526	8	\$12,874	249	\$6,729
5349 Other open umbilical herniorrhaphy	200	\$5,202	7	\$8,195	207	\$5,303
All Other Procedures in Group	721	\$7,784	7	\$13,229	728	\$7,836

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
83 Other Muscle, Tendon, Fascia, Bursa Operations	1,876	\$7,328	66	\$3,769	1,942	\$7,205
8363 Rotator cuff repair	504	\$15,414	0	\$0	504	\$15,414
8398 Injection of locally acting therapeutic substance into other soft tissue	245	\$668	0	\$0	245	\$668
8339 Excision of lesion of other soft tissue	194	\$4,022	1	\$5,225	195	\$4,028
All Other Procedures in Group	933	\$5,260	65	\$3,747	998	\$5,160
14 Posterior Eye Segment Operations	1,816	\$4,875	9	\$11,814	1,825	\$4,911
149 Other operations on retina, choroid, and posterior chamber	1,083	\$4,467	0	\$0	1,083	\$4,467
1475 Injection of vitreous substitute	357	\$4,659	0	\$0	357	\$4,659
All Other Procedures in Group	376	\$6,262	9	\$11,814	385	\$6,396
51 Biliary Tract Operations	1,460	\$9,628	65	\$12,599	1,525	\$9,753
5123 Laparoscopic cholecystectomy	1,186	\$9,608	52	\$12,752	1,238	\$9,740
All Other Procedures in Group	274	\$9,715	13	\$11,936	287	\$9,808
48 Other Rectal & Perirectal Operations	1,480	\$2,616	33	\$3,885	1,513	\$2,644
4836 [Endoscopic] polypectomy of rectum	984	\$2,670	1	\$3,758	985	\$2,672
4824 Closed [endoscopic] biopsy of rectum	378	\$2,033	5	\$8,197	383	\$2,114
All Other Procedures in Group	118	\$4,034	27	\$3,092	145	\$3,859
21 Operations on Nose	986	\$4,021	513	\$1,408	1,499	\$3,128
2188 Other septoplasty	205	\$7,095	1	\$10,174	206	\$7,110
2101 Control of epistaxis by anterior nasal packing	2	\$2,029	191	\$868	193	\$880
2121 Rhinoscopy	189	\$839	4	\$3,257	193	\$889
2103 Control of epistaxis by cauterization (and packing)	28	\$3,450	159	\$1,351	187	\$1,666
All Other Procedures in Group	562	\$4,001	158	\$2,021	720	\$3,568
37 Other Heart & Pericardium Operations	1,362	\$16,369	85	\$13,123	1,447	\$16,179
3722 Left heart cardiac catheterization	707	\$8,991	68	\$12,048	775	\$9,260
3723 Combined right and left heart cardiac catheterization	155	\$9,757	6	\$11,542	161	\$9,824
All Other Procedures in Group	500	\$28,837	11	\$20,631	511	\$28,661

Table O2
Top 20 Outpatient Procedure Groups and Leading Procedures by Admission Source
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

ICD-9-CM Procedure Group	Outpatient Procedures NOT Originating in ED		Outpatient Procedures Originating in ED		Total	
	Number	Average Charges	Number	Average Charges	Number	Average Charges
20 Other Middle & Inner Ear Operations	1,301	\$3,316	0	\$0	1,301	\$3,316
2001 Myringotomy with insertion of tube	1,178	\$2,500	0	\$0	1,178	\$2,500
All Other Procedures in Group	123	\$11,136	0	\$0	123	\$11,136
Total for Above Procedures	82,324	\$3,727	15,265	\$1,748	97,589	\$3,416
Total for All Other Procedures	19,395	\$5,839	2,223	\$4,324	21,618	\$5,683
Total for All Procedures in Range 00.0 - 86.99	101,719	\$4,131	17,488	\$2,075	119,207	\$3,828

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

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

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

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

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

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

MALES				FEMALES			
ICD-9 Procedure	Number	Col %		ICD-9 Procedure	Number	Col %	
Age Under 15				Age Under 15			
20 Other Middle & Inner Ear Operations	704	26.2		20 Other Middle & Inner Ear Operations	470	26.6	
64 Operations on Penis	357	13.3		23 Tooth Removal & Restoration	264	14.9	
23 Tooth Removal & Restoration	336	12.5		28 Tonsil & Adenoid Operations	241	13.6	
28 Tonsil & Adenoid Operations	224	8.3		86 Skin & Subcutaneous Tissue Operations	123	7.0	
86 Skin & Subcutaneous Tissue Operations	172	6.4		38 Vessel Incision, Excision, Occlusion	105	5.9	
53 Repair of Hernia	113	4.2		45 Intestinal Incision, Excision, Anastomosis	88	5.0	
45 Intestinal Incision, Excision, Anastomosis	86	3.2		79 Reduction of Fracture, Dislocation	49	2.8	
38 Vessel Incision, Excision, Occlusion	66	2.5		04 Cranial & Peripheral Nerve Operations	47	2.7	
79 Reduction of Fracture, Dislocation	64	2.4		19 Middle Ear Reconstructions	24	1.4	
62 Operations on Testes	62	2.3		53 Repair of Hernia	24	1.4	
All Cases	2,685	100.0		All Cases	1,769	100.0	
Age Between 15 and 44				Age Between 15 and 44			
45 Intestinal Incision, Excision, Anastomosis	1,333	17.8		75 Other Obstetric Operations	4,056	25.9	
81 Joint Repair & Plastic Operations	648	8.7		45 Intestinal Incision, Excision, Anastomosis	2,063	13.2	
86 Skin & Subcutaneous Tissue Operations	624	8.3		04 Cranial & Peripheral Nerve Operations	663	4.2	
80 Incision, Excision of Joint	594	7.9		69 Other Uterus & Supporting Structure Operations	663	4.2	
03 Spinal Cord & Canal Operations	579	7.7		03 Spinal Cord & Canal Operations	631	4.0	
04 Cranial & Peripheral Nerve Operations	409	5.5		85 Operations on the Breast	579	3.7	
38 Vessel Incision, Excision, Occlusion	384	5.1		81 Joint Repair & Plastic Operations	557	3.6	
53 Repair of Hernia	361	4.8		86 Skin & Subcutaneous Tissue Operations	543	3.5	
79 Reduction of Fracture, Dislocation	324	4.3		68 Other Uterine Incision, Excision	491	3.1	
83 Other Muscle, Tendon, Fascia, Bursa Operations	239	3.2		51 Biliary Tract Operations	488	3.1	
All Cases	7,484	100.0		All Cases	15,665	100.0	

Table O3
Top 10 Outpatient Procedure Groups by Age and Sex for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

MALES			FEMALES		
ICD-9 Procedure	Number	Col %	ICD-9 Procedure	Number	Col %
Age Between 45 and 64			Age Between 45 and 64		
45 Intestinal Incision, Excision, Anastomosis	7,566	41.0	45 Intestinal Incision, Excision, Anastomosis	8,381	38.0
03 Spinal Cord & Canal Operations	1,219	6.6	85 Operations on the Breast	1,335	6.1
80 Incision, Excision of Joint	856	4.6	03 Spinal Cord & Canal Operations	1,276	5.8
04 Cranial & Peripheral Nerve Operations	826	4.5	04 Cranial & Peripheral Nerve Operations	1,138	5.2
86 Skin & Subcutaneous Tissue Operations	792	4.3	81 Joint Repair & Plastic Operations	913	4.1
53 Repair of Hernia	684	3.7	86 Skin & Subcutaneous Tissue Operations	828	3.8
38 Vessel Incision, Excision, Occlusion	659	3.6	80 Incision, Excision of Joint	718	3.3
81 Joint Repair & Plastic Operations	651	3.5	13 Operations on Lens of Eye	609	2.8
13 Operations on Lens of Eye	509	2.8	38 Vessel Incision, Excision, Occlusion	573	2.6
83 Other Muscle, Tendon, Fascia, Bursa Operations	491	2.7	68 Other Uterine Incision, Excision	458	2.1
All Cases	18,457	100.0	All Cases	22,029	100.0
Age 65 and Over			Age 65 and Over		
45 Intestinal Incision, Excision, Anastomosis	3,488	22.3	45 Intestinal Incision, Excision, Anastomosis	3,807	21.2
86 Skin & Subcutaneous Tissue Operations	2,341	15.0	13 Operations on Lens of Eye	2,717	15.1
13 Operations on Lens of Eye	1,735	11.1	86 Skin & Subcutaneous Tissue Operations	1,996	11.1
57 Urinary Bladder Operations	1,007	6.4	03 Spinal Cord & Canal Operations	1,184	6.6
03 Spinal Cord & Canal Operations	768	4.9	14 Posterior Eye Segment Operations	1,069	5.9
38 Vessel Incision, Excision, Occlusion	545	3.5	81 Joint Repair & Plastic Operations	864	4.8
14 Posterior Eye Segment Operations	493	3.2	38 Vessel Incision, Excision, Occlusion	648	3.6
04 Cranial & Peripheral Nerve Operations	486	3.1	04 Cranial & Peripheral Nerve Operations	623	3.5
81 Joint Repair & Plastic Operations	474	3.0	85 Operations on the Breast	573	3.2
37 Other Heart & Pericardium Operations	406	2.6	57 Urinary Bladder Operations	391	2.2
All Cases	15,649	100.0	All Cases	17,968	100.0

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

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Number of Procedures							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	7,650	2,416	266	4	16,109	367	0	26,812
86 Skin & Subcutaneous Tissue Operations	4,721	579	46	76	1,770	230	1	7,423
03 Spinal Cord & Canal Operations	2,162	772	40	329	2,281	93	0	5,677
13 Operations on Lens of Eye	4,271	194	23	0	1,103	61	0	5,652
04 Cranial & Peripheral Nerve Operations	1,439	700	35	346	1,643	76	0	4,239
81 Joint Repair & Plastic Operations	1,630	438	40	298	1,674	65	1	4,146
75 Other Obstetric Operations	77	2,252	40	2	1,625	76	0	4,072
38 Vessel Incision, Excision, Occlusion	1,265	596	35	52	1,355	148	1	3,452
80 Incision, Excision of Joint	438	372	42	297	1,773	73	0	2,995
85 Operations on the Breast	627	223	36	1	1,540	116	0	2,543
57 Urinary Bladder Operations	1,445	107	11	2	411	39	0	2,015
53 Repair of Hernia	488	285	19	83	1,017	60	1	1,953
83 Other Muscle, Tendon, Fascia, Bursa Operations	459	228	22	154	980	33	0	1,876
14 Posterior Eye Segment Operations	1,623	23	0	4	153	13	0	1,816
48 Other Rectal & Perirectal Operations	414	131	20	0	901	14	0	1,480
51 Biliary Tract Operations	359	278	18	0	758	47	0	1,460
37 Other Heart & Pericardium Operations	660	117	9	0	557	19	0	1,362
20 Other Middle & Inner Ear Operations	46	680	18	0	555	2	0	1,301
82 Hand Muscle, Tendon, Fascia Operations	329	157	10	71	635	23	0	1,225
69 Other Uterus & Supporting Structure Operations	164	210	9	0	715	93	0	1,191
All Other Procedures	5,872	3,557	179	182	8,566	673	0	19,029
Totals	36,139	14,315	918	1,901	46,121	2,321	4	101,719

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

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

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Mean Charges							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	\$2,464	\$2,518	\$2,564	\$1,783	\$2,369	\$2,377	\$0	\$2,412
86 Skin & Subcutaneous Tissue Operations	\$2,022	\$3,129	\$3,496	\$3,120	\$3,438	\$3,491	\$7,304	\$2,512
03 Spinal Cord & Canal Operations	\$1,837	\$1,811	\$2,189	\$2,099	\$1,907	\$2,066	\$0	\$1,883
13 Operations on Lens of Eye	\$4,552	\$4,569	\$4,908	\$0	\$4,469	\$4,808	\$0	\$4,541
04 Cranial & Peripheral Nerve Operations	\$3,395	\$3,482	\$2,877	\$3,380	\$3,290	\$4,339	\$0	\$3,380
81 Joint Repair & Plastic Operations	\$2,508	\$8,929	\$6,374	\$9,976	\$9,765	\$8,224	\$7,066	\$6,752
75 Other Obstetric Operations	\$598	\$626	\$578	\$202	\$639	\$631	\$0	\$630
38 Vessel Incision, Excision, Occlusion	\$1,274	\$1,278	\$1,265	\$1,082	\$1,520	\$4,203	\$273	\$1,494
80 Incision, Excision of Joint	\$6,611	\$7,535	\$7,361	\$7,895	\$7,029	\$9,035	\$0	\$7,170
85 Operations on the Breast	\$5,342	\$5,202	\$5,795	\$3,690	\$5,450	\$9,474	\$0	\$5,589
57 Urinary Bladder Operations	\$2,531	\$3,503	\$2,176	\$4,590	\$3,323	\$3,398	\$0	\$2,754
53 Repair of Hernia	\$7,602	\$6,618	\$6,122	\$6,477	\$6,740	\$7,485	\$4,543	\$6,942
83 Other Muscle, Tendon, Fascia, Bursa Operations	\$6,175	\$6,390	\$4,837	\$11,172	\$7,493	\$8,507	\$0	\$7,328
14 Posterior Eye Segment Operations	\$4,605	\$8,294	\$0	\$9,507	\$7,828	\$6,820	\$0	\$4,875
48 Other Rectal & Perirectal Operations	\$2,494	\$2,577	\$2,539	\$0	\$2,660	\$3,951	\$0	\$2,616
51 Biliary Tract Operations	\$10,077	\$9,624	\$8,045	\$0	\$9,371	\$10,971	\$0	\$9,628
37 Other Heart & Pericardium Operations	\$14,530	\$15,087	\$13,575	\$0	\$18,943	\$14,196	\$0	\$16,369
20 Other Middle & Inner Ear Operations	\$10,147	\$2,802	\$5,545	\$0	\$3,306	\$3,617	\$0	\$3,316
82 Hand Muscle, Tendon, Fascia Operations	\$2,682	\$3,646	\$2,659	\$3,301	\$2,850	\$4,547	\$0	\$2,963
69 Other Uterus & Supporting Structure Operations	\$3,544	\$4,688	\$4,475	\$0	\$4,093	\$2,461	\$0	\$3,998
All Other Procedures	\$4,928	\$6,089	\$6,647	\$7,673	\$7,100	\$8,662	\$0	\$6,297
Totals	\$3,640	\$3,952	\$4,261	\$6,030	\$4,407	\$5,792	\$4,797	\$4,131

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

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

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

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

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Row Percents							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	28.5	9.0	1.0	0.0	60.1	1.4	0.0	100.0
86 Skin & Subcutaneous Tissue Operations	63.6	7.8	0.6	1.0	23.8	3.1	0.0	100.0
03 Spinal Cord & Canal Operations	38.1	13.6	0.7	5.8	40.2	1.6	0.0	100.0
13 Operations on Lens of Eye	75.6	3.4	0.4	0.0	19.5	1.1	0.0	100.0
04 Cranial & Peripheral Nerve Operations	33.9	16.5	0.8	8.2	38.8	1.8	0.0	100.0
81 Joint Repair & Plastic Operations	39.3	10.6	1.0	7.2	40.4	1.6	0.0	100.0
75 Other Obstetric Operations	1.9	55.3	1.0	0.0	39.9	1.9	0.0	100.0
38 Vessel Incision, Excision, Occlusion	36.6	17.3	1.0	1.5	39.3	4.3	0.0	100.0
80 Incision, Excision of Joint	14.6	12.4	1.4	9.9	59.2	2.4	0.0	100.0
85 Operations on the Breast	24.7	8.8	1.4	0.0	60.6	4.6	0.0	100.0
57 Urinary Bladder Operations	71.7	5.3	0.5	0.1	20.4	1.9	0.0	100.0
53 Repair of Hernia	25.0	14.6	1.0	4.2	52.1	3.1	0.1	100.0
83 Other Muscle, Tendon, Fascia, Bursa Operations	24.5	12.2	1.2	8.2	52.2	1.8	0.0	100.0
14 Posterior Eye Segment Operations	89.4	1.3	0.0	0.2	8.4	0.7	0.0	100.0
48 Other Rectal & Perirectal Operations	28.0	8.9	1.4	0.0	60.9	0.9	0.0	100.0
51 Biliary Tract Operations	24.6	19.0	1.2	0.0	51.9	3.2	0.0	100.0
37 Other Heart & Pericardium Operations	48.5	8.6	0.7	0.0	40.9	1.4	0.0	100.0
20 Other Middle & Inner Ear Operations	3.5	52.3	1.4	0.0	42.7	0.2	0.0	100.0
82 Hand Muscle, Tendon, Fascia Operations	26.9	12.8	0.8	5.8	51.8	1.9	0.0	100.0
69 Other Uterus & Supporting Structure Operations	13.8	17.6	0.8	0.0	60.0	7.8	0.0	100.0
All Other Procedures	30.9	18.7	0.9	1.0	45.0	3.5	0.0	100.0
Totals	35.5	14.1	0.9	1.9	45.3	2.3	0.0	100.0

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

Table O4
Top 20 Outpatient Procedure Groups by Primary Payer for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures, Average Charges, and Row and Column Percents

ICD-9 Procedure	Column Percents							Total
	Primary Payer							
	Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	
45 Intestinal Incision, Excision, Anastomosis	21.2	16.9	29.0	0.2	34.9	15.8	0.0	26.4
86 Skin & Subcutaneous Tissue Operations	13.1	4.0	5.0	4.0	3.8	9.9	25.0	7.3
03 Spinal Cord & Canal Operations	6.0	5.4	4.4	17.3	4.9	4.0	0.0	5.6
13 Operations on Lens of Eye	11.8	1.4	2.5	0.0	2.4	2.6	0.0	5.6
04 Cranial & Peripheral Nerve Operations	4.0	4.9	3.8	18.2	3.6	3.3	0.0	4.2
81 Joint Repair & Plastic Operations	4.5	3.1	4.4	15.7	3.6	2.8	25.0	4.1
75 Other Obstetric Operations	0.2	15.7	4.4	0.1	3.5	3.3	0.0	4.0
38 Vessel Incision, Excision, Occlusion	3.5	4.2	3.8	2.7	2.9	6.4	25.0	3.4
80 Incision, Excision of Joint	1.2	2.6	4.6	15.6	3.8	3.1	0.0	2.9
85 Operations on the Breast	1.7	1.6	3.9	0.1	3.3	5.0	0.0	2.5
57 Urinary Bladder Operations	4.0	0.7	1.2	0.1	0.9	1.7	0.0	2.0
53 Repair of Hernia	1.4	2.0	2.1	4.4	2.2	2.6	25.0	1.9
83 Other Muscle, Tendon, Fascia, Bursa Operations	1.3	1.6	2.4	8.1	2.1	1.4	0.0	1.8
14 Posterior Eye Segment Operations	4.5	0.2	0.0	0.2	0.3	0.6	0.0	1.8
48 Other Rectal & Perirectal Operations	1.1	0.9	2.2	0.0	2.0	0.6	0.0	1.5
51 Biliary Tract Operations	1.0	1.9	2.0	0.0	1.6	2.0	0.0	1.4
37 Other Heart & Pericardium Operations	1.8	0.8	1.0	0.0	1.2	0.8	0.0	1.3
20 Other Middle & Inner Ear Operations	0.1	4.8	2.0	0.0	1.2	0.1	0.0	1.3
82 Hand Muscle, Tendon, Fascia Operations	0.9	1.1	1.1	3.7	1.4	1.0	0.0	1.2
69 Other Uterus & Supporting Structure Operations	0.5	1.5	1.0	0.0	1.6	4.0	0.0	1.2
All Other Procedures	16.2	24.8	19.5	9.6	18.6	29.0	0.0	18.7
Totals	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

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

Table O5a
Outpatient Visits with any Procedure in ICD-9-CM range 00-86.99
Vermont Hospitals by Setting and Data Year
2005-2009 VT Hospital Data, including VT Residents and Non-Residents

Outpatient Procedures NOT Originating in ED

		BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	VA	Total
2005	Count	3,573	7,076	2,876	32,010	2,483	4	928	2,301	3,474	7,117	3,774	8,798	5,839	2,312	911	83,476
	Row %	4.3	8.5	3.4	38.3	3.0	0.0	1.1	2.8	4.2	8.5	4.5	10.5	7.0	2.8	1.1	100.0
2006	Count	3,590	7,363	3,121	39,473	2,723	0	985	3,451	3,527	6,881	3,940	9,424	6,258	2,517	611	93,864
	Row %	3.8	7.8	3.3	42.1	2.9	0.0	1.0	3.7	3.8	7.3	4.2	10.0	6.7	2.7	0.7	100.0
2007	Count	3,768	7,166	4,109	44,599	2,616	0	986	3,460	3,511	7,136	3,900	9,984	6,339	2,414	0	99,988
	Row %	3.8	7.2	4.1	44.6	2.6	0.0	1.0	3.5	3.5	7.1	3.9	10.0	6.3	2.4	0.0	100.0
2008	Count	3,913	7,430	3,881	44,346	2,435	4	1,198	3,556	3,489	7,082	3,685	10,063	6,260	2,343	0	99,685
	Row %	3.9	7.5	3.9	44.5	2.4	0.0	1.2	3.6	3.5	7.1	3.7	10.1	6.3	2.4	0.0	100.0
2009	Count	4,055	7,702	3,920	45,034	2,471	0	1,380	3,460	3,551	7,388	3,804	9,682	6,834	2,438	0	101,719
	Row %	4.0	7.6	3.9	44.3	2.4	0.0	1.4	3.4	3.5	7.3	3.7	9.5	6.7	2.4	0.0	100.0

Outpatient Procedures Originating in the ED

		BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	VA	Total
2005	Count	920	1,614	802	5,072	352	0	385	706	70	1,646	642	185	2,600	826	5	15,825
	Row %	5.8	10.2	5.1	32.1	2.2	0.0	2.4	4.5	0.4	10.4	4.1	1.2	16.4	5.2	0.0	100.0
2006	Count	1,007	1,543	870	4,879	56	1	547	766	73	1,696	801	186	2,881	905	3	16,214
	Row %	6.2	9.5	5.4	30.1	0.3	0.0	3.4	4.7	0.5	10.5	4.9	1.1	17.8	5.6	0.0	100.0
2007	Count	908	1,644	886	5,197	16	0	549	729	69	1,801	795	207	2,742	1,018	0	16,561
	Row %	5.5	9.9	5.3	31.4	0.1	0.0	3.3	4.4	0.4	10.9	4.8	1.2	16.6	6.1	0.0	100.0
2008	Count	1,010	1,982	925	5,870	16	0	452	719	49	1,641	933	183	2,779	943	0	17,502
	Row %	5.8	11.3	5.3	33.5	0.1	0.0	2.6	4.1	0.3	9.4	5.3	1.0	15.9	5.4	0.0	100.0
2009	Count	925	1,911	912	6,487	15	0	525	791	55	2,050	819	163	1,907	928	0	17,488
	Row %	5.3	10.9	5.2	37.1	0.1	0.0	3.0	4.5	0.3	11.7	4.7	0.9	10.9	5.3	0.0	100.0

Outpatient procedure records include all outpatient records with procedures in the ICD-9-CM code range 00.0-86.99.
The Veterans Administration in White River Junction stopped submitting records as of June 30, 2006.

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
45 Intestinal Incision, Excision, Anastomosis															
Num	1,323	2,645	991	9,287	499	0	419	1,004	959	2,173	1,188	2,906	2,451	967	26,812
\$	1,830	2,587	2,069	2,915	3,007	--	2,267	3,106	2,750	1,536	1,982	2,111	1,880	1,694	2,412
86 Skin & Subcutaneous Tissue Operations															
Num	69	242	181	4,963	65	0	56	123	82	402	520	375	292	53	7,423
\$	5,005	3,662	2,896	2,343	4,261	--	4,073	4,905	5,411	1,440	1,135	3,024	3,959	4,864	2,512
03 Spinal Cord & Canal Operations															
Num	174	595	187	1,397	133	0	167	183	2	717	0	1,815	306	1	5,677
\$	2,754	1,483	835	2,465	2,017	--	2,891	2,413	1,985	884	--	1,891	1,668	223	1,883
13 Operations on Lens of Eye															
Num	444	429	125	1,181	694	0	192	380	582	204	499	577	117	228	5,652
\$	3,603	2,866	5,108	4,595	4,786	--	6,562	5,888	5,469	5,099	4,456	4,117	3,110	3,351	4,541
04 Cranial & Peripheral Nerve Operations															
Num	99	139	278	2,541	43	0	118	129	81	188	87	306	136	94	4,239
\$	3,103	2,537	2,646	3,352	5,355	--	7,237	3,273	5,599	2,160	5,611	2,742	3,349	2,794	3,380
81 Joint Repair & Plastic Operations															
Num	118	158	447	2,014	80	0	51	78	67	265	62	461	294	51	4,146
\$	8,913	8,738	7,106	5,542	4,193	--	6,876	13,159	10,556	7,648	12,718	5,403	9,649	11,481	6,752
75 Other Obstetric Operations															
Num	1	563	419	939	471	0	0	491	509	361	0	0	301	17	4,072
\$	991	389	581	880	530	--	--	622	554	583	--	--	682	1,328	630
38 Vessel Incision, Excision, Occlusion															
Num	4	118	50	1,566	12	0	44	48	242	1,073	7	171	45	72	3,452
\$	4,586	872	1,826	2,119	8,453	--	971	3,144	2,105	410	4,457	1,161	2,876	457	1,494
80 Incision, Excision of Joint															
Num	250	171	131	1,222	64	0	51	70	90	149	120	369	221	87	2,995
\$	4,272	6,339	9,502	7,253	11,478	--	9,632	10,600	10,210	8,498	9,374	5,769	5,787	6,096	7,170
85 Operations on the Breast															
Num	121	317	54	1,242	2	0	13	51	19	99	55	192	336	42	2,543
\$	7,043	4,543	5,246	6,132	18,358	--	14,805	7,785	5,799	2,725	5,766	4,565	4,719	5,653	5,589

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
57 Urinary Bladder Operations															
Num	46	275	106	1,326	11	0	10	9	19	43	33	48	54	35	2,015
\$	5,220	3,286	1,450	2,031	11,378	--	7,292	533	8,658	4,740	7,986	5,980	4,747	4,165	2,754
53 Repair of Hernia															
Num	93	196	67	663	30	0	31	83	89	160	102	261	100	78	1,953
\$	5,296	5,754	8,869	6,531	11,288	--	9,882	8,533	9,017	6,422	9,097	6,944	5,995	6,284	6,942
83 Other Muscle, Tendon, Fascia, Bursa Operations															
Num	89	96	132	879	39	0	11	36	72	95	46	171	157	53	1,876
\$	7,443	7,866	13,474	5,759	12,531	--	9,969	15,775	9,135	5,472	13,017	5,158	7,573	8,004	7,328
14 Posterior Eye Segment Operations															
Num	4	3	0	1,792	2	0	0	0	0	1	1	7	2	4	1,816
\$	563	591	--	4,901	12,038	--	--	--	--	5,083	4,612	1,148	4,676	4,166	4,875
48 Other Rectal & Perirectal Operations															
Num	112	180	7	503	2	0	9	44	53	132	101	114	191	32	1,480
\$	1,868	3,138	2,239	3,166	4,673	--	2,379	3,488	3,007	1,828	1,951	2,447	1,917	1,966	2,616
51 Biliary Tract Operations															
Num	65	148	48	485	5	0	35	68	34	215	41	150	130	36	1,460
\$	7,054	8,194	12,463	10,439	17,553	--	12,052	10,408	16,190	9,401	12,326	7,369	7,784	8,722	9,628
37 Other Heart & Pericardium Operations															
Num	0	19	0	1,199	0	0	0	0	7	0	0	114	22	1	1,362
\$	--	11,618	--	16,661	--	--	--	--	12,798	--	--	14,244	16,770	15,750	16,369
20 Other Middle & Inner Ear Operations															
Num	64	84	4	722	0	0	0	30	19	54	133	90	60	41	1,301
\$	2,896	2,969	4,964	3,418	--	--	--	4,227	4,407	2,398	4,614	2,728	1,836	2,019	3,316
82 Hand Muscle, Tendon, Fascia Operations															
Num	78	67	59	608	2	0	28	13	55	43	29	130	91	22	1,225
\$	2,688	3,072	6,669	2,446	12,654	--	6,252	4,794	2,530	2,787	4,293	2,330	3,427	2,966	2,963
69 Other Uterus & Supporting Structure Operations															
Num	40	146	31	522	6	0	4	29	32	90	35	95	121	40	1,191
\$	4,277	3,337	5,699	3,825	5,905	--	6,315	7,223	5,332	4,061	5,897	4,129	3,322	3,075	3,998

Table O5b
Top 20 Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Average Charges

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
All Other Procedures															
Num	861	1,111	603	9,983	311	0	141	591	538	924	745	1,330	1,407	484	19,029
\$	5,809	5,683	8,159	6,511	7,098	--	8,465	9,104	7,382	5,140	6,581	5,333	4,547	5,604	6,297
Totals															
Num	4,055	7,702	3,920	45,034	2,471	0	1,380	3,460	3,551	7,388	3,804	9,682	6,834	2,438	101,719
\$	3,890	3,436	4,539	4,590	4,208	--	5,201	5,116	4,520	2,652	4,275	3,475	3,534	3,603	4,131

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

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

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

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

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
00 Procedures and Interventions, NEC															
Num	59	0	2	175	0	0	0	0	0	0	0	5	0	0	241
Col %	1.5	0.0	0.1	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2
01 Incision, Excision of Brain, Skull															
Num	0	0	0	7	0	0	0	0	0	0	0	0	0	0	7
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
02 Other Brain, Skull Operations															
Num	0	0	0	5	0	0	0	0	0	0	0	0	0	0	5
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
03 Spinal Cord & Canal Operations															
Num	174	595	187	1,397	133	0	167	183	2	717	0	1,815	306	1	5,677
Col %	4.3	7.7	4.8	3.1	5.4	0.0	12.1	5.3	0.1	9.7	0.0	18.7	4.5	0.0	5.6
04 Cranial & Peripheral Nerve Operations															
Num	99	139	278	2,541	43	0	118	129	81	188	87	306	136	94	4,239
Col %	2.4	1.8	7.1	5.6	1.7	0.0	8.6	3.7	2.3	2.5	2.3	3.2	2.0	3.9	4.2
05 Sympathetic Nerve Operations															
Num	0	4	0	72	3	0	7	0	0	6	0	7	0	0	99
Col %	0.0	0.1	0.0	0.2	0.1	0.0	0.5	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.1
06 Thyroid, Parathyroid Operations															
Num	12	11	0	355	70	0	1	4	2	6	13	7	138	5	624
Col %	0.3	0.1	0.0	0.8	2.8	0.0	0.1	0.1	0.1	0.1	0.3	0.1	2.0	0.2	0.6
07 Other Endocrine Gland Operations															
Num	1	0	0	4	0	0	0	0	0	0	0	0	1	0	6
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
08 Eyelid Operations															
Num	18	7	1	247	0	0	0	3	0	15	71	18	7	6	393
Col %	0.4	0.1	0.0	0.5	0.0	0.0	0.0	0.1	0.0	0.2	1.9	0.2	0.1	0.2	0.4
09 Lacrimal System Operations															
Num	1	0	0	81	0	0	0	0	0	5	2	2	2	1	94
Col %	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
10 Conjunctival Operations															
Num	0	1	0	23	0	0	0	0	0	0	0	1	3	0	28
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
11 Operations on Cornea															
Num	0	0	0	53	4	0	0	0	0	2	5	0	1	1	66
Col %	0.0	0.0	0.0	0.1	0.2	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1
12 Anterior Eye Segment Operations															
Num	8	25	0	100	2	0	0	26	81	6	4	66	8	7	333
Col %	0.2	0.3	0.0	0.2	0.1	0.0	0.0	0.8	2.3	0.1	0.1	0.7	0.1	0.3	0.3
13 Operations on Lens of Eye															
Num	444	429	125	1,181	694	0	192	380	582	204	499	577	117	228	5,652
Col %	10.9	5.6	3.2	2.6	28.1	0.0	13.9	11.0	16.4	2.8	13.1	6.0	1.7	9.4	5.6
14 Posterior Eye Segment Operations															
Num	4	3	0	1,792	2	0	0	0	0	1	1	7	2	4	1,816
Col %	0.1	0.0	0.0	4.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.2	1.8
15 Extraocular Muscle Operations															
Num	3	0	0	42	10	0	0	0	0	6	0	0	0	2	63
Col %	0.1	0.0	0.0	0.1	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.1
16 Orbit & Eyeball Operations															
Num	0	1	0	77	1	0	0	0	0	1	0	0	0	0	80
Col %	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
17 Other Miscellaneous Procedures															
Num	0	23	0	29	1	0	5	0	0	24	1	0	48	0	131
Col %	0.0	0.3	0.0	0.1	0.0	0.0	0.4	0.0	0.0	0.3	0.0	0.0	0.7	0.0	0.1
18 External Ear Operations															
Num	8	15	3	152	0	0	2	4	4	17	17	25	7	4	258
Col %	0.2	0.2	0.1	0.3	0.0	0.0	0.1	0.1	0.1	0.2	0.4	0.3	0.1	0.2	0.3
19 Middle Ear Reconstructions															
Num	5	15	0	62	0	0	0	4	6	0	14	11	8	3	128
Col %	0.1	0.2	0.0	0.1	0.0	0.0	0.0	0.1	0.2	0.0	0.4	0.1	0.1	0.1	0.1

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
20 Other Middle & Inner Ear Operations															
Num	64	84	4	722	0	0	0	30	19	54	133	90	60	41	1,301
Col %	1.6	1.1	0.1	1.6	0.0	0.0	0.0	0.9	0.5	0.7	3.5	0.9	0.9	1.7	1.3
21 Operations on Nose															
Num	45	16	15	630	0	0	4	56	16	24	48	76	40	16	986
Col %	1.1	0.2	0.4	1.4	0.0	0.0	0.3	1.6	0.5	0.3	1.3	0.8	0.6	0.7	1.0
22 Nasal Sinus Operations															
Num	6	14	3	102	0	0	0	8	4	11	21	16	6	5	196
Col %	0.1	0.2	0.1	0.2	0.0	0.0	0.0	0.2	0.1	0.1	0.6	0.2	0.1	0.2	0.2
23 Tooth Removal & Restoration															
Num	13	3	147	286	0	0	0	1	6	0	0	24	126	59	665
Col %	0.3	0.0	3.8	0.6	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.2	1.8	2.4	0.7
24 Other Operations on Teeth & Gums															
Num	0	1	3	3	0	0	1	1	0	0	0	0	1	0	10
Col %	0.0	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
25 Operations on Tongue															
Num	11	5	0	21	0	0	0	3	1	2	6	4	1	1	55
Col %	0.3	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.2	0.0	0.0	0.0	0.1
26 Salivary Gland Operations															
Num	6	8	1	35	0	0	2	3	4	0	7	4	3	0	73
Col %	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1	0.0	0.2	0.0	0.0	0.0	0.1
27 Other Mouth & Face Operations															
Num	10	3	0	106	0	0	1	15	6	5	25	26	9	6	212
Col %	0.2	0.0	0.0	0.2	0.0	0.0	0.1	0.4	0.2	0.1	0.7	0.3	0.1	0.2	0.2
28 Tonsil & Adenoid Operations															
Num	81	62	6	254	0	0	13	53	40	44	103	58	38	26	778
Col %	2.0	0.8	0.2	0.6	0.0	0.0	0.9	1.5	1.1	0.6	2.7	0.6	0.6	1.1	0.8
29 Operations on Pharynx															
Num	4	3	0	20	0	0	0	1	1	2	4	9	1	1	46
Col %	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
30 Excision of Larynx															
Num	9	10	0	43	0	0	0	4	1	0	2	5	15	0	89
Col %	0.2	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.1	0.2	0.0	0.1
31 Larynx Trachea Operations, NEC															
Num	6	8	0	551	0	0	0	3	2	1	11	14	4	2	602
Col %	0.1	0.1	0.0	1.2	0.0	0.0	0.0	0.1	0.1	0.0	0.3	0.1	0.1	0.1	0.6
32 Lung & Bronchus Excision															
Num	0	0	0	10	0	0	0	0	0	0	0	0	0	0	10
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
33 Other Bronchial & Lung Operations															
Num	9	31	0	336	0	0	3	26	1	0	4	56	64	8	538
Col %	0.2	0.4	0.0	0.7	0.0	0.0	0.2	0.8	0.0	0.0	0.1	0.6	0.9	0.3	0.5
34 Thorax Operations Except Lung															
Num	12	5	7	87	0	0	0	9	3	2	4	10	20	1	160
Col %	0.3	0.1	0.2	0.2	0.0	0.0	0.0	0.3	0.1	0.0	0.1	0.1	0.3	0.0	0.2
35 Heart Valve & Septa Operations															
Num	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
36 Operations on Heart Vessels															
Num	0	0	0	48	0	0	0	0	0	0	0	0	0	0	48
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
37 Other Heart & Pericardium Operations															
Num	0	19	0	1,199	0	0	0	0	7	0	0	114	22	1	1,362
Col %	0.0	0.2	0.0	2.7	0.0	0.0	0.0	0.0	0.2	0.0	0.0	1.2	0.3	0.0	1.3
38 Vessel Incision, Excision, Occlusion															
Num	4	118	50	1,566	12	0	44	48	242	1,073	7	171	45	72	3,452
Col %	0.1	1.5	1.3	3.5	0.5	0.0	3.2	1.4	6.8	14.5	0.2	1.8	0.7	3.0	3.4
39 Other Operations on Vessels															
Num	13	47	1	594	0	0	0	13	0	0	0	4	4	0	676
Col %	0.3	0.6	0.0	1.3	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.1	0.0	0.7

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
40 Lymphatic System Operations															
Num	14	23	15	114	0	0	5	8	5	10	6	26	23	5	254
Col %	0.3	0.3	0.4	0.3	0.0	0.0	0.4	0.2	0.1	0.1	0.2	0.3	0.3	0.2	0.2
41 Bone Marrow & Spleen Operations															
Num	1	6	2	255	1	0	0	3	3	4	1	0	0	3	279
Col %	0.0	0.1	0.1	0.6	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.0	0.0	0.1	0.3
42 Operations on Esophagus															
Num	36	64	9	260	4	0	5	3	5	6	4	100	22	3	521
Col %	0.9	0.8	0.2	0.6	0.2	0.0	0.4	0.1	0.1	0.1	0.1	1.0	0.3	0.1	0.5
43 Incision, Excision of Stomach															
Num	3	5	2	63	3	0	1	11	0	4	1	13	9	1	116
Col %	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.3	0.0	0.1	0.0	0.1	0.1	0.0	0.1
44 Other Operations on Stomach															
Num	7	2	1	276	1	0	5	1	0	12	0	9	3	1	318
Col %	0.2	0.0	0.0	0.6	0.0	0.0	0.4	0.0	0.0	0.2	0.0	0.1	0.0	0.0	0.3
45 Intestinal Incision, Excision, Anastomosis															
Num	1,323	2,645	991	9,287	499	0	419	1,004	959	2,173	1,188	2,906	2,451	967	26,812
Col %	32.6	34.3	25.3	20.6	20.2	0.0	30.4	29.0	27.0	29.4	31.2	30.0	35.9	39.7	26.4
46 Other Intestinal Operations															
Num	0	1	0	27	0	0	2	1	0	0	0	7	5	1	44
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0
47 Operations on Appendix															
Num	1	6	0	11	2	0	0	2	1	7	0	2	3	0	35
Col %	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0
48 Other Rectal & Perirectal Operations															
Num	112	180	7	503	2	0	9	44	53	132	101	114	191	32	1,480
Col %	2.8	2.3	0.2	1.1	0.1	0.0	0.7	1.3	1.5	1.8	2.7	1.2	2.8	1.3	1.5
49 Operations on Anus															
Num	38	29	5	356	2	0	8	27	10	55	18	42	21	8	619
Col %	0.9	0.4	0.1	0.8	0.1	0.0	0.6	0.8	0.3	0.7	0.5	0.4	0.3	0.3	0.6

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
50 Operations on Liver															
Num	21	10	0	197	0	0	6	5	0	0	0	16	9	0	264
Col %	0.5	0.1	0.0	0.4	0.0	0.0	0.4	0.1	0.0	0.0	0.0	0.2	0.1	0.0	0.3
51 Biliary Tract Operations															
Num	65	148	48	485	5	0	35	68	34	215	41	150	130	36	1,460
Col %	1.6	1.9	1.2	1.1	0.2	0.0	2.5	2.0	1.0	2.9	1.1	1.5	1.9	1.5	1.4
52 Operations on Pancreas															
Num	0	1	0	17	0	0	0	0	0	0	0	1	1	0	20
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
53 Repair of Hernia															
Num	93	196	67	663	30	0	31	83	89	160	102	261	100	78	1,953
Col %	2.3	2.5	1.7	1.5	1.2	0.0	2.2	2.4	2.5	2.2	2.7	2.7	1.5	3.2	1.9
54 Other Abdominal Region Operations															
Num	57	32	14	263	2	0	2	28	19	15	4	31	89	20	576
Col %	1.4	0.4	0.4	0.6	0.1	0.0	0.1	0.8	0.5	0.2	0.1	0.3	1.3	0.8	0.6
55 Operations on Kidney															
Num	4	2	0	183	0	0	0	0	0	1	3	6	2	0	201
Col %	0.1	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.2
56 Operations on Ureter															
Num	24	54	5	145	3	0	1	0	7	30	18	11	46	3	347
Col %	0.6	0.7	0.1	0.3	0.1	0.0	0.1	0.0	0.2	0.4	0.5	0.1	0.7	0.1	0.3
57 Urinary Bladder Operations															
Num	46	275	106	1,326	11	0	10	9	19	43	33	48	54	35	2,015
Col %	1.1	3.6	2.7	2.9	0.4	0.0	0.7	0.3	0.5	0.6	0.9	0.5	0.8	1.4	2.0
58 Operations on Urethra															
Num	7	22	8	122	0	0	0	0	2	12	4	17	3	7	204
Col %	0.2	0.3	0.2	0.3	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.2	0.0	0.3	0.2
59 Other Urinary Tract Operations															
Num	27	24	18	406	5	0	5	20	4	37	11	59	24	24	664
Col %	0.7	0.3	0.5	0.9	0.2	0.0	0.4	0.6	0.1	0.5	0.3	0.6	0.4	1.0	0.7

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
60 Prostate & Seminal Vesicle Operations															
Num	4	27	19	188	46	0	0	0	15	11	19	21	17	7	374
Col %	0.1	0.4	0.5	0.4	1.9	0.0	0.0	0.0	0.4	0.1	0.5	0.2	0.2	0.3	0.4
61 Scrotum & Tunica Vaginalis Operations															
Num	2	9	1	51	1	0	1	0	3	3	4	12	5	3	95
Col %	0.0	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.1
62 Operations on Testes															
Num	4	7	0	82	0	0	0	0	1	0	1	7	8	2	112
Col %	0.1	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1
63 Spermatic Cord, Epididymis, Vas Deferens Operations															
Num	4	24	22	72	5	0	2	6	2	3	15	10	15	3	183
Col %	0.1	0.3	0.6	0.2	0.2	0.0	0.1	0.2	0.1	0.0	0.4	0.1	0.2	0.1	0.2
64 Operations on Penis															
Num	7	117	7	135	28	0	0	6	20	23	42	33	42	41	501
Col %	0.2	1.5	0.2	0.3	1.1	0.0	0.0	0.2	0.6	0.3	1.1	0.3	0.6	1.7	0.5
65 Operations on Ovary															
Num	33	18	13	267	3	0	4	26	10	29	6	13	25	22	469
Col %	0.8	0.2	0.3	0.6	0.1	0.0	0.3	0.8	0.3	0.4	0.2	0.1	0.4	0.9	0.5
66 Fallopian Tube Operations															
Num	11	52	18	83	1	0	3	20	24	41	22	68	57	22	422
Col %	0.3	0.7	0.5	0.2	0.0	0.0	0.2	0.6	0.7	0.6	0.6	0.7	0.8	0.9	0.4
67 Operations on Cervix															
Num	10	13	44	68	1	0	3	4	10	35	2	56	32	18	296
Col %	0.2	0.2	1.1	0.2	0.0	0.0	0.2	0.1	0.3	0.5	0.1	0.6	0.5	0.7	0.3
68 Other Uterine Incision, Excision															
Num	63	53	29	357	7	0	15	51	50	171	26	49	66	45	982
Col %	1.6	0.7	0.7	0.8	0.3	0.0	1.1	1.5	1.4	2.3	0.7	0.5	1.0	1.8	1.0
69 Other Uterus & Supporting Structure Operations															
Num	40	146	31	522	6	0	4	29	32	90	35	95	121	40	1,191
Col %	1.0	1.9	0.8	1.2	0.2	0.0	0.3	0.8	0.9	1.2	0.9	1.0	1.8	1.6	1.2

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
70 Vagina & Cul-de-sac Operations															
Num	15	6	14	197	2	0	1	18	2	23	2	8	15	5	308
Col %	0.4	0.1	0.4	0.4	0.1	0.0	0.1	0.5	0.1	0.3	0.1	0.1	0.2	0.2	0.3
71 Vulvar & Perineal Operations															
Num	5	5	3	93	1	0	3	7	1	14	1	15	17	2	167
Col %	0.1	0.1	0.1	0.2	0.0	0.0	0.2	0.2	0.0	0.2	0.0	0.2	0.2	0.1	0.2
72 Forceps, Vacuum, Breech Delivery															
Num	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
73 Assisting, Inducing Delivery, NEC															
Num	0	0	1	12	7	0	0	1	6	6	4	0	1	3	41
Col %	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.2	0.1	0.1	0.0	0.0	0.1	0.0
74 C-Section, Removal of Fetus															
Num	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
Col %	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
75 Other Obstetric Operations															
Num	1	563	419	939	471	0	0	491	509	361	0	0	301	17	4,072
Col %	0.0	7.3	10.7	2.1	19.1	0.0	0.0	14.2	14.3	4.9	0.0	0.0	4.4	0.7	4.0
76 Facial Bone & Joint Operations															
Num	0	1	0	60	0	0	0	0	0	4	0	1	5	1	72
Col %	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.1
77 Incision, Excision, Division of Bone, NEC															
Num	31	27	36	366	72	0	14	10	82	77	57	63	131	35	1,001
Col %	0.8	0.4	0.9	0.8	2.9	0.0	1.0	0.3	2.3	1.0	1.5	0.7	1.9	1.4	1.0
78 Other Bone Operations Except Face															
Num	34	46	23	274	7	0	9	17	27	32	35	56	51	16	627
Col %	0.8	0.6	0.6	0.6	0.3	0.0	0.7	0.5	0.8	0.4	0.9	0.6	0.7	0.7	0.6
79 Reduction of Fracture, Dislocation															
Num	46	103	95	317	4	0	5	68	40	72	71	115	100	28	1,064
Col %	1.1	1.3	2.4	0.7	0.2	0.0	0.4	2.0	1.1	1.0	1.9	1.2	1.5	1.1	1.0

Table O6
Outpatient Procedure Groups by Vermont Hospitals for Visits Not Originating in the Emergency Department
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Procedures and Column Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
80 Incision, Excision of Joint															
Num	250	171	131	1,222	64	0	51	70	90	149	120	369	221	87	2,995
Col %	6.2	2.2	3.3	2.7	2.6	0.0	3.7	2.0	2.5	2.0	3.2	3.8	3.2	3.6	2.9
81 Joint Repair & Plastic Operations															
Num	118	158	447	2,014	80	0	51	78	67	265	62	461	294	51	4,146
Col %	2.9	2.1	11.4	4.5	3.2	0.0	3.7	2.3	1.9	3.6	1.6	4.8	4.3	2.1	4.1
82 Hand Muscle, Tendon, Fascia Operations															
Num	78	67	59	608	2	0	28	13	55	43	29	130	91	22	1,225
Col %	1.9	0.9	1.5	1.4	0.1	0.0	2.0	0.4	1.5	0.6	0.8	1.3	1.3	0.9	1.2
83 Other Muscle, Tendon, Fascia, Bursa Operations															
Num	89	96	132	879	39	0	11	36	72	95	46	171	157	53	1,876
Col %	2.2	1.2	3.4	2.0	1.6	0.0	0.8	1.0	2.0	1.3	1.2	1.8	2.3	2.2	1.8
84 Other Musculoskeletal Procedure															
Num	12	4	10	54	12	0	2	11	10	8	6	13	5	1	148
Col %	0.3	0.1	0.3	0.1	0.5	0.0	0.1	0.3	0.3	0.1	0.2	0.1	0.1	0.0	0.1
85 Operations on the Breast															
Num	121	317	54	1,242	2	0	13	51	19	99	55	192	336	42	2,543
Col %	3.0	4.1	1.4	2.8	0.1	0.0	0.9	1.5	0.5	1.3	1.4	2.0	4.9	1.7	2.5
86 Skin & Subcutaneous Tissue Operations															
Num	69	242	181	4,963	65	0	56	123	82	402	520	375	292	53	7,423
Col %	1.7	3.1	4.6	11.0	2.6	0.0	4.1	3.6	2.3	5.4	13.7	3.9	4.3	2.2	7.3
Hospital Totals															
Num	4,055	7,702	3,920	45,034	2,471	0	1,380	3,460	3,551	7,388	3,804	9,682	6,834	2,438	101,719

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

Table O7
Top 20 Outpatient Procedure Groups by VT and NH Hospitals for Visits Not Originating in the Emergency Department
2009 VT and NH Hospital Data, including VT Residents Only
Number of Procedures and Row Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	DHMC	Other NH	Total
45 Intestinal Incision, Excision, Anastomosis																	
Num	1,146	2,636	987	8,638	498	0	306	998	873	2,162	1,124	2,784	1,848	859	3,166	951	28,976
Row %	4.0	9.1	3.4	29.8	1.7	0.0	1.1	3.4	3.0	7.5	3.9	9.6	6.4	3.0	10.9	3.3	100.0
86 Skin & Subcutaneous Tissue Operations																	
Num	55	240	180	4,309	64	0	45	122	78	400	464	352	207	41	276	98	6,931
Row %	0.8	3.5	2.6	62.2	0.9	0.0	0.6	1.8	1.1	5.8	6.7	5.1	3.0	0.6	4.0	1.4	100.0
13 Operations on Lens of Eye																	
Num	391	429	125	1,150	636	0	103	372	379	204	462	557	96	200	286	226	5,616
Row %	7.0	7.6	2.2	20.5	11.3	0.0	1.8	6.6	6.7	3.6	8.2	9.9	1.7	3.6	5.1	4.0	100.0
03 Spinal Cord & Canal Operations																	
Num	144	595	187	1,054	131	0	97	179	1	705	0	1,672	227	1	53	127	5,173
Row %	2.8	11.5	3.6	20.4	2.5	0.0	1.9	3.5	0.0	13.6	0.0	32.3	4.4	0.0	1.0	2.5	100.0
81 Joint Repair & Plastic Operations																	
Num	96	155	444	1,758	79	0	32	77	66	262	60	412	233	41	191	161	4,067
Row %	2.4	3.8	10.9	43.2	1.9	0.0	0.8	1.9	1.6	6.4	1.5	10.1	5.7	1.0	4.7	4.0	100.0
75 Other Obstetric Operations																	
Num	0	562	418	894	465	0	0	487	483	358	0	0	225	14	18	19	3,943
Row %	0.0	14.3	10.6	22.7	11.8	0.0	0.0	12.4	12.2	9.1	0.0	0.0	5.7	0.4	0.5	0.5	100.0
04 Cranial & Peripheral Nerve Operations																	
Num	85	139	277	2,016	43	0	79	129	79	188	84	278	102	84	197	136	3,916
Row %	2.2	3.5	7.1	51.5	1.1	0.0	2.0	3.3	2.0	4.8	2.1	7.1	2.6	2.1	5.0	3.5	100.0
38 Vessel Incision, Excision, Occlusion																	
Num	3	118	50	1,444	11	0	40	48	225	1,064	7	169	38	68	103	10	3,398
Row %	0.1	3.5	1.5	42.5	0.3	0.0	1.2	1.4	6.6	31.3	0.2	5.0	1.1	2.0	3.0	0.3	100.0
80 Incision, Excision of Joint																	
Num	202	170	127	1,109	64	0	37	69	85	149	111	341	176	66	336	220	3,262
Row %	6.2	5.2	3.9	34.0	2.0	0.0	1.1	2.1	2.6	4.6	3.4	10.5	5.4	2.0	10.3	6.7	100.0
85 Operations on the Breast																	
Num	102	317	54	1,104	2	0	4	51	18	98	42	173	260	36	272	25	2,558
Row %	4.0	12.4	2.1	43.2	0.1	0.0	0.2	2.0	0.7	3.8	1.6	6.8	10.2	1.4	10.6	1.0	100.0

Table O7
Top 20 Outpatient Procedure Groups by VT and NH Hospitals for Visits Not Originating in the Emergency Department
2009 VT and NH Hospital Data, including VT Residents Only
Number of Procedures and Row Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	DHMC	Other NH	Total
53 Repair of Hernia																	
Num	81	195	66	582	30	0	27	83	83	160	88	243	76	64	146	78	2,002
Row %	4.0	9.7	3.3	29.1	1.5	0.0	1.3	4.1	4.1	8.0	4.4	12.1	3.8	3.2	7.3	3.9	100.0
57 Urinary Bladder Operations																	
Num	43	275	105	1,165	11	0	6	9	18	41	29	46	48	31	95	58	1,980
Row %	2.2	13.9	5.3	58.8	0.6	0.0	0.3	0.5	0.9	2.1	1.5	2.3	2.4	1.6	4.8	2.9	100.0
83 Other Muscle, Tendon, Fascia, Bursa Operations																	
Num	78	95	131	759	38	0	9	34	67	93	41	160	124	45	166	87	1,927
Row %	4.0	4.9	6.8	39.4	2.0	0.0	0.5	1.8	3.5	4.8	2.1	8.3	6.4	2.3	8.6	4.5	100.0
14 Posterior Eye Segment Operations																	
Num	4	3	0	1,692	2	0	0	0	0	1	1	7	1	4	74	14	1,803
Row %	0.2	0.2	0.0	93.8	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.4	0.1	0.2	4.1	0.8	100.0
51 Biliary Tract Operations																	
Num	56	147	48	382	5	0	21	67	33	213	39	138	100	26	207	71	1,553
Row %	3.6	9.5	3.1	24.6	0.3	0.0	1.4	4.3	2.1	13.7	2.5	8.9	6.4	1.7	13.3	4.6	100.0
37 Other Heart & Pericardium Operations																	
Num	0	19	0	876	0	0	0	0	7	0	0	103	19	1	504	15	1,544
Row %	0.0	1.2	0.0	56.7	0.0	0.0	0.0	0.0	0.5	0.0	0.0	6.7	1.2	0.1	32.6	1.0	100.0
48 Other Rectal & Perirectal Operations																	
Num	102	180	7	451	2	0	8	44	47	131	91	110	144	30	112	40	1,499
Row %	6.8	12.0	0.5	30.1	0.1	0.0	0.5	2.9	3.1	8.7	6.1	7.3	9.6	2.0	7.5	2.7	100.0
20 Other Middle & Inner Ear Operations																	
Num	50	84	4	562	0	0	0	29	18	54	123	88	59	30	165	17	1,283
Row %	3.9	6.5	0.3	43.8	0.0	0.0	0.0	2.3	1.4	4.2	9.6	6.9	4.6	2.3	12.9	1.3	100.0
82 Hand Muscle, Tendon, Fascia Operations																	
Num	69	67	59	537	2	0	18	12	50	43	27	125	69	16	87	43	1,224
Row %	5.6	5.5	4.8	43.9	0.2	0.0	1.5	1.0	4.1	3.5	2.2	10.2	5.6	1.3	7.1	3.5	100.0
69 Other Uterus & Supporting Structure Operations																	
Num	36	145	31	478	6	0	4	27	31	90	30	91	97	33	36	37	1,172
Row %	3.1	12.4	2.6	40.8	0.5	0.0	0.3	2.3	2.6	7.7	2.6	7.8	8.3	2.8	3.1	3.2	100.0

Table O7
Top 20 Outpatient Procedure Groups by VT and NH Hospitals for Visits Not Originating in the Emergency Department
2009 VT and NH Hospital Data, including VT Residents Only
Number of Procedures and Row Percents

	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	DHMC	Other NH	Total
All Other Procedures																	
Num	717	1,108	598	8,435	303	0	107	587	478	914	672	1,232	1,099	404	2,825	678	20,157
Row %	3.6	5.5	3.0	41.8	1.5	0.0	0.5	2.9	2.4	4.5	3.3	6.1	5.5	2.0	14.0	3.4	100.0
Hospital Totals																	
Num	3,460	7,679	3,898	39,395	2,392	0	943	3,424	3,119	7,330	3,495	9,081	5,248	2,094	9,315	3,111	103,984
Row %	3.3	7.4	3.7	37.9	2.3	0.0	0.9	3.3	3.0	7.0	3.4	8.7	5.0	2.0	9.0	3.0	100.0

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

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

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

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

Table O8
Primary Cost Centers by Vermont Hospitals
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3390 Laboratory - Clinical	40,456	81,561	23,358	240,938	28,458	9,491	18,403	34,529	39,409	44,824	40,753	80,272	53,169	34,313	769,934
4100 Radiology - Diagnostic	9,784	9,391	5,677	50,334	7,683	1,860	3,749	5,375	6,449	10,767	5,166	9,748	7,205	7,600	140,788
3440 Mammography	5,900	10,651	2,801	26,861	3,032	0	1,497	3,333	4,016	3,581	4,056	9,485	7,310	3,348	85,871
Diagnostic	969	1,992	633	3,077	716	0	252	555	963	994	491	1,613	1,707	322	14,284
Screening	4,935	8,681	2,169	23,918	2,317	0	1,246	2,781	3,058	2,601	3,565	7,908	5,606	3,027	71,812
3240 Cytology	2,131	0	0	28,131	2,576	0	141	1,345	0	2,231	98	5,923	5,318	0	47,894
3630 Ultra Sound	2,287	4,449	1,742	11,814	1,981	0	616	1,489	1,165	3,191	1,406	4,884	5,686	1,918	42,628
3420 Laboratory - Pathological	1,660	1,753	512	19,969	914	150	1,083	1,681	4,656	960	5,250	1,809	1,265	920	42,582
5000 Physical Therapy	3,136	3,475	2,148	10,426	2,251	369	633	3,049	5,141	2,260	67	2,207	1	1,175	36,338
3430 Magnetic Resonance Imaging (MRI)	1,767	2,819	984	10,439	1,155	0	467	1,285	849	2,123	1,147	4,297	3,104	1,074	31,510
3230 CAT Scan	1,494	2,948	894	11,373	813	331	484	1,406	662	2,213	1,204	3,201	2,976	977	30,976
3280 EKG and EEG	1,199	1,182	561	7,777	1,043	761	282	1,415	485	423	208	1,903	1,308	260	18,807
EKG	1,147	1,070	285	5,540	971	761	282	886	406	423	208	1,047	989	260	14,275
EEG	52	112	280	2,240	72	0	0	529	79	0	0	860	320	0	4,544
3140 Cardiology	1,101	261	50	8,137	371	0	184	1,012	1,016	412	232	918	84	468	14,246
3190 Chemotherapy	523	0	199	6,642	41	0	388	527	0	0	0	891	925	213	10,349
3560 Pulmonary Function Testing	427	1,229	79	4,417	230	23	127	1,253	456	344	309	893	336	217	10,340
3450 Nuclear Medicine - Diagnostic	655	512	241	4,155	363	0	0	256	406	618	363	991	1,133	407	10,100
Pet Scan	0	111	0	406	0	0	0	0	0	0	0	376	343	0	1,236
All other	655	512	241	4,155	363	0	0	256	406	618	363	952	790	407	9,718
3650 Vascular Lab	577	904	263	3,997	235	0	70	464	241	597	258	1,226	391	353	9,576
4800 Intravenous Therapy	704	1,789	347	140	168	151	0	1,634	187	472	54	1,216	2,156	342	9,360

Table O8
Primary Cost Centers by Vermont Hospitals
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
3480 Oncology	1,909	0	0	8	42	0	0	885	0	0	0	5,358	1	0	8,203
5100 Occupational Therapy	838	554	132	3,675	470	58	317	571	1	326	0	331	0	150	7,423
3620 Stress Test	609	117	289	2,650	308	0	1	385	0	627	238	152	597	265	6,238
5700 Renal Dialysis	0	0	0	3,511	0	0	0	0	0	0	0	0	3	0	3,514
3370 Holter Monitor	299	90	0	1,842	62	39	47	264	205	172	48	246	0	92	3,406
4200 Radiology-Therapeutic	0	69	0	1,913	0	0	0	0	0	0	0	584	0	0	2,566
3260 Echocardiography	0	376	4	287	0	0	0	0	0	0	0	0	316	0	983

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

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

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

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

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

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

Pet Scan = revenue code 404

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

Table O9
Primary Cost Centers by Payer
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center		Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
3390 Laboratory - Clinical	Num	289,984	104,119	6,301	1,113	334,370	31,527	2,520	769,934
	Row %	37.7	13.5	0.8	0.1	43.4	4.1	0.3	100.0
4100 Radiology - Diagnostic	Num	41,842	21,273	1,513	3,619	67,118	5,132	291	140,788
	Row %	29.7	15.1	1.1	2.6	47.7	3.6	0.2	100.0
3440 Mammography	Num	23,841	5,649	1,047	3	54,065	1,151	115	85,871
	Row %	27.8	6.6	1.2	0.0	63.0	1.3	0.1	100.0
Diagnostic	Num	3,673	1,762	163	1	8,408	266	11	14,284
	Row %	25.7	12.3	1.1	0.0	58.9	1.9	0.1	100.0
Screening	Num	20,230	3,899	887	2	45,804	886	104	71,812
	Row %	28.2	5.4	1.2	0.0	63.8	1.2	0.1	100.0
3240 Cytology	Num	3,635	6,264	782	1	35,760	1,409	43	47,894
	Row %	7.6	13.1	1.6	0.0	74.7	2.9	0.1	100.0
3630 Ultra Sound	Num	9,346	9,082	444	33	22,411	1,254	58	42,628
	Row %	21.9	21.3	1.0	0.1	52.6	2.9	0.1	100.0
3420 Laboratory - Pathological	Num	7,827	6,465	504	8	25,571	2,091	116	42,582
	Row %	18.4	15.2	1.2	0.0	60.1	4.9	0.3	100.0
5000 Physical Therapy	Num	11,705	5,975	419	2,286	14,396	1,547	10	36,338
	Row %	32.2	16.4	1.2	6.3	39.6	4.3	0.0	100.0
3430 Magnetic Resonance Imaging (MRI)	Num	7,250	5,319	360	1,516	16,389	649	27	31,510
	Row %	23.0	16.9	1.1	4.8	52.0	2.1	0.1	100.0
3230 CAT Scan	Num	12,228	4,103	297	274	13,380	650	44	30,976
	Row %	39.5	13.2	1.0	0.9	43.2	2.1	0.1	100.0
3280 EKG and EEG	Num	6,606	3,086	192	125	8,353	418	27	18,807
	Row %	35.1	16.4	1.0	0.7	44.4	2.2	0.1	100.0
EKG	Num	5,632	2,076	136	117	5,956	332	26	14,275
	Row %	39.5	14.5	1.0	0.8	41.7	2.3	0.2	100.0
EEG	Num	976	1,014	56	8	2,401	88	1	4,544
	Row %	21.5	22.3	1.2	0.2	52.8	1.9	0.0	100.0

Table O9
Primary Cost Centers by Payer
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center		Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
3140 Cardiology	Num	6,772	1,569	143	4	5,124	610	24	14,246
	Row %	47.5	11.0	1.0	0.0	36.0	4.3	0.2	100.0
3190 Chemotherapy	Num	4,413	940	83	5	4,745	143	20	10,349
	Row %	42.6	9.1	0.8	0.0	45.8	1.4	0.2	100.0
3560 Pulmonary Function Testing	Num	4,875	1,283	101	14	3,782	268	17	10,340
	Row %	47.1	12.4	1.0	0.1	36.6	2.6	0.2	100.0
3450 Nuclear Medicine - Diagnostic	Num	4,115	1,130	114	92	4,454	192	3	10,100
	Row %	40.7	11.2	1.1	0.9	44.1	1.9	0.0	100.0
Pet Scan	Num	669	106	16	0	429	16	0	1,236
	Row %	54.1	8.6	1.3	0.0	34.7	1.3	0.0	100.0
All other	Num	3,894	1,082	114	92	4,343	190	3	9,718
	Row %	40.1	11.1	1.2	0.9	44.7	2.0	0.0	100.0
3650 Vascular Lab	Num	5,859	686	51	52	2,612	260	56	9,576
	Row %	61.2	7.2	0.5	0.5	27.3	2.7	0.6	100.0
4800 Intravenous Therapy	Num	5,758	840	30	21	2,608	100	3	9,360
	Row %	61.5	9.0	0.3	0.2	27.9	1.1	0.0	100.0
3480 Oncology	Num	4,571	722	25	1	2,806	76	2	8,203
	Row %	55.7	8.8	0.3	0.0	34.2	0.9	0.0	100.0
5100 Occupational Therapy	Num	1,935	1,119	61	980	2,968	354	6	7,423
	Row %	26.1	15.1	0.8	13.2	40.0	4.8	0.1	100.0
3620 Stress Test	Num	2,405	556	62	6	3,067	140	2	6,238
	Row %	38.6	8.9	1.0	0.1	49.2	2.2	0.0	100.0
5700 Renal Dialysis	Num	678	29	9	0	102	1,807	889	3,514
	Row %	19.3	0.8	0.3	0.0	2.9	51.4	25.3	100.0
3370 Holter Monitor	Num	1,245	423	38	4	1,609	81	6	3,406
	Row %	36.6	12.4	1.1	0.1	47.2	2.4	0.2	100.0

Table O9
Primary Cost Centers by Payer
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center		Medicare	Medicaid	Other Gov.	Workers Comp.	Private Ins.	Other	Unknown	Total
4200 Radiology-Therapeutic	Num	1,187	204	49	1	1,101	23	1	2,566
	Row %	46.3	8.0	1.9	0.0	42.9	0.9	0.0	100.0
3260 Echocardiography	Num	526	83	6	0	363	5	0	983
	Row %	53.5	8.4	0.6	0.0	36.9	0.5	0.0	100.0

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Records having multiple revenue codes within a Primary Cost Center are aggregated up to the visit level and counted just once in that cost center per visit.
The Primary Cost Centers reported here are just a partial list of all possible cost centers. See Appendix O3 for all cost centers and associated revenue codes.
Records may have more than one Primary Cost Center and could represent more than one unit of service.
Diagnostic Mammography = revenue code 401 and Screening Mammography = revenue code 403
EKG/ECG = revenue code 730,732 or 739 and EEG = revenue code 740 or 749
Pet Scan = revenue code 404

Table O10
Primary Cost Centers by Age and Sex
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center		Age Under 15		Age 15 to 44		Age 45 to 64		Age 65 and Over		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
3390 Laboratory - Clinical *	Num	14,502	16,930	51,229	145,937	116,104	144,269	124,046	156,909	769,926
	Row %	1.9	2.2	6.7	19.0	15.1	18.7	16.1	20.4	100.0
4100 Radiology - Diagnostic *	Num	6,484	6,077	17,614	19,275	20,841	31,563	14,136	24,795	140,785
	Row %	4.6	4.3	12.5	13.7	14.8	22.4	10.0	17.6	100.0
3440 Mammography	Num	2	0	23	11,872	76	50,513	58	23,327	85,871
	Row %	0.0	0.0	0.0	13.8	0.1	58.8	0.1	27.2	100.0
Diagnostic	Num	0	0	21	2,746	72	7,863	56	3,526	14,284
	Row %	0.0	0.0	0.1	19.2	0.5	55.0	0.4	24.7	100.0
Screening	Num	2	0	2	9,156	4	42,786	2	19,860	71,812
	Row %	0.0	0.0	0.0	12.7	0.0	59.6	0.0	27.7	100.0
3240 Cytology	Num	0	18	9	26,565	13	18,217	9	3,063	47,894
	Row %	0.0	0.0	0.0	55.5	0.0	38.0	0.0	6.4	100.0
3630 Ultra Sound	Num	911	1,182	1,795	16,500	2,820	11,253	2,830	5,337	42,628
	Row %	2.1	2.8	4.2	38.7	6.6	26.4	6.6	12.5	100.0
3420 Laboratory - Pathological	Num	341	297	2,814	14,298	4,688	12,356	3,251	4,537	42,582
	Row %	0.8	0.7	6.6	33.6	11.0	29.0	7.6	10.7	100.0
5000 Physical Therapy	Num	437	657	4,068	6,003	5,576	9,252	3,705	6,640	36,338
	Row %	1.2	1.8	11.2	16.5	15.3	25.5	10.2	18.3	100.0
3430 Magnetic Resonance Imaging (MRI)	Num	378	504	4,680	6,073	5,957	7,771	2,610	3,537	31,510
	Row %	1.2	1.6	14.9	19.3	18.9	24.7	8.3	11.2	100.0
3230 CAT Scan *	Num	305	278	2,651	3,914	5,577	6,880	5,330	6,040	30,975
	Row %	1.0	0.9	8.6	12.6	18.0	22.2	17.2	19.5	100.0

Table O10
Primary Cost Centers by Age and Sex
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center		Age Under 15		Age 15 to 44		Age 45 to 64		Age 65 and Over		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
3280 EKG and EEG *	Num	1,238	1,045	1,668	1,962	3,650	3,266	2,858	3,119	18,806
	Row %	6.6	5.6	8.9	10.4	19.4	17.4	15.2	16.6	100.0
EKG	Num	982	858	959	1,138	2,662	2,389	2,459	2,828	14,275
	Row %	6.9	6.0	6.7	8.0	18.6	16.7	17.2	19.8	100.0
EEG *	Num	258	187	710	830	990	877	399	292	4,543
	Row %	5.7	4.1	15.6	18.3	21.8	19.3	8.8	6.4	100.0
3140 Cardiology	Num	620	468	844	952	2,536	1,803	3,904	3,119	14,246
	Row %	4.4	3.3	5.9	6.7	17.8	12.7	27.4	21.9	100.0
3190 Chemotherapy	Num	6	9	430	981	1,962	2,795	2,139	2,027	10,349
	Row %	0.1	0.1	4.2	9.5	19.0	27.0	20.7	19.6	100.0
3560 Pulmonary Function Testing *	Num	362	288	698	1,027	1,603	2,062	1,970	2,329	10,339
	Row %	3.5	2.8	6.8	9.9	15.5	19.9	19.1	22.5	100.0
3450 Nuclear Medicine - Diagnostic	Num	113	92	579	1,063	1,923	2,452	1,920	1,958	10,100
	Row %	1.1	0.9	5.7	10.5	19.0	24.3	19.0	19.4	100.0
Pet Scan	Num	5	0	42	38	254	249	339	309	1,236
	Row %	0.4	0.0	3.4	3.1	20.6	20.1	27.4	25.0	100.0
All other	Num	113	92	570	1,055	1,852	2,375	1,813	1,848	9,718
	Row %	1.2	0.9	5.9	10.9	19.1	24.4	18.7	19.0	100.0
3650 Vascular Lab	Num	69	14	510	675	1,353	1,456	2,683	2,816	9,576
	Row %	0.7	0.1	5.3	7.0	14.1	15.2	28.0	29.4	100.0
4800 Intravenous Therapy	Num	26	41	332	794	1,445	1,706	2,427	2,589	9,360
	Row %	0.3	0.4	3.5	8.5	15.4	18.2	25.9	27.7	100.0

Table O10
Primary Cost Centers by Age and Sex
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Primary Cost Center		Age Under 15		Age 15 to 44		Age 45 to 64		Age 65 and Over		Total
		Male	Female	Male	Female	Male	Female	Male	Female	
3480 Oncology	Num	3	18	209	402	1072	2189	1734	2576	8,203
	Row %	0.0	0.2	2.5	4.9	13.1	26.7	21.1	31.4	100.0
5100 Occupational Therapy	Num	180	134	1196	1115	1215	1906	666	1011	7,423
	Row %	2.4	1.8	16.1	15.0	16.4	25.7	9.0	13.6	100.0
3620 Stress Test	Num	25	13	441	300	1867	1258	1325	1009	6,238
	Row %	0.4	0.2	7.1	4.8	29.9	20.2	21.2	16.2	100.0
5700 Renal Dialysis	Num	0	6	224	161	722	515	1018	868	3,514
	Row %	0.0	0.2	6.4	4.6	20.5	14.7	29.0	24.7	100.0
3370 Holter Monitor	Num	96	92	331	592	446	601	587	661	3,406
	Row %	2.8	2.7	9.7	17.4	13.1	17.6	17.2	19.4	100.0
4200 Radiology-Therapeutic	Num	8	3	65	130	444	728	611	577	2,566
	Row %	0.3	0.1	2.5	5.1	17.3	28.4	23.8	22.5	100.0
3260 Echocardiography	Num	2	2	63	87	148	186	244	251	983
	Row %	0.2	0.2	6.4	8.9	15.1	18.9	24.8	25.5	100.0

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

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

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

Pet Scan = revenue code 404

* Total does not equal total for Cost Center because of missing sex or age.

Table O11
CCS High Level Diagnostic Groups
2009 Expanded Outpatient Services in VT Hospitals, including VT Residents and Non-Residents

Clinical Classification System (CCS) High-Level Diagnostic Group	# Records	%
Symptoms, signs & ill-defined conditions	306,837	19.8
Endocrine, nutritional, metabolic & immunity disorders	189,896	12.2
Musculoskeletal system & connective tissue	181,624	11.7
Diseases of the circulatory system	172,606	11.1
Diseases of the genitourinary system	137,105	8.8
Neoplasms	90,764	5.9
Diseases of the respiratory system	88,214	5.7
Diseases of the nervous system & sense organs	67,450	4.4
Injury & poisoning	51,470	3.3
Diseases of the digestive system	45,810	3.0
Mental disorders	40,326	2.6
Contraception & complications of pregnancy & childbirth	38,408	2.5
Infectious & parasitic diseases	36,303	2.3
Diseases of the blood & blood-forming organs	32,139	2.1
Diseases of the skin & subcutaneous tissue	28,871	1.9
Congenital anomalies	4,487	0.3
Conditions originating in the perinatal period	1,793	0.1
Residual codes, unclassified, all Ecodes	28,331	1.8
Missing	7,871	0.5
Total	1,550,305	100.0

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

Table O12
Primary Diagnostic Groups
2009 Expanded Outpatient Services in VT Hospitals and 2008 United States Outpatient Department Visits

Primary Diagnosis Group	ICD-9-CM code range	VT Expanded Outpatient Services		United States 2008 Data	
		# Records	%	# Records (rounded to thousands)	%
Arthropathies and related disorders	710-719	78,159	5.0	2,847,000	2.6
Specific Procedures and aftercare	V50-V59.9	67,062	4.3	1,654,000	1.5
Diabetes mellitus	250	63,505	4.1	3,700,000	3.4
Malignant neoplasms	140-208, 230-234	58,315	3.8	4,182,000	3.8
Spinal disorders	720-724	54,075	3.5	2,964,000	2.7
Essential hypertension	401	47,566	3.1	4,417,000	4.0
General medical exam	V70	35,539	2.3	1,330,000	1.2
Rheumatism, excluding back	725-729	33,950	2.2	1,645,000	1.5
Normal pregnancy	V22	24,209	1.6	2,548,000	2.3
Acute pharyngitis	462	18,032	1.2	1,486,000	1.4
Potential health hazards related to communicable diseases	V01-V09	11,599	0.7	1,502,000	1.4
Acute upper respiratory, excluding pharyngitis	460-461, 463-466	10,938	0.7	4,260,000	3.9
Complications of pregnancy, childbirth, and the puerperium	630-677	10,189	0.7	1,370,000	1.2
Psychoses, excluding major depressive disorders	290-295, 296.0-296.1, 296.4-299	9,507	0.6	1,496,000	1.4
Potential health hazards related to personal and family history	V10-V19	8,517	0.5	1,160,000	1.1
Routine infant or child health check	V20.2	6,944	0.4	4,243,000	3.9
Asthma	493	5,587	0.4	1,663,000	1.5
Otitis media and eustachian tube disorders	381-382	4,841	0.3	1,809,000	1.6
Heart disease, excluding ischemic	420-429	4,514	0.3	2,059,000	1.9
Follow up examination	V67	3,127	0.2	1,333,000	1.2
All other including missing		994,130	64.1	62,221,000	56.6
Total		1,550,305	100.0	109,889,000	100.0

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

Primary Diagnosis Groups and United States Data are taken from the National Health Statistics Reports: National Hospital Ambulatory Medical Care Survey, 2008 Outpatient Department Summary Tables. National Center for Health Statistics. 2008.

**Table O13
Observation Bed Records by VT Hospital and Setting
2009 VT Hospital Data, including VT Residents and Non-Residents
Number of Records and Average Charges**

Hospital	Inpatient		Outpatient								Total Records with Observation Flag	
			ED Flag only		ED FLAG and Procedure in Range		Procedure in Range Only		No Flag			
	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg	Num	Avg Chrg
BRATTLEBORO MEMORIAL HOSPITAL	83	\$8,439	67	\$7,104	15	\$7,354	22	\$6,451	210	\$785	397	\$4,014
CENTRAL VERMONT MEDICAL CENTER	267	\$15,837	832	\$7,259	131	\$11,521	249	\$9,233	111	\$2,578	1,590	\$9,033
COPLEY HOSPITAL	27	\$6,693	330	\$3,346	38	\$6,113	225	\$2,861	41	\$2,272	661	\$3,410
FLETCHER ALLEN HEALTH CARE	344	\$18,675	1,140	\$6,137	174	\$11,146	277	\$14,497	146	\$5,617	2,081	\$9,705
GIFFORD MEDICAL CENTER	71	\$12,938	237	\$6,956	10	\$16,081	79	\$9,489	52	\$4,837	449	\$8,305
GRACE COTTAGE HOSPITAL	1	\$13,977	31	\$3,290	0	\$0	0	\$0	1	\$1,498	33	\$3,559
MT. ASCUTNEY HOSPITAL AND HEALTH CTR.	3	\$10,886	128	\$5,263	19	\$7,332	3	\$19,316	5	\$3,757	158	\$5,838
NORTH COUNTRY HOSPITAL	38	\$14,654	298	\$5,088	58	\$12,402	174	\$9,849	93	\$3,679	661	\$7,335
NORTHEASTERN VERMONT REGIONAL HOSPITAL	114	\$11,831	112	\$3,799	20	\$9,838	63	\$18,071	153	\$1,398	462	\$7,193
NORTHWESTERN MEDICAL CENTER	167	\$11,980	740	\$4,969	154	\$9,173	275	\$9,725	90	\$2,106	1,426	\$6,981
PORTER MEDICAL CENTER	46	\$12,220	439	\$4,808	50	\$8,707	48	\$10,201	141	\$1,491	724	\$5,260
RUTLAND REGIONAL MEDICAL CENTER	422	\$16,436	1,338	\$5,775	106	\$11,135	61	\$18,419	264	\$3,315	2,191	\$8,143
SOUTHWESTERN VT. MEDICAL CENTER	204	\$13,714	1,357	\$5,400	76	\$8,380	12	\$11,709	38	\$4,281	1,687	\$6,559
SPRINGFIELD HOSPITAL	52	\$10,900	198	\$4,380	29	\$7,806	66	\$10,137	18	\$2,397	363	\$6,536
Total VT Hospitals	1,839	\$14,828	7,247	\$5,615	880	\$10,112	1,554	\$10,204	1,363	\$2,695	12,883	\$7,482

Inpatient records exclude MDC 15 (newborns).

Emergency Department records are flagged using revenue codes between 450 and 459.

Observation records are flagged using revenue code 760 or 762.

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

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

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2009 VT Hospital Data, including VT Residents and Non-Residents

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

Clinical Classification System, High and Single Level Diagnostic Group	# Records	%
Contraception & complications of pregnancy & childbirth	457	33.5
196 Normal pregnancy and/or delivery	202	
184 Early or threatened labor	97	
181 Other complications of pregnancy	85	
Other	73	
Diseases of the respiratory system	156	11.4
128 Asthma	50	
125 Acute bronchitis	33	
122 Pneumonia (except TB or STD related)	22	
126 Other upper respiratory infections	17	
Other	34	
Diseases of the circulatory system	121	8.9
102 Nonspecific chest pain	50	
106 Cardiac dysrhythmias	28	
Other	43	
Endocrine, nutritional, metabolic & immunity disorders	118	8.7
55 Fluid & electrolyte disorders	103	
Other	15	
Diseases of the digestive system	116	8.5
154 Noninfectious gastroenteritis	42	
145 Intestinal obstruction without hernia	32	
155 Other gastrointestinal disorders	12	
Other	30	
Symptoms, signs & ill-defined conditions	74	5.4
Diseases of the blood & blood-forming organs	54	4.0

Table O14
Observation Bed Records by CCS High and Single Level Diagnostic Groups
2009 VT Hospital Data, including VT Residents and Non-Residents

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

Clinical Classification System, High and Single Level Diagnostic Group	# Records	%
Diseases of the nervous system & sense organs	51	3.7
Conditions originating in the perinatal period	42	3.1
Diseases of the genitourinary system	37	2.7
Injury & poisoning	35	2.6
Mental disorders	30	2.2
Musculoskeletal system & connective tissue	20	1.5
Neoplasms	15	1.1
Infectious & parasitic diseases	13	1.0
Diseases of the skin & subcutaneous tissue	12	0.9
Congenital anomalies	0	0.0
Residual codes, unclassified, all Ecodes	9	0.7
Records with invalid or missing primary diagnosis	3	0.2
Total	1,363	100.0

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

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

**Table O15
Clinical Classification Software (CCS) Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals**

CPT Procedure Groups	Non- Emergency Department Procedures		Emergency Department Procedures		Total Outpatient Procedures	
	Count	Col %	Count	Col %	Count	Col %
1 Operations on the nervous system	19,170	0.4	1,163	0.1	20,333	0.3
2 Operations on the endocrine system	412	0.0	1	0.0	413	0.0
3 Operations on the eye	7,554	0.2	71	0.0	7,625	0.1
4 Operations on the ear	2,104	0.0	186	0.0	2,290	0.0
5 Operations on the nose, mouth and pharynx	3,440	0.1	826	0.1	4,266	0.1
6 Operations on the respiratory system	15,572	0.3	374	0.0	15,946	0.3
7 Operations on the cardiovascular system	18,098	0.4	1,948	0.2	20,046	0.3
8 Operations on the hemic and lymphatic system	945	0.0	14	0.0	959	0.0
9 Operations on the digestive system	74,904	1.6	1,056	0.1	75,960	1.3
10 Operations on the urinary system	4,386	0.1	2,451	0.2	6,837	0.1
11 Operations on the male genital organs	1,305	0.0	22	0.0	1,327	0.0
12 Operations on the female genital organs	10,944	0.2	156	0.0	11,100	0.2
13 Obstetrical procedures	6,638	0.1	193	0.0	6,831	0.1
14 Operations on the musculoskeletal system	14,423	0.3	1,982	0.2	16,405	0.3
15 Operations on the integumentary system	22,484	0.5	9,378	0.7	31,862	0.5
16 Miscellaneous diagnostic and therapeutic procedures	1,981,818	42.2	750,630	58.1	2,732,448	45.7
17 New categories added to effectively represent codes specific to CPT/HCPCS	2,505,975	53.4	520,365	40.3	3,026,340	50.6
99 CPT/HCPCS present but no assigned CCS group	2,686	0.1	136	0.0	2,822	0.0
Total	4,692,858	100.0	1,290,952	100.0	5,983,810	100.0

All 2009 Outpatient CPT/HCPCS procedures and services include Emergency visits not resulting in an inpatient stay and Outpatient visits with or without a procedure in range. This table categorizes all CPT/HCPCS procedures for each visit, not just primary procedure.

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

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 1: Operations on the nervous system						
1 Incision & excision of CNS	1	0.0	0	0.0	1	0.0
2 Insertion, replacem, rem of extracranial ventricular shunt	8	0.0	0	0.0	8	0.0
3 Laminectomy, excision intervertebral disc	508	2.6	2	0.2	510	2.5
4 Diagnostic spinal tap	89	0.5	341	29.3	430	2.1
5 Insert cath, spinal stimulator, inject into spinal canal	6,860	35.8	8	0.7	6,868	33.8
6 Decompression peripheral nerve	1,495	7.8	4	0.3	1,499	7.4
7 Other diagnostic nervous system procedures	7,086	37.0	16	1.4	7,102	34.9
8 Other non-OR or closed therapeutic nerv syst procs	1,133	5.9	784	67.4	1,917	9.4
9 Other OR therapeutic nervous system procedures	1,990	10.4	8	0.7	1,998	9.8
Total	19,170	100.0	1,163	100.0	20,333	100.0
CPT Procedure Group 2: Operations on the endocrine system						
10 Thyroidectomy, partial or complete	134	32.5	0	0.0	134	32.4
11 Diagnostic endocrine procedures	88	21.4	0	0.0	88	21.3
12 Other therapeutic endocrine procedures	190	46.1	1	100.0	191	46.2
Total	412	100.0	1	100.0	413	100.0
CPT Procedure Group 3: Operations on the eye						
13 Corneal transplant	28	0.4	0	0.0	28	0.4
14 Glaucoma procedures	274	3.6	0	0.0	274	3.6
15 Lens & cataract procedures	4,660	61.7	6	8.5	4,666	61.2
16 Repair of retinal tear, detachment	159	2.1	4	5.6	163	2.1
17 Destruction of lesion of retina & choroid	125	1.7	0	0.0	125	1.6
18 Diagnostic procedures on eye	23	0.3	0	0.0	23	0.3
19 Other therapeutic procedures on eyelids, conjunctiva, cornea	574	7.6	50	70.4	624	8.2
20 Other intraocular therapeutic procedures	1,573	20.8	7	9.9	1,580	20.7
21 Other extraocular muscle & orbit therapeutic procedures	138	1.8	4	5.6	142	1.9
Total	7,554	100.0	71	100.0	7,625	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 4: Operations on the ear						
22 Tympanoplasty	106	5.0	0	0.0	106	4.6
23 Myringotomy	1,146	54.5	1	0.5	1,147	50.1
24 Mastoidectomy	18	0.9	0	0.0	18	0.8
25 Diagnostic procedures on ear	14	0.7	0	0.0	14	0.6
26 Other therapeutic ear procedures	820	39.0	185	99.5	1,005	43.9
Total	2,104	100.0	186	100.0	2,290	100.0
CPT Procedure Group 5: Operations on the nose, mouth and pharynx						
27 Control of epistaxis	92	2.7	454	55.0	546	12.8
28 Plastic procedures on nose	283	8.2	2	0.2	285	6.7
29 Dental procedures	127	3.7	146	17.7	273	6.4
30 Tonsillectomy and/or adenoidectomy	912	26.5	2	0.2	914	21.4
31 Diagnostic procedures on nose, mouth & pharynx	1,202	34.9	94	11.4	1,296	30.4
32 Other non-OR therapeutic procedures on nose, mouth & pharynx	34	1.0	45	5.4	79	1.9
33 Other OR therapeutic procedures on nose, mouth & pharynx	790	23.0	83	10.0	873	20.5
Total	3,440	100.0	826	100.0	4,266	100.0
CPT Procedure Group 6: Operations on the respiratory system						
34 Tracheostomy, temporary & permanent	0	0.0	1	0.3	1	0.0
35 Tracheoscopy & laryngoscopy with biopsy	654	4.2	45	12.0	699	4.4
36 Lobectomy or pneumonectomy	1	0.0	0	0.0	1	0.0
37 Diagnostic bronchoscopy & biopsy of bronchus	409	2.6	9	2.4	418	2.6
38 Other diagnostic procedures on lung & bronchus	13,901	89.3	99	26.5	14,000	87.8
39 Incision of pleura, thoracentesis, chest drainage	150	1.0	56	15.0	206	1.3
40 Other diagnostic proc of respiratory tract & mediastinum	34	0.2	0	0.0	34	0.2
41 Other non-OR therapeutic procedures on respiratory system	266	1.7	124	33.2	390	2.4
42 Other OR therapeutic procedures on respiratory system	157	1.0	40	10.7	197	1.2
Total	15,572	100.0	374	100.0	15,946	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

**Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals**

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 7: Operations on the cardiovascular system						
43 Heart valve procedures	1	0.0	0	0.0	1	0.0
45 Percutaneous transluminal coronary angioplasty (PTCA)	248	1.4	6	0.3	254	1.3
46 Coronary thrombolysis	0	0.0	9	0.5	9	0.0
47 Diagnostic cardiac catheterization, coronary arteriography	4,936	27.3	394	20.2	5,330	26.6
48 Insert, revis, replacet, rem pacemaker or cardioverter/defib	506	2.8	12	0.6	518	2.6
49 Other OR heart procedures	5	0.0	1	0.1	6	0.0
52 Aortic resection, replacement or anastomosis	0	0.0	1	0.1	1	0.0
53 Varicose vein stripping, lower limb	165	0.9	0	0.0	165	0.8
54 Other vascular catheterization, not heart	4,363	24.1	1,076	55.2	5,439	27.1
56 Other vascular bypass & shunt, not heart	9	0.0	0	0.0	9	0.0
57 Creat, revis, rem of arteriovascular fistula or cannula for dialysis	222	1.2	4	0.2	226	1.1
59 Other OR procedures on vessels of head & neck	69	0.4	1	0.1	70	0.3
60 Embolectomy & endarterectomy of lower limbs	51	0.3	0	0.0	51	0.3
61 Other OR procedures on vessels other than head & neck	580	3.2	13	0.7	593	3.0
62 Other diagnostic cardiovascular procedures	2,026	11.2	9	0.5	2,035	10.2
63 Other non-OR therapeutic cardiovascular procedures	4,917	27.2	422	21.7	5,339	26.6
Total	18,098	100.0	1,948	100.0	20,046	100.0
CPT Procedure Group 8: Operations on the hemic and lymphatic system						
64 Bone marrow transplant	75	7.9	0	0.0	75	7.8
65 Bone marrow biopsy	411	43.5	2	14.3	413	43.1
66 Procedures on spleen	0	0.0	1	7.1	1	0.1
67 Other therapeutic procedures, hemic & lymphatic system	459	48.6	11	78.6	470	49.0
Total	945	100.0	14	100.0	959	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
CCS CPT Procedure Groups can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 9: Operations on the digestive system						
68 Injection or ligation of esophageal varices	43	0.1	3	0.3	46	0.1
69 Esophageal dilatation	652	0.9	16	1.5	668	0.9
70 Upper gastrointestinal endoscopy, biopsy	6,836	9.1	248	23.5	7,084	9.3
71 Gastrostomy, temporary & permanent	145	0.2	32	3.0	177	0.2
72 Colostomy, temporary & permanent	2	0.0	0	0.0	2	0.0
73 Ileostomy & other enterostomy	13	0.0	2	0.2	15	0.0
75 Small bowel resection	0	0.0	1	0.1	1	0.0
76 Colonoscopy & biopsy	21,316	28.5	42	4.0	21,358	28.1
77 Proctoscopy & anorectal biopsy	742	1.0	46	4.4	788	1.0
78 Colorectal resection	1	0.0	1	0.1	2	0.0
79 Local excision of large intestine lesion (not endoscopic)	1	0.0	0	0.0	1	0.0
80 Appendectomy	39	0.1	231	21.9	270	0.4
81 Hemorrhoid procedures	286	0.4	43	4.1	329	0.4
82 Endoscopic retrograde cannulation of pancreas (ERCP)	733	1.0	34	3.2	767	1.0
83 Biopsy of liver	236	0.3	2	0.2	238	0.3
84 Cholecystectomy & common duct exploration	978	1.3	51	4.8	1,029	1.4
85 Inguinal & femoral hernia repair	1,091	1.5	8	0.8	1,099	1.4
86 Other hernia repair	880	1.2	20	1.9	900	1.2
87 Laparoscopy	217	0.3	8	0.8	225	0.3
88 Abdominal paracentesis	210	0.3	58	5.5	268	0.4
89 Exploratory laparotomy	2	0.0	0	0.0	2	0.0
90 Excision, lysis peritoneal adhesions	4	0.0	0	0.0	4	0.0
91 Peritoneal dialysis	39,370	52.6	0	0.0	39,370	51.8
93 Other non-OR upper GI therapeutic procedures	85	0.1	136	12.9	221	0.3
94 Other OR upper GI therapeutic procedures	95	0.1	2	0.2	97	0.1
95 Other non-OR lower GI therapeutic procedures	91	0.1	0	0.0	91	0.1
96 Other OR lower GI therapeutic procedures	282	0.4	52	4.9	334	0.4
97 Other gastrointestinal diagnostic procedures	392	0.5	0	0.0	392	0.5
98 Other non-OR gastrointestinal therapeutic procedures	46	0.1	16	1.5	62	0.1
99 Other OR gastrointestinal therapeutic procedures	116	0.2	4	0.4	120	0.2
Total	74,904	100.0	1,056	100.0	75,960	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 10: Operations on the urinary system						
100 Endoscopy & endoscopic biopsy of the urinary tract	1,275	29.1	8	0.3	1,283	18.8
101 Transurethral excision, drainage, rem urinary obstruction	498	11.4	35	1.4	533	7.8
102 Ureteral catheterization	482	11.0	62	2.5	544	8.0
103 Nephrotomy & nephrostomy	6	0.1	0	0.0	6	0.1
106 Genitourinary incontinence procedures	337	7.7	1	0.0	338	4.9
107 Extracorporeal lithotripsy, urinary	602	13.7	12	0.5	614	9.0
108 Indwelling catheter	424	9.7	2,023	82.5	2,447	35.8
109 Procedures on the urethra	125	2.8	4	0.2	129	1.9
110 Other diagnostic procedures of urinary tract	92	2.1	278	11.3	370	5.4
111 Other non-OR therapeutic procedures of urinary tract	349	8.0	26	1.1	375	5.5
112 Other OR therapeutic procedures of urinary tract	196	4.5	2	0.1	198	2.9
Total	4,386	100.0	2,451	100.0	6,837	100.0
CPT Procedure Group 11: Operations on the male genital organs						
113 Transurethral resection of prostate (TURP)	71	5.4	2	9.1	73	5.5
114 Open prostatectomy	7	0.5	0	0.0	7	0.5
115 Circumcision	338	25.9	1	4.5	339	25.5
116 Diagnostic procedures, male genital	224	17.2	2	9.1	226	17.0
117 Other non-OR therapeutic procedures, male genital	139	10.7	3	13.6	142	10.7
118 Other OR therapeutic procedures, male genital	526	40.3	14	63.6	540	40.7
Total	1,305	100.0	22	100.0	1,327	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 12: Operations on the female genital organs						
119 Oophorectomy, unilateral & bilateral	159	1.5	4	2.6	163	1.5
120 Other operations on ovary	116	1.1	1	0.6	117	1.1
121 Ligation of fallopian tubes	307	2.8	1	0.6	308	2.8
123 Other operations on fallopian tubes	57	0.5	0	0.0	57	0.5
124 Hysterectomy, abdominal & vaginal	238	2.2	0	0.0	238	2.1
125 Other excision of cervix & uterus	569	5.2	2	1.3	571	5.1
126 Abortion (termination of pregnancy)	25	0.2	0	0.0	25	0.2
127 D&C, aspiration after delivery or abortion	230	2.1	59	37.8	289	2.6
128 Diagnostic dilatation & curettage (D&C)	144	1.3	8	5.1	152	1.4
129 Repair cystocele & rectocele, oblit of vaginal vault	131	1.2	1	0.6	132	1.2
130 Other diagnostic procedures, female organs	7,850	71.7	9	5.8	7,859	70.8
131 Other non-OR therapeutic procedures, female organs	647	5.9	16	10.3	663	6.0
132 Other OR therapeutic procedures, female organs	471	4.3	55	35.3	526	4.7
Total	10,944	100.0	156	100.0	11,100	100.0
CPT Procedure Group 13: Obstetrical procedures						
122 Removal of ectopic pregnancy	12	0.2	10	5.2	22	0.3
135 Forceps, vacuum & breech delivery	1	0.0	0	0.0	1	0.0
137 Other procedures to assist delivery	37	0.6	0	0.0	37	0.5
138 Diagnostic amniocentesis	10	0.2	0	0.0	10	0.1
139 Fetal monitoring	6,504	98.0	183	94.8	6,687	97.9
140 Repair of current obstetric laceration	1	0.0	0	0.0	1	0.0
141 Other therapeutic obstetrical procedures	73	1.1	0	0.0	73	1.1
Total	6,638	100.0	193	100.0	6,831	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 14: Operations on the musculoskeletal system						
142 Partial excision bone	600	4.2	3	0.2	603	3.7
143 Bunionectomy or repair of toe deformities	538	3.7	1	0.1	539	3.3
144 Treatment, facial fracture or dislocation	81	0.6	43	2.2	124	0.8
145 Treatment, fracture or disloc of radius & ulna	308	2.1	597	30.1	905	5.5
146 Treatment, fracture or disloc of hip & femur	13	0.1	52	2.6	65	0.4
147 Treatment, fracture or disloc of lower extremity	286	2.0	271	13.7	557	3.4
148 Other fracture & dislocation procedure	411	2.8	631	31.8	1,042	6.4
149 Arthroscopy	683	4.7	2	0.1	685	4.2
150 Division of joint capsule, ligament or cartilage	140	1.0	0	0.0	140	0.9
151 Excision of semilunar cartilage of knee	1,713	11.9	3	0.2	1,716	10.5
152 Arthroplasty knee	39	0.3	0	0.0	39	0.2
154 Arthroplasty other than hip or knee	591	4.1	0	0.0	591	3.6
155 Arthrocentesis	2,828	19.6	219	11.0	3,047	18.6
156 Injections & aspirations of muscles, tendons, etc.	760	5.3	11	0.6	771	4.7
157 Amputation of lower extremity	91	0.6	0	0.0	91	0.6
158 Spinal fusion	203	1.4	0	0.0	203	1.2
159 Other diagnostic procedures on musculoskeletal system	194	1.3	6	0.3	200	1.2
160 Other therapeutic procedures on muscles & tendons	2,484	17.2	84	4.2	2,568	15.7
161 Other OR therapeutic procedures on bone	808	5.6	4	0.2	812	4.9
162 Other OR therapeutic procedures on joints	1,491	10.3	11	0.6	1,502	9.2
163 Other non-OR therapeutic procedures on musc system	3	0.0	5	0.3	8	0.0
164 Other OR therapeutic procedures on musc system	158	1.1	39	2.0	197	1.2
Total	14,423	100.0	1,982	100.0	16,405	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
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Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 15: Operations on the integumentary system						
165 Breast biopsy & other diagnostic procedures on breast	2,625	11.7	3	0.0	2,628	8.2
166 Lumpectomy, quadrantectomy of breast	736	3.3	0	0.0	736	2.3
167 Mastectomy	64	0.3	0	0.0	64	0.2
168 Incision & drainage, skin & subcutaneous tissue	370	1.6	1,288	13.7	1,658	5.2
169 Debridement of wound, infection or burn	528	2.3	281	3.0	809	2.5
170 Excision of skin lesion	7,213	32.1	97	1.0	7,310	22.9
171 Suture of skin & subcutaneous tissue	2,060	9.2	7,095	75.7	9,155	28.7
172 Skin graft	562	2.5	10	0.1	572	1.8
173 Other diagnostic proc on skin & subcutaneous tissue	2,796	12.4	11	0.1	2,807	8.8
174 Other non-OR therapeutic procedures on skin & breast	4,890	21.7	442	4.7	5,332	16.7
175 Other OR therapeutic procedures on skin & breast	640	2.8	151	1.6	791	2.5
Total	22,484	100.0	9,378	100.0	31,862	100.0
CPT Procedure Group 16: Miscellaneous diagnostic and therapeutic procedures						
176 Other organ transplantation	2	0.0	0	0.0	2	0.0
177 Computerized axial tomography (CT) scan head	6,747	0.3	12,690	1.7	19,437	0.7
178 CT scan chest	9,121	0.5	2,651	0.4	11,772	0.4
179 CT scan abdomen	24,922	1.3	18,329	2.4	43,251	1.6
180 Other CT scan	6,224	0.3	3,679	0.5	9,903	0.4
181 Myelogram	255	0.0	2	0.0	257	0.0
182 Mammography	80,418	4.1	15	0.0	80,433	2.9
183 Routine chest X-ray	33,699	1.7	36,320	4.8	70,019	2.6
184 Intraoperative cholangiogram	271	0.0	12	0.0	283	0.0
185 Upper gastrointestinal X-ray	4,172	0.2	89	0.0	4,261	0.2
186 Lower gastrointestinal X-ray	354	0.0	9	0.0	363	0.0
187 Intravenous pyelogram	140	0.0	5	0.0	145	0.0
188 Cerebral arteriogram	256	0.0	3	0.0	259	0.0
189 Contrast aortogram	326	0.0	31	0.0	357	0.0
190 Contrast arteriogram of femoral & lower extremity arteries	54	0.0	1	0.0	55	0.0
191 Arterio- or venogram (not heart & head)	1,506	0.1	237	0.0	1,743	0.1
192 Diagnostic ultrasound of head & neck	7,044	0.4	331	0.0	7,375	0.3

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
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Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 16: Miscellaneous diagnostic and therapeutic procedures (continued)						
193 Diagnostic ultrasound of heart (echocardiogram)	16,591	0.8	1,681	0.2	18,272	0.7
195 Diagnostic ultrasound of urinary tract	21	0.0	2	0.0	23	0.0
196 Diagnostic ultrasound of abdomen or retroperitoneum	14,177	0.7	3,141	0.4	17,318	0.6
197 Other diagnostic ultrasound	39,777	2.0	5,617	0.7	45,394	1.7
198 Magnetic resonance imaging	37,576	1.9	1,553	0.2	39,129	1.4
199 Electroencephalogram (EEG)	2,066	0.1	92	0.0	2,158	0.1
200 Nonoperative urinary system measurements	33,146	1.7	28,832	3.8	61,978	2.3
201 Cardiac stress tests	6,603	0.3	1,028	0.1	7,631	0.3
202 Electrocardiogram	18,587	0.9	39,216	5.2	57,803	2.1
203 Electrographic cardiac monitoring	8,100	0.4	1,001	0.1	9,101	0.3
205 Arterial blood gases	673	0.0	1,409	0.2	2,082	0.1
206 Microscopic exam (bacterial smear, culture, toxicology)	334,220	16.9	92,842	12.4	427,062	15.6
207 Radioisotope bone scan	2,752	0.1	11	0.0	2,763	0.1
208 Radioisotope pulmonary scan	79	0.0	29	0.0	108	0.0
209 Radioisotope scan & function studies	13,734	0.7	2,091	0.3	15,825	0.6
210 Other radioisotope scan	943	0.0	110	0.0	1,053	0.0
211 Therapeutic radiology	38,213	1.9	40	0.0	38,253	1.4
212 Diagnostic physical therapy	28,695	1.4	1,210	0.2	29,905	1.1
213 Physical therapy exercises, manipulation & other proc	216,659	10.9	991	0.1	217,650	8.0
214 Traction, splints & other wound care	5,599	0.3	5,464	0.7	11,063	0.4
215 Other physical therapy & rehabilitation	23,442	1.2	141	0.0	23,583	0.9
216 Respiratory intubation & mechanical ventilation	23	0.0	308	0.0	331	0.0
217 Other respiratory therapy	1,870	0.1	7,537	1.0	9,407	0.3
218 Psychological & psychiatric evaluation & therapy	18,908	1.0	64	0.0	18,972	0.7
219 Alcohol & drug rehabilitation/detoxification	160	0.0	0	0.0	160	0.0
220 Ophthalmologic & otologic diagnosis & treatment	9,084	0.5	76	0.0	9,160	0.3
222 Blood transfusion	5,913	0.3	717	0.1	6,630	0.2
224 Cancer chemotherapy	21,019	1.1	15	0.0	21,034	0.8
225 Conversion of cardiac rhythm	167	0.0	1	0.0	168	0.0
226 Other diagnostic radiology & related techniques	209,472	10.6	66,718	8.9	276,190	10.1
227 Other diagnostic procedures (interview, eval, consult)	194,833	9.8	249,954	33.3	444,787	16.3

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O16
Clinical Classification Software (CCS) Single Level Category Within Higher Level Group for CPT/HCPCS Procedures
2009 Outpatient Procedures Performed in Vermont Hospitals

CCS Category and Description	Non- Emergency Department Procedures		Emergency Department		Total Outpatient Procedures	
	Count	Group %	Count	Group %	Count	Group %
CPT Procedure Group 16: Miscellaneous diagnostic and therapeutic procedures (continued)						
228 Prophylactic vaccinations & inoculations	29,110	1.5	9,180	1.2	38,290	1.4
229 Nonoperative removal of foreign body	76	0.0	342	0.0	418	0.0
230 Extracorporeal shock wave lithotripsy, other than urinary	2	0.0	0	0.0	2	0.0
231 Other therapeutic procedures	474,017	23.9	154,813	20.6	628,830	23.0
Total	1,981,818	100.0	750,630	100.0	2,732,448	100.0
CPT Procedure Group 17: Group of new categories added to effectively represent codes specific to CPT/HCPCS						
232 Anesthesia	4,599	0.2	821	0.2	5,420	0.2
233 Laboratory - Chemistry and Hematology	1,640,793	65.5	389,498	74.9	2,030,291	67.1
234 Pathology	132,392	5.3	1,008	0.2	133,400	4.4
235 Other Laboratory	426,707	17.0	28,460	5.5	455,167	15.0
236 Home Health Services	2	0.0	0	0.0	2	0.0
237 Ancillary Services	10,629	0.4	7,665	1.5	18,294	0.6
239 Transportation - patient, provider, equipment	158	0.0	0	0.0	158	0.0
240 Medications (Injections, infusions and other forms)	245,391	9.8	77,816	15.0	323,207	10.7
241 Visual aids and other optical supplies	1,619	0.1	2	0.0	1,621	0.1
243 DME and supplies	43,626	1.7	15,095	2.9	58,721	1.9
244 Gastric bypass and volume reduction	59	0.0	0	0.0	59	0.0
Total	2,505,975	100.0	520,365	100.0	3,026,340	100.0
CPT Procedure Group 99: Missing						
CPT/HCPCS present but no assigned CCS group	2,686	100.0	136	100.0	2,822	100.0
Totals for All Procedures	4,692,858	100.0	1,290,952	100.0	5,983,810	100.0

All 2009 Outpatient CPT/HCPCS procedures and services. Each outpatient visit may have multiple CPT/HCPCS codes.
 CCS CPT Procedure Groups can be found in Appendix O5.

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16: Miscellaneous Diagnostic and Therapeutic Procedures
2009 Outpatient Procedures by VT Hospitals

Non-Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
176 Other organ transplantation	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
177 Computerized axial tomography (CT) scan head	307	629	264	2,581	221	109	133	304	171	375	248	542	605	258	6,747
178 CT scan chest	408	795	181	4,020	161	109	105	484	213	406	305	788	945	201	9,121
179 CT scan abdomen	1,293	2,539	616	8,979	681	288	399	1,240	623	1,357	1,165	2,596	2,299	847	24,922
180 Other CT scan	610	368	171	2,888	105	35	71	127	59	374	137	664	492	123	6,224
181 Myelogram	1	0	0	235	0	0	0	0	0	0	0	17	2	0	255
182 Mammography	5,974	10,825	2,809	26,998	3,035	0	1,501	3,281	4,022	3,216	4,061	9,555	1,779	3,362	80,418
183 Routine chest X-ray	2,287	2,991	1,022	9,867	1,117	636	1,073	1,774	1,763	1,705	1,492	3,793	2,769	1,410	33,699
184 Intraoperative cholangiogram	1	58	0	107	3	0	3	2	16	62	0	7	6	6	271
185 Upper gastrointestinal X-ray	277	278	61	1,380	132	0	60	171	199	161	353	578	402	120	4,172
186 Lower gastrointestinal X-ray	39	9	6	171	12	0	3	15	11	29	11	28	7	13	354
187 Intravenous pyelogram	3	1	2	26	0	0	0	0	0	12	9	53	2	32	140
188 Cerebral arteriogram	0	0	0	256	0	0	0	0	0	0	0	0	0	0	256
189 Contrast aortogram	0	1	0	240	2	0	0	0	0	0	0	83	0	0	326
190 Contrast arteriogram of femoral & lower extremity arteries	0	0	0	52	0	0	0	1	0	0	0	1	0	0	54
191 Arterio- or venogram (not heart & head)	1	22	16	1,383	4	0	0	18	0	0	0	24	37	1	1,506
192 Diagnostic ultrasound of head & neck	432	551	152	2,690	276	0	24	332	147	278	288	1,004	624	246	7,044
193 Diagnostic ultrasound of heart (echocardiogram)	1,649	591	67	7,558	497	0	179	2,467	504	242	410	770	389	1,268	16,591
195 Diagnostic ultrasound of urinary tract	0	0	0	21	0	0	0	0	0	0	0	0	0	0	21
196 Diagnostic ultrasound of abdomen or retroperitoneum	827	1,371	570	4,740	331	0	216	648	448	1,017	600	1,575	1,298	536	14,177
197 Other diagnostic ultrasound	2,375	3,624	1,936	11,155	2,279	0	652	1,452	1,041	2,557	1,082	3,881	5,667	2,076	39,777
198 Magnetic resonance imaging	1,914	3,027	1,042	14,306	1,263	0	517	1,401	914	2,078	1,264	4,717	3,705	1,428	37,576
199 Electroencephalogram (EEG)	108	224	562	701	84	0	0	68	79	0	0	170	70	0	2,066
200 Nonoperative urinary system measurements	3,253	2,172	1,004	10,894	2,099	41	249	92	2,001	786	1,054	6,031	2,623	847	33,146
201 Cardiac stress tests	613	121	290	2,670	311	0	1	366	374	507	333	152	598	267	6,603
202 Electrocardiogram	1,258	1,195	448	7,029	1,491	790	460	934	384	829	445	1,240	1,784	300	18,587
203 Electrographic cardiac monitoring	611	90	20	5,130	179	78	55	596	264	342	66	466	0	203	8,100
205 Arterial blood gases	97	164	16	140	15	1	1	45	70	10	18	62	20	14	673
206 Microscopic exam (bacterial smear, culture, toxicology)	14,912	30,520	10,096	129,635	12,760	4,109	7,096	12,239	17,003	14,299	15,393	24,919	27,424	13,815	334,220
207 Radioisotope bone scan	130	219	55	1,294	95	0	0	133	71	112	133	245	152	113	2,752
208 Radioisotope pulmonary scan	3	6	1	27	3	0	0	8	2	0	13	3	11	2	79
209 Radioisotope scan & function studies	1,342	241	442	5,902	722	0	0	148	864	550	452	799	1,711	561	13,734
210 Other radioisotope scan	37	95	34	218	19	0	0	41	43	170	18	120	124	24	943

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16: Miscellaneous Diagnostic and Therapeutic Procedures
2009 Outpatient Procedures by VT Hospitals

Non-Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
211 Therapeutic radiology	0	386	0	28,803	0	0	0	0	0	0	0	9,024	0	0	38,213
212 Diagnostic physical therapy	1,564	3,958	1,222	7,358	2,828	496	728	1,767	3,371	2,238	68	1,434	24	1,639	28,695
213 Physical therapy exercises, manipulation & other proc	19,564	10,266	13,466	41,308	23,635	5,934	10,524	13,064	32,989	19,912	3	12,195	22	13,777	216,659
214 Traction, splints & other wound care	433	332	654	1,073	393	120	86	955	474	325	0	600	43	111	5,599
215 Other physical therapy & rehabilitation	2,340	817	991	6,197	1,632	103	678	1,718	3,146	1,425	0	3,510	69	816	23,442
216 Respiratory intubation & mechanical ventilation	2	0	0	8	1	0	0	1	0	1	0	1	7	2	23
217 Other respiratory therapy	45	132	68	580	270	7	27	98	131	96	12	299	14	91	1,870
218 Psychological & psychiatric evaluation & therapy	4	139	0	8,712	0	0	7	0	0	0	0	7,728	0	2,318	18,908
219 Alcohol & drug rehabilitation/detoxification	0	0	0	1	0	0	0	0	0	0	0	0	0	159	160
220 Ophthalmologic & otologic diagnosis & treatment	52	77	22	8,010	72	7	60	333	43	33	35	134	21	185	9,084
222 Blood transfusion	1,323	218	83	2,277	32	18	75	134	218	184	288	728	195	140	5,913
224 Cancer chemotherapy	1,735	10	311	12,216	291	0	410	771	14	0	0	3,392	1,560	309	21,019
225 Conversion of cardiac rhythm	0	0	0	167	0	0	0	0	0	0	0	0	0	0	167
226 Other diagnostic radiology & related techniques	17,645	20,042	8,793	80,400	10,285	1,665	3,642	7,968	9,683	14,442	7,157	9,004	8,867	9,879	209,472
227 Other diagnostic procedures (interview, eval, consult)	5,972	18,969	1,509	98,506	17,769	2	3,330	1,383	6,855	101	6,160	19,883	9,137	5,257	194,833
228 Prophylactic vaccinations & inoculations	60	4,710	141	12,020	2,691	0	238	132	104	125	577	264	7,979	69	29,110
229 Nonoperative removal of foreign body	1	3	0	64	0	0	0	1	2	0	2	0	3	0	76
230 Extracorporeal shock wave lithotripsy, other than urinary	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
231 Other therapeutic procedures	38,779	48,386	17,173	119,146	22,417	8,375	13,252	26,787	18,282	14,684	21,063	67,422	36,916	21,335	474,017
Total	130,281	171,172	66,316	690,143	110,213	22,923	45,855	83,499	106,598	85,040	64,715	200,501	120,402	84,160	1,981,818

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16: Miscellaneous Diagnostic and Therapeutic Procedures
2009 Outpatient Procedures by VT Hospitals

Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
177 Computerized axial tomography (CT) scan head	638	1,186	470	2,468	324	106	273	668	323	1,313	542	1,939	1,385	1,055	12,690
178 CT scan chest	68	310	42	637	35	22	55	81	28	229	91	406	397	250	2,651
179 CT scan abdomen	670	2,130	822	3,942	387	166	339	867	348	2,044	737	2,297	2,139	1,441	18,329
180 Other CT scan	200	440	171	878	82	19	43	114	30	290	175	581	169	487	3,679
181 Myelogram	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
182 Mammography	1	3	1	0	2	0	0	0	3	0	2	2	0	1	15
183 Routine chest X-ray	1,961	3,739	1,744	5,679	1,079	353	969	2,653	1,620	3,474	1,866	4,795	3,253	3,135	36,320
184 Intraoperative cholangiogram	0	0	0	9	0	0	0	0	1	1	0	0	1	0	12
185 Upper gastrointestinal X-ray	1	5	3	36	5	0	0	1	8	7	5	10	3	5	89
186 Lower gastrointestinal X-ray	1	0	0	4	0	0	0	0	1	1	1	0	0	1	9
187 Intravenous pyelogram	0	0	4	0	0	0	0	0	0	0	0	1	0	0	5
188 Cerebral arteriogram	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3
189 Contrast aortogram	0	4	0	8	0	0	0	0	0	0	0	19	0	0	31
190 Contrast arteriogram of femoral & lower extremity arteries	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
191 Arterio- or venogram (not heart & head)	0	18	33	108	1	0	0	1	0	0	0	9	62	5	237
192 Diagnostic ultrasound of head & neck	12	39	23	37	12	0	0	7	4	46	10	98	34	9	331
193 Diagnostic ultrasound of heart (echocardiogram)	52	347	15	231	55	0	5	43	20	52	22	481	262	96	1,681
195 Diagnostic ultrasound of urinary tract	0	0	0	2	0	0	0	0	0	0	0	0	0	0	2
196 Diagnostic ultrasound of abdomen or retroperitoneum	52	166	108	1,426	36	0	26	48	24	194	92	377	438	154	3,141
197 Other diagnostic ultrasound	96	430	184	2,239	81	0	56	133	68	453	95	781	697	304	5,617
198 Magnetic resonance imaging	18	67	20	981	21	0	8	15	2	43	26	144	159	49	1,553
199 Electroencephalogram (EEG)	6	4	14	35	3	0	0	1	1	0	0	22	6	0	92
200 Nonoperative urinary system measurements	2,058	265	1,298	8,603	1,137	195	270	461	693	5,653	1,750	4,587	1,626	236	28,832
201 Cardiac stress tests	4	203	19	283	45	0	0	8	4	9	21	100	291	41	1,028
202 Electrocardiogram	1,444	3,838	1,571	6,153	1,382	395	1,933	2,321	1,477	2,822	5,602	4,520	3,287	2,471	39,216
203 Electrographic cardiac monitoring	28	7	227	29	7	14	5	46	55	162	304	92	0	25	1,001
205 Arterial blood gases	45	197	73	74	33	5	27	214	42	175	80	120	166	158	1,409
206 Microscopic exam (bacterial smear, culture, toxicology)	6,403	9,668	4,506	12,513	2,570	817	2,955	9,187	4,333	6,388	5,764	8,483	7,921	11,334	92,842
207 Radioisotope bone scan	2	2	0	2	0	0	0	0	1	0	2	2	0	0	11
208 Radioisotope pulmonary scan	0	0	0	7	0	0	0	1	0	0	0	6	15	0	29
209 Radioisotope scan & function studies	10	763	12	537	123	0	0	0	6	0	25	218	326	71	2,091
210 Other radioisotope scan	0	8	1	22	1	0	0	0	1	0	2	36	34	5	110
211 Therapeutic radiology	0	0	0	6	0	0	0	0	0	0	0	33	1	0	40

Table O17
Clinical Classification Software (CCS) Single Level Category
Within CCSCPT Group 16: Miscellaneous Diagnostic and Therapeutic Procedures
2009 Outpatient Procedures by VT Hospitals

Emergency Department Procedures

CCS Category and Description	BRAT	CVMC	COPL	FAHC	GIFF	GRAC	MT.A.	NCTY	NEVT	NWST	PORT	RRMC	SWVT	SPRF	Total
212 Diagnostic physical therapy	68	152	69	172	47	0	20	32	10	36	42	379	162	21	1,210
213 Physical therapy exercises, manipulation & other proc	148	196	84	133	22	2	13	4	11	52	27	136	146	17	991
214 Traction, splints & other wound care	0	513	53	1,807	9	0	27	518	398	275	36	673	1,155	0	5,464
215 Other physical therapy & rehabilitation	2	3	50	41	2	0	5	0	1	0	0	32	5	0	141
216 Respiratory intubation & mechanical ventilation	1	47	10	28	5	0	11	10	11	55	30	39	42	19	308
217 Other respiratory therapy	9	1,427	110	1,795	257	13	159	606	313	1,239	436	291	58	824	7,537
218 Psychological & psychiatric evaluation & therapy	0	1	0	59	0	0	0	0	0	0	0	4	0	0	64
220 Ophthalmologic & otologic diagnosis & treatment	1	3	4	34	3	0	2	3	4	3	0	17	2	0	76
222 Blood transfusion	76	47	26	125	6	4	10	50	35	122	42	63	56	55	717
224 Cancer chemotherapy	1	0	0	6	1	0	0	4	2	0	0	1	0	0	15
225 Conversion of cardiac rhythm	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
226 Other diagnostic radiology & related techniques	4,675	7,377	3,447	12,896	2,008	740	1,398	4,522	2,630	7,216	3,595	7,417	4,205	4,592	66,718
227 Other diagnostic procedures (interview, eval, consult)	11,893	27,602	14,663	49,697	8,827	2,811	6,099	13,783	9,755	24,035	19,275	30,326	16,145	15,043	249,954
228 Prophylactic vaccinations & inoculations	428	1,280	461	2,161	228	12	369	282	239	617	440	894	1,151	618	9,180
229 Nonoperative removal of foreign body	0	79	9	79	1	0	1	2	32	18	23	61	37	0	342
231 Other therapeutic procedures	5,386	17,677	3,300	26,065	5,192	1,612	3,490	4,905	7,094	20,099	9,089	23,837	14,262	12,805	154,813
Total	36,458	80,243	33,647	142,054	24,029	7,286	18,568	41,591	29,628	77,123	50,249	94,329	60,098	55,327	750,630

APPENDIX O1 Definitions and Formulae

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

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

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

CCS collapses principal diagnosis and procedure codes into meaningful categories. The single-level diagnosis CCS aggregates illnesses and conditions into more than 260 categories. Similarly, the single-level procedure CCS aggregates procedures into 231 categories, most representing single types of procedures. High level CCS groups further collapse single-level CCS into broad groups based on body systems or condition categories.

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

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

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

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

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

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

Observation Bed: A status recognized by third-party payers-eg 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-eg, appendicitis, angina, MI, or pneumonia; observation may also refer to a known patient status, in which a previously diagnosed condition is managed under observation-eg, 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 00.0-86.00 that were performed in an operating room, ambulatory surgery area, or other outpatient setting.

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

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

APPENDIX O2

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

CCS High Level Diagnosis Group 1: Infectious and Parasitic Diseases

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

CCS High Level Diagnosis Group 2: Neoplasms

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

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

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

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

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

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

APPENDIX O2

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

CCS High Level Diagnosis Group 5: Mental Disorders

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

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

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

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

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

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

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

APPENDIX O2

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

- 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 O2

2009 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
- 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)

APPENDIX O2

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Diagnosis Categories

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

- 259 Residual codes; unclassified
- 2601 E codes: Cut/pierce
- 2602 E codes: Drowning/submersion
- 2603 E codes: Fall
- 2604 E codes: Fire/burn
- 2605 E codes: Firearm
- 2606 E codes: Machinery
- 2607 E codes: Motor vehicle traffic (MVT)
- 2608 E codes: Pedal cyclist; not MVT
- 2609 E codes: Pedestrian; not MVT
- 2610 E codes: Transport; not MVT
- 2611 E codes: Natural/environment
- 2612 E codes: Overexertion
- 2613 E codes: Poisoning
- 2614 E codes: Struck by; against
- 2615 E codes: Suffocation
- 2616 E codes: Adverse effects of medical care
- 2617 E codes: Adverse effects of medical drugs
- 2618 E codes: Other specified and classifiable
- 2619 E codes: Other specified; not elsewhere classified (NEC)
- 2620 E codes: Unspecified
- 2621 E codes: Place of occurrence

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

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

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0513	Clinic: Psychiatric clinic	3550	Psychiatric/Psychological Services
0900	Psychiatric/Psychological Trt	3550	Psychiatric/Psychological Services
0902	Psychiatric/Psychological Trt: Milieu therapy	3550	Psychiatric/Psychological Services
0903	Psychiatric/Psychological Trt: Play therapy	3550	Psychiatric/Psychological Services
0905	Psychiatric/Psychological Trt: Intensive Outpatient serv-sych	3550	Psychiatric/Psychological Services
0906	Psychiatric/Psychological Trt: Intensive out serv - chem dep	3550	Psychiatric/Psychological Services
0907	Psychiatric/Psychological Trt: Comm behavioral program	3550	Psychiatric/Psychological Services
0910	Psychiatric/Psychological Svcs	3550	Psychiatric/Psychological Services
0911	Psychiatric/Psychological Svcs: Rehabilitation	3550	Psychiatric/Psychological Services
0912	Psychiatric/Psychological Svcs: Partial Hosp - less intensive	3550	Psychiatric/Psychological Services
0913	Psychiatric/Psychological Svcs: Partial Hosp - Intensive	3550	Psychiatric/Psychological Services
0914	Psychiatric/Psychological Svcs: Individual therapy	3550	Psychiatric/Psychological Services
0915	Psychiatric/Psychological Svcs: Group therapy	3550	Psychiatric/Psychological Services
0916	Psychiatric/Psychological Svcs: Family therapy	3550	Psychiatric/Psychological Services
0917	Psychiatric/Psychological Svcs: Biofeedback	3550	Psychiatric/Psychological Services
0918	Psychiatric/Psychological Svcs: Testing	3550	Psychiatric/Psychological Services
0919	Psychiatric/Psychological Svcs: Other behavioral treat/serv	3550	Psychiatric/Psychological Services
0944	Other Therapeutic Serv: Drug rehab	3550	Psychiatric/Psychological Services
0945	Other Therapeutic Serv: Alcohol rehab	3550	Psychiatric/Psychological Services
0460	Pulmonary Function	3560	Pulmonary Function Testing
0469	Pulmonary Function: Other	3560	Pulmonary Function Testing
0904	Psychiatric/Psychological Trt: Activity therapy	3580	Recreational Therapy
0482	Cardiology: Stress test	3620	Stress Test
0402	Other Imaging Services: Ultrasound	3630	Ultra Sound
0790	Extra-Corp Shock Wave Therapy	3640	Urology
0799	Extra-Corp Shock Wave Therapy: Other ESWT	3640	Urology
0323	Radiology - Diagnostic: Arteriography	3650	Vascular Lab
0921	Other Diagnostic Services: Peripheral vascular lab	3650	Vascular Lab
0360	Operating Room Services	3700	Operating Room
0361	Operating Room Services: Minor surgery	3700	Operating Room
0362	Operating Room Services: Organ trnsplnt, not kidney	3700	Operating Room
0367	Operating Room Services: Kidney transplant	3700	Operating Room
0369	Operating Room Services: Other operating room services	3700	Operating Room
0710	Recovery Room	3800	Recovery Room
0719	Recovery Room: Other recovery room	3800	Recovery Room
0720	Labor Room	3900	Delivery Room & Labor Room

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0721	Labor Room: Labor	3900	Delivery Room & Labor Room
0722	Labor Room: Delivery	3900	Delivery Room & Labor Room
0729	Labor Room: Other labor room/delivery	3900	Delivery Room & Labor Room
0370	Anesthesia	4000	Anesthesiology
0371	Anesthesia: Incident to radiology	4000	Anesthesiology
0372	Anesthesia: Incident to other diag services	4000	Anesthesiology
0379	Anesthesia: Other anesthesia	4000	Anesthesiology
0517	Clinic: Family clinic	4040	Family Practice
0523	Free-Standing Clinic: Family Practice Clinic	4040	Family Practice
0400	Other Imaging Services	4100	Radiology - Diagnostic
0409	Other Imaging Services: Other imaging services	4100	Radiology - Diagnostic
0320	Radiology - Diagnostic	4100	Radiology-Diagnostic
0322	Radiology - Diagnostic: Arthrography	4100	Radiology-Diagnostic
0324	Radiology - Diagnostic: Chest X-ray	4100	Radiology-Diagnostic
0329	Radiology - Diagnostic: Other	4100	Radiology-Diagnostic
0330	Radiology - Therapeutic	4200	Radiology-Therapeutic
0333	Radiology - Therapeutic: Radiation therapy	4200	Radiology-Therapeutic
0339	Radiology - Therapeutic: Other	4200	Radiology-Therapeutic
0380	Blood	4600	Whole Blood & Packed Red Blood Cells
0381	Blood: Packed red cells	4600	Whole Blood & Packed Red Blood Cells
0382	Blood: Whole blood	4600	Whole Blood & Packed Red Blood Cells
0383	Blood: Plasma	4600	Whole Blood & Packed Red Blood Cells
0384	Blood: Platelets	4600	Whole Blood & Packed Red Blood Cells
0385	Blood: Leukocytes	4600	Whole Blood & Packed Red Blood Cells
0386	Blood: Other components	4600	Whole Blood & Packed Red Blood Cells
0387	Blood: Other derivatives	4600	Whole Blood & Packed Red Blood Cells
0389	Blood: Other blood	4600	Whole Blood & Packed Red Blood Cells
0390	Blood Storage/Processing	4700	Blood Storing, Processing, & Trans.
0391	Blood Storage/Processing: Blood administration (eg. Transfusion)	4700	Blood Storing, Processing, & Trans.
0399	Blood Storage/Processing: Other processing and storage	4700	Blood Storing, Processing, & Trans.
0260	IV Therapy	4800	Intravenous Therapy
0261	IV Therapy: Infusion pump	4800	Intravenous Therapy
0262	IV Therapy: IV Therapy, pharm services	4800	Intravenous Therapy
0263	IV Therapy: IV Therapy/drug/supp/delivery	4800	Intravenous Therapy
0264	IV Therapy: supplies	4800	Intravenous Therapy
0269	IV Therapy: Other IV therapy	4800	Intravenous Therapy

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0410	Respiratory Services	4900	Respiratory Therapy
0412	Respiratory Services: Inhalation services	4900	Respiratory Therapy
0413	Respiratory Services: Hyberbaric oxygen therapy	4900	Respiratory Therapy
0419	Respiratory Services: Other respiratory services	4900	Respiratory Therapy
0420	Physical Therapy	5000	Physical Therapy
0421	Physical Therapy: Visit charge	5000	Physical Therapy
0422	Physical Therapy: Hourly charge	5000	Physical Therapy
0423	Physical Therapy: Group rate	5000	Physical Therapy
0424	Physical Therapy: Evaluation/re-evaluation	5000	Physical Therapy
0429	Physical Therapy: Other physical therapy	5000	Physical Therapy
0430	Occupational Therapy	5100	Occupational Therapy
0431	Occupational Therapy: Visit charge	5100	Occupational Therapy
0432	Occupational Therapy: Hourly charge	5100	Occupational Therapy
0433	Occupational Therapy: Group rate	5100	Occupational Therapy
0434	Occupational Therapy: Evaluation/re-evaluation	5100	Occupational Therapy
0439	Occupational Therapy: Other occupational therapy	5100	Occupational Therapy
0440	Speech-Language Pathology	5200	Speech Pathology
0441	Speech-Language Pathology: Visit charge	5200	Speech Pathology
0442	Speech-Language Pathology: Hourly charge	5200	Speech Pathology
0443	Speech-Language Pathology: Group rate	5200	Speech Pathology
0444	Speech-Language Pathology: Evaluation/ re-evaluation	5200	Speech Pathology
0449	Speech-Language Pathology: Other speech language pathology	5200	Speech Pathology
0270	Medical/Surgical Supplies	5500	Med Supplies Charged to Patient
0271	Medical/Surgical Supplies: Nonsterile supplies	5500	Med Supplies Charged to Patient
0272	Medical/Surgical Supplies: Sterile supplies	5500	Med Supplies Charged to Patient
0273	Medical/Surgical Supplies: Take home supplies	5500	Med Supplies Charged to Patient
0278	Medical/Surgical Supplies: Other implants	5500	Med Supplies Charged to Patient
0279	Medical/Surgical Supplies: Other supplies/devices	5500	Med Supplies Charged to Patient
0621	Med - Surg Supplies Ext. of 270: Incident to radiology	5500	Med Supplies Charged to Patient
0622	Med - Surg Supplies Ext. of 270: Incident to other diag.	5500	Med Supplies Charged to Patient
0624	Med - Surg Supplies Ext. of 270: Investigational Device (IDE)	5500	Med Supplies Charged to Patient
0250	Pharmacy	5600	Drugs Charged to Patients
0251	Pharmacy: Generic	5600	Drugs Charged to Patients
0252	Pharmacy: Nongeneric	5600	Drugs Charged to Patients
0254	Pharmacy: Incident to other diagnostic services	5600	Drugs Charged to Patients
0255	Pharmacy: Incident to radiology	5600	Drugs Charged to Patients

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0256	Pharmacy: Experimental drugs	5600	Drugs Charged to Patients
0257	Pharmacy: Non-prescription	5600	Drugs Charged to Patients
0258	Pharmacy: IV solutions	5600	Drugs Charged to Patients
0259	Pharmacy: Other	5600	Drugs Charged to Patients
0631	Drugs Require Specific ID: Single source drug	5600	Drugs Charged to Patients
0632	Drugs Require Specific ID: Multiple source drug	5600	Drugs Charged to Patients
0633	Drugs Require Specific ID: Restrictive prescription	5600	Drugs Charged to Patients
0634	Drugs Require Specific ID: EPO under 10,000 units	5600	Drugs Charged to Patients
0635	Drugs Require Specific ID: EPO over 10,000 units	5600	Drugs Charged to Patients
0636	Drugs Require Specific ID: Drugs requiring detail coding	5600	Drugs Charged to Patients
0637	Drugs Require Specific ID: Self admin drugs (insulin admin in emergency-diabetes coma)	5600	Drugs Charged to Patients
0800	Inpatient Dialysis	5700	Renal Dialysis
0801	Inpatient Demodialysis	5700	Renal Dialysis
0802	Inpatient peritoneal dialysis	5700	Renal Dialysis
0803	inpatient dialysis CAPD	5700	Renal Dialysis
0804	Inpatient dialysis CCPD	5700	Renal Dialysis
0809	Other inp dialysis	5700	Renal Dialysis
0820	Hemo OPD/Home	5700	Renal Dialysis
0821	Hemo OPD/Home: Hemodialysis comp or other rate	5700	Renal Dialysis
0822	Hemo OPD/Home supplies	5700	Renal Dialysis
0823	Hemo OPD/home equipment	5700	Renal Dialysis
0824	Hemo OPD/Home Maintenance 100%	5700	Renal Dialysis
0825	Hemo OPD/Home Support Services	5700	Renal Dialysis
0829	Hemo OPD/Home: Other HEMO outpatient	5700	Renal Dialysis
0830	Peritoneal OPD/Home	5700	Renal Dialysis
0831	Peritoneal OPD/Home: Peritoneal comp or other rate	5700	Renal Dialysis
0839	Peritoneal OPD/Home: Other peritoneal dialysis	5700	Renal Dialysis
0840	CAPD OPD/Home	5700	Renal Dialysis
0841	CAPD OPD/Home: CAPD comp or other rate	5700	Renal Dialysis
0849	CAPD OPD/Home: Other CAPD dialysis	5700	Renal Dialysis
0850	CCPD OPD/Home	5700	Renal Dialysis
0851	CCPD OPD/Home: CCPD comp or other rate	5700	Renal Dialysis
0859	CCPD OPD/Home: Other CCPD dialysis	5700	Renal Dialysis
0880	Miscellaneous Dialysis	5700	Renal Dialysis
0881	Miscellaneous Dialysis: Ultrafiltration	5700	Renal Dialysis

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0889	Miscellaneous Dialysis: Other misc dialysis	5700	Renal Dialysis
0490	Ambulatory Surgery	5800	ASC
0499	Ambulatory Surgery: Other ambulatory surgical care	5800	ASC
0510	Clinic	6000	Clinic
0511	Clinic: Chronic pain center	6000	Clinic
0514	Clinic: OB/GYN clinic	6000	Clinic
0515	Clinic: Pediatric clinic	6000	Clinic
0516	Clinic: Urgent care clinic	6000	Clinic
0519	Clinic: Other clinic	6000	Clinic
0520	Free-Standing Clinic	6000	Clinic
0526	Free-Standing Clinic: Urgent Care Clinic	6000	Clinic
0529	Free-Standing Clinic: Other	6000	Clinic
0700	Cast Room	6000	Clinic
0709	Cast Room: Other cast room	6000	Clinic
0760	Treatment/Observation Room	6000	Clinic
0761	Treatment/Observation Room: Treatment room	6000	Clinic
0769	Treatment/Observation Room: Other treatment room	6000	Clinic
0770	Preventive Care Services	6000	Clinic
0771	Preventive Care Services: Admin. of vaccine	6000	Clinic
0779	Preventive Care Services: Other	6000	Clinic
0941	Other Therapeutic Serv: Recreation Rx	6000	Clinic
0450	Emergency Room	6100	Emergency
0451	Emergency Room: EM/EMTALA	6100	Emergency
0452	Emergency Room: ER/ Beyond EMTALA	6100	Emergency
0456	Emergency Room: Urgent care	6100	Emergency
0459	Emergency Room: Other emergency room	6100	Emergency
0681	Trauma Response: Level I	6100	Emergency
0682	Trauma Response: Level II	6100	Emergency
0683	Trauma Response: Level III	6100	Emergency
0684	Trauma Response: Level IV	6100	Emergency
0689	Trauma Response: Other	6100	Emergency
0762	Treatment/Observation Room: Observation room	6201	Observation Beds (Distinct Part)
0290	Durable Medical Equipment	6700	Durable Medical Equip. - Sold
0292	Durable Medical Equipment: Purchase - new equipment	6700	Durable Medical Equip. - Sold
0299	Durable Medical Equipment: Other equipment	6700	Durable Medical Equip. - Sold
0810	Organ Acquisition	8600	Other Organ Acquisition (Specify)

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0811	Organ Acquisition: Living donor	8600	Other Organ Acquisition (Specify)
0812	Organ Acquisition: Cadaver donor	8600	Other Organ Acquisition (Specify)
0813	Organ Acquisition: Unknown donor	8600	Other Organ Acquisition (Specify)
0814	Organ Acquisition: Unsuccessful Organ Search Donor Bank Charges	8600	Other Organ Acquisition (Specify)
0819	Organ Acquisition: Other donor	8600	Other Organ Acquisition (Specify)
0001	Total Charge	N/A	
0022	HIPPS	N/A	
0023	HIPPS	N/A	
0024	HIPPS	N/A	
0100	All Inclusive Rate	N/A	
0101	All Inclusive Rate	N/A	
0110	Room & Board (Private)	N/A	
0111	Medical/Surgical/Gyn	N/A	
0112	OB	N/A	
0113	Pediatric	N/A	
0114	Psychiatric	N/A	
0115	Hospice	N/A	
0116	Detoxification	N/A	
0117	Oncology	N/A	
0118	Rehab	N/A	
0119	Other	N/A	
0120	Room & Board (Semi-Private 2 beds)	N/A	
0121	Medical/Surgical/Gyn	N/A	
0122	OB	N/A	
0123	Pediatric	N/A	
0124	Psychiatric	N/A	
0125	Hospice	N/A	
0126	Detoxification	N/A	
0127	Oncology	N/A	
0128	Rehab	N/A	
0129	Other	N/A	
0130	Room&Board (Semi private 3-4 beds)	N/A	
0131	Medical/Surgical/Gyn	N/A	
0132	OB	N/A	
0133	Pediatric	N/A	
0134	Psychiatric	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0135	Hospice	N/A	
0136	Detoxification	N/A	
0137	Oncology	N/A	
0138	Rehab	N/A	
0139	Other	N/A	
0140	Room & Board (Private Deluxe)	N/A	
0141	Medical/Surgical/Gyn	N/A	
0142	OB	N/A	
0143	Pediatric	N/A	
0144	Psychiatric	N/A	
0145	Hospice	N/A	
0146	Detoxification	N/A	
0147	Oncology	N/A	
0148	Rehab	N/A	
0149	Other	N/A	
0150	Room & Board (Ward)	N/A	
0151	Medical/Surgical/Gyn	N/A	
0152	OB	N/A	
0153	Pediatric	N/A	
0154	Psychiatric	N/A	
0155	Hospice	N/A	
0156	Detoxification	N/A	
0157	Oncology	N/A	
0158	Rehab	N/A	
0159	Other	N/A	
0160	Room & Board (other)	N/A	
0164	Sterile Environment	N/A	
0167	Self care	N/A	
0169	Other	N/A	
0170	Nursery	N/A	
0171	Newborn-Level I	N/A	
0172	Newborn-Level II	N/A	
0173	Newborn-Level III	N/A	
0174	Newborn-Level IV	N/A	
0179	Other Nursery	N/A	
0180	Leave of Absence	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0182	Patient Convenience	N/A	
0183	Therapeutic Leave	N/A	
0185	Hospitalization	N/A	
0189	Other leave of absence	N/A	
0190	Subacute care	N/A	
0191	Subacute care-Level I	N/A	
0192	Subacute care-Level II	N/A	
0193	Subacute care-Level III	N/A	
0194	Subacute care-Level IV	N/A	
0199	Other subacute care	N/A	
0200	Intensive care	N/A	
0201	Surgical	N/A	
0202	Medical	N/A	
0203	Pediatric	N/A	
0204	Psychiatric	N/A	
0206	Intermediate ICU	N/A	
0207	Burn care	N/A	
0208	Trauma	N/A	
0209	Other intensive care	N/A	
0210	Coronary care	N/A	
0211	Myocardial Infarction	N/A	
0212	Pulmonary Care	N/A	
0213	Heart Transplant	N/A	
0214	Intermediate CCU	N/A	
0219	Other Coronary Care	N/A	
0220	Special charges	N/A	
0221	Admission charge	N/A	
0222	Technical support charge	N/A	
0223	U.R. service charge	N/A	
0224	Late discharge, medically necessary	N/A	
0229	Other special charges	N/A	
0230	Incremental nursing charge rate	N/A	
0231	Nursery	N/A	
0232	OB	N/A	
0233	ICU	N/A	
0234	CCU	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0235	Hospice	N/A	
0239	Other	N/A	
0240	All inclusive Ancillary	N/A	
0241	Basic	N/A	
0242	Comprehensive	N/A	
0243	Specialty	N/A	
0249	Other all inclusive ancillary	N/A	
0253	Take home drugs	N/A	
0277	Oxygen-Take home	N/A	
0291	Rental	N/A	
0293	Purchase of used DME	N/A	
0294	Supplies/Drugs for DME effectiveness (HHA only)	N/A	
0374	Acupuncture	N/A	
0521	Rural health-clinic	N/A	
0522	Rural health-home	N/A	
0540	Ambulance	N/A	
0541	Supplies	N/A	
0542	Medical Transport	N/A	
0543	Heart Mobile	N/A	
0544	Oxygen	N/A	
0545	Air ambulance	N/A	
0546	Neonatal ambulance services	N/A	
0547	Pharmacy	N/A	
0548	Telephone Transmission EKG	N/A	
0549	Other ambulance	N/A	
0550	Skilled nursing	N/A	
0551	Visit charge	N/A	
0552	Hourly charge	N/A	
0559	Other skilled nursing	N/A	
0560	Medical Social Services	N/A	
0561	Medical Social Services: Visit charge	N/A	
0562	Medical Social Services: Hourly charge	N/A	
0569	Medical Social Services: Other medical social services	N/A	
0570	Home health-Home health aide	N/A	
0571	Visit charge	N/A	
0572	Hourly charge	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0579	Other home health aide	N/A	
0580	Home health-other visits	N/A	
0581	Visit charge	N/A	
0582	Hourly charge	N/A	
0583	Assessment	N/A	
0589	Other home health visit	N/A	
0590	Home health-units of service	N/A	
0599	Home health other units	N/A	
0600	Home health-oxygen	N/A	
0601	Oxygen-state/equip/suppl/ or cont	N/A	
0602	Oxygen-state/equip/suppl/ or under 1 LPM	N/A	
0603	Oxygen-state/equip/over 4 LPM	N/A	
0604	Oxygen-Portable Add-on	N/A	
0609	Other oxygen	N/A	
0623	Surgical dressings	N/A	
0640	Home IV Therapy Services	N/A	
0641	Nonroutine nursing, central line	N/A	
0642	IV site care, Central line	N/A	
0643	IV start/change, peripheral line	N/A	
0644	Nonroutine nursing, peripheral line	N/A	
0645	Training patient/caregiver, central line	N/A	
0646	Training, Disabled patient, central line	N/A	
0647	Training, patient/caregiver, peripheral line	N/A	
0648	Training, disabled patient, peripheral line	N/A	
0649	Other IV therapy services	N/A	
0650	Hospice service	N/A	
0651	Routine home care	N/A	
0652	Continuous home care	N/A	
0655	Inpatient respite care	N/A	
0656	General inpatient care (non-respite)	N/A	
0657	Physician services	N/A	
0658	Hospice Room & Board-Nursing facility	N/A	
0659	Other hospice service	N/A	
0670	Outpatient Special Residence Charges	N/A	
0671	Hospital based	N/A	
0672	Contracted	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0679	Other special residence charge	N/A	
0780	Telemedicine	N/A	
0789	Other telemedicine	N/A	
0832	Home supplies	N/A	
0833	Home equipment	N/A	
0834	Maintenance/100%	N/A	
0835	Support services	N/A	
0842	Home supplies	N/A	
0843	Home equipment	N/A	
0844	Maintenance/100%	N/A	
0845	Support services	N/A	
0852	Home supplies	N/A	
0853	Home equipment	N/A	
0854	Maintenance/100%	N/A	
0855	Support services	N/A	
0882	Home dialysis aid visit	N/A	
0920	Other Diagnostic Services	N/A	
0929	Other Diagnostic Services: Other diagnostic services	N/A	
0940	Other Therapeutic Serv	N/A	
0942	Other Therapeutic Serv: Educ/training	N/A	
0946	Complex medical equipment-Routine	N/A	
0947	Complex medical equipment-Ancillary	N/A	
0949	Other Therapeutic Serv: Additional RX SVS	N/A	
0951	Other therapeutic services-(940x) Athletic training	N/A	
0952	Other therapeutic services-(940x) Kinesiotherapy	N/A	
0960	Professional fees	N/A	
0961	Psychiatric	N/A	
0962	Ophthalmology	N/A	
0963	Anesthesiologist (MD)	N/A	
0964	Anesthetist (CRNA)	N/A	
0969	Other professional fee	N/A	
0971	Professional fees (096x) Laboratory	N/A	
0972	Professional fees (096x) Radiology-Diagnostic	N/A	
0973	Professional fees (096x) Radiology-Therapeutic	N/A	
0974	Professional fees (096x) Radiology-nuclear medicine	N/A	
0975	Professional fees (096x) Operating room	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
0976	Professional fees (096x) Respiratory Therapy	N/A	
0977	Professional fees (096x) Physical therapy	N/A	
0978	Professional fees (096x) Occupational therapy	N/A	
0979	Professional fees (096x) Speech pathology	N/A	
0981	Professional fees (096x) Emergency room	N/A	
0982	Professional fees (096x) Outpatient services	N/A	
0983	Professional fees (096x) clinic	N/A	
0984	Professional fees (096x) medical social services	N/A	
0985	Professional fees (096x) EKG	N/A	
0986	Professional fees (096x) EEK	N/A	
0987	Professional fees (096x) Hospital visit	N/A	
0988	Professional fees (096x) Consultation	N/A	
0989	Private duty nurse	N/A	
0990	Patient convenience items	N/A	
0991	Cafeteria/guest tray	N/A	
0992	Private linen service	N/A	
0993	Telephone/telegraph	N/A	
0994	TV/radio	N/A	
0995	Nonpatient room rentals	N/A	
0996	Late discharge charge	N/A	
0997	Admission kits	N/A	
0998	Beauty shop/barber	N/A	
0999	Other patient convenience item	N/A	
1000	Behavioral health accomodations	N/A	
1001	Residential treatment-psychiatric	N/A	
1002	Residential treatment-chemical dependency	N/A	
1003	Supervised living	N/A	
1004	Halfway house	N/A	
1005	Group home	N/A	
2100	Alternative therapy services	N/A	
2101	Acupuncture	N/A	
2102	Acupressure	N/A	
2103	Massage	N/A	
2104	Reflexology	N/A	
2105	Biofeedback	N/A	
2106	Hypnosis	N/A	

APPENDIX O3
Revenue Code to Primary Cost Center Crosswalk

Revenue Code	Revenue Code Description	Primary Cost Center	Primary Cost Center Name
2109	Other alternative therapy services	N/A	
3101	Adult day care, Medical and social, hourly	N/A	
3102	Adult day care, social, hourly	N/A	
3103	Adult day care, medical and social, daily	N/A	
3104	Adult day care, social, daily	N/A	
3105	Adult foster care, daily	N/A	
3109	Other adult care	N/A	

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

APPENDIX O4
Hospitals in this Report

Vermont Acute Care Hospitals

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX O4
Hospitals in this Report

New Hampshire Hospitals

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

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

APPENDIX O4
Hospitals in this Report

Massachusetts Hospitals Most Frequently Used by Vermont Residents

Baystate Medical Center (MA-Baystate) Springfield, Massachusetts	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 O4
Hospitals in this Report

New York Hospitals Most Frequently Used by Vermont Residents

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

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

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

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

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

Samaritan Hospital
(NY-Samaritan)
Troy, New York

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

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

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

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

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

Leonard Hospital
(NY-Leonard)
Troy, New York

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

APPENDIX O5

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

CCS High Level Procedure Group 3: Operations on the Eye

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

CCS High Level Procedure Group 4: Operations on the Ear

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

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

- 27 Control of epistaxis

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

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

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

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

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

APPENDIX O5

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

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

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

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

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

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

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

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

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

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

APPENDIX O5

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

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

CCS High Level Procedure Group 13: Obstetrical Procedures

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

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

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

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

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

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

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

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

APPENDIX O5

2009 Clinical Classifications Software (CCS) High-Level and Single-Level Procedure Categories

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

- 178 CT scan chest
- 179 CT scan abdomen
- 180 Other CT scan
- 181 Myelogram
- 182 Mammography
- 183 Routine chest X-ray
- 184 Intraoperative cholangiogram
- 185 Upper gastrointestinal X-ray
- 186 Lower gastrointestinal X-ray
- 187 Intravenous pyelogram
- 188 Cerebral arteriogram
- 189 Contrast aortogram
- 190 Contrast arteriogram of femoral and lower extremity arteries
- 191 Arterio- or venogram (not heart and head)
- 192 Diagnostic ultrasound of head and neck
- 193 Diagnostic ultrasound of heart (echocardiogram)
- 194 Diagnostic ultrasound of gastrointestinal tract
- 195 Diagnostic ultrasound of urinary tract
- 196 Diagnostic ultrasound of abdomen or retroperitoneum
- 197 Other diagnostic ultrasound
- 198 Magnetic resonance imaging
- 199 Electroencephalogram (EEG)
- 200 Nonoperative urinary system measurements
- 201 Cardiac stress tests
- 202 Electrocardiogram
- 203 Electrographic cardiac monitoring
- 204 Swan-Ganz catheterization for monitoring
- 205 Arterial blood gases
- 206 Microscopic examination (bacterial smear, culture, toxicology)
- 207 Radioisotope bone scan
- 208 Radioisotope pulmonary scan
- 209 Radioisotope scan and function studies

- 210 Other radioisotope scan
- 211 Therapeutic radiology
- 212 Diagnostic physical therapy
- 213 Physical therapy exercises, manipulation, and other procedures
- 214 Traction, splints, and other wound care
- 215 Other physical therapy and rehabilitation
- 216 Respiratory intubation and mechanical ventilation
- 217 Other respiratory therapy
- 218 Psychological and psychiatric evaluation and therapy
- 219 Alcohol and drug rehabilitation/detoxification
- 220 Ophthalmologic and otologic diagnosis and treatment
- 221 Nasogastric tube
- 222 Blood transfusion
- 223 Enteral and parenteral nutrition
- 224 Cancer chemotherapy
- 225 Conversion of cardiac rhythm
- 226 Other diagnostic radiology and related techniques
- 227 Other diagnostic procedures (interview, evaluation, consultation)
- 228 Prophylactic vaccinations and inoculations
- 229 Nonoperative removal of foreign body
- 230 Extracorporeal shock wave lithotripsy, other than urinary
- 231 Other therapeutic procedures

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

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

APPENDIX O6 History of Outpatient Data Collection

History in Outpatient data collection and identification

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

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

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

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

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

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

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

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

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

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

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

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